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SOUTHERN CALIFORNIA CSU DNP CONSORTIUM

Southern California
California State University Doctor of Nursing Practice
Consortium

A Consortium of CSU Fullerton, CSU Long Beach and CSU Los Angeles
in partnership with
Kaiser Permanente School of Anesthesia

Self-Study Report

Submitted to:

The Commission on Collegiate Nursing Education
Accreditation Site Visit – October 15-17, 2018

Southern California CSU DNP 2018 Self-Study

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Southern California CSU DNP Program Introduction

A. Description of the educational setting:

The California State University (CSU) is the largest and most diverse and one of the most affordable university systems in the country. The system has 23 campuses, educates 484,000 students annually, and employs 52,000 faculty and staff. The CSU is responsible for developing high quality, entry level programs that will produce graduates who can meet the service demands of the citizens of California. All of the three consortium campuses offer undergraduate degrees in the liberal arts and sciences as well as in a variety of professional disciplines. Building on the strength of these undergraduate programs, graduate programs provide opportunities for personal and career enhancement through advanced study, preparing students for professional practice.

The Southern California CSU Doctor of Nursing Practice (DNP) Consortium includes California State University, Fullerton (CSUF) as the lead campus, California State University, Long Beach (CSULB), and California State University, Los Angeles (CSULA). Each of the universities in the Consortium has functioning, approved EdD programs. Baccalaureate and Master's program are accredited by the Commission on Collegiate Nursing Education. The DNP program builds on the success and experience with those programs and fosters professional leadership and advancements in nursing evidence-based practice, theory, research, and education which meets the mission, purposes and strategic plans of the CSU.

DNP Consortium: The DNP program has been approved by each campus in the Consortium and by the CSU Chancellor's Office. It received approval by the Western Association of Schools and Colleges on February 24, 2012 and received initial accreditation by the Commission on Collegiate Nursing Education through June 30, 2019.

B. Mission, with supporting goals and expected outcomes, related to the institutional mission:

The program philosophy, mission and strategic goals are consistent across the member schools of our nursing consortium. We are committed to a culturally, racially, and ethnically diverse student body that will meet the service and professional needs of our community of interest. Emphasis is placed on the delivery of nursing care that reflects a set of socially responsible standards for professional nursing. Professional nursing organizations have identified the DNP as the terminal doctoral practice degree with expectations that collegiate nursing education programs implement this program of study. Because of this much needed and welcomed professional mandate, CSUF, as the lead campus, CSULB, and CSULA have joined in a consortium to provide a quality DNP program for the Los Angeles and Orange County areas through superior teaching, nursing research opportunities, and scholarly activities for DNP graduate students.

Mission Statement: The Southern California CSU DNP Consortium is committed to providing a quality doctoral education program, which is accessible to a diverse student population of advanced nursing practice specialists. In doing so, we strive to be a center of excellence in nursing education. We endeavor to be proactive in meeting societal health imperatives for nursing practice, leadership and education. We are committed to promoting the health of individuals, populations and communities through innovative educational partnerships, faculty, scholarship, and service; and to the preparation of graduates who share these values and who demonstrate their commitment throughout their nursing careers.

Program Goals

1. To prepare graduates who can provide culturally sensitive care within a framework of scientific and professional accountability and function independently in a variety of settings, including direct specialty practice and indirect practice as leaders or educators.

2. To prepare graduates who demonstrate commitment to lifelong learning for personal and professional growth.

Student Learning Outcomes

The DNP learning outcomes were derived from the Consortium Schools' mission and philosophy statements and reflect current educational and professional standards, including the American Association of Colleges of Nursing's *Essentials for Doctoral Education*.

Ethics

Develop and /or evaluate effective strategies for managing the ethical dilemmas inherent in advanced nursing practice at individual, family, community, and population levels, health care organizations and information systems, and research.

Professional Practice

Utilize appropriate theories and evidence from nursing and related fields to provide high quality, accountable healthcare to diverse clients including diagnosis and management in advanced practice, to evaluate outcomes, to develop and evaluate new practice approaches, and to evaluate and improve healthcare delivery systems, practice guidelines and health policy

Interpret Information for Improved Practice

Access, analyze, interpret and develop information at the individual/family, community/population, and organizational levels to provide high quality health care and health education, initiate change, and improve nursing practice and health care outcomes.

Clinical Scholarship (EBP)

Use a systematic approach to identify, analyze and diagnose actual or potential problems within a variety of health care settings, and develop, evaluate, manage, and test possible solutions based upon the highest level of evidence available, allowing for innovative solutions; demonstrate competence in knowledge application activities: the translation of research in to practice, the evaluation of practice improvement of the reliability of health care practice and outcomes, and participation in collaborative research.

Communication, Collaboration and Dissemination

Demonstrate effective oral and written communication, including the use of informatics, with clients, colleagues, and diverse groups to foster effective interprofessional collaboration to promote optimal health outcomes in individuals/families/communities/populations and within healthcare organizations, and to disseminate professional practice findings.

C. Description of the curriculum and the resources available to support the program:

Curriculum Description: The program's emphasis is that of a professional practice degree, which is required for entry into advanced nursing practice. "The purpose of the DNP...is to prepare practitioners to take the knowledge created by researchers and theoretical scholars and use it in the delivery of services and advancement of policies that support high-quality health care. The scholarship of the DNP prepared nurse focuses on integration, application, and teaching of knowledge...They will be able to exploit the evidence base to strengthen evidence-based practice."¹ We regard the DNP, a professional practice doctorate, as an extremely demanding and rigorous academic experience to prepare nurses to assume the highest levels of nursing professional practice.

¹ Edwardson, S.R. (2010). Doctor of Philosophy and Doctor of Nursing Practice as complementary degrees. *Journal of Professional Nursing*, 26 (3), 137-140. DOI: 10:1016/jprof Nurs.2009.08.004

In addition to developing advanced competencies in developing, implementing and evaluating EBP project, leadership, health policy and advocacy, graduates develop in-depth skills in a focused area of nursing practice. Post-master's students complete a total of 1000 clinical hours in practicum experience inclusive of MSN advanced nursing practice preparation. Post-BSN nurse anesthesia DNP students complete 2000 hours of [Council on Accreditation](#) (COA) required anesthesia practice experience and qualify for the national certifying exam. The program provides rich opportunities for practice experiences so graduates achieve the essential competencies upon graduation. The end of program integrative clinical scholarship coursework provides synthesis and expansion of the learning and requires application within the clinical context in which the final work for the doctoral project is completed. As required by the California Legislature, post-MSN students complete 6 units of coursework in preparation for the faculty role, which includes curriculum development and teaching methods.

The curricular design of the program is based on the *Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing [AACN], 2006) and learning outcomes have been mapped to the nine essentials specified by the AACN. For the Nurse Anesthesia concentration courses, the *Standards of the Council on Accreditation for Nurse Anesthesia Programs* have been coupled with *Essentials of Doctoral Education for Advanced Nursing Practice*. The pedagogy for this program is geared to adult learners who come with a strong clinical focus and expertise. Thus, active learning strategies are favored; throughout the program, an emphasis on effective evidence searching and reviewing practice engenders experts in translating knowledge to improve patient care and outcomes. Not only will graduates be users of research, they will be able to implement evidence-based practices and programs in a variety of settings. Classroom and clinical experiences in the DNP program are designed to provide opportunities for feedback and reflection, as well as involvement with experts in nursing and other disciplines. Throughout the program, faculty serves as mentors to these nurses and foster their development in critical analysis skills and professional leadership.

As a joint program, all Schools of Nursing bring expertise to program development and faculty from each school serve as the specialty faculty for the role development and Integrative Clinical Scholarship courses. Kaiser Permanente School of Anesthesia faculty provides the anesthesia expertise for the nurse anesthesia didactic courses and the expert supervision of clinical anesthesia experience. We believe that a synergy of ideas and approaches from the collaborating faculty members with their varied areas of nursing expertise enrich the learning and experiences of DNP students.

There are no *tracks* within the post-master's DNP. Students focus their role development course and their integrative clinical scholarship courses in their own area of nursing specialization (i.e., direct care as nurse clinician; indirect services as nurse leader); 36 units are required. In the post-baccalaureate DNP Nurse Anesthesia concentration, students complete the same core courses in the post-master's curriculum along with intensive didactic and clinical work in nurse anesthesia under the direction of KPSA Nurse Anesthetist faculty; 110 units are required.

Faculty Resources: Over 90% of faculty members assigned to the DNP program are full-time, tenured or tenure track. KPSA provides seven full-time faculty who hold adjunct faculty appointments at CSUF. Faculty receive teaching units for the supervision of doctoral projects. We share teaching across all consortium campuses so that each school maintains quality and consistency in teaching the core DNP curriculum and supervising DNP Projects.

Standard I

Program Quality: Mission and Governance

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

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

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

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

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

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

A program may select additional standards and guidelines.

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

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

Program Response:

The mission, goals, and expected student learning outcomes (SLOs) were developed using the existing statements of all three universities and three schools of nursing (SONs) in the consortium, the DNP *Essentials* as outlined by the American Association of Colleges of Nursing (AACN), and Title 5 of the California Code of Regulations. As shown in Appendix A: Linkage with Mission and Goals of Consortium Schools, the published missions of all three parent institutions are similar across our consortium. All three SONs are housed within public institutions with strong foundations in the sciences and liberal arts, undergraduate and graduate nursing programs, and commitments to a culturally, racially, and ethnically diverse student body that meet the service and professional needs of their community of interest.

AACN and advanced practice nursing associations have endorsed the position that the level of preparation necessary for advanced practice nursing will be the doctorate. This initiative is

transforming nursing educational needs in California. There has been sufficient demand and societal need for additional doctoral nursing programs in California. After a successful five-year pilot period offering a post-master's DNP, there was convincing evidence that the DNP is the appropriate CSU nursing doctoral degree. In 2018, the CSU was granted unrestricted legislative authority to offer the DNP as a post-master or post baccalaureate program. Based on the Council on Accreditation of Nurse Anesthesia Educational Program (COA)'s [Position Statement](#) in support of doctoral education for entry into nurse anesthesia practice by 2025, the consortium expanded its DNP program to offer a post-baccalaureate track for nurse anesthesia students.

The Southern California CSU DNP Consortium program goals and SLOs are derived from the parent institutions, but they are clearly differentiated from those of the master's and bachelor's level programs at those parent institutions. As a post-master's DNP program, the goals and SLOs were developed to build upon master's program goals and SLOs, but there is some overlap.

Mission Statement

The Southern California CSU DNP Consortium is committed to providing a quality doctoral education program, which is accessible to a diverse student population of advanced nursing practice specialists. In doing so, we strive to be a center of excellence in nursing education. We endeavor to be proactive in meeting societal health imperatives for nursing practice, leadership and education. We are committed to promoting the health of individuals, populations and communities through innovative educational partnerships, faculty, scholarship, and service; and to the preparation of graduates who share these values and who demonstrate their commitment throughout their nursing careers.

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Clinical Scholarship (EBP)

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Communication, Collaboration and Dissemination

Demonstrate effective oral and written communication, including the use of informatics, with clients, colleagues, and diverse groups to foster effective interprofessional collaboration to promote optimal health outcomes in individuals/families/communities/populations and within healthcare organizations, and to disseminate professional practice findings.

Publishing of DNP Mission, Goals, and Student Outcomes

The mission, teaching philosophy, goals, and expected student learning outcomes (SLOs) of the Southern California CSU DNP Consortium are published in the *DNP Student Handbook* [Exhibit A], which is available through the CSUF School of Nursing website. The *DNP Student Handbook* is reviewed by incoming DNP students during an on-line Extended Pre-Program Orientation [Exhibit B] offered to all incoming students. All DNP students acknowledge receipt of a student handbook during their Pre-Program Orientation by completing a *DNP Student Handbook* quiz.

Professional Nursing Standards and Guidelines

The mission, goals, and expected student learning outcomes SLOs were developed using the *DNP Essentials* as outlined by the American Association of Colleges of Nursing. The Doctor of Nursing Practice Degree Programs CSU Chancellor's Executive Order [Exhibit C], and Title 5 of the California Code of Regulations were also considered in program development. The specialty educational guidelines for the post-baccalaureate DNP track for nurse anesthesia is based on The Council of Accreditation of Nurse Anesthesia Educational Programs (COA) standards.

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

- professional nursing standards and guidelines; and
-

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

Program Response:

The mission, goals, and expected student outcomes were developed to be congruent with the *DNP Essentials* along with the standards of key professional organizations (e.g., American Association of Nurse Anesthetists). They are reviewed as described in the DNP Program Evaluation Plan [Appendix B]. They are also reviewed and amended as necessary within one year of any change in professional nursing standards and guidelines and/or upon change to parent institution mission or goals.

All program changes are documented via memo and course change forms and maintained on file at CSUF. Before changes are made, they are approved by the DNP Executive Committee, which

consists of the Directors of the three SON, the DNP Coordinators (one per campus), and the DNP Director. Changes made after implementing the program in 2012 have been documented in the DNP Program Record of Historical Change Document [Exhibit D].

Examples of how the consortium has met the needs and expectations of our community of interest include the addition of a post-baccalaureate DNP program as requested by the Kaiser Permanente School of Anesthesia and reaching out to the local veteran healthcare system by sponsoring four of their employees through the Jonas Scholarship program. In addition, a request by Kaiser Permanente to serve the desert communities needs for doctorally prepared advanced practice nurses is under negotiations.

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:

All faculty members who teach in the DNP Consortium program are expected to meet faculty standards at their respective SON as to educational preparation, retention policies, scholarly productivity for tenure track and tenured faculty, practice currency, teaching excellence, and community/university service. Expectations of performance are clearly articulated in the Collective Bargaining Agreement (CBA; Unit 3: Faculty), university policy statements (UPS 210.000; 210.020; 210.050 CSUF), and SON *Personnel Standards* for each school. New full and part-time faculty members attend university orientation sessions, which address Retention Tenure Promotion (RTP) standards. Additional sessions (at University/College levels) for faculty are held throughout the academic year to clarify the RTP process and performance expectations.

The CBA and UPS statements (Exhibit E) can be found on the university websites and are available in the Resource Room. At each school, the *Personnel Standards* for each cohort of faculty (tenured/tenure track; full time lecturer; part time lecturer) are developed internally by faculty members of the School's Personnel Committee, using the appropriate UPS documents as guides; these standards articulate the indicators used to measure performance and the processes followed for retention, tenure and promotion reviews. All Personnel Committee members must be tenured faculty. Copies of *Personnel Standards* are available through each school. At all three universities, the *Personnel Standards* are similar and congruent with the DNP mission, goals, and expected learning outcomes of our DNP consortium program.

Nursing faculty members are held to the same standards and evaluation processes as faculty in other university departments and schools. Faculty performance is evaluated annually or at regular intervals dependent upon School and position, using a portfolio process. Written communication to faculty regarding their performance against school *Personnel Standards* is provided at regularly scheduled timeframes by the Personnel Committee, School Director, and College Dean. RTP requirements reflect the missions of each university, in which teaching is considered the primary faculty role. In separate mission statements, each of the three schools emphasizes a commitment to providing the highest quality programs possible. Each mission stresses that excellence in nursing education is sought, and that faculty research, scholarship, and service are contributory. School philosophies explicate further about teaching and the value of service and research to quality instruction in the nursing programs.

Beyond competence in teaching, the remaining performance expectations (scholarship, service) are dependent on a faculty member's position and job responsibilities. Tenured faculty members are subject to post-tenure reviews every five years focusing on all performance categories. In RTP decisions for tenure track faculty, scholarly and creative accomplishments are given the next highest priority after teaching while service activities are reviewed. Full and part time lecturers (temporary faculty positions) are given explicit letters of assignment by each school's Director. Retention reviews of lecturers are based upon an individual's outlined performance categories (e.g., teaching OR

teaching/service). Part-time lecturer assessments are heavily weighted by instructional performance, as indicated by written student evaluations and computer summaries of grades given in courses.

More specific expectations for the DNP faculty are that the majority (over 90%) are doctorally prepared and that over 90% are in full-time, tenured or tenure track positions (e.g., Assistant Professor or higher rank). Instructors teaching in the DNP program participate in periodic faculty meetings (held at least once per year) where issues of curriculum and instruction as well as governance are discussed to assure consistency across DNP program offerings. Faculty members also communicate using the TITANIum Faculty Community discussion board site. Coordinators are able to send messages to faculty, including doctoral project chairs, via this communication method.

Teaching Performance:

In the area of teaching, performance is judged on a) pedagogical approach and methods; b) student response to instruction; and c) ongoing professional development in the discipline and as a teacher. These responsibilities can include preparing course syllabi and other learning and assessment materials, meeting classes, holding assigned office hours at assigned times, and participating in professional development. Each faculty member is expected to establish an environment where learning is central and to provide opportunities for students to develop the skills necessary to contribute to society. A successful faculty member demonstrates mastery and currency in his/her discipline, teaches effectively, and helps students to learn both within and outside the classroom. Students evaluate teaching performance in each course using a standard survey form (Student Opinion Questionnaire [SOQ]) [Exhibit F].

Scholarly Activities:

Faculty engagement in scholarly and creative activity generates benefits for the faculty member as well as the university. Tenured and tenure track faculty are expected to engage in high quality scholarship, during the tenure review period to achieve the minimum required rating for tenure. Scholarly activities may include a) grant writing, b) participation in research, c) peer reviewed publications, d) scholarly presentations, and e) applied scholarship such as consultation and program evaluation activities. Although lecturers are not required to engage in scholarly work, they are encouraged to participate. At each SON, faculty engagement in scholarship is expected to contribute to an environment of nursing excellence.

University and Professional/Community Service:

At each university, the quality, quantity, and impact of a faculty member's service contributions need to be considered in the context of the potential benefits to the profession, community, and university, and in light of prevailing professional standards. Tenured and tenure track faculty are expected to maintain a record of service that includes active, quality involvement in professional/community activities, including practice, and in SON, College and/or University service activities. For the purpose of professional development, these faculty members are expected to engage actively in affairs of the discipline and related professions. Examples include: assuming professional leadership roles; attending and presenting at professional meetings/workshops; acquiring professional licenses, credentials and certificates; serving on editorial boards of professional journals; reviewing grant proposals or manuscripts for book proposals, professional journals; providing relevant private practice or consultations; receiving professional training or providing additional professional training to others; and engaging in other professional activities deemed valuable to the profession/community and in support of their University's Mission and Goals.

The success of any school is partially dependent on the active participation of its faculty members in its various organizational and governance tasks. In the case of the Southern California CSU DNP Consortium, active involvement in program activities, such as curriculum development and course approval, program review for accreditation purposes, and so forth, rests with the DNP Coordinators of each campus in consultation with their DNP faculty members. All tenured and tenure track faculty are expected to serve on their respective SON committees as outlined in their SON Bylaws.

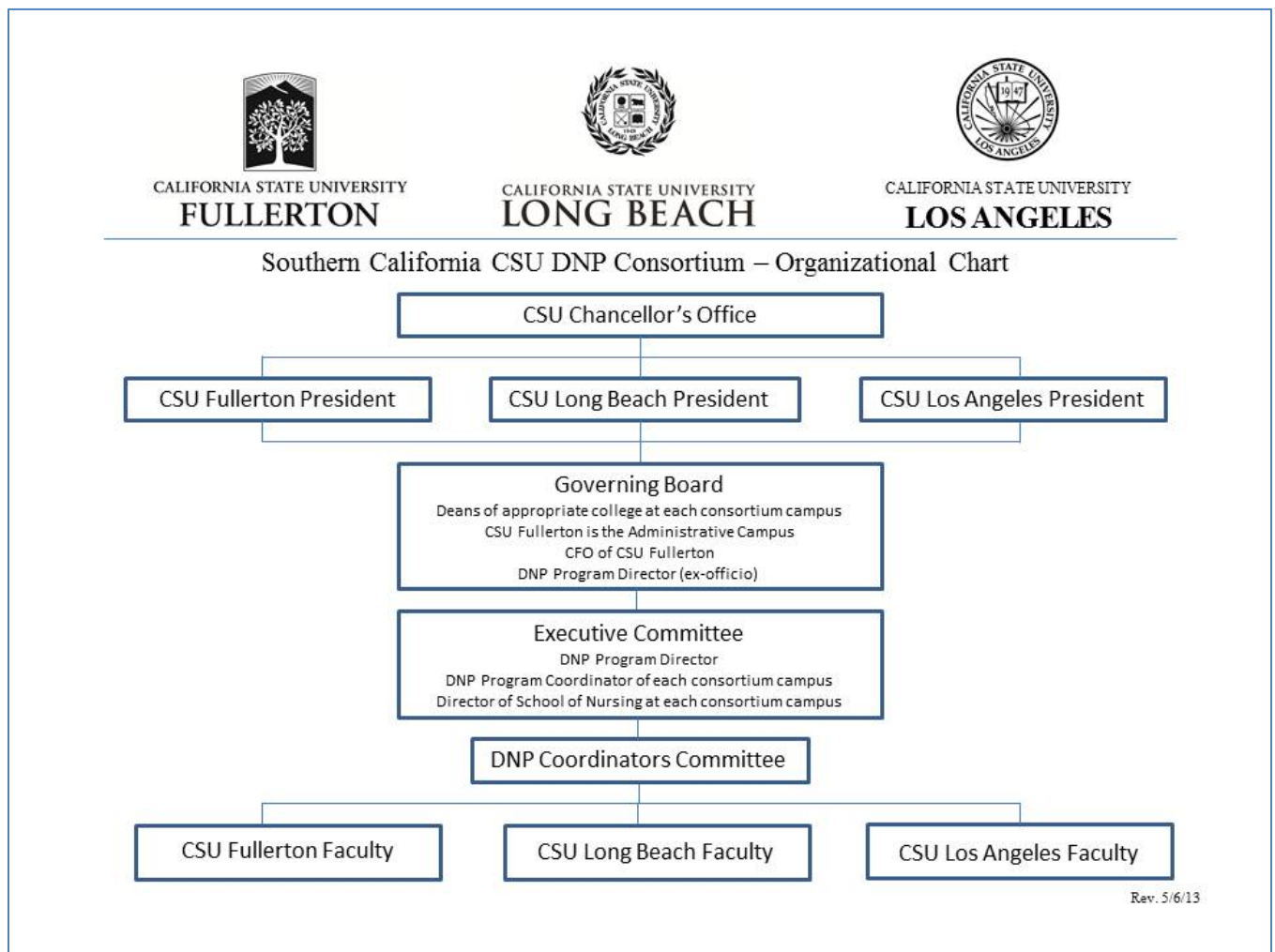
I-D. Faculty and students participate in program governance.

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:

Decision-making and governance of the Southern California CSU DNP Consortium is outlined in the Articles of Operation and the Memorandum of Understanding (Exhibit G) between the three campuses. Figure I.D.A shows the Southern California CSU DNP Consortium Organizational Chart for reporting and governance structure.

Figure 1-D.1 Southern California CSU DNP Consortium Organizational Chart



Faculty Participation in Program Governance

Faculty members serve on various committees within their respective SONs, within their respective Colleges, and on University committees at each of the consortium campuses. These

committees provide for a systematic means of addressing school issues, including but not limited to, student needs, resources, recruitment, retention and tenure, professional development, program development and curriculum review.

Faculty members teaching parallel course sections are strongly encouraged to work closely together in developing and evaluating their courses. Their participation in joint evaluation is supported by adequate meeting space and occasional lunch meetings with DNP Coordinators throughout the semester. At the end of each semester, DNP Coordinators assess each course through aggregated Course Evaluations and work with faculty to propose improvements for future. Minutes from DNP Coordinator and DNP Faculty meetings are maintained [Exhibit H].

The DNP Coordinator of each campus meets with the DNP faculty group from that campus at least as needed to foster faculty support and elicit program feedback. Notes are taken at those meetings and provided to the DNP Coordinators and DNP Executive Committee for review and information. The DNP Coordinators, who are each faculty in the DNP program and tenured faculty at their respective campuses, meet approximately every other week during the semester and as needed via e-mail discussion to review faculty and student feedback, plan program activities, and meet program needs. To support faculty involvement in program governance and in the interest of creating a doctoral culture within the SON, which includes development of the faculty team leader role, the DNP Director and Coordinators hold annual gatherings that provide orientation to the DNP program and specifically to the team leader role; this meeting is held in conjunction with a Meet and Greet session where students and faculty meet during the team leader selection process. All faculty members teaching in the DNP program and serving on DNP project committee are invited. This meeting allows faculty across the three campuses to discuss some of the issues that having a doctoral program has created (e.g., faculty workload, issues related to the doctoral project and its completion, clinical questions, etc.) and collaborate on how to handle these. Coordinators attend meet and greet sessions and participate in the on-line Community to elicit informal feedback for use in program improvement.

Throughout each semester, important bits of communication are handled through the TITANIUM site (e.g., issues related to syllabi changes, etc.). Coordinators/Directors also give individual faculty members support as needed. Formal and informal input is sought from faculty members both mid-semester and at semester end both at Consortium level and at faculty meetings on each campus.

Student Participation in Governance

DNP students are eligible for any student government position available to other graduate students at CSUF. Given the rigor and time requirements of the DNP program coupled with the career (post-MSN) or anesthesia clinical (post-BSN) responsibilities of typical DNP students, time to participate in University governance is limited. Formal summative opportunities for students to evaluate faculty and courses are offered every semester.

Formative evaluation and informal student feedback are highly encouraged and the DNP program coordinators actively foster a culture to elicit such feedback. The DNP Program Director meets with the entire cohort of students each fall and spring semester to elicit student input. Since spring 2013, there is group interaction over lunch in which all students can address concerns, discuss opinions, and recommend improvements. Campus Coordinators and the DNP Program Director participate in these discussions. Notes are taken and formative evaluations are summarized in DNP Coordinators Minutes (Exhibit H). Significant issues are addressed and, if changes are made, they are documented in the Historical Change Document [Exhibit D].

An important non-instructional support in place is the designated DNP Program Specialist/Analyst. She advises students regarding program and university resources and processes and facilitates communication. She is available for group and private meetings. She sends electronic messages to students as needed and encourages student feedback. When pertinent, the DNP Program Specialist/Analyst forwards issues to faculty members and posts responses on the discussion boards available to students in their on-line community.

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

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{2, 3}

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:

All general academic policies are maintained in the CSUF Catalog, which is published every two years and can be accessed on-line. Policies and procedures specific to the Southern California CSU DNP Program are available in the *DNP Student Handbook* [Exhibit A]. A link to this handbook is found on the CSUF School of Nursing website. Fluid information such as tuition and fees and the yearly academic calendar are available through the CSUF website; these are updated as soon as changes are made.

Campus Coordinators and the DNP Program Specialist provide faculty and students with updated information regarding program and policy modifications. Timely notification is ensured through use of TITANIUM Communities (one for current students, and one for faculty), minutes from coordinator meetings, and e-mail correspondence.

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

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

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

Program Response:

² *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

³ *Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).*

Academic policies are congruent across all three consortium institutions. Specific policies and timelines defer to the administrative campus of the consortium, CSU Fullerton. Policies are regularly reviewed and revised to foster program improvement. For example, the policy on Academic Standards for Graduate Degree Students (UPS 410.106) was revised in 2013 to reflect the addition of doctoral programs including the DNP. This policy and others may be found at [University Policy Statements](#)

DNP policies are congruent with CSUF university documents regarding curricula, academic standards, criteria and standards for selection, faculty retention and promotion, and student administrative policies. These provide pre-established standards and address the means by which student outcomes can be supported and evaluated. CSUF policy utilizes pre-set quality standards which support the DNP admission policies. Such standards include a minimum admission GPA (3.5), acceptable completion of specific pre-requisite courses and letters of recommendation related to their nursing knowledge and skills or potential to attain these skills. These standards enable the admission of a high quality diverse student group who are able to maintain such throughout their programs. These policies also assist in the attainment of course and program and SLOs.

DNP faculty members collaborate with other faculty and administrators regarding program planning, implementation, and evaluation as well as issues related to curriculum and student needs. Faculty members at all Consortium SONs have primary responsibility for governance of curricular decisions. The Director of the DNP program receives formal notification by the Dean of the CSUF Graduate Department of any relevant university policy changes. Such changes are brought to the attention of the DNP Coordinators and appropriate DNP Handbook, University Catalogue and DNP Website changes are made.

Standard II

Program Quality: Institutional Commitment and Resources

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

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:

Since its inception six years ago, the Consortium has generated adequate student enrollment to run a fiscally sound program and has had sufficient resources to maintain a doctoral culture. The addition of the post baccalaureate nurse anesthesia program will generate adequate operational funding through tuition revenue to support this program within the consortium. Of note, an external review of the revenues and expenses of the consortium during its first four years of operation was conducted by representatives of the California Legislative Analyst Office in 2017 as required by our initial pilot program legislation. No financial concerns were noted and the budgetary process was found to be fiscally responsible and sound.

Budgetary accounting is maintained at CSUF as the lead university. A budget reconciliation report is distributed to the two other CSU campuses for review [Exhibit I.] Reports now will be shared with KPSA beginning with the 2018-2019 academic year when the first cohort of nurse anesthetist DNP students is enrolled. The budget is distributed among the three participating campuses to have minimal impact on each (i.e., costs for faculty and certain line items are distributed in an agreed upon manner). Additional campus commitments to the budget (e.g., classroom space) have been identified, and fiscal planning includes designated monies for student financial aid resources (DNP Grant) though a 20% set aside of tuition revenue. The budget for 2018-19 is \$2,048,379. This revenue is generated from student tuition as well as from a State of California contribution based on the number of FTES enrolled in the program.

On the next page, Table I1.A.1 shows the 2018-2019 Consortium Budget and demonstrates an expected year-end surplus. This surplus is held in reserve for future expenses, including hiring additional needed faculty.

Table II.A.1 2018-2019 Southern California CSU DNP Consortium Budget Project

Tuition and State Contribution	DNP Grants	Faculty	Staff	Books/ Materials/ Supplies	Travel	Student Learning Support ¹	KPSA Clinical Fee	Balance budget Held in Reverse
2,048,379	326,778	810,229	107,957	117,586	67,000	79,400	165,000	374,429

¹ Library Support Contribution and Graduate Learning Specialist Support for Students

The KPSA budget for 2018-2019, the first academic year that the School of Anesthesia joined the consortium, is more than adequate to meet the educational objectives in anesthesia concentration courses and DNP project supervision or the post baccalaureate nurse anesthesia NP students. Dr. John Nagelhout, KPSA Director, provides input into the KPSA budget process to ensure adequate resources are available for the program and is directly involved in establishing the annual budget. The process is accomplished in consultation with the Regional Chief Administrative Officer and the financial office of Southern California Permanente Medical Group (SCPMG) and allows director input into establishing the financial framework for the KPSA track. The 2018-2019 budget is \$3,145,828 and is funded through the Kaiser Permanente Foundation. In addition, Kaiser Permanente Foundation (KPF) provides full healthcare for each student and full malpractice insurance. Kaiser Foundation Health plan has funded the KPSA program for over 40 years as a community service. The program is administered by SCPMG and is an acknowledged part of the educational mission of the organization. Kaiser Permanente (KP) feels strongly that educating high quality healthcare providers benefits the entire community. .

Classroom space at CSUF is provided in a manner that does not interfere with the regular scheduling of undergraduate and graduate nursing courses. KPSA provides classroom space and a multi-faceted state of the art simulation laboratory with high-fidelity simulators at its Pasadena facility for educating nurse anesthetist students during their clinical specialty training. Classrooms are also available at the Pasadena site that can be scheduled for core DNP courses; they are equipped with video conferencing equipment and SMART classroom technology. As described in III-B, adequate classrooms for students on the CSUF campus are available close to the CSUF SON office as well as faculty offices in the Education Classroom (EC) Building. Similarly, KPSA has two state of the art classrooms and faculty offices in the same building. All DNP students have access to library resources at all three campuses; librarian consultation is available for students' class assignments and doctoral projects. The doctoral student learning commons in EC-102 on the CSUF campus is a large multipurpose room designated for DNP students. This room is used for informal and formal networking and serves as a place for classroom breaks and small group discussion. Nurse anesthetist students are also able to avail themselves of the Kaiser medical library and its reference librarian consultation services.

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:

The support services for the DNP program include dedicated administrative support, instructional technology (IT) services on campus and in the School of Nursing, and a cadre of university support services available to students on all three campuses (e.g., student counseling center, a writing and learning assistance center, and disability support services). The DNP Program Analyst/Specialist provides program operations management to the three campuses and to the Kaiser coordinator as related to the DNP program. She holds a Master of Public Administration (MPA) degree and has extensive experience in program administration, recruitment, retention, and student support. She addresses all public and prospective student questions regarding the program; plan and organize student-relations efforts including alumni engagement activities. She manages public relations

pertaining to the DNP program and ensures consistency and accuracy of all published information on applicable websites and recruitment materials. She coordinates the application and admissions process and acts as the liaison between the program and the Office of Admissions and Records at CSUF. The activities include recruitment planning and implementation, the collection of application materials, and scheduling interviews and assessments. She also maintains the multiple student database platforms used for reporting to various internal and external groups. In addition, there is a CSUF Student Services Professional who has a long history of advising applicants and SRNAs. Two full-time KPSA administrative support professionals handle the day-to-day operations of the DNP SRNA students on the KPSA campus.

The consortium is fortunate to be able to provide a rich pool of campus library resources, including extensive collections of electronic research databases, professional nursing and health-related journals, and books that DNP students can access for their core coursework and their practice-focused doctoral projects. Each campus has its own library collection dedicated to serving the needs of its undergraduate and graduate nursing populations and faculty. The consortium has ensured strong library resources on each campus to support doctoral students and faculty through past library supplemental funding for library resource enhancements.

There is a unified library management system, which is a cloud-based service platform delivering and managing library services and content that uses *OneSearch*, a resource sharing system among all 23 CSU campus libraries. The three campus libraries are the CSUF Paulina June and George Pollak Library (www.fullerton.edu/library), the University Library at California State University, Long Beach (www.csulb.edu/library), and the John F. Kennedy Memorial Library (CSULA) (www.calstatela.edu/library). Designated librarians from each campus work to ensure maximum benefits of library resources within the Consortium. A specific DNP library resource link is operational on the CSUF DNP student library website (<http://libraryguides.fullerton.edu/dnp>). SRNAs have full access to the extensive KPSA medical library system.

Other campus resources are in place to ensure student success. Examples are the Office of Graduate Studies (www.fullerton.edu/graduate/gssc/gls.php), which provides free one-on-one tutoring and coaching for enhancing writing/presentation skills and conducting literature reviews, the Office of Financial Aid, free confidential counseling and psychological services (<https://www.fullerton.edu/caps/>), instructional technology help desk, and designated statistical consultant services. The consortium designates funds as a line item expense to provide writing assistance to students. The services are provided by a PhD Educational Psychologist who specializes in assessment of writing difficulties and their remediation. KPSA employs two certified anesthesia technologists to assist in their simulation training and a full-time informational technology specialist.

DNP graduates are surveyed after degree completion through *SkyFactor*, a consulting firm that focuses on assessment research. *Skyfactor* surveys address the perceived availability and quality of various academic support services. Data collected from five cohorts of DNP graduates demonstrate high satisfaction with support services. DNP graduate mean scores (on a scale from a low of 1 to a high of 7) for satisfaction related to the quality of support services provided during their program are as follows:

Table II. Exit Rating of Support Services

	2014	2015	2016	2017	2018
Score (s.d.)	5.93 (0.86)	6.69 (0.54)	5.83 (1.31)	6.69 (0.54)	6.10 (0.96)

A score of 5.5 is the established *Consortium* benchmark for this outcome measure.

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:

At CSUF, the lead administrative campus of the Consortium, the SON Director, Dr. Stephanie Vaughn, has 22 years of experience in academic nursing education. She holds a PhD, a Master's in Nursing (Clinical Nurse Specialist and Nursing Education), and a Bachelor of Science in Nursing. Dr. Vaughn is a tenured, Professor, and has served as the Director of the SON since 2015. She is also a Certified Rehabilitation Registered Nurse and speaks locally, nationally, and internationally about stroke and stroke prevention. Her current research includes a qualitative study that is exploring perceptions of caregiving needs and resources of family caregivers of Latino stroke survivors and a study about nursing students' attitudes toward older adults. Dr. Vaughn's areas of research interest include stroke prevention behaviors in Latin-American women, the management of stroke sequela in both men and women, and the development of culturally sensitive stroke/heart disease educational media. She is active in her specialty field of rehabilitation nursing having served as the President of the *Association of Rehabilitation Nurses (N)* and on various ARN committees as well as a manuscript reviewer for the *Western Journal of Nursing Research*, *Women & Health*, and the *International Journal of Environmental Research and Public Health*. She is a member of the American Heart Association/American Stroke Association, the Association of Rehabilitation Nurses and facilitates a monthly community stroke support group in Orange County. Dr. Vaughn maintains a practice as a clinical nurse specialist at the HealthSouth Tustin, a rehabilitation hospital and formerly held hospital positions as a Director of Nursing. Dr. Vaughn's credits include published articles on rehabilitation nursing and student learning. She is a Fellow in the American Heart Association.

Dr. Penny Weismuller was appointed the Director of the Southern California DNP Consortium in 2011 when the CSU was granted legislative authority to offer the DNP degree. She led the team of nursing faculty from three CSU campuses who developed the master plan for DNP education in the consortium and is now in her seventh year as Director. Dr. Weismuller is a registered nurse who holds Master of Science and a Bachelor of Science degrees in Nursing, along with a Doctor of Public Health. She has over 35 years of clinical experience that focused on health education, public health nursing, and healthcare administration and 14 years in nursing academia. She is a tenured Professor of Nursing (CSUF). Her research/areas of clinical expertise and teaching have included nursing research related to adherence to tuberculosis and HIV treatment, nursing outcomes, school nursing and online instruction, among others. Her clinical and academic experience has also included program development and evaluation; she led large, interagency efforts to establish systems of care in the early AIDS era, as well as large program expansions to address refugee health needs and the resurgence of tuberculosis within a county. She has served on countywide taskforces to address issues in disease control, as well as on a national CDC task-force to focus efforts on tuberculosis control along the US-Mexico border. Her experience in program development and evaluation is valuable in coaching both nursing faculty and students in evidence-based clinical improvement projects. She has published articles with four DNP graduates and has additional publications to her credit in well-respected nursing journals on topics related to her specialty of public health and school nursing. Dr. Weismuller serves on the editorial consultant board of the *Journal of School Nursing*.

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:

The number of full-time equivalent faculty participating in the DNP program is 12.25; this number includes 7 full-time nurse anesthesia faculty instructors. The calculation is based on the total number of faculty teaching weighed unit of all scheduled courses and their sections divided by 15. A CSU tenure or tenure track faculty is assigned 12 teaching units per semester and receives 3 release units for scholarship and service. The pool of DNP faculty for the consortium comes from the three CSU campuses and KPSA. Sufficient numbers of faculty are available to guide doctoral students in both DNP coursework and with scholarly doctoral projects as well as clinical instruction and supervision of SRNAs. The CSU faculty workload is reimbursed to each CSU campus based on terms outlined in the MOU agreement. Nurse anesthesia faculty salaries are paid by KPSA. Adequate faculty office and computer space, as well as student classrooms and seminar rooms, are also available on each campus and at KPSA. Technology support for instruction at CSUF and the learning system management program, known as *TITANium*, is provided through the Division of Information Technology at CSUF, which is considered to be a leader in technology services provided for students and faculty in the CSU system. KPSA maintains its own technology support system for instructional services at its campus.

Faculty members selected for teaching and doctoral team project participation in the consortium must have a strong history of scholarship as well as ongoing professional practice. Additionally, there is a history of successfully funded research and program grants by faculty members at each CSU campus; KPSA faculty members are recognized for their leadership in nurse anesthesia education and their program grants. This strength is portrayed in the curricula vitae of the faculty [Exhibit J].

Tenured and tenure track nursing faculty members meet the following hiring standards. These criteria are used to assure highly qualified faculty for the doctoral program:

- MS and completed doctoral degree from an accredited institution
- Teaching and curriculum experience
- Evidence of scholarly activity and/or extramural fund-raising
- Ability to interact successfully within a multicultural environment and to work harmoniously with students, colleagues and the community

- If a nurse, must hold appropriate licensure or entitlement by the California Board of Registered Nurses
- Clinical expertise in a specialty area of nursing, with certification as appropriate

Faculty from other departments, such as Computer Information Systems, Business Administration and Leadership, Health Science and other related fields, must meet the hiring guidelines of the CSU campus to which they are assigned. At a minimum, a faculty must have completed a necessary graduate degree from an accredited institution with expertise that would contribute to the DNP Program curriculum. The majority of faculty members assigned to the DNP program hold full-time, tenured or tenure-track positions. Exceptions to this include experts with graduate degrees who can substantively contribute to DNP education via their particular expertise pertaining to DNP learning outcomes.

Nurse anesthesia faculty members are employed by KPSA and hold an adjunct faculty position at CSUF. These faculty must meet the following criteria to assure quality and competence in teaching this specialty:

- MS and a doctoral degree from an accredited institution
- Teaching and curriculum experience
- Evidence of scholarly activity and/or extramural fund-raising
- Ability to interact successfully within a multicultural environment and to work harmoniously with students, colleagues and the community
- If a nurse, must be licensure by the California Board of Registered Nurses as a certified registered nurse anesthetist (CRNA)
- Clinical expertise as a CRNA

KPSA employs 7 full-time CRNA faculty members whose main responsibility is SRNA education and/or administration. Along with the Program Director, the 2 assistant directors and 4 didactic instructors work an average of 2 days a month in clinical areas to stay abreast of current clinical practice. Numerous medical professionals graciously share their expertise with these students both in the classroom and clinical area during their nursing specialty education and training. These include physicians, nurses, scientists, and other medical professionals. Faculty members are encouraged to use all available resources to excel in the classroom and in their scholarly activities. The clinical preceptors include hundreds of CRNAs and anesthesiologists who participate daily in the hospital training and education of the students.

Appendix C lists faculty course assignments during academic year 2018-2019. It lists the DNP faculty member, his/her home campus, and teaching assignments. It provides evidence that our program needs related to faculty expertise are covered.

The SONs conduct national searches as needed to attract additional tenure track faculty members to teach across programs, including the DNP program. As an example, CSUF hired two tenure-track faculty members to start their teaching career in the DNP program beginning fall 2018. These additional new hires for tenure track positions are replacing faculty members who will soon retire as well as meeting expanding needs of the nursing programs. The KPSA track is augmented by resources provided by Kaiser Permanente, which provides CRNA program administration and specialty faculty in sufficient numbers to enroll a cohort of 33 to 36 students each year and to maintain the teaching needs of their second and third-year student cohorts until graduation. Consortium schools share teaching responsibilities across the program so that each SON develops and maintains quality and consistency in teaching the core DNP curriculum for the post-master's and post baccalaureate students. Project team leaders are oriented to their role through yearly meetings and/or have resources available to them through the DNP Project Faculty Chair *TITANium* Community [Exhibit K].

The CSU Post Master's DNP Coordinators advise first-year students. They assist students in developing their study plans and refining their doctoral project ideas and strategies. DNP Coordinators and project team leaders advise second-year post master's students as a combined team effort to guide students in completion of their doctoral project. The Associate Director of KPSA is the designated faculty advisor responsible for advising nurse anesthetist students along with the Director of the DNP program, Dr. Weismuller. The DNP Coordinators are always available to assist students with other issues or concerns (e.g., curriculum, coursework).

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:

Post master's students do not work with a preceptor given their achieved specialty certification and/or current advanced nursing practice role. For post-master's DNP students, nursing clinical laboratory work related to their doctoral project or course assignment focusing on the *DNP Essentials* is conducted in a variety of healthcare settings rather than in a classroom. DNP courses that include clinical laboratory work are NURS 640 DNP Clinical Practicum: Professional Role Development and the clinical scholarship sequence NURS 695 Seminar in Integrative Clinical Scholarship and NURS 697A/B/C Integrative Clinical Scholarship I, II, and III. This clinical laboratory work is supervised by DNP faculty assigned to the course. For each unit of NURS 640 credit, 45 hours of clinical laboratory work is required, which may include implementing the DNP role guided by the *Essentials* in an appropriate healthcare setting along with 1 hour of seminar each week over a 15 week semester or more hours per week over the summer semester of 10 weeks; for a 3 unit course, this totals 120 hours of clinical laboratory work and 15 seminar hours over the semester. These requirements are in accordance with the Western Association of Schools and Colleges (WASC) Policy on the Credit Hour and CSUF University Policy on credit hour. The clinical hours for the Integrative Clinical Scholarship courses are guided by the project committee chair/team lead and involve implementing the clinical inquiry role specific to the doctoral project.

The KPSA was founded in 1972 and has a history of distinction in nurse anesthesia education. It is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) until spring 2027. The DNP nurse anesthesia students will receive their specialty education and clinical training during the DNP program, which is based on COA accreditation standards. Students receive clinical training in 28 clinical sites including the Kaiser Permanente hospital system and other California-based hospitals. Students are assigned to designated preceptors and these arrangements conform to COA standards (e.g., direct supervision during clinical training by the preceptor, vetting of preceptors, orientation to the preceptor role and responsibilities). Preceptors must hold a state license and national certification and/or board certification as either a nurse anesthetist or a physician licensed as an anesthesiologist. The KPSA *Administrative Handbook* (pp. 32-33) and materials outlining the role and clinical supervision responsibilities required of a preceptor during the student's nurse anesthesia training in a healthcare facility are available as Exhibit L. The Associate Director of KPSA is the lead faculty member responsible for student placements, including contracts, evaluation of onsite preceptors and training sites, and dealing with any student issue that arises during preceptorships. It is his responsibility to oversee that students have quality learning experiences during their preceptorships for safe anesthesia practice and achievement of SLOs.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:

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

Program Response:

The consortium provides support to promote the mission of the university and the role of faculty in their commitment to excellence in teaching and scholarship as well as a commitment to university and community service. Institutional support for faculty teaching in the DNP program includes dedicated faculty office space and computers at CSUF. The CSULB and CSULA faculty also have their own faculty office space and computers at their respective campuses. KPSA faculty members have their own private offices and computers at the Pasadena facility. As noted previously, CSUF provides IT technology support for faculty through their Department of IT as well as through a nursing in house staff member who is responsible for IT related coursework support for the SON. KPSA faculty and staff have their own in house IT support as well as access to the CSUF services. The consortium's full-time Program Specialist/Analyst relieves faculty of the responsibility of performing administrative tasks that can be done by an administrative staff member. Thus, instructors concentrate on the educator role and benefit from this institutional support.

There is adequate CSUF classroom and conference space that faculty can use for instruction or meetings; the KPSA facility is also able to handle classroom and conference space for the anticipated number of nurse anesthetist students who will complete 9 semesters of study for their doctoral degree. All CSUF and KPSA classrooms and conference areas are equipped with a white board and screen, a portable computer, and LCD projector. Designated DNP classes are also held in CSUF computer labs that allow each student to access a computer. Faculty are able to plan special events for the post master's students that have taken place on the CSULB and CSULA campuses (e.g., the meet and greet with DNP Project Chairs and the DNP Project Dissemination day). Access to classrooms and conference centers can be scheduled on the Long Beach and Los Angeles campuses when requested or needed.

Faculty members have access to all three CSU campus library resources and designated reference librarians to assist them with instructional needs or personal scholarly pursuits. The CSUF Pollak Library has a designated SON liaison librarian responsible for linking with the DNP and other CSUF nursing programs. This liaison librarian is available to faculty and students to help with evidence searches and accessing resources. The librarian also maintains a web resource page (<http://libraryguides.fullerton.edu/dnp>) specifically for DNP student research. During the first semester of the program, all students and faculty new to CSUF are oriented to the library during a 90-minute session focusing on accessing evidence. CSULB and CSULA librarians are committed to work with DNP students in both post-masters and post-baccalaureate tracks.

Each CSU campus has a Faculty Development Center (FDC) that offers a wide range of services to faculty that facilitate excellence in teaching [Exhibit M]. The Centers also offer support groups for writing and classes to develop skills in research, scholarly activities and statistical methods (campuses links: <http://fdc.fullerton.edu/scholarly/index.php>; <http://web.csulb.edu/divisions/aa/personnel/fcpd/>; <http://www.calstatela.edu/cetl/our-approach-faculty-development>). CSUF SON has access to several rich-media-recorders, including stationary units and a portable unit which enables capture of presentations on and off campus. In addition, CSUF has several communications classrooms that can be used to record presentations. Presentations captured can be distributed via live webstream or are available to students/faculty on the SON website as archived presentations. Loaner laptops, projectors, screens, webcams, and headsets are available to faculty via the Distance Education office for sign out. Technology needs are reviewed on an annual basis and a wish list is maintained for times when unanticipated funding is available.

The post-master's students can meet with their faculty DNP project team leaders at CSUF, CSULB or CSULA; there is sufficient meeting space on these campuses to accommodate these needs. There are also conference spaces available to host DNP project proposal presentations. In April 2018, the first CSU DNP Consortium Dissemination Day was held on the CSULA campus and 27 graduating

students presented their projects in an open forum. This method of presenting completed projects in a public forum was highly successful and will continue. The forum for presenting future projects of nurse anesthetist students is part of future planning for their DNP project coursework.

Each of the three CSU campuses offers Research and Scholarly Activity (RSCA) competitive grants to faculty who wish to apply for additional funding to pursue such activities. These grants offer funds or release time opportunities to those who are selected. Several DNP faculty have been past recipients of these awards. CSU faculty members are eligible to apply for a sabbatical leave to focus on research and scholarly activities. Two DNP faculty received sabbaticals in academic year 2017-2018. There is an established budgetary line item for faculty travel to conferences. Faculty members submit a request and provide rationale about how the travel activity promotes his/her DNP faculty role as well as the mission and goals of the DNP program. The request is reviewed by the coordinators for approval. In the past six years, DNP faculty members have been awarded travel funds (\$1,000 on average) to attend the AACN DNP annual January Conference, the Western Institute of Nursing, and other conferences.

KPSA provides sufficient time and resources to permit the CRNA faculty to fulfill their teaching, scholarly activities, service, administrative and clinical responsibilities. The duties of the 7 CRNA faculty are determined by the Program Director in consultation with instructors, who are afforded autonomy in determining their daily schedules. Faculty members engage in clinical experiences two days per month; this is factored into work assignments and allows them to function at the highest level of clinical competency. They are encouraged to avail themselves of continuing educational activities. KPSA pays for annual membership in American Association of Nurse Anesthetists and for meeting attendance. Instructors publish frequently in major anesthesia nursing textbooks and journals. All members of the faculty have recently served or are currently serving as directors or committee members to national nurse anesthesia professional organizations.

Individual DNP courses carry designated student course units and faculty receive enhanced teaching units for these courses, or a portion thereof, to account for the doctoral designation of the course or the number of students per section of a course (e.g., a three-unit student course generates four-weighted teaching units for faculty; N695 faculty receive 3 units for a two unit course and the number of students per course section is between 7 to 9). Faculty can supervise no more than 4 students as the team leader for their doctoral projects per semester; DNP project team leaders receive assigned teaching units based upon the doctoral project course designation (i.e., NURS 697A is designated as a 0.5 unit teaching faculty assignment; NURS 697B and NURS 697C are each designated as a 1 unit faculty teaching assignment).

Development of the doctoral culture for both students and faculty is supported by additional weighted teaching units (WTU) given to faculty for teaching doctoral courses. This additional time has been allowed to support more in-depth preparation for doctoral teaching, provide additional time for scholarly activities to enhance the faculty role, as well to support coordination among faculty from different campuses teaching the same course. Doctoral culture has also been supported by joint faculty meetings to review curriculum and course syllabi, to discuss expectations for the DNP doctoral project and the project chair/committee roles in supporting the students' doctoral project work. Seminars on various topics including faculty-student introductions, writing for publication, IRB approval processes, as well as a DNP panel of speakers addressing the doctoral role have been scheduled at the noon hour with faculty and students invited. The doctoral learning commons serves as a place for students to informally gather with faculty before and after classes, as well as join together for informal brown bag lunches. The Program Director and Campus Coordinators arrange their schedules to provide a presence in the learning commons during these times. Another positive element supporting development of the doctoral culture is the role of group assignments in courses, with encouragement of cross-concentration group membership. Students report their sense of themselves as doctorally-prepared nurses has been enhanced by the cohort experience with their peers from other specialty backgrounds; this experience has been enriching to them as they understand the approaches each specialty has embraced due to their doctoral studies.

CSU tenure and tenure track faculty carry a 15 unit assignment per semester with 3 of the 15 units designed for scholarship and service activities. The CSU's mission involves service to the community, which also includes the faculty's professional community. Likewise each of the three

consortium SONs require university and community service activities that are based on faculty rank as identified in their SON retention, tenure, promotion documents (RTP Documents EXHIBIT R).

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

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

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

Program Response:

The DNP program has clear statements of expected SLOs (see Standard I), which are congruent with the mission and goals of each of the collaborating institutions. Each SON aims to educate well-prepared nurses who will meet healthcare needs of persons in diverse communities, who are able to engage in scholarly and creative achievement throughout their lifetime. Learning outcomes reflect multiple professional nursing standards and guidelines; they were largely based upon the AACN *Essentials of Doctoral Education in Advanced Practice Nursing* (AACN, 2006). Thus, SLOs reflect the nature of this doctorate as a professional practice degree, aimed at preparing nurses to assume the highest levels of nursing professional practice. When begun as a post-master's pilot program in 2012, this program (first 6 cohorts) was required by the California legislature (AB 867) to "prepare clinical faculty to teach in postsecondary nursing programs." Therefore, an outcome related to nursing education was also included in the initial program; the subsequent California Executive Order 1067 Revised (currently not in place; scheduled fall 2018 implementation) states the following: "core curriculum for each DNP program shall provide professional preparation in advanced nursing practice, including but not be limited to theory, application and evaluation of research findings, professional practice, management and leadership, and essential curricular concepts for advanced nursing at the doctoral level." The new BSN entry to DNP for CRNAs (first enrollment fall 2018) has learning outcomes that also reflect 2018 standards from Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

As a joint program, all SONs have contributed faculty experts in program development. Faculty members from all three Schools serve as specialty faculty for the role development (NURS 640) and Integrative Clinical Scholarship courses (NURS 697 series). Thus, this synergy of ideas and approaches from faculty members' varied areas of nursing expertise enriches the learning and experiences of the DNP students (see Appendix C for faculty members teaching in DNP courses). In addition to the full-time CSU Nursing faculty from our collaborating SONs, our DNP program has three part-time nursing faculty members who are also employed in healthcare settings and provide practice setting expertise in their classroom teaching with our students. The faculty member who has been teaching NURS 620 Informatics in Healthcare course is Ms. Kathleen Griffith (CSUF), a nurse leader with extensive expertise in quality performance and informatics within a local health system; Dr. Gema Morales teaches Nursing 602 Data Management and Evaluation for ANP and is employed as the Assistant Director with the Los Angeles Department of Public Health; and Dr. Lara Sarff, a recent new hire, teaches Nursing 615 Epidemiology and Clinical Prevention and is a chief quality assurance administrator at Los Angeles County/University of Southern California Medical Center, one of the largest county facilities in the United States. The faculty member teaching NURS 610 Leadership, Management and Economics is Dr. Steve McGuire (CSULA) who comes from the College of Business and Economics with experience in Human Resource Management, Organizational Change and Development, and Business Ethics.

Curriculum processes, including design, implementation, monitoring, and revision, reflect the Southern California DNP program's core values, mission, and conceptual framework. Due to being "housed" at CSUF, curriculum processes are those of CSUF. At CSUF, any new course (*UPS 411.100*; *UPS 411.104*) or proposal for a new program, concentration, or focus (*UPS 410.103*) is subjected to a rigorous review at department, college, and university levels. Once approved, no changes are allowed in course objectives without filing a Course Change Form and receiving approval from the Office of Academic Programs. Course objectives build to terminal objectives. Whenever faculty develop a new course, or modify existing courses in a significant way, the CSUF Graduate Program Committee has the responsibility to determine that (1) course objectives are appropriate and in line with program terminal objectives, (2) assignments are sufficient and appropriate to meet course objectives, and (3) evaluation methods are consistent with policy. In particular, *UPS 411.104* discusses the requirements for on-line course syllabi. This policy ensures that all CSUF online courses are prepared to a common academic standard, which includes specific guidelines for teaching/learning practices and communication with students. In addition to CSUF review, the initial curriculum and all courses for the DNP were reviewed and approved at each collaborating University campus, as well as approved by the Chancellor of the California State University System.

III-B. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

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

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

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

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

Program Response:

The DNP Executive Committee and Southern California DNP faculty members are responsible for ensuring that the DNP curricula reflect the DNP *Essentials* and support key professional nursing standards. The curricular design of the program is based on the *Essentials* (AACN, 2006) and learning outcomes are mapped to the essentials and to relevant specialty guidelines from COA. These standards are clearly evident in the overall program learning objectives and individual course objectives (Appendix D 1: Doctoral Essentials by DNP Courses, Appendix D-2 shows in which courses the Essential Content is introduced, reinforced or practiced at the mastery level and Appendix E: Comparison of AACN Doctoral Essentials to DNP Core Course Objectives, and Appendix F: COA Graduate Standards and AACN Doctoral Essentials Met by Anesthesia Concentration Courses.) The curricular content, course objectives, teaching-learning activities, and assessment measures were developed to foster behaviors and roles consistent with professional nursing standards and guidelines. The post-master's DNP curriculum builds upon the professional/educational standards of master's graduates and the new BSN to DNP curriculum (fall 2018) builds on educational standards for baccalaureate graduates.

Program pedagogy is geared to adult learners who come with a strong clinical focus and expertise. Thus, active learning strategies are favored, with an emphasis on students searching the literature and reviewing practice to become experts in translating knowledge in order to improve patient care and outcomes. Students will not only be users of research and tools of informatics (e.g., computerized data bases, electronic health records), but will be able to implement, document, and evaluate evidence-based strategies in a variety of settings. DNP classroom and clinical experiences are designed to provide systematic opportunities for feedback and reflection, as well as involvement with experts in nursing and other disciplines/professions. For example, one NURS605 class activity is done in a computer laboratory; students with faculty assistance identify and analyze research studies and their findings as they begin to aggregate evidence into tables of evidence (summary tables). Students come with several articles they have selected (for post-MSN students, these are related to their projects); instructors share information about table-making logistics and assist students -as needed- while students work at individual computers. Instructors troubleshoot issues with table formatting and with breaking down content from articles. This prepares them to complete the assignment described below:

TABLE OF EVIDENCE: INITIAL LITERATURE REVIEW FOR DOCTORAL PROJECT

Throughout this course, you will gather literature related to a potential doctoral project topic. This may serve as the beginning of your literature review for your doctoral project. By the course end, you are expected to have read, analyzed, and evaluated at least 4 primary research studies on this topic. This assignment involves creating a table of evidence of **at least 4 studies**. Your draft TOE will include **1 study**.

Tables of evidence (TOE) or summary tables are tools developed to visually lay out the findings of multiple studies. A TOE clearly tabulates features of individual research studies including those that affect use of findings. The TOE is a method for recording information from a group of references, and should assist you in determining commonalities and differences across studies. The TOE, or some version of it, may be used in the final project. For this assignment, you will

make a TOE for at least 4 studies or reviews focused on probable potential topic for the doctoral projects.

Columns in a TOE may differ according to topic of interest and purpose of the table (e.g., methodologic factors or utilization factors) but can include citation information, study purpose, measurement tools, sample, design, procedures, outcome variables, results/findings, and implications for the project. Use the suggested headers for your table, or *if these are not appropriate for your project, get approval for different headings from your course instructor*. If all of your studies are identical in design with same independent and dependent variables, column 2 may be unneeded. For your project, you may end up with more than one TOE. Thus, if you use quantitative AND qualitative AND review articles, you would have three TOEs.

If you are reviewing literature on several topics, make a separate TOE for each topic (topical TOEs), allowing you to visually compare studies per topic. For example, in a project involving patient and family perceptions of family visitation in the PACU, one table each could be made for studies that included patients, and one for families. If you find systematic reviews (including meta-analyses), you may make a separate TOE for reviews or qualitative studies as the columns may need to be different than for individual studies.

Warning. There is a tendency to put too much into each cell. NO COMPLETE SENTENCES ARE NEEDED! You are highlighting the important information here, not *copying* or summarizing all.

Less than one page per study/review is usually plenty! Plagiarism can be a problem with this assignment... please be careful.

Each row in the TOE represents one published study or review. Order your rows systematically, usually by year of publication (oldest first or oldest last).

Table x

Sample Table of Evidence without Content in Rows

Purpose (Reference)	Design & Key Variables	Sample & Setting	Measures	Results or Findings	Conclusions, Limitations, Notes

Note. Here you will define any abbreviations you use in the table (per *APA Manual*, pp. 170-173). Organize the table by chronological order, reverse chronological order, topic of interest, or type of studies.

Throughout the program, faculty members serve as mentors, fostering student development in critical analysis skills and professional leadership. Student achievement of SLOs begins at the course level where learning outcomes are expressed as course objectives. Each course syllabus outlines the objectives to be met, the evaluation measures used to indicate success, and the identified teaching/learning strategies employed to facilitate student achievement of the expected outcomes. When two or more sections of the same course are taught concurrently, faculty members work to ensure the teaching/learning practices in all sections facilitate achievement of the objectives. As can be seen in the Comparison of Doctoral Essentials to DNP Course Objectives [Appendix E - Essentials Course Objectives Table and Appendix F COA Curriculum Standards Map] The *Essentials* have been threaded throughout the courses in the curriculum; all are noted to be incorporated in at least 3 courses. For example, content for Essential 3 (evidence-based practice) is covered in NURS 605, 620, 640, 695, and 697A/B/C. This purposeful integration should assist students in truly “living” the *Essentials*.

MSN to DNP

The MSN to DNP curriculum is set up for working master’s-prepared nurses. As seen in the Comparison of DNP Essentials by DNP Courses [Appendices D-1 and D-2] most of the eight *Essentials* are addressed in the

four clinical courses (N640, N697A/B/C). It is expected that students will reflect on and change their practices according to the *Essentials*. Students log their clinical hours using an electronic “drop-box” system that allows them to categorize their activities by the *Essentials* [Exhibit N].

In most cases, these students will complete their clinical experiences in their work setting. To assure appropriate experiences, students may be assigned to other agencies. In the case when students enter with a master’s in nursing education for a Leadership focus (indirect care), they require experiences in clinical agencies in the community. The appropriate Clinical Placement Coordinator works with the Office of Grants and Procurement to execute Clinical Affiliation Agreements (CAA) with appropriate clinical agencies. Affiliation agreements delineate responsibilities of the facility, the academic institution, and students with respect to the clinical education experience. The appropriate facility and the partner institution officials must sign and agree to all terms for each CAA. Each of the three schools has over 100 CAAs in place.

BSN to DNP

The BSN to DNP curriculum is set up for non-working bachelor’s prepared nurses. The program Crosswalk Tables [Appendices D-1, D-2, and Appendix F] shows how all courses contribute towards meeting the DNP *Essentials*. It is expected that over the course of the program, these beginning nurse anesthetists will reflect on their own and the practices seen in their clinical settings to be able to develop advanced practice nursing skills according to the *Essentials*. As per the COA standards (2018),

Entry-into-practice competencies for the nurse anesthesia professional prepared at the practice doctoral level are those required at the time of graduation to provide safe, competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures.

Entry-into-practice competencies should be viewed as the structure upon which nurse anesthetists continue to acquire knowledge, skills, and abilities along the practice continuum that starts at graduation (proficient) and continues throughout their entire professional careers (expert).

Several comprehensive graduate level courses address the APRN core for the CRNA students:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan (NURS 683 Advanced Physiology, NURS 688, 690 Advanced Pathophysiology for Anesthesia I, II) NURS 681 Anesthesia General Principles, and NURS Anesthesia for Surgical Procedures and Special Populations
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches (NURS 542/L Advanced Physical Assessment); and
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents (NURS 680, 684, 694 Advanced Pharmacology for Anesthesia I, II, III).

Additional APRN core content specific to the CRNA role and clinical populations is integrated throughout the other role and population-focused didactic and clinical courses. For example, while most courses assume content focused on both pediatric and adult cases, NURS 686 Pediatric and Obstetric Anesthesia assures that all students get specific didactic content related to children and pregnant women and neonates. The curriculum includes sequential presentation of classroom and clinical experiences that exceed the contact hour requirements for didactic content and clinical experience requirements specified in the COA Standards for Accreditation of Nurse Anesthesia Educational Programs (2018). Appendix F shows how COA Standards are met in the curriculum.

Education Classes for DNP Students

Southern California CSU DNP Consortium was a part of the pilot program that was mandated by Assembly Bill No. 867 (CA) to prepare doctorally prepared advanced practice nurses who would also be capable of entering faculty roles in associate degree and baccalaureate education. In addition to coursework specifically addressing the DNP Essentials, students in cohorts 1-6 were in this program and received two required (N510 Curriculum; N512 Instructional Design) courses. In fact, a survey done in 2017 found that the majority of students indicated that these courses were beneficial for them in their role whether it be a part-or full-faculty or a CRNA, NP or CNS working in a practice setting, Nursing administrators and managers also indicated that these classes were beneficial. With the enactment of EO 1067 Revised, these classes are still included in the post-master's curriculum.

Nurse Practitioner Requirements

Incorporation of Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008) is not applicable. The Southern California CSU DNP Consortium program does not prepare nurse practitioners. National certification is required of all post-master's NP students prior to beginning doctoral study.

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

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

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) as well as advanced course work.*

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

*DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

Program Response:

MSN to DNP

The post-master's DNP curriculum builds upon a foundation of master's education in nursing. The 5-semester study plan evolved over the course of the pilot. Table III-C.1 shows the initial plan (A) used for cohorts 1-5 and Table III-C.2 is the plan (B) scheduled to begin fall 2018 (cohort 7); cohort 6 received a modified plan with all courses of the revised plan but course timing differed based upon instructor

availability. The difference between Plan A and B is that NURS 600 Biostatistics for Advanced Practice Nurses will not be offered in B; instead, students will take N602 Data Management and Evaluation for Advanced Nursing Practice. This change reflects faculty and student concerns that as the program responded to the national trend for practice change projects, most doctoral projects required quality improvement type metrics and not inferential statistics. No faculty at the three institutions considered themselves ready to teach this content to students; one of our students from cohort 5 (L. Sarff) came with expertise in this area and assisted faculty in developing the new course (NURS 602), which was taught by Sarff for the first time summer 2018 (after her graduation). This course will be offered to students in their first semester in order to have the content prior to developing the project proposal. For fall 2017, students were given biostatistics content in NURS 605, which was well received by students as it was integrated into the evidence-based course content. This inclusion will be continued in the future.

Table III-C.1. MSN to DNP Study Plan A (2013-2017)

Year 1	Year 2
<p>Fall (9 units) Nursing 600 Biostatistics for APN (3) Nursing 605 Advanced Evidence-Based Practice in Nursing (3) Nursing 640 D.N.P. Clinical Practicum: Professional Role Development (3)</p>	<p>Fall (6 units) Nursing 697B Integrative Clinical Scholarship II: Evidence-based Practice (3) Nursing 510 Development and Evaluation of Nursing Curricula (3)</p>
<p>Spring (9 units) Nursing 615 Epidemiology and Clinical Prevention (3) Nursing 630 Healthcare Policy, Ethics and Advocacy (3) Nursing 695 Seminar in Integrative Clinical Scholarship (2) Nursing 697A Integrative Clinical Scholarship I: Evidence-based Practice (1)</p>	<p>Spring (6-9 units) Nursing 697C Integrative Clinical Scholarship III: Evidence-based Practice (3) Nursing 512 Instructional Design in Nursing Education (3) Nursing 516 Nurse Educator Practicum (3)* Doctoral Project Defense</p>
<p>Summer (6 units) Nursing 610 Leadership, Management and Economics in Advanced Nursing Practice (3) Nursing 620 Informatics in Healthcare (3) Qualifying Doctoral Assessment (late summer or early fall semester)</p>	
Total Units: 36-39	

*Elective course. APN = Advanced practice nursing

Table III-C.2. MSN to DNP Study Plan B (2018-future)

Year 1	Year 2
<p>Fall (9 units) Nursing 602 Data Management and Evaluation for ANP (3) Nursing 605 Advanced Evidence-Based Practice in Nursing (3) Nursing 640 D.N.P. Clinical Practicum: Professional Role Development (3)</p>	<p>Fall (6 units) Nursing 697B Integrative Clinical Scholarship II: Evidence-based Practice (3) Nursing 510 Development and Evaluation of Nursing Curricula (3)</p>
<p>Spring (9 units) Nursing 615 Epidemiology and Clinical Prevention (3) Nursing 630 Healthcare Policy, Ethics and Advocacy (3) Nursing 695 Seminar in Integrative Clinical Scholarship (2)</p>	<p>Spring (6-9 units) Nursing 697C Integrative Clinical Scholarship III: Evidence-based Practice (3) Nursing 512 Instructional Design in Nursing Education (3) Doctoral Project Defense</p>

Nursing 697A Integrative Clinical Scholarship I:
Evidence-based Practice (1)

Summer (6 units)

Nursing 610 Leadership, Management and
Economics in Advanced Nursing Practice (3)

Nursing 620 Informatics in Healthcare (3)

**Qualifying Doctoral Assessment (late summer
or early fall semester)**

Total Units: 36-39

*Elective course.

BSN to DNP Curriculum

As discussed earlier, in fall 2018, the first cohort of the BSN to DNP will begin with the study plan in Table III-C.3 which was designed to meet both the DNP *Essentials* and COA standards for CRNA graduates (*STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS Practice Doctorate*, 2018). Required anesthesia-specific coursework and content is included along with clinical anesthesia courses (described on p. 21):

2. 1. Course(s): Advanced Physiology/Pathophysiology, Advanced Pharmacology, Basic and Advanced Principles in Nurse Anesthesia, and Advanced Health Assessment (see Glossary, "Advanced health assessment").

2. 2. Content: Advanced Physiology/Pathophysiology (120 contact hours), advanced pharmacology (90 contact hours), basic and advanced principles in nurse anesthesia (120 contact hours), research (75 contact hours), advanced health assessment (45 contact hours), human anatomy, chemistry, biochemistry, physics, genetics, acute and chronic pain management, radiology, ultrasound, anesthesia equipment, professional role development, wellness and substance use disorder, informatics, ethical and multicultural healthcare, leadership and management, business of anesthesia/practice management, health policy, healthcare finance, integration/clinical correlation (see Glossary, "Wellness and substance use disorder," "Pain management, acute," "Pain management, chronic," "Professional role development," and "Radiology").

The order of courses is intentional. Core doctoral courses and some core anesthesia-specific courses are offered the first year. The Integrative Clinical Scholarship course series (NURS 697A/B/C) begins Year 2 and is completed Year 3. This allows students time to develop and complete a doctoral project while they are involved with other required clinical experiences.

Table III-C.3. BSN to DNP Study Plan (begins fall 2018)

Year 1	Year 2
Fall (16 units)	Fall (11 units)
N 542/L Adv. Physical Assessment/Lab (2/1)	N686 Pediatric & Obstetric Anesthesia (3)
N 601 Theoretical Perspectives for ANP (3)	N 687L Nurse Anesthesia Practicum II (5)
N 602 Data Management and Evaluation for ANP (3)	N 695 Seminar in Integrative Clinical Scholarship (2)
N 605 Advanced Evidence-Based Practice in Nursing (3)	N 697A Integrative Clinical Scholarship I: Evidence-based Practice (1)
N 615 Epidemiology & Clinical Prevention (3)	Qualifying Doctoral Assessment
N 640 DNP Clinical Practicum: Prof. Role Development (3)	Spring (13 units)
Spring (15 units)	N 688 Adv. Pathophysiology for Anesthesia I (4)
N 610 Leadership, Management and Economics in ANP (3)	N 689L Nurse Anesthesia Practicum III (6)
N 620 Informatics in Healthcare (3)	N 697B Integrative Clinical Scholarship III: Evidence-based Practice (3)
N 630 Healthcare Policy, Ethics and Advocacy (3)	
N 680 Adv. Pharmacology for Anesthesia I (3)	
N681 Anesthesia General Principles	
Summer (12 units)	Summer (13 units)
N 682 Anesthesia for Surgical Procedures & Special Populations (4)	N 690 Adv. Pathophysiology for Anesthesia II (4)
N 683 Adv. Physiology (3)	N 691L Nurse Anesthesia Practicum IV
	N 694 Adv. Pharmacology for Anesthesia III (3)

N 684 Adv. Pharmacology for Anesthesia
N 685L Nurse Anesthesia Practicum I (2)

Year 3	
Fall (12 units) N 692 Prof. Nurse Anesthesia Role: Clinical Integration (3) N 693L Nurse Anesthesia Residency (6) N 697C Integrative Clinical Scholarship II: Evidence-based Practice (3)	Spring (9 units) N 692 Prof. Nurse Anesthesia Role: Clinical Integration (3) N 693L Nurse Anesthesia Residency (6) Doctoral Project Defense
Summer (9 units) N 692 Prof. Nurse Anesthesia Role: Clinical Integration (3) N 693L Nurse Anesthesia Residency (6)	
Total Units: 110	

ANP = Advanced nursing practice

DNP Curriculum Structure

Courses are listed and described in the CSUF *University Catalog* [Exhibit O] and the *DNP Student Handbook* [Exhibit A]. Post-master's students are enrolled in course study year round with planned graduation in May of their second year of study. Post-baccalaureate students are also enrolled year round with planned graduation in August of their 3rd year of study. The sequence of courses is logically organized to progress from general to specific. The core courses provide doctoral students a basis for increased understanding of evaluating evidence from published research/organizational datasets, enhanced understanding of nurses' role in health care policy, ethics, and advocacy, and practicing in an advanced role.

The MSN to DNP curriculum requires a 5-semester, full-time plan of study designed to accommodate working nurses. Thirty-six units are required for graduation. The expected clinical hours include those achieved in prior master's education, so incoming students have different clinical hour requirements. Upon graduation, all will have at least 1000 clinical hours in their advanced role. Variable unit options (NURS 640 DNP Clinical Practicum: Professional Role Development course) are available for students who have not had 500 or more clinical hours in their master's degree curriculum (e.g., Master's in Nursing Administration). This curriculum builds upon and expands the competencies of master's graduates by structuring a curriculum that differs in level of complexity and depth of content, and requires a higher level of achievement for doctoral graduates. For those in advanced practice roles (CRNA, NP, CNM, CNS), entry into the DNP program requires a master's degree in nursing or a health-related field (e.g., public health) from an accredited university and national certification. If APRN students enter with a master's in a discipline other than nursing, they must hold national certification and have corrected deficiencies in nursing preparation, such as nursing theory, research and transcultural nursing. Students entering the indirect care track (nursing leadership or administration, nursing education, or community health nursing) must have a master's in nursing from an accredited institution. National certification in a clinical nursing specialty, not nursing education, is preferred at admission.

The BSN to DNP curriculum requires 9 semesters with the expectation that students are not working full-time. As can be seen in Table III-C.3, core courses for the BSN to DNP curriculum are offered early in the program, which allows students to gain understanding of the doctoral role before beginning the clinical anesthesia courses. Specific courses that include clinical hours provide the student with experiences that allow practice in the expanded role per the DNP *Essentials* (NURS 640 DNP Clinical Practicum: Prof. Role Development), as well as experiences involved in developing and implementing the doctoral project (the NURS 697A/B/C series in Integrative Clinical Scholarship: Evidence-based Practice). Later role courses (NURS 692 series) offer a chance for the more clinically experienced students to integrate their clinical practice in the doctoral role.

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

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

Program Response:

Faculty members' beliefs about learning are based on principles of adult education, including independent learning, the value of past experiences, readiness to learn, and problem-oriented learning. This is reflected in the DNP curriculum, which builds upon student experiences as either baccalaureate or master's prepared RNs, respectively, with advanced nursing roles. The teaching-learning practices in the DNP program stem from the belief that teaching is a complex discipline grounded in a theoretical body of knowledge. Faculty members are expected to foster an environment where students can learn and grow through the use of integrative teaching methods to stimulate problem-solving, critical thought, creative expression, communication, information competency, and the desire for life-long learning.

Student achievement of SLOs begins at the course level where the outcomes are expressed as course objectives. Substantive evaluation criteria to measure the achievement of each course objective (often in the form of rubrics) is evident in the DNP course syllabi. An example of a rubric is one that has been used in NURS 695 for components of the proposal, which are turned in throughout the semester:

Rubric for Introduction/initial TOE, Supporting framework, TOE topics/plan of ROL (10 points each)

Completeness (4.5 points)

- Inadequate (0 - 3.2 points): Inadequate coverage of content. Did not remove/address/incorporate track changes/suggestions for improvement from prior paper(s).
- Needs improvement (3.2-3.6 points): Coverage inadequate in detail and support. Addressed some previous suggestions for improvement (partial response).
- Adequate (3.7-3.9 points): Addressed all content, but left out some details. Addressed most previous suggestions for improvement.
- Professional quality (4.0-4.5 points): Completely addressed all content. Incorporated track changes/suggestions for improvement or asked for clarification.

Accuracy (4.5 points)

- Inadequate (0 - 3.2 point): Most facts are wrong.
- Needs improvement (3.2-3.6 points): Some explanations not correct.
- Adequate (3.7-3.9 points): Content explained adequately but without detail.
- Professional quality (4.0-4.5 points): Facts are correct, and explanations are both concise and complete

Grammar/Mechanics/Table Format (0 - 1 points)

- Inadequate (0-0.6 point): Multiple mechanical and grammatical errors. Table format problems in most rows/columns.
- Needs improvement (.7 point): Few mechanical and grammatical errors. Table format problems in some rows/columns.
- Adequate (.8 point): Minimal mechanical and grammatical errors. Mostly correct APA table format.
- Professional quality (.9 -1.0 points): No errors of punctuation, spelling, capitalization (mechanics) AND no grammatical errors (agreement, tense, case, number, pronoun use). Correct APA table format with appropriate header labels, abbreviations defined/table notes, appropriate column/row borders.

Students are assigned to courses in cohorts, which remain together for the core courses during the first year; this enhances peer interactions, and helps to create a feeling of belongingness. In addition, the ENTIRE group of MSN to DNP and BSN to DNP are considered cohorts in order to foster that feeling of togetherness across the larger group. Students are invited to engage in varied co-curricular activities. For example, the learning commons (doctoral room at CSUF EC 102) was used for scheduled seminars and informal gatherings until the larger entering class of 2018. Throughout the semester, at least one lunchtime seminar is offered to each cohort; these are faculty- and guest-speaker developed seminars (e.g., writing an abstract, authorship guidelines). Lunches were provided for students and faculty on Fridays (class day) through spring 2018. Most students took part in some, if not all, of these. Faculty also joined with students

for informal discussions during the lunch hour, either in EC 102 or in other venues on campus. With the larger entering class of 2018, a larger venue will be sought for planned seminars with provision of lunch. At this point, we are planning 4 such events/semester, which will be open to students and faculty.

Faculty members assigned to teach doctoral courses receive extra weighting in their workload assignment. This is intended to allow them time for in-depth preparation and adequate time for consultation with students outside of the classroom. Faculty chairs (NURS 697A/B/C) are invited annually to a chair meeting housed alternately at the 3 universities; these meetings covered course content, student/faculty role delineation, along with IRB and graduation issues. Faculty members have learned from one another on both the expected DNP project content as well as the DNP project logistics for university approvals. Coordinators from each of the three campuses are available on Fridays for student/faculty consultations; they are housed in CSUF faculty offices. Campus coordinators attend the offered DNP noontime seminars.

Classrooms for core classes in the DNP program are in the Kinesiology and Education Classroom Buildings (CSUF). Also housed in the Education Classroom Building are offices for the CSUF SON, offices for the DNP Coordinators and the Director, and the doctoral learning commons. The Kinesiology Building is in close proximity. Pollak Library is the closest building to the Education Classroom Building; students take library orientation sessions (including instruction in online computerized databases) in Pollak Library classrooms where each student is provided a computer. Other campus services such as the University Learning Center (basement Pollak Library) and the College of HHD offers tutoring support to students who have been identified as having difficulties with certain subjects (e.g., writing). The Office of Graduate Studies offers a variety of supportive seminars for graduate students, including grant writing, writing a focused literature review, and enhanced writing skills.

Based upon our experiences with early cohorts, a Pre-Program Orientation of online activities was developed for incoming students. This non-mandatory set of resources and activities is available through TITANIUM and consists of introductions to the following: faculty and fellow incoming students, the DNP role, the DNP *Essentials*, financial aid and student services, library and other services, technology and software used in the program, preparation for doctoral education, the DNP *Handbook*, and clinical/legal requirements for students. Representative student comments following participation in the Pre-Program: "Until I read the Essentials of the DNP, I was not aware of what the program entailed. I am very glad that the school of nursing has developed this pre-program as it gives an insight as to how much time it entails to complete assignments," "I like how the pre-program reinforces the expectations of the program," and a faculty favorite, "It was a good module, otherwise, I never would have looked at the [DNP student] handbook. Thank you." Another value of the pre-program is the start of a feeling of camaraderie and support within the cohort, "... I really enjoyed coming back and reading what others wrote and felt more at ease that there were others that were feeling like myself about returning to school and learning about other's current practice and role in their jobs. Thank you for the opportunity to do this before the first day of school!"

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:

MSN to DNP concentration: Planned clinical practice experiences begin with the first semester of admission to the program. When students are employed in settings that match their education (e.g., family nurse practitioner working in primary care clinic; indirect care nurse working as nurse manager), these experiences are done in the students' workplace and are non-preceptored. When post-master's students enter without such a workplace setting, the program establishes an appropriate setting and clinical agreement for the clinical experience and students practice there within the guidelines of that setting (e.g., one student with Acute Care Nurse Practitioner certification took a voluntary position at a local hospital emergency department, where she worked to complete her doctoral project; another student completed her doctoral project while serving as a volunteer with a non-profit agency where she had prior experience).

Students document the clinical experiences associated with five non-specialty doctoral courses using a spreadsheet housed in Dropbox; these experiences are evaluated by faculty as to appropriateness for meeting course objectives. Documentation includes the specific activity, time spent, and the DNP Essential that was primarily reflected in the activity. For post-master's students, the total number of hours required prior to graduation is based upon the clinical hours that students have completed in their prior graduate work (documented hours) plus evaluation of their professional certification status. All students complete a minimum of 500 clinical hours in the DNP program. See samples below for two post-master's students with different required hours for the program (one student entered with a degree in Nursing Education, 0 prior hours allowed; the other entered with a Family Nurse Practitioner degree, 500 hours allowed). By the end of the program, DNP clinical hours (at least 500) total 1000.

The following sample tables show example cumulative logs of an indirect care student (Nurse Administrator or Public Health) and an advanced practice student in the post-MSN concentration

Post-Master's DNP log of an Indirect Care Student

	Hours By Essential								Total	Req'd
	1: Scientf c	2: OrgSys t	3: Schlsh p	4: IS/IT	5: Plcy/ Adv	6: Collab	7: Pop Hlth	8: Practic e		
N640	73.3	174.4	9.8	40.0	72.0	46.1	58.8	193.4	667.8	635
N695	33.0	0.0	98.5	0.0	0.0	0.0	0.0	0.0	131.5	90
N697A	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	5.3	5
N697B	27.5	0.0	53.0	0.0	56.8	1.0	0.0	9.8	148.1	135
N697C	0.0	0.0	159.0	0.0	0.0	0.5	0.0	1.3	160.8	135
	133.8	174.4	320.3	40.0	128.8	47.6	58.8	209.9		
Total Credit Hours									1113.5	1000
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Total Hrs	267.5	348.8	640.5	80.0	257.5	95.2	117.7	419.8	1113.5	

Post-Master's DNP log of an Advanced Practice Registered Nurse (NP, CRNA, CNM or CNS)

Hours By Essential										
	1: Scientific	2: OrgSys	3: Schlsh	4: IS/IT	5: Pley/Adv	6: Collab	7: Pop Hlth	8: Practic	Total	Req'd
N640	29.5	10.0	7.5	31.0	5.0	10.0	0.0	43.5	136.5	135
N695	81.0	0.0	26.7	0.0	0.0	0.0	0.0	0.0	107.7	90
N697A	0.0	0.0	14.0	0.0	9.5	0.0	0.0	4.5	28.0	5
N697B	21.3	14.3	43.5	19.0	0.0	12.8	0.0	26.8	137.5	135
N697C	0.0	22.5	93.0	1.5	0.0	4.5	0.0	14.5	136.0	135
	131.8	46.8	184.7	51.5	14.5	27.3	0.0	89.3		
Total Credit Hours									545.7	500
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Total Hrs	263.5	93.5	369.3	103.0	29.0	54.5	0.0	178.5	545.7	

In the first practicum NURS 640 DNP Clinical Practicum: Professional Role Development, students develop a learning contract at course inception to help them achieve learning objectives. The course methodology (described below) is flexible due to the varied experiences of the students coming to the program.

This is a field-based clinical practicum at an appropriate practice site for 120 hours (plus 15 hours seminar time). Students are responsible for developing and evaluating a personal learning contract with measureable objectives. They are to maintain a reflective journal to evaluate whether objectives were accomplished as judged by identifiable strategies and outcomes. A weekly 60 minute seminar will be conducted online or in person. A variety of teaching methodologies will be used with the seminars including: directed readings, seminar discussion, guided online or in person discussions, group work on line or in person.

Here are sample clinical experience activities documented by students in NURS 640 (cohorts 4, 5):

Student 1:

- Met with the Chief of Clinical Outcomes Officer - discussed her role in reshaping organizational structure and processes as a result of ACA requirements
- Met with Risk Management and discussed patterns of clinical behaviors that tend to lead to legal involvement
- Attended and contributed in a Root Cause Analysis meeting
- Reviewed evidence related to topic of Root Cause Analysis for the Risk Management team

Student 2:

- Attended Sigma Theta Tau International Iota Eta Chapter 6th Annual Dialogue of Caring "Racial Disparities in Nursing: What is our Response?"
- Participant/representative for 2 sites in Regional site Electronic Medical Record (EMR) meeting
- Discussion with lead Clinician Information Systems Advisor about EMR practice models and teaching modules

Student 3:

- Participate as a member of an inter-professional team to manage patient care situations/discuss practice guidelines (problem - Revised cardiac risk index)
- Appraise literature to determine best evidence for practice, e.g., revised cardiac risk index.
- Guide/support individuals through complex health situations in perioperative clinic
- Attend quality improvement meeting.

BSN to DNP students, Clinical experiences designed to meet the COA standards will begin summer of Year 1 (see Sample Study Plan), NURS 685L Nurse Anesthesia Practicum I and continue through the summer of Year 3 with NURS 692 Professional Nurse Anesthesia Role: Clinical Integration and NURS 693L Nurse Anesthesia Residency. At least 2000 hours of clinical (~600 clinical cases) includes experience with a variety of anesthetic procedures, techniques, and specialty practice activities. The specialty clinical experiences will be the same ones used when the program was a master's program; from the latest accreditation report (COA, 2016), "aggregate clinical data demonstrate that students provide anesthesia for patients across the lifespan at all acuity levels, meeting or exceeding general and specialty case requirements." [Exhibit P COA Application Description of Clinical Experiences]

Faculty instructors evaluate students in these experiences in collaboration with clinical preceptors who are CRNAs or anesthesiologists. Clinical evaluation tools are used to measure student performance in simulated and/or actual clinical situations. Requirements for overall clinical performance and behavior are clearly outlined in *KPSA Student Handbooks* and in clinical syllabi. Clinical evaluation criteria are given to students, preceptors, clinical coordinators, and faculty involved with lab/practicum courses at the semester start. Daily clinical performance is reviewed with students by clinical faculty, providing formative input and opportunities for improvement.

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:

Standard I.A. addressed how the SLOs for this DNP program were developed to meet specific professional standards in nursing. Thus, our objectives show our alignment with these and with these external communities of interest.

For the post-master's degree program, most applicants are drawn from among master's graduates of the three collaborative CSU schools although the percentages have dropped over time (76% Cohort 1; 45% Cohort 6). The majority of master's graduates from these schools are advanced practice registered nurses (e.g., nurse practitioners, nurse midwives, nurse anesthetists, or clinical nurse specialists), to whom the DNP degree is targeted. The graduates in Nursing Administration/Leadership also find the degree valuable for professional advancement in practice. Cohort 5 (graduating 2018) had 12 non-APRN students (indirect care) out of 27 graduates (44%) with 45% admitted for Cohort 6. The admission requirements vary depending upon the student track (direct care vs. indirect care). Students in direct care must have successfully completed advanced pathophysiology, advanced physical assessment, and advanced pharmacology (3 P's).

Clinical hours earned in the program vary based upon hours completed in the student's master's program. Since indirect care nurses enter the program with fewer hours of preceptored master's clinical hours (range 0 to 415), they require additional clinical hours (using the N640 DNP Clinical Practicum: Professional Role Development course). Students having a Master's in Nursing Education (<7% of Cohort 6 admissions) require the full 1000 hours of preceptored clinical hours since they are entering a new specialty, "Leadership."

A survey of students accepted into the first DNP cohort found that Friday classes were desired. This choice has been supported by subsequent students, and is facilitated by better classroom availability and greater

parking access on Fridays. Based upon feedback from students and faculty, a change in study plan was made in terms of biostatistics (in the study plan for cohorts 1-5). As students and faculty acclimated to the DNP focus (vs. PhD), fewer and fewer projects required use of inferential statistics, and more required analysis using performance improvement metrics (e.g., run charts, trend lines). Most faculty in the consortium are PhD prepared and lacked expertise in these analytic methods. As mentioned in III-C, none considered themselves ready to teach this content; L. Sarff (student from cohort 5) came with this content expertise and assisted faculty in developing the new course (NURS 602 Data Management and Evaluation for ANP), which she taught for the first time summer 2018 (after her graduation). This course will be offered to students in their first semester in order to have the content prior to developing the project proposal. For fall 2017, students were given biostatistics content in NURS 605, which was well received by students as it was integrated into the evidence-based course content. This inclusion will be continued in the future.

The two education courses for post-master's students are offered in hybrid format during the final two semesters of the program. This allows students to meet as a group 4-5 times over each semester to cover content and take part in learning experiences. For example, in NURS 512 Instructional Design in Nursing Education, two all day classes are held on campus (each with ½ of the students) in the simulation laboratory of the CSUF School of Nursing; all students are able to develop and implement a simulation teaching experience.

DNP faculty from all 3 consortium partners regularly dialogue with community leaders, organizational administrators, and nurses in clinical practice informally and formally, and with faculty and students to identify needs and expectations regarding the DNP programs. In March 2013 at the CSUF Community Advisory Breakfast, over 30 community partners, CSUF faculty, and all three DNP coordinators and the director heard about experiences with the DNP program. Coordinators and the director regularly attend the AACN Doctoral Conference in order to stay current with doctoral education. Reflection upon these meetings' offerings led to consensus that the Southern California DNP program is following national trends for DNP programs.

In preparation for developing the BSN to DNP program, Rutledge (CSUF Coordinator) and Weismuller (Director) met regularly with CSUF CRNA KPSA faculty. Weismuller attended the COA Workshop in Preparation for DNP (New Orleans, 2014, San Antonio TX, 2016) and COA DNP Project session (Phoenix AZ 2018) in order to learn more about issues with doctoral projects for these students. They met with faculty and with Anesthesia Department Administrators from KPSA and Kaiser Permanente in August 2018 to discuss clinical site involvement with student doctoral projects (Exhibit H). Students for this program will come from a national pool, and differ from our post master's students in demographics.

During their first year in the program, these students will attend on-campus CSUF classes on Fridays (NURS 602 Data Management & Evaluation for Advanced Nursing Practice; NURS 605 Advanced Evidence-Based Practice in Nursing; NURS 640 DNP Clinical Practicum: Professional Role Development). In order to accommodate the living situations of BSN to DNP students (most live near Pasadena where KPSA is housed; a drive of 41 miles to Fullerton, which during heavy Orange County/Los Angeles County traffic can take up to 2 hours), NURS 601 Theoretical Perspectives in Advanced Nursing Practice, will be taught as a special online course fall 2018 until it can be approved as a regular online course through the CSUF approval processes (begun spring 2018). NURS 615 Epidemiology and Clinical Prevention will be taught at the KPSA campus (Pasadena) on Thursdays. During spring 2019, CRNA students will take core classes (NURS 610 Leadership, Management & Economics in APN, NURS 620 Informatics, N630 Healthcare Policy, Ethics & Advocacy) at CSUF on Mondays and two other courses (NURS 680 Advanced Pharmacology; NURS 681 Anesthesia General Principles) at the Pasadena KPSA classrooms later in the week.

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:

All evaluation stems from the DNP Program Evaluation Plan [Appendix B]. Individual student performance is consistently assessed at the course level and at the end of the program. At the end of each semester, expected student outcomes are expressed as passing course grades (e.g., "C" or better (post-MSN) for post-master's DNP students and a "B" or better for post-BSN DNP Nurse Anesthesia students) and an overall required grade point average (GPA) of 3.0, which demonstrate successful completion of courses and allows the student to progress. Post-BSN DNP Nurse Anesthesia concentration students are required to receive a "B" or better in each didactic course and a passing grade of "CR" (a minimum of 83%) in each clinical course. This difference in grading standard is based on KPSA's experience in evaluating anesthesia students' success across core and anesthesia content courses in the previous master's program.

At the course level, syllabi inform students about all aspects of a course ([UPS 300.004](#)), including methods of evaluation. Syllabi include course objectives, content, required readings, assignments/other activities by which course objectives are measured (and the weight of each measure used to determine final grades), grading policies, grading scale/rubrics, and weekly class schedules. Instructors are expected to make course syllabi available to students at the start of each semester. Typically, they post syllabi on the online course site in TITANIUM (class management system) prior to the course start date, a site accessible to registered students.

Student performance in courses is assessed by course instructors. Grades are earned according to specific evaluation requirements (assignments, exams) based on grading rubrics developed to fit course assignments (see examples below). Course instructors use multiple assessment strategies to measure student outcomes in class, lab and clinical settings. Class evaluation measures may include papers, examinations, participation in class discussions, case studies, presentations, participation, and posters.

Rubrics are provided in each course and guide evaluation of student performance. Current rubrics are calibrated such that an acceptable score on the assignment merits at least a B/C grade. In the rubric below for the Final Evaluation paper from NURS 602 Theoretical Perspectives for Advanced Nursing Practice, a student obtaining an "adequate" on all three categories would receive a 17 out of 20 points (85%, a B grade).

Purpose: The purpose of this assignment is for you to write a formal essay where you evaluate the use of theory in a published implementation of change effort. The paper will be written over three modules and you will use the feedback received from your instructor to improve its readability. You are to incorporate elements of the Grol and Wensing Implementation of Change Model that frames your textbook, as appropriate.

Grading Criteria (Use percentages and point counts possible to calculate grades)

Completeness (40% of 20)

- Inadequate (< 30%): Did not address some of the questions.
- Needs improvement (30%): Addressed the questions, but provided few details OR omitted important details.
- Adequate (35%): Addressed the questions, but left out a few minor details.
- Professional quality (40%): Addressed all questions completely.

Correctness (40% of 20)

- Inadequate (< 30%): Many → most facts are wrong.
- Needs improvement (30%): A few facts are wrong.
- Adequate (35%): Technical details are generally correct.
- Professional quality (40%): All facts are correct, and the explanation is both concise and complete.

Organization (10% of 20)

- Needs Improvement (< 7%): Organization of the essay is difficult to follow, due to inadequate transitions and/or rambling format. May exceed the recommended page limits.
- Adequate (7-8%): The essay can be easily followed. Basic transitions are used; a structured format is used. Completed within the recommended page limits.
- Well written (9-10%): Well organized, easy to read, logical order of information, excellent transitions, meets all requirements.

Mechanics, Grammar, APA format (10% of 20)

- Needs improvement (< 7%): The essay contains numerous grammatical, mechanical, or APA errors, and may be difficult to read.
- Adequate (7-8%): The essay contains minimal grammatical, mechanical, or APA errors.
- Professional quality (9-10%): The essay is clear and concise and contains no grammatical, mechanical, or APA errors.

Work that is of “professional quality” merits higher than a B-, and work that is not considered doctoral level merits lower than a B-.

In clinical anesthesia courses, faculty instructors, students, and preceptors (called clinical instructors in the KPSA program) mutually define goals, objectives, and evaluation measures at the onset of the experience. At each facility, there is a Clinical Coordinator who facilitates student assignments and evaluations. For each BSN to DNP course outside of the doctoral core, master's-prepared or doctorally-prepared CRNAs or anesthesiologists serve as clinical instructor coordinators at the 28 KPSA and affiliate clinical sites. These clinical coordinators give students verbal feedback on a daily and weekly basis. Monthly, the Clinical Coordinators submit a written summative evaluation which they review with the student and KPSA faculty (See **Exhibit Q KPSA Summative Evaluation Form.**) Clinical Coordinators are oriented to their roles each year in a Clinical Coordinators workshop at KPSA. Clinical Coordinators are expected to maintain close contact with course faculty. Clinical Coordinators communicate with both students and faculty regarding student performance; however, ultimate accountability for assignment of student grade rests with the course instructor. Students log anesthesia clinical hours in the Medatrax system. In the Integrative Clinical Scholarship series (NURS 697A/B/C), students will log hours related to the DNP Essentials in the same format (using Dropbox) as the post-MSN students.

The BSN to DNP program uses an oral board exam for students, which has been implemented previously in the master's program, in order for them to show proficiency in the integration of the principles of pharmacology, physiology, pathophysiology, physical assessment and anesthetic care management in a situational context and discuss their rationale to support their decisions. Program graduates who took the National Certification Examination to date have achieved a first time pass rate of 93.2%. Pass rates are published on the KPSA website <https://kpsan.org/about-the-school/program-statistics>

Students who feel they did not receive a fair grade may appeal that decision as outlined in department and [university policies](#). Students may discuss grading policies and course assignments in their course evaluations and have the opportunity to evaluate instructor grading practices on Student Opinion Questionnaire (SOQ) forms administered each semester.

DNP program requirements are outlined in the syllabi and in the *DNP Student Handbook* [Exhibit A]. CSUF's policy for grade distribution is based on a 4.0 scale. All graduate students must maintain a 3.0 (B) to progress through their program. In the post-master's track, Individual courses must be "passed" with a C (73%) or better. Students (MSN to DNP only) who make below a C on any course may retake the course one time to try to achieve a passing grade. This may only occur for two courses during the program.

Anesthesia students must receive a grade of "CR" (83%) to pass clinical anesthesia courses and they must receive a grade of "B" (83%) to pass didactic DNP core and anesthesia concentration courses. Due to the lockstep nature of the program, anesthesia students are not allowed to repeat classes not passed with at least a "B" and are dismissed from the program. This is outlined in the DNP Student Handbook.

Appendix B contains an overview of the assessment activities for each SLO by course as well as a narrative evaluation plan. The evaluation plan addresses both (a) the annual assessment procedures and (b) how the annual assessment is incorporated into the department, school and institution's regular assessment and program review processes.

The DNP Student Handbook [Exhibit A] includes the description of the doctoral project and provides the guidelines by which the project will be developed and evaluated.

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:

Courses are evaluated every semester by students using a course evaluation form. Separately, Student Opinion Questionnaires (SOQ) about individual faculty members are completed for every course and faculty members present these data in their portfolios and reflect on this feedback. Course faculty and the DNP Executive Committee review course evaluations each semester. An example of how these findings lead to curricular changes came during spring 2018 with course evaluations of NURS 605 Advanced Evidence Based Practice. Students mentioned in the evaluations that during class time, most content came from the Polit and Beck text (*Nursing Research*) and that the assigned studies were not discussed until late in the semester. Based upon this, the Director and Coordinators determined that a paradigm shift was needed to take this course back to evidence based practice (how to analyze studies in order to evaluate their potential for use in practice) and away from how to do nursing research. Rutledge was charged with realigning the course activities with these ideas, and then, with orienting faculty to the changes for fall 2018. When compared with that for 2017, the 2018 course calendar shows new texts (one focused on evidence based practice and one focused on critical appraisal) along with new class activities and assignments. A mid-semester evaluation will be done with students enrolled in N605 to be sure the changes are well-received by students and instructors.

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:

A systematic process of evaluation is in place to examine all elements of program effectiveness. Appendix B provides an overview of our DNP Program Evaluation Plan associated with each of the expected SLOs (program level). Key elements of this plan were included in our DNP substantive change document that was presented to and approved by each campus and sent to WASC for their approval February 2012.

During fall 2012, the DNP Executive Committee identified measures to assist in the evaluation of program effectiveness. These include student feedback for individual faculty members of courses (Student Opinion Questionnaires) and individual courses (Course Evaluation surveys completed via TITANIUM at semester end). Data collected from *Skyfactor* surveys for the first two years of the program were used to set reasonable benchmarks for on-going surveillance of the program's effectiveness in moving students toward high perceived confidence in obtaining each of the DNP essentials.

A mid-semester informal formative assessment of the program is completed by students. This assessment involves both a face-to-face meeting and written comments via anonymous online survey. The meeting is facilitated by the DNP Coordinators, Director, and DNP Program Specialist. Both sources of data help to determine program areas that may need to be changed or issues that need to be addressed as well as to identify areas that are effective. The campus Coordinators and DNP Director meet to discuss these informal student evaluations; minutes of the Coordinator meetings are recorded and available for review [Exhibit H].

Faculty members teaching different sections of the same course meet informally during the semester to evaluate strengths and weaknesses in each course along with student performance issues. Students provide additional feedback and suggestions on their courses via an anonymous university Course Evaluation Survey conducted at the end of the semester. This feedback is discussed by faculty teaching the courses and reviewed by the DNP Coordinators at the end of each semester.

Table IV.A.1. Provides a summary of the tools used in the systematic evaluation process of our DNP program.

Table IV.A Evaluation Tools

Outcome	Tool\Measurement	Timeline	Comments
Admission of qualified applicants	Pre enrollment Student Data - interview scores,	Baseline	Kept by DNP Program Specialist

	writing scores, certification status		
Certification status	Student Data	At baseline Yearly update	Kept by DNP Program Specialist
Sufficient clinical hours	Clinical logs	Kept by course (N640, N695/697 series) Anesthesia clinicals	Electronic record in Dropbox Medatrax
Essentials Mapping - attainment & refinement	EBI/Skyfactor survey- perceptions of students	Conclusion of program	Maintained by Assessment and Accreditation Coordinator
	Clinical logs	Kept by course (N640, N695/697 series)	Kept by DNP Program Specialist. Accessible in Dropbox.
		Anesthesia Clinicals	Medatrax (at KPSA)
Program satisfaction-course	Course Evaluation	Every semester	Kept by SON
	Mid-semester Confidential Formative Program Evaluation		
Faculty effectiveness	Student Opinion Questionnaires (SOQ)	Each semester	Kept by SON
	EBI/Skyfactor	Exit survey	Electronic copies
Program Satisfaction - alumni	Exit survey (EBI/Skyfactor) Alumni- survey (AACN/Benchworks))	Final semester Post-graduation, yearly	Maintained by Assessment and Accreditation Coordinator
Student Learning Outcomes	Exit survey (EBI/Skyfactor) Rubrics/Grades for Proposal and Project Defense	Final semester	Maintained by Assessment and Accreditation Coordinator

Data collected through formal mechanisms/instruments are reviewed through various formal mechanisms involving faculty members from all three universities. The three School Directors, the DNP Director, and three DNP Coordinators are actively involved in reviewing and analyzing the data collected by our consortium. Campus Coordinators and Directors are responsible for sharing the data--as appropriate--with their respective nursing faculty. The CSU Chancellor's Office (CO) data collection survey results also undergo intensive scrutiny by the CO Assistant Vice Chancellor, Academic Programs and Faculty Development, and the results were submitted to the Office of the Legislative Analyst of the State of California during their 2017 audit of our program. At any time during the review process, changes can be made relative to the evaluation process, the tools used, or data collection depending on the information that surfaces.

Data are reviewed by the Director of the DNP program, Directors of each School of Nursing, and the campus Coordinators. Examples of how this information has been used is kept in meeting minutes and the Historical Changes Document on file in the Consortium office.

IV-B. Program completion rates demonstrate program effectiveness.

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

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

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

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

Program Response:

The program has achieved high completion rates. As shown in Table IV-B: 1, graduation rates have ranged from 79.4% to 100% (M = 85.5%). The benchmark for graduation in two years is 80%--this was not achieved in Cohorts 2 and 5. However students who delayed studies due to family or person medical problems graduated in over 2 years (Cohort 2 with overall graduation rate of 85.9%) or are continuing (Cohort 5).

The entry point per cohort is fall semester; time to completion is five or six semesters to the Spring or Summer semester two years later. The formula for completion is calculated by dividing number of entrants by number of graduates two years later.

Table IV-B: 1 DNP Admission and Graduation

	2012-14 Cohort 1	2013-15 Cohort 2	2014-16 Cohort 3	2015-17 Cohort 4	2016-18 Cohort 5	Totals
Admissions	31	34	25	21	34	145
Graduation within 2 years	28 (90.3%)	27 (79.4%)	25 (100%)	17 (81.0%)	27 (79.4)	124 (85.5%)
Graduation after 2 years	1	2	--	--	--	3 (2%)
Continuing students	--	--	--	--	5	5 (3.3%)
Total Graduates or Continuing	29 (93.5%)	29 (85.3%)	25 (100%)	17 (81.0%)	32 (94.1%)	132 (91.0%)

Table IV-B: 2 shows reasons for program discontinuance. Over half (N=9) of discontinuing students leave due to a family or medical issue and a quarter (N= 4) have transferred to other doctoral programs, including the PhD. One student was put on academic probation and was ultimately dismissed; one student withdrew as he was told he did not need the DNP for his acute care position.

Table IV-B: 2 Reasons for Program Discontinuance

	2012-14 Cohort 1	2013-15 Cohort 2	2014-16 Cohort 3	2015-17 Cohort 4	2016-18 Cohort 5	Totals N=15
Family/Medical Issue	1	3	--	4	1	9 (60%)
Transfer to Other Program	1	2	--	1		4 (26.7%)
Academic Dismissal		1				1 (6.7%)
Felt DNP not needed					1	1 (6.7%)

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:

This key element is not applicable to the Consortium's post master's cohort, as we do not prepare students for licensure or certification. All students have an active license to practice as a registered nurse. APRN students hold licensure in their respective advanced practice discipline as well as appropriate national APRN certification. Licensure and certification are required to be maintained throughout the DNP program.

We will track certification and employment status of the graduates from the post-baccalaureate DNP Nurse Anesthesia track. We anticipate that high certification pass for first-time test takers (93% for the prior Masters CRNA students over the past six years) will continue (see <https://kpsan.org/about-the-school/program-statistics>.)

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:

All graduates in the Consortium Post-MSN DNP are employed at graduation; the program is designed to serve working nurses who are able to carry out their DNP Project within their clinical settings. Most graduates remain in the work setting they had at program entry but some achieve promotion.

Graduates of the CSUF/KPSA Nurse Anesthesia MSN are held in high esteem for their in-depth knowledge and high quality anesthetic practices. The school has developed an outstanding reputation not only in the community but also throughout the country. Graduates have grown professionally and attained faculty positions, administrative teaching positions, Program Administrator positions in nurse anesthesia programs, and have held positions for state and national nurse anesthesia associations. We anticipate the same 100% employment rate achieved by the former CSUF CRNA MSN graduates will continue (see <https://kpsan.org/about-the-school/program-statistics>.)

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:

The Consortium looks at three measures of program effectiveness: student perceptions of achieving the DNP Essentials; student program satisfaction; and student DNP projects and their professional contributions, including dissemination. Student’s perceptions of DNP Essentials attainment as measured by EBI Skyfactor DNP Exit Survey administered by Skyfactor is shown in Table IV-E. In the five years reported, student perceptions of attainment of the DNP Essentials have met or exceeded the target rating of 5.5 on a 7-point scale. In one area, Essential II Organizational and Systems Leadership Thinking for Quality Improvement and System Thinking, the rating was 0.07 points below target in 2014. In subsequent years, students’ ratings in this area steadily increased to exceed the target score. In the overall area of students’ perceptions of achieving the DNP Essentials, the program has achieved its target performance.

Student satisfaction with the program is measured each semester, as well as at exit. The target for satisfaction is a rating of 5.5 on a 7-point scale. During-program satisfaction surveys are uniformly positive, indicating satisfaction with faculty, the curriculum, program support and collegial relationships with their fellow students. As noted on the AACN Benchworks DNP Exit Survey over the past three years (Table IV-E), the mean of student ratings of faculty and program satisfaction is very high, 6.58 on a seven-point scale. This student rating of faculty and program satisfaction remains stable and exceeds our performance target.

The program outcome of most meaning is the successful impact that students have on patient and healthcare outcomes through completion of the doctoral projects; final papers describing these can be reviewed on the DNP Final Project website that provides a searchable way of accessing these projects, see [DNP Final Projects](#). A measure of success in this area is the satisfactory completion of the doctoral project, its associated defense and dissemination through publication on the website, DNP Final Projects. The target outcome is that 80% of students achieve this goal within the expected six semesters of the program. Of the 145 admitted students by 2018, 124 (85.5 %) have graduated within six semesters, demonstrating program success.

Table IV-E. Graduates’ Attainment Ratings on Doctor of Nursing Practice Essentials (Perceptions)

Year (Response Rate)	I Scientific Underpinnings for Practice	II Org. and Systems Thinking	III Clinical Scholarship EBP	IV IS/IT & Pt. Care Technology	V Health Care Policy & Advocacy	VI Inter- Professional Collaboration	VII Clinical Prevention Population Health	VIII Doctoral Nursing Practice
2014 (23/28)	6.04	5.43	6.28	5.58	5.85	6.44	6.34	6.35
2015 (27/29)	6.35	5.63	6.50	5.69	6.03	6.39	6.36	6.52
2016 (17/26)	6.48	6.50	6.42	6.02	6.13	6.50	6.52	6.48

2017 (15/17)	6.49	6.54	6.69	6.60	6.47	6.70	6.46	6.77
2018 (27/27)	6.40	6.07	6.25	6.03	6.09	6.32	6.26	6.31

Ratings are based on a 7-point scale. Benchmark is 5.5.

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:

Faculty accomplishments in teaching, scholarship, and service reflect commitment to the mission and goals of the university and demonstrate attention to professional development and ongoing self-improvement. The quality of the faculty enhances achievement of SLOs. Evidence of program effectiveness is illustrated by their accomplishments. To ensure congruence between expectations of faculty in their assigned roles and faculty performance evaluations, faculty outcome indicators are aligned with the SON Personnel Standards at each University of the Consortium. Tenured/tenure-track faculty are expected to be effective teachers, scholars, and engaged in service; lecturers are expected to be effective teachers and to fulfill their work assignments.

Table IV.F.1 sums the self-reported scholarly and professional/community service accomplishments of our faculty for 2014-18. Further details are available in faculty curriculum vitae kept on file. Table IV.F.2 displays faculty outcomes by program established benchmarks.

Faculty members are involved in a wide range of professional, university and community service activities. They serve as officers and board members of professional organizations such as Sigma Theta Tau International, Association of Rehabilitation Nursing, California Nursing Association, Council on Accreditation of Nurse Anesthesia, and the Association of California Nurse Leaders as well as similar organizations. They also serve as peer reviewers and editorial board members for multiple diverse scholarly journals. University service is highlighted by active committee involvement for collegial governance and community service touches a broad range of organizations from health care, education, the arts and faith-based groups. Details of service achievements can be found in faculty curriculum vitae. These faculty accomplishments enhance the mission of each Consortium University and provide exemplars of professional accomplishment.

Table IV.F.1 Summary of Faculty Accomplishments 2014-2018

Peer-reviewed or invited presentations, publications	Book chapters or books	Professional, community service or activity (not just membership)	Journal peer reviewer, editorial board member (# faculty)
388	33	95	39

Table IV.F.2 Southern California CSU DNP Consortium

Faculty Benchmark Attainment

Criterion	Benchmark	Actual 2014-2015	Actual 2015-2016	Actual 2016-2017	Actual 2017-2018
Educational preparation of DNP faculty	Of full-time faculty teaching DNP courses, 90% are doctorally prepared	Benchmark Met: 33 of 34 full time faculty teaching in the DNP are doctorally prepared (97%)	Benchmark Met: 26 of 27 full time faculty teaching in the DNP are doctorally prepared (96.3%)	Benchmark Met: 27 of 28 full time faculty teaching in the DNP are doctorally prepared (96.4%)	Benchmark Met: 51 of 54 full time faculty teaching in the DNP are doctorally prepared (94.4%).
Practice Currency	Faculty document practice as appropriate	Benchmark Met: 100% RN Faculty members maintain current RN licensure, BRN approval and specialty licensure/certification as appropriate	Benchmark Met: 100% RN Faculty members maintain current RN licensure, BRN approval and specialty licensure/certification as appropriate	Benchmark Met: 100% RN Faculty members maintain current RN licensure, BRN approval and specialty licensure/certification as appropriate	Benchmark Met: 100% RN Faculty members maintain current RN licensure, BRN approval and specialty licensure/certification as appropriate
Teaching Excellence	In DNP courses, Mean Student Opinion Questionnaire Scores (SOQ) for program faculty is 3.0 (B) or higher with 85% A and B ratings. *100% of DNP faculty demonstrate adequate teaching performance through peer review process	Benchmark Met: Mean SOQ 3.61 with 91% A and B ratings in DNP courses Benchmark Met: All faculty reviewed by DPC demonstrated adequate teaching performance	Benchmark Met: Mean SOQ 3.51 with 88% A and B ratings)n DNP courses Benchmark met: All faculty reviewed by DPC demonstrated adequate teaching performance	Benchmark Met: Mean SOQ 3.66 with 91% A and B ratings in DNP courses Benchmark met: All faculty reviewed by DPC demonstrated adequate teaching performance	Benchmark Met: Mean SOQ 3.71 with 91 % A and B ratings in DNP courses Benchmark met: All faculty reviewed by DPC demonstrated adequate teaching performance
Scholarly productivity for tenured and tenure track (T/TT) faculty	At least one peer reviewed or invited publication or presentation every other year for each T/TT faculty in a scholarly publication or venue	Benchmark Met: 49 ¹ faculty had 96 peer-reviewed or invited publication or presentations including 12 faculty with book chapters or books.	Benchmark Met: 49 ¹ faculty had 99 peer-reviewed or invited publications or presentations including 8 faculty with book chapters or books	Benchmark Met: 49 ¹ faculty had 96 peer-reviewed or invited presentations; including 5 faculty with book chapters or books	Benchmark Met: 51 ¹ faculty had 97 peer-reviewed or invited presentations; including 5 faculty with book chapters or books

¹Full-time T/TT track faculty across the Consortium eligible to teach in DNP program; some teach courses or chair DNP project teams, while the remaining faculty serve as DNP project team members.

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:

The [DNP Handbook](#) can be found on the CSUF Campus websites and is accessible to all DNP students and faculty. The policies and procedures related to what constitutes grounds for filing complaints and how to file a student complaint are contained in this handbook. A review of the *Handbook* is part of pre-program orientation; students are apprised of their rights. The handbook mirrors the CSUF Catalog as to what constitutes a student grievance or complaint, and the processes/procedures that guide student, university faculty, and administrators from the initiation of a complaint through its resolution. To date, there has been no formal complaint initiated by any DNP student. The DNP Directors, Coordinators and faculty members have been responsive to student concerns; none have elevated to a formal complaint.

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:

As described in earlier sections of Standard IV, student completion, satisfaction with the program, and quality of final DNP Project and dissemination have exceeded expected outcomes, thus there have been no needed program changes based on outcome data. Formative and summative evaluations by students each semester and at program completion are used for program enhancements (i.e., the change to hybrid instruction for second year classes). The DNP Coordinators share information with faculty on their respective campuses; faculty suggestions are used for program improvement. For example, early in the program, faculty identified a number of students requiring supplementary support for scholarly writing; the program arranged for writing support provided by a Graduate Learning Specialist, credentialed as an Educational Psychologist. In addition, it was determined that additional sections of NURS 695 Integrative Scholarly Seminar were needed (spring 2016 finding); during spring 2017 and 2018, additional and smaller course sections allowed students to have more individual faculty support in preparing doctoral proposals. A careful watch on timely progression on DNP projects, especially proposal development and defense, will assess the effectiveness of this intervention.

The Chief Nurse Administrator has approved the program information form and completed report, and confirms its contents as of August 20, 2018.

Appendix A: Linkage with Mission and Goals of Consortium Schools

The Doctor of Nursing Practice (DNP) is congruent with the mission and goals of each of the collaborating institutions.

At CSUF, this program meets the mission of the University to assure pre-eminence of learning and to prepare graduates for challenging careers. It also addresses the strategy that our programs meet professional certification and other community needs. While the American Association of Colleges of Nursing (AACN) called for moving the current level of preparation necessary for advanced nursing practice from the master's degree to the doctoral level by the year 2015 (*AACN Position Statement on the Practice Doctorate*, 2004), this has only been mandated for one group of advanced practice nurses, certified registered nurse anesthetists. For nurse anesthetists, the DNP is the required entry to practice for students accepted into accredited entry-level programs on or after January 1, 2022 (COA, 2018). Other students that CSUF currently prepares at the master's level (nurse practitioner), the DNP mandate is likely to occur in the near future. For all graduate prepared nurses, this degree also meets the needs of the community by preparing diverse students to meet the healthcare needs of an increasingly diverse population and by preparing additional nurse faculty in order to educate the number of nurses needed to address the nursing shortage in California.

The CSULB School of Nursing mission to "educate undergraduate and graduate students to become quality professionals for entry into practice in diverse community settings" is congruent with its university and college missions, visions and core purpose to graduate students with highly valued degrees. The addition of the DNP joint program prepares nurses with diverse specialty practice areas serving at an advanced level of nursing practice to address the societal and health care needs of a diverse community which is congruent with the university value of "diversity and excellence", and the College of Health and Human Services (CHHS) vision of "educating diverse students in the health and human services professions". The university's vision of "changing lives by expanding educational opportunities, championing creativity, and preparing leaders for a change world" is demonstrated by the DNP program, which includes evidence-based management throughout the curriculum and a culminating doctoral project under the direction of a faculty sponsor. The CSULB School of Nursing (SON) is able to provide high quality professional practice experiences for its DNP students which is congruent with the CHHS vision of "collaboration with our community partners to enhance quality" of its programs. The CHHS vision of being a leader in providing professional doctorate degrees is parallel to the SON's desire to participate in a joint DNP Program.

CSULA offers excellent and innovative educational opportunities to an urban student population that reflects the diversity of the Greater Los Angeles (LA) Basin. These opportunities include: " (a) preparing students to appreciate, engage, enhance, and transform the social, cultural, civic, and workplace structures of American and global societies; (b) providing students with the capabilities, skills, and opportunities to take full advantage of lifelong learning, including graduate and professional studies, and opportunities to participate in research, scholarly, and creative activities; (c) offering students tools for personal and academic achievement, economic mobility, and healthier lives; (d) serving as a gateway to the greater LA and world communities for shared educational and cultural life; and, (e) providing quality professional services to all constituencies of the University." Offering the DNP addresses all of these opportunities and meets the mission of the University to provide these opportunities to its students.

See next page for comparison of the University Mission Statements.

CSU Fullerton Mission Statement	CSU Long Beach Mission Statement	CSU Los Angeles Mission Statement
<p>Learning is preeminent at California State University, Fullerton. We aspire to combine the best qualities of teaching and research universities where actively engaged students, faculty, and staff work in close collaboration to expand knowledge.</p> <p>Our affordable undergraduate and graduate programs provide students the best of current practice, theory, and research and integrate professional studies with preparation in the arts and sciences. Through experiences in and out of the classroom, students develop the habit of intellectual inquiry, prepare for challenging professions, strengthen relationships to their communities and contribute productively to society.</p> <p>We are a comprehensive, regional university with a global outlook, located in Orange County, a technologically rich and culturally vibrant area of metropolitan Los Angeles. Our expertise and diversity serve as a distinctive resource and catalyst for partnerships with public and private organizations. We strive to be a center of activity essential to the intellectual, cultural, and economic development of our region.</p>	<p>California State University Long Beach is a diverse, student-centered, globally-engaged public university committed to providing highly-valued undergraduate and graduate educational opportunities through superior teaching, research, creative activity and service for the people of California and the world.</p>	<p>Cal State L.A., a member of the California State University (CSU) system, offers excellent and innovative educational opportunities to an urban student population that reflects the diversity of the Los Angeles basin.</p> <p>Educational opportunities include:</p> <p>Preparing students to appreciate, engage, enhance and transform the social, cultural, civic, and workplace structures of American and global societies;</p> <p>Providing students with the capabilities, skills, and opportunities to take full advantage of life-long learning, including graduate and professional studies, and opportunities to participate in research, scholarly, and creative activities;</p> <p>Offering students tools for personal and academic achievement, economic mobility, and healthier lives;</p> <p>Serving as a gateway among the Cal State L.A. community, the greater Los Angeles community, and world community for shared educational and cultural life;</p> <p>Providing high quality professional services to all constituencies of the University.</p>

Council on Accreditation of Nurse Anesthesia Educational Programs (2018). Standards for accreditation of nurse anesthesia educational programs: Practice doctorate. Retrieved from <http://www.coacrna.org/accreditation/Documents/Standards%20for%20Accreditation%20of%20Nurse%20Anesthesia%20Programs%20-%20Practice%20Doctorate,%20rev%20May%202018.pdf>

Appendix B Assessment Plan: Student Learning Outcomes

DNP Plan for Assessment of Student Learning Outcomes: Stages 1 (Surveillance) and 2 (Diagnostics)

The DNP Assessment Plan utilizes a two-stage approach. Results are reported at the School, College and University levels using the CSUF Compliance Assist Program annually. The DNP Student Learning Outcomes (SLO) were derived from the Consortium Schools' mission and philosophy statements and reflect current educational and professional standards, including the American Association of Colleges of Nursing's *Essentials for Doctoral Education*. The SLOs are:

1. *Ethics*

Develop and /or evaluate effective strategies for managing the ethical dilemmas inherent in advanced nursing practice at individual, family, community, and population levels, health care organizations and information systems, and research.

2. *Professional Practice*

Utilize appropriate theories and evidence from nursing and related fields to provide high quality, accountable healthcare to diverse clients including diagnosis and management in advanced practice, to evaluate outcomes, to develop and evaluate new practice approaches, and to evaluate and improve healthcare delivery systems, practice guidelines and health policy.

3. *Interpret Information for Improved Practice*

Access, analyze, interpret and develop information at the individual/family, community/population, and organizational levels to provide high quality health care and health education, initiate change, and improve nursing practice and health care outcomes.

4. *Clinical Scholarship (EBP)*

Use a systematic approach to identify, analyze and diagnose actual or potential problems within a variety of health care settings, and develop, evaluate, manage, and test possible solutions based upon the highest level of evidence available, allowing for innovative solutions: demonstrate competence in knowledge application activities: the translation of research in to practice, the evaluation of practice improvement of the reliability of health care practice and outcomes, and participation in collaborative research.

5. *Communication, Collaboration and Dissemination*

Demonstrate effective oral and written communication, including the use of informatics, with clients, colleagues, and diverse groups to foster effective interprofessional collaboration to promote optimal health outcomes in individuals/families/communities/populations and within healthcare organizations, and to disseminate professional practice findings.

Stage 1: Surveillance (Table 1)

During the surveillance stage, all seven SLOs are monitored concurrently to swiftly detect opportunities for program improvement or content remediation. As a surveillance system, this stage depends on readily available, swiftly analyzed data. Data from Skyfactor Exit Assessment of Doctoral Essentials are used for the surveillance stage. See Table 1 for the Crosswalk of Student Learning Outcomes by the *AACN Doctoral Essentials*.

Table 1. *Assessment of Student Learning Outcomes for Surveillance (Stage I)*
Crosswalk of AACN Doctoral Essentials and Student Learning Outcomes

	Doctoral Essential 1	Doctoral Essential 2	Doctoral Essential 3	Doctoral Essential 4	Doctoral Essential 5	Doctoral Essential 6	Doctoral Essential 7	Doctoral Essential 8
SLO 1 Ethics	X	X			X			
SLO 2 Professional Practice		X				X	X	X
SLO 3 Interpret Information for Improved Practice			X		X	X	X	
SLO 4 Clinical Scholarship (EBP)	X		X	X	X	X	X	X
SLO 5 Communication, collaboration, and dissemination	X		X	X	X		X	X

Stage 2: Diagnostics (Table 2)

In the event that any measure used in the surveillance stage drop below the benchmark threshold, a more rigorous, granular assessment plan will be triggered. This in-depth, diagnostic assessment is SLO-specific, so *only those SLOs identified as problematic in the surveillance stage* will be assessed. This approach allows DNP faculty and the CSUF Evaluation Committee to focus attention and resources on the areas of greatest priority as well as to dedicate its energies to “closing the loop” to ensure that data are actively translated into program improvements. The diagnostic assessment stage, once triggered, will be continued semester-by-semester until a means of program improvement or content remediation has been identified, implemented, and both stage 1 and 2 assessments document an improvement in student SLOs.

Table 2. *Assessment Activities for Diagnostics (Stage 2)*

Source of Assessment Data	Type of Assessment Data	Assessment Tools	Frequency & Collection	Assessment Analysis/Results	Closing the Loop*
SLO 1 - Ethics					
Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in advanced nursing practice at individual, family, community, and population levels, health care organizations and information systems, and research.					
NURS 610	In-class exercise	Rubric	Semesters when course taught By course instructors Course review completed by course instructors with help of DNP Coordinators, presented to Graduate Program Committee.	Review by course instructors for individual assignment Doctoral Project demonstrates synthesis of material and application to practice	Discussed in committees Impact/changes documented in committee minutes Used for accreditation and campus reports
NURS 620	Group project and presentation	Rubric			
NURS 630	Ethics dilemma paper	Rubric			
NURS 640	Clinical Practicum	Rubric			
NURS 695	Project proposal	Rubric			
SLO 2 -- Use of Theory and Evidence					
Utilize appropriate theories and evidence from nursing and related fields to provide high quality, accountable healthcare to diverse clients including diagnosis and management in advanced practice, to evaluate outcomes, to develop and evaluate new practice approaches, and to evaluate and improve healthcare delivery systems, practice guidelines and health policy.					
NURS 605	Critical appraisals, synthesis paper	Rubrics	Semesters when course taught By course instructors Course review completed by course instructors with help of DNP Coordinators, presented to Graduate Program Committee.	Review by course instructors for individual assignment Doctoral Project demonstrates synthesis of material and application to practice	Discussed in committees Impact/changes documented in committee minutes Used for accreditation and campus reports Shared with appropriate campus and community groups.
NURS 615	Critical appraisals, oral presentation	Rubrics			
NURS 630	Student presentation, Advocacy project	Rubrics			
NURS 640	Seminar participation, Practicum experience	Rubrics			
NURS 697A,B,C	DNP Project	Rubric			

Source of Assessment Data	Type of Assessment Data	Assessment Tools	Frequency & Collection	Assessment Analysis/Results	Closing the Loop*
SLO 3 -- Interpret Information for Improved Practice					
Access, analyze, interpret and develop information at the individual/family, community/population, and organizational levels to provide high quality health care and health education, initiate change, and improve nursing practice and health care outcomes.					
NURS 601 Theory	Research analysis/ Critique Evaluation paper	Rubric	Semesters when course taught By course instructors Course review completed by course instructors with help of DNP Coordinators, presented to Graduate Program Committee.	Review by course instructors for individual assignment Doctoral Project demonstrates synthesis of material and application to practice	Discussed in committees Impact/changes documented in committee minutes Used for accreditation and campus reports Shared with appropriate campus and community groups
NURS 605	QPAs, Critical appraisals, synthesis paper	Rubrics			
NURS 640	Seminar participation, Practicum experiences	Rubrics			
NURS 697A,B,C	DNP Project	Rubric			
SLO 4 -Clinical Scholarship (EBP)					
Demonstrate competence in knowledge application activities: the translation of research in to practice, the evaluation of practice improvement of the reliability of health care practice and outcomes, and participation in collaborative research.					
NURS 605	Critical appraisals	Rubric	Semesters when course taught By course instructors Course review completed by course instructors with help of DNP Coordinators, presented to Graduate Program Committee.	Review by course instructors for individual assignment Doctoral Project demonstrates synthesis of material and application to practice	Discussed in committees Impact/changes documented in committee minutes Used for accreditation and campus reports Shared with appropriate campus and community groups
NURS 615	Critical appraisals	Rubric			
NURS 640	Practicum experience	Rubric			
NURS 695 & 697A,B,C	DNP Project	Rubric			
SLO 5 -- Communication, Collaboration, and Dissemination					
Demonstrate effective oral and written communication, including the use of informatics, with clients, colleagues, and diverse groups to foster effective interprofessional collaboration to promote optimal health outcomes in individual/family/communities/populations and within healthcare organizations, and disseminate professional practice findings					
NURS 605	Critical Appraisals, table of evidence	Rubric	Semesters when course taught By course instructors Course review completed by course instructors with help of	Review by course instructors for individual assignment Doctoral Project demonstrates synthesis of	Discussed in committees Impact/changes documented in committee minutes
NURS 610	Strategic Plan	Rubric			
NURS 630	Policy presentations	Rubric			

Source of Assessment Data	Type of Assessment Data	Assessment Tools	Frequency & Collection	Assessment Analysis/Results	Closing the Loop*
NURS 640	Seminar participation, clinical experiences	Rubrics	DNP Coordinators, presented to Graduate Program Committee.	material and application to practice	Used for accreditation and campus reports Shared with appropriate campus and community groups
NURS 695, NURS 697A,B,C	DNP Project	Rubric			

Appendix C. List of Faculty Teaching in DNP Courses 2018-19

<u>Summer 2018</u>	<u>Fall 2018</u>	<u>Spring 2019</u>
NURS 602 <i>Data Management, Quality Improvement and Evaluation for Advanced Nursing Practice</i> (3) Laura Sarff (Fullerton)	NURS 542/542L <i>Advanced Health Assessment</i> (2)/Lab (1) Michael Boytim; Edward Waters (KPSA)	NURS 610 <i>Leadership, Management and Economics in Adv. Nursing Practice</i> (3) Michael Boytim (KPSA)
NURS 620 <i>Informatics in Healthcare</i> (3) Kathleen Griffith (Fullerton)	NURS 601 <i>Theoretical Perspectives for Advanced Nursing Practice</i> (3) Suzanne Robertson; Manal Alatrash (Fullerton)	NURS 615 <i>Epidemiology and Clinical Prevention</i> (3) Hannah Fraley (Fullerton)
NURS 640 <i>DNP Clinical Practicum: Professional Role Development</i> (3) Rachel McClanahan (Fullerton)	NURS 602 <i>Data Management, Quality Improvement and Evaluation for Advanced Nursing Practice</i> (3) Laura Sarff; Kristina Fortes (Fullerton)	NURS 620 <i>Informatics in Healthcare</i> (3) Manal Alatrash (Fullerton)
NURS 699 <i>Directed Study</i> (3) Margaret Brady (Long Beach) Penny Weismuller (Fullerton)	NURS 605 <i>Advanced Evidence Based Practice in Nursing</i> (3) Dana Rutledge; Sadeeka Al-Majid; Joy Goebel; Hannah Fraley (Fullerton, Long Beach)	NURS 630 <i>Healthcare Policy, Ethics and Advocacy</i> (3) Gema Morales-Meyer (Fullerton)
	NURS 615 <i>Epidemiology and Clinical Prevention</i> (3) Hannah Fraley (Fullerton)	NURS 640 <i>DNP Clinical Practicum: Professional Role Development</i> (3) Penny Weismuller (Fullerton)
	NURS 640 <i>DNP Clinical Practicum: Professional Role Development</i> (3) Deanna Jung; Penny Weismuller; Jill Berg; Anne Odell; Glenn Raup; Rachel McClanahan (All Universities)	NURS 652 <i>Instructional Design in Nursing Education for DNP Students</i> (3) Kathleen Hinoki (Los Angeles)
	NURS 650 <i>Nursing Curriculum Development</i> (3) Kathleen Hinoki (Los Angeles)	NURS 680 <i>Advanced Pharmacology for Anesthesia</i> (3) John Nagelhout (KPSA)
	NURS 697B <i>Integrative Clinical Scholarship II: Evidence based Practice</i> (3) (All Universities)	NURS 681 <i>Anesthesia General Principles</i> (3) Edward Waters (KPSA)
	NURS 699 <i>Directed Study</i> (3) Beth Winokur (Los Angeles)	NURS 695 <i>Seminar in Integrative Clinical Scholarship</i> (2) (Rutledge, Goebel, Winokur) All Universities
		NURS 697A <i>Integrative Clinical Scholarship I: Evidence based Practice</i> (1) (All Universities)
		NURS 697C <i>Integrative Clinical Scholarship III: Evidence based Practice</i> (3) (All Universities)
		NURS 699 <i>Directed Study</i> (3) Beth Winokur (Los Angeles)

Appendix D-1: Doctoral Essentials by DNP Courses

	Essential I: Scientific Underpinnings for Practice	Essential II: Org & Systems Leadership for Quality Improvement & Systems Thinking	Essential III: Clinical Scholarship & Analytical Methods for EBP	Essential IV: IS/IT and Patient Care Tech for Improvement &Transformation of Health Care	Essential V: Health Care Policy for Advocacy in Health Care	Essential VI: Interprofessional Collaboration for Improving Patient & Population Hlth Outcomes	Essential VII: Clinical Prevention & Population Health	Essential VIII: Advanced Nursing Practice
Advanced Physical/ Health Assess N542/L CRNA	X							X
Advanced Patho-physiology N683 CRNA	X		X			X	X	X
Advanced Pharmacology N680, 684, 694 CRNA	X		X			X	X	X
601 Theoretical Perspectives for Advanced Nursing Practice (CRNA)	X		X	X			X	
602 Data Management for Quality Improvement	X			X				
605 Adv. Evidence-based Practice	X	X	X				X	X
610 Leadership, Mgmt., Economics	X	X			X	X		X
615 Epidemiology and Clinical Prevention	X						X	
620 Informatics in Healthcare			X	X				
630 Policy, Ethics and Advocacy	X	X		X	X		X	X
640 DNP Clinical Practicum	X	X	X	X	X	X	X	X
695 Seminar in Clinical Scholarship	X		X			X		X
697 A, B, C Clinical Scholarship	X		X			X		X
Clinical courses (CRNA): 681, 682, 685L, 686, 687L, 689L, 691L, 692, 693L	X							X

Appendix D-2. Map of Essentials and Required DNP Core Courses

	Essential 1 Scientific Underpinnings For Practice	Essential 2 Leadership for QI and Systems Thinking	Essential 3 Clinical Scholarship/ Analytical Methods for EBP	Essential 4 Information Systems/Technology and Patient Care Technology	Essential 5 Health Care Policy for Advocacy in Health Care	Essential 6 Interprofessional Collaboration For Improving Patient and Population Health	Essential 7 Clinical Prevention and Population Health	Essential 8 Advanced Nursing Practice
Pre-requisite MS Nursing or Related Field ¹	I, R	1,R	I,R	I,R	I,R	I,R	I,R	I,R
601 Theoretical Perspectives in Nursing ²	I, R	R						I,R
602 Data Management			I, R	R	R	I,R		
605 Adv. Evidence- based Practice			1.R					
610 Leadership, Management Economics		R, P				P		
615 Informatics				R,P				
620 Epidemiology and Clinical Prevention						R,P	R,P	
630 Policy, Ethics and Advocacy		R			R,P			
640 DNP Clinical Practicum	I,R	I,R	I,R	I, R	I,R	I,R	I,R	R,P
695/697A, B, C Clinical Scholarship	P	P	P		P	P	P	P

I=Introduced; R=Reinforced; P=Practiced at mastery level

¹ Post-master's level

² Post-baccalaureate level

Appendix E: Comparison of AACN Doctoral Essentials to DNP Core Course Objectives

Essential	Courses and Objectives
<p>I: Scientific Underpinnings for Practice</p>	<p>Pre-requisite courses for admission as a post-master’s student - master’s level coursework in Advanced Physical/Health Assessment, Advanced Pathophysiology and Advanced Pharmacology. Students with a degree other than nursing required to have taken nursing theory and research. Objective 1 in NURS602 requires students to appraise and apply the use of data and its management in making improvements in health care settings. Objective 2, 3, 4 in NURS601 require students to analyze elements of specific practice and change theories/frameworks for use in practice, to apply specific theories to practice situations with individual patients/providers and/or with groups of patients/providers, and to evaluate practice changes using systematic practice change frameworks or models. Objectives 5 & 6 in NURS605 require students to evaluate literature findings for potential applicability in practice and to develop initial literature review on a clinical or role-focused topic. Objectives 3 and 4 in NURSE 610 require that students utilize leadership theories, models and principles for effective leadership and management in complex health care settings and delivery systems. Objectives 2 and 3 in NURS615 require students to analyze and apply environmental data to individual and population health. Objectives 11 and 13 in NURS615 require evaluation of outcome measurements and the effect of clinical prevention strategies on population and individual health. Objectives 14 in NURS630 require students to develop and/or evaluate strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. Objective 2 in NURS640 requires students to implement interventions that reflect on best evidence-based practices, professional standards, and level mandates. Objectives 2 and 3 in NURS695/NURS697A require students to plan and evaluate process improvement of a clinical problem and develop a proposal in the student’s area of clinical specialization. Objectives 1 and 2 in NURS697C also require students to implement and evaluate plans for evidence-based advanced nursing practice and a doctoral project.</p>
<p>II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking</p>	<p>Objectives 2 and 5 in NURS602 requires students to demonstrate conceptual and technical skills in framing a data-based change project within a model of improvement (e.g., PDSA, Six Sigma) and to collaborate with others in designing and evaluating quality improvement projects within a healthcare system. Objectives 2, 3, 4 in NURS601 require students to analyze elements of specific practice and change theories/frameworks for use in practice, to apply specific theories to practice situations with individual patients/providers and/or with groups of patients/providers, and to evaluate practice changes using systematic practice change frameworks or models. Objective 6 in NURS605 requires that students initiate literature search on a clinical or role-focused topic available databases. Objectives 1, 2, 4, 5 in NURS610 require students to demonstrate leadership role in organizations and systems to improve quality care and promote optimal outcomes.</p>

Essential	Courses and Objectives
	<p>Objectives 6 and 8 in NURS610 require students to utilize principles of system thinking and the change process to transform health care environments from a culture of blame to a culture of safety and create an environment that improves employee relations, motivation, and morale while reducing interpersonal conflict.</p> <p>Objective 7 in NURS610 requires students of evaluating the effectiveness of financial management, cost containment, and marketing in health care.</p> <p>Objective 1 in NURS630 requires students to develop and evaluate care healthcare delivery approaches and policies that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.</p> <p>Objective 3 in NURS630 requires that students should demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.</p> <p>Objectives 12, 14 in NURS630 require students to discuss social ethics and develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.</p> <p>Objectives 1, 2, 3, 4 in NURS640 require of comprehensive and systematic assessment of health and illness for individuals or a population in order to develop healthcare interventions based on best evidence-based practices. In addition, development of partnership with patients and other professionals for health promotion and improving health outcomes is required.</p>
<p>III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice</p>	<p>Objectives 3 & 4 in NURS602 require students to analyze and evaluate data usage in health care showing an understanding of types of data, operational definitions of performance measures, sampling in performance improvement, analysis of data (including displays of trends) and to evaluate data from case studies using run and/or control charts</p> <p>Objectives 2, 3, 4 in NURS601 require students to analyze elements of specific practice and change theories/frameworks for use in practice, to apply specific theories to practice situations with individual patients/providers and/or with groups of patients/providers, and to evaluate practice changes using systematic practice change frameworks or models.</p> <p>Objectives 1, 2, 3, 4, 5, 6 in NURS605 require that students be able to critically appraise studies with practice application as a focus and develop initial literature review for integrative scholarship proposal.</p> <p>Objectives 1, 2, 4 in NURS620 require students to have knowledge and skills related to information system technology and patient care technology, and utilizing data system, information, knowledge of informatics and decision making to improve patient care initiatives. In addition, students are required to appropriately evaluate the efficacy of patient care technology.</p> <p>Objectives 1, 2 in NURS640 require students to perform a comprehensive and systematic assessment of health and illness at an advanced nursing level for individuals or a population and implement interventions based on best evidence-based practice, professional standard and level mandates.</p> <p>Objective 5 in NURS640 requires that students apply nursing specialty-focused competencies and standards to clinical practice.</p> <p>Objective 2 in NURS695 requires students to plan and evaluate process improvement of a specific clinical problem using clinical microsystems thinking.</p>

Essential	Courses and Objectives
	<p>Objective 3 in NURS695 requires students of using principles of grant and proposal writing, developing a proposal to direct a doctoral-level project in the student's area of clinical specialization.</p> <p>Objectives 1, 2, 4 in NURS697B and objective 1 and 2 in NURS697C require students to demonstrate the ability to implement evidence-based advanced nursing practice project and to apply the finding into a clinical practice setting.</p> <p>Objective 3 in NURS697B/C requires that students disseminate finding from evidence-based practice and research to improve healthcare outcomes.</p>
<p>IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</p>	<p>Objectives 1 - 4 in NURS602 require that students apply the use of data and its management in making improvements in health care settings, demonstrate technical skills in framing a data-based change project within a model of improvement (e.g., PDSA, Six Sigma), analyze and evaluate data usage in health care showing an understanding of types of data, operational definitions of performance measures, sampling in performance improvement, analysis of data (including displays of trends), and evaluate data from case studies using run and/or control charts.</p> <p>Objective 6 in N605 requires that students use available computerized data bases in their literature searching</p> <p>Objectives 1, 2 in NURS620 require students to be able to analyze implicit and explicit knowledge and skills related to information systems technology and patient care technology, using data systems, information, knowledge of informatics and decision making to improve patient care initiatives.</p> <p>Objectives 3, 4 in NURS 620 require that students examine professional standards and ethical, regulator, legal issues for utilizing information system and evaluate the efficacy of patient care technology to a practice area.</p> <p>Objective 5 N630 requires students to demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.</p> <p>Objective 1 in N640 requires students to be able to perform a comprehensive and systematic assessment of health and illness at an advanced nursing level for individuals or a population.</p>
<p>V: Health Care Policy for Advocacy in Health Care</p>	<p>Objective 1 NURS610 requires students to demonstrate leadership in organizations and systems to improve quality care and promote optimal outcomes.</p> <p>Objectives 1, 4 in NURS630 require students to evaluate healthcare policy proposals, health policies and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forum.</p> <p>Objectives 2, 3, 5, in NURS630 require that students demonstrate leadership in development and implementation of institutional, local, state, federal, and/or international health policy by employing principles of health policy.</p> <p>Objective 6 in NURS630 requires students to be able to influence policy makers by meeting with them or through active participation on committees, boards, or tasks forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.</p> <p>Objective 4 in NURS630 requires students to prepare for educating others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.</p>

Essential	Courses and Objectives
	<p>Objective 8, 10 in NURS630 require that students advocate for the nursing profession within the policy and healthcare communities by demonstrating ability to analyzing influence of policies on health care and advocating for policies that improve the nursing profession.</p> <p>Objective 9 in NURS630 requires students to develop, evaluate, and provide leadership as a nursing advocate for health care policy that shapes healthcare financing, regulation, and delivery.</p> <p>Objective 11 in NURS630 requires students to advocate for social justice, equity, and ethical policies within all healthcare arenas.</p>
<p>VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p>	<p>Objective 5 in NURS602 requires students to collaborate with others in designing and evaluating quality improvement projects within a healthcare system.</p> <p>Objective 2 in NURS610 requires students to assume professional and leadership role for effective interdisciplinary collaboration to achieve evidence-based outcomes in health care organizations.</p> <p>Objective 4 in NURS610 requires that students apply adequate models for effective leadership and management in various situations within complex health care settings and delivery systems.</p> <p>Objective 6 in NURS610 requires students to utilize systems thinking and change process to transform health care environment from a culture of blame to a culture of safety.</p> <p>Objective 4 in NURS640 requires students to develop partnerships with other professionals to facilitate optimal care and outcomes at the individual, aggregate, systems or organization level.</p> <p>Objective 2 in NURS697A/B/C requires students to work with others to plan and evaluate process improvement of a specific clinical problem.</p>
<p>VII: Clinical Prevention and Population Health for Improving the Nation's Health</p>	<p>Students with a degree other than nursing will be required to have completed coursework in vulnerable populations or transcultural nursing.</p> <p>Objectives 1, 4, 5 in NURS602 require students to appraise and apply the use of data and its management in making improvements in health care settings, evaluate data from case studies using run and/or control charts, and collaborate with others in designing and evaluating quality improvement projects within a healthcare system.</p> <p>Objective 1 in NURS605 requires students to be able to appraise selected research reports critically.</p> <p>Objectives 2, 3 in NURS615 require students to analyze epidemiologic and environmental data related to individual risk factors and population health, and apply epidemiologic approaches to at-risk populations.</p> <p>Objective 11 in NURS615 requires that students evaluate outcome measurements as they relate to health-related quality of life.</p> <p>Objectives 12, 13 in NURS615 require students to initiate a clinical prevention plan to improve health status/access patterns and/or address gaps in care of individuals, aggregates, or populations, and evaluate the strategies.</p> <p>Objective 14 in NURS615 requires students to be related to development and/or implementation of interventions that focus on health promotion/disease prevention efforts.</p> <p>Objective 3 in NURS 630 requires students to demonstrate sensitivity to diverse organizational cultures and populations.</p> <p>Objective 2 in NURS640 requires students to provide health care interventions based on best evidence-based practices, professional standards, and level mandates.</p>

Essential	Courses and Objectives
VIII: Advanced Nursing Practice	<p>For BSN to DNP students, all clinical course objectives require students to work towards specific elements of advanced nursing practice (see Appendix F COA Curriculum Content Map Template). Objective 5 in NURS602 requires students to collaborate with others in designing and evaluating quality improvement projects within a healthcare system.</p> <p>Objective 3 in NURS601 requires students to apply specific theories to practice situations with individual patients/providers and/or with groups of patients/providers.</p> <p>Objectives 5 & 6 in NURS605 require that students evaluate applicability of findings from studies read as well as initiate a literature search of quality evidence on a clinical or role-focused topic using available databases.</p> <p>Objective 5 in NURS610 requires students to demonstrate the ability of advanced clinical reasoning, judgment and decision making in the management of complex clinical situations and systems.</p> <p>Objective 4 in NURS620 requires students to evaluate the efficacy of patient care technology adequate to a specialized area of practice.</p> <p>Objective 7 in NURS630 requires students to educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.</p> <p>Objective 1 in NURS640 requires students to perform a comprehensive and systematic assessment of health and illness at an advanced nursing level for individuals or a population.</p> <p>Objective 2 in NUR640 requires students to provide health care interventions which reflect on best evidence -based practice, professional standards, and level mandates.</p> <p>Objectives 3, 4 in NURS640 require students to develop therapeutic relationships and partnerships with patients (individuals, families, or aggregate groups) and other professionals to facilitate optimal care and patient outcomes at the individual, aggregate, systems or organizational level.</p> <p>Objective 5 in NURS640 requires students to incorporate nursing specialty-focused competencies and standards into one's clinical practice.</p> <p>Objectives 1, 3 in NURS695/697A require students to discuss the DNP role related to performance improvement and to develop a proposal to direct a doctoral-level project in the student's area of clinical specialization, using principles of grant and proposal writing.</p> <p>Objectives 1, 4 in NURS695/697B require students to demonstrate planning for implementation of evidence-based advanced nursing practice project and skills in applied research within a clinical practice setting.</p> <p>Objective 2 in NURS697B requires students to demonstrate the ability to implement and evaluate a doctoral project</p>

Appendix F: COA Graduate Standards and AACN Doctoral Essentials Met by Anesthesia Concentration Courses

<p>COA Graduate Standards</p> <ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 	<p>Course Number and Title</p>	<p><i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i></p>
<p>D.1 - Be vigilant in the delivery of patient care.</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential VIII: Advanced Nursing Practice</p>
<p>D.2 - Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential VIII: Advanced Nursing Practice</p>
<p>D.3 - Conduct a comprehensive equipment check.</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</p>
<p>D.4 - Protect patients from iatrogenic complications.</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health</p>
<p>D.5 - Provide individualized care throughout the perianesthesia continuum.</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential VIII: Advanced Nursing Practice</p>
<p>D.6 - Deliver culturally competent perianesthesia care (see Glossary, "Culturally competent").</p>	<p>Nursing 681 - Anesthesia General Principles - 3 credits</p>	<p>Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking</p> <p>Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health</p> <p>Essential VIII: Advanced Nursing Practice</p>

COA Graduate Standards	Course Number and Title	AACN <i>Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 		
D.7 - Provide anesthesia services to all patients across the lifespan (see Glossary, "Anesthesia services" and "Across the lifespan").	Nursing 682 - Anesthesia for Surgical Procedures and Special Populations - 3 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health Essential VIII: Advanced Nursing Practice
D.8 - Perform a comprehensive history and physical assessment (see Glossary, "Comprehensive history and physical assessment").	Nursing 542 - Advanced Physical Assessment - 2 credits / Lab - 1 credit	Essential VIII: Advanced Nursing Practice
D.9 - Administer general anesthesia to patients with a variety of physical conditions.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits Nursing 690 - Pathophysiology for Anesthesia II - 4 credits	Essential I: Scientific Underpinnings for Practice
D.10 - Administer general anesthesia for a variety of surgical and medically related procedures.	Nursing 682 - Anesthesia for Surgical Procedures and Special Populations - 3 credits	Essential I: Scientific Underpinnings for Practice
D.11 - Administer and manage a variety of regional anesthetics.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits	Essential I: Scientific Underpinnings for Practice

COA Graduate Standard	Course Number and Title	AACN <i>Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> The graduate must demonstrate the ability to: (Standard D) 		
D.12 - Maintain current certification in ACLS and PALS.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VIII: Advanced Nursing Practice
D.13 - Apply knowledge to practice in decision making and problem solving.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
D.14 - Provide nurse anesthesia services based on evidence-based principles.	Nursing 605 - Advanced Evidence-Based Practice in Nursing - 3 credits	Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice
D.15 - Perform a preanesthetic assessment before providing anesthesia services.	Nursing 542 - Advanced Physical Assessment - 2 credits / Lab - 1 credit	Essential VIII: Advanced Nursing Practice
D.16 - Assume responsibility and accountability for diagnosis.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits Nursing 690 - Pathophysiology for Anesthesia II - 4 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
D.17 - Formulate an anesthesia plan of care before providing anesthesia services.	Nursing 542 - Advanced Physical Assessment - 2 credits / Lab - 1 credit	Essential VIII: Advanced Nursing Practice
D.18 - Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
D.19 - Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
D.20 - Calculate, initiate, and manage fluid and blood component therapy.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VIII: Advanced Nursing Practice

COA Graduate Standard	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 		
D.21 - Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits Nursing 690 - Pathophysiology for Anesthesia II - 4 credits	Essential VIII: Advanced Nursing Practice
D.22 - Recognize and appropriately manage complications that occur during the provision of anesthesia services.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits Nursing 690 - Pathophysiology for Anesthesia II - 4 credits	Essential VIII: Advanced Nursing Practice
D.23 - Use science-based theories and concepts to analyze new practice approaches.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice
D.24 - Pass the national certification examination (NCE) administered by NBCRNA.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential VIII: Advanced Nursing Practice
D.25 - Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

COA Graduate Standards	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 		
D.26 - Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
D.27 - Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
D.28 - Maintain comprehensive, timely, accurate, and legible healthcare records.	Nursing 681 - Anesthesia General Principles - 3 credits	Essential VIII: Advanced Nursing Practice
D.29 - Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.	Nursing 688 - Pathophysiology for Anesthesia I - 4 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
	Nursing 690 - Pathophysiology for Anesthesia II - 4 credits	
D.30 - Teach others.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
		Essential VIII: Advanced Nursing Practice
D.31 - Integrate critical and reflective thinking in his or her leadership approach.	Nursing 610 - Leadership, Management and Economics in Advanced Nursing Practice - 3 credits	Essential VIII: Advanced Nursing Practice
D.32 - Provide leadership that facilitates intraprofessional and interprofessional collaboration.	Nursing 610 - Leadership, Management and Economics in Advanced Nursing Practice - 3 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

COA Graduate Standards	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 		
D.33 - Adhere to the <i>Code of Ethics for the Certified Registered Nurse Anesthetist</i> .	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential VIII: Advanced Nursing Practice
D.34 - Interact on a professional level with integrity.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
D.35 - Apply ethically sound decision-making processes.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking Essential VIII: Advanced Nursing Practice
D.36 - Function within legal and regulatory requirements.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking Essential VIII: Advanced Nursing Practice
D.37 - Accept responsibility and accountability for his or her practice.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking Essential VIII: Advanced Nursing Practice
D.38 - Provide anesthesia services to patients in a cost-effective manner.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
D.39 - Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
D.40 - Inform the public of the role and practice of the CRNA.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential V: Health Care Policy for Advocacy in Health Care

COA Graduate Standards (Standards D and E)	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
<ul style="list-style-type: none"> <i>The graduate must demonstrate the ability to: (Standard D)</i> 		
D.41 - Evaluate how public policy making strategies impact the financing and delivery of healthcare.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.42 - Advocate for health policy change to improve patient care.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.43 - Advocate for health policy change to advance the specialty of nurse anesthesia.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.44 - Analyze strategies to improve patient outcomes and quality of care.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
D.45 - Analyze health outcomes in a variety of populations.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.46 - Analyze health outcomes in a variety of clinical settings.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.47 - Analyze health outcomes in a variety of systems.	Nursing 630 - Healthcare Policy, Ethics, and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
D.48 - Disseminate research evidence.	Nursing 605 - Advanced Evidence-Based Practice in Nursing - 3 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
D.49 - Use information systems/technology to support and improve patient care.	Nursing 620 - Informatics in Healthcare - 3 credits	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
D.50 - Use information systems/technology to support and improve healthcare systems.	Nursing 620 - Informatics in Healthcare - 3 credits	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
D.51 - Analyze business practices encountered in nurse anesthesia delivery settings.	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking

COA Graduate Standards (Standard E) <i>The curriculum is designed to focus on the full scope of nurse anesthesia practice (Standard E)</i>	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
E.2.1 - Courses <ul style="list-style-type: none"> • Advanced Physiology/Pathophysiology • Advanced Pharmacology • Basic and Advanced Principles in Nurse Anesthesia • Advanced Health Assessment 	Nursing 683 - Advanced Physiology for Nurse Anesthetists - 3 credits Nursing 680 - Advanced Pharmacology for Anesthesia I - 3 credits Nursing 681 - Anesthesia General Principles - 3 credits Nursing 542/L - Advanced Health Assessment - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Advanced Physiology/Pathophysiology	Nursing 683 - Advanced Physiology for Nurse Anesthetists - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Advanced Pharmacology	Nursing 680 - Advanced Pharmacology for Anesthesia I - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Basic and Advanced Principles in Nurse Anesthesia	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Research	Nursing 605 - Advanced Evidence-Based Practice in Nursing - 3 credits	Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice
E.2.2 - Content Advanced Health Assessment	Nursing 542 - Advanced Physical Assessment - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Human Anatomy	Nursing 683 - Advanced Physiology for Anesthesia	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Chemistry	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Biochemistry	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice

COA Graduate Standards (Standard E)	Course Number and Title	AACN <i>Essentials for Doctoral Education for Advanced Nursing Practice</i>
<i>The curriculum is designed to focus on the full scope of nurse anesthesia practice (Standard E)</i>		
E.2.2 - Content Physics	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Genetics	Nursing 694 - Advanced Pharmacology for Anesthesia III - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Acute and Chronic Pain Management	Nursing 688 - Advanced Pathophysiology for Anesthesia I - 4 credits	Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health
E.2.2 - Content Radiology	Nursing 688 - Advanced Pathophysiology for Anesthesia I - 4 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Ultrasound	Nursing 688 - Advanced Pathophysiology for Anesthesia I - 4 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Anesthesia Equipment	Nursing 681 - Anesthesia General Principles - 3 credits	Essential I: Scientific Underpinnings for Practice
E.2.2 - Content Professional Role Development	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits Nursing 692 - Professional Nurse Anesthesia Role Clinical Integration - 9 credits	Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
E.2.2 - Content Chemical Dependency and Wellness	Nursing 640 - DNP Clinical Practicum: Professional Role Development - 1 credits Nursing 692 - Professional Nurse Anesthesia Role Clinical Integration - 9 credits	Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health
E.2.2 - Content Informatics	Nursing 620 - Informatics in Healthcare - 3 credits	Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
E.2.2 - Content Ethical and Multicultural Healthcare	Nursing 681 - Anesthesia General Principles - 3 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking

COA Graduate Standards (Standard E) <i>The curriculum is designed to focus on the full scope of nurse anesthesia practice (Standard E)</i>	Course Number and Title	<i>AACN Essentials for Doctoral Education for Advanced Nursing Practice</i>
E.2.2 - Content Leadership and Management	Nursing 610 - Leadership, Management and Economics in Advanced Nursing Practice - 3 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
E.2.2 - Content Business of Anesthesia/Practice Management	Nursing 692 - Professional Nurse Anesthesia Role Clinical Integration - 9 credits	Essential II: Organizational and System Leadership for Quality Improvement and Systems Thinking
E.2.2 - Content Health Policy	Nursing 630 - Healthcare Policy, Ethics and Advocacy	Essential V: Health Care Policy for Advocacy in Health Care
E.2.2 - Content Healthcare Finance	Nursing 630 - Healthcare Policy, Ethics and Advocacy for Nurses - 3 credits	Essential V: Health Care Policy for Advocacy in Health Care
E.2.2 - Content Integration/Clinical Correlation	Nursing 692 - Professional Nurse Anesthesia Role Clinical Integration	Essential VIII: Advanced Nursing Practice