# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Introduction</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard I: Program Quality: Mission and Governance</td>
<td>1</td>
</tr>
<tr>
<td>I-A</td>
<td>1</td>
</tr>
<tr>
<td>I-B</td>
<td>5</td>
</tr>
<tr>
<td>I-C</td>
<td>8</td>
</tr>
<tr>
<td>I-D</td>
<td>9</td>
</tr>
<tr>
<td>I-E</td>
<td>12</td>
</tr>
<tr>
<td>I-F</td>
<td>13</td>
</tr>
<tr>
<td>I-G</td>
<td>13</td>
</tr>
<tr>
<td>Standard II: Program Quality: Institutional Commitment and Resources</td>
<td>16</td>
</tr>
<tr>
<td>II-A</td>
<td>16</td>
</tr>
<tr>
<td>II-B</td>
<td>19</td>
</tr>
<tr>
<td>II-C</td>
<td>33</td>
</tr>
<tr>
<td>II-D</td>
<td>35</td>
</tr>
<tr>
<td>II-E</td>
<td>39</td>
</tr>
<tr>
<td>II-F</td>
<td>42</td>
</tr>
<tr>
<td>Standard III: Program Quality: Curriculum, Teaching-Learning Practices and Individual Student Outcomes</td>
<td>49</td>
</tr>
<tr>
<td>III-A</td>
<td>49</td>
</tr>
<tr>
<td>III-B</td>
<td>51</td>
</tr>
<tr>
<td>III-C</td>
<td>55</td>
</tr>
<tr>
<td>III-D</td>
<td>60</td>
</tr>
<tr>
<td>III-E</td>
<td>64</td>
</tr>
<tr>
<td>III-F</td>
<td>66</td>
</tr>
<tr>
<td>III-G</td>
<td>69</td>
</tr>
<tr>
<td>Standard IV: Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments</td>
<td>76</td>
</tr>
<tr>
<td>IV-A</td>
<td>76</td>
</tr>
<tr>
<td>IV-B</td>
<td>79</td>
</tr>
<tr>
<td>IV-C</td>
<td>83</td>
</tr>
<tr>
<td>IV-D</td>
<td>87</td>
</tr>
<tr>
<td>IV-E</td>
<td>90</td>
</tr>
<tr>
<td>IV-F</td>
<td>92</td>
</tr>
</tbody>
</table>
INTRODUCTION

The University of Kentucky

Kentucky State Agricultural and Mechanical College was founded in 1865 as part of Kentucky University (now Transylvania University, Lexington, Kentucky). In 1878, the College was separated from Kentucky University under the land grant provision of the federal Morrill Land-Grant College Act of 1862 and established on a 50-acre site donated by the city of Lexington. In 1908, the College was renamed the State University and in 1916, it became the University of Kentucky (UK).

In 1997, the Kentucky Postsecondary Education Improvement Act of 1997 declared that by 2020, UK should become a major comprehensive research institution ranked nationally in the Top 20 of public universities. UK pursues its legislatively mandated responsibilities in partnership with the Kentucky Council on Postsecondary Education (KCPE) established as part of the Kentucky Postsecondary Education Improvement Act of 1997. The goal of the Council is to improve Kentucky’s postsecondary education through general planning, coordination, advocacy, and oversight of the universities and schools within the Commonwealth. This is accomplished through work with UK and all other public state institutions of higher education to develop a budget, monitor productivity, broker development of new individual and cooperative academic programs, establish guidelines within which institutions set tuition and fees, and set institutional enrollment, retention and graduation goals.

In July 2001, Dr. Lee T. Todd, Jr. was appointed as president and one of his first accomplishments was the implementation of the first phase of a new administrative structure designed to promote the Top 20 research mandate for UK. As a result, the institution is now administered by the president working with the provost and vice presidents for finance and administration, research, health affairs, institutional effectiveness, and institutional diversity. In 2011, the National Institutes of Health (NIH) awarded $20 million to UK to move research discoveries to health care solutions more quickly. UK will use the grant to support research at UK’s Center for Clinical and Translational Science (CCTS), making it part of a select national biomedical research consortium.

On June 30, 2011, Dr. Todd retired and on July 1, 2011, Dr. Eli Capilouto became the 12th president of UK. Dr. Capilouto previously served as provost of the University of Alabama at Birmingham (UAB) and dean of the UAB School of Public Health, a university known for its remarkable growth and leadership as an academic and health sciences institution in the South.

Over 28,000 students now attend UK, a record high enrollment. Other records associated with the student body include nearly 2,000 students enrolled in professional practice programs at the doctoral level and over 2,200 students enrolled in doctoral research programs. UK prepares professionals in a range of fields: doctorates in dentistry, law, medicine, nursing practice, pharmacy, and public health. It offers a professional degree in landscape architecture, as well as master’s degrees in diplomacy, public policy, physician assistant studies, and social work among many others.
The student body is diverse, representing 115 countries, every state in the nation, and every Kentucky county. The average ACT score for first-year students is four points above the national average. In 2010, there were 3,521 baccalaureate, 1,194 graduate and 469 first professional degrees conferred.

The Academic Medical Center and UK HealthCare

Reacting to warnings that the state would face a serious shortage of medical caregivers in the near future if something was not done immediately, Kentucky legislators authorized the construction of a medical center at UK in 1956. The new facility would provide state-of-the-art care to all Kentucky residents, regardless of their ability to pay. Progressive Kentuckians who had lobbied for a new hospital and medical school for several decades saw the legislators’ decision to fund the project as a great victory for the state.

The Colleges of Medicine and Nursing were established in 1956 as well. When dignitaries convened on a farm bordering the UK campus for the groundbreaking ceremony in December 1957, then UK President Frank Dickey acknowledged the significance of the event, declaring it a “never to be forgotten day” in Kentucky’s history.

Today, UK HealthCare (UKHC) which is made up of A.B. Chandler Hospital, Kentucky Children’s Hospital, UK Good Samaritan Hospital and multiple ambulatory clinics is the umbrella organization for the UK Medical Center (UKMC). UKMC also includes the two original colleges, as well as the Colleges of Dentistry, Health Sciences, Pharmacy and Public Health. UKHC draws on a wide area covering several states, with the principal catchment area in Eastern Kentucky (Appalachia). UKMC has developed a multitude of affiliations with organizations and agencies in targeted regions, including those with federally funded community centers.

UK is one of only seven universities in the U.S. that has programs in agriculture, engineering, medicine, nursing and pharmacy on a single campus, leading to groundbreaking discoveries and unique interdisciplinary collaboration. In 2010 the Center for Interprofessional HealthCare Education, Research and Practice (CIHERP) was established to assume a leadership role in promoting Interprofessional education among health students and professionals.

The College of Nursing

Dr. Marcia Dake, the first dean (1960 to 1971) of the College of Nursing (CON) and her faculty came to UK with a mission to create an innovative undergraduate program that would serve as a model for other visionary nursing educators. Faculty and the two deans who followed, Dr. Marion A. McKenna (1971 to 1984) and Dr. Carolyn A. Williams (1984 to 2006), built on the initial goals by developing graduate level programs in nursing and set their sights on becoming one of the top programs in the nation. In 2006 Dr. Jane M. Kirschling was appointed dean and has continued to lead the CON toward distinction in all the programs. She is actively engaged in UKHC and the community to assure that the CON meets the needs of those it serves.

The baccalaureate program admitted its first students in 1960; the master’s program began in 1970 and was the first in Kentucky. The PhD Program began in 1987, and was the first in the region. The Doctor of Nursing Practice Program opened in 2001, and was the first in the nation. The U.S. News & World Report rankings of the CON’s graduate program have steadily improved. In 1999 the program was ranked 48th out of approximately 240 programs, 2000 - 36th, 2004 - 29th, 2008 tied for 26th and currently tied for 21st.
The CON has also made substantial progress in NIH rankings. Between 2003 and 2006, the CON moved from 83rd to 40th (CON Academic Unit Internal Self-Study, 2007). The CON currently is ranked 42nd. For fiscal year 2010 the CON had $3.6 million total in extramural funding. The CON was ranked in the Top 20 nursing programs on the most recent Faculty Scholarly Productivity Index (2009 Academic Analytics, LLC Report).

Today, the CON offers CCNE accredited programs leading to the Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN) (suspended admissions to this program in fall 2009) and Doctor of Nursing Practice (DNP) degrees. The Doctor of Philosophy in Nursing is also offered by the CON. In 2010, the College had a total enrollment of 753 students, comprised of 568 undergraduate and 185 graduate students. Of these, 660 were female, 93 male and 6 international. In 2010-2011, the College awarded 199 bachelors, 30 masters, and 18 doctoral degrees, including 9 DNP and 9 PhD graduates. The CON has a well-established continuing education program, an active academic faculty practice program, and faculty renowned both nationally and internationally.

The CON celebrated 50 years of providing quality nursing education during the 2010-2011 academic year. Celebratory events for the year included the UKHC Student, Faculty and Staff Picnic, the Founder's Day reception hosted by President Lee T. Todd, Jr. and First Lady Patsy Todd, the CON Scholarship Banquet, the CON Alumni Association Homecoming Brunch honoring 50 outstanding alumni, a faculty and staff reception, the Bachelor of Science in Nursing Pinning and Graduate Hooding Ceremonies, and the 50th Anniversary Gala and Hall of Fame Induction. In 2011-2012, the CON is celebrating the 25th anniversary of the PhD Program and the 10th anniversary of the DNP Program.

Accreditation

The CON attained its initial accreditation from the National League for Nursing for the BSN Program in 1965, and for the MSN Program in 1973. The CON received preliminary approval from CCNE in 1999, with the last accreditation of the BSN and MSN Programs being in 2002. The DNP program received approval from CCNE in 2009. This self-study is for reaccreditation of the BSN, MSN and DNP Programs.

The Carnegie Foundation for the Advancement of Teaching classifies UK as a RU/VH: Research Universities, very high research activity. Several UK graduate programs are ranked in U.S. News & World Report including, but not limited to, the CON which is tied at 21st among graduate schools of nursing according to the U.S. News’ 2012 edition of America’s Best Graduate Schools.

UK is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS). Its accreditation has been re-affirmed at 10 year intervals since 1915, most recently in 2002. In addition, many degree and certificate programs are accredited by agencies appropriate to specific fields. The next UK SACS accreditation visit occurs in 2012.

Self-Study

As determined by the CON Governance Council, this CCNE Self-Study Report was developed by members of the 2010-2011 faculty of the CON utilizing the Standards for Accreditation of Baccalaureate and Graduate Nursing Programs approved by the Board of the Commission on Collegiate Nursing Education in April 2009. The self-study was divided into six separate sections, and all faculty were given the opportunity to select which committee to which they
wanted to be assigned. Final assignments were made by the dean and are available in the Resource Room (RR). This report is a reflection of the input from all of the committees. The self-study includes the undergraduate BSN Programs, and the graduate MSN and DNP Programs.
STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty 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 student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. 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 programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Program Response

UK is “a public, land grant university dedicated to improving people’s lives through excellence in education, research and creative work, service, and health care.” In an effort to further the mission and goals of the university the UK CON led the profession of nursing in the development of the DNP. The administration and faculty, led by Dr. Carolyn Williams, recognized the need for a professional doctorate in nursing. The focus of this doctorate is different than that of the PhD research doctorate. The focus of the DNP Program includes leadership in practice, a population approach and perspective, and the integration of evidence-based practice to inform practice decisions and facilitate positive changes in health care. Currently, the UK CON is one of the first programs to develop a BSN-DNP option, again leading the way in the profession. Table IA-1 highlights the congruence of the CON with UK’s mission.
Table IA-1: Summary of Mission and Expected Outcomes

<table>
<thead>
<tr>
<th>University of Kentucky</th>
<th>College of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>The University of Kentucky is a public, research-extensive, land grant university</td>
<td>The mission of the College is to foster health and well-being among the people of</td>
</tr>
<tr>
<td>dedicated to improving people's lives through excellence in education, research and</td>
<td>Kentucky, the region, and the world through collaborative relationships that support</td>
</tr>
<tr>
<td>creative work, service, and health care. As Kentucky's flagship institution, the</td>
<td>excellence in nursing education, research, practice, and service in an ever-changing</td>
</tr>
<tr>
<td>University plays a critical leadership role by promoting diversity, inclusion, economic</td>
<td>health care environment. (Appendix IA-2)</td>
</tr>
<tr>
<td>development, and human well-being. (Appendix IA-1)</td>
<td>To actualize this mission, the College aims to:</td>
</tr>
<tr>
<td></td>
<td>1. prepare nurses to lead an ever-changing health care environment;</td>
</tr>
<tr>
<td></td>
<td>2. contribute to the knowledge base of the discipline through an active program of</td>
</tr>
<tr>
<td></td>
<td>nursing and interprofessional research;</td>
</tr>
<tr>
<td></td>
<td>3. engage in collaborative and cooperative relationships for the purpose of modeling</td>
</tr>
<tr>
<td></td>
<td>excellence in nursing education, research, service, and practice. (Appendix IA-3)</td>
</tr>
</tbody>
</table>

The 2009-2014 Strategic Plan of UK “renews this institution’s faithfulness to the original ideals that gave rise to American’s land-grant universities” (See RR for UK 2009-2014 Strategic Plan). The mission of the CON is "to foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment. [In addition] the UK CON endeavors to be one of the nation's top nursing programs among public research universities." The relationship between the mission statements and each of the goals of UK and the CON appear in the CON Expanded Strategic Plan.

The mission statement of the CON applies to all of its endeavors, including its academic programs. Each of the CON’s academic programs has developed expected student outcomes that are congruent with the College’s goals (Appendix IA-4, Appendix IA-5, and Appendix IA-6). The mission and expected student learning outcomes of the programs are related to the mission and goals of UK and the CON. Development of student outcomes has been guided by the mission and goals of UK and the CON, as well as nationally recognized competencies. The goals and expected student outcomes are published annually in the CON’s Student Handbooks and are available on the CON website. Details of the relationship among the Programs' expected student outcomes, UK and CON goals, and American Association of Colleges of Nursing (AACN) Essentials are found in the CON Expanded Strategic Plan 2011, as shown in Table IA-2.
<table>
<thead>
<tr>
<th>University of Kentucky Goals</th>
<th>College of Nursing Goals</th>
<th>Program Outcomes That Relate to the College of Nursing Goals</th>
</tr>
</thead>
</table>
| Goal 1. Prepare students for leading roles in an innovation-driven economy and global society. | Goal 1. Attract, retain, and graduate outstanding and diverse students while engaging them in nationally prominent nursing education programs. | **BSN:** Demonstrate leadership, responsibility and accountability in addressing health care issues. AACN BSN Essentials IV, V  
**MSN:** Contribute to the advancement of health and health care through leadership in practice and the profession; collaborate with others to identify and resolve ethical issues in health care practices, research, and policies. AACN MSN Essentials VII  
**DNP:** The program will prepare graduates who collaborate in inter/intraprofessional networks that promote diversity and optimize care in complex health care systems. AACN DNP Essentials VI |
| Goal 2. Promote research and creative work to increase the intellectual, social and economic capital of Kentucky and the world beyond its borders. | Goal 2. Attain national and international prominence in practice, scholarship, and research. | **BSN:** Apply a systematic process, consistent with professional standards and evidence-based practice, to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death. AACN BSN Essentials III, VII, VIII, IX  
**MSN:** Evaluate theory, research, and clinical knowledge for development and implementation of innovative approaches to care; evaluate the outcomes of advanced practice nursing and health care using appropriate research methods; evaluate the outcomes of advanced practice nursing and health care using appropriate research methods. AACN MSN Essentials I, IV, V  
**DNP:** Synthesize scientific, theoretical, and policy data from a variety of disciplines to improve health care systems and health outcomes for individuals and populations. AACN DNP Essentials I, V, VII |
| Goal 3. Develop the human and physical resources of the university to achieve the institution’s Top 20 goals. | Goal 3. Develop the human and physical resources of the College to achieve the institution’s Top 20 goals. | **BSN:** Demonstrate clinical reasoning in making independent and collaborative decisions in a complex health care system. AACN BSN Essentials IV, IX  
**MSN:** Use theory in the management of health care resources to deliver effective and efficient clinical services and programs. AACN MSN Essentials V  
**DNP:** The program will prepare graduates who create an environment that supports personal and professional development to enhance health care outcomes and life quality for populations, and promotes evidence-based innovations, technologies, and scholarship in nursing and health care delivery to improve practice. AACN DNP Essentials II, III, IV, VIII |
University of Kentucky Goals  

Goal 4. Promote diversity and inclusion.

Goal 5. Improve the quality of life of Kentuckians through engagement, outreach, and service.

College of Nursing Goals

Goal 4. Support an environment that promotes diversity of thought, culture, gender, and ethnicity.

Goal 5. Enhance the health and quality of life of Kentuckians.

Program Outcomes That Relate to the College of Nursing Goals

BSN: Demonstrate caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings. AACN BSN Essentials VII, VIII, IX

MSN: Analyze factors that influence advanced practice nursing, health and health care (including biological, psychological, social, economic, cultural, political, ethical, legal, and geographic factors). AACN MSN Essentials I, II, III, IV

DNP: Collaborate in inter/intraprofessional networks that promote diversity and optimize care in complex health care systems. AACN DNP Essential VI

BSN: Employ interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes. AACN BSN Essentials II, IV, VI, IX

MSN: Collaborate with others to meet the health needs of populations, provide advanced practice nursing care consistent with the ANA standards of care and professional performance. AACN MSN Essentials VII

DNP: The program will prepare graduates who are expert practitioners for diverse populations and systems who engage in leadership to create practice environments that improve health care outcomes. AACN DNP Essentials II, VIII

The professional standards, guidelines, and competencies that guide the educational programs of the CON were chosen because they reflect the best and most contemporary thinking and represent the views of an increasingly diverse practice discipline and public; these are listed in Table IA-3.

Table IA-3: Professional Standards Used as a Basis for Each Program

<table>
<thead>
<tr>
<th>BSN Program</th>
<th>MSN Program</th>
<th>DNP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN Program</td>
<td>MSN Program</td>
<td>DNP Program</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

The Kentucky Board of Nursing (KBN), pursuant to the Kentucky Revised Statutes (KRS) 314.00, approves schools of nursing that meet the standards which are established in the administrative regulations promulgated by the board. The KBN sets standards for the establishment and outcomes of nursing education programs that prepare pre-licensure and advanced practice registered nurses, including clinical learning experiences. The CON’s programs are approved by the KBN (Appendix IA-7 and Appendix IA-8).

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

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

Program Response

Professional Nursing Standards and Guidelines and Strategic Planning Process

The CON mission, goals, and expected student outcomes are reviewed as each new UK strategic plan is proposed and at other times as needed to improve educational preparation for graduates. For example, reviews were implemented when professional nursing standards changed so that the AACN revised Essentials were incorporated into the curricula. Also, the mission, goals, and expected student outcomes are reviewed when there is a major change in UK requirements, such as the recent UK Core (General Education) changes. They will be reviewed if the National Council Licensure Examination (NCLEX) scores indicate the need, or if input from communities of interest indicates an unmet need that can be addressed (Appendix IB-1). Another example of review and revision of expected student outcomes can be found in the transitions that have taken place in the CON’s advanced nursing practice programs. In 2000, the CON opened a MSN-DNP option prior to publication of the DNP Essentials. Therefore, from 2008 to the present, the original DNP program objectives were revised to reflect both the changes in the MSN-DNP option and the opening of a BSN-DNP option. Since admission to the MSN program was suspended in 2009 there have been no revisions of program and student learning outcomes; however, there has been periodic review to assure that the quality of the program was maintained.

The program curriculum committees for the BSN, MSN, and DNP programs respectively serve as the framework for the periodic review of specific program goals and expected outcomes. Faculty, professional staff, and student representatives review and revise expected student outcomes as a part of program committee meetings. Task forces or ad hoc committees may be formed to help with major curricular revisions. Examples include the undergraduate revision to align the curriculum with the Essentials. Similarly, the MSN Program Committee reviewed program objectives in 2009 and made a recommendation to leave them as written, given the fact that the last students were projected to complete the program in 2013. In contrast, the DNP Program Committee review in 2009 resulted in a revision of program outcomes. More recently, the DNP program objectives were reviewed to ensure that they were suitable for the recent Advanced Practice Registered Nurse Regulatory Model implemented by the KBN. Practice partners from UKHC served on the Undergraduate Curriculum Task Force, providing recommendations to the undergraduate faculty. Each program surveys graduates and employers at periodic intervals, requesting input on graduates’ ability to perform learning outcomes. The community of interest is included in the process of determining needs and interests of programs as well. For example, during the academic year 2010-2011, a DNP alumni and employer survey was conducted (see RR for an abstract of survey findings). During the summer and fall of 2011, the MSN alumni and employer survey was conducted.

As a result of meetings and consultation, the DNP Program Committee reduced the number of program objectives to five as recommended for SACS Accreditation (Appendix IB-2). Deans and other faculty attend meetings in order to stay current with state and national trends, issues, and regulatory policy that may affect program objectives. For example, the associate dean for DNP studies participated in the 2010 KBN Task Force on legislation and regulation of Advanced
Practice Registered Nurse (APRN) education, and testified at the June KBN meeting about the CON’s work related to the Licensure, Accreditation, Certification and Education (LACE) Regulatory Model. Subsequently, specialty courses have undergone extensive revision in order to more clearly reflect the LACE Regulatory Model specification regarding role and population focus.

The current CON Strategic Plan was formed in response to UK’s 2009-2014 Strategic Plan. The Governance Council serves as the vehicle for shared governance within the CON on issues which include strategic planning, evaluation, and advisory councils. The Council began work on the plan in January 2009 with input from the Faculty Council. Input was sought from faculty and staff in a forum and during several faculty meetings. Feedback was also sought from the UK Vice President for Institutional Research, Planning, and Effectiveness, the Vice President for Institutional Diversity, and the UK Assistant Provost for International Programs. Final changes were made by the Governance Council after reviewing the 2009-2010 CON Annual Report. The strategic plan was formatted for consistency with UK’s expectations for reporting progress and entered into the UK Blackboard Outcomes module (Appendix IB-3).

In September 2010 the BSN Curriculum Task Force examining Quality and Safety Education for Nurses (QSEN) and Essentials in the curriculum presented their report and faculty discussed potential curricular revision (Appendix IB-4). See Standard III for details of the work of this task force.

Student input is facilitated in several ways. The Undergraduate Nursing Activities and Advisory Council (UNAAC) officers choose a representative to give input at Undergraduate Program Committee (UPC) meetings and undergraduate faculty meetings (Appendix IB-5). The Graduate Nursing Activities and Advisory Council (GNAAC) provides graduate student input to the faculty and associate dean. GNAAC membership includes six students, with at least one representative from each degree offered. The DNP Program Committee membership includes a DNP student representative, as does the MSN Program Committee. Additional DNP student input is obtained during end-of-course evaluations each semester, during forums held regularly when MSN and DNP students are on campus for class, and via a DNP end-of-program student evaluation (Appendix IB-6). MSN students also participate in annual end-of-program evaluations. One example of student participation occurred in the DNP program. When the program first began, classes met four times per semester. Based on student input, an additional class was added early in the semester to help students transition to a distributed learning format.

Community of Interest

The CON has defined its community of interest as “both internal and external entities which directly or indirectly affect or relate to the CON” (Appendix IB-7). Internal entities include students, faculty, and staff of the CON as well as UK and UKHC. External entities include prospective students, alumni, benefactors, supporters, preceptors, consumers, partners (including health professions organizations, institutions of higher education, employers of graduates, health providers, and policy bodies that foster health and well-being), and governing bodies.

The CON has several advisory councils which elicit input. The Dean’s Advisory Council meets annually; one of its stated purposes is to provide counsel to the dean on matters for which external advice is critical, including long range planning. The Advisory Council membership is
comprised of nursing and health care leaders from major local and state institutions, as well as national leaders with a connection to the CON (Appendix IB-8 and Appendix IB-9).

The Diversity Advisory Council also provides external input. Council purposes include advising the dean, individually and collectively, on issues related to diversity and inclusivity. Council membership includes faculty, students, UK employees from outside the CON, and community members including nurses and non-nurses, all selected by the dean. The council meets biannually in Lexington and at other times when necessary (Appendix IB-10).

The Faculty Practice Council (FPC) provides both external and internal input to the CON. Council purposes are to foster communication between CON administration, faculty and community partners and to advise the dean and the associate dean for practice and community engagement regarding faculty practice issues and concerns. The council also engages in strategic planning, monitoring, and evaluation of outcomes as related to faculty practice. Members include faculty whose Distribution of Effort (DOE) forms include practice both within and outside UKHC, the CON administrative staff officer, the administrative services assistant for practice contracts, the associate dean for practice and community engagement, the dean, community representatives from affiliated practice sites, and a representative of staff who practice. The council meets at least twice per semester and as needed.

The CON’s advisory councils solicit input from various communities of interest, external and internal. These councils include the Dean’s Advisory Council, Diversity Advisory Council, FPC, GNAAC, and UNAAC. The dean also facilitates the Kentucky Nursing Capacity Consortium (KNCC) and the Kentucky Action Coalition, which gives her feedback from clinical and educational institutions across the state. UK stakeholders also provide input. The UNACC representative serves on the UPC and provides a student perspective on various issues. The GNACC representative sits on the MSN and DNP Program Committees to provide student input.

An example of how the advisory committees have impacted changes in the program involves the undergraduate program content related to inclusiveness. In one of the early dinners the dean had with minority students, the students expressed concern about a class exercise that involved enhancing student sensitivity to people who are different from them. This student feedback was shared with the course faculty, as well as the Diversity Advisory Council, to gain insight about how to improve the effectiveness of this exercise. Changes were made and subsequent student feedback about the class has been mostly positive.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

   Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

Program Response

Faculty members are defined in the UK Administrative Regulations according to title series of appointment. Expected faculty outcomes within these definitions are consistent with the expectations of UK. Faculty members’ expectations regarding teaching, scholarship, service, or practice vary according to their title series. The CON follows the administrative rules and uses the following title series: Lecturer/Senior Lecturer (non-tenure; faculty outcomes primarily
focused on meeting UK goals and student outcomes related to teaching), Clinical Title Series (non-tenure; faculty outcomes primarily focused on meeting UK goals related to practice and student outcomes related to teaching), Research Title Series (non-tenure; faculty outcomes primarily focused on meeting UK goals related to scholarship), Special Title Series (tenure; faculty outcomes primarily focused on meeting UK goals related to practice, scholarship, and service, and student outcomes related to teaching), and Regular Title Series (tenure; faculty outcomes primarily focused on meeting UK goals related to teaching, scholarship, and service, and student outcomes related to teaching) (see RR for Administrative Regulations for faculty).

The CON criteria for appointment, promotion, and tenure for respective title series are congruent with UK’s and are provided in the Faculty Handbook (Appendix I C-1). New faculty members participate in new faculty orientation throughout their first year to ensure that faculty member outcomes are congruent with the mission, goals, and expected outcomes. Non-tenured faculty members are reviewed annually and tenured faculty and senior lecturers bi-annually, by their reporting supervisor. The review includes a requirement by faculty members to provide evidence that they are meeting the expectations of their respective roles in the CON (see RR for performance evaluation documentation).

In addition, tenure track faculty undergo a 2 and 4 year review that includes feedback from tenured faculty. At the time of their performance evaluation, faculty have the option of requesting review for high merit. The CON Promotion, Appointment and Tenure Advisory Committee (PATA) reviews all high merit requests and recommends whether high merit should be awarded.

Annually, faculty members negotiate their DOE in the areas of teaching, scholarship, service, and practice, as appropriate to their title series (see RR for DOE forms). The DOE process is university-driven, and its major purpose is to determine the time faculty members spend meeting the mission and goals of the CON (Appendix IC-2). Associate deans meet initially with their assigned faculty members during December and then again in the spring of each year to negotiate the DOE for the coming year. In January/February all faculty workload requests are reviewed by the CON’s Coordinating Council (membership includes the dean, associate deans, and CON administrative staff officer). The CON workload assignment for courses and student advising recognizes the time involved in supporting students to achieve the expected student learning and program outcomes. Periodic review and revision of academic programs, research, and practice goals with expected student outcomes is the responsibility of each program-specific committee, and is guided by the CON Strategic Plan.

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.*

Program Response

The CON faculty and students participate in the mission and governance of the CON and UK in a manner that serves to maintain and improve the program quality of the CON. The CON has structured activities which provide dialogue that leads to continuous evaluation and revision of the nursing programs. For example, the Faculty Council is currently leading several faculty forums related to proposed by-laws changes in an effort to ensure that all faculty members have an opportunity to provide input. Forums have also been successful in providing faculty, staff, and student input into structural, programmatic, and informatics needs within the college.
By law, the Board of Trustees is responsible for the governance of UK. The Board of Trustees, in accordance with the UK Governing Regulations, delegates certain responsibilities to the president and the UK Senate to provide effective and responsible administration of UK in accordance with its mission. The president, as authorized by the Board, issues the Administrative Regulations, the Personnel Policy and Procedure Manual, as well as the UK Faculty Handbook (http://www.uky.edu/Provost/APFA/Handbook/). These documents provide for interpretation and implementation of the Governing Regulations. The Administrative Regulations detail the administrative and academic organizational structure of UK, UKMC, and CON.

The UK Senate, as the UK-wide faculty organization, is authorized to issue rules implementing the responsibilities delegated to it and authorized by the Governing Regulations. The faculty, administrators, and students of the CON participate in the governance of UK, UKMC, and CON in accordance with Kentucky state law and the UK Governing Regulations. (See RR for UK Governing Regulations).

**Faculty Participation in University Governance**

The Rules of the UK Senate provide for the election of three faculty members from the CON to the UK Senate. In addition, each of the CON's faculty senators serves on a standing Senate Committee. For example, the 2010-2011 CON senators served on the Senate Academic Facilities Committee, the Senate Academic Planning and Priorities Committee, and the Senate Research Committee. Members of the Senate may seek election to the Senate Council, which guides the work of the Senate and acts in an advisory capacity to the president. From 2007-2011, the CON had a faculty member elected to the Senate Council who served as vice-chair of the Council in 2010-2011.

In addition to informing faculty about Senate activities, faculty senators get input from other CON faculty by making reports at faculty meetings and requesting responses. Senators are provided with time to report in total faculty meetings; however, because Senate meetings and total faculty meetings do not generally coincide, communicating with faculty via email provides a more timely way to both disseminate information to faculty and receive input from faculty on matters for the Senate (Appendix ID-1).

Faculty also may participate in UK governance through appointment or election to UK Administrative Committees, other Senate Committees, and Senate Advisory Committees. The mechanisms and qualifications for service on these committees are detailed in the UK Senate Rules (see RR for UK Senate Rules Section 1, 3.0-4.0, UK Administrative Regulations Part III).

**Administrators’ Participation in University Governance**

The dean meets with the UK president, along with other deans, at least once a semester. The purpose of these meetings is general communication. Since 1984, the dean has participated in UK governance as an ex-officio member of the UK Senate. In addition to faculty senators, 50% of UK deans serve on the UK Senate as voting members every other year. The associate deans also serve various roles in University Governance. For example, the associate dean of research sits on the UK Research Management Group with the VP of Research which meets monthly. Also the associate dean of MSN and DNP studies sits on the University Institutional Diversity Advisory Council, and the Health Care Colleges Academic Deans Committee. The
associate dean of undergraduate studies sits on the Academic Deans Committee (Undergraduate), and the Provost Task Force on Student Success and Early Alert System.

Students’ Participation in University Governance

Students of the CON have the same opportunities to participate in the governance of UK as do students in other units of the university. The primary vehicle for student participation is through the Student Government Association. Each year one student is elected from and by the CON’s student body to the Student Government Association and by virtue of this position is also the student representative from the CON to the UK Senate. In addition to serving on the University Senate, one elected student representative also serves on the UK Senate Council. In the recent past, students worked to develop ‘reading days’ prior to finals week. Although this has not yet happened, students are continuing to work with several UK departments regarding the feasibility of implementing such a change.

Faculty Participation in College of Nursing Governance

Key members of Dean Kirschling’s administrative leadership team are the associate deans for Undergraduate Studies, MSN and DNP Studies, PhD Studies, Research, Practice and Community Engagement, and the CON administrative staff officer. The members of the administrative leadership team form the Coordinating Council, and they serve on the Governance Council. The Governance Council, comprised of administration, faculty, and staff, advises the dean on financial resources and strategic planning. Faculty and administrators in the CON number 115, of whom 45 hold earned doctorates and 57 are full-time. Fifty-three staff members support CON faculty and student endeavors; this includes 20 staff for research support. In addition to close working relationships in the CON, Dean Kirschling works closely with the UK provost, senior vice president for health affairs and other UK administrators.

Faculty members participate in the governance of the CON as provided for by the Faculty Bylaws and the Administrative Organization of the CON. Of the 57 full-time faculty, 69% participated on CON committees in 2010-2011 (Appendix ID-2). The committees constituted by the Faculty Bylaws ensure faculty responsibility for curricular matters as well as admission, progression and graduation of students. The committees constituted by the Administrative Organization provide for faculty input into administrative decision-making in the areas of faculty appointment, promotion and tenure, college development, continuing education, and student activities. The faculty as a whole meets at least three times per year to act on matters affecting the education, service, and research programs. Total Faculty meetings are co-chaired by the dean and the chair of the CON Faculty Council. Faculty participating in educational efforts for undergraduate students and those participating in graduate education usually meet with their respective associate dean on a monthly basis through program faculty meetings or as needed, to make decisions or provide input for decisions concerning their respective program (see RR for Faculty Bylaws).

Students’ Participation in College of Nursing Governance

The CON Administrative Organization and Faculty Bylaws provide for student participation in the governance of the CON. Undergraduate and Graduate Student Activities and Advisory Committees are elected by their respective student bodies and provide formal feedback to administrators as well as faculty. The Graduate Student Advisory Committee also solicits students to serve on the DNP and PhD Program Committees. The undergraduate student representatives to faculty committees are selected in a similar manner. Students also participate
in scheduled course meetings throughout the academic year. Student representatives are elected by their classmates to be their representatives at course meetings. The representatives serve as a mechanism to communicate student concerns to faculty, and faculty responses to the students. The faculty are very deliberate and caring in their discussions of student concerns, and consistently develop a plan of action to address the concerns.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

Program Response

During the CON's Academic Unit Internal Self-Study (November 2007), which occurs every 5 to 7 years, the documents and publications of the CON were evaluated to ensure that each reflected the mission, philosophy, and goals/objectives of the program. The CON's website, student handbooks, recruitment materials, and general descriptive documents were updated accordingly. Each year, associate deans and the Student Services staff for the undergraduate and graduate programs review and update the Undergraduate and Graduate Student Handbooks. The marketing and promotion specialist makes corresponding changes to the CON's website. Announcements regarding new/changed information and policies are communicated to students via their required university email and informational forums designed to receive and give information from/to students regarding updates and programmatic and policy changes. The CON has been working with an independent contractor to redesign the CON's website to enhance functionality and the new site was launched in December 2011. The webpage is regularly updated to reflect CON programmatic and policy changes. In addition, the CON has informational forums both to give and receive information to and from students and prospective students regarding updates and programmatic and policy changes.

The BSN, MSN, and DNP curriculum plans, outcome objectives, admission requirements, and degree requirements are found on the CON’s website. The Undergraduate Student Admission and Progression Committee (USAPC) is responsible for reviewing the admission requirements for the Undergraduate Program. The MSN Program Committee and the DNP Program Committee are responsible for reviewing the admission requirements for their respective programs. The Undergraduate, MSN, and DNP Program Committees also have the responsibility of evaluating the programs and courses to advise the faculty on the need for program changes. The website has information about the certifications for which our graduate students are eligible following completion of specific programs. The academic calendar and tuition fees are found on UK's website under the Registrar's Office link (www.uky.edu/Registrar). The Administrative Regulations on setting of tuition/fees are found at http://www.uky.edu/Regs/files/ar/ar8-7.pdf. This process includes all programs and mandatory university fees. Typically the rates are approved by the UK Board and sent to the KCPE sometime in the spring for the upcoming year. Tuition for all programs is approved at the same time, although program and course fees are finalized when the UK operating budget is approved.
Transfer of both undergraduate and graduate credits is clearly outlined by the UK and the CON. This information is available on both the CON and the UK Registrar's websites (Appendix IE-1).

Evaluation criteria and grading policies are published in the syllabus for each course and determined by the faculty teaching the course.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Program Response

The CON Bylaws and CON policies are available on the CON website and are congruent with UK policies. CON faculty are involved in the development, review, revision, and approval of academic program policies. Differences between the nursing program policies and those of the parent institution are in support of achievement of the program's mission, goals, and expected outcomes. The CON uses the UK policies as a framework for developing specific CON policies; however, standards can be greater than the policies of the parent institution. Policies for the undergraduate students can be found in the Undergraduate Student Handbook, and polices for the graduate students can be found in the Graduate Student Handbook (see Program Handbooks on CON website). Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Policy review occurs and revisions are made as needed. Student rights and responsibilities are published in the UK Student Rights and Responsibilities Handbook and can be found in the student handbooks on the CON website; both academic and non-academic policies are included.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program’s definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Program Response

UK and the CON have established policies for the definition and review of formal complaints. The CON considers a formal complaint to be one which cannot be resolved within the academic unit. Within the last three years, there have been two formal complaints by undergraduate students and no formal complaints by graduate students. Within the CON, student issues are directed to the involved party. For example, if students have a concern about grading in a course, they are directed to the course instructor. If the issue is not resolved, the student has
access to their advisor and the associate dean for the program in which they are enrolled. If the issue remains unresolved, the student has the option of meeting with the dean.

All students are given access to the online UK Students Rights and Responsibilities and the CON Undergraduate and Graduate Student Handbooks, which contain the necessary policies and procedures for filing a complaint.

Formal complaints are directed to the UK Office of Academic Ombud Services, which according to its website “is designated within UK to investigate individual complaints, problems, and conflicts.” The Ombud is responsible for assisting students and faculty to work through and resolve academic problems and conflicts. As stated on the website, “the primary focus of the academic Ombudsman services is the process by which decisions are made, and the primary task of the Ombudsman is to assure fair policies, processes, and procedures that are equitably implemented.” Over the past three years, the UK Ombudsman was instrumental in assisting eight CON students in resolutions that did not involve a formal UK appeals process, as shown in Table IG-1 (see RR for UK Appeals Process and UK Appeals Board Report). There are currently no CON complaints pending in the UK Office of the Academic Ombud.

Table IG-1: Academic Ombud Activity for CON 2008-2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Complaint</th>
<th>Number</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>Content in a clinical course</td>
<td>2</td>
<td>Undergraduate</td>
</tr>
<tr>
<td>2009-2010</td>
<td>Scheduling of clinical classes</td>
<td>4</td>
<td>Undergraduate</td>
</tr>
<tr>
<td></td>
<td>Attendance</td>
<td>1</td>
<td>Undergraduate</td>
</tr>
<tr>
<td>2010-2011</td>
<td>Quality of instruction</td>
<td>1</td>
<td>Undergraduate</td>
</tr>
<tr>
<td>2011-2012</td>
<td>None pending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Areas of Strength for Standard I

- The philosophy, mission and values were articulated by faculty and staff in the CON and are consistent with the philosophy, mission and values of UK
- Decisions are made by the governance structure of the CON that includes input from faculty, staff, students, UK and community stakeholders
- Program outcomes are written and published on the CON website in the student handbooks for current and prospective students
- Guidelines and expectations of faculty for teaching, research/scholarship, and service are delineated for appointment, re-appointment, promotion and tenure
- The philosophy, mission, and values address needs of the community of interest in the Commonwealth
- CON Advisory Councils meet with faculty and administration regularly. Their input is used in the development/revision of the curriculum
- Faculty council chair is the co-chair, with the dean, of Total Faculty meetings.
- CON continues to provide leadership in the DNP movement by offering the BSN-DNP option
- Given the range of changes in academic programs the relatively small number of student complaints is a strength
- With the support of KBN, CON is implementing APRN regulatory model
### Areas of Concern and Action Plans for Standard I

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CON website is difficult to navigate for new and prospective students</td>
<td>A consultant has been retained to develop and build a new CON web site, launched in December 2011</td>
</tr>
<tr>
<td>Sustain engagement with a variety of stakeholders in our community of interest</td>
<td>Have put a variety of mechanisms in place to enhance ongoing communication needed to sustain engagement across time</td>
</tr>
<tr>
<td>The range of change in academic programs has required increased effort by undergraduate and graduate faculty</td>
<td>Prioritize new academic program initiatives and balance with changes to existing programs</td>
</tr>
</tbody>
</table>
STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student 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 student and faculty 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 student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Program Response

Fiscal Resources

The CON’s fiscal resources come from several sources with the majority (54%) in 2010-2011 from the general fund of UK, as shown in Table IIA-1. Support from the UK general fund is appropriated annually by the provost based on the dean’s budget request. The second largest component is from grants and contracts awarded to faculty of the CON for research, training, and capital improvement efforts. The use of these resources is restricted to fulfilling the purpose for which they were awarded. For example, the significant increase in grants and contracts between 2009-2010 and 2010-2011 can be attributed to a federal earmark which funded targeted renovations in the CON building. Clinical resources represent the third largest source of funding. This category is comprised of practice revenues generated by faculty who engage in clinical practice in a variety of settings. These funds are used to cover the cost of CON faculty and staff who provide the services. Additional clinical resources are the result of commitments to the CON from UKHC, which supports a variety of initiatives such as the Post-Baccalaureate Residency Program (jointly operated with UKHC), and several individuals who hold faculty appointments, participate in the college’s educational activities, and engage in practice roles in UKHC.

Gifts and interest generated by endowments are used primarily to support student scholarships. In addition, two endowed chairs and an endowed professorship are supported by donors. Another source of revenue is the continuing education program operated by the CON. The program, which is fiscally self-sustaining and nationally accredited, provides an important service to our community of interest.
Each spring the UK general fund and UKHC budget requests are developed by the dean and the CON administrative staff officer and presented to the provost and the executive vice president for UKHC. The budget process includes justification for current funding as well as requests for new initiatives, including one-time expenses such as building renovations and major equipment purchases. If the CON has general funds remaining at the end of the fiscal year, a request is submitted to the provost to carry forward a portion of the funds into the next fiscal year, a process which supports the CON’s need to fund one-time initiatives.

### Table IIA-1: College of Nursing Revenues

<table>
<thead>
<tr>
<th></th>
<th>2008-2009</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Support:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund</td>
<td>$8,368,400</td>
<td>$8,956,644</td>
<td>$8,492,999</td>
</tr>
<tr>
<td>Grants &amp; Contracts</td>
<td>$2,493,259</td>
<td>$2,974,730</td>
<td>$4,879,016</td>
</tr>
<tr>
<td>VP Research</td>
<td>$152,000</td>
<td>$147,000</td>
<td>$234,403</td>
</tr>
<tr>
<td><strong>Clinical Resources:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Practice</td>
<td>$697,421</td>
<td>$790,403</td>
<td>$873,864</td>
</tr>
<tr>
<td>Enterprise Transfers</td>
<td>$800,000</td>
<td>$897,000</td>
<td>$906,434</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>$170,000</td>
<td>$160,000</td>
<td>$157,000</td>
</tr>
<tr>
<td>Gifts &amp; Endowments</td>
<td>$422,184</td>
<td>$398,217</td>
<td>$167,381</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$13,103,264</td>
<td>$14,323,994</td>
<td>$15,711,097</td>
</tr>
</tbody>
</table>

When the budget process is complete, the provost submits a consolidated (colleges and other UK units) budget proposal to the president of UK, who submits the entire budget to the Board of Trustees. Once approved by the Board of Trustees, the budget is sent to the KCPE. The Council is responsible for submitting the proposal for all postsecondary programs to the Governor. The Kentucky Legislature determines state appropriations during their annual session.

When UK is confronted with a budget cut or shortfall, the provost provides the parameters for addressing the cut within the academic units. For example, in 2010-2011 all colleges were asked to submit an ongoing/recurring 5% cut in the base budget. The dean and CON administrative staff officer prepared possible scenarios for the budget cut and as part of this process input was sought from the CON Governance Council as well as the entire faculty and staff during two CON-wide budget forums. Final decisions about proposed budget reductions reside with the dean.

Faculty provide input to the budget process through a variety of mechanisms, including the Faculty Council, the Governance Council, the associate dean to whom they report for needs specific to their programmatic responsibilities and activities, and faculty forums which are organized by the dean’s office to address specific budget issues.

### Faculty Salaries

The CON benchmarks faculty salaries using data from the AACN for Schools of Nursing in Academic Health Science Centers. Table IIA-2 shows mean salaries for full-time CON faculty by rank and whether they hold an academic year appointment (10 months) or a calendar year appointment (12 months). Also displayed in Table IIA-2 are national data on the mean salaries
for faculty in schools of nursing in academic health centers for the 2010-2011 academic year. A review of the data in the table shows that for most categories salaries in the CON are higher than the mean salaries reported by AACN. The exceptions are for the calendar year salary for Associate Professors and the calendar year salaries for Professors. This may reflect a degree of salary compression since most of the Associate and full Professors have been at UK for some time. The CON has some flexibility in salaries, as it is recognized by UK that there is a market concern with recruiting, hiring and retaining nursing faculty, especially those prepared at the doctorate level.

In July 2011, all faculty received a 2.255% adjustment to their base salaries. Seventeen faculty members received a one-time high merit award and 13 faculty received equity adjustments to their base salaries. In addition, 16 faculty received Wethington awards for external grant funding, and in October 2010 nine faculty received a one-time 3% bonus consistent with salary raises given by UKHC.

Table IIA-2: Mean Salaries for Faculty for 2010-2011

<table>
<thead>
<tr>
<th>Instructor/Lecturer</th>
<th>Assistant Professor</th>
<th>Associate Professor</th>
<th>Professor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academic Calendar</td>
<td>Academic Calendar</td>
<td>Academic Calendar</td>
</tr>
<tr>
<td>UK</td>
<td>$60,234</td>
<td>$77,938</td>
<td>$86,034</td>
</tr>
<tr>
<td>AACN</td>
<td>$56,858</td>
<td>$69,493</td>
<td>$86,665</td>
</tr>
</tbody>
</table>

Physical Resources

Physical resources include space assigned to the CON within the CON building as well as access to centrally managed classrooms and lecture halls, technology and other equipment. With the exception of the centrally managed classrooms and lecture halls, the CON occupies and has control of the majority of a 6-story, 121,000 square foot building, built with Health Resources and Services Administration (HRSA) in 1978. The building opened in 1979 with federal support from the Nurse Training Facilities Construction Grant Program. Within space occupied by the CON are: offices for faculty, staff, and administrative functions; teaching laboratories for clinical courses, including a simulation laboratory; the Center for Nursing Research; research space and lounges for faculty, staff, and students; and several conference rooms. The classrooms and the two lecture halls located within the CON building, and similar facilities in other buildings within UKMC and across campus, are centrally managed by UK. Initial room scheduling for the academic year is done through a process of class building for each fall and spring semester. For other room needs or necessary changes, faculty and staff in all the colleges make requests for the facilities needed for particular functions and are assigned appropriate space. Each classroom is equipped with audiovisual equipment and computers for internet access. UK solicits requests for classroom improvements annually from faculty. If approved, funding for the classroom improvements is provided by UK (Appendix IIA-1).

Since the building is aging, considerable effort has been put into renovations over the last 15 years. These renovations have been funded through support from UK and the CON. Over a decade ago, work began on plans to renovate a major portion of the 4th floor of the CON to modernize the basic clinical practice laboratories and to expand and enhance the space on the 5th floor dedicated to research activities. Those renovations were completed and resulted in development of the Clinical Simulation Laboratory and the Center for Nursing Research. Other renovations include: the 3rd floor administrative suite, the office suite on the 2nd floor, and the three elevators. The renovations on the 3rd floor focused on creating a more welcoming environment, allowing easy access to the CON receptionist and student services staff and
making them more visible. In addition, the CON Hall of Fame lobby was opened up, allowing more space for students and visitors. The 4th floor renovations included the faculty/staff lounge and the creation of several shared faculty offices. Faculty offices are also being renovated, which includes painting and new ergonomically designed furniture.

With the expansion of the Undergraduate Nursing student body it became apparent that the existing undergraduate student lounge on the ground floor was inadequate, and that the computer classroom on the 6th floor would not accommodate increased class sizes. In addition, as part of the 2000-2006 UK review of the PhD Program, study space for graduate students was identified as a concern. In 2008, the CON was invited to put forward a proposal to UK for consideration as a direct appropriation. The dean prioritized renovation of the building, including restrooms to ensure that they are ADA compliant and upgrading the data technology infrastructure on floors 1 through 5 to include CAT6 wiring and digital switches to optimize use of technology and simulation in the nursing curriculum, as the priority request. The CON’s proposal was considered a priority by UK administration and UK’s federal relations staff began to gauge the level of interest for Kentucky Legislators in supporting this project. Through this process the CON was awarded a two-phase direct appropriation from US Senator Mitch McConnell to remodel the CON building ($3,203,000). The CON has provided additional funding to complete these renovations. The upgrade of the data technology infrastructure has been completed and 4 of 6 bathrooms have been renovated. The undergraduate and graduate student study centers were opened in January 2011. The 6th floor renovation will be completed in Spring 2012. This renovation will create a 140-seat computer classroom, upgrade the data technology infrastructure on the 6th floor to optimize the use of the computer classroom, and redesign the existing computer classroom to create a quiet student study area. If there are sufficient funds, the 6th floor restroom will be renovated.

The A.B. Chandler Hospital is the only Level-One Trauma Center (adult and pediatric) for Central and Eastern Kentucky. UKHC opened the first phase of its new hospital in May 2011. At a cost of $700 million, the new hospital will ultimately grow to more than 600 beds. Priority is given to the CON for clinical placements by this facility.

**Computer Resources**

All full-time faculty and staff have computers. Faculty members are given a choice of a desktop computer or a laptop. Generally, laptops are replaced every three to four years and desktops every four to five years. Wireless access is available throughout the building and many other places on campus. Hardwired Ethernet access is available in each office and in most shared spaces in the building. The CON has five servers housed at the Medical Center’s server farm and one server in house.

UK provides site licenses for Microsoft Office, Microsoft Operating System, Adobe products, and Forefront antivirus, among many others. For online classroom management, Blackboard (Bb) version 9 is used. UK holds a site license for SAS and SPSS; the CON purchases copies from UK for use by faculty, staff, and students. Individual or group licenses are purchased for other software as needed by faculty, staff and students. Students have access to computers in the UK computer lab located on the 6th floor of the CON building. In addition, five computers and a printer are available to graduate students in the 5th floor graduate study area.

**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 student and faculty 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

Library Services

There are more than one dozen facilities that comprise the UK Libraries. With the largest book endowment of all public universities in the United States, UK libraries are among the world’s leading research libraries. The libraries’ broad scope of advanced technology offers students, faculty and staff access to current information online in addition to printed resources.

UK libraries play an integral role in teaching, research, learning and outreach services. Teaching partnerships between classroom and library faculty advance the information literacy skills of students at all levels through active classroom instruction, online tutorials and course-specific web pages.

UK’s main library, the William T. Young University Library, opened in 1998. This state-of-the-art facility houses 1.2 million volumes for the social sciences, humanities, and life sciences. The library includes 57 group study and conference rooms as well as study areas that seat 350. There are 350 personal computers available for patrons and staff and 3,000 network ports throughout the library to support faculty and student computing needs. The library system contains 3,784,382 volumes; of those, 432,679 are e-books. The total UK library system subscribes to 78,194 journals/serial subscriptions including 49,859 e-journals. Faculty and students have access to 415 licensed databases. Free interlibrary loan services and online literature searches are available to faculty and students.

The Medical Center Library is conveniently located across the street from the CON. There are 16 computers in the Medical Center Library teaching/learning center and 14 computers in the library proper, available for patron use. Endnote X5 for Windows is available via the Medical Center website for downloading by all students, faculty, and staff. Some of the many other resources available to students and faculty include: CINAHL, Medline, PubMed, Web of Science, Cochrane Library, and Psych INFO. Short courses are offered throughout each semester, including summer sessions, on the use of these and other resources.

The Medical Center Library designated a Research and Education librarian as the liaison for the CON faculty and students; she is the first point of contact for information about library policies, procedures, and services. The liaison provides specialized reference consultations, teaches classes to support research using library resources, and provides collection management assistance. She participates in the curriculum committees as well as in the accreditation process. Her office is conveniently located in the CON.

The liaison teaches three 1-1.5 hour electronic literature searching research skill classes in the following undergraduate courses: NUR 854 (Advance Concepts in Professional Nursing), NUR 860 (Foundations for Professional Nursing), and NUR 872 (Clinical Reasoning: Quantitative, Qualitative, and Epidemiological Approaches). During each class, the liaison teaches 1-2 databases, demonstrating the live database(s) in an interactive style. Just before terminating
each of the classes, the liaison distributes an evaluation form which prompts each student to give an overall rating of the class and to describe what else needs to be included in the class, how the class could be improved, and to offer other comments.

At the beginning of each semester, the course instructor and the liaison meet to discuss the objectives, content and format of the class as well as the student evaluations from the previous semester. Refinements and improvements to each class are a direct result of these student evaluations. For example, following students’ suggestions from previous evaluations, in the spring of 2011 students in NUR 872 were given a posttest. This gave students an opportunity to use their newly acquired skills to recognize their self-learning. The liaison reviewed the posttest with the students and responded to their questions. The 61 students who completed the evaluations rated the session as follows: 40% Excellent; 49% Good; 11% Fair; 0% Poor. Some selected comments from the top 2 ratings were: “I honestly really liked it. I liked the quiz [posttest] because you actually try it while the instructor is here to answer questions. Need more time. More exercises. Show differences on a MAC.” Comments from the lowest rating were: “We already had this; a handout would be nice. Shorten.” From these comments efforts will be made to teach the critical skills in an efficient and effective manner, another exercise will be incorporated into the lesson, and a handout (which had been posted on their Bb site) will be printed out for following along. More references will be made to how these searches are done on MACS. The same evening after class, the instructor electronically posted to Bb a graded exercise to test these library research skills. The instructor reported that students’ research skills have improved with each class.

UK Libraries evaluates service quality by administering the national Association of Research Libraries (ARL) LibQUAL+® survey every three years and benchmarks with the ARL mean scores. In 2011, UK Libraries’ scores were equal to or above the ARL service quality mean for both undergraduate and graduate students, for library collections, electronic resources, and facilities. A locally developed Library User Satisfaction Survey, conducted every three years, measures user satisfaction in individual campus libraries. Improvements made as a result of these evaluations included the following: library resources were made more accessible by purchasing more resources in electronic form; hours of service were extended to 24/5 in the Young Library; an information commons was created in the Young Library which facilitates work on group projects; and more quiet study space was designated within the Young Library.

**Technology Support**

The CON has used classroom management software since its introduction at UK and advocated for its purchase and adoption. TopClass was the first learning management system used at the CON. In 2004, UK purchased Bb, replacing TopClass. Faculty initially were interested in using this technology largely because they taught in distance learning locations like Elizabethtown, Hazard and Morehead University using T1 lines. Bb offered an additional way for faculty to contact their offsite students.

Use of Bb rose dramatically when the MSN-DNP Program was implemented. Subsequently, use of Bb was adopted for some courses in the MSN Program. For example, some of the master’s level core courses were offered four Saturdays a semester for four hours, and additional course content, contact and discussion were delivered online using Bb. When the CON implemented the BSN-DNP option, the Hybrid distance learning model was used for both MSN and DNP Programs.
In the Undergraduate Program, utilization of Bb was on an individual course basis. Initially course syllabi and course information was all that was available on Bb. As faculty became more comfortable with the technology and as more tools became available in Bb they expanded their use. Undergraduate faculty use adjunct Bb technologies such as TurningPoint clickers and Echo 360 lecture capture to aid students in learning course material. These technologies have been well received. As technology becomes more stable and easier to use, faculty members are more willing to try it. UKIT examined the usage data for various Bb features for each college. They normalized the distribution so that large and small colleges could be compared. The CON has been a leader on campus for the use of Bb in the classroom as well as for assessment of student learning and effectiveness reporting (see RR for UKIT report).

The Information Technology (IT) Department of the CON includes 1 director, 1 system administrator, 1 simulation expert, 2 desktop support personnel, and 1 instructional technologist. The IT director works closely with the dean and administrative staff officer in the CON. The director helps with the development of IT policy and makes sure Service Level agreements within the CON are met as well as directing the priorities of the group. The director works on the IT Strategic Plan to guide the direction of IT in the CON (see RR for a copy of the IT Strategic Plan).

There are two domains for IT at the University of Kentucky. As a health professions college, the CON IT sits in the Medical Center domain. This allows the faculty and staff to access patient information (Sunrise Clinical Manager) for research and teaching purposes as needed; however, the CON also use services (Bb) provided from the campus (AD) domain. The IT staff of the CON work with both UKHC IT and UK Campus IT to problem solve and strategize on management of systems, allowing CON faculty, staff and students to have supported access to all systems and software available at UK. In addition to the computers available for student use in the Graduate Student Study Center and on the 6th floor, there are also student computer labs across campus which are open to any student. UKHC IT has set up computer playgrounds so that students can work the various healthcare software systems currently in use by UKHC. For example, this gives undergraduate students the ability to practice their online patient documentation. In addition, the UK campus is a wireless hotspot, allowing faculty, staff and students computer access via handheld devices or personal laptops anywhere on campus.

Desktop support entails preparing new desktops for faculty and staff, standard and special software installation, mapping network drives, and diagnostic and repair services of computers and mobile devices. The desktop support staff also work on laboratory computer maintenance and updates as well as setting up computers for laboratory classroom use. The system administrator takes care of the data servers belonging to the CON. She creates, shares, assigns permissions for file space and troubleshoots any difficulty with the servers. The system administrator works closely with researchers in the CON to ensure their IT needs are met.

The instructional technologist works closely with faculty on the use of technology in instruction. She sets up classes in Bb and on the Echo 360 server for the College, and assists with use of software. The technologist also aids with any other type of technology used in instruction. These include: Echo 360 personal and lecture capture software, Camtasia, instructional videos and PowerPoint voiceovers, the use of Lync or Adobe Connect for classroom conferencing, the use of TurningPoint’s audience response system, Respondus testing software, and websites or SharePoint sites developed for academic use.

The IT simulation expert works closely with the Laboratory Supervisor. He is in charge of lab computers and lab classroom equipment. The IT simulation expert works as part of a team to
develop simulation scenarios for students to run. He sets up video equipment and computer interfaces between simulation rooms and classrooms so students in both areas can see and interact with one another. He is in charge of all video equipment and servers in the CON, and manages the Print Management System for the College.

Simulation/Skills Laboratory

The Clinical Simulation/Skills Laboratory is located on the 4th floor, occupies approximately 8,424 square feet, and is used by both undergraduate and graduate students. It contains a number of electronically based teaching aids such as Laerdal’s SimMan Adult, SimBaby, VitalSim Mega Code Child, and Noelle Maternal Neonatal Birthing Simulator (Appendix II-B-1). The lab includes 12 hospital beds and 8 stretchers as well as 14 desktop computers with multimedia capabilities. As part of the design process for a new building, the A.B. Chandler Hospital completed a replica of an adult acute care and intensive care hospital room in the skills laboratory. These rooms are identical to patient rooms in the new hospital and have state-of-the-art equipment (hospital beds, lifts, monitors, flat screen TVs, etc.).

The laboratory is staffed by a Simulation/Skills Team composed of 1.75 FTE faculty/staff and 0.6 FTE IT staff. An additional faculty member serves as a resource for graduate faculty. The team works with faculty who want to use simulation in their courses. Other faculty members have expertise in using simulation in the courses they teach. For example, faculty members in NUR 886 (Synthesis of Clinical Knowledge for Nursing Practice) use simulation to prepare senior level students for crisis intervention in the clinical setting. Students use SimMan to practice Advanced Cardiac Life Support (ACLS) guidelines for treating ventricular tachycardia and fibrillation, performing CPR, and managing a patient's airway in adults. Adult resuscitation techniques are evaluated by students through video-streaming. Five students are randomly selected from the adult health specialty students in the class (approximately 40-50 students each semester) to work as a team to treat medical problems in SimMan. As the five member team works with SimMan, the action is video-streamed to the rest of the class for viewing and critique. After the first rescue attempt, the video-streaming equipment is turned off and the treatment team is debriefed by a faculty member on their actions in the SimMan room and the observing class stays in the classroom and critique's the team's performance. The team treats SimMan again and the class reviews their performance for improvement. Students learn to respond to obstetric emergencies using Noelle, the birthing simulator. Students practice infant and child resuscitation through the use of simulators as well (Appendix IIB-2).

Course instructors elicit student feedback on the simulations by giving them a handout on which there is a section regarding the simulation (see RR for a copy of the handout). In a recent evaluation by the undergraduate students in NUR 886 students rated their experiences with specific pieces of simulation equipment with high marks (see RR for a copy of this evaluation).

The faculty in NUR 863 (Professional Nursing Care Across the Lifespan) changed the delivery model for the course in Fall 2010 in order to incorporate more simulation to improve students’ clinical reasoning abilities. Prior to that time students had lecture for 5 hours per week. They took notes in order to memorize content, but had difficulty applying the information in exam and clinical situations.

The new format consists of students accessing an electronic version of the lecture and listening and taking notes prior to coming to class. This frees up class time for simulation and clarification of concepts. Class begins with a 20-30 minute “knowledge burst” that emphasizes key concepts and points. In some classes, students are then broken into small groups to rotate through
simulation stations. In other classes, 2 students are chosen to go to the simulation lab and be the nurses in a life-like clinical scenario which is video-streamed into the classroom. Following these brief 15-20 minute simulations, students return to the classroom and the entire class has a debriefing to discuss the successes and challenges of the simulation. Students are given opportunities to ask further questions and encouraged to share their own clinical reasoning.

Simulations have been developed and currently are used for the following fundamentals topics: oxygenation, cardiovascular, neurosensory, pain management, urinary elimination, care of the postoperative patient, and death and dying. Also, toward the end of the semester, students have a simulation wrap up day where they go to the lab and participate in 3 scenarios to apply concepts learned throughout the semester. These wrap up scenarios include a patient with fluid volume excess in respiratory distress, a postoperative patient with urinary retention, and a child with a casted limb requiring neurovascular assessment. Faculty work very hard to incorporate QSEN competencies such as safety into scenarios where applicable. In most simulations, students must also access electronic medical records to obtain the necessary data about the patient, and in many cases they must work on their communication skills when it becomes necessary to call the physician during the simulation.

The simulations are evaluated in a number of ways and are under constant revision based on student and faculty feedback. Students complete a one minute, open ended feedback form at the end of class, and they can write anything they wish about the simulation. Also at the end of each class period, students take a quiz that incorporates some of the learning points from the simulation to better prepare them for exams. Clinical reasoning ability is evaluated through clinical evaluations and exam scores. Faculty who are involved in setting up and running the simulation give feedback to the classroom faculty about the simulations and student performance. Clinical instructors have provided feedback with anecdotal examples of how clinical reasoning is improving in the clinical setting. Prior to this format there were an average of 4-6 students per semester who were unsuccessful either in the didactic or clinical portion of the class and had to repeat the course. Since implementation of this delivery model, there are 0-2 students per semester who are unsuccessful. The majority of students feel more confident after the simulation that they would know how to respond in a similar situation. They state that they learn more from doing hands on activities to apply lecture content to clinical situations. One example of how we have improved simulations is that students told us if they were watching a simulation where students made mistakes or implemented improper interventions, they sometimes left still not knowing what to do. The debriefing time has been expanded to ensure that the proper actions are covered and/or demonstrated for students prior to the end of class.

In the fall of 2009, the dean of the College of Medicine and Dean Kirschling agreed there was a need to pull together stakeholders from UKHC and the health professions colleges to discuss overall needs for simulation support. Beginning in February 2010 a series of five meetings were hosted by Dean Kirschling for the purposes of identifying existing simulation resources (i.e., staff/faculty expertise, equipment, space). Dean Kirschling was joined in this initiative by the UKHC chief nurse and chief medical officer. In addition, over 30 stakeholders participated in the meetings.

During this time period, the College’s Clinical Simulation Laboratory received increased requests from the College of Medicine and UKHC to use the space and simulation equipment housed in the CON. While the CON wanted to accommodate all requests, this put increased pressure on staff and the already heavily booked laboratory. As an outcome of the meetings, UKHC repurposed space in the A.B. Chandler Hospital to create a simulation center at the point
of care. This center provides a venue for interprofessional simulation activities that support student and health care provider clinical learning and demonstration of competencies.

**Distance Education**

The CON offers no 100% online programs. It does, however, offer “hybrid” learning, in the RN-BSN, MSN, and DNP Programs. The delivery model used in the MSN and DNP Programs is a mix of face-to-face and online classes. The courses meet 4-5 times per semester face-to-face, with the remaining content accessed online through Bb. This hybrid model is the desired format as requested/suggested by students.

Most NUR courses in the RN-BSN option are distributed learning, a type of hybrid model. In this model, approximately 1/3 of the class is conducted online, 1/3 is independent study, and 1/3 is conducted via traditional face-to-face class meetings. Two courses in the option, NUR 862 (Pharmacology), NUR 864 (Pathophysiology), are online only. STA 569 (Nursing Statistical Methods) is the only course in the MSN and DNP Programs that is fully online.

Detailed online support for students in the use of Bb is available at: [http://wiki.uky.edu/blackboard/Wiki%20Pages/Bb9%20Student%20Menu.aspx](http://wiki.uky.edu/blackboard/Wiki%20Pages/Bb9%20Student%20Menu.aspx). This includes information such topics as: how to get started, how to get online training, logging in, system requirements, completing graded work, grades, tools, and troubleshooting, among others. Online information/support for instructors is available at: [http://wiki.uky.edu/blackboard/Wiki%20Pages/Bb9%20Instructor%20Menu.aspx](http://wiki.uky.edu/blackboard/Wiki%20Pages/Bb9%20Instructor%20Menu.aspx).

Faculty members also obtain support for the use of Bb from the staff of the Center for Enhancement of Learning and Teaching (CELT), which is discussed in a section below. Integrated faculty and student support services for distance learning include:

- Course development/approval process
- Scheduling, marketing and delivery
- Bb troubleshooting
- Toll-free lines
- Course evaluation
- Collaborations
- Institutional reporting
- Distance learning accreditation
- Funding and grant writing support
- Contractual services agreement

In addition to these services, distance learning programs collaborate with Distance Learning Library Services to offer faculty and students strong support in successfully accessing and using library and electronic resources. Areas of support include:

- Information literacy
- Research assistance
- Access to electronic databases
- Interlibrary loans
- Copyright assistance
- Electronic reserves
Audio Visual Services

The south campus office of Audio Visual (AV) Services, a part of UK Instructional Technology, is located in Room 207 of the CON. Its mission is to provide support for the use of multimedia technology to meet the education, research, and service missions of UK. AV supports audio taping from single digital audio recording to multiple microphone set up for round table discussions. Voice recording for video or presentation narration is also provided. AV equipment is available for check out free of charge to all colleges (see RR for a list of the capacity, level of technology enhancement, and equipment available in CON classrooms).

Research Support

The Center for Nursing Research, located on the 5th floor, contains approximately 3,887 square feet, and offers support services for research and scholarly activities of faculty and students. The Center houses research support staff, two research centers (Kentucky Center for Smoke-Free Policy and RICH Heart), and other research teams. Available resources include assistance in locating funding sources; preparing research proposals; literature searches; statistical, research design, and sampling design; survey development; psychometric consultation; and manuscript and poster preparation and editing. The associate dean for research oversees the Center’s staff, which includes these full-time staff members: an administrative coordinator, a grants facilitator, a CON grants officer, an epidemiologist/survey research specialist/data manager and analyst, a master’s prepared statistician, and an information specialist. A PhD-prepared statistician who is a tenured faculty member also provides statistical consultation and expertise in research and sampling designs. An email newsletter, Inquiring Minds, is sent to all students, faculty, and staff 3-4 times per year to publicize the research and scholarly productivity of students and faculty across programs (see RR for copies of this publication).

Space is also allocated in this area for undergraduate research interns to work with their mentors. The Center has a computer in each of the 25 workstations, and all are linked to two printers in that area. Computers are equipped with Microsoft Office and statistical packages. Atlas.ti is available for faculty and students conducting qualitative research.

The CON uses incentive funds received from indirect costs on extramural grants to support the research productivity of faculty and students at both the undergraduate and graduate levels. Support for travel to present at state, regional, national, and international conferences is available from the Office of Nursing Research. Poster printing is also paid for from incentive funds. In 2011, incentive funds were used to bring in two internationally renowned nurse scientists to consult with faculty on their individual research areas and with faculty research teams. Eighteen faculty members attended an all-day workshop offered on campus by a company called Grantwriters’ Seminars and Workshops, LLC, the cost of which was covered with incentive funds. These are just a few examples of the ways in which these funds are used to support faculty and student research.

UK’s Office of the Vice President for Research provides a variety of faculty research support mechanisms, such as start-up funds for new Regular Title Series faculty, bridge funding, and faculty research support grants. The vice president encourages interdisciplinary collaboration by allocating a larger proportion of the indirect costs (16% vs. 10%) for incentive funds when interdisciplinary extramural proposals are funded. To incentivize faculty, the CON has offered Wethington Awards for a number of years to faculty who bring in part of their salary on grants. For the past five years, individual faculty with grant salary support received 10% of the amount of salary they personally covered by grants as an incentive award in May of each year.
For many years the CON and UKHC have partnered in the area of nursing research. This partnership has included an annual Nursing Research Papers Day with the 18th presentation in November 2011 (Appendix IIB-3). This day is an opportunity for UKHC staff and CON faculty/students to present their research. In addition, UKHC supports one nurse researcher position in the Kentucky Children’s Hospital that has a joint appointment in the CON.

Scholarship Showcase is held by the CON each year, and gives faculty an opportunity to share their work with research interns, PhD dissertations, and other students engaged in evidence-based projects. The BSN residents from UKHC are invited to share their evidence-based projects at this event as well.

In recent years, faculty hired into the Regular Title series (research intensive) have been supported with a $150,000 startup package ($50,000/year for 3 years). These packages have been funded by the vice president for research and the CON, through salary savings. These funds have supported junior faculty to conduct pilot work in preparation for submitting for federal funding. As measured in the CON’s strategic plan, research productivity for the last two years is showcased in Table IIB-1 (see RR for the 2010-2011 CON Annual Report).

Table IIB-1: CON Research Activities

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1-1 Annually, 60% of regular title series faculty will have extramural research funding</td>
<td>76% (13 of 17) had extramural research</td>
<td>63% (12 of 19) had extramural research funding</td>
</tr>
<tr>
<td>2.1-2 Extramural research funding will increase by 5% annually</td>
<td>Total extramural research funding $5,430,841 (represents faculty who were primary investigators) and total of all extramural funding $5,746,087 (primary investigators on research, continuing education, training, etc.) and $10,884,155 (collaborative—includes research and non-research funding with nursing faculty serving as co-investigators)</td>
<td>Total extramural research funding $3,162,906 [decline of $2,267,935, reduction 41.8%]; total of all extramural funding $6,141,567 primary [increase of $395,480, increase 6.9%] and $14,919,782 collaborative</td>
</tr>
<tr>
<td>2.1-3 Data-based research presentations and publications will increase by 5% annually</td>
<td>Number of research presentations was 70 and number of publications was 24, for a total of 94</td>
<td>Number of data-based research presentations was 50 and number of publications was 53, for a total of 103</td>
</tr>
</tbody>
</table>

Admission and Advising Services

Academic support services (Student Services) facilitate the recruitment, application, and matriculation of nursing students. A total of 7 FTE in Student Services provide support to the students and programs, including: 1 FTE student affairs coordinator (recruiter), 2.5 FTE undergraduate advisors, 1.5 FTE graduate advisors, and 1 FTE student affairs coordinator who manages the student database and serves both undergraduate and graduate programs. In collaboration with faculty and the associate deans, Student Services develops a recruitment
plan for all academic programs; provides information to prospective applicants; represents the
CON at recruitment/career opportunity events; provides pre-admission counseling; supports the
admissions process for all academic programs; facilitates student registration and credentials
verification; coordinates health and safety compliance; supports student organizations, career
plan development, and pinning and hooding ceremonies; provides support for enrolled students;
plans commencement activities; administers the school’s scholarship distribution; and is
responsible for maintaining all student-related data.

Pre-nursing students are admitted to the CON and are advised by professional advisors for their
first two years. Students have peer mentors who are sophomores or juniors in nursing.
Undergraduate students have a faculty advisor for their third and fourth years within the nursing
major. Faculty members advise up to 20 students, depending on their other workload
assignments. Support procedures are in place for early intervention for students who are below
a passing grade in any nursing course. A collaborative process involving the student, the
student’s advisor, and course faculty is in place. At the graduate level, students are assigned a
faculty advisor as they enter the program; the number of advisees per faculty member (across
all graduate programs) is seven students.

The University has an academic alert system whereby personnel (faculty and staff) can report
behavior that puts students at risk academically or socially. Advisors are notified and students
are contacted.

A marketing/publication specialist works with the associate deans to develop recruitment and
application materials for their respective programs. The associate deans for undergraduate
studies, MSN and DNP studies, and PhD studies are supported by 3 FTE administrative staff
members who interact with faculty and students to facilitate the success of their respective
students and programs. The CON has a full-time staff member for word processing of materials
such as course syllabi, examinations, PowerPoint presentations, and manuscripts to be
submitted for publication.

Other Support Services and Enrichment Opportunities

An academic writing specialist (1 FTE, Lecturer) began working with graduate students in the
fall of 2010, to assist them in improving their writing and presentation skills. One major facet of
her role is to offer one-on-one consultations with graduate students and faculty. In addition to
taking appointments directly, she encourages faculty to refer students to her as needed.
Although there has not yet been a formal evaluation tool developed, there has been excellent
feedback from faculty in both graduate programs about the effectiveness of these consultation
sessions (see RR for a copy of the writing specialist’s consultation form). Faculty members have
reported major improvements in the writing skills of those students who have worked with the
writing specialist, and many students now seek her assistance regularly.

The writing specialist has also developed a “Writing Resources" page on Bb. Currently, the site
has two main features. The first is a series of PowerPoint mini-lessons on topics such as
revision techniques, troublesome grammar and style issues, writing an abstract, and building a
logical argument. The site also offers links to a range of writing and presentation resources,
including the APA handbook and blog, the Purdue OWL, and guides to AMA and Chicago style,
among others. The site is a continually evolving resource, with new content added regularly.
Faculty and students have commented on the usefulness of the Bb page, which provides a
centralized location for writing and presentation resources.
The writing specialist frequently visits DNP and PhD classes to hold writing workshops on such topics as critical thinking, paragraph development, writing a literature review, and writing for publication. Both faculty and students have received these classroom visits enthusiastically; many have requested copies of the PowerPoint presentations the specialist made for the workshops, to keep as reference materials. She also works with the Medical Center Library liaison to schedule classes in EndNote, a software program designed to help writers manage their reference citations. She provides online video tutorials for students who cannot attend. Thus far, these workshops have been in high demand.

In addition to her work with students, the writing specialist frequently works with the DNP and PhD committees. Recently, she developed a list of recommendations for writing “plagiarism-proof” assignments, and for detecting plagiarism when it does occur (see RR for a copy). In the fall of 2010 the writing specialist met with the DNP Program Committee to share recommendations for admitting stronger writers to the program, and assessing incoming students’ writing proficiency. As a result of that meeting, she developed a diagnostic writing exercise and administered it to incoming DNP students during the 2011 fall orientation. Students were asked to read an article from *The Journal of Professional Nursing*, and then were given a short prompt which asked them to respond to the article. The prompt consisted of several open-ended questions designed to encourage critical analysis and highlight strengths and weaknesses in each student’s writing. The writing specialist evaluated the writing samples with a rubric she designed. The exercise helped to identify those incoming DNP students who may require assistance with writing (see RR for the article, prompt, and rubric used in this exercise).

The Writing Center (www.uky.edu/AS/English/wc/), located in the W.T. Young Library, assists UK students, faculty, and staff with the process of writing. Staffed by graduate students from the English Department, full-time instructors, part-time consultants, and undergraduate peer tutors, the Center offers free individual and group consultations on prewriting, writing, and rewriting. The staff assists in constructing speeches and presentations as well as improving speech delivery. Consultants provide one-to-one help with the writing and presentation of oral reports. PowerPoint media instruction is also available.

The UK Counseling Center provides academic, career, and personal counseling, outreach programs, consultations, training, and community service to help all students succeed academically, develop and make progress toward life goals, and be productive members of UK and society. Often students encounter obstacles that make reaching those goals difficult. The Center’s services are designed to help students work through or around those obstacles to reach their goals.

UKMC is a co-sponsor with the University of Louisville for nine Area Health Education Centers (AHEC) throughout the state. The goals of the AHEC project are to improve the geographic and specialty distribution of health care professionals in rural and selected underserved urban areas of Kentucky, and to positively affect the quality, retention, and efficiency of these professionals in personnel shortage areas. This relationship allows opportunities for student clinical placement across the state.

CIHERP was established by the UK Board of Trustees in 2010 to promote teamwork and excellence in patient and community-centered care through interprofessional education, research, and practice. CIHERP is composed of administrators, faculty, staff, and students from the offices of the provost and the executive vice president of health affairs and from the Colleges of Communications, Dentistry, Health Sciences, Law, Medicine, Nursing, Pharmacy, Public Health, and Social Work who share the vision that UK will lead U.S. universities and
academic medical centers in developing, validating and promoting interprofessional education and care models that improve patient and population health.

CIHERP works to develop, support, evaluate, and sustain an academic culture wherein students, faculty, and staff work collaboratively within and across interprofessional teams to accomplish and report better outcomes than can be achieved through independent practice. Deans of the nine colleges participating in the Center and the Center’s director form its core governance body, which convenes quarterly to establish the Center’s priorities and review its progress in relationship to its stated mission and goals. The CON is extensively involved in the work supporting the implementation of a longitudinal curriculum and each of the Center’s academic offerings. The core competencies for Interprofessional Collaborative Practice (2011) form the basis for discussion across the academic leadership of the Center (see RR for a summary of CIHERP Activities).

All health professions are challenged to educate future practitioners to deliver high-quality patient/family-centered care as part of an interprofessional team. UK is capitalizing on its unique setting, which houses six health care colleges in an academic health center. Initiated in the fall of 2009, the Deans’ Interprofessional Honors Colloquium (DIHC) uses an interactive seminar-based forum and participant-selected community projects to explore the characteristics and implications of interprofessional practice around one or more cross-cutting health care challenges, such as childhood obesity, HIV/AIDS, and violence/neglect. Eligible students from the colleges of dentistry, education, health sciences, medicine, nursing, pharmacy, public health, and social work are invited to apply for the course and are selected on a per-semester basis. Over the past 5 semesters, 28 undergraduate nursing students have participated. They were highly involved and very positive about the experience.

Course outcomes are gathered pre- and post-course, directed toward participants learning with, from, and about one another toward a better understanding of and ability to improve the quality of health care. Evaluations revealed the following student learning outcomes: positive interaction among participants, respect and equality across professional education programs in problem solving and decision making, quality of collaboration across large and small groups, and changes in understanding of differences and similarities among participants (see RR for Evaluation DIHC 2010-2011).

Students participate in an interprofessional education (IPE) activity with 2nd year medical and 3rd year pharmacy students during the spring semester in NUR 886. Faculty from the Colleges of Nursing, Pharmacy, and Medicine create a patient case in which standardized patients (actors) portray patients presenting to an emergency department with hypertensive crisis, diabetes, and alcoholism. A mock emergency department is used with teams of two medical students, two pharmacy students, and one nursing student delivering care to each standardized patient. Nursing lab interns (junior level nursing students) work with 4th year medical and pharmacy students to evaluate a trial run of the event. Improvements to the simulation are then made before the educational events for NUR 886 students take place. All students begin the IPE activity by attending a two-hour orientation to receive a preview of the process and meet their team members one month prior to the events. Students are encouraged to exchange contact information for informal planning among groups before the simulations.

The following month, student teams care for a patient who presents to the emergency department with complaints of extreme headache. Physical exam and history reveals hypertension, recent stress and cocaine abuse, diabetes, and chronic alcoholism. Students treat the standardized patient for acute problems and plan for hospital admission during the first week
of the IPE experience. During the second week, they prepare the patient for hospital discharge. Mock patient medical records are used by the teams during these events. Team members enter the patient room with instructions and time limits for conducting physical exams, retrieving medical history, analyzing exam results, and treating the patient as a team. A silent facilitator in the room changes patient assessment data at 10 to 15 minute intervals on a white board. Team members collaborate to determine and deliver treatment during the hypertensive crisis with each member carrying out activities specific to their professional role. After the physical exam, patient history, and interventions are complete, students receive mock results for the physical exam from facilitators. Facilitators are not available to answer questions during the intervention. At week two, the patient is stable and ready for discharge. Student teams examine the medical records to determine all exams and test results from the following week and to plan discharge prior to meeting with the standardized patient the second time. Team members use computer and paper resources to develop materials for discharge teaching and alcohol treatment referral. Discharge instructions are given on week two and the standardized patients are instructed to resist alcohol treatment plans to make patient teaching and discharge planning more challenging. Individual groups meet to discuss the case and write discharge planning notes in the medical record. All standardized patient and student interactions are videotaped. Links to team videos are sent to students for private review of their group’s performance. Students self-evaluate their performance after viewing the videotapes and standardized patients give the teams feedback on their actions. Students complete pre- and post-activity surveys to answer questions about their performance, contribution to team efforts, and attitudes about their profession.

Undergraduate Nursing Enrichment Opportunities

In 1999, nursing faculty began the development of three undergraduate nursing enrichment opportunities for high performing students. Each of the three is designed as a 1-credit independent study offering per semester. Eligibility for the enrichment options includes a minimum of a 3.0 cumulative and nursing GPA and enrollment in the professional nursing program. In each of the three enrichment options, there are approximately twenty students participating each semester.

The CON Undergraduate Research Intern Option is an enrichment experience for selected students who are mentored by faculty researchers in a variety of projects. The program received the 2009 Innovations in Professional Nursing Education Award from the AACN. The goal of the program is to provide students with opportunities to gain an understanding of the basic steps for conducting research and to have hands-on experience working as part of a research team. Students are eligible to participate beginning in their sophomore year. Many students have presented posters and papers at professional conferences as well as authored or co-authored publications in professional journals. The nursing research internship plants the seeds for the next generation of nurse scientists as several participants of the program have matriculated into graduate school earlier in their nursing careers. Of the first three students enrolling in the UK BSN-PhD option, two of the students were former undergraduate research interns (see RR for a list of their scholarly accomplishments).

The Skills Lab Intern Option assists interested junior/senior undergraduate students in learning how to teach beginning nursing students how to perform clinical nursing and med math skills. The objectives of the program are to assist students to:

- Develop an understanding of teaching – learning principles
- Assess learning needs related to nursing and med-math skills
• Work with undergraduate students in learning and practicing nursing skills
• Work with undergraduate students in learning and practicing med-math skills
• Work with faculty in setting up nursing skills laboratory experiences
• Work with faculty in reviewing student competencies via video-validation
• Work with faculty in developing and implementing of nursing laboratory simulation experiences
• Attend course and lab meetings as time permits

The Nursing Practice Intern Option (formerly known as Nurse Scholars) provides selected students with unique opportunities to participate in the process of knowledge acquisition and use beyond the basic expectations for BSN students. Interns are selected based on exceptional academic performance, previous experiences, leadership potential, faculty references, and an interview. Goals of the program are to provide opportunities for in-depth study, enhance professional development, nurture development of future leaders, and prepare gifted students for graduate study in nursing. They complete a project, often a literature review on a focused practice problem. Many of the nursing practice interns matriculate into a master’s or DNP Program soon after graduation.

The UK Office of Academic Enhancement operates a tutoring center, The Study, which is open to all students, free of charge. The Study is staffed by students who are trained to tutor in content areas, specifically in courses they have taken. Additionally, two departments operate tutoring centers staffed by graduate students - the Chemistry Tutoring Center and Mathskellar are open to all students enrolled in any level course offered by the department.

Additional Support for Undergraduate Students

In 2010, a Living Learning Community for Nursing Students dormitory, developed in collaboration with Residence Life staff, opened to serve undergraduate students. Peer tutoring is offered four times each semester for Anatomy and Physiology and Chemistry through this program. NUR 101 (Academic Orientation and Introduction to Nursing) provides a university orientation for nursing students. It also teaches study skills and provides students with an introduction to the profession. First-Aid Friday Peer Study Groups (FAF) is a study hall resource for undergraduate nursing students, offered Fridays from 10 a.m. to 3 p.m. to provide tutoring and skills practice opportunities outside of the lab/classroom times. Upper class student tutors are available to assist study groups with nursing content questions. Graduate nursing students provide skill support. Nursing students who fail any NUR course are considered to be at risk and are referred to FAF as part of their plan for success. Attendance is tracked and in some cases the correlation can be made between participation at FAF and a successful outcome the second time through a course. Data indicate that students in the first two semesters of the sophomore year are the biggest users of FAF. These students find it to be a relaxed atmosphere where they can work in study groups, practice NCLEX-type questions on the computer software, and practice nursing skills. One student explained that she had the opportunity to practice a sterile dressing change until she felt competent in performing the skill before attending her clinical that week.

Dose is an email newsletter that focuses on information specifically for and by undergraduate nursing students (see RR for samples of Dose). Both students and faculty contribute items to the newsletter. Instead of sending multiple emails on a random basis, information students need is provided bi-weekly. The newsletter includes reminders about deadlines, information from advisors, updates from the UNAAC, announcements about special events, and more.
Comments or suggestions about information students and faculty want to see included in Dose are requested bi-weekly via email by a staff member for inclusion in the newsletter.

The Clo Gartner Emergency Fund is an account that is designated for CON students. In the past it has been predominately utilized by undergraduate students; however, the CON has not restricted usage. The fund may be accessed only by a student currently enrolled full-time in the CON who is in good standing, in instances where other funding is not available. When a student receives support from this account, they are asked to repay the amount so that the CON can to continue to provide this support for students.

Review

Annual reports are prepared by each CON committee, each associate dean, and the dean based on the strategic plan of the CON and committee goals or functions. These are submitted via Bb to the dean in August. Once these are collated, they are shared with the Governance Council, which reviews the total report and makes recommendations for program enhancement. The CON annual report flows from these reports and is submitted to UK in October.

II-C. The chief nurse administrator:
- is a registered nurse (RN);
- holds a graduate degree in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty 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 if the chief nurse administrator does not hold a graduate degree in nursing.

Program Response

The chief nursing administrator of the CON is Jane Marie Kirschling, DNS, RN, FAAN, Dean and Professor (see RR for Dean Kirschling’s curriculum vitae and transcript). Dr. Kirschling holds a BSN from Viterbo College, an MSN in Community Mental Health Nursing from Indiana University, and a DNS from Indiana University. She has served UK as professor and dean of the CON since 2006 and has had a significant role in its continued growth. She has worked in higher education continually since 1984. Her administrative experience includes serving as professor and associate dean of graduate studies at the Oregon Health Sciences University, as the Ruth Miller Brody and Bernard B. Brody Professor and associate dean of Academic Affairs at the University of Rochester School of Nursing, and as professor and dean of the College of Health Professions at the University of Southern Maine. Dean Kirschling was a Robert Wood Johnson Executive Nurse Fellow (2000-2003), and attended the Harvard Institutes for Higher Education, Harvard Graduate School of Education, MLE Management and Leadership in
Education Program in 2001. She was inducted as a Fellow of the American Academy of Nursing in 2009. Her scholarship for the past decade has focused on nursing workforce development.

Dean Kirschling is very active in the profession. For example, she has served in leadership positions in the AACN and is currently president-elect of that organization. She has also served with the Hospice and Palliative Nurses Association (as president in 2002 and 2003) and the Sigma Theta Tau International Foundation; in addition, she has served as co-chair of the Sigma Theta Tau International Advisory Council of Chief Nursing Officers and Deans. She is currently a member of the AACN liaison committee with the Veteran's Health Administration of the U.S. Department of Veterans Affairs. Dean Kirschling actively fosters relationships with members of the community of interest, as evidenced by the formation of the Dean’s External Advisory Committee (which has met annually since it was established in 2007) and the formation of the Diversity Advisory Council (which has met at least biannually since it was established in 2008).

Within Kentucky, Dean Kirschling has been instrumental in forming the Kentucky Nursing Capacity Consortium. This group, which includes over 70 members from the CON’s community of interest, was formed in 2008. The Consortium is a statewide initiative to advocate for the advancement of the nursing workforce capacity to meet the health care needs of the Commonwealth. Dean Kirschling also co-chairs the Kentucky Action Coalition to implement the recommendations of the 2011 IOM Future of Nursing Report. In addition, between 2006 and 2009 she served as Chairperson of the Kentucky Association of Higher Degree Nursing Programs.

Within the University, Dean Kirschling has the administrative authority to accomplish the CON’s mission, goals and expected faculty and student outcomes. In her role as dean she leads the faculty in strategic planning. In the spring of 2009, the CON began a five-year strategic planning process, directed by the CON Governance Council and receiving final approval by the entire faculty.

In the fall of 2006, Dean Kirschling worked with a volunteer faculty task force to develop administrative organizational models to support the work of the CON. Two models were presented to the faculty and staff for feedback. A new administrative structure was put into place in January 2007 and was modified in January 2008 so that program directors report directly to the dean. Since the fall of 2008, program directors hold the title of associate dean. An additional change to the CON's organizational structure was implemented in the fall of 2011. Faculty now have a direct reporting relationship to one of the academic associate deans. This change was made based on formal faculty feedback (Appendix IIC-1).

Dean Kirschling’s budgetary, decision-making, and evaluation authority is comparable to that of the other UK deans. A primary focus of her tenure has been to negotiate and secure financial resources from UK and UKHC to: 1) complete expansion of the traditional BSN Program from 80 to 164 students per year; 2) renovate the CON building to create a welcoming 3rd floor Student Services/Administrative suite, enclose a patio to create an educational study space for BSN students, renovate the graduate student study center, create a 140-seat computer classroom, and renovate public restrooms and faculty offices; 3) add graduate faculty in primary care and acute care; 4) transition to a BSN-DNP option; and 5) increase the visibility of nursing at UK through activities such as creation of the InStep publication.

At the university level, Dean Kirschling served on the President’s Commission on Diversity (2007-2009) and currently serves on the Deans’ Council. In 2008, she served as chair of the Committee for the UKHC Corporate Chief Nursing Officer search. She co-chaired the Search for
the Dean of the College of Social Work in 2007-2008 and co-chaired the Search for the Dean of the College of Medicine in 2010-2011. Within UKHC, Dr. Kirschling is a member of the UKHC Senior Nursing Leadership team, and serves on the UKHC Executive Committee, UKHC Information Technology Committee, A.B. Chandler and Good Samaritan Hospital Medical Staff Operating Subcommittees, Nursing Executive Council, and BSN Residency Advisory Board. In collaboration with Dr. Colleen Swartz, Chief Nursing Officer of UKHC, Dr. Kirschling envisioned an annual publication, In Step. The magazine captures the richness of the collaboration between the College and UKHC and showcases the work of nurses at the bedside, advanced practice registered nurses, and nursing leaders as they partner with physician colleagues and other health care providers, to meet the needs of the patients and families served by UKHC (see RR for the 2010 and 2011 issues of In Step).

II-D. Faculty members are:
● sufficient in number to accomplish the mission, goals, and expected student and faculty 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 mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty 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 member who does 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 have lead faculty who are nationally certified in that specialty.

Program Response

The faculty is sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes and academically and experientially prepared for the areas in which they teach. Review of the Faculty Database will demonstrate that the faculty members of the CON are well-qualified for their positions (Appendix IID-1).

Faculty Numbers

The number of faculty is sufficient to accomplish the mission, goals, and expected student and faculty outcomes, as shown in Table IID-1. In addition, the mix of full-time to part-time faculty is appropriate to meet the mission of the CON and to achieve the desired student outcomes of each program. Just as it does in schools of nursing across the country, the limited pool of
doctorally prepared faculty nationwide creates a challenge in recruitment of faculty, particularly at the graduate level, with the qualifications and experience essential for teaching. Despite this challenge, five well-qualified, doctorally prepared faculty members were hired to teach at the undergraduate and graduate levels in the past two years. As of August 1, 2011, there were four vacant tenure track full-time positions, a vacancy rate of only 6.6%. In addition the CON also draws on the expertise of 19 adjunct faculty members. For example, adjunct faculty members co-teach NUR 917 (Technology for Transforming Nursing and Healthcare) in the DNP Program. Adjunct faculty are selected based on their expertise in an area of need and their educational preparation (Appendix IID-2). The adjunct faculty roster is in Appendix IID-3.

Table IID-1: Number and Percentage of Full-time and Part-time Faculty by Academic Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Full-time</td>
<td>51</td>
<td>47%</td>
<td>54</td>
<td>48%</td>
</tr>
<tr>
<td>Part-time</td>
<td>58</td>
<td>53%</td>
<td>59</td>
<td>52%</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>100%</td>
<td>113</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Faculty FTE**

The FTE required by each program is determined by the Coordinating Council based on the number and type of courses and clinical sections needed and the number of students enrolled or anticipated to enroll in the various courses/programs. Some faculty members teach and/or advise across programs. The Faculty Workload Policy Statement for UK is available in the Administrative Regulations (Appendix IC-2). The nursing faculty workload is based on a 50-hour work week. The major components of the DOE are: Instruction, Research, Service, Administration, and Professional Development. These components directly correlate with the missions of the CON and UK.

Table IID-2: Number and % of Full-time Faculty by Title Series and Academic Year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Clinical</td>
<td>9</td>
<td>18%</td>
<td>8</td>
<td>15%</td>
</tr>
<tr>
<td>Lecturer/Senior</td>
<td>9</td>
<td>18%</td>
<td>12</td>
<td>22%</td>
</tr>
<tr>
<td>Lecturer</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Research</td>
<td>17</td>
<td>33%</td>
<td>15</td>
<td>28%</td>
</tr>
<tr>
<td>Special*</td>
<td>14</td>
<td>27%</td>
<td>17</td>
<td>31%</td>
</tr>
<tr>
<td>Regular*</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Temporary</td>
<td>1</td>
<td>2%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Total Full-time</td>
<td>51</td>
<td>100%</td>
<td>54</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Tenure Track

The faculty DOE percentages in each of the five components are assigned by the Coordinating Council (i.e., dean, associate deans, and administrative staff officer), taking into consideration the faculty member’s request, title series, expertise, experience, and professional goals in combination with the goals of the CON, UKHC, and UK. Effort for Instruction is calculated using a workload document developed by the faculty Workload Task Force as a guideline. The percentage of effort for all didactic and clinical courses across all academic programs is outlined in this document. As academic programs are revised and/or enrollment is expanded, the dean negotiates with the provost for additional FTEs. For example, when the traditional Undergraduate Program doubled enrollment, the provost gave the CON eight additional Regular Faculty FTE.
Title Series faculty to cover the teaching needs for the expansion and to bolster the faculty FTE devoted to our research mission. Table IID-2 shows the positive effect the provost’s commitment of these eight positions had on the percentage of faculty with an expectation to obtain extramural funding; 37% of our faculty members are now in Regular Title Series, which is an all-time high for the CON. These additions also enhance undergraduate students’ exposure to research.

Faculty FTE associated with research is dependent on the number of grants and the effort involved with each. In March 2011, the CON’s Coordinating Committee established the following parameters for unsponsored and sponsored grant activity. Special Title Series faculty generally have 20% time on their DOE for unsponsored research, assuming ongoing scholarly productivity. Regular Title Series faculty in their 6-year probationary period have 50% time on their DOE for unsponsored research, with the expectation that they will secure grant funding during the probationary period. Tenured Regular Title Series faculty have 0-10% DOE time if they have no grant activity; however, they can have 40-50% for 2 years contingent on grant submissions. Tenured Regular Title Series faculty with grant funding can receive 5-20% additional unsponsored research time. In 2011-2012, the CON is phasing in an 85% maximum effort for grant funding in order to ensure that research productive faculty members have time for additional grant writing, and to ensure that the teaching mission of the CON is met. Typically, DOE time for service is 5% and professional development time is determined individually. Administrative time is negotiated on a case by case basis with the dean. The RN-BSN coordinator, 2nd degree coordinator and DNP track coordinators FTE for administration is specified in the Workload Task Force Report.

Of the 57 full-time faculty members, 6 have responsibility for administration of the CON in the roles of dean, associate dean for undergraduate studies, associate dean for MSN and DNP studies, associate dean for PhD studies, associate dean for research, and associate dean for practice and community engagement. These individuals hold doctoral degrees and are nationally recognized. Review of their DOEs demonstrates that, in addition to their administrative duties, they are involved in instruction, research, and/or service (see RR for faculty curricula vitae).

Faculty/Student Ratios

Faculty-to-student ratios ensure adequate supervision and evaluation; they also meet regulatory requirements and professional nursing standards and guidelines. The ratio of undergraduate students to faculty in the clinical setting is no more than 10 students to one faculty member, which is consistent with the guidelines set forth by the KBN. A 1:8 ratio is maintained in the high acuity clinical areas to promote patient safety and enhance quality learning opportunities for students. During NUR 886 each student is placed with a preceptor (1:1 ratio).

The criteria for the ratio of faculty to graduate student clinical supervision was derived from the NONPF NTF criteria and delineated in the College’s Workload policy for faculty DOE. Faculty workload is typically 1:6 ratio with additional time given if more than 6 graduate students are assigned. Preceptors are based on a 1:1 ratio. The faculty/student ratio in the MSN and DNP Programs is based on the Distance Learning Quality Matters Guidelines of approximately 1:25.

Faculty Academic Preparation

Of the 57 full-time faculty, 42 (74%) are doctorally prepared and the remainder hold the MSN degree, with the exception of the Writing Specialist who holds an MFA. The Coordinating
Council assigns faculty members to teach specified courses based on their academic preparation as well as their clinical and/or research expertise. The numbers and percentage of full-time faculty by rank are: 12 (21%) professors, 6 (10.5%) associate professors, 25 (44%) assistant professors, 3 (5.3%) instructors, 3 (5.3%) senior lecturers, and 8 (14%) lecturers. Promotion, appointment and tenure guidelines, which can be found in the Faculty Handbook (Appendix IC-1), outline the requirements for the academic ranks of professor, associate professor, assistant professor, instructor, and lecturer/senior lecturer. These guidelines also define the criteria for the clinical, special, regular, and research title series as well as the roles and responsibilities of lecturer/senior lecturer in the CON. The PATA Committee is responsible for developing recommendations for the dean regarding the qualifications of faculty for rank and title series. Transcripts, recommendations, and interviews conducted by faculty in the specialty area, as well as the associate dean for the program, ensure that the candidate is of high quality. A comprehensive orientation and education plan is developed for all new full-time faculty members who do not have previous teaching experience, per KBN requirements (see RR for a sample Educational Development Plan). Similarly, there is a process for orientation and development of part-time instructors.

**Faculty Experiential Preparation**

All nurse faculty hold an unencumbered Registered Nurse (RN) licensure in Kentucky. This is verified online at the KBN website each fall semester by staff in the offices of the dean and associate deans for their group of direct reports. Faculty who teach advanced practice clinical courses meet relevant certification and practice requirements of regulatory and specialty bodies. Eleven (42%) of the full-time graduate faculty hold certifications in their specialty areas. Of the 57 full-time faculty members, 26 teach in the MSN and DNP Programs and 23 faculty members teach in the Undergraduate Program (this includes two faculty members who teach across programs). In the MSN and DNP Programs, 24 (92%) of the full-time faculty hold a doctoral degree and 2 (8%) hold a master’s degree (one is currently pursuing a doctoral degree). The one PhD prepared faculty member without licensure is a biostatistician.

The DNP Program also has three adjunct faculty members with academic appointments outside of the CON. A pharmacist with a Pharmacy Doctorate teaches the pharmacology course, a PhD-prepared biologist teaches the pathophysiology course, and an epidemiologist with an appointment in the School of Public Health teaches epidemiology. In the Undergraduate Program, 12 (52%) of the full-time faculty hold a doctoral degree. Of the full- and part-time faculty teaching in the Undergraduate Program, 14 are certified in their area of specialty. Six of the master’s prepared faculty members are pursuing doctoral degrees.

The coordinators of the specialty tracks in the MSN and DNP Programs have doctoral preparation, expertise in course content and teaching methods, and certification in their specialties, with one exception. The exception is the coordinator for the psychiatric mental-health specialty; this faculty member has doctoral preparation but is not certified. However, when she was appointed to the position in 2010, the CON committed to providing support for her to become certified. Therefore, she is given financial support and time to pursue the certification in the Rush University post-graduate certification program. The CON has invested in similar ways with other recent track coordinator appointments. For example, a nationally known Pediatric Nurse Practitioner (PNP) with an academic appointment was secured as a consultant for the College’s PNP track coordinator during the first year of her appointment. In addition, during the current 2011-2012 academic year, the recently appointed adult clinical nurse specialist track coordinator has been given time and financial support to visit and consult...
with nationally known faculty in academic settings which have the Adult-Gerontology CNS option in their DNP Programs.

Graduate faculty members teaching in clinical courses are encouraged to maintain an active clinical practice as part of their DOEs. This is considered important not only to maintain individual expertise but also to ensure effective role models, update and enrich teaching, and develop quality clinical teaching sites. Clinical practice also provides opportunities to demonstrate innovative nursing practice, and serves as a basis for scholarship. Faculty have been encouraged and provided with administrative support to develop innovative relationships with practice settings. Over the past 3 years, practice settings have included elementary, middle and high school clinics, hospitals, private clinics, homeless shelters, college student clinics, a women's health clinic, county youth services, pediatric clinics, outpatient mental health services, and other primary care facilities. Currently, 25 faculty members participate in practice activities as part of their assigned workload.

II-E. When used by the program, preceptors, 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 learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.*

**Program Response**

Students in the BSN, MSN and BSN-DNP Programs all participate in clinical experiences with preceptors in practice settings. The goal of the CON is to provide clinical experience that prepares the student for practice in a variety of settings based on both the requirements of the program and student needs. A clinical coordinator is employed by the CON to facilitate this process, ensuring students are assigned knowledgeable and experienced clinicians as preceptors. Faculty and/or outside agencies complete a clinical education request and agreement (Appendix IIE-1) with the prospective preceptor, which is submitted to the clinical coordinator, who negotiates the specifics of the contractual agreement in collaboration with the UK legal department. This includes defining the goals and responsibilities of both the preceptor and the CON in addition to providing proof of licensure, malpractice, and HIPAA compliance. This agreement is in place prior to the student's experience. Databases of preceptors and collaborating clinical facilities are maintained electronically by the CON and updated at least every 5 years (see RR for samples of actual clinical agreements).

BSN students are precepted by BSN preceptors during the synthesis course. Students are placed with a preceptor at a 1:1 ratio. Synthesis was designed to provide opportunities to develop independence and competence in applying principles of care management and leadership to nursing practice in a variety of clinical settings. Synthesis students are paired with nurse preceptors for a 225 hour clinical practicum during the last semester of their senior year (KBN requires 120 hours). Clinical faculty from the CON oversee the student clinical experience and are responsible for evaluating student success. Nurse preceptors provide personal guidance and direct supervision as students deliver bedside clinical care or engage in public health nursing. Preceptors submit formal, written evaluation comments about student performance to clinical faculty at mid-point and at the end of the rotation.
Nurse preceptors are ideally Baccalaureate prepared; however, experienced, expert clinician Associate degree nurses serve as preceptors in some clinical areas. The selection of nurse preceptors differs according to clinical agency policy. For example, Central Baptist Hospital and St. Joseph Hospitals have student nurse liaisons who arrange all student clinical experiences. UKHC and Pikeville Medical Center ask the course coordinator to contact nurse managers who recruit skilled and willing preceptors to work with students. During the semester prior to the rotation, the course coordinator obtains a list of student placement requests through a lottery system. The student requests are sent to the hospital liaisons and nurse managers and they approach potential preceptors to determine their willingness to work with students. Lists of preceptor names are sent to the course coordinator who confirms the appropriateness of the assignment. In rare instances, a change in a preceptor assignment has been requested by the course coordinator due to the preceptor’s limited clinical experience or other preceptor-related issues. If a student feels uncomfortable with the preceptor, a preceptor change transpires.

Clinical faculty orient nurse preceptors to course and student expectations. Two or more site visits are made by clinical faculty during the 7-week rotation. Faculty discuss the learning process and outcomes with the nurse preceptor and the student both individually and as a group. Suggestions for enhanced learning and congratulations on accomplishments are made. Synthesis faculty are full-time experienced educators who are skilled with encouraging success, recognizing the preceptors for their contributions to student learning, and intervening when a learning situation is not ideal. For example, students sometimes indicate that a preceptor is pushing them along too quickly with clinical skills. Clinical faculty explore best teaching practices with the nurse preceptor and the student to resolve the problem.

Students complete a formal written survey to evaluate their learning experience with the preceptor, the unit, and the nurses on the unit at the end of the rotation. The course coordinator and clinical faculty examine the survey results to identify problems and areas of excellence among the clinical sites. Clinical faculty give performance feedback to the preceptors throughout the rotation.

Nurse preceptors are offered opportunities for professional growth and receive tangible benefits for their work with students. All preceptors receive a verification form (Appendix IIE-2) that entitles them to 15 continuing education hours from the KBN for working 120 or more hours with a clinical student. Preceptors also receive a thank you letter from the course coordinator, and they are encouraged to contact the course coordinator for assistance with their career goals. Thank you letters are used in promotion portfolios when the preceptors advance in their organizations. The hospitals offer preceptor classes to nurses and UK invites AHEC preceptors from Pikeville Medical Center and the Red Bird Mission to an annual, all expenses paid preceptor conference in Lexington. Synthesis faculty have served as mentors for preceptors who return to academia to become educators, have provided references for graduate school applications, and have consulted on DNP projects as requested.

Approximately 110 Bluegrass Planning Consortium (BPC) approved placements are available to BSN students each semester. BPC is a group made up of representatives from all the clinical placement sites and nursing educational programs in the area. This group meets in the fall and the spring in order to negotiate clinical placements. This ensures balance across the clinical facilities related to providing excellent student experiences. The course coordinators work with a facility-specific nurse liaisons and nurse managers to provide appropriate preceptors based on student requests. Preceptors and clinical sites are evaluated by the student at the completion of the rotation via a computer-based survey (Appendix IIE-3).
Clinical assignments for the specialty courses of the MSN Program and BSN-DNP option are also assigned at a 1:1 student to preceptor ratio, and on average a faculty to student ratio of 1:6. Preceptors are recruited by the course directors; sometimes the requests of individual students may be taken into consideration. The minimum educational requirements for preceptors are advanced practice preparation, experience in the specialty area in which the student will practice (e.g., CNS, NP), licensure, and certification by the KBN in the required specialties (NPs). The minimum practice experience for preceptors is one year practicing in their current role, but most of the advanced practice preceptors have been in practice for several years. In the NP tracks, preceptors are certified in their specialty areas and are considered adjunct faculty (those within the UK system) or voluntary faculty (those in other agencies). Faculty track coordinators meet monthly and facilitate the coordination and evaluation of preceptors and clinical practice sites. Both students and faculty evaluate the preceptor and clinical site after each experience (Appendix IIE-4).

Clinical preceptors are oriented to their role by the specialty track coordinators and faculty assigned for clinical supervision of students. They are provided with a course syllabus and with ongoing opportunities for dialogue with course faculty via site visits. This process begins with an initial contact between the course director and the preceptor to explain the objectives of the clinical experience and communicate student needs. Ongoing evaluation consists of phone or email contact with the preceptor in addition to weekly logs provided by each student during their clinical experience, which is reviewed by the course director. A minimum of one site visit by course faculty is required prior to the mid-term of the semester, and additional visits may be requested by students. The purpose of these visits is to provide a timely and ongoing evaluation of student progress and interaction with the preceptor and others at the practice site.

A Clinical Preceptor Site Information Form is submitted by the faculty member to the associate dean for MSN and DNP studies and the track coordinator, no later than the end of the semester in which the site visit occurs. During the 2010-2011 academic year, the track coordinators conducted a comprehensive review and revision of the CON’s policies and procedures for the clinical agency and preceptor program. An example of an evaluation outcome was the implementation of Typhon, with access for students and preceptors, for evaluating the student/faculty/preceptor experience. The current plan is to transition from using the E-Value software system to the Typhon system; both are electronic tracking systems to manage student clinical portfolios, including preceptor documentation. This evaluation continues at present and will include the addition of items and expectations of the KBN regulatory standards promulgated during 2010-2011.

An objective of the CON strategic plan is to “enhance the excellence and sustainability of the CON’s clinical initiatives within UKHC and the larger community.” A strategy to accomplish this includes supporting clinical practice faculty, who are also available to students as preceptors. These faculty members have portions of their DOEs assigned to both clinical practice and teaching roles.

Post-master’s DNP students do not work with preceptors. They do, however, work with a clinical mentor, as approved by the student’s advisor, who has expertise in the student’s capstone area of interest. The clinical mentor may consult with the student throughout the program, and participates in the student’s capstone committee. It is preferred that clinical mentors are doctorally prepared (see RR for a sample of clinical mentors curricula vitae).
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 student outcomes. For example:

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

Program Response

The UKMC provides a wealth of opportunities for nursing faculty to engage in the multidimensional mission of teaching, scholarship, service, and practice. While each of these types of activities is valued and encouraged, CON structures and processes allow for role assignments and progressions that accentuate individual strengths and interests. For example, the CON offers five different types of faculty appointments: Regular Title Series, a traditional tenure track with emphasis on research and teaching; Clinical Title Series, with an emphasis on practice and teaching; Special Title Series, a tenure track hybrid combination with the teaching, scholarship and practice expectations, as appropriate and individualized to the role; Research Title Series, which is purely research-focused; and Lecturer/Senior Lecturer, which is purely teaching focused. Additionally, the CON engages several experts from nursing and other health-related disciplines as part-time and adjunct faculty members. See Table IIF-1 for information on the DOE for each title series.

Table IIF-1: DOE by Type of Faculty Appointment 2011-2012*

<table>
<thead>
<tr>
<th>Type of Position</th>
<th>Typical Range of Effort Attributable to:</th>
<th># of UKCON Faculty in this Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teaching</td>
<td>Research/Scholarship</td>
</tr>
<tr>
<td>Regular Title</td>
<td>15-40%</td>
<td>20-70%</td>
</tr>
<tr>
<td>Clinical Title</td>
<td>10-60%</td>
<td>0-15%</td>
</tr>
<tr>
<td>Special Title</td>
<td>15-70%</td>
<td>0-30%</td>
</tr>
<tr>
<td>Research Title</td>
<td>0-10%</td>
<td>80-100%</td>
</tr>
<tr>
<td>Lecturer</td>
<td>75-90%</td>
<td>0-10%</td>
</tr>
<tr>
<td>Part-time and Adjunct</td>
<td>Typically teach one didactic course or assist with clinical supervision or precepting</td>
<td>79</td>
</tr>
</tbody>
</table>

*Temporary employees are not included in this Table
**The dean does not have a DOE and isn’t included in this count

Teaching Support

Faculty members have opportunities for ongoing development in teaching and pedagogy, research and scholarship, specialty practice, and service. Newly hired faculty members are paired with a senior faculty mentor to assist them with tasks such as syllabus preparation, content development, and classroom management. In addition, Dr. Kathleen Wagner, an undergraduate faculty member who has doctoral preparation in instructional design, has been
assigned 20-30% release time for the past three years to provide expert consultation support for these activities.

UK’s CELT also offers ongoing faculty development opportunities. This department employs several instructional designers and experts in web-based delivery and technological modalities to support teaching. Both group classes and individual consultations are offered. The CELT is located on the 6th floor of the CON Building and provides support for academic classes and UK sponsored events for the entire university. The CELT maintains a library of books, journals, videotapes and resource packets for student access. In addition, CELT staff members provide support for Bb (the online course management system) and are available to help faculty with the development of course materials for the classroom and distance learning. The mission of the CELT is to promote and support excellence in teaching and learning at UK by working collaboratively with all instructors to create engaging, innovative and inclusive learning environments in which diverse students can excel. To accomplish this goal, the Center:

- Serves as a UK-wide resource for information and services to assist instructors in enhancing educational practice
- Collaborates with other academic support units to foster the use of effective instructional technologies and creative pedagogies
- Acts as a catalyst for innovation by providing opportunities for ongoing discussions about teaching and learning
- Cultivates an institutional climate that values, promotes and rewards teaching excellence at a research university
- Promotes research-based instructional practices by encouraging and supporting both scholarly teaching and the scholarship of teaching and learning

Some of the resources and services that CELT offers are:

- Individual consultations on instructional design, practice, and assessment
- Mid-semester course feedback (teaching observation and/or student feedback)
- Assistance with documenting instructional efforts using teaching portfolios
- Collaboration on scholarship of teaching and learning research
- Creation and facilitation of opportunities for dialogue on education (e.g., scholarly learning communities and informal lunch discussions)
- Library and web resources on college teaching
- Workshops (campus-wide or tailored for specific academic unit needs) on a wide range of teaching and learning issues covering the design, delivery and assessment of college courses
- Partnering on grants involving the design and assessment of educational projects

The Graphic and Multimedia Production team helps create and develop graphics, illustrations, animations, and digital images for credit courses and research projects. These elements may be used in web-based courses, played back on CD, used in PowerPoint for instruction or presentations, published in a book, a journal, or placed in a poster or display project. The production team has the following capabilities and skills: technical/scientific illustration, medical illustration, graphic design, animation, web design and layout, poster and display presentation, and digital imaging (slide scanning, image enhancement, and photo quality prints).

The associate dean for undergraduate studies consulted with CELT to assist, along with the CIHERP, in developing the current Health Systems Management course (HSM 241), currently taught by the CON, into an effective interprofessional course. The course will include students in the physician assistant program, public health, medicine, and nursing. Development of the course remains a work in progress with an intended start date for the new course set for fall
2012. The CELT director had helpful ideas for moving the course to interprofessional discourse, through which participating students from various health colleges would learn with, from and about each other and the health care system.

During the period of time that the DNP Program was being developed, CELT was more commonly known as the Teaching and Academic Support Center (TASC). TASC included the Distance Learning Programs (DLP) and distance education. These resources have been used by the CON in development of the existing MSN and DNP Programs. For example, CON faculty and TASC staff worked together on activities to enhance good teaching practice and foster student learning. One exemplar of the CON’s use of TASC resources can be found in the CON–TASC Distance Learning Course Development Program, implemented in 2009. The focus of the program was based on the TASC DLP Faculty Toolkit and Quality Matters Guidelines. During the academic year 2009-2010, seventeen faculty who teach core courses in the DNP Program participated in the College-TASC program. Since then, faculty members who teach specialty courses have engaged in the program. In the initial program, individual faculty members received a $1,500 stipend paid by the CON, for a total expenditure of $34,500. Today, the CELT center provides the stipend (see RR for a list of the faculty involved).

The distance learning courses taught in the DNP Program are evaluated by students via course evaluations. The distance learning items in student evaluations of DNP courses were implemented when the CON-TASC faculty development program was implemented in 2009. The original distance learning items (n=10) focused on assessment of the students’ ability to navigate the course, access course materials and similar items. Aggregate data for core courses taught in 2010 indicated that the range for mean scores on the 10 items was 3.1 to 3.4 on a 4.0 scale. In the fall of 2011, the original evaluation items in the student evaluations of DNP courses were replaced with updated items recommended by TASC. The new items have a greater emphasis on student learning outcomes. These items will be evaluated at the close of the fall 2011 semester.

As a result of the TASC/CELT faculty development program, faculty added navigational instructions to the Bb shell and syllabus as a “start here” cue. An “Assignments” section was added to the Bb shell to consolidate all assignments. Students also submit assignments through this section.

As UK moves to a more institutionalized advising system for faculty advising, a unique program was brought to campus in the fall 2011. The University of Michigan has a Center for Research on Learning and Teaching (CRLT). One aspect of CRLT is the use of theatre to “stage instructional and organizational transformation.” The interactive theatre program “Faculty Advising Faculty” allowed UK faculty to interact with the performers and discuss relevant advising concerns that reflect current faculty experiences.

A Continuing Education (CE) Program, accredited by the American Nurses Credentialing Center (ANCC) and the KBN, is located within and supported by the CON. This program provides approximately 80 different CE offerings each year, including an annual Faculty Development Conference each spring. Faculty members are provided the opportunity to attend these CE programs, either for free or at a deeply discounted registration rate. For example, Nursing Grand Rounds is a free monthly CE offering, and the 2011 Faculty Development Conference was offered at a rate of $245 for external registrants and $50 for UK nursing faculty members (see RR for a more detailed list of CE offerings).
The CON supports faculty to attend conferences at local and international venues. For example, each spring, newly hired faculty are encouraged and provided with resources to attend the AACN New Faculty Development Conference. In addition, funds are available for nursing faculty to attend and present at regional, national and international conferences. As illustrated in Table IIF-2, the support provided by the CON for faculty and staff in this type of professional development activity has exceeded $100,000 in each of the past 3 years (see RR for a listing of conferences attended and dollar amounts appropriated for faculty and staff).

Table IIF-2: College Financial Support for Faculty and Staff Conference Attendance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Faculty</strong></td>
<td>Number Supported</td>
<td>28</td>
<td>30</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Amount of Support</td>
<td>$78,508</td>
<td>$85,115</td>
<td>$82,362</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Number Supported</td>
<td>4</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Amount of Support</td>
<td>$8,725</td>
<td>$9,455</td>
<td>$11,040</td>
</tr>
<tr>
<td>Consultant/Seminar Speakers</td>
<td>Amount of Support</td>
<td>$1,000</td>
<td>$24,280</td>
<td>$35,586</td>
</tr>
</tbody>
</table>

Note: travel expenses related to the CE and Student Recruitment programs are not included

Research and Scholarship Support

UK and the CON offer extensive support services to assist faculty with their research and scholarship endeavors. New Regular Title Series faculty have 12 month appointments and are given 50% release time and start-up funding ($50,000/year X 3 years) to develop their programs of research. The associate dean for research meets individually with new tenure track faculty to develop a detailed plan for their research or scholarship trajectory, and provides mentorship and individual consultations over time.

The CON Center for Nursing Research employs an editor, a health librarian, two statisticians, an expert in survey development and administration, and a grants manager who provide research support to faculty members. This office also manages the indirect funds the college receives from several extramural grants. These funds are available to assist faculty members with the expenses associated with dissemination of their scholarly work, such as creating posters or traveling to conferences for presentations.

The CON houses the Kentucky Center for Tobacco Free Policy and the RICH Heart Center, which offer junior faculty the opportunity to engage with large interprofessional research teams and senior researchers. These centers have also provided small scale seed grants to support faculty research. Additionally, UK provides a variety of small scale start up grants which have helped to support several of our nurse investigators.

The CON also brings expert consultants to campus to engage in faculty development. For example, in Fall 2010 Dr. Robin Newhouse from the University of Maryland provided consultation to advanced practice faculty and graduate students regarding quantification of advanced practice nursing outcomes and systematic reviews. In Spring 2011, Dr. Margaret Heitkemper and Dr. Carol Landis from the University of Washington provided two days of presentations and research consultation to individual faculty as well as groups. The CON hosts research seminars several times per month for on-site professional development, often with lunch provided for faculty and staff participants.
Support for Practice and Service

During the past four years, UK and the CON have increased emphasis and support for community engagement activities. In July 2008, the position of associate dean for practice and community engagement in the CON was added. The role of the associate dean is to connect faculty, staff, and students with communities, government, schools, businesses, health care providers, and others to address Kentucky’s priority needs, advance economic opportunities, enhance health, education, and the environment and elevate quality of life. The associate dean for practice and community engagement serves as a liaison between the CON and community agencies, disseminates information about engagement opportunities to the faculty, and works with individual faculty members and faculty groups to develop partnerships and contractual arrangements with external agencies.

In the CON, faculty practice is one of the most prominent means of community engagement. Faculty practice serves as a basis for scholarship, and provides opportunities to maintain clinical competence and credentials, supervise and mentor students in practice settings, and demonstrate innovative practice models. In 1991, the CON adopted a Faculty Practice Plan (see RR for the Faculty Practice Plan). During the past year, 25 nursing faculty members have participated in practice activities. As part of the DOE these practice activities make important contributions to increasing access and quality of care for Kentucky residents.

The Faculty Practice Committee was established in Fall 2009 at the recommendation of the CON faculty, to foster communication among faculty practitioners, administrators, and community partners. Participants benefit from the opportunity to share information related to the College Practice Plan, as well as new developments in the work of individual faculty practitioners, and changes in advanced practice nursing across the local region and the nation. Over the past two years, the number of funded APRN positions on the UK campus has doubled, from 70 to more than 150. A current project of this committee is the development of a survey tool to collect and share data from members of this expanding group regarding their various roles, responsibilities, reporting structures, and scopes of practice.

The CON enjoys a close working relationship with UKHC. Both the dean and the associate dean for practice and community engagement serve on the A.B. Chandler Hospital Nurse Executive Council; they also meet regularly with the UKHC nursing directors. The nurse leaders in academia and practice engage in joint strategic planning and operational management. These relationships help facilitate opportunities for shared resources and practice contracts. The shared faculty positions, post BSN Nurse Residency Program, the annual Nursing Research Papers Day, and the interprofessional simulation laboratories are some of the most prominent examples of these collaborative partnerships. CON faculty are also encouraged and supported to engage in a wide range of other service and engagement activities. Service time is incorporated into all faculty workload plans. All faculty members are encouraged to serve on at least two committees, including committees within the CON and those representing the larger university. Nursing faculty are active participants in UK governance, participating on the Faculty Senate, the Health Care Colleges Advisory Council, the Institutional Review Boards, CIHERP, and many others.

In 2010, CON faculty held 179 leadership positions on health-related committees, boards, or offices external to the CON. When faculty are involved in key leadership positions at the state, national, and international levels, additional workload release and financial support for participation is provided. The dean is currently serving as president-elect of the AACN; she will
move into the role of president in March 2012. The associate dean for practice and community engagement is serving as president of Sigma Theta Tau International.

As part of the engagement agenda, UK and the CON have also encouraged and supported faculty to develop and expand international collaborative partnerships. For example, our university has a long-standing partnership with a clinic in Ecuador, referred to as the Shoulder-to-Shoulder Ecuador Program. Over the past five years, several CON faculty and students have traveled to Ecuador with interprofessional teams for short-term visits to provide primary care, public health, and educational services to this Ecuadorian community. During recent trips our students and faculty have also spent time visiting with two Colleges of Nursing in Ecuador. From 2009 to 2010, active international partnerships involving CON faculty have increased from 12 to 19, including activities in Australia, Ecuador, Ireland, Korea, South Africa, Taiwan, and Thailand.

In addition to providing support and resources for teaching, research, practice and service, the CON and UK provide several awards each year to recognize exemplary performance in each of these categories. The CON hosts a year-end celebration each May where those faculty and staff members who demonstrated exemplary accomplishments in teaching, research, and practice are recognized. CON award recipients are displayed in the 3rd floor corridor. At UK’s 2011 Founder’s Day Celebration, three nursing faculty members, Ms. Lynn Kelso, Dr. Deborah Reed, and Dr. Marcia Stanhope were among those recognized with UK level awards.

**Areas of Strength for Standard II**

- State of the art simulation/skills laboratory and equipment with dedicated simulation skills faculty and staff
- New educational study center for undergraduate students; expansion of graduate student study center
- UK computer lab in CON building; new 140 seat computer classroom under construction
- Salaries of instructors/lecturers/assistant professors are above AACN benchmarks for both academic and calendar year appointments; salaries for associate professors and professors with academic year appointments exceed AACN benchmarks
- Financial support provided to faculty and staff for conference attendance and consulting support
- Faculty student ratio in Undergraduate Program clinicals
- Excellent library services
- UK’s CELT housed in the CON building
- The TASC unit of CELT resources for DLP and the College’s distance education courses
- UK Instructional Technology of Audio Visual Services south campus office is housed in the CON building
- Support services for CON faculty, staff and students offered by the Office of Nursing Research
- CON academic writing specialist for graduate students and UK Writing Center for all students
- CON enrichment opportunities available to undergraduate students
- Outstanding CON faculty in areas of teaching, research, practice and service
- Excellent relationships with the clinical agencies including UKHC
- Engagement in interprofessional educational initiatives for health professions
- Support for academic success of undergraduate students
<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competition for new faculty</td>
<td>Faculty recruitment committee in place for vacant positions; UK gives some flexibility in salary and regular title series faculty receive generous research startup packages</td>
</tr>
<tr>
<td>Salary compression for associate professors and professors with calendar year appointments in comparison to AACN benchmarks</td>
<td>New UK president has engaged a consultant to study the impact of the current economy on strategic planning for UK</td>
</tr>
<tr>
<td>Adequate development for recognition of the clinical sites and preceptors</td>
<td>Continue current evaluation and revision of the policies and processes used in selecting clinical sites and preceptors from initial contract development through evaluation and recognition of preceptor contributions</td>
</tr>
<tr>
<td>Continued threat of state budget reductions in response to the economy</td>
<td>Continue to diversify revenue streams for the CON</td>
</tr>
<tr>
<td>Constraints of an aging facility, needed classroom upgrades, and additional space needs</td>
<td>Continue to advocate for renovations and additional assignment of space</td>
</tr>
</tbody>
</table>
STANDARD III
PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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

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

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

Program Response

The mission of the CON is to “foster health and well-being among the people of Kentucky, the region, and the world through collaborative relationships that support excellence in nursing education, research, practice and service in an ever-changing health care environment” (approved by CON faculty on 3/7/07). Individual student learning outcomes are congruent with the College’s mission, the goals of the Undergraduate, MSN, and DNP Programs, and expected aggregate student outcomes. In 2008 the faculty approved the implementation of the BSN-DNP option. At that time the faculty voted to support the AACN’s recommendation to prepare advanced practice nurses at the doctoral level; at the same time, admission to the MSN Program was suspended. Students enrolled in the MSN Program were given the option of transitioning to the BSN-DNP option or remaining in the MSN Program. The last MSN degree is projected to be awarded in May 2013.

BSN Program

The BSN Program at the CON is designed to produce a highly-qualified professional nurse for generalist nursing practice. The curriculum is congruent with the program’s mission, aims, and the BSN Program terminal outcomes (Appendix IIIA-1). Furthermore, the individual student learning outcomes as listed in the Undergraduate Program syllabi support the mission, aims and program terminal outcomes (Appendix IIIA-2).

The CON worked on assessment with Dr. Marcia Watson, former UK Director of Assessment. Based on Dr. Watson’s recommendation, undergraduate nursing faculty reviewed and revised the 10 terminal learning outcomes for the Undergraduate Program, collapsing them into five outcomes (Appendix IIIA-3). The changes were approved by the Health Care Colleges Council (HCCC) in February 2011. There are no substantive changes to the learning outcomes for the program. The revised terminal outcome wording also makes the terminology more consistent with the 2008 Essentials for Baccalaureate Nursing recommended by the CON’s accrediting body, CCNE (Appendix IIIA-4). The undergraduate curriculum is presented in more detail in Key Element III-B.
**MSN Program**

Master’s level education prepares nurses for advanced practice in a specialized area of the discipline. Advanced practice builds on a liberal baccalaureate education for the general practice of professional nursing and provides a foundation for doctoral education. A total of 40-44 credit hours are required for completion of the MSN degree, depending on the specialty track. The clinical nurse specialist tracks require 40 credit hours and the nurse practitioner tracks require 44 hours to meet national certification and practice requirements. There are six tracks in the MSN Program that prepare graduates for advanced practice nursing roles. These include Acute Care Nurse Practitioner, Primary Care Nurse Practitioner (Family and Adult), Pediatric Nurse Practitioner, Psychiatric-Mental Health Nurse Practitioner, Adult Clinical Nurse Specialist, and Populations and Organizational Systems Leadership. MSN students are required to take curriculum core courses and the Advanced Practice core, including but not limited to theory, research, pathophysiology, pharmacology, and health assessment before enrolling in specialty seminars for advanced practice nurse specialty roles.

In addition to the six MSN tracks, the CON offers opportunities for post-master’s tracks on a space available basis. The post-master’s options require 16-17 credit hours beyond the master’s with pre-requisites in health assessment, pathophysiology, pharmacology or epidemiology. The specialty courses offered in the post-master’s options are the same courses offered in the master’s track; they also build on the BSN curriculum and meet clinical requirements for national certification. Post-master’s students take courses with MSN students (Appendix IIIA-5).

**RN-MSN Option.** Nursing offers numerous routes for career advancement, including programs that bridge the associate's and master's degrees. This is particularly important as health care delivery and the science underpinning becomes increasingly complex. Scientific advancements, technological changes, demographic shifts and the legal and ethical considerations associated with an increasingly global and diverse society make it especially important to provide nurses with opportunities for advanced learning. With the nursing shortage, it is important for nurses to have flexible scheduling options available for coursework, so our program is designed with the needs of working nurses in mind.

The goal of the RN-MSN option is to provide nurses with nursing diplomas or associate degrees in nursing with the opportunity to gain graduate educational preparation as advanced practice nurses. The objectives of this option are the same as those for the MSN Program. Those pursuing this option are graduate students who take several BSN-level courses while in the master’s program and "double count" select MSN courses for BSN credit. This makes it possible for students to earn a BSN more quickly while simultaneously completing degree requirements for the MSN. Because the plan of study is somewhat different from that of MSN students who already hold a BSN, students in the RN-MSN option have had two advisors; this includes all students currently enrolled in the program. Students worked primarily with the RN-MSN coordinator on matters related to RN-MSN progression. When students moved toward their specialty courses, the faculty advisor in the student’s specialty track or a designated faculty in the specialty track assumed advising responsibilities. In Fall 2009, the last cohort of RN-MSN students were admitted. As they have progressed beyond the required BSN courses, each of these students is now advised by a faculty member in his or her specialty track.
DNP Program

The DNP Program, a professional degree program, prepares nurses for advanced practice and senior leadership positions in the health systems of today and tomorrow. The DNP prepares experts who focus on population level decision making for improved health care outcomes. Rather than focusing on research, the DNP Program develops doctorally prepared nurses to use the products of research in designing, implementing and evaluating clinical and organizational strategies to influence the care of clinical or community based populations. In 2000, the CON opened a 3-year MSN-DNP option. The CON continued to respond to its national level community of interest (the AACN) by revising and reframing the MSN-DNP option during 2007-2008. Based on the 2006 The Essentials of Doctoral Education for Advanced Nursing Practice, the 3-year MSN-DNP option was revised and a 2-year MSN-DNP option was opened. Simultaneously, a BSN-DNP option was developed and opened in 2009.

BSN-DNP Option. The HCCC of the UK Senate approved the CON’s proposal for a BSN-DNP option in December 2008. UK admitted the first class of students to the BSN-DNP option in Fall 2009. The BSN-DNP option prepares nurses for advanced practice in six nursing specialties: Adult-Gerontology Acute Care Nurse Practitioner, Primary Care Nursing Practitioner (Family and Adult-Gerontology), Adult-Gerontology Clinical Nurse Specialist, Psychiatric-Mental Health Nurse Practitioner, Pediatric Nurse Practitioner, and Populations and Organizational Systems Leadership. In an effort to meet its internal community of interest, students enrolled in the MSN Program were offered the opportunity to transition to the BSN-DNP option (see RR for additional information about the transition plan). In addition to preparing nurses for roles in advanced practice, graduates of the BSN-DNP option are prepared to use leadership, program evaluation, and research knowledge and skills to improve clinical care delivery, patient outcomes, and system management. In addition to their advanced practice nursing roles, graduates are experienced in designing, implementing, managing, and evaluating health care delivery systems and are prepared to lead at the highest clinical and executive ranks. The BSN-DNP option requires three calendar years of full-time study; part-time plans are also available. The program requires a total of 77 to 81 credit hours depending on the specialty, and includes a minimum of 1,040 clinical hours.

MSN-DNP Option. The MSN-DNP option builds on the advanced practice of nursing at the master’s level through the development of expert nurse leaders, focused on the improvement of health outcomes at the population and system levels. Learning experiences include an innovative, evidence-based practice clinical residency. The program admits nurses with master’s degrees and provides them with the competencies to assume executive roles in health care settings or provide leadership in educational and clinical settings (Appendix IIIA-6). The MSN-DNP option requires 40 to 43 credit hours and involves 2 years of full-time study or a minimum of 3 years of part-time study. The program builds on up to 500 clinical hours from the student’s previous academic program, and an additional 540 hours are included in the curriculum. Students in the MSN-DNP option who want an additional advanced practice specialty can apply to complete a post-masters certificate in a specialty track and are admitted on a space available basis.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.
- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master’s Program curricula incorporate professional standards and guidelines as appropriate.
  a. All master’s programs incorporate the Graduate Core Curriculum of *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
  b. All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
- 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 incorporate additional relevant professional standards and guidelines as identified by the program.
  b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master’s programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE 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.

Program Response

BSN Program

With the publication of the 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Essentials) and QSEN competency recommendations, the Undergraduate Program underwent extensive curriculum mapping using a new faculty-developed analytical tool to identify congruency between the current curriculum and the 2008 Essentials (see RR for Essentials vs. Curriculum Grid, 5-23-11). The results of the mapping confirmed that all Key Elements of the Essentials are reflected in the current undergraduate curriculum; however, four areas of concern were identified, including quality improvement and patient safety, evidence-based practice, information management, and genetics/genomics. The term “area of concern” refers to Key Elements that may require further integration into the curriculum (Appendix IIIB-1).
As a result of the curriculum mapping endeavor, the following actions were taken to begin the work of updating the undergraduate curriculum, thereby strengthening the congruency between the curriculum and the latest professional standards and guidelines.

1. A Curriculum Task Force was established, composed of Undergraduate Program faculty and UKHC practice partners with expertise in quality improvement/patient safety, evidence-based practice, and informatics. The charge of the task force was to determine adequacy of coverage of the BSN Essentials Key Elements in the current curriculum and to make recommendations for improvement. The Curriculum Task Force presented a summary report (Appendix IIIB-2) with recommendations to the UPC at its February 2010 meeting (see RR for minutes).

2. In May and August 2010, a two-part Undergraduate Faculty Curriculum Development Workshop was held to update undergraduate faculty, including clinical instructors, in the six areas of QSEN, including evidence-based practice, safety, patient-centered care, teamwork, quality improvement, and informatics.

3. In the spring of 2011, the undergraduate faculty approved a new curriculum framework, designed using the Essentials and the six areas of QSEN competencies as the major guidelines for program development and evaluation (Appendix IIIA-4).

4. In August 2011, an undergraduate faculty curriculum retreat was held to begin updating the curriculum, based on the evaluative and faculty education groundwork that had already been completed. In addition, four curriculum meetings have been built into the 2011-2012 academic calendar for the purpose of completing the curricular update by the end of the academic year.

The expected student learning outcomes are consistent with the roles for which the program is preparing its graduates. The BSN curriculum is logically built around a set of core concepts as described in the curriculum framework (Appendices IIIA-4 and IIIB-3). In the freshman year, students complete pre-nursing requirements which provide core knowledge that prepares them for learning nursing concepts. In the sophomore year, students learn and practice fundamental nursing knowledge and skills that will be used throughout the curriculum, with the major emphasis on health promotion and health maintenance. During their sophomore year students spend the majority of their clinical time in community and skills laboratory settings. In the junior year, the focus shifts to care of the patient and family in several health care settings (medical-surgical, obstetrics, and pediatrics), with the emphasis on health promotion/health maintenance and care of patients with predictable outcomes. In the first semester of the senior year, students must bring their previous learning forward to work in less structured community environments (psychiatric/mental health and public health). In the second semester, the curriculum begins with the care of patients with complex, unpredictable outcomes (critical care), and ends with a capstone immersion clinical experience that facilitates students’ ability to apply what they have learned while working one-to-one with a nurse preceptor.

**MSN Program**

Since 1996, the MSN curriculum has incorporated the AACN’s *The Essentials of Master’s Education for Advanced Practice Nursing* (1996). Moreover, during the review period of this self-study, the curriculum for the MSN Program has been evaluated extensively to ensure that students enrolled in the MSN Program during the transition to the BSN-DNP option received a quality education. For example, in 2007, the curriculum was evaluated during the planning of the BSN-DNP option, and it was determined that the CON would continue to offer the specialty track courses after admission to the MSN Program was suspended. In the MSN Program each specialty track bases its curriculum on the competencies set by its particular professional
organization. Standards that guide curriculum development, monitoring and evaluation include the AACN Master's and DNP Essentials, NONPF Competencies for Nurse Practitioners, CCNE accreditation standards, and scope and standards for specialty practices. These standards also apply to the AD-MSN as well as the BSN-DNP option. Moreover, the BSN-level courses in the AD-MSN option are based on *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

For example, the AACN’s *The Essentials of Master’s Education for Advanced Practice Nursing* specifies theoretical foundations as core for the MSN Program. The CON offers a 2-credit hour theory course in the MSN Program. In addition, the clinical course (NUR 707 (Advanced Practice Nursing Care Of Critically Ill Adults)) for the Acute Care Nurse Practitioner (ACNP) option can be used to illustrate integration of competencies for the population focus. The syllabus contains an evaluative component based on the NONPF ACNP competency domains of health/illness management, nurse-client relationship, teaching-coaching function, professional role, and managing systems. Standards that guide specific specialty clinical courses include: *Acute Care Nurse Practitioner Competencies* (NONPF National Panel for Acute Care Nurse Practitioner Competencies, 2004); *Domains and Core Competencies of Nurse Practitioner Practice* (NONPF, 2006); *Pediatric Nursing: Scope and Standards Practice* (2005); and *Psychiatric-Mental Health: Scope and Standards* (ANA, 2007).

In addition, faculty in each of the specialty areas review the criteria for specialty certification and include appropriate content and experiences in the curriculum. Clinical experiences are in sites where the students can apply core content and gain expertise in the areas of their chosen specialty. Specific evaluation activity for the period of this self-study includes, but is not limited to, the following items.

1. **2008-2009**: Course evaluations and curriculum mapping from 2008 to the present illustrate that the MSN Essentials were incorporated across the curriculum. In addition, courses in the MSN and proposed BSN-DNP option were cross walked to assure that students who accepted the transition opportunity would benefit; the majority of the courses were approved for both the CON's professional DNP Program and the Graduate School that governs the MSN Program (Appendix IIIB-4). However, although the 2-credit hour didactic component and total 6-credit clinical component for the two advanced specialty courses were the same, the allocation of the 6-credit clinical differed. As a result, the UK Graduate School policy that allows substitution was implemented (Appendix IIIB-5) As a result, students enrolled in the MSN Program during the transition period who successfully complete the higher level courses will not be required to repeat the specialty courses should they be admitted to the College’s DNP Program prior to curriculum changes. For example, four students in the Primary Care Nurse Practitioner Program elected to transition to the BSN-DNP option in Fall 2009. Each student had taken NUR 601 (Theoretical Basis for Advance Practice Nursing) and NUR 653 (Pathophysiology) in the MSN Program, and was not required to retake equivalent courses in the BSN-DNP option.

2. **2009-2010**: The CON continued specialty course evaluation, added core course evaluation to confirm that the MSN Essentials were addressed across the curriculum, submitted the NONPF-NTF report and received confirmation of compliance, and evaluated MSN success in higher level courses.

3. **2010-present**: The CON addressed student learning outcomes, continued to evaluate MSN Essentials in courses focusing on the Essentials sub-objectives, continued to evaluate success of MSN students in higher level courses, and implemented the alumni and employer survey.
DNP Program

The DNP Program opened in 2000, prior to the AACN statements on the practice doctorate or the Essentials. Therefore, beginning in 2007, the curriculum has been extensively evaluated (see RR for materials) based on *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) (Appendix IIIB-6). For example, Essential I, Scientific Underpinning for Practice, is a thread that is found throughout the program. In particular, NUR 915 (Foundations of Evidence-Based Practice and Program Planning) and NUR 916 (Evaluation for Improvement of Clinical Outcomes) emphasize Essential I. Students learn basic principles of program evaluation and research in these courses, and these scientific underpinnings provide the foundation for capstone projects.

DNP Essential II, Organizational and Systems Leadership for Quality Improvement and Systems Thinking, is another thread that is incorporated throughout the program. For example, students in NUR 902 (Nursing Leadership in Healthcare Systems) address current population and systems issues that contribute to problems and challenges encountered by Advanced Practice Nurses in practice settings. In addition, students study strategies for collaboration in problem solving, change, and working with stakeholders. This thread is repeated in several courses, up to and including the capstone project (see RR for individual student learning outcomes for this course). Many strategies described in the evaluation of the MSN Program were conducted in the DNP Program. Examples include but are not limited to the following activities and accomplishments.

1. **2008-2009**: The CON submitted a self-study for the MSN-DNP option to CCNE. This self-study was based on extensive evaluation of the DNP Essentials, and aggregate and student individual learning outcomes. The CCNE site visit was in March 2009.
2. **2009-2010**: The College received confirmation of the MSN-DNP option’s accreditation from CCNE; submitted substantive changes for the BSN-DNP option; submitted the NONPF-NTF report, and received confirmation of compliance. The CON continued to establish a plan for measuring program and individual student learning outcomes.
3. **2010-present**: The alumni and employer survey was completed. In addition, the CON implemented course evaluation and revisions to ensure that concepts of the APRN LACE Regulatory Model were included in the curriculum, and continued to evaluate program and student learning outcomes.

As noted in the preceding description, the *Criteria for the Evaluation of Nurse Practitioner Programs* is incorporated into the nurse practitioner tracks for the MSN Program and MSN-DNP option as well as the BSN-DNP option (Appendix IIIB-7). The 2009 CCNE report on how the CON is in compliance with the NTF criteria and the letter from CCNE acknowledging compliance is in the RR. At the time of the report the CON was in compliance with all of the criteria except Criterion III. C. (2) 22, which requires that the transcript state the role and population focus. The CON has worked closely with the UK Registrar’s office and transcripts now include the role and population focus.

**III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.**

- The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.
DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.

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 coursework.

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Program Response

BSN Program

The BSN Program is built upon a foundation of arts, sciences, and humanities through the required UK Core curriculum plan and support coursework. Learning is viewed as being cumulative, with each level in the curriculum building on the previous course levels. The CON provides three entry options to attain a Baccalaureate of Science in Nursing: a Traditional BSN, a Second-Degree BSN, and a RN-BSN.

UK Core Curriculum. As of the Fall 2011 semester, UK replaced the old University Studies Program (USP) requirements with a new UK Core (originally called General Education [Gen Ed]) curriculum plan. This change reduced the number of general education courses to 30 hours from its original 40 under the old USP requirements. The reform was intended to emphasize excellence in the education of undergraduates to achieve the following expectations upon graduation: 1) To use the processes of inquiry in the arts and creativity, humanities, natural and physical sciences, and the social sciences to solve problems; 2) To communicate effectively in written, oral, and digital media as will be expected of them in the global marketplace; 3) To understand and utilize mathematical concepts and inferential reasoning and analysis to evaluate information and make sound, critical decisions; and 4) To understand the underpinnings of U.S. citizenship and our global interdependence” (UK Provost Subbaswamy, 3/8/11, Provost Gen Ed Announcement, 4-8-2011) (Appendix IIIC-1).

Each college developed a plan for fulfilling the UK Core requirements. The CON’s proposed plan was accepted by the University Senate in spring 2011 (Appendix IB-1). The UK Core curriculum plan distributes its required credit hours among four general education areas, including:
• Intellectual Inquiry (12 hours: one course in each of four areas - Arts and Creativity, Humanities, Social Sciences, and Natural/Physical/Mathematical)
• Composition and Communication (6 hours: one course in each of two levels - I and II)
• Quantitative Reasoning (6 hours: one course in each of two areas - Quantitative Foundations and Statistical Inferential Reasoning)
• Citizenship (6 hours: one course in each of two areas - Community, Culture and Citizenship in the USA and Global Dynamics)

Of the required 30 UK Core hours in the CON UK Core curriculum plan, students are required to fulfill 10 hours with specific UK Core courses that support educational foundations specific to nursing, including PSY 100 (4 credits), BIO 103 (3 credits), and STA 210 (3 credits). The remaining hours allow students to select from a list of approved UK Core courses to complete the UK Core requirements. The CON UK Core plan calls for 31 rather than the usual 30 UK Core credit hours. The additional hour is required to accommodate one additional credit hour for PSY 100 (a 4 credit hour course). A sample CON nursing curriculum plan is provided, and shows how the UK Core courses fit into the traditional BSN Program (Appendix IIIC-2). The UK Core supports the UK CON Undergraduate Program through providing a rich, inquiry-based educational foundation in arts, humanities, and natural and social sciences for intellectual development and gaining skills in solving real world problems.

In addition to the UK Core curriculum, students with a nursing major are required to take: ANA 109 and 110 (Anatomy and Physiology I & II), CHE 103 (Chemistry for Health Professionals), BIO 103 (Basic Ideas of Biology), BIO 208 (Principles of Microbiology), NFS 212 (Principles of Nutrition), and HSM 241 (Health and Medical Care Delivery Systems). A listing of the required UK Core courses and other required nursing major support courses is provided with a brief explanation of their value to nursing (Appendix IIIC-3). A description of how the UK Core curriculum requirements are achieved in each of the three CON entry points is included below.

**Traditional BSN Option Curriculum Plan.** The traditional BSN curriculum is a full-time four-year degree option comprised of one year of pre-nursing and three years of nursing courses. During the first academic year, students complete the majority of their UK Core courses as well as nursing prerequisite courses. Nursing prerequisite courses include completing the following courses with a minimum of a C grade: ANA 109 and 110 (6 credits), CHE 103 (4 credits), BIO 103 (3 credits) and PSY 100 (Inquiry in Psychology - 4 credits). Additional nursing requirements are taken beginning in the sophomore nursing year, including BIO 208 (3 credits), NFS 212 (3 credits), HSM 241 (3 credits), and STA 210 (Introduction to Statistical Reasoning - 3 credits).

Undergraduate nursing courses constitute 68 credit hours (57%) of the total 120 credits required for graduation, and 69% of all nursing courses (47 credit hours) are at the upper division level. UK Core requirements constitute approximately 26% of the total credit hours. Students are also required to take 3 credit hours of electives. Electives can be selected from offerings in the University or in the CON for example NUR 512 (Alternative and Complementary Alternatives in Health Care), PHI 350 (Death, Dying and the Quality of Life) (Appendix IIIC-4).

**Second-Degree Option Curriculum Plan.** The Second-Degree Option provides a BSN entry point for students with existing baccalaureate degrees outside of nursing. This option is not a freestanding accelerated program. It is a five-semester option that compresses the
sophomore year into one semester and transitions the students into the traditional BSN option as first semester junior nursing students. The admission requirements/pre-requisites include:

- Bachelor's degree
- Cumulative 2.75 GPA and a 2.75 science GPA on a 4.0 scale for all college work
- 3-credit hour course in human anatomy; final grade of "C" or higher
- 3-credit hour course in human physiology; final grade of "C" or higher
- General microbiology; final grade of "C" or higher - 3 credit hrs
- Human Nutrition; final grade of "C" or higher - 3 credit hrs
- General statistics; final grade of "C" or higher - 3 credit hrs
- Two semesters of general chemistry; final grade of "C" or higher; if taken at UK, CHE 103 will suffice
- One semester of general psychology; final grade of "C" or higher - 3 credit hrs

The first semester consists of two nursing courses, NUR 869 (Introduction to Professional Nursing Care Across the Lifespan for Second Degree Students - 8 credits) and NUR 866 (Pathopharmacology I - 3 credits). UK Core courses are not required since this student population has already graduated from an institution of higher learning, and therefore has met core UK studies requirements. A sample curriculum plan showing all of the required coursework is in the Student Handbook.

**RN-BSN Option Curriculum Plan.** The RN-BSN option provides a BSN entry point for individuals who are Registered Nurses, with either a diploma or associate degree. Admission criteria include graduation from an accredited institution with a minimum cumulative 2.50 GPA on a 4.0 scale for all college work, an associate degree from a college accredited by one of the six regional accrediting associations, a statement of academic and professional goals, and two professional references. RN licensure is required to progress to the second semester of the curriculum or prior to beginning clinical experiences. The UK Core curriculum requirement for RN-BSN students is as follows: Per the General Education Transfer Agreement (GETA), students who earn an Associate of Arts or an Associate of Science degree are considered to have met the general education requirements of the University (USP or CORE). Students who earn an Associate of Applied Science (which includes most students from Kentucky Community and Technical College System [KCTCS] schools) must complete general education requirements. Diploma graduates are given 28 hours of NUR credit upon submission of a portfolio detailing their experience, license, and continuing education (Appendix IIIC-5). The curricular plan is three semesters of full-time study; however, the majority of students progress through the program in a part-time status. The RN-BSN option uses a distributed learning model to facilitate the education of working adults using adult learning principles. The distributive learning model consists of one-third online (Bb) activities, one-third independent learning activities, and one-third classroom (campus) activities. Clinical experiences are arranged in the community in which the RN student works or resides, when possible (Appendix IIIC-6) (Appendix IIIC-5).

**MSN Program**

The MSN curriculum builds on the knowledge, skills, and experience gained at the baccalaureate level. Core courses include content embedded in the 2006 *Essentials of Master’s Education*. The core of the curriculum includes theory, research, leadership, clinical reasoning and evidence-based practice. The Advanced Practice Nursing core includes pathophysiology, pharmacology and advanced health assessment. In the master's curriculum there is more in-
depth coverage of concepts learned at the baccalaureate level, more complex assignments, and a focus on scientific synthesis and application of knowledge in the advanced practice nursing role. For example, students in the MSN Program focus on evidence-based practice throughout the curriculum. An assignment in the primary care nurse practitioner track illustrates how this track emphasizes the use of evidence-based clinical practice guidelines in practice. Students are required to submit two written assignments per semester that address how their treatment plan did or did not coincide with an evidence-based clinical practice guideline. While baccalaureate students learn to critique research and begin to use research findings in practice, master’s students learn to differentiate between research utilization and other forms of evidence upon which to base nursing practice. Students learn the distinctions between levels of evidence and change theories needed for organizational implementation. All MSN students conduct evidence-based practice projects in the clinical area as their final research utilization projects (see RR for examples of student projects).

Each specialty track in the MSN Program bases its curriculum on the standards set by its particular professional organization. Faculty members in each specialty area review the criteria for specialty certification and include appropriate content and experiences in the curriculum. Clinical experiences are in sites where the students can apply core content and gain expertise in the areas of their chosen specialty. For example, students in the Psychiatric Mental Health NP (Family) component have clinical hours with children, adolescents, adults and elders. They are required to demonstrate synthesis of knowledge that guides assessment, diagnosis, interventions and evaluation of clients with mental health problems in both inpatient and outpatient settings. In the MSN Program, there is an end-of-program course designed for students to demonstrate synthesis of content. An example of this course for a MSN student in the psychiatric mental-health program was implementation of a psycho-education program for clients diagnosed with depression and being treated in an outpatient setting (see RR for additional information about this course).

**RN-MSN Curriculum.** The RN-MSN option is organized around University Studies, BSN and MSN cores. Completion of the University Studies core is required prior to progression to the RN-BSN course work. Students in the RN-MSN option take five courses that count for both the BSN and MSN degrees (NUR 601, NUR 602 (Research Methods in Advanced Practice Nursing), NUR 653, NUR 652 (Pharmacology Applications in Primary Care), and NUR 604 (Leadership in Advanced Practice Nursing)). For degree award, the RN-BSN requires a minimum of 124 credits, a minimum C grade in course work, and a cumulative GPA of 2.0 or higher. The RN-MSN requires a minimum of 152 credit hours, a minimum C grade in all core courses, a grade of B or higher in courses with a clinical component, an undergraduate GPA of 2.0 or higher, and a graduate GPA of 3.0 or higher.

**DNP Program**

**BSN-DNP Curriculum.** The BSN-DNP option is logically structured and builds on knowledge gained in the baccalaureate nursing program. For example, students are expected to have coursework in health assessment and pharmacology in their baccalaureate program. That coursework provides the foundation for the NUR 923 (Applications of Advanced Health Assessment) and NUR 922 (Pharmacology Applications in Primary Care) courses in the BSN-DNP option. The concepts learned in those courses are reinforced in the specialty courses. Individual student outcomes are based on course objectives. For example, one of the course objectives for NUR 960 (Primary Care NP Seminar I) is to evaluate literature and research findings for applicability to appropriate management of specific health problems of clients across the lifespan. Student achievement of the objective is measured by the student’s ability to write a
paper on a health problem for a specific population of their choice (see RR for sample student work).

The first graduate of the BSN-DNP option began her studies in the MSN Program and transitioned to the DNP Program in 2009; she completed the program in August 2011. Additional BSN-DNP students are projected to graduate in August 2012. The evaluation plan for the BSN-DNP option is to collect aggregate outcomes which will include: certification exam pass rates, graduates’ employment, presentations, and publications. These graduates will be included in future alumni and employer surveys.

**MSN-DNP Curriculum.** The MSN-DNP option is logically structured to help students achieve expected outcomes and builds on a student’s master’s education. For example, students are expected to have coursework on research in their master’s program. That initial preparation provides a foundation for courses that are leveled in terms of content so that students reach the desired outcome at the completion of the core courses and entry into the capstone project. Similarly, there are expectations that students study concepts of leadership and organization at the master’s level. Likewise, those concepts are leveled throughout the MSN-DNP curriculum. Examples of aggregate student outcomes include: the capstone focus of DNP graduates, number and topics of presentations and publications by graduates, and graduates’ employment in leadership roles. These and other aggregate student outcomes are described in greater detail in Standard IV.

Individual student outcomes are based on course objectives (see RR for files which illustrate this). For example, one of the course objectives for NUR 915 is to critique, synthesize and differentiate among types of evidence available for use in support of clinical and system activities. Student achievement of the objectives is measured by the student’s ability to write a systematic review of the literature on the topic of his or her interest (see RR for samples of student work).

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

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

**Program Response**

**BSN Program**

**Teaching and Learning: Classroom Environment.** Nursing classes are held in multiple buildings throughout the Medical Center, although the majority are held in the CON building. To enrich the students’ learning experience, all classrooms have multimedia capabilities: access to PowerPoint, the Internet, video (VHS and CD-ROM), and audience response systems (ARS/“clickers”) for active learning activities. Also, the campus is in the process of installing the ECHO 360 lecture capture system in selected classrooms. This system allows lectures to be recorded live and then made available on the Internet and through smartphones for anytime/anywhere access. As of Fall 2011, only a few CON classrooms have this capability; it is planned that most of the larger classrooms in the building will have it available by the end of the 2011-2012 academic year.
Throughout the curriculum, a wide variety of teaching and learning methods are employed to meet the learning preferences of the student body and needs of the course (Appendix IIID-1). Using a variety of teaching and active learning methods in the classroom meets the diverse learning styles typically found in large-group higher-education classrooms. Face-to-face classroom experiences allow the student to directly interact with the instructor in real time, which facilitates clarification of concepts and prompt answering of student questions. Face-to-face instruction also provides the instructor with the ability to directly interact with students to evaluate student learning needs and adjust the content or content delivery accordingly. Classroom assignments are intended to provide opportunities for the student to gain a deeper understanding of what is being learned, apply concepts to clinical situations, and/or problem-solve using a systemic scientific process. In addition, it provides the classroom instructor a means to evaluate student learning. High fidelity simulation provides real patient care experiences to develop high quality nursing skills while maintaining patient safety.

Clickers have been utilized in NUR 871 (Family Centered Care for Adults with Common Health Problems) for approximately 4 years with great success. Student feedback affirms that clickers reliably reset a potentially drifting student’s “attention clock” every time “polling is open.” Students simply can’t get enough of clicker questions - clicker reviews for upcoming exams, questions at the beginning of class to assess recall of previously taught material, questions during lecture to determine whether concepts are understood, and questions at the end of class to quiz students on key lecture topics. This past semester, a decision was made to upgrade to the NXT clicker, which allows for in-class graded quizzes, while virtually eliminating the temptation of cheating in a large classroom. A 5-item quiz is given at the end of every lecture to assess understanding of the required voice-over plus lecture that day. After polling is closed, the instructor and students talk through the 5 questions, applying test-taking strategies. The grade average will constitute 5% of the student’s final course grade. Students appreciate being held accountable for lecture content that day, as evidenced by comments such as “knowing that I am going to have a quiz keeps me on top of my game and prevents me from procrastinating.”

Teaching and Learning: Clinical Environment. Consistent with state guidelines, undergraduate nursing students are guided through their clinical experiences by clinical instructors. All new part-time clinical instructors receive a formal clinical instructor orientation (see RR for a sample clinical orientation packet). At the end of the orientation, a checklist is completed and kept on file in the office of the associate dean of undergraduate studies (see RR for a sample clinical orientation checklist).

Undergraduate clinical group sizes vary from 8 students per instructor to no more than 10. Clinical group size is based on the total number of students in the course, the level and complexity of the course in the curriculum, and clinical site factors. For example, the first two inpatient-based clinical courses (NUR 863 and NUR 871) cap their clinical groups at 8 to facilitate optimal clinical laboratory supervision and best assure quality of care and patient safety. Depending on the type of clinical experience, a clinical instructor may directly supervise one inpatient clinical group (NUR 863, NUR 871, NUR 873 and NUR 875), may have a more indirect supervisory role, travelling between community-based sites (NUR 883), or rotate between inpatient units in one facility (NUR 885). In the senior capstone course (NUR 886) students are assigned directly to a nurse preceptor. A faculty facilitator acts as a clinical supervisor who makes periodic site visits, conducts seminars, and evaluates student progress and performance. In all clinical courses the CON clinical instructors (or faculty facilitators) are responsible for the formal student performance evaluations based on course-level clinical objectives that support the course objectives (see RR for Clinical Performance Objectives).
The Undergraduate Program is fortunate to have access to a wide variety of inpatient and community-based clinical sites within the immediate area. The CON has extensive clinical site agreements with high quality clinical facilities for student clinical placements throughout the area. Clinical sites are evaluated in the spring of each academic year. Prior to 2009, clinical site evaluations were conducted in hardcopy form and maintained by the Office of the Associate Dean of Undergraduate Studies. Since 2009, online clinical site evaluations are reviewed by the course coordinator and clinical instructor(s) specific to the course and the associate dean for undergraduate studies (see RR for clinical site evaluations).

Clinical experiences facilitate the education-to-practice learning transfer link, allowing students to apply what they have learned in the classroom and skills laboratory, analyze real-world problems, practice clinical reasoning, and practice mental as well as psychomotor skills.

**Computer Laboratory.** Computer laboratories are available throughout the UK campus. A large onsite computer laboratory is available for all students on weekdays. In addition, the CON Building is a wireless environment, allowing students to connect to the Internet using personal electronic devices from anywhere in the building. The CON is in the process of expanding the computer laboratory on the 6th floor of the building. This expansion will provide increased seating and computers for classroom and testing purposes. The web-based Bb Learning Platform is widely used throughout the UK and at the CON at all program levels. This platform facilitates synchronous and asynchronous information sharing between faculty and students, and peer-to-peer.

**Laboratory/Simulation Environments.** The CON has a large high-tech skills laboratory and simulation complex onsite. Skills from the most basic to the most complex are taught and practiced in the laboratory setting, using such teaching methods as direct demonstration, CD-ROM, or online video tutorials. The complex has high fidelity simulations that are available to all faculty and students within the CON. Real-time simulations can be performed in the laboratory and viewed live in the classrooms for critique and discussion purposes. Development and implementation of simulations is supported by IT personnel and trained faculty and staff. Practicing cognitive and psychomotor skills in a skills laboratory and simulation environment provides students with the ability to practice new skills, hone previously learned skills, role play clinical situations, and practice clinical reasoning/problem solving skills within a protected environment.

**Distance Education.** The Traditional BSN and Second-Degree BSN options do not have a distance education component for any required nursing courses. The RN-BSN option uses a blended type of distance education, i.e., a distributed learning model, to meet the needs of the working adult learner. The flexibility inherent in distance education makes it an attractive educational option for the adult learner who has family and work responsibilities. Distance education is consistent with adult learning theory, which is based on the view that adults are mature, motivated, self-directed, independent and responsible learners who are learner-centered rather than teacher-centered (Knowles, Andragogical Model). The RN-BSN option consists of one-third online (Bb) activities, one-third independent study, and one-third classroom activities. Students meet in the classroom setting on a monthly basis and are assigned independent learning and online-based activities in between classroom sessions. A comparison of the Traditional BSN curriculum and RN-BSN curriculum is provided to show equivalency of education (Appendix IIID-2). Refer to Standard III-C for additional information on the RN-BSN option.
Resource Library Access. The Medical Center Library is a valuable learning resource that can be accessed directly or indirectly via the Internet. The library has an extensive collection of professional books and journals in hardcopy and electronic formats. Students and faculty can easily access a wide variety of databases such as CINAHL, Cochrane Library, and PubMed. Students can practice NCLEX-RN type questions using EXAM Master Online.

Faculty Support for Teaching/Learning Methods. UK provides formal group and individual training for all new classroom technology options, such as the ARS Turning Point (clickers) system, ECHO 360 system, and Bb web-based platform. UK Teaching and Learning and the Academic Technology Group schedule training sessions on campus. UK Teaching and Learning also provides faculty support for audiovisuals, distance learning, teaching methods, and instructional technology.

MSN and DNP Programs

Resources for the MSN and DNP Programs include those previously described for the BSN Program. However, since the MSN and DNP Programs are structured around a hybrid distance learning delivery model, additional support systems are in place. For example, students and faculty have access to technical support relative to the delivery model of the programs. Students have 24-hour access to the UK help desk for technology problems. Also, the CON's IT staff are available for problem solving with faculty and students when problems cannot be solved at the University level. Another unique resource for graduate students in the CON is the writing specialist, who works with individuals and groups of students as discussed in Standard II. This resource is in addition to the support offered through UK’s Writing Center.

In 2009-2010, the CON implemented a comprehensive faculty education program coordinated through TASC (CELT). As a result, all courses in these programs were developed using the Quality Matters guidelines (http://www.uky.edu/DistanceLearning/blueprint/SACS.php). For example, the course coordinators for specialty courses in the Primary Care Nurse Practitioner track participated in the program and organized course syllabi and Bb course shells according to the Quality Matters guidelines (see RR for additional information about this faculty development endeavor).

Teaching-learning practices have been developed to meet the specific needs of the adult learner. Flexibility of scheduling, access to faculty and online resources are important components of each program. In order to combine the best teaching methods, traditional face-to-face classroom experiences are blended with online interactions and assignments. A variety of teaching-learning methods are used in each program and course to accommodate different learning styles. These activities include lecture, small group work, invited speakers, student presentations, case studies, threaded discussion, and faculty designed online modules. Courses meet up to five times per semester; during interim periods, faculty guide students via Bb.

In the MSN and DNP Programs, experts from UKHC and other health professions colleges often provide guest lectures. In addition, more than one teaching-learning method is often used to help students grasp complex concepts. For example, in NUR 727 (Primary Care Advanced Practice Nursing Seminar) the content on diabetes is presented as a lecture and then students complete a case study about a patient with Type 2 Diabetes Mellitus (see RR for an example of a module used in NUR 727). As noted in the activities section of the module, Bb is used to guide students’ discussion of learning objectives. Significant attention is paid to scholarly writing as reflected by its emphasis in multiple courses throughout the program. In addition, the capstone
project for the DNP students and the master’s project for MSN students are major components of their respective programs (see RR for examples of scholarly papers). Students have the opportunity to formally evaluate their courses and instructors every semester to provide feedback on the usefulness of teaching-learning strategies.

The CON and UK environment for students in all the graduate programs has been specifically designed to maximize their involvement in the program. Given that students do not meet on a weekly basis, an in-depth orientation has been developed for incoming students (see RR). These experiences are designed to keep students informed about the program and the CON, obtain feedback from them, and nurture faculty-student relationships, thereby enhancing learning. Students receive information about a number of CON student resources during orientation, including library resources, IT CON consultants, the writing specialist, the UK Writing Center and Graduate Student Services.

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

**Elaboration:** Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

**Program Response**

**BSN Program**

The community of interest within the CON includes students for whom English is a second language, RN-BSN students, students at academic risk, and traditional undergraduate students.

**Students for Whom English is a Second Language.** The Second-Degree Option underwent a formal program evaluation in 2008. From this evaluation, it was determined that a significant number of students who failed to progress were students for whom English is a second language (ESL students). Based on the data, faculty from the Second-Degree Option and the associate dean recommended to the USAPC a Test of English as a Foreign Language (TOEFL) requirement be established. The rationale for changing the English proficiency requirements is as follows: A sufficient level of English proficiency is necessary, given that communication is essential to patient safety and optimal provision of care; it is also necessary for academic success. Beginning with admission in 2011-2012, the TOEFL internet based test (iBT) must be taken and the following minimum exam scores obtained for admission to the Second Degree Option: minimum cumulative score of 90, and minimum individual scores of 26 in Speaking, 22 in Listening, 20 in Writing, and 22 in Reading.

**RN-BSN Students.** One way in which the needs of the student community of interest are considered is through the delivery model for the curriculum. For example, in June 2011, the majority of RN-BSN students (87% of 45 enrolled) are currently working and 40% reside outside of Fayette County. Therefore, a distributed learning model was designed for this program. This delivery model is based on face-to-face meetings, faculty-student interaction on Bb, and other virtual classroom means during interim periods (see RR for RN-BSN Residency Information). Refer to Standard III-D for additional information on the distributed learning model and adult learning.
**Students at Academic Risk.** The Undergraduate Program initiated “First Aid Fridays,” a student success program that includes peer tutoring to address the needs of nursing students who were at risk academically. The CON also has a dedicated student success academic advisor who counsels students on studying and test-taking strategies. The University provides a network of academic support activities through the Academic Enhancement Office, such as “The Study” and the UK Writing Center. Through this support network, student success issues can be identified and appropriate support services provided. See Standard II for more information.

**Traditional Undergraduate Students.** Faculty members in the undergraduate nursing courses conduct course meetings, which include student representatives. Students send course concerns or other commentary through their course representatives. Course meetings (as well as systematic course evaluations) provide faculty a means for formative and summative student evaluation feedback that is considered in course review and revision (see RR for course minutes).

**Practice Partners.** The CON is sensitive to the needs of, and solicits feedback from the nursing practice community. Several examples include: In 2008, undergraduate faculty and administrators invited local practice partners to meet for a roundtable discussion focusing on the bridge between nursing education and practice. As a result, the Undergraduate Program continued to move forward with doubling its class size to meet nursing needs locally and nationwide. In 2009 there was discussion with UKHC managers to identify needed skills/behaviors of nursing graduates and what CON faculty identify as important UKHC clinical site attributes to develop high performing graduate nurses. UKHC practice experts in the areas of evidence-based practice, quality care and patient safety, and others were part of the 2010 Curriculum Task Force. In addition, the CON is, or will be, offering several joint nurse electives to be taught by UKHC nursing staff, including emergency nursing and perioperative electives.

**MSN and DNP Programs**

The CON uses a variety of activities to investigate the needs and expectations of the community of interest, defining community of interest as that community which reflects both internal and external entities and directly or indirectly affects or relates to the CON (see Standard I.B). CON alumni are surveyed on a regular basis as part of ongoing assessment of alumni perceptions of the preparedness and effectiveness of the curriculum in meeting their needs as MSN and DNP prepared nurses. In addition, employer surveys are completed when alumni surveys are conducted.

Some specific examples of the DNP Program community of interest include currently enrolled students, alumni, and employers. Since most of our currently enrolled MSN, BSN-DNP, and MSN-DNP students are working while taking course work, one way the student community of interest’s needs are considered is through the delivery model for the curriculum. For example, feedback in DNP student forums and surveys consistently indicated that the majority of students wanted courses that included some online work rather than the traditional weekly meeting format. Therefore, the delivery model is based on a combination of face-to-face and online interactions. For students who are non-native speakers of English, the University’s Center for ESL offers programs to improve English proficiency.

Another example of meeting the needs of the community of interest is the relationship that is fostered between DNP faculty and organizations that are potential employers of DNP graduates. For example, two DNP faculty members have clinical appointments at a local community
hospital. In addition, several clinics – some within UKHC – are staffed by DNP faculty. Clinics such as those at the Hope Center are designed to meet the needs of the homeless. These locations are often used as clinical sites for nurse practitioner students. The CON continues to explore opportunities for additional faculty practice, both within and outside of UKHC. The associate dean for practice and community engagement is in discussion with administrators of practice sites that will foster and bolster DNP student outcomes as well as provide opportunities for DNP faculty in practice roles.

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

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master’s DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response

BSN Program

Evaluation of Undergraduate Student Performance – Classroom. Student classroom performance is consistently evaluated in every undergraduate course in the CON based on the course’s objectives reflect individual student learning outcomes. The course syllabus is the contract between the course faculty and students for establishing expected outcomes. All syllabi include: course student learning outcomes, a summary description of the components that contribute to the course grade, the numerical scale to be used in grading and its relationship to letter grades, and an explicit statement of the weight for each component of the grade. Students are oriented to the syllabus on the first day of class, and the syllabus is made available to them at that time, either by hard copy or online using the course’s Bb learning platform. Students can request a hard copy of the syllabus if it is only offered online. Syllabi are critiqued on a 3-year cycle by members of the UPC and as requested by faculty to ensure that they meet UK and CON standards (see RR for minutes). A review of course syllabi is part of this process to ensure that every course syllabus reflects the required components. By UK policy, all students receive a formal midterm grade and a final grade, both of which are uploaded into the campus grade database, allowing students to view their grades. The midterm grade serves to alert students to marginal or failing grades. Students who are failing at midterm are informed by the course instructor. The student’s academic advisor and the CON’s student success advisor are also alerted.

A variety of course evaluation methods are used throughout the curriculum, for example, written examinations, written papers, group and individual presentations, and case analyses (Appendix IIIIF-1). Using a variety of evaluation methods allows faculty to assess various aspects of student learning, such as comprehension of relevant content, ability to apply knowledge, and analytic
and problem solving abilities. To ensure student papers and presentations are graded consistently, grading rubrics are used to increase objectivity (Appendix IIIF-2).

**Evaluation of Student Performance - Clinicals.** All clinical courses have student clinical performance evaluation forms which vary in design and focus based on the type of clinical course; however, all are consistent with the course objectives (see RR for sample clinical evaluation tool). The student clinical performance evaluation forms are made available to students at the beginning of the semester to ensure that students have a clear understanding of performance expectations. Clinical course syllabi contain clinical policies and procedures related to student performance, such as clinical attendance and professional role expectations, dress code, clinical evaluation and grading process, consequences for cheating and plagiarism, and CPR and immunization requirements. Clinical instructors teach, observe, and evaluate the clinical performance of each student and provide a clinical evaluation at the end of each clinical rotation in each course. Clinical course coordinators may seek input from the clinical faculty or preceptors for student evaluation, and serve as resources for clinical faculty to assure consistent application of the grading criteria. The course coordinators are responsible for collation of all grading criteria and determination of the final grades based on the course criteria. Students are formally evaluated by CON clinical instructors at two points during the semester -- midterm (formative evaluation) and the end of the semester (summative evaluation).

**CON Grading Scale.** A standardized grading scale is used throughout the Undergraduate Program (all NUR courses) in determining student grades. The approved scale is: A = 92-100, B = 84-91, C = 76-83, D = 68-75, E = less than 68. The CON grading scale is higher than that of most non-nursing courses at UK. The rationale for this higher standard is that graduates of the CON must pass the NCLEX in order to practice as Registered Nurses. Their findings were that students who were passing nursing courses with less than a 76% were more likely to fail the NCLEX. Rules for rounding of grades are left to the discretion of the individual course faculty and special rules are stated explicitly in the syllabus.

**Evaluation of Student Med-Math Competency.** Med-math competency is evaluated throughout the undergraduate curriculum in all clinical courses. The following statement and requirement is upheld throughout the CON Undergraduate Program:

Accurate dosage calculation is a major function of professional nursing practice and essential for safe nursing care. The med-math competency policy is one measure of assuring that nursing students and graduates of the CON are competent in this area. Each student must demonstrate competency at 100 percent mastery on the med-math exam in each clinical course in which enrolled. The date and time for completion of med-math mastery exam is established by the course faculty and published in the syllabus. Failure to demonstrate 100 percent mastery by the designated date will result in failure in the course. Beginning with NUR 861 (Family Health Promotion and Communication Across the Lifespan), first semester sophomore course, each clinical course syllabus will outline the med-math policy and the expectations for students to demonstrate competency within a specific timeframe. Every clinical course will administer a med-math test. Students may use whatever method of calculation they desire to arrive at the correct answers; however, only non-programmable calculators may be used.

**Evaluation of Student Performance through Standardized Testing - HESI Exams.** The Health Education Systems, Inc. (HESI) testing system has been implemented throughout the Undergraduate Program. The summary analysis produced by the exam enables faculty to compare their students’ performance on more than fifty different subject area categories with the
performance of students across the United States. Past and present student performance can be compared, providing insight into potential curricular strengths or areas for improvement. The current selected testing package provides students with eight specialty exams: fundamentals medical/surgical, pediatric, maternity, management, community health, psychiatric/mental health, and the Exit Exams I and II. The HESI exams provide immediate, individualized feedback to each student on completion of the exam. The feedback includes item rationale and scoring information. An end-of-program comprehensive exit exam is administered in the second semester senior level course, NUR 884 (Career Management in Nursing). This course also provides academic support for students in preparing for the NCLEX. A review of essential content and key topics as well as the difficult areas most likely to be tested, and test-taking strategies are reviewed. Current information on scoring, test preparation strategies, and anxiety reduction techniques, among other topics, are provided (Appendix IIIF-3).

**Student Progression in the Undergraduate Nursing Program.** The Undergraduate Student Handbook clearly describes the probation and academic suspension standards upheld by the CON. All students admitted to the CON are made aware of and have access to the Handbook. The USAPC exists to ensure standards are consistently applied to student requests for admission, progression and appeals for readmission to the Undergraduate Program. Committee functions that specifically address student appeals for readmission include:

- Reviews procedures for progression of students and recommends changes to the undergraduate faculty when appropriate.
- Reviews student progression petitions, including faculty recommendations, and makes appropriate recommendations to the associate dean of undergraduate studies and the dean.
- Reviews those students with unsatisfactory academic performance and recommends action to the associate dean of undergraduate studies and the dean.
- Seeks input from appropriate associate dean and designated faculty regarding student petitions.

**MSN and DNP Programs**

The student-advisor structure and processes, core and specialty course evaluations, and the advising committee structure and process are all designed to foster individual student learning outcomes as well as program objectives. Evaluation of student performance is consistently applied through the advising process, via student performance in courses of the curriculum and within the committee structure that guides completion of an end-of-program DNP capstone project. The evaluation policies and procedures are defined in the UK Administrative Regulations that pertain to students (http://www.uky.edu/StudentAffairs/Code/index.html), the College of Nursing Graduate Student Handbook, the DNP Faculty and Student Advising Manual, University Student Rights and Responsibilities Handbook and the Medical Center Behavioral Standards in Patient Care. In addition, course syllabi contain assignment activities designed to meet learning outcomes that is graded according to grading policy for the course. The UK policy on grading serves as the umbrella for the MSN and DNP Programs and the CON faculty makes decisions about required grades in courses as well as progression in the program (DNP Progression Criteria, approved Spring 2011). Students are introduced to expected program outcomes and evaluation policies during the formal orientation to the CON (see RR for Graduate Student Orientation agenda and documents). Subsequently, students are kept apprised during the advising process and during class meetings for individual courses.
As noted in the DNP Faculty and Student Advising Manual (see RR, pp. 6-8), policy regarding evaluation of student progress specifies that the advisor and student meet at least once a semester to evaluate the student’s progress. They also review completed and proposed course work, clinical work, capstone project, and barriers and facilitators to program progress. Tools used to guide the advising process and student progress include sample plans of part-time and full-time study (DNP Manual, pp. 12-16), instructions for preparing the capstone report (p. 19) and guidelines for the Institutional Review Board (IRB) application (p. 21). Once a decision is made about the students’ capstone idea, additional committee members are appointed for broader input into the design and implementation of the capstone project. Because of the focus on student learning outcomes in course work and in the advising process, students may elect to organize assignments in courses around their capstone ideas. Even though there may be a collaborative process in the topic of a paper, the faculty member teaching the course has full responsibility for assigning course grades. This approach has resulted in positive student outcomes (see RR for copies of published papers or examples of student presentations).

In addition to the advising process, students are evaluated in each individual course by the faculty member who teaches the course. Grading policies adhered to in the CON are those of UK as outlined in the Graduate Student Bulletin Spring 2011 (pp. 39-40). The course objectives are approved in the course development process and also serve as the basis for evaluation of student learning outcomes. In addition, grading expectations for courses are clearly stated and based on assignments that facilitate achievement of course objectives. Students are evaluated using a variety of methods including written papers, class participation, presentations, group projects, computer-based assignments, course examinations, and case study analyses. Students in specialty courses with clinical components are also evaluated based on MSN and DNP Program policy. The policy includes NONPF-NTF criteria for faculty: student assignment ratio and preceptor qualifications (see RR for the policy and examples of its use). Although preceptors have input into the students’ performance, faculty retain responsibility for evaluation of students’ clinical performance. For example a minimum of once a semester faculty in the Nurse Practitioner tracks evaluate students in the clinical setting. At least one clinical evaluation must take place at the student’s clinical site. One evaluation may take place either at the student’s clinical site or the faculty’s practice site.

Initially the Typhon Student Tracking System is being used to document students’ patient encounters and clinical procedures for the nurse practitioner tracks. The Adult-Gerontology CNS and Population and Organizational Systems Leadership (POS) tracks are considering using Typhon in the future. The Primary Care Nurse Practitioner track is using Typhon for online clinical evaluations (see RR for examples of clinical logs and evaluation tools).

Evidence of formative evaluation about individual student performance and progression in the program includes individual student electronic transcript information (showing course grade assignments) and the plans of study found in individual student records located in the Graduate Student Affairs office. Examples of summative evaluation of individual student learning include published papers by students enrolled in the program, IRB applications, and final capstone reports (see RR for samples).

III-G. 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 individual student learning 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

Evaluation of BSN Program Teaching-Learning Practices

Faculty, preceptors, clinical sites, courses and the curriculum are regularly evaluated by faculty, with feedback solicited from other communities of interest as appropriate. Outcomes data are used to foster program improvement as part of an ongoing formative and summative evaluation process.

Faculty. Students evaluate the faculty at the end of each semester. The online surveys are anonymous and data are collected electronically. There has been a very high response rate since students receive an incomplete for the course until the evaluations are completed or the student declines to evaluate on the electronic survey. The evaluations are shared with individual faculty and are available to the program and reporting associate dean for immediate review as part of the yearly faculty performance evaluation. Student evaluations are also submitted as part of faculty performance evaluations (see RR for student reviews). Faculty members present their performance evaluation documentation, which includes a self-evaluation of the faculty member’s student evaluations, performance in meeting goals during the past year, strengths, and need for professional development (see RR for faculty performance reviews). The academic program associate dean discusses specifics of the faculty member’s evaluation in meeting student learning needs and strategies for improvement in teaching, as needed.

Part-time Instructors. Part-time instructors are evaluated by their students every semester using the online survey, the same as full-time faculty. The student survey data are shared with the individual instructor and course coordinator. Formative evaluations occur in the fall semester with the course coordinator and appropriate academic associate dean offering the instructor constructive criticism and strategies for success. The course coordinator includes the evaluation data as part of the end of the year part-time instructor evaluation process. The summary evaluation is documented each May on the Evaluation of Undergraduate Part-time Clinical Instructors form (see RR) that is sent to the associate dean for undergraduate studies. A recommendation is made by the course coordinator to the associate dean about whether to re-hire the part-time instructor for the next academic year, since part-time instructors are hired on a semester basis. Course coordinators work closely with part-time instructors to orient them to the course and ensure seamless integration of classroom content with clinical experiences. The final grade in the course is assigned to students by the full-time course coordinator.

Preceptors. During NUR 886 (capstone course of the Undergraduate Program), students are precepted by nurses with expertise in the clinical area. Preceptors are evaluated by the student at the completion of the rotation via a computer based survey (see RR for samples). The course coordinator reviews the preceptor evaluations and either makes recommendations for improvements in teaching or recommends that the preceptor not be re-appointed in subsequent semesters. The preceptors provide the students with formative and summative evaluations in collaboration with the course faculty.

Course Evaluations. The UPC developed a process and form for Periodic Review of Nursing Courses. Each semester four or more courses are evaluated by an appointed UPC review committee (consisting of at least 2 faculty members). For example, three 1st semester
sophomore courses and two 2nd semester sophomore courses are scheduled for evaluation in 2011-2012. The review is based on The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). However, not every course will address each Essential (see RR for the courses evaluated from Fall 2008-Spring 2011). The evaluations become the basis of discussion for review and revision by the curriculum committee and individual course faculty. The associate dean discusses course evaluations with the course faculty and recommends strategies for improvement, as needed, during faculty performance evaluations.

**Clinical Placement Sites.** Every spring since 2009 the Undergraduate Program has requested clinical site evaluations from students (see RR for samples). Course faculty and the associate dean review the evaluations and make recommendations for changes as needed to the UPC or the appropriate course faculty. These evaluations are based on how successful the clinical experiences were in meeting the course and program student learning outcomes. The Undergraduate Program is sensitive to issues that occasionally arise regarding specific clinical locations. For example, clinical student evaluations of a facility were consistently negative relative to poor patient access issues. In response, this clinical rotation was ultimately discontinued in favor of a new location where better patient access could be achieved.

**Yearly Program Evaluation.** Every year in October, the KBN requires the submission of a comprehensive report for the BSN Program that includes: student enrollment, retention, attrition and graduation rates, and a program outcome evaluation (see RR for KBN reports). The report is prepared by the associate dean for undergraduate studies and reviewed by the dean and the current chair of the UPC. In addition, the associate dean prepares a table of outcomes indicators for the Undergraduate Program. It summarizes outcome achievement based on the target goals. This report is reviewed by the UPC, which recommends actions to improve outcomes that were not met. The report and actions are approved at a fall undergraduate faculty meeting.

**Post BSN Program Evaluation**

**Graduating Senior Survey.** Each senior, when applying for graduation, is asked to complete a voluntary online survey administered by the UK’s Office of Institutional Research, Planning and Effectiveness (IRPE). The Graduating Senior Survey (see RR) requests information on the graduate’s satisfaction with faculty, curriculum, clinical experience, advising, and learning resources, among others. The IRPE analyzes the results in aggregate for UK graduates and by CON. Survey results are available on the UK website.

Of the 122 graduates that responded to the 2009-2010 survey, the vast majority were highly positive. For example, 90% would recommend the BSN Program to other students; 98% reported that faculty are knowledgeable in their subject matter; 97% acknowledged that faculty are accessible outside of the classroom; and 97% stated that faculty treated students with respect. In addition, 97% of students agreed that they improved their critical thinking and analytical skills.

The survey indicated a small percentage of nursing students perceived the academic climate of UK as discriminatory or very discriminatory. Of seven student groups surveyed, 2.6% found the academic climate discriminatory and 0.2% as very discriminatory. The CON continually strives to improve the academic climate for minority groups. For example, in 2009 a diversity consultant held workshops for faculty and staff to promote diversity awareness, sensitivity, and respectfulness. The dean also formed the Diversity Advisory Council.
IRPE also administers an Alumni Survey online in odd numbered years (see RR), asking questions similar to those in the graduating senior survey. For example, the 2009 UK Alumni Survey asked students who graduated from 2006-2007 if they believed the academic climate was discriminatory. Of six groups surveyed, only one group (13%) reported a discriminatory climate at UK. By 2009-2010, only 2.8% of the same minority group reported that they believed there was an academic climate of discrimination.

Alumni Relations and Alumni Survey. The CON strives for a continuing relationship with its alumni. A strong Alumni Association (CONAA) makes this possible. Data regarding alumni career achievement inform the College and the University about how nursing alumni are impacting the profession on local, national and international levels.

The CON connects with its alumni twice per year through its fall publication, Opportunities magazine, and its spring publication, In Step. Alumni contact is made annually through a number of alumni-focused events such as the Homecoming Brunch and Alumni Awards Presentation. The CON’s director of alumni and development connects with nursing alumni via phone calls and/or personal visits and written communication. The CON and CONAA sponsor events locally and nationally that provide venues for alumni outreach. Associate deans provide updates on the curriculum through presentations, print and electronic media to solicit feedback from alumni (see RR for samples of these publications).

Every five years alumni are surveyed by the CON (see RR). While the response rate was low at 10% of undergraduate alumni (n=483, graduating 2003-2009), data from the 2009 indicated a 98% overall satisfaction with the quality of the CON’s BSN Program. In addition, 97% indicated that the BSN Program prepared them to accomplish the outcomes or objectives of the health care organization in which they are employed.

Employer Survey. In 2009, 4% (n= 8) of current employers of CON BSN graduates (n=483; 2003-2008) responded to a survey on the quality of CON graduates (see RR). Employers reported a 100% satisfaction rating for both the quality of the BSN Program and how well the CON’s BSN graduates helped their organizations to achieve their goals. Feedback from employers contributes to the ongoing curricular discussions and revisions.

MSN and DNP Programs

Evaluation strategies in the MSN and DNP Programs are formal and informal, formative and summative. The evaluation strategies are optimized through both UK and CON structures. The UK structure that provides a framework for formal evaluation is the Office of Assessment located in the UK IRPE department. The Office of Assessment offers services and resources that support assessment and improvement of student learning, including one-on-one and group mentoring and workshops to meet the needs of UK faculty (http://www.uky.edu/IRPE/assessment.html). Also, the CON has a coordinator of assessment and special projects who works closely with associate deans and UK Assessment office staff in coordinating assessment and evaluation efforts. During the review period for this accreditation visit, the associate dean and DNP Program Committee members have worked closely with both Assessment office staff and the CON’s coordinator of assessment and special projects to assure that the program meets UK standards.

As a result of this close working relationship, a process of formal evaluation was initiated in 2009 for both the MSN and the DNP Programs. For example, to ensure individual student learning outcomes were congruent with program outcomes, an initial mapping of the DNP
Essentials and the BSN-DNP curriculum was conducted in November 2009. Similarly, curriculum mapping of MSN courses and Essentials for MSN Programs was implemented. Results of the mapping indicated that all the objectives for each of the DNP or MSN Essentials were embedded in the curriculum courses. Objectives 1-3 of DNP Essential I, Scientific Underpinnings for Practice, can be found in several of the core and specialty courses. This evaluation served as a benchmark for development of a comprehensive DNP Evaluation Program Plan and rubrics for evaluation use. Simultaneously, the DNP Program objectives were revised to better reflect an emphasis on program and student learning outcomes (see RR for Joint PhD/DNP Committee minutes 9/21/09; DNP Committee 11/16/09). The learner-oriented DNP Program Objectives approved by the total faculty in September 2010 serve as the foundation for program and course evaluation (see RR for DNP Program Evaluation Plan – Outcome Indicators).

In 2008, students’ writing skills were discussed at the graduate program track coordinator meetings (see RR for minutes for 10/14/08; 11/17/08; and 12/15/08). As a result, a writing specialist was budgeted when the BSN-DNP option was developed, and in 2010 a writing specialist was hired. See STD II for more information. As improvements were made in strategies to help students improve writing skills, more formal, formative and summative evaluation methods and rubrics have been developed, including ways to evaluate written goals statements in applications (see RR for DNP Committee minutes February 2011).

Examples of formative and summative evaluation can be illustrated in individual course evaluations. Students complete instructor and course evaluations in all courses of the curriculum. The student feedback informs potential improvements in teaching strategies. In addition, the associate dean of MSN and DNP studies reviews the student evaluations each semester to identify concerns that require action and for use during faculty performance reviews. For example, course evaluations of NUR 652 in the MSN Program indicated that students wanted more content related to their specialty areas. Faculty agreed, and when the BSN-DNP option was developed, NUR 927 (Special Topics in Pharmacology-1 credit hour) was added. Current MSN students are also offered the specialty pharmacology content in NUR 652. Since implementing the BSN-DNP option in 2009, there have been ongoing informal, formal, formative, and summative evaluation strategies to ensure program and student learning outcomes are achieved (see RR for examples).

**Areas of Strength for Standard III**

- Strong BSN traditional applicant pool; admission GPAs for traditional students admitted to the BSN Program remain high, indicating enrollment of highly qualified students
- NCLEX-RN first time pass rate averages 97% over the last decade (2001-2011); no significant decline with increased enrollment in the BSN Program
- Faculty members teaching in the BSN Program are specialists in their field, highly regarded by students as knowledgeable in their content area, and accessible to students outside of the classroom
- Placement of NUR 885 (High Acuity Nursing) in the senior year provides a strong review of acute care concepts prior to graduation, which may have a consistently positive impact on the College’s NCLEX success
- The BSN Program nursing capstone experience in the final semester of the curriculum provides students with 220 contact hours of clinical experience. KBN requires 120 hours
- Undergraduate enrichment opportunities provide high quality, mentored experiences for students to explore research, practice, and teaching
• The active relationship that exists between the College and our practice partners keeps the College sensitive to the practice needs of the community and has encouraged collaboration endeavors

• The College is an active member of the CIHERP Working Group, a UKHC wide collaboration group working towards increasing interdisciplinary collaboration skills amongst the colleges at UK

• The MSN-DNP option was accredited in 2009 and a substantive change report was submitted to the CCNE for the BSN-DNP option

• The BSN-DNP option was implemented in 2009 with a transition plan for MSN students who wanted to complete the DNP Program

• The MSN and BSN-DNP option met the NONPF-NTF criteria

• Concepts of the Consensus Model for APRN Regulation (LACE) have been addressed in specialty courses of the MSN Program and BSN-DNP option

• The applicant pool for the DNP Program remains strong, including the BSN-DNP and MSN-DNP options

• Many faculty in BSN-DNP specialty courses are nationally recognized as experts in their areas of specialization

• The vast majority of faculty in the NP and CNS specialty tracks are nationally certified and many practice in their areas of specialization

• The CON provides resources to new DNP track coordinators to assure their success

### Areas of Concern and Action Plans for Standard III

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second degree BSN students admitted with lower cumulative GPA (3.1) than traditional BSN students (3.6)</td>
<td>Market Second Degree Option to highly qualified students; implement twice yearly (2011-2012) admission cycle; notify students of admission decisions early in order to enroll highly qualified students who are applying to several nursing programs</td>
</tr>
<tr>
<td>ESL Students have difficulty successfully progressing through the BSN Program</td>
<td>Instituted TOEFL (internet based) requirement for ESL students admitted 2011-2012 academic year. Continue to track progress</td>
</tr>
<tr>
<td>Some students continue to struggle to be successful in the BSN Program even though they are highly qualified on admission</td>
<td>Require pre- and co-requisite courses to be completed before student progress, based on trend data for courses; continue to offer resources in the CON to support student success</td>
</tr>
<tr>
<td>Employment rate for BSN graduates at the time of graduation has declined, consistent with the national trend</td>
<td>Work with local nurse executives to identify hiring plan and share information on upcoming graduates</td>
</tr>
<tr>
<td>Graduating BSN students perceive academic advising to be less than satisfactory</td>
<td>Implement a CON advising evaluation for professional and faculty advisors to be administered at the end of each academic year; based on evaluation data, identify areas for improvement</td>
</tr>
<tr>
<td>Some minority students do not find UK and the CON to be inclusive</td>
<td>Continue to solicit feedback from the CON diversity council and students on ways to support minority students. Work with UK vice president for institutional diversity to create a welcoming environment that fosters inclusion</td>
</tr>
<tr>
<td>Issue</td>
<td>Action</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>GREs for many DNP applicants do not meet desired score levels</td>
<td>Include the Miller Analogy Test as a test option for admission criteria; continue to track GPAs of students to determine success or limitations in program progression</td>
</tr>
<tr>
<td>Scholarly writing in the DNP Program continues to be an area of concern</td>
<td>Continue to conduct assessment of writing, development of writing evaluation rubrics, and provide students with individual and group support in writing via the writing specialist</td>
</tr>
<tr>
<td>Monitor timely completion of MSN students</td>
<td>Continue to track progress and outcome achievement</td>
</tr>
</tbody>
</table>
STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT AND FACULTY OUTCOMES

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Program Response

BSN Program

UK and CON surveys are used to collect information about student, alumni, and employer satisfaction and demonstrate achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Graduation rates, NCLEX first-time pass rates, job placement rates, as well as alumni and graduate survey data are mechanisms used by the BSN Program to assess its effectiveness in meeting the needs of its community of interest.

Surveys are completed by undergraduate students at graduation. In addition, a sample of alumni and employers are surveyed every five years; the most recent surveys were completed in 2009. All survey data are summarized and reviewed by the undergraduate associate dean, the curriculum committee, and undergraduate faculty who recommend actions needed or program changes. The data are also reviewed by the Coordinating Council for College level implications, and presented to the Dean’s Advisory Council for feedback.
The CON’s Governance Council reviews and modifies the strategic plan annually based on the data collected related to each metric. The strategic plan guides how the nursing program is evaluated. The BSN Program target outcome for NCLEX pass rates on first attempt among graduates is greater than 90%. This target was exceeded with NCLEX first attempt pass rates of 96-98% during the December 2008 to May 2011 time span (see RR for Evaluation Plan-Outcome Indicators for BSN Program-Traditional & 2nd Degree Programs). The associate dean for undergraduate studies, the UPC, and the undergraduate faculty examine factors that can predict or influence NCLEX success and make adjustments accordingly in student/faculty activities to promote success. For example, when students take the HESI RN Exit Exam1 during the last semester of their senior year in NUR 884 and score less than 900, they are required to take the HESI Exit Exam II before graduation. Students use data from the HESI Exit Exam to guide their preparation for the NCLEX after receiving detailed testing results. In addition, each student in NUR 884 creates a personal study plan for the NCLEX and receives individualized guidance for success from the course coordinator (see RR for HESI scores by course).

**Graduation and Attrition Rates.** From December 2008 to May 2011, the majority of undergraduate students, 84-86%, completed the nursing component of their baccalaureate degrees in 3 years. On average, the CON goal of greater than or equal to 80% of graduating BSN students completing their professional nursing program within three years of entering their first clinical course has been achieved. Attrition rates for traditional nursing students range from 8-13% (see RR for Evaluation Plan-Outcome Indicators for BSN Program-Traditional & 2nd degree, 2008-2009; 2009-2010; 2010-2011). This overall attrition rate meets the BSN Program target outcome of less than 10% attrition from time of first clinical nursing course to program completion.

**Guaranteed BSN Admission.** Students are officially accepted into the CON in the first semester of their sophomore year. Beginning in 2010, early provisional admission to the professional nursing program was granted to graduating high school seniors who meet the criteria of a high school GPA of 3.5 or higher and an ACT composite of 28 or higher (or the equivalent SAT score combined). These students are required to maintain a 3.25 GPA in each semester of their first year and a 3.25 science GPA to retain guaranteed admission to the professional program.

The CON also reserves 5 spaces for Army and Air Force ROTC cadets. UK ROTC students must meet the same admission criteria as the general pool of BSN applicants.

Students who meet these requirements will be granted full admission to professional nursing curriculum in either the fall or spring semesters of the student’s sophomore year. Students not meeting the criteria will be grouped with other applicants who are considered for admission after completion of the prerequisites.

**Dual Degree Option.** The CON has an agreement with two private schools in the Central Kentucky area from which students can receive a dual degree (Asbury University and Georgetown College). Students complete the liberal arts core requirements prior to enrolling in the UK nursing program. The UK undergraduate nursing program agrees to accept five students from each of the schools if those students have achieved a minimum 3.0 cumulative and 2.75 science GPA. The dual program students must meet the same general admission criteria as the general pool of BSN applicants. Table IVA-1 reports admission numbers for pre-nursing guaranteed, dual degree, and ROTC students.
Table IVA-1: Guaranteed BSN Admission

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Students Selected</th>
<th>Guaranteed Pre-Nursing Students (initiated 2010-2011)</th>
<th>Georgetown College Students (Dual Degree)</th>
<th>Asbury University Students (Dual Degree)</th>
<th>ROTC Students (Army and Air Force)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-2012</td>
<td>162</td>
<td>33 (20.3%)*</td>
<td>5 (3.1%)</td>
<td>1 (0.6%)</td>
<td>3 (1.8%)</td>
</tr>
<tr>
<td>2010-2011</td>
<td>166</td>
<td>49 (29.5%)*</td>
<td>5 (3.1%)</td>
<td>0 (0.0%)</td>
<td>6 (3.6%)</td>
</tr>
<tr>
<td>2009-2010</td>
<td>160</td>
<td>N/A</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

*Note: ACT requirement was 26 composite in 2010-2011 and increased to 28 composite in 2011-2012; GPA requirement also increased.

**SNAP Program.** In an effort to address employment of our graduates and the employment needs of UKHC, the Student Nurse Academic Practicum (SNAP) was formally revamped with a collaboration between the CON and UKHC Staff Development. The major change with the new program is the inclusion of nursing faculty supervision and the awarding of college credit at the end of the 10 week program. Since this is an experience with a preceptor under faculty supervision, students are permitted to perform skills commensurate with an academic program level student. In addition, the CON tries to place students in the same unit for their senior synthesis if the student requests this, and the hospital offers SNAP participants first priority employment upon graduation. The new SNAP option began in 2009 and has been highly successful, increasing from 40 in 2009 to 60 in 2010 (Appendix IVA-1).

**Employer Survey - Undergraduate Program.** When the five year survey of graduates is done, alumni are asked to recommend employers (supervisors) who are willing to be called to determine employer satisfaction with CON graduates. Forty-nine graduates (2003-2008) completing the survey in 2009 submitted employers’ names. Eighteen employers responded. With the exception of incorporation of research findings into professional practice (95%), all (100%) employers indicated that graduates are prepared or well prepared to fulfill their professional nursing roles, and voiced satisfaction with the CON graduates (see RR for Employer Survey).

**Graduating Students - Undergraduate Program.** Every year UK surveys graduating seniors to determine student satisfaction with the University and their college program. The results indicate that the majority of those responding would recommend the nursing program to others, felt prepared for their first job, and felt prepared to enter a graduate program (see RR for Graduating Senior Survey, 2008-2009 and 2009-2010). In 2009 the CON completed a five-year sample survey of graduates in years 2003-2008. With a 9% response rate, 98% of alumni indicated satisfaction with their program (see RR for UK CON Undergrad Program Alumni Current Place of Employment Survey, April 2009).

**Patterns of Practice and Employment.** According to a survey at the time of graduation, the percentage of BSN graduates reporting that they were employed at that time was 73% in 2008-2009, 37% in 2009, and 30% in 2010-2011 (see RR, Graduates Employed at Time of Graduation).

**MSN and DNP Programs**

In order to maintain a level of excellence in instruction within the MSN and DNP Programs, data are collected related to the success and achievement of our students and graduates and satisfaction of students, alumni and employers. Student, alumni and employer satisfaction is
measured through formative and summative evaluation methods, both formal and informal. Formative evaluation of student satisfaction is gauged through informal forums, course evaluation comments and during student advising. Summative evaluation is gauged through course evaluations and end-of-program, alumni and employer surveys.

End-of-program evaluations are sent to graduates of the MSN and DNP Programs annually. Current DNP end-of-program evaluations include MSN to DNP students, as we have had only 1 graduate from the BSN-DNP option (a MSN transition student). The first enrolled class of BSN-DNP students is anticipated to graduate in August 2012. Surveys are sent out and received by the Graduate Student Office. Results are then reviewed by the associate dean for MSN and DNP studies, the MSN and DNP Program Committees, and the specialty track coordinators, as appropriate.

Student achievements are reflected through retention, graduation, national certification and job placement. Student accomplishments are also reflected in publications, presentations, awards, and for MSN-DNP and BSN-DNP students, funding for capstone projects.

Alumni surveys have been used to evaluate satisfaction with specific programs and preparation for an advanced practice career. Employer surveys have gauged satisfaction with graduates who are currently working at their institutions. The last alumni and employer surveys for the MSN Program were conducted in 2001. The 2011 alumni survey is completed however employer surveys are pending completion. It was originally anticipated that the alumni survey would be conducted every 5 years, with the next survey in 2012 to include both MSN-DNP and BSN-DNP alumni. However, in Fall 2010, it was felt that the number of alumni was large enough to provide us with an adequate number of employers to survey. The alumni survey was sent out in Fall 2010 and followed by an employer survey in Spring 2011. This 2010-2011 time frame will become our new benchmark and alumni and employer surveys will be sent out every 5 years on a fall-spring schedule.

**IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.**

*Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.*

**Program Response**

Aggregate student outcome data are analyzed and compared with expected student outcomes. The reported data are reviewed by the program and faculty committees. The faculty recommends action plans to address areas of discrepancy or a need for program improvement.

**BSN Program**

Table IVB-1 lists the outcome indicators for the BSN Program from 2008-2011. The vast majority of the target outcome indicators were met. Admission GPA for traditional undergraduate students applying to the professional nursing program has remained high and met the targeted outcome of greater than 3.25. Students are also graduating with GPAs exceeding the CON’s goal; that is, 85-96% of traditional and second degree students graduated with a GPA greater than or equal to 3.0. Satisfaction scores with the BSN Program also remain high; 86-97% of students reported satisfaction or high satisfaction with various aspects of the
program. NCLEX pass rates (96-98%) have also remained significantly above the state and national averages. Students are also meeting the CON’s goal for time to degree completion. Alumni and employer satisfaction has been high.

There are several areas in need of improvement. The admission GPA of students in the 2nd degree and RN-BSN options are below the CON’s goal. Student satisfaction with advising is also lower than the targeted outcome, although advisor accessibility was acceptable. Employment rates for new graduates were also low, ranging from 84% in December 2008 to 21% in May 2010. Action plans to improve these discrepancies were addressed in Standard III, Areas of Concern and Action Plans.

### Table IVB-1: Outcome Indicators for the BSN Program

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 3.25 average cumulative and science GPA on 4.0 scale for students admitted to professional nursing program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional Student Admission Data</td>
<td>n=80</td>
<td>n=168</td>
<td>n=166</td>
</tr>
<tr>
<td>• Aver Cum GPA</td>
<td>3.4</td>
<td>3.6</td>
<td>3.6</td>
</tr>
<tr>
<td>• Aver Science GPA</td>
<td>3.3</td>
<td>3.6</td>
<td>3.5</td>
</tr>
<tr>
<td>2nd Degree Student Admission Data</td>
<td>n=32</td>
<td>n=32</td>
<td>n=36</td>
</tr>
<tr>
<td>• Aver Cum GPA</td>
<td>3.0</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td>• Aver Science GPA</td>
<td>2.8</td>
<td>3.0</td>
<td>3.1</td>
</tr>
<tr>
<td>RN-BSN Student Admission Data</td>
<td>n=37</td>
<td>n=40</td>
<td>n=40</td>
</tr>
<tr>
<td>• Aver Cum GPA</td>
<td>3.1</td>
<td>3.1</td>
<td>3.1</td>
</tr>
</tbody>
</table>

| Target Outcome/Indicator: Student Performance | > 75% of students with cumulative GPA of ≥ 3.0 at graduation (3.0 cumulative GPA is minimum for acceptance into graduate school); > 50% of students graduate with UK honors (i.e., > 3.4 cumulative GPA) |
|---------------------------------------------------------------|---------|---------|---------|
| Traditional and second degree students who graduated with |
| • ≥3.0 cum GPA | Dec. n=45 | Dec. n=54 | Dec. n=81 |
| • Honors | 96% | 89% | 85% |
| • ≥3.0 cum GPA | May n=44 | May n=74 | May n=92 |
| • Honors | 50% | 30% | 19% |
| • ≥3.0 cum GPA | 100% | 96% | 95% |
| • Honors | 55% | 55% | 54% |
| RN-BSN students who graduated |
| • ≥3.0 cum GPA | Not available | n=63 | n=33 |
| • Honors | 73% | 85% | 85% |

<p>| Target Outcome/Indicator: Student Satisfaction with BSN Program | &gt; 75% of students rate items indicating satisfied or very satisfied* overall with UK nursing program (UK Graduating Senior Survey includes traditional, second degree, and RN-BSN graduates reported in aggregate) |
|---------------------------------------------------------------|---------|---------|---------|
| Question | n=71 (% agree or strongly agree) | n=121-122 | n=132 |
| Students would recommend program | 86% | 90% | 94% |
| Faculty knowledgeable in their subject matter | 97% | 98% | 97% |
| Faculty treated students with respect | Not asked | 97% | 95% |
| Faculty accessible outside of classroom | 96% | 97% | 98% |
| Students improved critical thinking and analytical skills | 97% | 91% | 90% |</p>
<table>
<thead>
<tr>
<th>Overall satisfaction with UK experience</th>
<th>2008-2009</th>
<th>2009-2010</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>86%</td>
<td>86%</td>
<td>84%</td>
<td></td>
</tr>
</tbody>
</table>

**Target Outcome/Indicator: Student Satisfaction with Advising** $\geq 75\%$ of students rate items indicating satisfied or very satisfied* overall with advising (UK Graduating Senior Survey includes traditional, second degree, and RN-BSN graduates reported in aggregate)

<table>
<thead>
<tr>
<th>Question</th>
<th>n=71 (% agree or strongly agree)</th>
<th>n=120-121</th>
<th>n=132</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor is someone I would recommend</td>
<td>68%</td>
<td>73%</td>
<td>79%</td>
</tr>
<tr>
<td>Advisor was accessible when needed</td>
<td>76%</td>
<td>79%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**Target Outcome/Indicator: NCLEX-RN Pass Rates** $> 90\%$ of graduates will pass the nursing licensure examination on the first attempt

- **Dec. first-time pass rate**
  - n=45 98%
  - n=54 98%
  - n=72 96%
- **May first-time pass rate**
  - n=40 98%
  - n=75 96%
  - n=82 94%, 3 not reported
- **CON Average Academic Year**
  - 97%
  - 97%
  - 95%
- **National Average Split Years**
  - 87-88%
  - 87-88%
  - 87% (2010)
- **Kentucky Average**
  - 89%
  - 89%
  - 89%

**Target Outcome/Indicator: Time to Degree Completion** $\geq 80\%$ of graduating BSN students will complete their professional nursing program within 3 years of entering their first clinical nursing course; $< 10\%$ overall attrition from time of entering first clinical nursing course in professional nursing program

- **Dec./May traditional and second degree completed in 3 years**
  - n=100 86%
  - n=118 84%
  - n=181 77%
- **Traditional and second degree attrition**
  - 8% (n=8)
  - 8% (n=11)
  - 13% (n=24)
- **RN-BSN completed in 3 years**
  - Not available
  - Not available
  - n=68 100%, 69% graduated in 1 year
- **RN-BSN attrition**
  - Not available
  - Not available
  - 9%

**Target Outcome/Indicator: Employment Rate** $\geq 80\%$ of graduates who have positions (if desired) commensurate with their education at the time of graduation (Not applicable for RN-BSN graduates since they are employed at the time of admission to the program)

- **Employed at time of graduation**
  - Dec. n=45 84%
  - May n=44 61%
  - Academic Year 73%
  - n=54 52%
  - n=72 21%
  - n=37%
  - n=71 30%
  - n=84 30%
  - n=30%

**Target Outcome/Indicator: Alumni Satisfaction** $> 90\%$ of alumni are satisfied or very satisfied with their education 1-5 years post-graduation (includes traditional, second degree, and RN-BSN graduates reported in aggregate)

- **Dec. 2003-May 2008 graduates – n=483, 49 responses (10%)**
  - 98% very satisfied (71%)
  - or satisfied (27%)
  - Not applicable, completed every 5 years

*Respondents were asked if they agree or strongly agree that they are "satisfied or very satisfied"

**MSN and DNP Programs**

Students are expected to successfully complete all coursework, all required clinical experiences, and the capstone project. These aggregate data are monitored and maintained by the individual
course coordinators, faculty advisors, office of the associate dean for the MSN and DNP program and the graduate student affairs officer. The associate dean for the MSN and DNP program reports these outcomes to the DNP faculty and DNP Program Committee, the CON administration, and the University, at the end of each academic year. Analysis of these data occurs during students’ annual progress meeting with their faculty advisor, the annual evaluation of the DNP Program by DNP faculty and DNP Program Committee, and the dean.

DNP aggregate student outcomes are consistent with the DNP Program expected outcomes listed in Standard III-A. Assurance of adequate content to provide the foundation for students to achieve these outcomes is found in the DNP Program of Study. This content includes evidence-based practice, policy, economics, program evaluation, and leadership. A clinical residency culminates in an evaluation project in a trajectory that focuses either on nurse executive, advanced practice and/or clinical leadership. All specialty clinical experiences in the MSN Program and BSN-DNP option are evaluated by clinical preceptors. These evaluations are forwarded to the course faculty of record for integration into the course grade.

Surveys of MSN-DNP graduates and employers for the period 2005-2010 were conducted during the academic period 2010-2011. Data collection procedures were based on a slightly modified version of Dillman’s Total Design Method. All graduates of the program (n=36) from inception to the present were included; the response rate was 80% (n=29). The majority of the graduate respondents (96.5%) reported full-time employment and a change in responsibility post-graduation (65.5%). Most reported employment in a degree granting institution (59%) or health care/business agency (34%). Graduates’ scholarly accomplishments included publications (n=24), presentations (n=46), and grants (n=20). The instrument included scaled response options about the DNP Program objectives. On the 4.0 scale, graduate respondents rated solving problems that affect health and health care delivery through clinical leadership highest (3.8) and developing networks in complex systems lowest (3.4). These ratings will be used to inform curriculum evaluation in the DNP Program.

Employer respondents (n=17) were very satisfied with MSN-DNP graduates (82.4%). They rated the ability of graduates to engage in leadership to create proactive environments which improve health care outcomes highest (3.9), and graduates’ ability to promote evidence-based innovations, technologies and scholarship lowest (3.1). Conclusions were that graduates and employers had similar perspectives about preparation for the work setting and creating change in organizations. Overall satisfaction was high in both groups. Recommendations include determining employer expectations regarding graduates’ ability to promote evidence-based innovations, and evaluating the curriculum to determine content deficits in areas of concern.

An additional way to verify whether DNP students attain the desired program outcomes is examination of the content in the individual DNP capstone projects. The DNP Program provides clear criteria for the content of, and processes used, in the capstone project. Students are evaluated by faculty using scholarly criteria which reflect expected outcomes (see RR for DNP graduates, titles of their capstone projects, and chair and committee members).

Student quality before program entry and at the completion of the program is indicated by DNP graduate admission GPA, GRE scores, and final DNP Program GPA (see RR). The cumulative mean graduate GPA for all students on admission to the 3-year post MSN-DNP Program option was 3.68, and the cumulative mean GPA at graduation was 3.88. This is illustrative of the achievement of our students as they complete the DNP Program.
IV-C. Aggregate student outcome data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

Program Response

BSN Program

The mission of the CON is to foster health and well-being among the people, the region, and the world through excellence in nursing education, research, practice, and service in an ever-changing health care environment. The mission and philosophy statements of the UK CON are located on the College website and in the CON strategic plan. In the BSN Program, the mission is accomplished through successful achievement of the five program learning outcomes for BSN students. Aggregate student outcome data for the BSN were addressed in section IV-B, providing evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.

Program learning outcome #1. Applies a systematic process, consistent with professional standards and evidence-based practice, to prevent illness and injury; promote, maintain, and restore client health; or support clients toward a peaceful death.

The BSN NCLEX first time pass rate for the last three years is >96%, demonstrating the students’ ability to apply a systematic process, consistent with professional standards and evidence-based practice, to provide care. Further, 94% of the alumni reported being prepared or well prepared to apply the nursing process as a method of providing professional nursing care to prevent illness; promote, maintain, restore client health; and/or support clients to a peaceful death (see RR for Undergraduate Alumni Surveys). Graduating seniors (> 94%) agreed or strongly agreed that faculty were accessible outside of the classroom; are knowledgeable in their subject matter; and treated students with respect. In addition, 90% of graduates would recommend the UK BSN Program to others.

An example of opportunities for students to develop the ability to apply a systematic process, consistent with professional standards and evidence-based practice, can be found in the outcomes from the SNAP, a summer externship developed as a collaboration between UKHC and the CON. The 10-week program was developed in 2009, guided by the 36 new graduate nurse competencies (2008; The Advisory Board Company, Nursing Executive Center, Bridging the Preparation-Practice Gap) as the conceptual framework. Course requirements include an evidence-based practice email log submission, exploration of quality improvement initiatives on the clinical units, and formal written performance evaluations. Self-assessment of competency development is accomplished through the completion of a 36-item survey by students at the end of the course.

The 2011 SNAP cohort (n=58) of second semester junior and first semester senior students ranked their development in each of the 36 competencies on a 0-4-point scale indicating no improvement, some improvement, moderate improvement, or high degree of improvement from the beginning to the end of SNAP. Students reported a high degree of improvement in their ability to conduct patient assessments (88%), document patient assessment data (81%), and
work independently (81%) by the end of the program. The greatest percentage of moderate improvements were reported in ability to engage in conflict resolution (42%), delegate tasks (42.1%), and comply with regulatory issues relevant to nursing (38.6%). These areas are further developed in the capstone course, NUR 866, during the senior year.

**Program learning outcome #2. Demonstrates leadership, responsibility and accountability in addressing health care issues.**

BSN students are offered many opportunities during their academic career to demonstrate leadership, responsibility, and accountability in addressing health care issues. In every clinical course, students are held to high professional standards indicated by the clinical student learning outcomes. Additional enrichment opportunities are provided in the CON, including the undergraduate nursing research internship, nursing practice internship, and nursing skills lab internship; the Deans’ Interprofessional Honors Colloquium; and other interprofessional opportunities described in Standard II-B, as well as University clubs and activities.

**Undergraduate Nursing Activities and Advisory Council.** There are two organizations in the CON that provide undergraduate students with the opportunity to engage in the community and to practice leadership, professional responsibility, and accountability. UNAAC serves as a liaison between the dean of the CON and students. Its purpose is to provide undergraduate student input regarding CON procedures, activities, and evaluation. UNAAC fosters communication among administrators, faculty, staff, and students and serves as a liaison with the Student Government Association. It plans and carries out student social and service activities. UNAAC identifies and promotes resources and support systems that facilitate successful progress of undergraduates through the baccalaureate program. Students in the organization review and make recommendations to the dean regarding course and faculty evaluation procedures, proposed appointment and tenure of faculty members, national and international activities, and undergraduate student problems and concerns. UNAAC also conducts all undergraduate student class officer election processes and provides student representation to the undergraduate faculty meetings and program committee.

**UK Student Nurses’ Association (UKSNA).** UKSNA is an organization for nursing students which is a constituent member of the Kentucky Association of Nursing Students (KANS) (http://kansnews.wordpress.com) and the National Student Nurse’s Association (NSNA). NSNA is the recognized pre-professional organization of nursing and is affiliated with the ANA and The National League for Nursing. Students in the traditional, second degree, and RN-BSN options are eligible to join the organization. The local chapter, UKSNA, affords students many opportunities for community engagement, networking, leadership, and career guidance.

**Program learning outcome #3. Demonstrates caring, professionalism, and respect in providing nursing care to diverse populations in a variety of settings.**

Students are held to the Health Sciences Student Behavioral Code of Professional Conduct, The Behavioral Standards in Patient Care, didactic and clinical objectives, and compliance with clinical agency requirements. This speaks to the promotion of caring and commitment for the populations we serve while maintaining respect and integrity for individuals and the community at large. One hundred percent of employers reported being satisfied or very satisfied with the quality of CON BSN graduates (see RR for Employment Satisfaction Survey).
**Program Learning Outcome #4.** Demonstrates clinical reasoning in making independent and collaborative decisions in a complex health care system.

Clinical reasoning is evaluated through nursing course exams and clinical performance, reflected in part of the course grade. On average, greater than 85% of students graduate with a cumulative GPA of 3.0. This high cumulative GPA is indicative of the learning which takes place in a curriculum designed to provide the basis for meeting expected student outcomes as well as meeting the CON’s stated mission (Table IVB-1). Students’ self-reports indicate a change in clinical reasoning as a result of the BSN curriculum; 90-97% of graduating seniors (2009-2011 UK Graduating Senior Survey) reported improved or much improved critical thinking and analytical skills at graduation as compared with when they enrolled in the program. Formative student and course evaluation via the HESI standardized exam given in each clinical course indicate the level of student learning in every course. HESI scores in the CON are consistently higher than the national average. Feedback from the HESI exams provide insight to the individual students about their ability to apply clinical reasoning to answer standardized questions, and to the course in ensuring that expected course content is covered effectively (see RR for HESI Score Analysis: UK CON compared with national average).

**Program Learning Outcome #5.** Employs interprofessional communication and collaboration in providing safe, high quality care to improve client health outcomes.

The focus of the 2009 alumni survey provided useful data because it included items about employment status, preparation for employment, and how well the BSN Program prepared graduates for their employment status. Aggregate student outcome data embedded in the 2009 alumni survey revealed how the BSN Program meets the mission of the CON. Mission Statement 1, for example, states: “Preparing excellent nurses and nurse leaders to practice in an ever-changing health care environment.” Ninety-six percent of the alumni respondents felt well prepared “to assist in accomplishing the outcomes and objectives of the health care organization” in which they were soon to be employed. Also, 98% of the alumni respondents reported being “overall satisfied with the quality of the UK BSN Program.”

**MSN Program**

The MSN Program admitted its last BSN to MSN students in Spring 2009, and RN to MSN students in Fall 2009. There are still 12 students remaining in the program, with the final 2 anticipated to graduate in spring 2013 (Table IVC-1).

**Table IVC-1: BSN-MSN and RN-MSN Attrition**

<table>
<thead>
<tr>
<th>Year</th>
<th>Admitted and Matriculated</th>
<th>Enrolled</th>
<th>Not Enrolled</th>
<th>Graduated</th>
<th>Transfer To UK DNP Or PhD</th>
<th>Attrition*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>2009-10</td>
<td>11</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>18%</td>
</tr>
<tr>
<td>2008-09</td>
<td>63</td>
<td>4</td>
<td>12</td>
<td>34</td>
<td>13</td>
<td>19%</td>
</tr>
</tbody>
</table>

*Attrition: Not enrolled divided by number admitted/matriculated for that year.

**Progression and Graduation.** The number of graduates from the MSN Program is decreasing because admissions ceased in 2009. Over the 3-year evaluation period the largest number of graduates are in the Nurse Practitioner program, with the majority in the Family Nurse Practitioner track.
**Specialty Certification Pass Rates.** Graduates of the MSN Nurse Practitioner Programs are required to sit for national certification in their specialty before being eligible for the APRN licensure (license as of January 2011). Prior to January 2011 the KBN did not require national certification to practice as a CNS in the state of Kentucky. Effective January 2011 national certification and APRN licensure is required (see Table IVC-2).

<table>
<thead>
<tr>
<th>Track</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Nurse Practitioner</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Family Nurse Practitioner</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioner</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health (Family)</td>
<td>-</td>
<td>100%</td>
<td>-</td>
</tr>
</tbody>
</table>

**End of Program Survey.** End of program surveys are sent out to all graduates of the MSN Program with a response rate consistently close to 60%. In general, graduates of the MSN Program viewed their educational experience favorably. One area of concern is the distributed learning course format, as some students prefer weekly class meetings with a lecture style format. It can be difficult to balance the amount of face-to-face class time with the use of technology, particularly in programs that have students with different levels of computer skills.

There is also a general feeling the clinical preparation could be more robust for nurse practitioner students. Students are aware that the MSN Program has been transitioned to the DNP, and comments reflect concerns with combining students with different educational levels (see RR for surveys).

**Employer and Alumni Satisfaction.** Surveys are used to gauge the satisfaction employers have with graduates of the MSN Program. Alumni surveys are used to determine how well the MSN Program prepared graduates for their advanced practice positions. These surveys are sent out every 10 years, with the most recent surveys completed in the summer of 2011. The alumni response rate was 27%. The majority (88.9%) of alumni are in clinical practice. The vast majority, 83.8%, felt that the program prepared them for their current position, and 86.5% would recommend UK. Complete employer information was received from only 13 of the alumni respondents. Surveys were sent to these 13 with only 2 responses having been received to date. Because of the low return, no summary of the data was completed.

**Clinical Site Evaluation.** Both faculty and students complete evaluations of sites used for specialty clinical experience (see RR). Input from both faculty and students is important, as faculty visit a clinical site a minimum of once each semester and may not get a total picture of the benefits or problems at a particular site.

**Preceptor Evaluations by Students.** Students evaluate their preceptors for each clinical experience (see RR). Preceptors have frequently received high marks from students. When there is a problem with a preceptor it is reviewed on an individual basis to determine whether the preceptor and student were simply not well suited to one another, or if that preceptor should no longer be used within the program.

**Student Evaluations by Preceptors.** Preceptor evaluations of MSN students have been very positive (available from faculty clinical advisors). Preceptors can notify the faculty clinical advisor at any time throughout the clinical experience if they have any concerns about the student. This can lead to additional clinical site visits by the faculty.
DNP Program

Upon admission to the DNP Program all students are assigned a faculty advisor. BSN-DNP students are always assigned to a faculty member within their specialty track. Within each specialty, an effort is made to match faculty expertise with a student’s capstone interest, if they come into the program with a clearly defined focus. For MSN-DNP students, the emphasis is to build upon their master’s education, professional experience, and program goals in identifying an academic advisor. The vast majority of MSN-DNP students have a clearly defined focus of interest for their capstone project, which is typically identified through their professional experience. Every effort is made to pair the student with a faculty advisor who has expertise in the student’s area of interest.

Capstone Completion. Students must successfully complete a capstone project in order to graduate from the program. The exact nature of the project is decided upon by the student, the faculty advisor, and the capstone committee. A three-manuscript option has been used to present the project, with a defense presented within the CON.

Graduation Rates. Full-time MSN-DNP students are expected to complete the program within two calendar years. Part-time MSN-DNP students complete the program within a minimum of 3 calendar years. The first BSN-DNP student, a transition student from the MSN Program, graduated in August 2011. The full-time BSN-DNP Program is a 3-calendar-year program with the first anticipated graduation of students in August 2012. The part-time BSN-DNP Program takes a minimum of 5 calendar years and the first cohort of BSN-DNP part-time students are entering their 3rd year.

End of Program Survey. End of program surveys are sent out to all graduates of the DNP Program. All end of program surveys have been completed by MSN-DNP students to this point. All respondents reported that they would recommend the DNP Program to others (see RR for surveys).

Employer and Alumni Satisfaction. The DNP Program alumni and employer surveys were recently completed and the results were reported in IV-B. Currently there is one BSN-DNP graduate. The CON will collect outcome data for these graduates similar to that which was collected at the MSN level. These will include specialty certification pass rates and specialty clinical and preceptor evaluations.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

Program Response

BSN Program

Program outcome indicators for the previous academic year are reviewed during the October or November UPC and undergraduate faculty meetings. For example, the October 7, 2011 minutes of the UPC and undergraduate faculty meetings reflect the outcome indicators were reviewed
for the previous academic year and the data used to foster improvement of the program. The following indicators were met: traditional student admission criteria, student cumulative GPAs at graduation, student graduating with honors, student satisfaction with BSN Program, NCLEX-RN pass rates, time to degree completion, alumni satisfaction, and employer satisfaction.

The indicator for admission criteria for the second degree students was not met. As a result, undergraduate faculty voted to raise the minimum GPA for admission from 2.5 to 2.75, implement twice yearly admission cycles, and notify students early with admission decisions in order to recruit highly qualified students who are applying to several programs. The indicator for student satisfaction with advising was not met (consistent over the last several years). Faculty solicited feedback from 2009-2010 graduating seniors on advising expectations via a brief survey. This is an example of an action plan for improvement: Based on the feedback that students wanted faculty advisors to be more helpful in assisting students to select electives, faculty developed a listing of “preferred student electives” that was shared with all faculty advisors to guide their advisees. Beginning in May 2012, formal student evaluations of advising will be conducted electronically for both professional advisors (who advise freshmen and sophomore nursing majors) and faculty advisors (who advise junior, senior, RN and second degree students). This will provide ongoing advising evaluation and the opportunity for advisor development.

The employment rate for graduates at the time of graduation has been declining over the last several years (e.g., 73%, 37% and 30%, for 2008-09, 2009-2010, and 2010-2011 graduates, respectively). The recommended action by faculty was for the College (i.e., the dean and associate dean for undergraduate studies) to work with local nurse executives to identify hiring plans and to share a list of graduating seniors with the UKHC nurse recruitment office in order to expedite the hiring process. In May 2011, 76% of the 49 graduates who applied to UKHC were hired within a few months of graduation (see RR for Survey of UKHC CON Hires, May 2011).

The USAPC tracks admission criteria data (demographics, cumulative GPA, science GPA) and course grades for any student who fails a nursing course; these data are updated at the end of each semester, in mid-December and early May. Trend data during two admission cycles indicated that 7 of 16 students admitted with ESL were unsuccessful in the nursing program (56% retention rate). Of the 16, 4 students had taken the internet-based TOEFL. Successful students (n=2) had scores comparable to 106-108 iBT; unsuccessful students (n=2; experienced multiple failures or withdrew failing) had iBT scores of 567 and 513. Based on these trend data, benchmark data (i.e., of those BSN colleges of nursing that require iBT for admission; required scores range from 80-100), iBT was included as part of the admission criteria for ESL students (see RR for TOEFL English Language Requirement document). The 2011-2012 admission requirement for ESL students includes iBT as one factor in determining acceptance to the CON. The requirement includes a minimum cumulative score of 90, and minimum individual scores of 26 in speaking, 22 in listening, 20 in writing, and 22 in reading. USAPC will continue to track ESL student success.

**MSN and DNP Programs**

Aggregate student outcomes data are used during curriculum evaluation as well as evaluations of individual courses in the MSN and DNP Programs (see RR for examples). In addition, members of the MSN and DNP Program Committees evaluate courses and student learning outcomes using program Essentials, program outcomes, and student learning outcomes in individual courses.
These evaluation processes are described in the College Administrative and Faculty Bylaws, approved Spring 2008 for the individual MSN and DNP Programs. As reflected in the bylaws, program effectiveness and improvement are the responsibility of both the administration and the faculty. In particular, curriculum evaluation is a function of the MSN and DNP Program Committees. Also, the Administrative Bylaws specify that the Dean’s Advisory Council, Diversity Advisory Council, and the Graduate Nursing Student Activities and Advisory Council all participate at various levels in planning, implementing and evaluating programs in the CON.

Although the evaluation of programs is included in the CON’s administration structure, primary responsibility lies with the faculty, who have a major role in analyzing program outcome data, providing evidence of program effectiveness, and fostering ongoing program improvement. For example, Article 3, D of the Administrative Bylaws states, “Develop courses, curricula and degree requirements and make relevant recommendations to appropriate bodies within UK” (Administrative and Faculty Bylaws). Specifically, the functions of the faculty-governed MSN and DNP Program Committees include evaluation of policies and procedures as well as recommendations for revisions as necessary. The DNP Program Committee makes recommendations for vote and reports to the total faculty, while the MSN Program Committee makes recommendations for vote and reports to the graduate faculty.

Students who elected to remain in the MSN Program, rather than transition to the DNP Program, continued in course work according to the plans of study that had been developed for them. The final cohort of RN-MSN students was admitted in Fall 2009. On admission they were informed that MSN courses would no longer be offered after Spring 2013. Plans of study were then developed to enable these students to complete the program, either full-time or part-time. This has led to smaller class sizes for the MSN courses as the number of MSN students decreases (see RR for information about the “teach out plan” for MSN courses).

An area of consistent evaluation includes the Capstone Project Guidelines, which have undergone revisions based on student and faculty input (see RR for 12/1/03 DNP Faculty Meeting Minutes). The most recent process for evaluation of the capstone project was initiated at the November 2008 DNP Program Committee meeting and continued through the first quarter of 2009. Eighteen faculty members (100% of those questioned) completed a survey or interview regarding the capstone student experience, and recommendations for changes followed. Those implemented to date are: more explicit directions shared with students in their admission interview and at the onset of the program, publication of capstone expectations and guidelines in the Advising Manual which all new DNP students receive and is posted on the CON’s homepage, approval of the capstone proposal by the student’s advisor/chair prior to pursuing NUR 918 (Protection of Human Subjects-IRB course), clarification of the capstone mentor role, and rearranged curriculum to position NUR 919 (Strategic Analysis for Quality Improvement in Nursing and Healthcare) earlier in the program (see RR for Faculty Survey on the Capstone Experience and Recommendations).

Because some students demonstrated weaknesses in formal writing skills in their course work, and because they must prepare three papers for publication as part of the capstone project, a writing consultant was engaged to evaluate samples of student work, confer with faculty, and make recommendations regarding a strategy to strengthen graduate students’ writing skills. As a result, an academic writing specialist joined the faculty in August 2010. She has since developed and posted “Writing Resources” on Bb and worked with students, faculty, and nurses on manuscript development. She also developed a rubric for evaluating prospective DNP students’ “Goal Statements” and is planning a strategy for evaluating the progress of students’ writing abilities (see RR for Writing Specialist Recommendations for DNP).
Students and student advisors reported that the IRB review process has been a source of frustration resulting in delaying students’ projects. A one-credit IRB course was developed and is now a requirement for all DNP students. Students are required to have their capstone project proposal approved by their committee prior to the IRB course (DNP Program Committee Retreat: May 25, 2010). The faculty member who teaches the IRB course has identified that students also need support in proposal development; therefore, a Proposal Development course was developed and made available as an elective in Summer 2011.

The DNP Program utilizes a modified distance learning platform for 100% of courses to meet students’ needs. To meet this student preference and the value faculty place on face-to-face interaction, the MSN and DNP courses are offered in a modified distance learning format with four to five face-to-face meetings per semester.

In addition, faculty who teach core courses in the MSN and DNP Programs completed a Distance Learning (DL) course development program in 2009 and 2010 to enhance their skills, and therefore student learning and satisfaction. As specialty courses are added or new faculty employed, they engage in this faculty development opportunity. Evaluation of distance learning is embedded in the course evaluations that all students complete at the conclusion of each course. The evaluation questions used are the same as those recommended by TASC for UK at large. Analysis of data for the core courses is in process. In addition, beginning with Fall 2011, the distance learning questions were replaced with those that were recently designed at the UK level for a better focus on student learning outcomes.

A statistics course is a prerequisite for DNP students. Prospective students and those accepted to the program needing statistics reported lack of availability of a suitable course online. In response, the UK Statistics Department developed a fully online statistics course available in both fall and spring semesters (DNP Program Committee minutes August 18, 2009). During the 2010-2011 academic year, the DNP Committee reviewed all courses and pre-requisites; statistics is listed as a pre-requisite for NUR 925 (Research Methods in Advanced Practice Nursing).

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program’s mission, goals, and expected student outcomes. For example, if research is an identified element of the program’s mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution’s and program’s definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Program Response

Faculty outcomes in education, research, practice, and service reflect the mission of the CON. Expected faculty outcomes are congruent with the overall mission of UK. The CON faculty evaluation process occurs annually. The individual faculty member reviews their student evaluations, personal goals, accomplishments, and contributions to the CON over the past academic year. The faculty member then develops a summative statement reflecting those criteria and the goals for the following academic year. The associate dean of the respective program reviews the faculty member’s documents and writes comments and then arranges an
appointment to discuss the evaluation. The documents are then formalized between the faculty member and the associate dean. Evaluation documents are then forwarded to the dean for final review.

For faculty who have a clinical practice, the associate dean for practice and community engagement requests a Faculty Clinical Practice Evaluation from the appropriate agency personnel. The document becomes part of the faculty member's overall performance evaluation. Copies of faculty performance evaluations are available for PATA in the event the faculty member applies for high merit. Faculty members are expected to utilize the feedback from the performance evaluation to meet and exceed the goals for professional development. The reporting associate dean makes recommendations for faculty merit commendation based on the outcomes of the performance review process.

A faculty member who wishes to be considered for high merit must notify the dean. This review process is conducted by PATA for faculty who exceed expectations designated by their title series and rank. Excellence in instruction, service, and clinical practice are also a vital part of the process. PATA reviews the documents and makes recommendations to the dean. The dean makes the final decision and informs the faculty member.

Faculty members in the CON are recognized locally, nationally, and internationally for their leadership and level of expertise, as reflected by the numbers of published manuscripts and presentations at professional venues. From 2009-2011 there were also 15 non-refereed journal articles published, along with 16 editorials. Of great distinction was the awarding of the American Journal of Nursing’s Book of the Year award for two books published by faculty members. There are 26 faculty members who have ongoing appointments to various journal editorial boards or are recognized as editing for journals. In addition, there were 5 new editorial board appointments in 2009, two in 2010 and one in 2011. CON faculty publications and presentations are provided in Tables IVE-1 and IVE-2.

Table IVE-1: CON Faculty Publications

<table>
<thead>
<tr>
<th>Year</th>
<th>Refereed Journal Articles</th>
<th>Book Chapters</th>
<th>Books</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>43</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>41</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>37</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

Table IVE-2: CON Faculty Presentations

<table>
<thead>
<tr>
<th>Year</th>
<th>UK/Kentucky</th>
<th>National</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>71</td>
<td>112</td>
<td>15</td>
</tr>
<tr>
<td>2010</td>
<td>66</td>
<td>102</td>
<td>25</td>
</tr>
<tr>
<td>2011</td>
<td>71</td>
<td>69</td>
<td>25</td>
</tr>
</tbody>
</table>

The mission of UK includes service. Service work on UK and CON committees is documented in the minutes of individual committee meetings. During 2010, 35 faculty and staff from the College were involved in Community engagement projects throughout Kentucky. Faculty members are also very involved with students in various service opportunities. (see RR for a list of community engagement activities).
Faculty members are actively involved in a variety of professional organizations. The dean is the president-elect of the AACN and the associate dean for practice and community engagement is president of Sigma Theta Tau International. There are seven faculty members serving on regional, national, or international boards, committees or commissions. CON faculty members have also been invited as visiting professors to foreign universities.

Eight faculty members have achieved the distinction of Fellows of the American Academy of Nursing. There are also two faculty members recognized as Fellows of the American Academy of Nurse Practitioners and one who is a Fellow of the American College of Critical Care Medicine. In recognition of excellence in education, the Provost Award for Outstanding Teaching was presented to CON faculty members in both 2010 and 2011. Provost Distinguished Service Awards were presented to CON faculty members in 2010 and 2011, in recognition for excellence in service.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Program Response

Students are encouraged to communicate concerns in a variety of ways. Within the College, student issues are directed to the involved party. For example, if a student has a concern about a grade in a course or an assignment, the student is directed to the course instructor and then the course coordinator, if applicable. If the issue is not resolved, the student can appeal to the associate dean of the program. If the issue remains unresolved, the student has the option of discussing the issue with the dean. In addition, all undergraduate clinical courses have course representatives who can address issues on behalf of students in the course. Students also have representatives on the program committees and at the undergraduate faculty meeting. Concerns expressed about a course (including information from formal course and instructor evaluations) are addressed in these meetings and appropriate changes are made to foster ongoing program improvement (see RR for Committee and Course Minutes and Administrative and Faculty Organization). This is an expression of the CON philosophy that students and faculty form partnerships for learning.

The undergraduate faculty review students’ concerns or issues. As a result of concerns discussed by faculty regarding student academic integrity, course coordinators now provide in the course syllabus clear descriptions of course policies, such as definitions of plagiarism and academic dishonesty and their consequences, using language provided by the University Senate. Similarly, attendance policies are outlined in the course syllabus.

To ensure consistency and fairness, the CON utilizes the Office of Academic Ombud Services in situations regarding academic dishonesty. For example, in May 2009 the course faculty brought to the associate dean for undergraduate studies an accusation of cheating by two undergraduate students. Using the Healthcare Colleges Code of Professional Conduct (see RR for HCC Code) the associate dean worked with the ombudsman’s office in addressing the concern. The students chose to submit a formal appeal to the UK Appeals Board.
Areas of Strength for Standard IV

- The CON fosters ongoing evaluation and quality improvement in all academic programs
- Surveys of DNP alumni and employers indicate that program objectives are being met
- Faculty are actively engaged in scholarship
- Local, national and international recognition of faculty
- Number of faculty actively involved in professional organizations
- CON is the leader within UK in the use of Bb technology

Areas of Concern and Action Plans for Standard IV

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulty in communicating with a large number of alumni from the MSN Program who constitute an important community of interest</td>
<td>Develop plan for communicating with and engaging MSN alumni as the program’s student enrollment diminishes</td>
</tr>
<tr>
<td>Response rates for BSN alumni (10%) and employer (4%) surveys are low</td>
<td>Determine the most effective and efficient means of tracking alumni through the alumni database</td>
</tr>
<tr>
<td>Availability of aggregate course and teaching evaluations</td>
<td>Working on compiling this data for consistent use in the CON, data from 2010-2011 available in the RR</td>
</tr>
<tr>
<td>Suspension of admission to MSN Program</td>
<td>Continue monitoring students program completion</td>
</tr>
</tbody>
</table>
## Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACN</td>
<td>American Association of Colleges of Nursing</td>
</tr>
<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
</tr>
<tr>
<td>ACNP</td>
<td>Acute Care Nurse Practitioner</td>
</tr>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>AHEC</td>
<td>Area Health Education Centers</td>
</tr>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>ANA</td>
<td>American Nurses' Association</td>
</tr>
<tr>
<td>ANCC</td>
<td>American Nurses Credentialing Center</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>APRN</td>
<td>Advanced Practice Registered Nurse</td>
</tr>
<tr>
<td>ARL</td>
<td>Association of Research Libraries</td>
</tr>
<tr>
<td>ARS/&quot;clickers&quot;</td>
<td>Audience Response Systems</td>
</tr>
<tr>
<td>AV</td>
<td>Audio Visual</td>
</tr>
<tr>
<td>Bb</td>
<td>Blackboard</td>
</tr>
<tr>
<td>BPC</td>
<td>Bluegrass Planning Consortium</td>
</tr>
<tr>
<td>BSN</td>
<td>Bachelor of Science in Nursing</td>
</tr>
<tr>
<td>CCNE</td>
<td>Commission on Collegiate Nursing Education</td>
</tr>
<tr>
<td>CCTS</td>
<td>Center for Clinical and Translational Science</td>
</tr>
<tr>
<td>CE</td>
<td>Continuing Education</td>
</tr>
<tr>
<td>CELT</td>
<td>Center for Enhancement of Learning and Teaching</td>
</tr>
<tr>
<td>CIHERP</td>
<td>Center for Interprofessional HealthCare Education, Research and Practice</td>
</tr>
<tr>
<td>CON</td>
<td>College of Nursing</td>
</tr>
<tr>
<td>CONAA</td>
<td>Alumni Association</td>
</tr>
<tr>
<td>CRLT</td>
<td>Center for Research on Learning and Teaching</td>
</tr>
<tr>
<td>DIHC</td>
<td>Deans' Interprofessional Honors Colloquium</td>
</tr>
<tr>
<td>DLP</td>
<td>Distance Learning Program</td>
</tr>
<tr>
<td>DNP</td>
<td>Doctor of Nursing Practice</td>
</tr>
<tr>
<td>DOE</td>
<td>Distribution of Effort</td>
</tr>
<tr>
<td>ESL</td>
<td>English as a Second Language</td>
</tr>
<tr>
<td>Essentials</td>
<td>AACN BSN, MSN or DNP Essentials</td>
</tr>
<tr>
<td>FAF</td>
<td>First-Aid Friday</td>
</tr>
<tr>
<td>FPC</td>
<td>Faculty Practice Council</td>
</tr>
<tr>
<td>GETA</td>
<td>General Education Transfer Agreement</td>
</tr>
<tr>
<td>GNAAC</td>
<td>Graduate Nursing Activities and Advisory Council</td>
</tr>
<tr>
<td>GPA</td>
<td>Grade Point Average</td>
</tr>
<tr>
<td>HCCC</td>
<td>Health Care Colleges Council</td>
</tr>
<tr>
<td>HESI</td>
<td>Health Education Systems, Inc.</td>
</tr>
<tr>
<td>HRSA</td>
<td>Health Resources and Service Administration</td>
</tr>
<tr>
<td>iBT</td>
<td>Internet Based Test</td>
</tr>
</tbody>
</table>
Acronym List

IPE  Interprofessional Education
IRB  Institutional Review Board
IRPE Institutional Research, Planning and Effectiveness
IT   Information Technology
KANS Kentucky Association of Nursing Students
KBN  Kentucky Board of Nursing
KCPE Ky Council on Postsecondary Education
KCTCS Ky Community and Technical College System
KNCC Ky Nursing Capacity Consortium
KRS  Kentucky Revised Statutes
LACE Licensure, Accreditation, Certification and Education
MSN Master's of Science in Nursing
NCLEX National Council Licensure Examination - NCLEX-RN®
NIH  National Institute of Health
NONPF National Organization of Nurse Practitioner Faculties
NSNA National Student Nurse’s Association
NTF  National Task Force on Quality Nurse Practitioner Education
PATA Promotion, Appointment, and Tenure Advisory Committee
PNP  Pediatric Nurse Practitioner
POSL Population and Organizational Systems Leadership
QSEN Quality and Safety Education for Nurses
RICH Heart Research and Interventions for Cardiovascular Health
RN   Registered Nurse
RR   Resource Room
SACS Southern Association of Colleges and Schools
SNAP Student Nurse Academic Practicum
TASC Teaching and Academic Support Center
TOEFL Test of English as a Foreign Language
UAB University of Alabama at Birmingham
UK   University of Kentucky
UKHC UK HealthCare
UKMC UK Medical Center
UKSNA UK Student Nurses’ Association
UNAAC Undergraduate Nursing Activities and Advisory Council
UPC  Undergraduate Program Committee
USAPC Undergraduate Student Admission and Progression Committee
USP  University Studies Program
# Course Title List

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANA 109</td>
<td>Anatomy and Physiology I</td>
</tr>
<tr>
<td>ANA 110</td>
<td>Anatomy and Physiology II</td>
</tr>
<tr>
<td>BIO 103</td>
<td>Basic Ideas of Biology</td>
</tr>
<tr>
<td>BIO 208</td>
<td>Principles of Microbiology</td>
</tr>
<tr>
<td>CHE 103</td>
<td>Chemistry for Health Professionals</td>
</tr>
<tr>
<td>HSM 241</td>
<td>Health and Medical Care Delivery Systems</td>
</tr>
<tr>
<td>NFS 212</td>
<td>Principles of Nutrition</td>
</tr>
<tr>
<td>NUR 101</td>
<td>Academic Orientation and Introduction to Nursing</td>
</tr>
<tr>
<td>NUR 512</td>
<td>Alternative and Complementary Alternatives in Health Care</td>
</tr>
<tr>
<td>NUR 601</td>
<td>Theoretical Basis for Advance Practice Nursing</td>
</tr>
<tr>
<td>NUR 602</td>
<td>Research Methods in Advanced Practice Nursing</td>
</tr>
<tr>
<td>NUR 604</td>
<td>Leadership in Advanced Practice Nursing</td>
</tr>
<tr>
<td>NUR 652</td>
<td>Pharmacology Applications in Primary Care</td>
</tr>
<tr>
<td>NUR 653</td>
<td>Pathophysiology</td>
</tr>
<tr>
<td>NUR 707</td>
<td>Advanced Practice Nursing Care Of Critically III Adults</td>
</tr>
<tr>
<td>NUR 854</td>
<td>Advance Concepts in Professional Nursing</td>
</tr>
<tr>
<td>NUR 860</td>
<td>Foundations For Professional Nursing</td>
</tr>
<tr>
<td>NUR 861</td>
<td>Family Health Promotion and Communication Across the Lifespan</td>
</tr>
<tr>
<td>NUR 862</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>NUR 863</td>
<td>Professional Nursing Care Across the Lifespan</td>
</tr>
<tr>
<td>NUR 864</td>
<td>Pathophysiology</td>
</tr>
<tr>
<td>NUR 866</td>
<td>Pathopharmacology I</td>
</tr>
<tr>
<td>NUR 869</td>
<td>Intro to Professional Nursing Care Across the Lifespan for Second Degree Students</td>
</tr>
<tr>
<td>NUR 871</td>
<td>Family Centered Care for Adults with Common Health Problems</td>
</tr>
<tr>
<td>NUR 872</td>
<td>Clinical Reasoning: Quantitative, Qualitative, and Epidemiological Approaches</td>
</tr>
<tr>
<td>NUR 873</td>
<td>Nursing Care of Childrearing Families</td>
</tr>
<tr>
<td>NUR 875</td>
<td>Nursing Care of Childrearing Families</td>
</tr>
<tr>
<td>NUR 883</td>
<td>Public Health Nursing</td>
</tr>
<tr>
<td>NUR 884</td>
<td>Career Management in Nursing</td>
</tr>
<tr>
<td>NUR 885</td>
<td>High Acuity Nursing</td>
</tr>
<tr>
<td>NUR 886</td>
<td>Synthesis of Clinical Knowledge for Nursing Practice</td>
</tr>
<tr>
<td>NUR 902</td>
<td>Nursing Leadership in Healthcare Systems</td>
</tr>
<tr>
<td>NUR 915</td>
<td>Foundations of Evidence-Based Practice and Program Planning</td>
</tr>
<tr>
<td>NUR 916</td>
<td>Evaluation for Improvement of Clinical Outcomes</td>
</tr>
<tr>
<td>NUR 917</td>
<td>Technology for Transforming Nursing and Healthcare</td>
</tr>
<tr>
<td>NUR 918</td>
<td>Protection of Human Subjects</td>
</tr>
<tr>
<td>NUR 919</td>
<td>Strategic Analysis for Quality Improvement in Nursing and Healthcare</td>
</tr>
<tr>
<td>NUR 922</td>
<td>Pharmacology Applications in Primary Care</td>
</tr>
<tr>
<td>NUR 923</td>
<td>Applications of Advanced Health Assessment</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>NUR 925</td>
<td>Research Methods in Advanced Practice Nursing</td>
</tr>
<tr>
<td>NUR 927</td>
<td>Special Topics in Pharmacology</td>
</tr>
<tr>
<td>NUR 960</td>
<td>Primary Care Nurse Practitioner Seminar I</td>
</tr>
<tr>
<td>PHI 350</td>
<td>Death, Dying and the Quality of Life</td>
</tr>
<tr>
<td>PSY 100</td>
<td>Inquiry in Psychology</td>
</tr>
<tr>
<td>STA 210</td>
<td>Introduction to Statistical Reasoning</td>
</tr>
<tr>
<td>STA 569</td>
<td>Nursing Statistical Methods</td>
</tr>
</tbody>
</table>
Appendix List

Standard I
IA-1 UK Mission
IA-2 CON Mission
IA-3 UK CON 2009-2014 Strategic Plan
IA-4 BSN Program Outcomes
IA-5 MSN Program Outcomes
IA-6 DNP Program Outcomes
IA-7 KBN Approval Letter (BSN Program)
IA-8 KBN Approval Letter (DNP Program)
IB-1 Nursing Curriculum and General Education
IB-2 DNP Program Committee Meeting Minutes 11-16-09
IB-3 CON Expanded Strategic Plan
IB-4 Curriculum Task Force Report to UPC 2-12-10
IB-5 UNAAC Meeting Minutes 8-29-10
IB-6 DNP End of Program Survey Spring 2010 Results
IB-7 Community of Interest
IB-8 Purpose and Membership of CON Advisory Council
IB-9 Letter for 2010 External Advisory Board Meeting
IB-10 2010-11 Report on Diversity Program and Activities
IC-1 Faculty Handbook Excerpt on Faculty Title Series
IC-2 Faculty Workload Policy Statement
ID-1 UK Senate Meeting Update to CON Faculty
ID-2 CON Committee Structure and Membership
IE-1 UK Transfer Credit Policy

Standard II
IIA-1 Classroom Improvement Request
IIB-1 Simulators and Task Trainer Mannequins Inventory
IIB-2 Fall 2011 Simulation Requests
IIB-3 NRPD Agenda
IIC-1 UK CON Organizational Chart November 2011
IID-1 Faculty Roster
IID-2 Appointment Procedure for Adjunct Faculty
IID-3 Adjunct Faculty Roster
IIE-1 Procedure for Initiating Clinical Education Agreements
IIE-2 KBN Preceptor Verification Form
IIE-3 Student Preceptor & Site Evaluation Forms
IIE-4 Faculty Evaluation of Clinical Faculty

Standard III
IIIA-1 Relationship of UK CON Mission and BSN Outcomes
IIIA-2 Undergraduate Course Objectives
IIIA-3 Undergraduate Faculty Meeting Minutes 4-1-11
IIIA-4 Relationship of BSN Outcomes to Essentials
IIIA-5 Relationship of UK CON Mission and MSN Outcomes
IIIA-6 Relationship of BSN Expected Outcomes to CON Mission
IIIB-1 Curriculum Map Summary to UPC 11-6-09
IIIB-2 Curriculum Task Force Summary Report
IIIB-3 BSN Curriculum Framework
IIIB-4  Course Substitutions for MSN to BSN-DNP
IIIB-5  Graduate School Requirement Changes
IIIB-6  Relationship Between DNP Courses and AACN DNP Essentials
IIIB-7  Crosswalk Table
IIIC-1  General Education Change Announcement
IIIC-2  Relationship of Nursing Curriculum and UK Core Curriculum
IIIC-3  Value of UK Core for Nursing Majors
IIIC-4  Traditional Program Nursing Curriculum
IIIC-5  Portfolio for RN-BSN Option
IIIC-6  Sample Curriculum Plan
IIID-1  Teaching-Learning Methods
IIID-2  Traditional BSN and RN-BSN Curriculum Comparison
IIIF-1  Undergraduate Course Evaluation Methods
IIIF-2  Sample Grading Rubric
IIIF-3  HESI Exams in Nursing Courses

Standard IV
IVA-1  Overview Evaluation of SNAP