INDIANA UNIVERSITY SCHOOL OF NURSING 2020-2021 ACADEMIC YEAR IUPUI PROGRAM REVIEW & ASSESSMENT REPORT

INTRODUCTION

The following IUPUI PRAC report for the IU School of Nursing (IUSON) represents assessment and evaluation from the academic year 2020-2021. We maintained the same format from 2019-2020 as it was noted in the committee feedback to be well-organized and easy to review. The major focus for the IU School of Nursing in 2021-2023 will be the major task of remapping all program curricula to new accreditation standards (described below). By completing this task, it provides the opportunity to look closely at assessment and evaluation plans moving forward. The IU School of Nursing appreciates the extended time for the report due date and suggests a later due date become a standard for future reports.

The Indiana University School of Nursing (IUSON) at IUPUI offers a distinctive range of Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), practice doctoral degree (DNP), research doctoral degree (PhD), and post-graduate MSN certificates. The BSN tracks include traditional track; accelerated second-degree track; and an RN to BSN mobility option. A nursing Honors Program is also available for BSN students through admission to the IUPUI Honors College before acceptance into the BSN program. To support seamless progression in nursing education, we also created an RN-BSN-MSN option with dual credits for ease of transition into the master's program. The MSN program has nine tracks including seven advanced practice programs: five nurse practitioner (family, pediatric primary care, adult/gerontology acute care, adult/gerontology primary care, psych/mental health), two clinical nurse specialist (adult-gerontology and pediatric), and nursing leadership in health systems, and nursing education. Post-master's MSN certifications are available for all seven of the advanced practice programs. In addition, we offer a 17-credit graduate certificate in nursing education. Two doctoral programs – Doctor of Nursing Practice (DNP) and Doctor of Philosophy (PhD) are available. The DNP has four pathways: Post-Master's Executive Leadership and Post-Master's Advanced Clinical. Two new DNP pathways support seamless transition across programs – the MSN in Health Systems Leadership/DNP Executive Leadership dual degree and the MBA/MHA to DNP transition option allowing nurses holding a BSN and either an MBA or MHA to complete bridge coursework and transition to the Executive Leadership DNP. Information on nursing programs, pathways and certificates are available on the IUSON website. The IUSON website is in the final stages of a major revision and will include one site for the Core campuses (IUPUI, IUB, IUFW).

Since 2018, the University-designated "core school" of IUSON has been comprised of three campuses: IUPUI, IU Bloomington (IUB), and IU Fort Wayne (IUFW) which operate as one administrative unit to offer baccalaureate, master's, and doctoral degrees. In the core school, the faculty are one body with a single governance structure, one set of policies and procedures, and one academic dean. The programs in the core school are nationally accredited as one school.

The mission of IUSON is to be a leader in the development of knowledge for the work of nurses today and in the future, and positively influence the health of communities served by inspiring learning through

excellence in teaching; creating and advancing knowledge through science and research; and improving healthcare through evidence-based practices, innovations and partnerships. As evidence of ongoing excellence in fulfilling the educational mission, IUSON is the first school in the nation to be designated a National League of Nursing (NLN) Center of Excellence (COE) in Nursing Education in two categories - Advance the Science of Nursing Education (2012-2021) and Promoting the Pedagogical Expertise of Faculty (2006-2022). The resubmission for continued designation of the Advance the Science of Nursing Education was submitted in the spring of 2021 and successfully awarded. The

Promoting the Pedagogical Expertise of Faculty reaffirmation is currently being drafted and will be submitted spring of 2022.

Campus, state, and national professional standards, competencies, and guidelines serve as the basis for the development and evaluation of BSN, MSN, DNP, and PhD programs. Incorporation of these best practice standards and guidelines occurs throughout each program and track, culminating in student achievement of expected program learning outcomes. The guidelines listed in Table 1 outline the curricular elements and student learning outcomes that must be present in nursing programs conferring BSN, MSN, DNP, and PhD degrees.

Table 1: Campus, State and National Professional Standards and Guidelines for Nursing Programs

BSN, MSN, DNP and PhD programs:

- <u>Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, Commission on Collegiate Nursing Education</u> (CCNE, 2018)
- Quality and Safety Education for Nurses (QSEN Institute)
- Statues and Rules, Title 848 Indiana State Board of Nursing (ISBN, 2021)
- <u>Code of Ethics for Nurses with Interpretive Statements</u>, American Nurses Association (ANA, 2015)
- Nursing's Social Policy Statement, American Nurses Association (ANA, 2010)

BSN programs:

- <u>The Essentials of Baccalaureate Education for Professional Nursing Practice</u>, American Association of Colleges of Nursing (AACN, 2008)
- <u>Profiles of Learning for Undergraduate Success</u>, Indiana University-Purdue University Indianapolis (IUPUI), Division of Undergraduate Education (2018)

MSN programs and certificates:

- The Essentials of Master's Education in Nursing, (AACN, 2011)
- Criteria for Evaluation of Nurse Practitioner Programs, The National Task Force on Quality Nurse Practitioner Education, (NTF, 2016)
- <u>Criteria for the Evaluation of Clinical Nurse Specialist Masters, Practice Doctorate, and Post-Graduate Certificate Educational Programs</u>, The National Association of Clinical Nurse Specialists, (NACNS, 2011)
- <u>Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education,</u> National Council of State Boards of Nursing, (2008)
- Principles of Graduate and Professional Learning, (IUPUI)

DNP program:

- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
- Report from the Task Force on the Implementation of the DNP (AACN, 2015)
- Nurse Executive Competencies, American Organization of Nurse Executives (AONE, 2015)
- *Principles of Graduate and Professional Learning*, (IUPUI)

PhD program:

- Principles of Graduate and Professional Learning, (IUPUI)
- The Research-Focused Doctoral Program in Nursing: Pathways to Excellence, (AACN, 2010)

IU SCHOOL OF NURSING DATA

The Assistant Dean of Evaluation, who also serves as an Associate Professor with tenure, drafts the PRAC report as this role manages the majority of program data outcomes. The office processes 9-10 required reports in the fall and 2-3 reports in the spring semester. The office manages the oversight of Course Questionnaire evaluations (over 500 sections per semester), annual exit surveys for all programs, incoming data metrics for certification, and produces ad-hoc data reports as needed. In 2019, the school also added a Data Specialist staff position that works directly with the Assistant Dean of Evaluation to strategically align the overall data needs of the IUSON Core with accreditation standards (AACN/CCNE)

and the master evaluation plan. The goal for the AY 2019-2020 was to evaluate all data collection processes to better streamline data dissemination and organization of incoming data, specifically, developing processes to run more efficiently. The outcomes of 2020-2021 included the following changes. The Office of Evaluation is now aligned under the Center for Academic Affairs as the Office of Academic Affairs is currently being restructured. The Assistant Dean of Evaluation now reports to the Associate Dean of Academic Affairs and the Data Specialist reports directly to the Assistant Dean of Evaluation. There was a vacancy in the Data Analyst staff position for most of 2020-2021 but was successfully filled in early 2022. With the new hire, the Assistant Dean of Evaluation will revisit the strategic needs and the data infrastructure working with the IUPUI campus and IUSON leadership to create an internal data warehouse to better access and build processes for quick data delivery. The goal remains to increase efficiency for programs to monitor in real-time program assessment and evaluation metrics. Both are key to ensuring that the program is adhering to the mission and vision of the school.

IU SCHOOL OF NURSING REMAPPING OF PROGRAM CURRICULUMS TO UPDATED ACCREDITATION STANDARDS

In 2021, AACN introduced the final version of the updated "Essentials: Core Competencies for Professional Nursing Education" which is the revised educational framework of competencies for professional nursing practice for programs. These Essentials introduce 10 domains that represent builds a new model and framework for nursing education using competency-based approaches for all programs https://www.aacnnursing.org/AACN-Essentials/Implementation-Tool-Kit. The IU School of Nursing's accredited (BSN, MSN, DNP) curriculums will be realigned with updated national accreditation and program standards. The process to map the new to the existing standards started in the Fall of 2021 with a thoughtful assessment plan. The highest strategic priority for IUSON for 2022-2023 will include the implementation of updated nursing accreditation standards via course changes within the core curriculum.

The following outlines the processes that the leadership and faculty are completing to ensure we are systematically and thoughtfully ready to implement the AACN essentials. As the faculty complete the crosswalk activities and revise courses, the committees will also remap to university learning outcomes to ensure consistency with university standards. Updated methods of assessment and evaluation will also be incorporated in courses to better understand the health of programs moving forward.

- Step 1: Crosswalk exercises began by introducing the required work to faculty and faculty governance committees in September-October 2021. The AACN Tool Kit was utilized as a guide however, the faculty developed specific materials tailored to IUSON programs to better meet the needs of the exercise.
- Step 2: Program staff created approved spreadsheets (matrix) for each program that maps current course and program learning outcomes to the updated Essentials Competencies.
- Step 3: Spreadsheets were completed by faculty teaching courses with the deadline of December 2021. The result is a completed gap analysis for 46 BSN courses, 49 MSN courses, 14 DNP courses.
- Step 4: Program leads will present completed work back to CSA in the spring of 2022.
- *Step 5*: Course objectives, critical assignments, and evaluation metrics will be evaluated for revision, campus outcomes will continue to be mapped appropriately.
- Step 6: Course revisions will be approved through appropriate IUSON faculty governance uploading major course changes into campus systems as needed (goal: end of Fall 2022-Spring 2023)

Step 7: Course updates will be implemented by Fall of 2023 with updated assessment and evaluation metrics tracking course and program performance using updated metrics, assignments, and systems for tracking (by Fall 2023).

Step 8: Continued evaluation of outcomes via the Master Evaluation Plan.

IU SCHOOL OF NURSING COVID IMPACT REPORT

The ongoing impact of Covid and assessment and efforts to focus on quality. The IUSON Core is under one accreditation by the Commission on Collegiate Nursing Education (CCNE; reaccreditation received 10/2020-2030), the IUSON systematically accessed the quality of student experiences of remote learning as it pertains to the course and our accreditation standards and core competencies to the discipline. Since nursing relies heavily on 'hands-on' experiences during lab and clinical, it is crucial that the faculty and administration maintain an assessment plan to ensure learning outcomes are not negatively impacted. Although the IUSON students have been back to in-person learning since the summer of 2021, there are times when COVID interruptions to the program and individual learning students are experienced. To ensure a continued transition to a virtual environment in these instances, faculty and support staff across the IUSON Core campuses continue to engage in workgroups to discuss ongoing virtual learning for didactic, lab, and clinical delivery to ensure we are nimble to pivot learning experiences as needed. We have maintained our plans from 2020 and assessed using the same metrics as they incorporate the needed metrics for accreditation. The Assistant Dean of Learning Resources and support staff continue to work with faculty to provide insight and input on teaching innovations, technology, and other strategies to ensure faculty has the best resources to integrate into virtual classes. Faculty continue to share resources such as measures of learning outcomes, assignment rubrics and maintain contingency plans for transition as well as communication plans with students.

Didactic Course Delivery (BSN-PhD): The majority of didactic course delivery has returned to its original intended delivery with in-person or hybrid methods through 2021. The programs that already utilize online and hybrid delivery continue to follow routine learning environments for students to successfully engage in the learning environment. Learning assessments such as projects, papers, exams, quizzes, and homework continue to use online submissions with classroom presentations using video-based synchronous and asynchronous presentations that are recorded for future use. The faculty were mindful of student limitations such as slow internet access, limited device accessibility, home stressors, and life circumstances and allow for maximum accommodations that support student well-being during this time.

Laboratory and Clinical: All face-to-face and in-person lab and clinical experiences have returned to inperson delivery with the ability to provide support to students who have to transition online due to
COVID. Faculty continue to keep online simulation videos, virtual patient assessments and case
scenarios, and virtual skills videos available as needed so students can continue to meet clinical
objectives. Instructors continue to use online materials from IU-approved vendors (e.g., ATI, Elsevier)
and post to Canvas modules. Each instructor continues to monitor and map the time of each exercise to
meet clinical hours and overall course objectives. We continue to monitor transitions, we believe minimal
competencies or learning outcomes are severely compromised due to the transitions to virtual learning.
Learning outcomes were accessed using online debriefings with faculty, virtual clinical conferences with
students and faculty, discussion boards, and written assignments demonstrating virtual learning.
Although we continue to monitor learning outcomes, the IUSON program leadership is starting to see
lower NCLEX pass rates, lower MSN certification pass rates, and student progression and completion
rates due to the ongoing pandemic. Even with the return to in-person learning, the stress related to the
pandemic is showing in program outcomes. The leadership and faculty have developed a list of essential
strategies to provide support to students who fail to progress. This includes, but not is limited to, adding

individual sections to accommodate failures, counseling supporting additional learning products to enhance learning. For example, a large cohort of BSN students failed a critical course which would have disrupted the ongoing curriculum delivery for the other cohorts in the program. The leadership added a section in the summer to get the students back on track. We continue to monitor these supports and progress in outcomes and will be the focus of 2021-2022.

Meeting Learning Outcomes During COVID. For all programs, faculty workgroups were convened during the two weeks before the transition to online delivery to prepare for this temporary transition. Instructors from the core campuses for each course number met virtually and discussed standard changes in assignments and evaluation of learning. This included didactic, lab, and clinical instructors. For each course, instructors documented content and assignment changes and reported these changes to the Associate Dean for Graduate and Undergraduate Programs. Based on a review of that data, there were no changes in course objectives due to virtual delivery. Mapping of course objectives to program learning outcomes remained intact. The assessment of learning outcomes is a combination of online homework, testing, quizzes, posting in discussion forums, video projects, and virtual meetings with instructors. For each campus, a tracking system was developed to help faculty map changes for each lab/clinical course to ensure learning objectives are being met. The faculty continue to dialogue in faculty governance meetings for both school and individual programs to ensure assessment of remote learning continues as we continue to progress with COVID restrictions. Since the IUSON Office of Evaluation did not receive spring 2020 course evaluations, faculty were encouraged to share appropriate course metrics concerns through faculty governance committees as any course metrics for spring were considered in light of the pandemic. The goal continues to be to access trends of looking specifically at any negative impact in outcomes. Because we adhere to a core evaluation plan, we continue to follow that plan as it feeds into the metrics needed for accreditation of all programs. Student assessment remained unchanged using the progression in the program, course and faculty evaluations, SkyfactorTM Exit Survey, alumni and end of program surveys (PhD), and national certification rates.

PROFILES OF LEARNING

As of spring 2021, all courses have PLOs mapped in the syllabi for each course in the program and are housed in the shared governance folder for the program. The committees continue to monitor changes to the PLOs each year by supporting faculty to remap any measures of student learning (assignments) if changes are made. The major task for IUSON faculty will be to add this completed mapping to the new accreditation standards (described in detail above).

IUSON AND IUPUI RECORD

The IUSON continues to dialogue regarding the utility of including experiences that pertain to our students in the IUPUI Record. At this time, the IUSON does not have experiences listed. Although we understand the benefits of this platform for many students on campus, the IUSON student body is unique as it is a practice discipline where experiences are typically part of coursework and vary per student. In addition, job and graduate school applications are typically resume-based uploads where additional files are not able to be uploaded, therefore, listed as such as it pertains to the student. The IUSON will continue to dialogue with the program leadership of our academic programs to reevaluate if there is the capacity to complete the extensive applications required to register possible experiences that fit the criteria. This dialogue would include an assessment by students, staff, faculty, and clinical partners to determine if there is value-added for students as they progress through their careers upon graduation.

IU SCHOOL OF NURSING LEARNING OUTCOMES

Undergraduate and graduate nursing curricula and terminal program (student) learning outcomes (PLOs) are reviewed at least annually and revised as needed by the BSN, MSN, DNP and PhD curriculum/student affairs (CSA) committees. The assessment cycle for the IUSON Core is aligned with an academic year.

Annual faculty review of the PLOs ensures alignment with current professional guidelines and competencies so students are being prepared for professional roles that address current and future healthcare needs and trends. The BSN, MSN, DNP, and PhD program learning outcomes (PLOs) used as the basis for this report are located in the IU School of Nursing Campus Bulletin and on the IUSON website. The PLOs, identified by the program in Table 2, are developed and reviewed by faculty and are congruent with contemporary practices.

Table 2: 2020-2021 Expected Learning Outcomes by Program

	Expected Program Learning Outcomes
BSN	1. A critical thinker who demonstrates intellectual engagement and uses evidence as a
	basis for clinical reasoning and decision making
	2. A culturally sensitive individual who provides holistic, individual, family, community,
	and population-centered nursing care
	3. A knowledgeable care coordinator who facilitates access to resources across the
	continuum of healthcare environments to meet the evolving healthcare needs of
	individuals, families, communities, and populations
	4. An individual who understands and considers the impact of healthcare policy, finance, and regulatory environments on care delivery
	5. An individual who embodies the professional identity of the nurse and who translates
	the inherent values of the nursing profession into the ethical and legal practice of nursing
	6. An effective communicator who collaborates with interprofessional team members,
	patients, and their support systems for improved health outcomes
	7. A competent care provider who is prepared to practice to the full capacity of the
	professional nurse role in diverse health care environments
	8. An accountable leader and manager who applies principles of systems and
	organizational processes and balances resources to promote quality care and patient
	safety
	9. An individual who embraces and employs innovations in information management and
	technology in the delivery of quality patient care
MSN	1. Model excellence in nursing leadership to improve nursing practice within a complex
	health care system.
	2. Conduct advanced nursing practice within ethical—legal guidelines, professional
	policies and regulations, and standards of practice associated with a specialty area of practice.
	3. Synthesize knowledge from nursing as well as biological, behavioral, social,
	administrative, educational, and communication sciences for application to a chosen domain of advanced practice nursing.
	4. Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and
	systems thinking to advance the practice of nursing.
	5. Frame problems, design interventions, specify outcomes, and measure achievement of
	outcomes while balancing human, fiscal, and material resources to achieve quality
	health outcomes.
	6. Use information technology and knowledge-based resources to manage and transform
	data that inform clinical practice.
	7. Systematically apply evidence from research findings to answer clinical questions,
	solve clinical problems, and develop innovative nursing interventions and health
	policies for selected patient populations
	8. Demonstrate collaborative practice and interpret nursing science within an
	interdisciplinary context.

9. Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services. 10. Engage in life-long learning activities that contribute to professional development as well as to the advancement of nursing. 1. Use executive leadership knowledge and skills to advance population health, enhance DNP safety and quality, and disseminate new knowledge in complex systems. 2. Create value through novel practice change, translation of evidence, appropriation of resources, and performance improvement. 3. Synthesize multiple sources of information to transform clinical practice and design sustainable new models of care and/or care delivery systems. 4. Advocate for diverse, patient, family, and community health by actively engaging in design, implementation, and evaluation of health policy at multiple levels. 5. Integrate ethical obligations, legal and regulatory recommendations, professional standards, practice guidelines, and professional accountability in own practice. 6. Apply interprofessional collaborative relationships to promote cultures of inclusion, inquiry, professional governance, and ongoing partnership. PhD Synthesize knowledge from nursing as well as biological and behavioral sciences to investigate health phenomena. 2. Utilize analytical and empirical methods to extend nursing knowledge and scholarship. 3. Conduct and communicate independent research that advances the body of scientific knowledge. 4. Defend the social significance of the expanded knowledge base of nursing. Interpret nursing science within an inter-disciplinary context.

ASSESSMENT METHODS AND OUTCOMES OVERVIEW

The BSN, MSN, DNP and PhD nursing program outcomes are informed by national professional standards and guidelines and addressed through a set of core courses within individual tracks through specialty content. Assessment of BSN, MSN, DNP and PhD student achievement of learning outcomes occur utilizing a variety of methods including didactic, lab and practicum course grades; completion of competency grids (MSN, DNP); preceptor feedback about student performance in clinical practice settings; course evaluations; signature assignments; surveys; and/or events (e.g. successful dissertation defense for PhD students) near the end of each program.

Faculty analysis of aggregate data related to student achievement of overall program outcomes and PLOs aids in identifying strengths and areas for improvement, as part of the process for determining overall program effectiveness. Qualitative and quantitative data analysis by program-specific Evaluation and/or Curriculum/Student Affairs (C/SA) Committees, Faculty Council (as indicated), and by administrators, ensure resources are available to facilitate implementation and sustainability of program revisions/improvements in alignment with IUSON's mission and goals.

End-of-program SkyfactorTM Exit Surveys are a method of assessing student self-reflection on achievement of program outcomes. Data gathered from these end-of-program surveys provide one of many points of information necessary to establish program priorities for improvement affecting student success while highlighting program strengths. The benchmark for all nursing programs on the SkyfactorTM Exit Surveys states: 100% of BSN, MSN and DNP student respondents will rate program satisfaction at ≥ 5.0 on a 7.0 scale on the Exit Survey (this survey is not utilized for the PhD program due to the smaller number of graduates). Three types of questions are in the assessment: categorical, scaled, and open-ended. Categorical questions are closed-ended questions that ask the student to choose an answer that best represents their situation (such as GPA or class standing). Scaled questions rely on a 1-to-7 Likert scale with "1" indicating strong disagreement and "7" indicating strong agreement. Questions

are organized by "factors" or groups of related questions that correspond to the Essentials of nursing education for each level program. Reports allow programs to view results as questions are mapped to the AACN Essentials for Undergraduate and Graduate education (our accreditation standards). Reports are reviewed by program leadership annually. Specific assessment questions selected for evaluation are listed the tables below per program. Overall results by program type for 2020-2021 are identified in the following sections, which include specific program assessment methods, findings, and strategies for improvement based on findings.

BSN ASSESSMENT METHODS AND OUTCOMES

Program learning outcomes are based on national best practice standards found in The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008]. All BSN tracks (traditional, accelerated second degree, and RN-BSN) utilize the same BSN program learning outcomes, although activities/projects demonstrating achievement of learning outcomes differ by course. In the final semesters of the BSN program, students participate in courses and assignments culminating in synthesis and application of knowledge learned throughout the program which demonstrates the degree to which students have achieved program learning outcomes.

In the BSN Traditional and Accelerated Second Degree tracks, the final semester NURS- S483/R470 Nursing Capstone clinical immersion experience course, under the supervision of a qualified, trained nurse preceptor, encompasses the cumulative evaluation of BSN student achievement of program learning outcomes. Outcomes are assessed in relation to the benchmark which states **that 90% of students will score ≥ 4 out of 5** on all nine program outcomes ratings by capstone preceptors. During the academic year 2019-2020, 100% exceeded the benchmark.

The online RN-BSN program is part of a statewide consortium model. Similar to the BSN Traditional and Accelerated Second Degree tracks, critical course assignments have been identified which evaluate student achievement of the BSN competencies and program learning outcomes. The benchmark states that 90% of students will score ≥ 73% on each critical assignment. Through assigned evidence-based practice (EBP) projects and interprofessional education (IPE) papers, students identify, apply, analyze, evaluate and create knowledge by proposing solutions for nursing practice problems, using quantitative tools and reasoning based on the interprofessional research literature. Students disseminate their EBP projects effectively in a range of settings such as clinical, classroom, and online environments.

As identified above, the level of BSN student achievement of program learning outcomes is based on annual comparison of actual outcomes data to the following benchmark. Table 3 identifies program outcomes, courses, and performance measures by program track, course, specific assignment, and the number of students and percent who met the related benchmarks.

Benchmark (noted on table)

- 90% of students will score ≥ 4 out of 5 on all nine program outcome ratings by capstone preceptors
- 100% of BSN student respondents will rate program satisfaction at ≥ 5.0 out of 7.0 on the Skyfactor™ Exit Survey items identified below and/or
- 90% of students will score \geq 75% on each critical assignment.

Table 3: 2020-2021 BSN Program Learning Outcome Achievement by Course and Performance

Program Outcomes	Course(s)	Direct Performance Measures	Assessment M	leasure
1. A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision making	(BSN) S488 Nursing Synthesis	Self-assessment of evidence-based practice using Evidence-Based Practice Questionnaire (EBPQ) tool and reflection paper. Final reports	Cultural assignment EBP assignment Exit Survey Items Q068 (factor 8): Apply research-based knowledge as a basis for practice. Q090 (factor 8): Evaluate an individual's ability to assume responsibility for self-care.	Benchmark met
	(BSN) S483 Nursing Practice Capstone	Evidence-based practice project with abstract	Evidence-based project and abstract	Benchmark met
	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	Preceptor ratings	Benchmark met
	(RN-BSN) R470 Clinical Nursing Practice Capstone	EBP Project	Theory/concept integration Research utilization: Systematic clinical decision making Systematic approach	Benchmark met
	(BSN) H355 Data Analysis	Exam 2	Exam 2 (focused on cumulative topics)	Benchmark met
	(RN-BSN) R375 Nursing Research	Critical Appraisal Research Critiques	Research Critique Assignments	Benchmark met
2. A culturally sensitive individual who provides holistic, individual, family, community, and population-centered nursing care	(BSN) S488 Nursing Synthesis	Self-assessment of intercultural competence using Whitehead Intercultural Competence Survey and reflection paper	Cultural assignment: EBP assignment: Exit Survey Q078 (factor 7): Provide culturally competent care	Benchmark met
	(BSN)	Capstone preceptor	Preceptor ratings	Benchmark

Program Outcomes	Course(s)	Direct Performance Measures	Assessment M	leasure
	S483 Nursing Practice Capstone (RN-BSN) S475 Multisystem Approach to the Health of the Community	rating mean scores (5 as the highest) Community Health Assessment	Applied Social and Cultural Factors Health Promotion and Education Plan Advocates for Social Justice	met Benchmark met
3. A knowledgeable care coordinator who facilitates access to resources across the continuum of healthcare environments to meet the evolving healthcare needs of individuals, families, communities, and population	(BSN) B444 Nursing Intensive	Project	Preceptor ratings Exit Survey Items Q073 (factor 10): Understand the global health care environment Q074 (factor 10): Incorporate knowledge of cost factors when delivering care Q076 (factor 10): Work with interprofessional teams Q079 (factor 7): Support fairness in the delivery of care	Benchmark met
	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	Preceptor ratings	Benchmark met
	(RN-BSN) S475 Multisystem Approach to the Health of the Community	Community Health Assessments	Community Health Assessment Assignment Health Promotion and Education Plan Emergency Preparedness Activity	Benchmark met
4. An individual who understands	(BSN)	Capstone preceptor	Preceptor ratings	Benchmark

and considers the impact of health care policy, finance, and regulatory environments on care delivery S483 Nursing Practice Capstone	Policy, Organizations, Trends and Health Care Reform Assignments	Involvement and Impact on Healthcare Policies	met Benchmark met
	Organizations, Trends and Health Care Reform	Nursing's Involvement and Impact on Healthcare Policies	
		Professional Organizations/Trends Policy Changes: Health Care Reform Act (ACA)	
5. An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal practice of nursing	Case Analysis Paper	Exit Survey Q081 (factor 7): Act as an advocate for vulnerable patients Q083 (factor 7): Honor the right of patients to make decisions about their health care Q084 (factor 11) Incorporate nursing standards into practice Q085 (factor 10): Apply an ethical decision-making framework to clinical situations Q091 (factor 10): Assist patients to achieve a peaceful end of life	Benchmark met

Program Outcomes	Course(s)	Direct Performance Measures	Assessment M	leasure
	S483 Nursing Practice Capstone	rating mean scores (5 as the highest)		met
	(RN-BSN) S474 Ethics	Papers and Analysis	Ethical Political Paper Case Study Analysis	Benchmark met
6. An effective communicator who collaborates with interprofessional team members,	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	Preceptor ratings	Benchmark met
patients, and their support systems for improved health outcome	(RN-BSN) S475 Multisystem Approach to the Health of the Community	Community Health Assessment	Communicates Effectively Health Promotion Education Plan Exit Survey Q075 (factor 10) Communicate with health care professionals to deliver high-quality patient care Q076 (factor 10): Work with interprofessional teams Q080 (factor 8): Assist patients to interpret the meaning	Benchmark met
7. A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	of health information Preceptor ratings Exit Survey Items Q065 (factor 11): Integrate theories and concepts from liberal education into nursing practice Q066 (factor 11): Value the ideal of lifelong learning to support excellence in nursing practice Q069 (factor 11): Integrate theory to develop a foundation for practice	Benchmark met

Program Outcomes	Course(s)	Direct Performance Measures	Assessment M	leasure
	(RN-BSN) S475 Multisystem	Community Health Assessment	Q077 (factor 10): Assess predictive factors that influence the health of patients Q082 (factor 7): Demonstrate accountability for your own actions Assessment, Intervention,	Benchmark met
	Approach to the Health of the Community		Prioritization, Evaluation Patient/Family Centered Care Health Promotion Education Plan Culture/Patient Teaching	
	(RN-BSN) B344 Comprehensive Health Assessment	Health Assessments	Adult Assessment Pediatric Assessment	Benchmark met
	RN-BSN Electives			
	K499 Genetics and Genomics	Family History Paper	Family History Assignment	Benchmark met
	K305 New Innovations in Health and Health Care	Clinical Change PDSA (Plan/Do/Study/Act)	Clinical Change PDSA (Plan/Do/Study/Act) Assignment	Benchmark met
	P345 Pharmacology	Medication Education Project	Medication Education Assignment	Benchmark met
	B403 Gerontological Nursing	Elder Interview	Elder Interview	Benchmark met
	K434 Global Health Issues in Nursing	Country/Data Health Paper	Country/Data Health Paper	Benchmark met
	K301 The Art and Science of Complementary Health	Complementary Health Assignment	Complementary Health Assignment	Benchmark met
8. An accountable leader and manager who applies principles of systems and organizational processes and balances resources to promote quality care and patient safety	(BSN) L430 Leadership in Healthcare Delivery & Policy	Quality Improvement Project Emergency Department Simulation	Quality Improvement- Emergency Simulation Assignment	Benchmark met
. ,			Exit Survey Q067 (factor 10):	

Program Outcomes	Course(s)	Direct Performance Measures	Assessment M	leasure
			Understand how healthcare delivery systems are organized	
	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	Preceptor ratings	Benchmark met
	(RN-BSN) S487 Nursing Management	Project Assignments	Leadership Assignment Interview Project Budget and Finance	Benchmark met
			Assignment	
	(RN-BSN) R470 Clinical Nursing Practice Capstone	Career Goals Assignment	Career Goals Assignment	Benchmark met
9. An individual who embraces and employs innovations in information management and technology in the delivery of	(BSN) S483 Nursing Practice Capstone	Capstone preceptor rating mean scores (5 as the highest)	Preceptor ratings	Benchmark met
quality patient care.	(RN-BSN) B404 Informatics:	Information and Database Retrieval Project	Patient Care Technologies, Information Systems and Communication Devices	Benchmark met
			Quality Improvement Data Collection/Analysis	
			Exit Survey Q071 (factor 10): Use appropriate technologies to assess patient	

BSN ANALYSIS OF OUTCOMES AND 2021-2022 STRATEGIES FOR IMPROVEMENT

Additional Updates

Traditional BSN Track: The following summary tracks the continued monitoring of the curriculum changes for the BSN program. **No major curricular changes were reported for AY 2020-2021.**

Update on Prior Curricular Changes. The BSN tracks are now complete with full integration of the IU TEACH interprofessional curriculum (2018-2020). We continue to monitor the changes made to that implementation. As outlined in the 2018-19 PRAC report, the senior-level course NURS B453 Interprofessional Practice (3 credits) was eliminated from the curriculum and the credits were reallocated

into the following courses below. Exit Survey questions **75 and 76** assess students' self-reported achievement of the interprofessional collaboration component of PLO #6. The means of both questions demonstrated for remain above the benchmark of 5.88, 5.96 respectively. The May 2021 graduates were the last cohort to finish this transition. Summer 2021 students entered the program with the IU TEACH in place. After implementation, student evaluations also remain stable and above the benchmark of 4.0.

One credit hour senior-level course NURS H303: Pediatric Clinical Immersion was developed to provide an opportunity for all traditional track students to have a clinical experience with infants and children. This course was taught for the first time in the spring semester of 2019. Because the BSN program is intended to prepare graduates for generalist practice, no specific program outcome for pediatric competencies exists. All students successfully completed the course and course ratings were high. The course was rated above the benchmark (4.5) overall with item ratings also above the benchmark for student satisfaction. Critical assignment outcomes from Fall 2021 continue to be evaluated.

One credit hour was added to NURS B244: Health Assessment to provide additional depth and focus on clinical judgment across the lifespan. This change was implemented in the fall semester of 2018 for newly admitted students. Students who were already matriculating through the program at the time of change have been required to take the course NURS-K492 Comprehensive Health Assessment to ensure the same depth of learning. All students successfully completed K492 in the spring semester of 2019.

One credit hour was added to NURS B444: Nursing Intensive: Managing Health & Illness Across Care Environments to deepen course content and increase focus on contemporary clinical practice and global health. This expanded course was offered for the first time in the fall semester of 2019. The faculty compared means from AY 2019-2020 Exit Survey question 73 to 2020-2021. There was a slight decrease from 5.96 to 5.61 but the faculty agreed we still believe the course shows comprehension of the course content.

Accelerated Second Degree BSN Track:

In 2018-19 the accelerated track curriculum was shortened from five semesters to four with 5 fewer credit hours. The first cohort of students was admitted to this condensed curriculum plan in May 2018 and graduated from the program in August 2019. The Exit Survey Data for AY 2020-2021 from the accelerated track reflect data exclusively from the four-semester curriculum plan graduates. The evaluation of that change is forthcoming in the spring of 2021. We are missing some metrics due to the IUPUI IFC policy that spring 2020 course evaluation findings would not be provided to departments. In evaluating the overall Skyfactor results as they are mapped to the essentials of baccalaureate education for nursing practice (AACN), the overall program scored above 5.0 in all areas except one item in Essential V: Health Care Policy, Finance, and Regulatory Environments (Q074=m 4.654) regarding cost factors of delivering care. However, the data shows the satisfaction (scores above 5.0) and overall program meeting the essentials shows progress supporting the reduction of credits did not impact the overall learning. In addition, the Accelerated Second-Degree BSN students remained stable in NCLEX performance throughout 2020-2021.

Evaluation of Exit Survey all BSN programs

The faculty evaluate exit surveys to address items that fall near or below the benchmark of \geq **5.** We do not have any of our survey items below our benchmark for 2020-2021. As identified in Table 3, data regarding student achievement of program learning outcomes, based on the specific measures (assignment metrics), indicated the successful achievement of the majority of benchmarks. In 2019-2020 aggregate means for PLO #3 were slightly below the benchmark and PLO #7 was an area we were watching for trending data. All PLO survey items reached the benchmark for survey and performance on assignment

measures. In light of the current learning environment, the faculty were pleased to see this stability during the pandemic.

Evaluation of National Pass Rates

The faculty have noted a downward trend in BSN program graduates' pass rates on the national licensure examination during AY 2020-2021 (benchmark of 80%). The average decreased from a first-time pass rate of 92.3% to 83%. The faculty feel this is largely due to the ongoing impact of the pandemic and the student's practices used for preparing for the exam. We conclude that our programs are meeting expectations as our other metrics of performance are stable and hitting the set benchmarks.

In 2019, the faculty changed vendors for the standardized testing and learning resource package to better align with the NCLEX. The Assessment Technologies Inc. (ATI) program was fully implemented by January 2020. This change improved our assessment methods across the three core campuses as well as better prepared students for the examination. Because our licensure exam pass rates and performance in specific areas of the exam are reported as a core, the use of the same standardized testing package enhanced consistency and strengthen our overall program assessment. However, we have noted low usage of the NCLEX preparation modules (virtual modules). We have several programs in place to work with groups of students to emphasize the need to prepare using the supports we put in place for this exam. Based on individual testimony, students who are not successful the first time have noted extreme stress, delay in test-taking due to closures of test sites and selecting early licensure to practice under the COVID Emergency Licensure. The faculty continue to work with students who fail to support remediation plans and are working to create positive messaging to encourage students to invest in preparation.

MSN ASSESSMENT MEASURES AND OUTCOMES

The MSN program includes nine (9) different tracks: five nurse practitioner tracks (Adult/Gerontology Acute, Adult/Gerontology Primary, Family, Pediatric, and Psychiatric Mental Health); two clinical nurse specialist tracks (Adult/Gerontology and Pediatric), one Nurse Educator track, and one Nurse Leadership in Health Systems track. The MSN program outcomes are universal to all program tracks and are informed by national professional standards (*the Essentials*) and guidelines for nurses prepared at the master's degree level, integrated into curricula through a set of core courses and specialty track content. Students across all tracks complete the same SkyfactorTM Exit Survey and course evaluation measures.

The primary methods to assess student achievement of learning outcomes include clinical course evaluations; preceptor evaluations of student performance in the clinical practice settings; and an end-of-program exit survey.

Benchmark: A benchmark of \geq **5.0 on a 7.0-point scale** has been established for the SkyfactorTM Exit Survey. Aggregate student data related to the achievement of MSN program learning outcomes are identified in Table 4 below. Items below benchmark are flagged in bold font.

Table 4: 2019-2020 MSN Program Learning Outcomes as Measured by SkyfactorTM Exit Survey Data

Data			
MSN Program Learning Outcomes	Skyfactor TM Question and Certification Results		
1. Model excellence in nursing leadership to improve nursing practice within a complex health care system. Related PGL: Demonstrates the knowledge and skills needed to meet disciplinary standards of performance.	Q055: High-quality patient care Q056: Safe patient care Q057: Emphasize ethical decision making Q058: Emphasize critical decision making Q059: Promote effective working relationships Q060: Promote a systems perspective	Benchmark met	
disciplinary standards of performance. 2. Conduct advanced nursing practice within ethical-legal guidelines, professional policies and regulations, and standards of practice associated with a specialty area of practice. Related PGL: Meet all ethical standards established for the discipline.	Q056: Safe patient care Q057: Emphasize ethical decision making Q064: Apply standards related to quality improvement Q065: Apply quality principles within an organization Q075: Employ advocacy strategies to influence health and health care	Benchmark met	
3. Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication science from application to a chosen domain of advanced practice nursing. Related PGL: Demonstrate the knowledge and skills needed to meet	Integrate scientific findings from:	Benchmark met except one item-#54 which shows stable performance	
4. Demonstrate scholarly inquiry and reflection that exemplifies critical, creative, and systems thinking to advance the practice of nursing. Related PGL: Think critically and creatively to improve practice in the field of nursing.	Q053: Quality improvement Q058: Emphasize critical decision making Q061: Use appropriate methods to measure quality Q064: Apply standards related to quality improvement Q065: Apply quality principles within an organization Q066: Apply research outcomes within the practice Q067: Resolve practice problems using research Q068: Work as a change agent Q069: Disseminate research results	Benchmark met	

MSN Program Learning Outcomes	Skyfactor TM Question and Certification Res	ults
5. Face problems, design interventions, specify outcomes, and measure achievement of outcomes while balancing human, fiscal, and material resources to achieve quality health outcomes. Related PGL: Demonstrates the knowledge and skills needed to meet disciplinary standards of performance.	Q061: Use appropriate methods to measure quality Q062: Use appropriate tools to measure quality Q063: Apply performance measures to quality improvement: Q064: Apply standards related to quality improvement Q065: Apply quality principles within an organization Q066: Apply research outcomes within the practice setting Q067: Resolve practice problems using research Q068: Work as a change agent Q079: Planning of evidence-based clinical prevention and population care and services to patients Q080: Delivery of evidence-based clinical prevention and population care and services to patients Q081: Management of evidence-based clinical prevention and population care and services to patients Q081: Evaluation of evidence-based clinical prevention and population care and services to patients	Benchmark met
6. Use information technology and knowledge-based resources to manage and transform data that inform clinical practice. Related PGL: Communicate effectively to improve practice in the field of nursing.	8	Benchmark met
7. Systematically apply evidence from research findings to answer clinical questions, solve clinical problems, and develop innovative nursing interventions and health policies for selected patient populations. Related PGL: Think critically and creatively to improve practice in the field of nursing.	Q062: Use appropriate tools to measure quality Q063: Apply performance measures to quality improvement Q067: Resolve practice problems using research Q068: Work as a change agent Q069: Disseminate research results Q074: Intervene at the system level through the policy development process Q079: Planning of evidence-based clinical prevention and population care and services to patients Q080: Delivery of evidence-based clinical prevention and population care and services to patients Q081: Management of evidence-based clinical prevention	Benchmark met
	and population care and services to patients Q082: Evaluation of evidence-based clinical prevention and population care and services to patients Q144: Application of research and scientific evidence into clinical practice	

MSN Program Learning Outcomes	Skyfactor TM Question and Certification Res	ults
8. Demonstrate collaborative practice and interpret nursing science within an interdisciplinary context. Related PGL: Demonstrates the knowledge and skills needed to meet disciplinary standards of performance.	Q076: Manage and coordinate care by communicating with team members Q077: Manage and coordinate care by collaborating with team members Q078: Manage and coordinate care by consulting other	Benchmark met
9. Articulate the effects of culture, diversity, values, and globalization in the design, delivery, and evaluation of health services. Related PGL: Meet all ethical standards established for the discipline.		Benchmark met
the advancement of nursing. Related PGL: Think critically and	Adult/Gero NP Acute Family NP	100% 88% 93% 93% 86% 100%

Aggregate student course evaluation data are utilized by the MSN curriculum committee to inform decision-making regarding course improvements to facilitate student achievement of program learning outcomes. Evaluation data is collected at the end of each course, with annual, aggregate means reviewed by program track and core course in relation to established benchmarks. Table 5 demonstrates mean student evaluation rating; the **benchmark set at \geq 4.0 on a 5.0 scale**.

Table 5: 2020-2021 Mean Student Course Ratings by MSN Track and Core MSN Courses

MSN Program Tracks	Mean Course Evaluation Rating
Overall Course Mean	4.4
Overall Clinical Mean	4.3
MSN Core Courses	
N502 Nursing Theory for Advanced Nursing Practice	4.0
N504 Leadership for Advanced Nursing Practice	4.6
R500 Nursing Research Methods	4.4
R505 Measurement & Data Analysis	4.2
Y515 Advanced Pathophysiology Across the Lifespan	4.6
Y612 Advanced Pharmacology Across the Lifespan	4.6
Y625 Advanced Physical Assessment Across the Lifespan	4.2

no values benchmark

MSN ANALYSIS OF DATA AND 2019-2020 STRATEGIES FOR IMPROVEMENT

SkyfactorTM **Exit Survey.** As identified in Table 4, MSN student achievement of program learning outcomes, based on the specific measures, indicated successful achievement of the benchmark in nearly all areas. Items with mean scores below 5.0 on the SkyfactorTM Exit Survey (Table 4) are reviewed by the MSN curriculum committee for assessment of overall program effectiveness and achievement of student learning outcomes. Areas below the benchmark included the following. There were improvements noted from 209-2020 with only 1 question showing below the benchmark.

Program Learning Outcome 3: Synthesize knowledge from nursing as well as biological, behavioral, social, administrative, educational, and communication science from application to a chosen domain of advanced practice nursing.

Exit Survey Q54: Organizational Sciences (4.82) was below benchmark and continues to be below 5 (AY 2019-2020=4.89). Curricular changes in N504: Leadership for Advanced Nursing Practice includes this specific content. Given that the majority of MSN students complete the program part-time in 3 years, changes to this outcome as a result of the N504 changes are reflected in the Spring 2020 survey. There is a stable trend with this item and faculty will continue to monitor progress.

All other exit survey items were above the benchmark for Learning Outcomes 1-10.

Course/Program Evaluations. Table 5 demonstrates the mean course summaries for MSN core and track-specific courses. Overall all courses performed above benchmark.

Certification. Overall, in light of the impact of COVID, students who completed certification exams were largely successful in meeting overall program outcomes of sitting for national certification exams. The program coordinators continue to monitor the metrics providing one-on-one support to students as needed.

DNP Assessment Measures and Outcomes

The DNP program leaders continue to monitor the curriculum changes from 2018-2020. The faculty analyze quantitative and/or qualitative data collected to assess student progress towards achievement of program learning outcomes throughout the program. The DNP Curriculum Committee utilizes aggregate outcomes data to identify strengths and areas for improvement and, the necessary resources for implementation and sustainability of strategies. Reflective analysis of community feedback and student data has led to modifications in the curriculum, teaching-learning experiences, and enrollment management. Individual student performance is evaluated by faculty and reflects achievement of learning outcomes.

A variety of assessment approaches are used throughout the program to assess student performance against program outcomes including graded assignments; online postings; final projects and papers; case study presentations; reflective thinking work in the form of leadership development plans; and, guided reflections regarding on-campus and immersive experiences. End-of-program SkyfactorTM Exit Survey data provide student-centered information regarding achievement of learning outcomes. The faculty continue to map the Skyfactor items to the evaluation metrics under the updated changes. Due to other priorities in the curriculum meetings, this process continues to be a pending item. For the 2020-2021 we did not have enough students respond to obtain reports. Faculty are working on a plan to better promote the importance of this survey in the last semester's courses.

The results are discussed in the DNP Curriculum Committee where recommendations are made for ongoing program improvement. Table 6 provides all ratings related to student learning from the 2018-19 annual SkyfactorTM Exit Survey with questions mapped to each of the six key program learning outcomes.

Aggregate student course evaluation data are utilized by the DNP curriculum committee to inform decision-making regarding course improvements to facilitate student achievement of program learning outcomes. Evaluation data is collected at the end of each course, with annual, aggregate means reviewed in relation to established benchmarks. Table 7 demonstrates mean student evaluation rating; the benchmark set at ≥ 4.0 on a 5.0 scale.

Table 7: 2020-2021 Mean Student Course Ratings for DNP

DNP Overall Program	Mean Evaluation Rating
Overall Course Means	4.3
DNP Course Title	Mean Course Evaluation
	Rating
D615: Health Outcomes & Decision-making	4.9
D650: Data Analysis in Clinical -Administrative Decision-making	4.7
D721: Advanced Leadership in Complex Systems	4.5
D735: Population Health Surveillance & Management	4.3
D743: Trans-disciplinary Approaches to Influencing Public Health Policy	4.9
D744: Strategic Resource Management	4.2

DNP Analysis of Outcomes and 2020-2021 Strategies

As identified in Table 6, DNP student achievement of program learning outcomes, based on the specific measures, indicated successful achievement of the benchmark in nearly all areas. Items with mean scores below 5.0 on the SkyfactorTM Exit Survey (Table 6) are reviewed by the DNP curriculum committee for assessment of overall program effectiveness and achievement of student learning outcomes. Due to the release of new national guidelines for DNP programs, in 2017-18 the IUSON DNP program underwent significant review and revision. The use of data to develop, implement and evaluate a scholarly clinical project was added. This change affects students enrolling in the program in Fall, 2018. They are all on a part-time, 3- year program plan. Improvements in survey findings are expected in Spring, 2021. In the past, the program has had a 91.2% average graduation rate with greater than 70% completing in under 4.5 years.

The focus of the DNP program for AY 2019-2020 is on the implementation of the evaluation plan for student learning in the revised curriculum. With the new plan of study, students work with project mentors in a practice setting and are selected to serve on the student's DNP project team along with a faculty adviser. The project planning (D750), project implementation (D760), and project evaluation/dissemination (D770) courses are designed as variable credit to accommodate students who have fewer than 500 supervised clinical practicum hours in their earned nursing master's degree.

While project mentors provide input about student performance, all student performance in the DNP clinical experiences are supervised and evaluated by the faculty adviser. Project mentors are experienced leaders in health and health-related organizations and services. They are qualified, graduate-level-prepared professionals, nursing and non-nursing, embedded in clinical practice settings and able to facilitate a student project in the selected practice setting. Consistent with The Essentials of Doctoral Education for Advanced Nursing Practice, preceptors support students in planning, implementing, and evaluating a nursing intervention that influences health care outcomes for individuals or populations, including direct care, population health management, executive leadership

of nursing and health care organizations, and development and implementation of health policy. IUSON recently revised our DNP project guidelines to align with the AACN recommendations (The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations, 2015) and created a new project mentor toolkit that describes expectations for the project mentor, faculty adviser, and student to communicate expectations of the preceptor role in teaching and evaluation of the student. DNP students may request a mentor; faculty members have final approval of mentors and clinical/project sites to ensure that students will have the opportunities to integrate new knowledge and skills in practice. Preceptors are reviewed annually by the faculty, using student evaluation of preceptor data and faculty observation in clinical settings.

PHD ASSESSMENT MEASURES AND OUTCOMES

The Nursing Science PhD Program has two focus areas: Clinical Nursing Science and Health Systems. Clinical Nursing Science concentrates on the interrelationships of health promotion, health behavior, and quality of life in acute and chronic illness throughout the lifespan. The focus area includes improving quality of life in persons with chronic illness, behavioral oncology across the cancer continuum, childhood and family adaptation to chronic illness, family caregiving across the lifespan, tailored intervention studies, and patient safety. Health Systems concentrates on creating and researching structures and resources that enable individuals and communities to achieve optimal health. Examples of research areas include diffusion of knowledge in practice, community-based care coordination, leadership styles for managing the delivery of clinical care in health systems, computer systems supporting care delivery, and comparative effectiveness research. In addition, health systems includes topics related to nursing education, including web-based teaching and learning, clinical reasoning, assessment of learning and program evaluation, health and public policy analysis, computer systems to enhance care delivery, informatics, patient care simulations, and community-based care coordination, health policy, and administration.

In the academic year 2020-2021, we had a successful progression of PhD students who completed/passed their qualifying exams and successfully defended their dissertation proposal, and successfully defended final dissertations. In 2020-2021 the IUSON graduated a total of 5 students.

Student learning is assessed utilizing successful course completion, program progression, course evaluations, end-of-program surveys and alumni survey responses. IUPUI Graduate program learning outcomes are linked to course syllabi. Table 8 lists the 2020-2021 mean course evaluation data by PhD students. PhD faculty review ongoing data to determine program effectiveness and student achievement of program learning outcomes. The benchmark is set at ≥ 4.0 on a 5.0 Likert scale.

Table 8: 2020-2021 PhD Graduate Course Ratings

PhD Courses	Mean Course Evaluation
	Rating
D602: Responsibly Conduct of Research	4.6
D607: Theoretical Perspectives of Nursing Science	4.9
D608: Middle Range Theory	4.9
D609: State of the Science Seminar	4.9
D701: Nursing Inquiry and Scholarship	4.4
D751: Health Behaviors (renumbered D702)	4.8
R601: Instrumentation and Measurement	4.6
R603: Quantitative Research Design and Methods	4.3
R610: Qualitative Methods for Nursing Research	4.3
R613: Grounded Theory Research	4.70

R615: Comparative Effectiveness Research and Patient-Centered Outcomes Research	n/a
R703: Symptom Science	4.69
T800: Preparing Future Faculty	4.83

PhD Analysis of Outcomes and 2020-2021 Strategies

As identified in Table 8, all PhD course ratings, were above the benchmark for AY 2020-2021. In 2019, we completed a curriculum review with the PhD faculty group. The group compared our credit distributions from data gathered from all Big 10 schools with Nursing PhD programs. The faculty concluded our credit allocation needed to be redistributed across theory, research methods, statistics, and nursing science. We started the curriculum revision in 2019 developing working groups for each block of course content. The work continues through 2022 as much of the working groups were delayed due to the COVID burden. The PhD Curriculum and Student Affairs committee (PhD CSA) will be reviewing suggested course changes in the fall of 2022. Due to the slow influx of graduates, the outcome data for the End of Program and Alumni Survey are due to be reviewed by the committee in February 2022 and will be reported on next year's PRAC reports. The curriculum revision will be remapping program outcomes to course evaluations, coursework outcomes, end-of-program survey, and alumni survey. This matrix will be presented in the PRAC report for 2021-2022 if the matrix is completed.

Starting in 2018 students are required to report yearly outcomes via a survey of metrics and submitted CVs to better quantify program and individual outcomes metrics for scholarship (Program Outcomes 1-5). It is important to access learning outcomes through scholarship as it is the application of research knowledge that directly represents and demonstrates the ability to apply knowledge to internal and external audiences. In AY 2020 and 2021 combined PhD, scholarly works included 54 publications, 80 podium presentations, poster presentations, and 81 awards or fellowships. The scholarship metrics will continue to be monitored and supported by the faculty and program. The PhD program also disseminates an end-of-program survey (at the end of each semester) and an alumni survey (at the one-year mark post-graduation).

The focus for AY 2020-2022 will be preparing for the IUPUI campus review of this program. The program was due for the 10-year review in 2019, however, due to leadership changes on campus and COVID-the school requested the review self-study be completed in the fall of 2022 or the spring of 2023 as we continue to experience these impacts on the program.

APPENDIX

EXAMPLE OF CROSWALK WORKSHEET USED BY FACULTY

GRADUATE COURSE ESSENTIALS CROSSWALK WORKSHEET

Instructions:

- 1. Enter the course number and full name in the space provided.
- 2. Enter your name as the faculty reviewer.
- 3. Copy the Course Description from the most current syllabus in the space provided.
- 4. Copy the Course Competencies from the most current syllabus in the space provided.
- 5. Save the file using this name "Essentials Worksheet XXXX". (Example: Essentials Worksheet N502)
- 6. The AACN **Domains** are identified by numbers 1-10 and include the description in the shaded boxes.
- 7. The AACN Competencies are identified by the Domain number and competency number in the shaded boxes (Example: 1.1).
- 8. The **Level Two Sub-competencies** are identified with an alphanumeric label in the unshaded boxes (Example: 1.1a).
- 9. Review the Domains to determine which align with your course competencies. Each course will not align with all of the Domains but as a program all of the domains, competencies and level two sub-competencies will need to be met. Those that are not met are gaps to be addressed with course or curricular revisions.
- 10. As you align your course competencies to the level two sub-competencies, enter your course competency number in the space provided next to the applicable level two sub-competencies.
- 11. On the final page there is space for a brief synopsis of your course gap analysis and recommendations for the Curriculum committees to review.
- 12. Thank you for your time and expertise in reviewing your course!

COURSE NUMBER AND NAME	FACULTY REVIEWER
COURSE DESCRIPTION	COURSE COMPETENCIES

Domain 1: Knowledge for Nursing Practice: Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.		
Course		
Competency #	disciplines.	
	1.1e Translate evidence from nursing science as well as other sciences into practice.	
	1.1f Demonstrate the application of nursing science to practice.	
	1.1g Integrate an understanding of nursing history in advancing nursing's influence in health care.	

Course Competency #	1.2 Apply theory and research-based knowledge from nursing, the arts, humanities, and other sciences.
	1.2f Synthesize knowledge from nursing and other disciplines to inform education, practice, and research.
	1.2g Apply a systematic and defendable approach to nursing practice decisions.
	1.2h Employ ethical decision making to assess, intervene, and evaluate nursing care.
	1.2i Demonstrate socially responsible leadership.
	1.2j Translate theories from nursing and other disciplines to practice.
Course Competency #	1.3 Demonstrate clinical judgment founded on a broad knowledge base.
	1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.
	1.3e Synthesize current and emerging evidence to Influence practice.
	1.3f Analyze decision models from nursing and other knowledge domains to improve clinical judgment.
Person-centered car	entered Care: Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. re is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered ntific body of knowledge that guides nursing practice regardless of specialty or functional area.
Course Competency #	2.1 Engage with the individual in establishing a caring relationship.
	2.1d Promote caring relationships to effect positive outcomes.
	2.1e Foster caring relationships.
Course Competency #	2.2 Communicate effectively with individuals.
	2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.
	2.2h Design evidence-based, person-centered engagement materials.
	2.2i Apply individualized information, such as genetic/genomic, pharmacogenetic, and environmental exposure information in the delivery of personalized health care.
	2.2j Facilitate difficult conversations and disclosure of sensitive information.

Course Competency #	2.3 Integrate assessment skills in practice.
	2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.
Course Competency #	2.4 Diagnose actual or potential health problems and needs.
	2.4f Employ context driven, advanced reasoning to the diagnostic and decision-making process.
	2.4g Integrate advanced scientific knowledge to guide decision making.
Course Competency #	2.5 Develop a plan of care.
	2.5h Lead and collaborate with an interprofessional team to develop a comprehensive plan of care.
	2.5i Prioritize risk mitigation strategies to prevent or reduce adverse outcomes.
	2.5j Develop evidence-based interventions to improve outcomes and safety.
	2.5k Incorporate innovations into practice when evidence is not available.
Course Competency #	2.6 Demonstrate accountability for care delivery.
	2.6e Model best care practices to the team.
	2.6f Monitor aggregate metrics to assure accountability for care outcomes.
	2.6g Promote delivery of care that supports practice at the full scope of education.
	2.6h Contribute to the development of policies and processes that promote transparency and accountability.
	2.6i Apply current and emerging evidence to the development of care guidelines/tools.
	2.6j Ensure accountability throughout transitions of care across the health continuum.
Course Competency #	2.7 Evaluate outcomes of care.
	2.7d Analyze data to identify gaps and inequities in care and monitor trends in outcomes.
	2.7e Monitor epidemiological and system-level aggregate data to determine healthcare outcomes and trends.

2.7f Synthesize outcome data to inform evidence-based practice, guidelines, and policies.
2.8 Promote self-care management.
2.8f Develop strategies that promote self-care management.
2.8g Incorporate the use of current and emerging technologies to support self-care management.
2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.
2.8i Evaluate adequacy of resources available to support self-care management.
2.8j Foster partnerships with community organizations to support self-care management.
2.9 Provide care coordination.
2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9g Develop strategies to optimize care coordination and transitions of care.
2.9h Guide the coordination of care across health systems.
2.9i Analyze system-level and public policy influence on care coordination.

Domain 3: Population Health: Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.

Course Competency #	3.1 Manage population health.
	3.1j Assess the efficacy of a system's capability to serve a target sub-population's healthcare needs.
	3.1k Analyze primary and secondary population health data for multiple populations against relevant benchmarks.
	3.1l Use established or evolving methods to determine population-focused priorities for care.
	3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods.
	3.1n Collaborate with appropriate stakeholders to implement a sociocultural and linguistically responsive intervention plan.

Course Competency #	3.2 Engage in effective partnerships.
	3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health.
	3.2e Challenge biases and barriers that impact population health outcomes.
	3.2f Evaluate the effectiveness of partnerships for achieving health equity.
	3.2g Lead partnerships to improve population health outcomes.
	3.2h Assess preparation and readiness of partners to organize during natural and manmade disasters.
Course Competency #	3.3 Consider the socioeconomic impact of the delivery of health care.
	3.3c Analyze cost-benefits of selected population-based interventions.
	3.3d Collaborate with partners to secure and leverage resources necessary for effective, sustainable interventions.
	3.3e Advocate for interventions that maximize cost-effective, accessible, and equitable resources for populations.
	3.3f Incorporate ethical principles in resource allocation in achieving equitable health.
Course Competency #	3.4 Advance equitable population health policy.
	3.4f Identify opportunities to influence the policy process.
	3.4g Design comprehensive advocacy strategies to support the policy process.
	3.4h Engage in strategies to influence policy change.
	3.4i Contribute to policy development at the system, local, regional, or national levels.
	3.4j Assess the impact of policy changes.
	3.4k Evaluate the ability of policy to address disparities and inequities within segments of the population.
	3.4l Evaluate the risks to population health associated with globalization.
Course Competency #	3.5 Demonstrate advocacy strategies.
	3.5f Appraise advocacy priorities for a population.

	3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches.
	3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global.
	3.5i Demonstrate leadership skills to promote advocacy efforts that include principles of social justice, diversity, equity, and inclusion.
Course Competency #	3.6 Advance preparedness to protect population health during disasters and public health emergencies.
	3.6f Collaboratively initiate rapid response activities to protect population health.
	3.6g Participate in ethical decision making that includes diversity, equity, and inclusion in advanced preparedness to protect populations.
	3.6h Collaborate with interdisciplinary teams to lead preparedness and mitigation efforts to protect population health with attention to the most vulnerable populations.
	3.6i Coordinate the implementation of evidence-based infection control measures and proper use of personal protective equipment.
	3.6j Contribute to system-level planning, decision making, and evaluation for disasters and public health emergencies.
Domain 4: Scholars transform health ca	hip for Nursing Practice: The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and ire.
Course Competency #	4.1 Advance the scholarship of nursing.
	4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice.
	4.1i Engage in scholarship to advance health.
	4.1j Discern appropriate applications of quality improvement, research, and evaluation methodologies.
	4.1k Collaborate to advance one's scholarship.
	4.1l Disseminate one's scholarship to diverse audiences using a variety of approaches or modalities.
	4.1m Advocate within the interprofessional team and with other stakeholders for the contributions of nursing scholarship.
Course Competency #	4.2 Integrate best evidence into nursing practice.
	4.2f Use diverse sources of evidence to inform practice.
	4.2g Lead the translation of evidence into practice.
	4.2h Address opportunities for innovation and changes in practice.

	4.2i Collaborate in the development of new/revised policy or regulation in the light of new evidence.
	4.2 j Articulate inconsistencies between practice policies and best evidence.
Course Competency #	4.3 Promote the ethical conduct of scholarly activities.
	4.3e Identify and mitigate potential risks and areas of ethical concern in the conduct of scholarly activities.
	4.3f Apply IRB guidelines throughout the scholarship process.
	4.3g Ensure the protection of participants in the conduct of scholarship.
	4.3h Implement processes that support ethical conduct in practice and scholarship.
	4.3i Apply ethical principles to the dissemination of nursing scholarship.
	nd Safety: Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing ality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Competency #	5.1 Apply quality improvement principles in care delivery.
	5.1i Establish and incorporate data driven benchmarks to monitor system performance.
	5.1j Use national safety resources to lead team-based change initiatives.
	5.1k Integrate outcome metrics to inform change and policy recommendations.
	5.1l Collaborate in analyzing organizational process improvement initiatives.
	5.1m Lead the development of a business plan for quality improvement initiatives.
	5.1n Advocate for change related to financial policies that impact the relationship between economics and quality care delivery.
	5.1o Advance quality improvement practices through dissemination of outcomes.
Course Competency #	5.2 Contribute to a culture of patient safety.
	5.2g Evaluate the alignment of system data and comparative patient safety benchmarks.
	5.2h Lead analysis of actual errors, near misses, and potential situations that would impact safety.
	5.2i Design evidence-based interventions to mitigate risk.

	5.2j Evaluate emergency preparedness system-level plans to protect safety.
Course Competency #	5.3 Contribute to a culture of provider and work environment safety.
	5.3e Advocate for structures, policies, and processes that promote a culture of safety and prevent workplace risks and injury.
	5.3f Foster a just culture reflecting civility and respect.
	5.3g Create a safe and transparent culture for reporting incidents.
	5.3h Role model and lead well-being and resiliency for self and team.
	essional Partnerships: Intentional collaboration across professions and with care team members, patients, families, communities, and other mize care, enhance the healthcare experience, and strengthen outcomes.
Course Competency #	6.1 Communicate in a manner that facilitates a partnership approach to quality care delivery.
	6.1g Evaluate effectiveness of interprofessional communication tools and techniques to support and improve the efficacy of team-based interactions.
	6.1h Facilitate improvements in interprofessional communications of individual information (e.g. EHR).
	6.1i Role model respect for diversity, equity, and inclusion in team-based communications.
	6.1j Communicate nursing's unique disciplinary knowledge to strengthen interprofessional partnerships.
	6.1k Provide expert consultation for other members of the healthcare team in one's area of practice.
	6.1l Demonstrate capacity to resolve interprofessional conflict.
Course Competency #	6.2 Perform effectively in different team roles, using principles and values of team dynamics.
	6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes.
	6.2h Evaluate the impact of team dynamics and performance on desired outcomes.
	6.2i Reflect on how one's role and expertise influences team performance.
	6.2j Foster positive team dynamics to strengthen desired outcomes.
Course Competency #	6.3 Use knowledge of nursing and other professions to address healthcare needs.

	6.3d Direct interprofessional activities and initiatives.				
Course Competency #	6.4 Work with other professions to maintain a climate of mutual learning, respect, and shared values.				
	6.4e Practice self-assessment to mitigate conscious and implicit biases toward other team members.				
	6.4f Foster an environment that supports the constructive sharing of multiple perspectives and enhances interprofessional learning.				
	6.4g Integrate diversity, equity, and inclusion into team practices.				
6.4h Manage disagreements, conflicts, and challenging conversations among team members.					
	6.4i Promote an environment that advances interprofessional learning.				
	-Based Practice Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to /, equitable care to diverse populations.				
Course Competency #	7.1 Apply knowledge of systems to work effectively across the continuum of care.				
	7.1e Participate in organizational strategic planning.				
	7.1f Participate in system-wide initiatives that improve care delivery and/or outcomes.				
	7.1g Analyze system-wide processes to optimize outcomes.				
	7.1h Design policies to impact health equity and structural racism within systems, communities, and populations.				
Course Competency #	7.2 Incorporate consideration of cost-effectiveness of care.				
	7.2g Analyze relevant internal and external factors that drive healthcare costs and reimbursement.				
	7.2h Design practices that enhance value, access, quality, and cost-effectiveness.				
	7.2i Advocate for healthcare economic policies and regulations to enhance value, quality, and cost-effectiveness.				
	7.2j Formulate, document, and disseminate the return on investment for improvement initiatives collaboratively with an interdisciplinary team.				
	7.2k Recommend system-wide strategies that improve cost effectiveness considering structure, leadership, and workforce needs.				
	7.2l Evaluate health policies based on an ethical framework considering cost-effectiveness, health equity, and care outcomes.				

Course				
Competency #	7.3 Optimize system effectiveness through application of innovation and evidence-based practice.			
	7.3e Apply innovative and evidence-based strategies focusing on system preparedness and capabilities.			
	7.3f Design system improvement strategies based on performance data and metrics.			
	7.3g Manage change to sustain system effectiveness.			
	7.3h Design system improvement strategies that address internal and external system processes and structures that perpetuate structural racism and other forms of discrimination in healthcare systems.			
form information to	on and Healthcare Technologies: Information and communication technologies and informatics processes are used to provide care, gather data, drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are improve the delivery of safe, high- quality, and efficient healthcare services in accordance with best practice and professional and regulatory			
Course Competency #	8.1 Describe the various information and communication technology tools used in the care of patients, communities, and populations.			
	8.1g Identify best evidence and practices for the application of information and communication technologies to support care.			
	8.1h Evaluate the unintended consequences of information and communication technologies on care processes, communications, and information flow across care settings.			
	8.1i Propose a plan to influence the selection and implementation of new information and communication technologies.			
	8.1j Explore the fiscal impact of information and communication technologies on health care.			
	8.1k Identify the impact of information and communication technologies on workflow processes and healthcare outcomes.			
Course Competency #	8.2 Use information and communication technology to gather data, create information, and generate knowledge.			
	8.2f Generate information and knowledge from health information technology databases.			
	8.2g Evaluate the use of communication technology to improve consumer health information literacy.			
	8.2h Use standardized data to evaluate decision-making and outcomes across all systems levels.			

8.2i Clarify how the collection of standardized data advances the practice, understanding, and value of nursing and supports care.

8.3 Use information and communication technologies and informatics processes to deliver safe nursing care to diverse populations in a

8.2j Interpret primary and secondary data and other information to support care.

Course

Competency #

variety of settings.

	8.3g Evaluate the use of information and communication technology to address needs, gaps, and inefficiencies in care.			
	8.3h Formulate a plan to influence decision-making processes for selecting, implementing, and evaluating support tools.			
	8.3i Appraise the role of information and communication technologies in engaging the patient and supporting the nurse-patient relationship.			
	8.3j Evaluate the potential uses and impact of emerging technologies in health care.			
	8.3k Pose strategies to reduce inequities in digital access to data and information.			
Course Competency #	8.4 Use information and communication technology to support documentation of care and communication among providers, patients, and all system levels.			
	8.4e Assess best practices for the use of advanced information and communication technologies to support patient and team communications.			
	8.4f Employ electronic health, mobile health, and telehealth systems to enable quality, ethical, and efficient patient care.			
	8.4g Evaluate the impact of health information exchange, interoperability, and integration to support patient-centered care. health, and telehealth systems in enabling patient care.			
Course Competency #	8.5 Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.			
	8.5g Apply risk mitigation and security strategies to reduce misuse of information and communication technology.			
	8.5h Assess potential ethical and legal issues associated with the use of information and communication technology.			
	8.5i Recommend strategies to protect health information when using communication and information technology.			
	8.5j Promote patient engagement with their personal health data.			
	8.5k Advocate for policies and regulations that support the appropriate use of technologies impacting health care.			
	8.5l Analyze the impact of federal and state policies and regulation on health data and technology in care settings.			
	nalism: Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and eflects nursing's characteristics and values.			
Course Competency #	9.1 Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.			
	9.1h Analyze current policies and practices in the context of an ethical framework.			
	9.1i Model ethical behaviors in practice and leadership roles.			
	9.1j Suggest solutions when unethical behaviors are observed.			

	9.1k Assume accountability for working to resolve ethical dilemmas.					
Course Competency #						
	9.2h Foster opportunities for intentional presence in practice.					
	9.2i Identify innovative and evidence-based practices that promote person-centered care.					
	9.2j Advocate for practices that advance diversity, equity, and inclusion.					
	9.2k Model professional expectations for therapeutic relationships.					
	9.2l Facilitate communication that promotes a participatory approach.					
Course Competency #	9.3 Demonstrate accountability to the individual, society, and the profession.					
	9.3i Advocate for nursing's professional responsibility for ensuring optimal care outcomes					
	9.3j Demonstrate leadership skills when participating in professional activities and/or organizations.					
	9.3k Address actual or potential hazards and/or errors.					
	9.3l Foster a practice environment that promotes accountability for care outcomes.					
	9.3m Advocate for policies/practices that promote social justice and health equity.					
	9.3n Foster strategies that promote a culture of civility across a variety of settings.					
	9.3o Lead in the development of opportunities for professional and interprofessional activities.					
Course Competency #	9.4 Comply with relevant laws, policies, and regulations.					
	9.4d Advocate for polices that enable nurses to practice to the full extent of their education.					
	9.4e Assess the interaction between regulatory agency requirements and quality, fiscal, and value-based indicators.					
	9.4f Evaluate the effect of legal and regulatory policies on nursing practice and healthcare outcomes.					
	9.4g Analyze efforts to change legal and regulatory policies that improve nursing practice and health outcomes.					
	9.4h Participate in the implementation of policies and regulations to improve the professional practice environment and healthcare outcomes.					

Course Competency #	9.5 Demonstrate the professional identity of nursing.				
	9.5f Articulate nursing's unique professional identity to other interprofessional team members and the public.				
	9.5g Evaluate practice environment to ensure that nursing core values are demonstrated.				
	9.5h Identify opportunities to lead with moral courage to influence team decision-making.				
	9.5i Engage in professional organizations that reflect nursing's values and identity				
Course Competency #	9.6 Integrate diversity, equity, and inclusion as core to one's professional identity.				
	9.6d Model respect for diversity, equity, and inclusion for all team members.				
	9.6e Critique one's personal and professional practices in the context of nursing's core values.				
	9.6f Analyze the impact of structural and cultural influences on nursing's professional identity.				
	9.6g Ensure that care provided by self and others is reflective of nursing's core values.				
	9.6h Structure the practice environment to facilitate care that is culturally and linguistically appropriate.				
	9.6i Ensure self and others are accountable in upholding moral, legal, and humanistic principles related to health.				
	I, Professional, and Leadership Development : Participation in activities and self-reflection that foster personal health, resilience, and well-being, d support the acquisition of nursing expertise and assertion of leadership.				
Course Competency #	10.1 Demonstrate a commitment to personal health and well-being.				
	10.1c Contribute to an environment that promotes self-care, personal health, and well-being.				
	10.1d Evaluate the workplace environment to determine level of health and well-being				
Course Competency #	10.2 Demonstrate a spirit of inquiry that fosters flexibility and professional maturity.				
	10.2g Demonstrate cognitive flexibility in managing change within complex environments.				
	10.2h Mentor others in the development of their professional growth and accountability.				
	10.2i Foster activities that support a culture of lifelong learning.				
	10.2j Expand leadership skills through professional service.				
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Course Competency #	10.3 Develop capacity for leadership.
	10.3j Provide leadership to advance the nursing profession.
	10.3k Influence intentional change guided by leadership principles and theories.
	10.3l Evaluate the outcomes of intentional change.
	10.3m Evaluate strategies/methods for peer review.
	10.3n Participate in the evaluation of other members of the care team.
	10.3o Demonstrate leadership skills in times of uncertainty and crisis.
	10.3p Advocate for the promotion of social justice and eradication of structural racism and systematic inequity in nursing and society.
	10.3q Advocate for the nursing profession in a manner that is consistent, positive, relevant, accurate, and distinctive.

Identified Gaps, Recommendations, or Opportunities for Revisions							