


Date: March 9, 2020

To: Cathy Sandeen, Chancellor

From: John Stalvey, Interim Provost 

Cc: Jeff Jessee, Dean of the College of Health; Vice Provost for Health Programs
Jill Janke, Committee Chair & Professor of Nursing
Pamela Grogan, Associate Director, School of Nursing
Christine Michel, Interim Director, School of Nursing
Susan Kalina, Vice Provost for Academic Affairs
Claudia Lampman, Vice Provost for Student Success

Re: **AY20 Expedited Program Review Findings – Nursing Practice DNP**

I have reviewed the dean's findings and the completed Expedited Program Review Template for the Nursing Practice DNP. The Provost's Office did not receive an Optional Program Response Form from the program.

Recommendations

My recommendation is to accept the decision and recommendations of the dean with the additional commentary that the program should consider realigning faculty resources to focus on the Masters of Science and the Graduate Certificates, which are in higher demand in the state. An interim progress report on all recommendations is due to the dean by March 1, 2021. The dean will submit a review along with the program's interim progress report to the provost by April 1, 2021. A follow-up Program Review will be conducted in AY22.

Decision

Recommend Continued Review



Date: February 21, 2020

To: John Stalvey, Interim Provost

From: Jeff Jessee, Dean of the College of Health and Vice Provost of Health Programs

Cc: Jill Janke, Committee Chair & Professor of Nursing
Pamela Grogan, Associate Director, School of Nursing
Christine Michel, Interim Director, School of Nursing

Re: AY20 Expedited Program Review Findings

Program/s in this review: Nursing Practice DNP

Specialized accrediting agency (if applicable): The Nursing Practice DNP is accredited by the Commission on Collegiate Nursing Education (CCNE).

Campuses where the program is delivered: Anchorage

Centrality of Program Mission and Supporting Role:

The Nursing Practice DNP represents the highest degree in nursing practice. This is a post-masters program that is available to individuals who are already master's prepared Advanced Practice Registered Nurses (APRNs) and are certified nurse practitioners (NPs), certified nurse midwives (CNMs), or certified registered nurse anesthetists (CRNAs). The program is designed to expand students' knowledge and skills to interpret research, apply best practice, and incorporate clinical knowledge and leadership skills to influence health care systems and policy. Because of its strict eligibility requirement, the Nursing Practice DNP is a highly specialized program for a select group of students.

Program Demand (including service to other programs), Efficiency, and Productivity:

Unfortunately, program demand remains very low. During this period of review, seven students have graduated from the program (four in FY17 and three in FY19; an additional four just graduated in December 2019). The number of students increased to 11 in FY19. Class sizes remain low, particularly for courses that are not required for other degrees. On average, instructional costs are 2.2 times as high as full tuition revenues. The necessity of improving student recruitment, advising, and retention has been repeatedly emphasized in previous academic assessment reports and program reviews. Unfortunately, program demand, efficiency, and productivity have not improved.

Program Quality, Improvement and Student Success:

The Nursing Practice DNP is accredited by the Commission on Collegiate Nursing Education (CCNE). Despite having few students, the program has persistently struggled with academic assessment. Few recommendations from prior academic assessments and program reviews have been successfully implemented. In particular, the program has not demonstrated satisfactory progress on improving

student recruitment, advising, and retention. Student enrollments continue to be very low. In addition, students often struggle with completing the scholarly capstone project.

Program Duplication / Distinctiveness:

The program is unique, and there are no other comparable programs within the University of Alaska system.

Commendations and Recommendations:

The Nursing Practice DNP offers a unique educational opportunity for a select group of students. Unfortunately, program demand has remained low. The need to improve program demand, efficiency, and productivity has been repeatedly emphasized in prior reviews. Efforts to improve program demand, efficiency, and productivity were not successfully implemented and trends have not improved. Once again, we recommend a continued review so that the program has one last opportunity to demonstrate that there is sufficient student and market demand for this doctoral program in nursing practice.

Decision:

Continued review.

Submission date: 2/7/2020 (revised, original sent in on 1/31/2020)

Program/s in this review: Nursing Practice DNP

Specialized accrediting agency (if applicable): Commission on Collegiate Nursing Education (CCNE)

Campuses where the program is delivered: Anchorage

Members of the program review committee:

- Jill Janke, Associate Professor, Graduate Program Chair, Anchorage
- Pamela Grogan, Associate Director & Associate Professor, Anchorage
- Christine Michel, Interim Director & Associate Professor, Anchorage

1. Centrality of Program Mission and Supporting Role (700 words or less)

For decades, UAA School of Nursing has prepared Family Nurse Practitioners (FNP) and Psychiatric-Mental Health Nurse Practitioners (PMH-NP) at the Master's level. Both programs have been responsive to the health care needs of the state of Alaska, as well as national health trends. In mid-2000, national organizations such as the American Association of Colleges of Nursing (AACN) and the National Association of Nurse Practitioner Faculties (NONPF) determined that the Doctor of Nursing Practice (DNP) should replace Master's level preparation as entry level to advanced practice. The SON developed the DNP program to address the terminal degree requirement proposed by AACN and NONPF. To date, we have implemented a post-MS DNP for individuals who are already credentialed nurse practitioners and want to further their education.

Nurse practitioners (NP) have provided safe, high quality, cost effective, coordinated and comprehensive patient care, grounded in evidence-based practice for over 50 year. As the health care delivery system and patient care have grown increasingly complex, so has the role of the NP. Given the shortage in health care providers, the state of Alaska needs the FNP and PMH-NP graduates. In order to continue producing nurse practitioners we must be able to prepare individuals at the doctoral level. NONPF has committed to moving all entry-level nurse practitioner education to the DNP degree by 2025. The advanced practice nurse offers a wide variety of skills to be shared in areas of teaching and practice. Many graduates return to teach in all of the nursing programs while continuing to maintain their clinical practice as required for licensure.

The DNP students complete a project that is meant to improve the health of a population, health care system, or community. The projects focus on synthesis, translation implementation, and evaluation of evidence to solve clinical problems. DNP graduates are prepared to demonstrate innovation of practice change, translation of evidence, and the implementation of quality improvement processes in specific practice settings, systems, or with specific populations to improve health or health outcomes. Currently, the post-MS graduate projects cover a wide range of evidence-based activities which all have had an impact on the health of Alaskans. Some of the topics include ordering of psycho-pharmacogenetic testing, increasing tele-mental health utilization, diagnosing attention-deficit /hyperactivity disorder in adults, improving tele-dermatology utilization, and reducing recidivism in Alaska through early access to extended release injectable naltrexone.

The Alaska Occupational Forecast reported that in 2016, the number of NP's within the state of Alaska was 332, and by 2026 that number is predicted to increase to 409 which is an increase of 23.3 percent. However, an expected labor force exit and/or the occupational transfers is predicted to total 18 with an annual opening of 26 within the state. Therefore, the current shortage for NP's will continue if future increases in graduates or program continuation is not established. All of the post-MS DNP students are already employed as advanced practice nurses. The current MS FNP and PMH-NP graduates often have job offers before graduation and are actively employed within six months of graduation.

The SON receives external funds from a variety of stakeholders. To date, industry partners have pledged a total of 8.22 million from 2003-2018 with individual partners providing amounts that vary from \$50,000 -300,000 annually. Industry partner contributions have played a major role in the success of the nursing expansion.

Nurse practitioners are in high demand across the State. As providers, they play an essential role to supplement and fill gaps for needed healthcare providers. There are currently 150 designated Mental Health and Primary Care Health Professional Shortage Areas (HPSAs) and 40 Medically Underserved Areas and Populations (MUA/P) in the state (U.S. Department of Health & Human Services, 2016). The gaps in healthcare providers are noticed in both urban and rural communities. We prioritize clinical placements, so the majority of our students have some experience with MUA/Ps and HPSAs. In addition, each semester FNP students have the option to do a short rotation in rural villages, doing Head Start Physicals. This is done in partnership with RuralCap.

2. Program Demand (including service to other programs), Efficiency, and Productivity (7 year trend; 1400 words or less)

The numbers in the post MS DNP program have been consistently low (cohorts of 3-4). Since starting the program, we have had three cohorts graduate. Our first cohort graduated in 2016 (n = 4), the second cohort graduated in early 2019 (n=3), and a third cohort graduated in December 2019 (n=4). There are another four students scheduled to graduate in fall of 2020. The gap in time between graduates of the first and second cohort is related to the fact the first cohort was composed of full-time students and subsequent cohorts were part-time. There has been a gradual increase in applicants (2019 = 11). Once the proposed BS to DNP program is initiated, it is predicted that the program numbers will increase.

The use of two adjuncts teaching several of the core DNP courses (at a reduced salary) has resulted in some savings. We use adjuncts because of their expertise and qualifications in highly specialized courses such as finance, budgeting, and informatics. These courses are difficult to fill with full-time faculty and also provide a cost savings for the SON. Although it is an advantage, this situation is also temporary until we can hire full-time qualified individuals.

3. Program Quality, Improvement and Student Success (1500 words or less)

The CCNE comprehensive accreditation process consists of a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes. In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented by CCNE.

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest — the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse residents — and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

The graduate curriculum committee continues to work mapping the DNP program to ensure currency and adherence to standards of practice and 2019 CCNE standards. "CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods." Each course is evaluated based on pass rates, and student evaluations.

The program is completely online, making it available throughout the state of Alaska. Faculty utilize Zoom to have 'live' discussions with individual students. The Clinical Concentration (NSG A684) allows students to individualize their

learning, selecting an area they want to develop or improve clinical skills. We recently had a significant turn over in faculty. Many of the courses were designed by faculty who completed the Quality Matters training and who worked with a Course Designer. One of our future goals is to have the courses internally certified through Quality Matters.

All student outcomes were assessed in AY 19. There are multiple tools used to evaluate each outcome. This year we used the Project Defense External Reviewer assessment, the pass rate for the final clinical course (NSG A684), and the Exit Survey, which was sent out at graduation time. The Alumni survey is sent out one year after graduation. The last group that graduated was in 201901, so that survey will be sent to them in 202001 and be included in next the AY 20 assessment. All benchmarks were met or exceeded. The average program satisfaction score was 4.5/5. We had three project defenses in fall 2018 and all students passed their defense with the minimum scores of 3.0, pending some minor revisions. The findings from the Exit Survey were very positive and reinforced that we are meeting the needs of the DNP students. The student comments asking that we introduce the DNP Project and assign them a Chair earlier in the curriculum were not unexpected. Faculty have already identified this as a problem area when we did the curriculum mapping. The immediate plan is to assign a project chair at the start of the program, and consider re-sequencing of the courses.

One prominent highlight from the DNP program includes the fact that 100% of our students have successfully defended their DNP Project. This success is directly related to the diligent work by graduate faculty. In addition, all students receive 1:1 advising from the DNP Program Coordinator. Referrals are made as needed if a student is having problems with their coursework or in need of other support services

4. Program Duplication / Distinctiveness (300 words or less)

The DNP program is the only doctoral nursing program in the state of Alaska, there is no duplication. The DNP program offered by UAA in the School of Nursing has an excellent completion rate and provides graduate students the opportunity to continue contributing to the local healthcare workforce while advancing their knowledge and skills at a less expensive and more convenient State University.

5. Summary Analysis (500 words or less)

The DNP program has gotten off to a slow, but steady start. The recent turnover in faculty, freeze on hiring, and change in leadership has resulted in the delayed start of the BSN to DNP program. However, the national recommendation from NONPF states that by 2025 the entry level into nurse practitioner practice will be the DNP. Therefore, it is vital to continue the work on creating this important adjunct to nursing education in the State. As UAA continues producing PMH-NPs and FNPs for the state of Alaska, a major focus must for the SON must be to strengthen the program structure, continue to support and competitively compensate faculty, and highlight the committed and passionate faculty that make this program a success.

Moving forward, focus must be placed on the evaluation and growth of graduate programs to ensure that the population of Alaska communities, Stakeholders, and State partners are met. The next step is to transition the BSN to MS nurse practitioner programs to a BSN to DNP program. Before that can happen, some curricular changes are needed. While we had hoped to begin the curriculum changes this last year, major faculty losses, the hiring freeze, and leadership changes resulted in a delayed implementation. Over the next two years, it is anticipated that a rollout of this new curriculum is realized.