Academic Assessment Plan

College: College of Health

Program(s): Ph.D. Nursing Practice

Reviewed: Spring 2021

Mission Statement

The purpose of the School of Nursing (SON) is to promote the health and well-being of Alaskans by fostering excellence and innovation in nursing education, research, and health care. The SON is also committed to transforming delivery of educational services to meet the needs of a complex, increasingly high-tech clinical environment by integrating evidence-based clinical knowledge, ethical behaviors, communication and caring skills, and information technology into a progressive curriculum. Doctoral level course work builds on master's level education and includes additional clinical immersion experiences as well as enhanced didactic content addressing leadership and health policy advocacy, organizational and systems management, information technology, clinical prevention and population health management courses, and advanced clinical scholarship. The Doctor of Nursing Practice (DNP) curriculum will prepare leaders with the highest level professional skills necessary to assure high quality health care that will serve the needs of the citizens of Alaska and the Nation in the 21st century.

Program Introduction

The goal of a DNP program is to graduate doctorally prepared nursing who can assume roles as independent advanced practice registered nurses (APRN). Targeted students will consist of both post-baccalaureate and post-master's groups. The post-baccalaureate group will be nurses interested in become either family nurse practitioners (FNP) or Psychiatric/mental health nurse practitioners (P/MHNP) as they pursue the clinical doctoral degree. The post-master's group will consist of APRNs with certification as either FNPs or P/MHNPs, interested in obtaining a doctorate in nursing practice. The DNP program will build on the current master's level of education, through expansion of current core courses and addition of courses designed to prepare APRNs in the appraisal of research and its application into practice. Courses providing content in leadership, systems management, and informatics will be implemented as well. Core competencies relate to education, clinical practice, research, teaching, consulting, and ethics; these are key threads throughout the DNP curriculum.

PROGRAM STUDENT LEARNING OUTCOMES

Students graduating with a Doctor of Nursing Practice in Nursing Science will be able to:

- Demonstrate enhanced professional skills in advanced practice nursing using an ethical, evidence-based approach to promote healthy communities

- Apply clinical inquiry using a culturally sensitive, evidence-based approach to adapt practice and change health outcomes

- Act in expanded leadership roles to influence local, statewide and national health care policy and delivery systems serving unique, diverse and underserved populations

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MEASURES

Assessment measures are listed in this section. A description of the measures used in the assessment of the program student learning outcomes and their implementation are summarized in Tables 1 and 2 below.

- Final clinical performance evaluation by faculty and preceptor
- Student exit interview after final clinical class
- External reviewer critique of capstone project
- Alumni follow-up survey
- Certification exam pass rates
- Involvement in clinical research
- Number of graduates in health care leadership positions

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Table I

Assessment Measures Used to Evaluate Program Student Learning Outcomes

Outcomes	Final Clinical Performance Evaluation by Faculty & Preceptor	Exit Interview after final clinical class	External Reviewer Critique of Capstone	Number of Graduates in Health Care Leadership Positions	Alumni follow-up survey	Certification exam pass rate
1. Enhance professional skills in advanced practice nursing using an ethical evidence-based approach to promote healthy communities.	1	1	1	0	1	1
2. Applying clinical inquiry using a culturally sensitive, evidence based approach to adapt practice and change health outcomes.	1	1	1	0	1	1
3. Expanding leadership roles to influence local, statewide and national health care policy and delivery systems serving unique, diverse and underserved populations.	1	1	0	1	1	0

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Table 2

Description of Assessment Measures and Administration

Measure	Description	Frequency/Start Date	Collection Method	Admin-istered by
Final Clinical Evaluation by Preceptor & Faculty	Clinical preceptors and faculty independently evaluate whether students have met program outcomes.	End of spring semester for FNP annually	FNP Faculty collect evaluations	FNP Coordinator
		End of Fall semester for PMH- NP every other year	PMH-NP faculty collect evaluations	PMH-NP Coordinator
Exit Interview	At the end of the final clinical course students fill out an electronic survey that asks them to provide feedback on individual courses, the overall curriculum, and their plans for ongoing education, professional development,and work.	End of spring semester for FNP annually	Faculty will email link to students.	Program Coordinator
		End of Fall semester for PMH- NP every other year	Faculty will email link to students.	Program Coordinator
External Reviewer Critique of Capstone	An external reviewer (doctoral degree; UAA faculty) is asked to critique the capstone project paper presentation/defense.	Upon completion of Project (staggered)	Project Committee Chair responsible for having the external reviewer return the critique.	Program Coordinator
Certification Exam Pass Rate	Each PMH-NP & FNP has a national certification exam which, when passed, makes the graduate eligible for advance practice licensure.	Ongoing tracking, reported once a year.	Specialty track coordinators collect this information. Most FNP & PMH-NP students sit for exam within 6 months of completing program.	Program Coordinator
Alumni Follow-up Survey	Survey sent to alumni 1-2 years post-graduation, and every 5 years thereafter. Used to determine: a. employment and a self- evaluation of how well the program prepared them for specialty practice; b. determine number of graduates employed in positions of health care leadership; c. number of graduates involved in clinical research.	These are sent out once a year, in the Spring/Summer	Survey emailed to alumni; if email address undeliverable will mail with stamped return envelope.	Program Chair

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PROCESS

General Implementation Strategy

Data collection is an ongoing process and is assigned to staff and/or faculty as noted in chart above. Results will be analyzed in June of each year and shared with faculty in the fall. At that time decisions will be made as to whether or not changes are needed.

Method of Data Analysis and Formulation of Recommendations for Program Improvement

The program faculty will meet at least once a year to review the data collected using the assessment measures. This meeting should result in recommendations for program changes that are designed to enhance performance relative to the program's outcomes. Any recommendations for curriculum change will be sent to the School of Nursing (SON) Graduate Curriculum Committee for review. The results of the data collection, an interpretation of the results, and the recommended programmatic changes will be forwarded to the Office of Academic Affairs (in the required format) by June 15th of each year. A plan for implementing the recommended changes, including advertising of the changes to all the program's stakeholders, will also be completed at this meeting.

The proposed programmatic changes may be any action or change in policy that the faculty deems as being necessary to improve performance relative to program outcomes. Recommended changes should also consider workload (faculty, staff, and students), budgetary, facilities, and other relevant constraints. A few examples of changes made by programs at UAA include:

- o Changes in course content, scheduling, sequencing, prerequisites, delivery methods, etc.
- o Changes in faculty/staff assignments
- o Changes in advising methods and requirements
- o Addition and/or replacement of equipment
- o Changes to facilities

Modification of the Assessment Plan

The faculty, after reviewing the collected data and the processes used to collect it, may decide to alter the assessment plan. Changes may be made to any component of the plan, including the outcomes, assessment measures, or any other aspect of the plan. The changes will be approved by the faculty of the program. The modified assessment plan will be forwarded to the dean/director's office and the Office of Academic Affairs.

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APPENDIX A: FINAL CLINICAL/PRACTICUM COURSE EVALUATION
BY PRECEPTOR & FACULTY

Measure Description:

Each specialty track (FNP, PMH-NP) has developed a "Clinical Evaluation" instrument for the final clinical practicum course that reflects all three of the program student learning outcomes. Both faculty and clinical preceptors fill out the evaluation. The preceptor completes the evaluation via an online link. However, if the preceptor chooses, he or she may return the evaluation either by mail, or in person during a meeting with supervising faculty. The instruments consist of 5-point Likert scale items. The scores of faculty and preceptor are averaged.

Each clinical evaluation tool is different based on the area of specialty, but items on every tool have been mapped to student learning outcomes.

Factors that affect the collected data:

Preceptors readily return the completed evaluations since a grade cannot be assigned without them (100% return rate). The school provides self-addressed stamped envelopes for the mailed return.

How to interpret the data:

The data from the Final Clinical Evaluation Tool provides evidence for Student Learning Outcomes
1-4. Our Benchmark is a grade of B (3.0) or better.

Measure	Grade	Criteria
	A	All students get a rating of 3.0 or higher on all clinical evaluation items
	B	All but one student gets a rating of 3.0 or higher on all clinical evaluation items
	C	All but two students gets a rating of 3.0 or higher on all clinical evaluation items
	D	All but three students gets a rating of 3.0 or higher on all clinical evaluation items
	F	More than three students get a rating of 3.0 or higher on all clinical evaluation items

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UAA School of Nursing
Family Nurse Practitioner Program
Clinical Evaluation Tool

1 = Poor performance	4 = Exceeds expectations
2 = Needs some improvement	5 = Outstanding
3 = Appropriate for this level of patient	NO= Not observed

Domain I. Management of Patient Health/Illness Status

1.	Obtains and accurately documents a comprehensive and/or problem-focused health history from the patient/family.	5	4	3	2	1	NO
2.	Identifies health and psychosocial risk factors of patients and families.	5	4	3	2	1	NO
3.	Identifies signs and symptoms of acute and chronic physical and mental illnesses across the life span.	5	4	3	2	1	NO
4.	Performs and appropriately documents a comprehensive and problem-focused physical examination.	5	4	3	2	1	NO
5.	Differentiates between normal and abnormal findings using knowledge of pathophysiology and epidemiology.	5	4	3	2	1	NO
6.	Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making.	5	4	3	2	1	NO
7.	Analyzes and interprets history, physical findings and diagnostic information to develop appropriate differential diagnoses.	5	4	3	2	1	NO
8.	Diagnoses and manages acute and chronic conditions employing appropriate diagnostic and therapeutic interventions and regimens, including initiation of effective emergency care, with attention to safety, cost, invasiveness, simplicity, acceptability, adherence and efficacy.	5	4	3	2	1	NO
9.	Prescribes medications based on patient characteristics, drug efficacy, safety and cost as legally authorized and counsels concerning drug regimens, drug side effects and interactions.	5	4	3	2	1	NO
10.	Integrates and counsels the patient on the use of complementary /alternative therapies as well as other non-pharmacologic treatment modalities.	5	4	3	2	1	NO
11.	Performs primary care procedures correctly bases on program's clinical preparation and clinical setting expectations.	5	4	3	2	1	NO
12.	Evaluates results of interventions using accepted outcome criteria, revises plan accordingly and consults/refers when needed.	5	4	3	2	1	NO
13.	Communicates the patient's health status using appropriate terminology, format and technology.	5	4	3	2	1	NO

Domain 2. The Nurse Practitioner- Patient Relationship

14.	Creates a climate of mutual trust and established pa1tnerships with patients and families	5	4	3	2	1	NO
15.	Validates and verifies findings with patients	5	4	3	2	1	NO
16.	Maintains confidentiality while communicating data, plans and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care	5	4	3	2	1	NO

Domain 3. The Teaching-Coaching Function

17.	Assesses the patient' s need for teaching based on - need for anticipatory guidance associates with growth and developmental stage - care management that requires specific information or skills. - patient's understanding of his/her health condition	5	4	3	2	1	NO
18.	Educates patient regarding a mutually acceptable plan of care that addresses the self-management of acute/chronic illness with sensitivity to the patient 's learning ability and cultural/ethnic back ground .	5	4	3	2	1	NO
19.	Communicates health advice, instruction and counseling appropriately using evidenced-based rationale.	5	4	3	2	1	NO

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Domain 4. Professional Role						
20. Uses scientific theories and research to implement the nurse practitioner role.	5	4	3	2	1	NO
21. Advocates for the patient to ensure health needs are met to include timely and appropriate referrals and consultations.	5	4	3	2	1	NO
22. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.	5	4	3	2	1	NO
Domain 5. Managing and Negotiating Health Care Delivery systems						
23. Considers access, cost, efficacy and quality when making care decisions.	5	4	3	2	1	NO
24. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services.	5	4	3	2	1	NO
25. Maintains current knowledge regarding state and federal regulations and programs for family health care.	5	4	3	2	1	NO
Domain 6. Monitoring and Ensuring the Quality of Health Care Practice						
26. Incorporates professional/legal standards into practice.	5	4	3	2	1	NO
27. Act ethically to meet the needs of patients.	5	4	3	2	1	NO
28. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.	5	4	3	2	1	NO
Domain 7. Cultural Competence						
29. Shows respect for the inherent dignity and worth of every human being whatever their age, gender, religion, spiritual belief, socioeconomic class, sexual orientation and ethnicity	5	4	3	2	1	NO
30. Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles.	5	4	3	2	1	NO
31. Incorporates patient and family cultural preferences , health beliefs and behaviors and traditional practices into the management plan.	5	4	3	2	1	NO
COMMENTS:						

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	UAA School of Nursing Psychiatric-Mental Health Nurse Practitioner Program Clinical Evaluation Tool						
1 = Unsatisfactory 2 = Marginal 3 = Satisfactory	4 = Above Average 5 = Excellent NO= Not observed						
Domain I. Management of Patient Health/Illness Status							
1.	Obtains and accurately documents a relevant health history derived from a physical and mental health assessment that is appropriately adapted and prioritized to the client's age, development, and clinical status.	5	4	3	2	1	NO
2.	Involves client, significant others and interdisciplinary team in the collection of data from multiple sources using appropriate interviewing skills, assessment tools, diagnostic and laboratory tests, and clinical resources.	5	4	3	2	1	NO
3.	Accurately interprets, integrates and conceptualizes assessment data using standardized taxonomy systems in the differential diagnosis of common and recurrent psychiatric disorders and mental health problems.	5	4	3	2	1	NO
4.	Evaluates psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.	5	4	3	2	1	NO
5.	Differentiates psychiatric presentation of medical conditions from psychiatric disorders and arranges appropriate evaluation and follow-up.	5	4	3	2	1	NO
6.	Evaluates potential for abuse, neglect, and risk of danger to self and others.	5	4	3	2	1	NO
7.	Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce risk of psychiatric disorders outcome.	5	4	3	2	1	NO
8.	Develops culturally congruent, individualized treatment plan of care based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.	5	4	3	2	1	NO
9.	Prescribes psychopharmacological and non-pharmacological interventions that minimize the development of complications and promote function and quality of life.	5	4	3	2	1	NO
10.	Identifies, measures, and monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.	5	4	3	2	1	NO
Domain 2. The Nurse Practitioner-Patient Relationship							
11.	Manages the phases of the nurse-practitioner-patient relationship to promote positive clinical outcomes.	5	4	3	2	1	NO
12.	Applies evidence-based therapeutic communication strategies designed to reduce emotional distress, facilitate change and foster growth.	5	4	3	2	1	NO
13.	Identifies and maintains professional boundaries to preserve the integrity of the practitioner-patient relationship.	5	4	3	2	1	NO
14.	Analyzes the impact of the duty to report and other advocacy actions on the practitioner-patient relationship.	5	4	3	2	1	NO
Domain 3. The Teaching-Coaching Function							
15.	Provides psychoeducation to individuals, families and groups to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.	5	4	3	2	1	NO
16.	Tailors instruction to patient's ability and readiness to learn and to improve self-care and healthy behavior	5	4	3	2	1	NO
17.	Teaches patients and significant others about intended effects and potential adverse effects of treatment options.	5	4	3	2	1	NO
Domain 4. Professional Role							
18.	Collaborates as a member of the health care team in the patient's treatment and referral to facilitate continuity and appropriate level of care.	5	4	3	2	1	NO
19.	Operates within scope of practice based on current laws, regulations and clinical and ethical standards of practice governing advanced practice psychiatric-mental health nursing.	5	4	3	2	1	NO
20.	Provides consultation to health care providers and others to enhance quality and cost-effective services for patients and effect change in organizational systems.	5	4	3	2	1	NO

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21. Supports the role of the psychiatric-mental health nurse practitioner through advocacy and participation in professional and community organizations.	5	4	3	2	1	NO
22. Articulate plan for self-directed, life-long learning and professional development.	5	4	3	2	1	NO
Domain 5. Managing and Negotiating Health Care Delivery systems						
23. Advocates for policies that enhance that promote mental health and reduce the impact of stigma on services for prevention and treatment of mental health problems	5	4	3	2	1	NO
24. Advocates for policies that enhance that promote mental health and reduce the impact of stigma on services for prevention and treatment of mental health problems	5	4	3	2	1	NO
Domain 6. Monitoring and Ensuring the Quality of Health Care Practice						
25. Incorporates professional/legal standards into practice.	5	4	3	2	1	NO
26. Acts ethically to meet the needs of patients.	5	4	3	2	1	NO
27. Engages in self-evaluation concerning practice and uses evaluative information, including peer review to improve care and practice.	5	4	3	2	1	NO
Domain 7. Cultural Competence						
28. Evaluates the impact of therapeutic interventions on the patient's cultural, ethnic, and spiritual identity and the impact of practices on outcomes of care.	5	4	3	2	1	NO
29. Recognizes the variability of the presentations of psychiatric signs and symptoms of different cultures.	5	4	3	2	1	NO
COMMENTS:						

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APPENDIX B: EXIT SURVEYS

Measure Description:

At the end of the final clinical course students complete an online exit interview. At this point in the program of study the students may or may not have completed their capstone project. Using Likert scale items, students self-assess the degree to which they met program outcomes# 1-3. Students are also asked to grade the quality of the core courses and specialty courses. Students have the option of addressing specific comments about each core course in an open ended field.

Since all of our courses are offered in a distance format (either 100% distance, or a hybrid with some on campus time), we ask students to address the strengths and weaknesses of distance technology. As a final open ended question students are asked to comment on anything they feel is relevant to assist with program development.

Factors that affect the collected data:

The survey is anonymous and voluntary. We anticipate getting a minimum 70% response rate using this method.

How to interpret the data:

An average is taken of the students' ratings (five point Likert scale) of their achievement of program outcomes. Our benchmark is a grade of 8 or better, or that at least 80% of the students give an average rating of 3.0 on program outcomes.

Measure	Grade	Criteria
	A	90-100% of students give an average rating of 3.0 or higher on program outcomes outcomes
	B	80-89.9% of students give an average rating of 3.0 on program outcomes
	C	70 to 79.9% of students give an average rating of 3.0 on program outcomes
	D	60 to 69.9% of students give an average rating of 3.0 on program outcomes
	F	< 60% of students gives an average rating of 3.0 on program outcomes

The open ended questions will be analyzed to address program strengths and weaknesses. Faculty will meet to discuss both positive and negative comments and make program/course adjustments as deemed necessary.

Note: The exit survey has not yet been created as this is a new program and we do not anticipate having any graduates to survey until 2016 at the earliest.

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APPENDIX C: CAPSTONE PROJECT CRITIQUE TOOL

Measure Description:

The Capstone Project evaluation tool is shown below. The scale items address Student Learning Outcomes #1 & #2 and relate to critical thinking, written communication, verbal communication, and adherence to ethical, legal and professional standards.

Factors that affect the collected data:

For the most part, external reviewers return the evaluations. They are distributed to the reviewer prior to the defense date. Many reviewers bring the form with them and turn it in at the end of the defense/presentation. In the event that doesn
't happen, reminder letters are sent out, with a follow-up phone call if necessary. Return rates average 85%.

How to interpret the data:

The Capstone Project represents the student's ability to engage in scholarly thinking, utilize critical thinking, translate evidence-based research into practice change, and demonstrate effective oral and written communication, as well as adhere to ethical, legal and professional standards.

Our benchmark is an average rating of 3.0 or higher of the OVERALL CRITERIA.

Program outcomes 1 & 2 Grading Criteria (based on four 5-point likert scale items)

Measure	Grade	Criteria
	A	All students get an average rating of 3.0 or higher on overall criteria
	B	All but one student gets an average rating of 3.0 or higher on overall criteria
	C	All but two students gets an average rating of 3.0 or higher on overall criteria
	D	All but 3 students get an average rating of 3.0 or higher on overall criteria
	F	More than 3 students get an average rating of 3.0 or higher on overall criteria

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PROJECT EVALUATION

KEY: 5 = Excellent; 4 = Above average 3 = Average 2 = Below average 1 = Unacceptable   N/A = Not applicable

Evaluation of Project	5	4	3	2	1	N/A
1. Clear statement of clinical problem/question	☐	☐	☐	☐	☐	☐
2. Purpose of study is described in a logical, explicit manner	☐	☐	☐	☐	☐	☐
3. Literature review is current and relevant	☐	☐	☐	☐	☐	☐
4. Appropriate and sufficient evidence were synthesized	☐	☐	☐	☐	☐	☐
5. Existing practice and need for change are described	☐	☐	☐	☐	☐	☐
6. Plan for implementing change based on evidence is described including potential barriers to be overcome	☐	☐	☐	☐	☐	☐
7. Description of how effect of change in practice will be measured	☐	☐	☐	☐	☐	☐
8. Description of how nursing practice was altered based on evidence	☐	☐	☐	☐	☐	☐
9. Outcomes of change in clinical practice are described.	☐	☐	☐	☐	☐	☐
10. Organized, understandable with use of appropriate grammar	☐	☐	☐	☐	☐	☐

Overall						
1. The student demonstrated the ability to engage in scholarly inquiry	☐	☐	☐	☐	☐	☐
2. Critical thinking was demonstrated in this project	☐	☐	☐	☐	☐	☐
3. Evidence is analyzed and evaluated for translation into practice	☐	☐	☐	☐	☐	☐
4. There was evidence of effective written communication	☐	☐	☐	☐	☐	☐
5. There was evidence of effective verbal communication (oral defense / presentation)	☐	☐	☐	☐	☐	☐
6. Project demonstrated adherence to ethical, legal and professional standards of practice	☐	☐	☐	☐	☐	☐

COMMENTS

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APPENDIX D: CERTIFICATION EXAM PASS RATES

Measure Description:

There is no specific tool for this data. Course coordinators for the Family Nurse Practitioner and Psychiatric Mental-Health Nurse Practitioner tracks determine first time pass rates for the certification exams and report them to the Program Chair.

Factors that affect the collected data:

Certification exam pass rates are confidential and cannot be reported to the school directly. Therefore we ask students to self-report to us. We can also verify successful completion of the certification through State of Alaska Licensure information which is available to the public.

The self-report approach has worked very well. Graduates want to share with us their good news. The only difficulty might arise if they leave the state, however, even then they tend to call and/or email us with the information. We also obtain their preferred personal email address so we can follow-up that way.

How to interpret the data:

Our Benchmark is a "B" - all but one of the nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing.

Measure	Grade	Criteria
	A	All of our nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing the first time.
	B	All but one of our nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing the first time.
	C	Two of our nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing the first time.
	D	Three of our nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing the first time.
	F	Four or more of our nurse practitioner graduates (PMH-NP and FNP) pass the certification exam for advanced practice nursing the first time.

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APPENDIX E: ALUMNI (GRADUATE) FOLLOW-UP SURVEY

Tool Description:

The follow-up surveys will be sent out at one to two years post-graduation, and then every five years.Information is elicited about whether the graduate obtained employment and what type of employment they are engaged in. Graduates will be asked about their involvement in healthcare leadership positions and clinical research. Graduates are also asked to rate their satisfaction with their program of study on a Likert scale (10 = Strongly Agree to 1 = Strongly Disagree). There are several likert items that fall under each of the three program student learning outcomes. These are averaged for an individual score for each outcome. A series of open ended questions are asked regarding how we can improve our program that will be discussed with faculty to see what, if anything, needs to be done. Additional questions are included in this tool that addresses some requirements of the ACNE accreditation body.

Factors that affect the collected data:

Several factors can affect the data collection process. Historically, the survey has been mailed and response rates have been less than ten percent. This last year we have developed an electronic version and to date have seen an improvement in response rates.We are currently asking students in their last clinical course for their 'preferred email' and remind them we will be sending out follow-up surveys 1-2 years after graduation. We also obtain permanent mailing addresses (if at all possible) so that if an email gets returned undeliverable, we can send a mailed survey (with a stamped return envelope).

How to interpret the data:

Program Outcomes

A: The average rating of all program outcomes will be between 8 to10.
B: The average rating of all program outcomes will be between 6 to 7.9.
C: The average rating of all program outcomes will be between 4 to 5.9.
D: The average rating of all program outcomes will be between 2 to 3.9.
F: The average rating of all program outcomes will be between 0 to 1.9.

Leadership Positions
A: A minimum of 15% of graduates hold leadership positions
B: 12-14.9% of graduates hold leadership positions
C: 9-11.9% of graduates hold leadership positions
D: 6-8.9% of graduates hold leadership positions
F: < 6% of graduates hold leadership positions

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<u>Clinical Research Activities</u>
A: A minimum of 15% of graduates participate in research
B: 12-14.9% of graduates participate in research
C: 9-11.9% of graduates participate in research
D: 6-8.9% of graduates participate in research
F: < 6% of graduates participate in research

Answers to open ended questions will be analyzed by faculty to determine what, if anything needs to be changed.

Note: **The alumni follow-up survey has not yet been created, as this is a new program and we do not anticipate having any alumni to survey until 2017 at the earliest.**

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