

The University of Tennessee Health Science Center
College of Nursing



Accreditation Self-Study

for

DNP Program

Submitted to:

The Commission on Collegiate Nursing Education (CCNE)

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Introduction

[Institution Overview](#)

The University of Tennessee system is comprised of five campuses: Knoxville, Chattanooga, Martin, UT Southern/Pulaski, and Memphis, where the University of Tennessee Health Science Center (UTHSC) home campus is located. The University of Tennessee Health Science Center (UTHSC) is the flagship statewide, public, academic health institution in Tennessee. Founded in 1911, the mission of UTHSC is to transform lives through collaborative and inclusive education, research/scholarship, clinical care, and public service. Part of the University of Tennessee System, the Health Science Center includes all six of UT's doctoral-degree-granting health science colleges - Medicine, Dentistry, Pharmacy, Nursing, Graduate Health Sciences, and Health Professions. There are more than 3,000 students enrolled at UTHSC. The university offers 32 degree programs, four of which are undergraduate and ten graduate certificate programs. UTHSC spans the state with its four major, regional clinical health science locations in Memphis, Knoxville, Chattanooga, and Nashville, as well as more than 100 clinical education sites across Tennessee. UTHSC is the state's largest educator of health care professionals and operates the state's most extensive residency and fellowship advanced training programs.

A twelve-member Board of Trustees governs the University of Tennessee. The Board has delegated administrative authority to the president, who exercises this authority through a staff of chancellors and vice presidents (See The University of Tennessee System Organization Chart, Appendix A). The Chancellor at the UTHSC serves in a dual role as chief executive officer for the UTHSC and its statewide programs and is responsible for coordinating the education, training, research, and service of the health professions across the state (See The University of Tennessee Health Science Center (UTHSC) Organizational Chart, Appendix B). The UTHSC is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). The UTHSC is authorized by the University of Tennessee, the Tennessee Higher Education Commission, and by SACSCOC to award baccalaureate, master's, and doctoral degrees. In addition, each of the professional programs is also accredited by the representative accrediting agency for the profession as appropriate.

[College of Nursing Overview and History](#)

The UTHSC College of Nursing (CON) has been a leader in nursing education for more than 100 years. The CON began as the Memphis City Hospital Training School for Nurses and was the first nursing school chartered by the state, and one of the first nursing programs in the southern region. In 1950, the university established one of the early baccalaureate nursing programs in the country. In 1972, a Master of Science degree with nursing majors was initiated, and the degree was changed to a Master of Science in Nursing in 1980. The CON is well known for having one of the early nurse practitioner programs in the country.

In 1997, the decision was made to develop and implement the Doctor of Nursing Science (DNSc) program which was the precursor to our current DNP program. The DNSc program was subsequently established in 1999 as the first of a new era of practice doctorate programs. In response to national trends, the DNSc program was redesigned in 2005 as a DNP program. By 2010 we admitted all advanced practice students to the DNP and no longer admitted advanced practice students to the MSN program. The DNP program received initial accreditation from CCNE in 2009 and is currently accredited by CCNE through December 31, 2024. Students currently pursuing a DNP degree focus their studies in one of the following concentrations: Adult-Gerontology Acute Care Nurse Practitioner, Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Nurse Anesthesiology, Pediatric Primary Care Nurse

Practitioner, Pediatric Acute Care Nurse Practitioner, Neonatal Nurse Practitioner, and Nurse Midwifery. Students in the DNP program may also pursue a dual concentration in Adult-Gerontology Acute Care/Family Nurse Practitioner, Psychiatric Mental Health/Family Nurse Practitioner, or Pediatric Acute Care/Pediatric Primary Care Nurse Practitioner.

The CON is devoted to enhancing the quality of healthcare in our community and beyond. Toward that goal, CON currently offers the following programs: a Bachelor of Science in Nursing (BSN), and a Doctor of Nursing Practice (DNP) degree. A Doctor of Philosophy (PhD) in Nursing has been offered through the UTHSC College of Graduate Health Sciences since 1989. The CON also offers the DNP/PhD program that provides select, highly qualified students with an integrated advanced practice clinical and research plan of study.

The College of Nursing offers five postgraduate advanced practice certificates Post-MSN/Post-DNP Adult-Gerontology Acute Care Nurse Practitioner, Post-DNP Psychiatric-Mental Health Nurse Practitioner, Post-DNP Family Nurse Practitioner, Post-DNP Pediatric Primary Care Nurse Practitioner, and Post-DNP Pediatric Acute Care Nurse Practitioner. In addition, the CON offers the following post-baccalaureate certificates: Registered Nurse First Assistant (RNFA) and Forensic Nursing.

The BSN and DNP programs have the full approval of the Tennessee Board of Nursing. The BSN program is accredited through June 30, 2030, by the Commission on Collegiate Nursing Education (CCNE). The DNP program is accredited by CCNE through December 31, 2024.

The Dean of the CON is the chief administrative officer for the college. The Offices of Academic and Student Affairs and the three departments – the Department of Health Promotion and Disease Prevention, the Department of Acute and Tertiary Care, and the Department of Community and Population Health, serve as the administrative bases for educational programs within the CON (See UTHSC College of Nursing Organization Chart, Appendix C).

Standard I: Program Quality – Mission and Governance

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

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

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

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

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response:

The mission, goals, and expected outcomes of the DNP program and the Post-Graduate APRN Certificate program reflect current trends in nursing education, the nursing profession, and the health care delivery system. They are congruent with those of the university and consistent with *The Essentials of Doctoral Education for Advanced Practice Nursing (AACN, 2006)*. The mission, goals, and expected outcomes of the DNP program and the Post-Graduate APRN Certificate program are reviewed annually according to the CON Evaluation Manual, Timeline, and Master Evaluation Plan (MEP) (See CON Evaluation Manual, Appendix D). If the annual review indicates a need for revision, those revisions are made as appropriate.

The CON has one [mission statement](#) for the BSN, DNP program, and the Post-Graduate APRN Certificate program that is available on the [CON website](#) and page 4 of the [DNP Program and Post-Graduate APRN Certificate Program Student Handbook](#).

CON Mission Statement:

To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through:

- *Cultivating creativity and passion to improve health care*
- *Leading scientific innovations and clinical practice*
- *Using innovative academic approaches*
- *Serving society*
- *Building community partnerships*

The CON mission statement is consistent with the [UTHSC institutional mission statement](#):

“Transforming lives through collaborative and inclusive education, research/scholarship, clinical care, and public service.”

DNP program and the Post-Graduate APRN Certificate program Outcomes

The CON DNP program and the Post-Graduate APRN Certificate program outcomes are the same, with the exception the Post-Graduate APRN (MSN) Adult Gerontology Acute Care Nurse Practitioner (AGACNP) Certificate, and define the graduate of the program as one who will be able to:

1. Demonstrate proficient clinical reasoning in advanced nursing practice.
2. Lead within health care systems to deliver safe, quality care for diverse populations.
3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan.
5. Advocate for social justice and equity through strategic initiatives to influence public policy.
6. Lead interprofessional teams to improve patient and population health outcomes.
7. Integrate concepts of social determinants of health, epidemiology, and ethics to improve population health.
8. Design, implement, and evaluate quality care based on science to facilitate optimal patient outcomes.

As the outcomes for both the DNP program and the Post-Graduate APRN Certificate program are the same, with the exception of the Post-Graduate APRN (MSN) AGACNP Certificate, the CON DNP Program Director and the Concentration Coordinators perform a gap analysis for all post-masters students. For the post DNP, their earned DNP Degree is used as evidence of meeting DNP outcomes.

The program outcomes for the Post-Graduate APRN (MSN) AGACNP Certificate are:

1. Synthesize nursing and other scientific knowledge, with contemporary clinical knowledge, for the assessment and management of health and illness states of adult-gerontology patients.
2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.
3. Engage in advocacy, modeling and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.
4. Develop collaborative professional relationships.
5. Provide leadership for the delivery of clinical services within an integrated system of health care.
6. Analyze practice outcomes to foster quality healthcare practices and improve patient outcomes.
7. Integrate professional values and ethical decision-making in advanced nursing practice.

The Post-Graduate APRN (MSN) AGACNP Certificate outcomes are different because enrolled students are masters prepared nurse practitioners seeking another specialty in acute care. This certificate was developed specifically at the request of one of our largest clinical partners, Methodist Le Bonheur Hospital Systems. A gap analysis is completed for these students to ensure that the core nurse practitioner courses were completed.

Table 1.1. below demonstrates congruency among the UTHSC mission, the CON mission, and selected DNP Program outcomes.

Table 1.1: University and College Mission, Vision & Goals Statements and Selected DNP Program Outcomes

UTHSC Mission Statement	CON Mission Statement	DNP Program Outcomes
Transforming lives through collaborative and inclusive education research/scholarship, clinical care, and public service.	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care...</i>	6. Lead interprofessional teams to improve patient and population health outcomes.
...through collaborative and inclusive research/scholarship...	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations</i>	3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
...through collaborative and inclusive clinical care...	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice...</i>	2. Lead within health care systems to deliver safe, quality care for diverse populations.

Table 1.1a: University and College Mission, Vision & Goals Statements and selected Post-Graduate APRN Certificate Program and Post-Graduate APRN (MSN) AGACNP Certificate Outcomes

UTHSC Mission Statement	CON Mission Statement	Post-Graduate APRN Certificate Program Outcomes	Post-Graduate APRN (MSN) AGACNP Certificate Outcomes
Transforming lives through collaborative and inclusive education research/scholarship, clinical care, and public service.	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care...</i>	6. Lead interprofessional teams to improve patient and population health outcomes	2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.
...through collaborative and inclusive research/scholarship...	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations</i>	4. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.	6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes.

Table 1.1a: University and College Mission, Vision & Goals Statements and selected Post-Graduate APRN Certificate Program and Post-Graduate APRN (MSN) AGACNP Certificate Outcomes

UTHSC Mission Statement	CON Mission Statement	Post-Graduate APRN Certificate Program Outcomes	Post-Graduate APRN (MSN) AGACNP Certificate Outcomes
...through collaborative and inclusive clinical care ...	<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice...</i>	2. Lead within health care systems to deliver safe, quality care for diverse populations.	5. Provides leadership for the delivery of clinical services within an integrated system of health care.

CON values represent who we are regardless of changes in our environment. The CON values include:

- A culture that creates, supports, and promotes innovation while honoring our traditions;
- A sense of community and teamwork within the college, with our colleagues, and with our strategic partners;
- A community that enhances scholarship and promotes diversity;
- Professional and personal accountability;
- Respectful, open, and transparent communication and collaboration;
- Professional and intellectual integrity, and;
- Shared respect for faculty and staff contributions

The [CON values](#) are also available on page 4 of the [DNP Program and Post-Graduate APRN Certificate Program Student Handbook](#). Expected DNP program and Post-Graduate APRN Certificate Program outcomes are available to students via the [UTHSC College of Nursing website](#) and in the [Academic Bulletin](#).

Table 1.2. demonstrates the relationship between the CON mission, philosophy, and the DNP program outcomes.

Table 1.2: Relationship between the College of Nursing Mission and Philosophy and Selected DNP Program Outcomes

CON Mission Statement	CON Philosophy	DNP Program Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care...</i>	Nursing must provide leadership in influencing the organizational, social, economic, legal, and political factors within the healthcare system and society.	6. Lead interprofessional teams to improve patient and population health outcomes .
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through: cultivating creativity and passion to improve health care, leading scientific innovations...</i>	Nursing care requires sensitivity as well as critical, logical, and analytical thinking to effect changes in clients and the health care system	3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes

Table 1.2: Relationship between the College of Nursing Mission and Philosophy and Selected DNP Program Outcomes

CON Mission Statement	CON Philosophy	DNP Program Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice...</i>	Health is viewed as a dynamic state arising from a process of continuous change in the person and environment	2. Lead within health care systems to deliver safe, quality care for diverse populations.

Table 1.2a. demonstrates the relationship between the CON mission, philosophy, and selected Post-Graduate Certificate program outcomes.

Table 1.2a: Relationship between the College of Nursing Mission and Philosophy and Selected Post-Graduate APRN Certificate Program Outcomes and the Post-Graduate APRN (MSN) AGACNP Certificate Outcomes

CON Mission Statement	CON Philosophy	Post-Graduate APRN Certificate Program Outcomes	Post-Graduate APRN (MSN) AGACNP Certificate Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care...</i>	Nursing must provide leadership in influencing the organizational, social, economic, legal, and political factors within the healthcare system and society.	6. Lead interprofessional teams to improve patient and population health outcomes .	5. Provides leadership for the delivery of clinical services within an integrated system of health care.
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through: cultivating creativity and passion to improve health care, leading scientific innovations...</i>	Nursing care requires sensitivity as well as critical, logical, and analytical thinking to effect changes in clients and the health care system	3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes	6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice...</i>	Health is viewed as a dynamic state arising from a process of continuous change in the person and environment	2. Lead within health care systems to deliver safe, quality care for diverse populations.	3. Engage in advocacy, modeling, and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master’s Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

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

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

Program Response:

The mission, goals, and expected outcomes of the DNP program and Post-Graduate APRN Certificate program are consistent with *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)* and the *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016]*.

Three of the four APRN roles (nurse practitioner, nurse anesthiologist, and nurse midwife) are represented in the DNP program and the Post-Graduate APRN Certificate. Each DNP program and Post-Graduate APRN Certificate program concentration has a specific population focus, as evidenced in Table 1.3 and 1.3a.

Table 1.3: DNP Concentrations with their Population Foci

Role	Population Focus
Family Nurse Practitioner	Across the Life Span
Neonatal NP	0 – 2 Years of age
Pediatric Acute Care NP	0-18 Years
Pediatric Primary Care NP	0-18 Years
Adult Gero Acute Care NP	13 Years- Death
Psychiatric Mental Health NP	Across the Life Span
Nurse Midwifery	13 years/onset of menses – menopause
Nurse Anesthesiology	Across the Life Span

Table 1.3a: Post-Graduate APRN Certificate Program and Post-Graduate APRN (MSN) AGACNP Certificate with their Population Foci

Role	Population Focus
Family Nurse Practitioner	Across the Life Span
Psych Mental Health Nurse Practitioner	Across the Life Span
Pediatric Acute Care NP	0-18 Years
Pediatric Primary Care NP	0-18 Years
Adult Gero Acute Care NP (Post-DNP and Post-Masters students)	13 Years- Death

DNP program and Post-Graduate Certificate program Outcomes are consistent with *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)*. Table 1.4, 1.4a and 1.4b provides a comparison between DNP Essentials and Post-Graduate Certificate program outcomes.

Table 1.4: Comparisons between DNP Essentials and DNP Program Outcomes

DNP Essentials	DNP Program Outcomes
<i>DNP I. Scientific Underpinnings for Practice</i>	<ol style="list-style-type: none"> 1. Demonstrate proficient clinical reasoning in advanced nursing practice. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
<i>DNP II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking</i>	<ol style="list-style-type: none"> 2. Lead within health care systems to deliver safe, quality care for diverse populations. 5. Advocate for social justice and equity through strategic initiatives to influence public policy. 6. Lead interprofessional teams to improve patient and population health outcomes.
<i>DNP III. Clinical Scholarship and Analytical Methods for Evidence-based Practice</i>	<ol style="list-style-type: none"> 1. Demonstrate proficient clinical reasoning in advanced nursing practice. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
<i>DNP IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</i>	<ol style="list-style-type: none"> 4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan.
<i>DNP V. Health Care Policy for Advocacy in Health Care</i>	<ol style="list-style-type: none"> 5. Advocate for social justice and equity through strategic initiatives to influence public policy.
<i>DNP VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</i>	<ol style="list-style-type: none"> 6. Lead interprofessional teams to improve patient and population health outcomes.
<i>DNP VII. Clinical Prevention and Population Health for Improving the Nation's Health</i>	<ol style="list-style-type: none"> 7. Integrate concepts of social determinants of health, epidemiology, and ethics to improve population health.
<i>DNP VII. Advanced Nursing Practice</i>	<ol style="list-style-type: none"> 1. Demonstrate proficient clinical reasoning in advanced nursing practice. 2. Lead within health care systems to deliver safe, quality care for diverse populations. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes. 4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan. 5. Advocate for social justice and equity through strategic initiatives to influence public policy. 6. Lead interprofessional teams to improve patient and population health outcomes. 7. Integrate concepts of social determinants of health, epidemiology and ethics to improve population health. 8. Design, implement, and evaluate quality care based on science to facilitate optimal patient outcomes.

Table 1.4a: Comparisons between DNP Essentials and Post-Graduate APRN (DNP) Certificate Program Outcomes

DNP Essentials	Post-Graduate APRN (DNP) Certificate Program Outcomes
<i>DNP I. Scientific Underpinnings for Practice</i>	1. Demonstrate proficient clinical reasoning in advanced nursing practice. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
<i>DNP II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking</i>	2. Lead within health care systems to deliver safe, quality care for diverse populations. 5. Advocate for social justice and equity through strategic initiatives to influence public policy. 6. Lead interprofessional teams to improve patient and population health outcomes.
<i>DNP III. Clinical Scholarship and Analytical Methods for Evidence-based Practice</i>	1. Demonstrate proficient clinical reasoning in advanced nursing practice. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
<i>DNP IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</i>	4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan.
<i>DNP V. Health Care Policy for Advocacy in Health Care</i>	5. Advocate for social justice and equity through strategic initiatives to influence public policy.
<i>DNP VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</i>	6. Lead interprofessional teams to improve patient and population health outcomes.
<i>DNP VII. Clinical Prevention and Population Health for Improving the Nation's Health</i>	7. Integrate concepts of social determinants of health, epidemiology, and ethics to improve population health.
<i>DNP VIII. Advanced Nursing Practice</i>	1. Demonstrate proficient clinical reasoning in advanced nursing practice. 2. Lead within health care systems to deliver safe, quality care for diverse populations. 3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes. 4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan. 5. Advocate for social justice and equity through strategic initiatives to influence public policy. 6. Lead interprofessional teams to improve patient and population health outcomes. 7. Integrate concepts of social determinants of health, epidemiology and ethics to improve population health.

Table 1.4b: Comparisons between DNP Essentials and Post-Graduate APRN (MSN) AGACNP Certificate Outcomes

DNP Essentials	Post-Graduate APRN (MSN) AGACNP Certificate Outcomes
<i>DNP I. Scientific Underpinnings for Practice</i>	1. Synthesize nursing and other scientific knowledge, with contemporary clinical knowledge, for the assessment and management of health and illness states of adult-gerontology patients. 6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes.
<i>DNP II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking</i>	5. Provides leadership for the delivery of clinical services within an integrated system of health care.

<i>DNP III. Clinical Scholarship and Analytical Methods for Evidence-based Practice</i>	6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes.
<i>DNP IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care</i>	2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.
<i>DNP V. Health Care Policy for Advocacy in Health Care</i>	3. Engage in advocacy, modeling and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.
<i>DNP VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</i>	4. Develop collaborative professional relationships.
<i>DNP VII. Clinical Prevention and Population Health for Improving the Nation's Health</i>	2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.
<i>DNP VIII. Advanced Nursing Practice</i>	<p>1. Synthesize nursing and other scientific knowledge, with contemporary clinical knowledge, for the assessment and management of health and illness states of adult-gerontology patients.</p> <p>2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.</p> <p>3. Engage in advocacy, modeling and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.</p> <p>4. Develop collaborative professional relationships.</p> <p>5. Provides leadership for the delivery of clinical services within an integrated system of health care.</p> <p>6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes.</p> <p>7. Integrate professional values and ethical decision-making in advanced nursing practice.</p>

The *Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist*, (See Appendix E), demonstrates the consistency of the mission, goals, and DNP program and Post-Graduate APRN Certificate program Outcomes with the National Task Force (NTF) criteria.

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response:

The mission and expected program outcomes reflect the needs and expectations of the community of interest. The communities of interest for the CON include students, faculty, the healthcare delivery systems with which faculty and students interact, professional organizations at the local, state, regional, and national levels, and the campus community.

Internal communities of interest include students, faculty, and the university at large. Faculty seek to be responsive to ways in which students best learn. As adult learners, DNP program and Post-Graduate APRN Certificate program students tend to be goal-oriented, self-directed, and problem-centered. They are particularly helpful in providing faculty with feedback on how to meet their learning needs. Students informally bring questions, concerns, and suggestions for change to the CON faculty and administration throughout the year and at the end of each term in formal faculty and course evaluations. Focus groups are also conducted with students during and at the end of their program, according to the Master Evaluation Plan Timeline. Additionally, input is solicited from student representatives on the CON Curriculum Committee and the Nursing Student Government Association regarding ways to facilitate student learning and achievement of outcomes.

The [Future Educators Academy](#) program supports graduate students and residents across disciplines in becoming effective educators in academic settings. The program consists of two parts: 1) six self-paced, asynchronous medallion courses and 2) submitting a capstone project that includes a teaching portfolio and teaching demonstration, both needed for academic job interviews. Graduate students and residents from any college may enroll in the FEA with permission from their advisors. Participants receive hands-on support from Teaching and Learning Center (TLC) consultants during the program. Graduate students who complete the program will also receive a notation on their transcript indicating this accomplishment. Currently, nine DNP students are participating in the FEA.

Internally, UTHSC and CON have developed an interprofessional education (IPE) program for all students to prepare them to deliver team-based care to patients in all communities. The Poverty Simulation Experience, the Midsouth Dental Mission of Mercy, and the Lauderdale County health fair are annual IPE experiences for all UTHSC students from all six colleges.

External communities of interest include healthcare delivery systems, professional organizations, alumni, and the community in which the CON resides.

The UTHSC CON has ten Partnership Enrollment Programs (PEPs) with colleges throughout Tennessee and one PEP specifically for doctoral education in New Orleans. These PEPs increase opportunities for students from various educational backgrounds to continue their baccalaureate and advanced nursing degrees at UTHSC. The BSN PEPs include a bridge for students to continue their education in the DNP program. Students from Dillard University, a historically black college and university (HBCU), who meet the specified criteria are guaranteed admission to the DNP or PhD program (See [PEP Contract Agreements](#) in virtual resource room).

The [Center for Community and Global Partnerships](#) was established in 2017 by the CON to develop sustainable partnerships with health systems in Memphis, the Mid-South, throughout Tennessee, and globally to advance the nursing profession and improve health outcomes. The Center allows nurses from the community to apply for small grants to support innovative ideas they wish to test/implement in their clinical settings. CON faculty guides these nurses through creating the research question, IRB approval, data collection analysis, and dissemination.

Established and led by College of Nursing Dean Wendy Likes, the center offers the education, support and experiences for nurses to make a significant difference in patient care. Services are individualized to

meet the specific needs of clinical partners' staff and patients. Assistant Dean Sara Day provides day-to-day management and strategic direction for the center. Dr. Day is working with Regional One Hospital to develop palliative care services that will fill a gap in their services and meet the needs of their patients. Currently, Dr. Day is working with Regional One Hospital to implement simulation scenarios to improve Code Blue responses and patient outcomes.

An important program offered by the Center for Community and Global Partnerships is Management of Aggressive Patient Situations (MAPS), a two-day, train-the-trainer certification program designed by mental health experts and tailored for the unique needs of health care providers and patients (See [MAPS Program Description](#) in virtual resource room). MAPS integrates verbal strategies for de-escalation, communication skills, and simulation experiences in clinical settings. This program, developed and taught by CON faculty, is geared specifically toward healthcare workers. MAPS has been offered locally and statewide in hospital systems and other organizations.

The CON received a three-year, \$1.5 million grant from the Department of Health and Human Services Health Resources and Services Administration (HRSA) to fund a much-needed expansion of Sexual Assault Nurse Examiner (SANE) training and certification in West Tennessee (TN). Funds from the grant are being used to transform the West TN nursing workforce by meeting the need for more certified SANEs and strengthening access to sexual assault and forensic nursing care in the West Tennessee area. Thirty-five practicing nurses and Post Masters APRNs have completed training, while 40 are currently in the program. Faculty have given international, national, regional, and state presentations about the grant and sexual assault. Our faculty has started a Sexual Assault Response Team in District 25 with plans to help other districts start the same team. In Fall 2023, Drs. Lisa Beasley and Diana Dedmon received the Exemplary Project Award from the TN Rural Health Association. The CON has also formed partnerships with West TN Healthcare (WTH) and Shelby County Crime Victim's Rape Crisis Center (CVRCC). Since our partnership, WTH has started a SANE program, and the CVRCC is now fully staffed, allowing victims of sexual assault 24/7 access to an RN or APRN after a sexual assault. This will also lead to decreased burnout of current practicing SANE nurses.

Another exemplar of the CON meeting the needs of our communities of interest is the five-year, \$3.9 million HRSA grant received in July 2022 for a Mobile Health Unit (MHU) titled "Student Training & Education through Partnerships with Underserved Populations for Health Equity and Lifestyle Promotion (STEP UP and HELP)." In collaboration with key stakeholders, the UTHSC CON STEP UP and HELP grant team aims to increase and strengthen the diversity, education, and training of the nursing workforce to provide culturally aligned quality care in Lake and Lauderdale counties of West Tennessee, two rural counties with severe healthcare disparities. Despite the dire need for accessible, quality nursing care in these two counties, minimal community-based training opportunities exist, and no mobile options for training exist. Therefore, the purpose of STEP UP and HELP is to provide enhanced education and training opportunities for undergraduate and graduate nursing students within collaborative, reciprocal partnerships using a community-based, nurse-led, mobile health unit (MHU) that will increase access and delivery of care to vulnerable populations.

STEP UP and HELP will emphasize the roles of leadership, effective communication, and innovative technology to strengthen the capacity of nursing students to address and manage the Social Determinants of Health (SDoH) and improve health equity through five strategic goals: 1) establish a nurse-led MHU to provide care to the targeted vulnerable populations in rural and underserved Lake and Lauderdale counties; 2) expand the nursing workforce by creating experiential learning opportunities emphasizing advanced nursing skills and care delivery; 3) provide didactic nursing education geared toward the delivery of culturally competent care, addressing the SDoH while developing skills in leadership, communication, and critical thinking in a technologically innovative and collaborative practice environment; 4) foster a community-based learning environment which mentors nursing students to

identify and implement evidence-based best practices; and 5) increase the diversity of the nursing workforce by recruiting and supporting students and faculty from diverse populations, including those from disadvantaged backgrounds and underrepresented racial and ethnic minorities. Throughout the grant period, this grant will support 55 BSN students and 20 DNP students. BSN students will complete 2 micro credentials per semester earning \$500 per credential. Once all 8 credentials are earned the student receives an additional \$1000 for a maximum of \$5000 upon completion of the program. DNP students will receive a stipend of \$3,250 after completing 80 hours of clinical rotations in a rural clinic each semester. Each DNP student will complete a QI project with one of our rural partners and receive \$2,500 for conference travel to disseminate the project.

In July 2023, the College of Nursing received a four year, \$2.6 million HRSA Advancing Nursing Education Workforce (ANEW) grant. The purpose of Advanced Nursing Education Workforce (ANEW) to Promote Health Equity for All is to do just that—the University of Tennessee Health Sciences Center (UTHSC), located in Memphis, Tennessee, partners with multiple rural and urban clinics across the Mid-South (Arkansas [AR], Mississippi [MS], and Tennessee [TN]) to provide on-site learning intensives at clinics providing care to underserved populations in maternal care; psychiatric care; and family health care. ANEW Promote Health Equity for All provides stipends to 19 full-time students- 14 nurse midwives (NMWs), 2 psychiatric mental health NP (PMHNPs), 2 family NP (FNPs), and one dual-certified FNP/PMHNP. The goals of the grant - 1) increase the number of CNMs and NPs trained to serve rural, urban, and tribal underserved populations; 2) increase the diversity of the NP and CNM workforce; and 3) expand academic-clinical partnerships to create experiential learning opportunities related to social determinants of health.

In October of 2023, the College of Nursing received a three-year, \$1.5 million grant from the Department of Health and Human Services Health Resources and Services Administration (HRSA) to fund a program titled “Training and Education to Advance Critical Health Equity Readiness Using Simulation (TEACH US).” This grant aims to increase the number and capacity of nursing students to address the health care needs and improve patient outcomes of rural and medically underserved populations in Tennessee. The purpose of the TEACH US program is two-fold: 1) to enhance nurse education and strengthen the nursing workforce by increasing training opportunities for nursing students through the use of simulation-based technology, including equipment, to increase their readiness to practice upon graduation; and 2) expand the capacity of nurses to advance the health of patients, families, and communities in rural and medically underserved areas experiencing diseases and conditions such as stroke, heart disease, behavioral health, maternal mortality, HIV/AIDS, and obesity. The TEACH US program will use equity-focused experiential learning opportunities to train 250 or more undergraduate and graduate nursing students annually through two strategic objectives: 1) implementing or expanding academic-clinical partnerships to create experiential learning opportunities that prepare nursing students to efficiently address health equity for rural and underserved populations; and 2) increasing the diversity of the nursing workforce to better address the needs of the populations they serve by recruiting and supporting students and faculty, including those from diverse populations.

In September 2023, the CON received a 4-year, \$4 million HRSA grant titled “Maternity Care Nursing Workforce Expansion (MatCare).” Increasing Midwifery Education Workforce to Promote Maternal Health Equity in Rural and Underserved Communities (MEWS) is to provide trainee scholarships, stipends, curriculum enhancement, and community-based training for 12-14 full-time nurse-midwifery (NMW) students. The University of Tennessee Health Sciences Center (UTHSC) College of Nursing (CON) will partner with multiple rural and urban clinics and hospitals across the Mid-South to provide on-site learning intensives in hospitals and clinics providing maternity care to underserved populations. The program seeks to: 1. Increase the number of Certified Nurse Midwives (CNM) and diversify the maternal and perinatal health nursing workforce, 2. Enhance maternal health training to better address

maternal mental health, maternal mortality, and morbidity risk factors, and 3. Strengthen community-based training partnerships.

Examples of meeting our expanded communities' needs include expanding our rural health initiative in West Tennessee and clinical placement of Pediatric Nurse Practitioner students in rural Arkansas. The CON also works proactively with our clinical partners to educate their nurses about the CON academic programs that will enhance their careers. The DNP Pediatric Acute Care Nurse Practitioner concentration was developed in response to Le Bonheur Children's Hospital's desire for more hospital nurses to be prepared as Pediatric Acute Care Nurse Practitioners.

Memphis has a record number of sickle cell patients. Sickle Cell Disease (SCD) affects 100,000 people in the U.S., but education about the disease in nursing schools is limited. To address the gap, a pilot Sickle Cell Boot Camp for Nursing Excellence was offered in 2022 with funding from a \$50,000 grant from Global Blood Therapeutics, Incorporated (GBT). A second grant from GBT for \$100,000 allowed program expansion using a train-the-trainer model in April 2023. The Sickle Cell Boot Camp (SCBC) promotes nursing excellence locally, nationally, and globally by utilizing a Train the Trainer Model to address the critical need for specialized education and training for nurses who care for sickle cell patients (See [SCBC program description and flyer](#) in virtual resource room). This effort is a collaboration of the UTHSC College of Nursing, St. Jude Children's Research Hospital, and the International Association of Sickle Cell Nurses and Professional Associates (IASCNAPA).

The Nursing Continuing Professional Development Unit offers continuing education programs that target the needs of nurses. Examples of programs include an annual Opioid Conference and End of Life Nursing Care. The college offered *Resiliency 2.0 Wellness in the Era of COVID-19*, presented by Eileen O'Grady, at no cost to promote wellness and resiliency in nurses following the COVID-19 pandemic.

Distinguished Visiting Professorships (DVPs) are a series of lectures led by invited experts who present to faculty, students, nurses, and community members based on the content focus area of each DVP. Lecture topics have included cultural awareness, understanding the power of nursing impact, ethical challenges in pediatric palliative care, and nurses leading the way in health care innovation. DVPs are offered in the Spring and Fall of each year, are free of charge to the community, and include nursing professional development credits.

The CON Nursing Advisory Council, composed of key individuals representing nursing and health care in the Memphis and surrounding area, meets semi-annually. Interactions among CON faculty and agency representatives provide a formal opportunity to exchange updates and information from both educational and service/practice arenas. Information gleaned from these health care partners informs CON decisions regarding academic programs ([CON Community Advisory Council meeting minutes](#), virtual resource room).

The [UTHSC CON Nursing Alumni Association Board of Directors](#) meets with the dean, leadership team, and selected faculty across programs twice yearly. This group comprises diverse alumni representing various CON programs and a wide array of practice settings. Interactions with these alumni provide additional opportunities for dialogue regarding our nursing programs, the needs of students and the college, nursing workforce needs, national trends, and discussion of priorities (See [UTHSC CON Nursing Alumni Association Board of Directors](#) meeting minutes in the virtual resource room).

The CON redesigned the DNP project to focus on quality improvement and evidence-based practice. We meet with community partners to offer the opportunity for our DNP students to develop and implement specific projects that would benefit their organizations.

I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit’s expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response:

The four missions of UTHSC are education, research, clinical care (e.g., clinical practice), and public service. These missions and faculty expectations by rank are described in the appointment and promotion for tenure and non-tenure track faculty positions policy in the UTHSC Faculty Handbook. Expected faculty outcomes in teaching, research and scholarly activities, clinical practice, and service (e.g., participation in university and college committees, community service, and participation in professional associations) are identified by the CON and are congruent with the mission, goals, and expected student outcomes. The faculty roles in teaching, research, clinical care, and service are depicted in Section 3.1.1: *Academic Freedom and Responsibility of the Faculty Member* on pages 11 and 12 in the [UTHSC Faculty Handbook](#) and Article I. *Academic Freedom and Responsibility of the Faculty Member* of the [Policy BT0006 – Policies Governing Academic Freedom Responsibility and Tenure](#).

Roles and expectations are defined according to rank level and tenure status. Faculty outcomes are reviewed annually or more frequently with department chairs. The [Annual Performance and Planning Review \(APPR\)](#) paperwork and approval process for faculty members is facilitated using the software portal entitled, Digital Measures, which allows for a seamless and accessible workflow, as well as, previous APPR documentation. The APPR process is based on the calendar year with final approvals occurring by March of each year. Based on discussions held during the annual performance and planning reviews (or with new faculty at the time of hire), department chairs provide all faculty with a letter describing expectations and responsibilities. for the upcoming year. These letters define the percent effort and mutually developed goals in regard to teaching, research/scholarly activities, service, and clinical care/practice plan. Such letters are normally provided on or around July 1, the beginning of the new 12-month contract period/academic year. In 2023, a faculty clinical practice plan was implemented, and faculty with a clinical site have a current Memorandum of Understanding (MOU) placed in their faculty file (See Sample Faculty Clinical Practice Plan, Appendix F).

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

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response:

The CON Faculty Bylaws [No 3 (page 7), No 4 – 6 (pages 10-11), No 9 (Pages 9-24), and No 10 (page 24)] clearly define the roles of faculty and students in the governance of the DNP program. See the Constitution/Bylaws of the Student Organization of the CON (See [CON Faculty Bylaws](#) and [Constitution/Bylaws of the Student Organization of the CON](#), virtual resource room). Faculty and students participate at all levels of the college and campus-wide administration, holding key decision-making positions. Faculty and students may be selected to participate on campus-wide task forces or

committees. CON faculty also serve, along with representatives from the other five colleges, as voting members of two formal campus governance committees: the Committee on Academic and Student Affairs (CASA) and the Faculty Affairs Work Group (FAWG) which develop campus policies affecting faculty and students.

Faculty and student participation in the governance of the program is meaningful and is facilitated by standing and Ad Hoc committees as set forth in the Bylaws of the CON. The Bylaws establish these committees as well as the rules and procedures for faculty and students to participate fully in the business of the College. Faculty and student participation in program governance is evident in minutes of the CON Curriculum, Admissions, and Evaluation Committees. Faculty who are at a distance participate in the governance of the programs via phone or webcam. All faculty with regular (full-time or part-time) appointments are members of The Faculty Committee of the CON. This organization meets every other month to propose, review, or revise policies and curriculum recommendations, to foster communication within the college community, and to promote an environment of participation and shared governance. The CON Bylaws state that all full-time faculty (defined as 0.75 FTE) serve as voting members of the Faculty of the CON with eligibility to serve on committees. See Table 1.5 and Table 1.6 below, which demonstrate faculty and student participation in governance in the College of Nursing.

Table 1.5: College of Nursing Faculty Internal College & University Committees

CON Standing Committee	Faculty	
Faculty Committee		
Margaret Harvey	<i>Chair</i>	2022-2024
Trina Barrett	<i>Secretary</i>	2022-2024
College Promotion and Tenure Committee		
Tenured Faculty		
Wendy Likes, PhD, DNSc, FAANP		Dean (Professor)
J. Carolyn Graff, PhD, RN, FAAIDD		(Professor) <i>Chair</i>
Mona Newsome Wicks, PhD, RN, FAAN		(Professor)
Ansley Grimes Stanfill, PhD, RN, FAAN		(Associate Professor)
Xueyan Cao, PhD		Associate Professor, tenure track)
Non-Tenured Faculty		
Dwayne Accardo, DNP		(Associate Professor)
Anne Alexandrov, PhD		(Professor)
Bobby Bellflower, DNSc, NNP		(Professor)
Jami Smith Brown, DHEd, RN, CNN		(Associate Professor)
Jacqueline Burchum, DNSc, FNP-BC		(Associate Professor)
Ricketta Clark, DNP		(Associate Professor)
Kate Fouquier, PhD		(Professor)
Sara Day, PhD, RN, FAAN		(Professor)
Marie Gill, PhD		(Associate Professor)
Randy Johnson, PhD, RN		(Associate Professor)
Rhonda Johnson, DNP		(Associate Professor)
Carrie Harvey, PhD, APRN-BC, ACNP		(Associate Professor)
Alisa Haushalter, DNP		(Associate Professor)
Donna Lynch-Smith, DNP, ACNP-BC, APRN		(Associate Professor)
Tracy McClinton, DNP		(Associate Professor)
Charleen McNeill, PhD		(Professor)
Sarah Rhoads, PhD, DNP, RNC-OB, WHNP-BC, FAAN		(Professor)
Sherry Webb, DNSc		(Associate Professor)
Admission Committee		
DNP Program Director		Bobby Bellflower, DNSc

Table 1.5: College of Nursing Faculty Internal College & University Committees

CON Standing Committee		Faculty
BSN Program Director		Randy Johnson, PhD
PhD Program Director		Carolyn Graff, PhD
AG-ACNP Concentration Coordinator		Donna Lynch-Smith, DNP
Nurse Anesthesia Concentration Coordinator		Dwayne Accardo, DNP
FNP Concentration Coordinator		Laura Reed, DNP
NNP Concentration Coordinator		Tosha Harris, DNP
PMH Concentration Coordinator		Jackie Sharp, DNP
PNP Primary Concentration Coordinator		Sally Humphrey, DNP
PNP Acute Concentration Coordinator		Michelle Rickard, DNP
NMW Concentration Coordinator		Kate Fouquier, PhD
Traditional BSN Concentration Coordinator		Jami Smith Brown, DHEd
Accelerated BSN Concentration Coordinator		Trina Barrett, DNP
Assistant Dean of Student Affairs and Evaluation		Roylynn Germain, <i>Chair*</i>
Executive Associate Dean of Academic and Student Affairs:		Charleen McNeill**
* <i>Without vote except in case of a tie</i>		
** <i>Non-voting member</i>		
Student Awards and Honors Committee		
L. Alexia Williams	HPDP	2022 - 2024
Michelle Rickard	CPH	2022 - 2024
Patricia Jones Purdy	ATC	2022 - 2024
Assistant Dean of Student Affairs and Evaluation:		Roylynn Germain, <i>Chair*</i>
Ad hoc student/alumni as appropriate to the award/honor *		
* <i>Without vote except in case of a tie</i>		
DNP Concentration Coordinators		
Donna Lynch-Smith		AG-ACNP
Dwayne Accardo		Nurse Anesthesia
Laura Reed		FNP
Tosha Harris		NNP
Jackie Sharp		PMH
Sally Humphrey		PNP Primary
Michelle Rickard		PNP Acute
Kate Fouquier		NMW
Director of DNP Program: Bobby Bellflower, <i>Chair*</i>		
Executive Associate Dean of Academic and Student Affairs, Charleen McNeill		
College of Nursing Curriculum Committee		
Kate Fouquier	CPH	2023 – 2025
Christie Manasco	CPH	2023 – 2025
Sally Humphrey	HPDP	2022 – 2024
L. Alexia Williams	HPDP	2023 – 2025
Dwayne Accardo	ATC	2022 – 2024
Alise Farrell	ATC	2022 – 2024
Shelley Miller	ATC	2023 – 2025
Arcieri Lowe**	BSN Student Rep	
Kately Vawter**	DNP Student Rep	
DNP Program Director		Bobby Bellflower, DNSc
BSN Program Director		Randy Johnson, PhD
PhD Program Director		Carolyn Graff, PhD
Executive Associate Dean of Academic and Student Affairs:		Charleen McNeill, <i>Chair*</i>
Assistant Dean of Student Affairs and Evaluation:		Roylynn Germain**

Table 1.5: College of Nursing Faculty Internal College & University Committees

CON Standing Committee	Faculty	
<p><i>* Without vote except in case of a tie</i> <i>**Non-voting member</i> One student from each program (BSN, DNP) without voting privileges appointed annually by the Associate Dean of Academic Affairs and Evaluation. <i>(One (1) student from each program (BSN, DNP) without voting privileges appointed annually by the Executive Associate Dean of Academic Affairs)</i></p>		
Evaluation Committee		
Vacant	CPH	
Jackie Burchum	HPDP	2022 – 2024
Emma Murray	ATC	2022 – 2024
Dean		Wendy Likes, PhD, DNSc*
DNP Program Director		Bobby Bellflower, DNSc
BSN Program Director		Randy Johnson, PhD
PhD Program Director		Carolyn Graff, PhD
Traditional BSN Concentration Coordinator		Jami Smith Brown, DHEd
Accelerated BSN Concentration Coordinator		Trina Barrett, DNP
Executive Associate Dean of Academic and Student Affairs:		Charleen McNeill, PhD, Chair*
Assistant Dean of Student Affairs and Evaluation:		Roylynn Germain*
DNP Program Coordinator		Trimika Bowdre Jones, PhD
BSN Program Coordinator		Ramona Jackson
Ex Officio Members: Jacquelyn Burchum		
<i>*Non-voting member</i>		
Progression Committee		
Lisa Beasley	CPH	2023 – 2025
Jackie Sharp	CPH	2022 – 2024
Janet Tucker	CPH	2023 – 2025
Christie Manasco***	CPH	2022 – 2024
Nina Sublette	HPDP	2022 – 2024
Nakiesha Shepherd***	HPDP	2023 – 2025
Dwayne Accardo	ATC	2022 – 2024
Anita Settles-Seymour	ATC	2022 – 2024
Terri Stewart	ATC	2023 – 2025
Jami S. Brown***	ATC	2022 – 2024
Kim Kennel***	ATC	2023 – 2025
DNP Program Director		Bobby Bellflower, DNSc**
BSN Program Director		Randy Johnson, PhD**
Assistant Dean of Student Affairs and Evaluation:		Roylynn Germain, Chair*
Executive Associate Dean of Academic and Student Affairs:		Charleen McNeill**
<p><i>* Without vote except in case of a tie</i> <i>**Non-voting member</i> <i>***Alternate Voting Members</i></p>		
Practice Committee		
Meghan Madea	CPH	2023 – 2025
Sharon Little	HPDP	2023 – 2025
Christina Wills	HPDP	2023 – 2025
Shelley Miller	ATC	2022 – 2024
Andrea Sebastian	ATC	2022 – 2024
Director of Clinical Affairs:		Diana Dedmon, Chair*

Table 1.5: College of Nursing Faculty Internal College & University Committees

CON Standing Committee	Faculty	
<i>The membership on the committee is determined by the Dean.</i>		
Bylaws Committee		
Jami Smith Brown	ATC	2022 – 2024
Marie Gill	HPDP	2023 – 2025
Laura Reed	HPDP	2023 – 2025
Y’Esha Williams-Click	HPDP	2022 – 2024
Donna Lynch-Smith, <i>Chair</i>	ATC	2023 – 2025
Nominating Committee		
Beth Paton	ATC	2022 – 2024
Xueyuan “Shawn” Cao	HPDP	2022 – 2024
Lisa Beasley	CPH	2022 – 2024
Margaret Harvey, <i>Chair*</i>	ATC	2022 – 2024
Faculty Organization Chair*		
<i>*Without vote except in case of a tie</i>		
Equity and Inclusion Committee		
Janeane Anderson	CPH	2023 – 2025
Christie Manasco	CPH	2023 – 2025
Xueyuan “Shawn” Cao	HPDP	2023 – 2025
Tracy McClinton	ATC	2023 – 2025
Stephanie Breuer		2023 – 2025
Roylynn Germain		2023 – 2025
Vacant	BSN Student Rep	
Jasmine Walker	DNP Student Rep	2022 – 2023
Samantha Calhoun	PhD Student Rep	2022 – 2023
Ricketta Clark	Committee Co-Chair	2023 – 2025
Florine Burch Jones	Committee Co-Chair	2023 – 2025
Mona Wicks*		
<i>* Executive Team Representative</i>		
Executive Committee		
Wendy Likes	Chair	
Ansley Stanfill	ACT	2023-2024
Bobby Bellflower	ACT	2023-2024
Charleen McNeill	HPDP	2023-2024
Diana Dedmon	CPH	2023-2024
Beth Paton	ACT	2023-2024
Carolyn Graff	HPDP	2023-2024
Leigh Ann Roman	Staff	2023-2024
Jackie Trice	Staff	2023-2024
Marie Gill	HPDP	2023-2024
Carrie Harvey	ACT	2023-2024
Michelle Stubbs	Staff	2023-2024
Mona Wicks	HPDP	2023-2024
Roylynn Germain	Staff	2023-2024
Randy Johnson	ACT	2023-2024
Sara Day	CPH	2023-2024
Sarah Rhoads	CPH	2023-2024
Sherry Webb	ACT	2023-2024

Table 1.5: College of Nursing Faculty Internal College & University Committees

CON Standing Committee	Faculty	
Vicki Bass	Staff	2023-2024
<i>The membership of the Executive Committee is determined by the Dean.</i>		
Faculty and Staff Awards Committee		
Diana Dedmon	CPH	2022 – 2024
Carolyn Graff	HPDP	2022 – 2024
Natasha Goins	ATC	2022 – 2024
Patti Smith**		2022 – 2024
Wendy Likes, <i>Chair*</i>	Dean	
Sherry Webb	ATC Dept Chair	
Mona Wicks	HPDP Dept Chair	
Sarah Rhoads	CPH Dept Chair	
<i>*Without vote except in case of a tie</i>		
<i>**Appointed by the Dean</i>		
CARES (or Caring) Committee		
Shakila Erby	ATC	2022-2024
Rebecca Burrow	CPH	2022-2024
Ja’Quay Brister	HPDP	2022-2024
Florine Jones		2022-2024
John Mitchell		2022-2024
Leigh Ann Roman		2022-2024
Victoria Bass	Assistant Dean of Finance and Administration	

Table 1.6: Special Committees (AD HOC)

Special/AD HOC Committee	Faculty
History and Archives Committee	Cheryl Stegbauer (Professor Emeritus) Dianne Greenhill (Professor Emeritus)
Margaret Newman Planning Committee	Carolyn Graff Mona Wicks
PhD in Nursing Science Faculty Committee	Wendy Likes, Dean, <i>Chair</i> Carolyn Graff, PhD Program Director Anne Alexandrov Janeane Anderson Bobby Bellflower Sara Day Michael Carter Ann Cashion Xueyan Cao Kate Fouquier Marie Gill Carrie Harvey Alisa Haushalter Christie Manasco Charleen McNeill Beth Paton Risa Ramsey Sarah Rhoads

Table 1.6: Special Committees (AD HOC)

Special/AD HOC Committee	Faculty
	Keesha Roach Ansley Stanfill Nina Sublette Janet Tucker Sherry Webb Mona Wicks Alexia Williams
Cashdollar Distinguished Visiting Professor Committee	Michelle Rickard, <i>Chair</i> Charleen McNeill Randy Johnson Christie Manasco Community members
John W. Runyan Community Nursing Award Committee	Alisa Haushalter, <i>Chair</i>

Faculty membership on the UTHSC Faculty Senate and Senate sub-committees, as well as standing and special committees is provided in Table 1.7 and Table 1.8 below.

Table 1.7: Participation of Faculty in University Governance: UTHSC Standing Faculty Senate Committees

Faculty Senate Sub-Committee	Faculty
Faculty Affairs	Sharon Little, Co-Chair 2023-2026
Computing, Technology, and Communications	Emma Murray 2022-2025
Handbook	Donna Lynch-Smith 2022-2025
Budget and Benefits	Carrie Harvey 2023-2026
Faculty Senate Executive Committee Representative	Tracy McClinton 2022-2025 Sharon Little 2022-2025
Clinical Affairs	Tracy McClinton, Chair 2023-2026
Non-Tenured Track	Laura Reed 2022-2025
Education	Nina Sublette 2022-2025
Legislative Resources	Lisa Beasley, Chair 2021-2024 Emma Murray, Co-Chair 2022-2025

Table 1.8: Current Faculty Participation in UTHSC Campus-wide and Special Committees

University Committees	Faculty
Electronic Theses and Dissertations Committees	<i>TBD</i>
Teaching and Learning Center Development Committee Office of Inclusion, Equity, and Diversity’s Health Justice Collective	<i>Janeane Anderson</i>
Vice Chancellor’s Research Cabinet Vice Chancellor’s Research Team	<i>Ansley Stanfill</i>

Table 1.8: Current Faculty Participation in UTHSC Campus-wide and Special Committees

University Committees	Faculty
2021 – 2026 Co-Chair, UTHSC Operational Strategic Planning Committee	
Library Committee	<i>TBD</i>
Center for Development Disabilities, Management Team College of Graduate Health Sciences, Graduate Studies Council	<i>Carolyn Graff</i>
Faculty Senate representative to Committee on Academic and Student Affairs (CASA)	<i>TBD</i>
Institutional Review Board	<i>Mona Wicks</i> <i>Carrie Harvey</i> <i>Donna Lynch-Smith</i> <i>Lacretia Carroll</i> <i>Xueyuan Cao “Shawn”</i>
CHIPS Simulation Faculty Advisory Committee	<i>TBA</i>
Faculty Affairs Workgroup (FAWG)	<i>Sherry Webb</i>
College of Graduate Health Sciences Credentialing Committee	<i>Sarah Rhoads</i>
College of Graduate Health Sciences Curriculum Committee Institute for Health Outcomes and Policy Executive Council Diversity and Inclusion Advisory Council	<i>Mona Wicks</i>
Teaching and Learning Center – Advisory Board Campus Common Experience Working Group	<i>Charleen McNeill</i>
2016 – 2021 Co-Chair, UTHSC Operational Strategic Planning Committee UTHSC Diversity and Inclusion Advisory Council (DIAC) UTHSC Research Space Committee Inter-professional Simulation Committee	<i>Wendy Likes</i>

Table 1.9 demonstrates students are also actively engaged in university committees. In addition, students are actively engaged in the various roles and responsibilities of the CON NSGA and other CON student organizations, such as the Black Student Nurses Association and the Student Nurses Association.

Table 1.9: 2023 - 2024 CON Student Organization Representatives

CON Student Nurses’ Association	
President	Jensen Lewis
Vice-President	Regan Lee
Secretary	Addie Savage
Treasurer	Valerie Jackson
Communication Committee Chairs	Elise Rawlinson Jordan Deatheridge
Social Event Chairs	Cooper McKelroy Arcieri Lowe Mey Tuinei
Service Event Chairs	Haley Lundberg Malinda Douglas

Table 1.9: 2023 - 2024 CON Student Organization Representatives

Faculty Advisor(s)	Valerie Jackson Anita Settles-Seymour, MSN, RN Ashley Neal, MSN, RN Kim Kennel, PhD, RN-BC, CCRN-K, CNE
CON Black Student Nurses' Association	
President:	Alexis Macklin
Vice-President	Natasha Means
Co-Secretary	Daisha Evans Matthew Davis
Faculty Advisor(s):	Crystal Walker, PhD, DNP, FNP-C
CON Nursing Student Government Association	
President:	Jessica Wooten
Vice-President:	Cailey Washington
Secretary/Treasurer:	Shelby Carpenter Reed
TBSN Representative:	Charmi Patel
ABSN Representative:	Nadia Tompkins
DNP Representative:	Allison Johnson
TBSN Social Chair:	Cooper McKelroy
ABSN Social Chair:	Ragan Adams
Community Service Chair:	Shadia Lee
Faculty Advisor(s):	Tori Payne, MSN, RN Alisa Haushalter, DNP, RN, PHNA-BC

*Elections are held every Fall and Spring to replace vacant positions.

The CON uses a shared governance model of participation in educational administration for the college. The direct reports to Dean of the CON include the Assistant Dean of Nursing Center for Community and Global Partnerships, the Associate Dean for Research, the Director of the Margaret Newman Nursing Theory Center, the Assistant Dean of Finance and Administration, the Executive Associate Dean of Academic and Student Affairs, and the three Department Chairs. This flat organizational structure facilitates open communication across all levels of leadership, as well as the faculty and staff. This, combined with the CON committee organization, function, and structure, demonstrates the shared governance model of the CON.

The faculty is organized to participate in the school's educational administration, as evidenced by the committee structure in the CON By-Laws. Faculty lead and serve on many committees within the CON to provide leadership on various initiatives. Full details of standing committees can be located in our approved CON Bylaws beginning on page 13 (See [CON Faculty Bylaws](#) – virtual resource room).

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

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

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

Program Response:

The academic policies of UTHSC, the DNP program and the Post-Graduate APRN Certificate program are congruent and support the achievement of the mission, goals, and expected program outcomes. General academic policies for UTHSC are found in the UTHSC [Academic Bulletin](#), are revised annually, and are available online. All new students are oriented at the beginning of their programs regarding the expectation that they access the university student handbook and bulletin and become knowledgeable about its contents. Additionally, students access the student handbook (CenterScope) via the Internet. Policies specific to the DNP program and Post-Graduate APRN Certificate program and all programs offered at UTHSC are in the Academic Bulletin and are reviewed and revised annually (See DNP Program Policies in Section III. DNP College of Policies (pages 41-47), Section IV. DNP Clinical Policies (pages 48-53) of the [DNP Program and Post-Graduate APRN Certificate Program Student Handbook](#) and the Academic Bulletin [schedules](#), Virtual Resource Room).

The CON's DNP program and the Post-Graduate APRN Certificate program policies establish nursing students' [admission, retention, progression, graduation, and completion requirements](#). These [policies](#) are contained in the Academic Bulletin. Policies are reviewed on an annual or as-needed basis according to the CON Evaluation Manual and Master Evaluation Plan and updated as changes become necessary. University and CON policies are applied to all students fairly and equally regardless of race, ethnicity, gender, age, or religious preference.

An example of a policy that was reviewed and revised is the Progression Policy, approved by the Faculty Organization in July 2023. The policy was changed to remove behavioral conduct from the policy so that it focuses solely on academic performance. The revised policy provides clear guidance to Progression Committee members on appropriate recommendations to the dean for various student academic performance issues.

I-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Program Response:

A formal complaint concerning the College of Nursing is a written student complaint utilizing the [College of Nursing Student Complaint Form](#) and addressing matters not otherwise covered under UTHSC-published Student Policies and Guidelines in university documents such as the [College of Nursing \(CON\) website](#), on page 22 of the [DNP Program and Post-Graduate APRN Certificate Program Handbook](#),

[UTHSC CenterScope: Administration of the Statement of Student Rights and Responsibilities](#) and/or statements from the [Office of Inclusion, Equity and Diversity](#). This policy applies to all students enrolled in any program within the CON, including the DNP program and Post-Graduate APRN Certificate program students. Additionally, students wishing to file a complaint for a non-academic issue, particularly complaints about campus level issues outside of the CON, may do so by submitting a complaint to the Office of Student Success by following [SA110- Student Complaint Procedures](#). Thus, the purpose of a formal complaint is to provide a defined mechanism for resolution of a student problem that is not otherwise addressed in stated college or university policies and procedures.

The [CON formal complaint process](#) is available to students on the CON website. Complaints concerning the CON are sent to the Executive Associate Dean of Academic and Student Affairs. After a complaint is filed, the Executive Associate Dean of Academic and Student Affairs reviews the complaint and charts a course of action. The complainant may or may not be asked to appear in person to discuss the matter further but will be informed in writing of subsequent actions taken by the Executive Associate Dean of Academic and Student Affairs in regard to the matter. The Executive Associate Dean of Academic and Student Affairs will provide a copy of the complaint submitted by the student to any individuals named in a formal complaint. The Dean receives copies of all formal complaints. All formal complaints will be retained in the Office of Academic Affairs. If a formal complaint is not resolved at the Academic Dean level, the complaint will be turned over to the Dean for resolution. However, if satisfactory resolutions cannot be found and/or if the complaint involves a recommendation for dismissal or for repeating an entire academic year, students can submit a formal written appeal to the Vice Chancellor for Academic, Faculty and Student Affairs and/or to the Chancellor. Written complaints stating the issue, the processes that were used to address the issue, the desired outcome, and the reason(s) that the student feels unfairly treated by the college's proposed resolution should be sent to the Office of the Vice Chancellor for Academic, Faculty and Student Affairs.

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

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

Program Response:

Documents and publications accurately reflect the DNP program and the Post-Graduate APRN Certificate program offerings, outcomes, accreditation/approval status, academic calendars, admission policies, grading policies, and degree completion requirements. Tuition and fees information is found on the [Bursar's website](#). Information about the CON can be found on the [CON website](#), in the [UTHSC Academic Bulletin](#), and college documents including brochures, and recruiting materials that are published online and in hard copy. Information regarding the DNP program and the Post-Graduate APRN Certificate program is listed in university and CON documents is accurate and congruent.

Student transcripts specify the APRN role and population focus of graduates.

The CON Evaluation Manual, Timeline, and Master Evaluation Plan (MEP) charges various individuals and committees with reviewing and revising university and CON materials. The Dean, Executive Associate Dean for Academic and Student Affairs, and the Assistant Dean of Student Affairs and

Evaluation annually review and revise as needed the nursing-related sections of the following documents, and publications that describe the CON academic programs.

- [UTHSC Academic Bulletin](#)
- [CenterScope \(UTHSC Student Handbook\)](#)
- [UTHSC CON Website](#)
- [CON Brochures](#)

All publications are accessible. The UTHSC Bulletin and the UTHSC student handbook CenterScope are accessible online. If policies are changed, students receive the information verbally and in writing via email by the appropriate CON administrator.

The university website is very extensive and includes pertinent information for prospective and current students, faculty and staff. Information contained in this site includes a description of UTHSC academic programs, links to the Bulletin, CenterScope, general information, and faculty/faculty information. The website is monitored and updated on an ongoing basis to accurately reflect programs and other pertinent information about the university. Both the Bulletin and CenterScope are reviewed and updated twice annually (except in instances where there is a mandated change to a campus-wide or system policy in which case the CenterScope is revised more frequently). Each college is required, at a minimum, to conduct an extensive review of its website annually prior to the beginning of the academic year to ensure the accuracy of the information available to the public.

Standard II: Program Quality – Institutional Commitment and Resources

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

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Program Response:

Fiscal resources are sufficient to enable the DNP program and Post-Graduate APRN Certificate program to fulfill its mission, goals and expected outcomes. Adequacy of fiscal resources is reviewed periodically according to the CON Evaluation Manual, Timeline, and Master Evaluation Plan.

Fiscal Resources:

The UT Health Science Center (UTHSC) ensures financial support, facilities, and leadership that ensures quality educational programs and appropriate services to faculty and students. Each spring, the Office of Finance distributes budget guidelines for the deans and vice chancellors, institutional Budget Review documents, and college-specific Budget Review documents. The Budget Review documents include financial as well as institutional effectiveness data illustrating the extent to which UTHSC, and the individual colleges are meeting strategic goals. The Deans and Vice Chancellors prepare budget requests with narrative justifications for any significant changes or increases. The Chancellor and the Executive Vice Chancellor (Chief Operating Officer) who is also the Chief Finance Officer (CFO) review the budget requests and consult individually with each Dean and Vice Chancellor to construct an overall campus budget based on the mission of the institution and prevailing strategic priorities. UTHSC submits a proposed budget to the UTHSC Advisory Board; the Advisory Board makes a recommendation to the President of UT System, who then makes a recommendation to the UT Board of Trustees for their approval. The data-driven budget planning process, combined with the annual strategic reporting process, demonstrates that all units are held accountable for achieving the strategic priorities of the institution. The practice of linking annual reports, including administrative offices' goals and priorities for the previous year and the upcoming year, with institutional effectiveness data ensures that the budget process is driven by the strategic plan and priorities of the institution.

Fiscal Resources and Financial Support Processes:

Nursing faculty have the opportunity to propose budget items through the department chairs who are members of the executive committee. The dean, with input from the executive committee, faculty, and staff, develops the CON's strategic plan that includes goals and objectives, plans of action, and resources required to carry out the strategic plan. The CON began revising the current strategic plan in 2023; students and alumni were added to the strategic planning process, taking part in crafting and revising all

components of the new strategic plan being developed. The CON budget includes sufficient resources for salaries, materials and equipment, faculty and curricular development, and facilities (See College of Nursing 3-Year Budget (FY2020-FY2023), Appendix G). The university budget includes resources for general support and recruitment.

The Dean, in collaboration with the assistant dean for administration and finance of the CON, has overall responsibility for the preparation and administration of the college budget. Major capital expenditures are negotiated with the chancellor and vice chancellor for finance operations. The budget process at UTHSC is initiated in the spring of each year by the chancellor with a request to colleges to submit their annual budgetary proposal. The Dean submits budget requests for the CON to the chancellor and the executive vice chancellor COO/CFO. Each of the college Deans has an opportunity to justify budgetary needs for the respective colleges. The chancellor determines the final budget for UTHSC and submits the request to the president of the University of Tennessee system who forwards it to the University of Tennessee Board of Trustees for final approval prior to being submitted to the Office of the Governor for consideration and funding allocation.

The CON budget is sufficient to recruit and retain qualified faculty. The average faculty salary for rank is above the 50th percentile for AACN Academic Health Science Centers (See Table 2.1 below).

Table 2.1: Comparison of UTHSC Faculty Salaries by Academic Rank and AACN Salary Percentiles*

Faculty Rank	AACN 50th Percentile 2022-23	Avg. UTHSC CON (FY 24 Avg \$ Salaries)	Percentage Over/(Under) AACN 50th Percentile
Instructor – Nondoctoral	\$84,870	\$92,119	8.5%
Assistant Professor – Doctoral (All)	\$108,365	\$117,631	8.6%
Assistant Professor – Doctoral**	\$108,365	\$115,840	6.9%
Associate Professor (All)	\$118,645	\$138,984	17.1%
Associate Professor (without CRNA)	\$118,645	\$132,949	12.1%
Professor	\$150,160	\$171,171	14.0%

*Reference: 2022-2023 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing, Table 33, page 40.

** Assistant Professor rank was shown with and without CRNA faculty salaries since they significantly affected the percentages.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program’s mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response:

UTHSC CON physical resources and clinical sites are sufficient to enable the DNP program and Post-Graduate APRN Certificate program to achieve the mission, goals, and expected outcomes.

Physical Resources/Facilities:

UTHSC CON physical resources and clinical sites are sufficient for the DNP program to achieve the mission, goals, and expected outcomes. The UTHSC CON moved to a newly renovated space in the Crowe Building in 2021 as a part of a \$400 million dollar renovation of the UTHSC Campus.

Office Space: Currently, the UTHSC CON occupies approximately 45,717 square feet of space spread over five floors in the Crowe Building on the UTHSC campus. The ground floor provides approximately 8,850 square feet of space, which includes 11 furnished offices for faculty and staff, two large rooms furnished for a total of 30 PhD students, two locker rooms, two research suites with furniture for eight research assistants, one classroom, a poster production room, two equipment/storage rooms, three remediation rooms, a work/copy room, two reception areas, an employee kitchen, and two large restrooms. The first floor provides 9,286 square feet of space that houses the college's main entrance/reception area, a large student lounge, a College of Nursing exhibit space, and two suites containing the Office of Academic and Student Affairs, the Associate Dean of Research and staff, and the Center for Community and Global Partnerships.

The space includes 13 furnished offices for faculty and staff, two reception areas, three conference rooms, a quiet room, a technical room, an employee kitchen, one large work/copy room, four file/storage rooms, two copy/print rooms, and two large restrooms. The second-floor space provides an additional 9,252 square feet with two large restrooms, two conference rooms, 24 furnished offices for faculty and staff, a work/copy room, a file room, five storage/file rooms, and an employee kitchen. The third-floor space provides an additional 9,200 square feet with 29 furnished offices for faculty and staff, two conference rooms, a work/copy room, six storage/file rooms, two large restrooms, and an employee kitchen. The fourth floor has 9,129 square feet and houses the dean's suite and the college's business office. It provides 26 furnished offices for faculty and staff, the dean's reception area, two conference rooms, a large employee breakroom/kitchen, two large restrooms, six file/storage rooms, and a work/copy room. The 1st-4th floors also each contain an informal collaboration area. The conference rooms are technology-enhanced rooms with Polycom units for remote video conferencing and computerized smartboards instead of the usual whiteboard. The entire CON space has wireless internet access in addition to Ethernet.

Classroom Space: The General Education Building (GEB) is the primary instructional facility on the University of Tennessee Health Science Center (UTHSC) campus. The General Education Building is used for instructional activities by all colleges and programs as well as ad hoc and external events. The building has three floors and measures 209,000 square feet. There are three "wings" of space that are dedicated to lecture, classroom, laboratory, study, and testing activities. The building is secured twenty-four hours a day, seven days a week and is accessible to the University community through the ID card reader system located at the major entrances of the building.

The "A" Wing Section of the GEB contains nine lecture halls, fifteen conference rooms, and classrooms. The lecture halls can accommodate up to 180 participants and are outfitted with power tables and computer ports at each seat. There are customized podiums containing Dell computers that can be used for displaying presentations on screens suspended from the ceiling. Each lecture hall has flat plate monitors, LCD projectors, cameras, speakers, and wireless microphones. In the conference areas, participants can collaborate on projects or work together in smaller groups. There are conference tables,

chairs, and whiteboards in each conference space. There are classroom spaces available and are outfitted with LED projectors, computers, screens, and podiums.

The “B” Wing Section is dedicated to occupational therapy, physical therapy, and basic sciences laboratories. The occupational therapy lab focuses on restoring bodily functions to help patients conduct daily tasks. This lab contains activities of daily living equipment such as kitchen appliances, bathroom setup, and dressing aids. The physical therapy lab is a functional space where learners can collaborate with injured patients and improve their physical functions. In the basic sciences laboratories, there are LED projectors, screens, low and high laboratory benches, and eye wash stations. There is also a prep area dedicated to preparing reagents and growing cultures and cells. The prep area has refrigerators and freezers to store samples, glassware, centrifuges, incubators, autoclaves, and pH meters.

The “C” Wing Section is dedicated to independent study and testing. The independent study area provides a quiet space for students to reflect or develop projects with little to no supervision. Learners have access to individual study carrels on the second and third floors. Additionally, there are 109 stations available for computerized exams. The testing areas are available to all colleges for testing purposes. Students have access to desktop computers to take assessments for competency.

Additional amenities are available to students and faculty:

- Wireless networking services are available throughout the facility.
- The GEB lobby is outfitted with flat screen televisions, lounging areas, and power stations. This area is utilized for student events, lunches, and other leisure activities.
- Students have access to printing stations near the lecture halls and in the lobby.
- There are vending machines available on the second floor.
- Information Technology Services (ITS) staff provides technical and support assistance for the technology located in the lecture halls, conference rooms, classrooms, and testing labs.

The Center for Healthcare Improvement and Patient Simulation (CHIPS) is a 45,000-square-foot stand-alone building for healthcare simulation and interprofessional education. The state-of-the-art facility opened in 2018 and is designed to meet the simulation needs of all UTHSC students, residents, professional staff, and clinical partners. CHIPS is dedicated to improving the quality of healthcare delivery through education, research, assessment, and enhanced clinical skills with standardized patients (actors trained to portray patients), high-fidelity patient simulators (manikins), and virtual reality settings. The building is the only one of its kind in Tennessee and one of only a handful in the country.

The Center for Healthcare Improvement and Patient Simulation (CHIPS) endeavors to advance healthcare through patient simulation as an international center of excellence for healthcare simulation. CHIPS is centered on the values of psychological safety, transparency, and servant leadership. CHIPS is dedicated to improving the quality of healthcare delivery through education, research, assessment, and enhanced clinical skills with standardize/simulated patients (individuals trained to portray patients), high-fidelity patient simulators (manikins), and virtual reality settings.

Within the College of Nursing, total non-unique learner hours in 2022 was 6,762 in the Bachelor of Nursing Program and 3,254 hours in the DNP Program. Likewise, in 2021 total non-unique learner hours were 6,757 in the Bachelor of Nursing Program and 543 hours in the DNP Program.

Each floor of the three-story building is dedicated to a different aspect of simulation training. There is a virtual Skills lab, where learners utilize augmented reality and virtual reality to practice skills and procedures. The first floor also houses two large skills labs, each with 12 bed stations. These labs provide

a safe, hands-on experience with procedures and skills such as ultrasound training, intubation practice, vascular access and line placement, and general patient assessment. This space is designed for learners to work towards mastering and demonstrate competence in these skills and procedures. Often, learners practice on manikins or task trainers at these bed stations, alternatively they may practice on simulated patients or other learners. The skills labs are equipped with medication dispensers, patient lifts, integrated diagnostic sets, IV pumps, and other clinical equipment. A simulated home environment is also on the first floor. Learners who enter patient's homes as part of their professional duties may simulate various home-based scenarios, for example, nursing students practicing home health safety assessments or education to a simulated patient and their family member.

On the 2nd floor is where acute care spaces are found; these are spaces typically found in a hospital. The eight acute care rooms range from very specialized to very flexible. The most specialized space is the operating room, which has realistic boom lights, cameras, towers, surgical equipment, and anesthetic equipment to provide an authentic perioperative team experience. The labor and delivery room is also realistic with specialized obstetric lighting and computer-controlled birthing manikins to provide learners with opportunities to provide pre- and post-natal care. The remaining six acute care rooms vary in size and are designed to be flexible. The larger rooms are well suited for multiple patient simulations like a post-anesthesia care unit, a neonatal intensive care unit, or holding room. The smaller rooms are single-patient environments that can be set up to resemble any ward or patient unit. In these spaces, learners interact with high-fidelity manikins that allow faculty and staff the ability to simulate complex clinical scenarios, while also assessing learners' aptitudes in not only healthcare knowledge and direct patient care, but also non-technical skills such as communication and teamwork. The manikins in CHIPS range from preterm babies, up to adult patients with varying genders and ethnicities. They have features such as chest rise, heart sounds, pulses, eye movements, sweating, bleeding, urination, and more to provide the most realistic experience possible. Depending on the objectives of a simulation, simulated patients may be used in place of a manikin. Simulated patients can even wear simulators, we call these hybrid simulations, to increase fidelity and provide another level of realism to the simulation. Throughout the building, five large multi-purpose classrooms accommodate groups both large and small. These classrooms may serve as a place for team and collaborative work, interactive tabletop simulations, or skills practice with task trainers.

To increase the realism of our simulated hospital environment, there are four medication rooms throughout the building. Learners can simulate accessing patient records, obtaining medications, and safely administering them to patients. There are eight debriefing rooms in CHIPS. These rooms provide a safe space where the learners participate in a reflective learning exercise aimed at performance and behavioral improvement. Each room has ample whiteboard space and smartboards that can be used to playback video from the simulation.

The Kaplan Center for Clinical Skills is on the 3rd floor of CHIPS. Here learners interact with Simulated and Standardized Patients (SPs). An SP is a lay person who has been carefully coached to recreate the history, personality, physical findings, and emotional structure and response pattern accurately and consistently from a pre-defined scenario. SPs provide learners an opportunity to develop their communication skills, medical-interviewing proficiencies, and physical exam techniques. The Kaplan Center contains 24 individual exam rooms, a training space for SPs, an observation space, and a control room.

The simulated pharmacy mimics a community pharmacy complete with pharmacy area, consult rooms, and retail space. In this simulated space, learners can develop the comfort level and customer service skills required when working with the public – whether at the counter, the simulated drive-thru, or two patient consult rooms. Learners can practice pharmacy procedures – such as compounding medications – while also enhancing various workflow tasks unique to the community pharmacy.

UTHSC CON clinical resources are adequate to enable the DNP programs to achieve the mission, goals, and expected outcomes. Clinical facilities are approved by the appropriate accrediting bodies and the major clinical facilities have a minimum of 100 beds.

Clinical Facilities: Memphis is a regional hub for the Mid-South region, with patients traveling up to 150 miles for care at one of Memphis' health care facilities. Patients travel nationally and internationally to Memphis for care at St. Jude Research Hospital, Le Bonheur Children's Hospital, and Methodist University Hospital for organ transplantation. The CON holds contracts with all the major hospitals and community agencies. There is also an abundance of quality clinical sites that represent all patient groups in the Memphis area. Methodist Le Bonheur Health Care System, an integrated healthcare delivery system based in Memphis and north Mississippi, provides most clinical experiences. St. Jude Children's Research Hospital, the Veterans Affairs Medical Center, Baptist Memorial Health Care, St. Francis Hospital, and Regional One Health, are among the facilities that currently serve as clinical sites. Methodist North Hospital, St. Jude Children's Research Hospital, and Le Bonheur Children's Hospital have magnet status.

Methodist Le Bonheur Health Care System, an integrated healthcare delivery system based in Memphis and North Mississippi provides major clinical facilities. Methodist provides a continuum of care of acute care, primary care, extended care, home health and hospice. Methodist Le Bonheur Healthcare System has five centers of excellence: cardiology, oncology, neurosciences, women's services and pediatrics. Methodist Le Bonheur Health Care System operates Alliance Health Services and Minor Meds and Urgent Care Centers, and the following hospitals:

Alliance Health Services, Inc. is a division of Methodist Le Bonheur Healthcare encompassing the not-for-profit companies: Methodist Alliance Home Health, Methodist Alliance Hospice & Palliative Services, and Methodist Alliance Home Medical Equipment. Alliance cares for an average daily census of over 600 patients covering the seven counties surrounding Memphis and north Mississippi. Alliance provides this full spectrum of home services to both children and adults. Methodist Alliance Hospice also has their 30 bed, free-standing Hospice Residence, located on Quince in Memphis to care for those at the end of life. Alliance Health Services is fully Medicare certified and accredited by CHAP.

Minor Meds and Urgent Care Centers provide walk-in clinics for both children and adults and are located on Union in midtown, Germantown Parkway in Cordova, Winchester & Hacks Cross in Memphis, and on Goodman Road in Olive Branch.

Methodist University Hospital is the largest, most comprehensive hospital in the Methodist Healthcare system. It is a 617-bed facility located in the heart of the Memphis Medical Center. This hospital is a major site for clinical placements across all programs of the College of Nursing.

Methodist North Hospital is a 246-bed community hospital with Magnet status, committed to providing personalized, compassionate and high-quality care to patients and families. Located in northeast Shelby County, Methodist North has been serving the residents of Raleigh/Bartlett, Frayser, Millington and Tipton County for over thirty years.

Methodist South Hospital is a 156-bed community hospital committed to providing personalized, compassionate and high-quality care to patients and families. Located in Whitehaven, this hospital has been serving the residents of south Memphis and the surrounding area for over forty years.

Methodist Le Bonheur Germantown Hospital is a nationally recognized, 309-bed, full-service hospital located in a community setting. Also located on campus is the Women's and Children's Pavilion that offers obstetrical and pediatric services.

Methodist Le Bonheur Children's Hospital is the first comprehensive pediatric medical center in Memphis and its surrounding region. Founded in 1952, Le Bonheur serves the needs of children from 95 counties across six states. It is the teaching site for the University of Tennessee Department of Pediatrics and home to the Children's Foundation Research Center of Memphis. Le Bonheur Children's Hospital has Magnet status and is ranked in the top 25 hospitals in the nation for pediatric care.

Methodist Olive Branch Hospital is the newest hospital in the Methodist system, designed to care for the community of north Mississippi. The five-story, 100-bed hospital opened in 2013 and features an innovative, environmentally friendly design.

Regional One Health is a comprehensive healthcare delivery system anchored by highly respected Centers of Excellence, including trauma, burn, neonatal intensive care, and high-risk obstetrics. In addition to its notable Centers of Excellence, the system provides an array of primary and specialty care services through its Health Loop and outpatient services. Regional One Health (ROH) is the primary training site for our Nurse-Midwifery students as they have a robust and active nurse-midwifery service. The obstetrics service has over 4,000 deliveries per year, and the midwife service is an integral part of the women's health services. ROH also has a nationally known Level III B Neonatal Intensive Care Unit (NICU), which is the main training site for our Neonatal Nurse Practitioner students.

Baptist Memorial Health Care System is a 22-hospital system that serves Memphis and the Mid-South area. This comprehensive integrated system includes primary and specialty care services. The Baptist system has strong, nationally recognized cancer care programs. *Baptist Desoto* has received awards as the premier treatment center for myocardial infarctions and stroke care. *Baptist Health Care* has rural and medically underserved institutions (*Baptist Booneville* and *Baptist New Albany*) and serves as clinical placement sites for our nurse anesthesiology, adult gerontology acute care, and family nurse practitioner students.

Medical Education Research Institute (MERI) is an exemplary nonprofit teaching and training facility located less than 2 miles from the College of Nursing. A first-of-its-kind education, training, and research facility, the MERI's use of un-embalmed anatomical specimens offers a unique, invaluable, and authentic hands-on experience. The MERI provides the amenities of a hospital operating room, complete with access to all of the latest medical technologies as well as knowledgeable, capable, helpful support staff to meet educational needs. Students in the DNP programs have scheduled experiences in the MERI lab.

The DNP program utilizes a wide range of facilities including in-patient and community settings such as schools, health departments, community centers, federally qualified healthcare clinics, hospitals and the college's mobile health unit. UTHSC CON currently has active contracts with more than 800 high quality, diverse clinical agencies across the country which includes 321 sites in Tennessee and 176 sites in the Memphis Metropolitan area.

The adequacy of physical resources is evaluated on an annual basis via an institutional effectiveness survey completed by students as well as through Skyfactor© Exit Assessment data. Students evaluate their satisfaction with the administration and support services in the DNP program. Table 2.2. shows the quality of the DNP program's clinical sites and classroom spaces. The Skyfactor© Exit Assessment is only done for students who are graduating with a diploma, not for certificate completers. Post-Graduate APRN Certificate program students do not complete Skyfactor© Exit Assessments because of their small numbers and very limited ability for responses to be anonymous, but they complete clinical site and

preceptor evaluations for every clinical and didactic course. Post-Graduate APRN Certificate program students are invited to qualitative focus groups where they can provide anonymous feedback about didactic, clinical, and all other experiences in the program. Because there are so few Post-Graduate APRN Certificate program students (average number of students is anywhere from 1 to 4), we depend on the DNP Program student evaluations of administrative and support services as the courses taken are the same and we intend to protect the anonymity of student evaluations.

Table 2.2: DNP Program Satisfaction Exit Data

Definition: Rates of Factor 2: Satisfaction – Quality and Availability of Curriculum and Factor 4: Satisfaction – Quality of Support Services				
Benchmark: A mean of ≥ 5.0 (Factor 4: Satisfaction – Quality of Support Services) on Skyfactor DNP Exit Assessment data.				
		2021	2022	2023
<i>A mean of ≥ 5.0. on Factor 2</i>		5.93	6.02	6.12
<i>A mean of ≥ 5.0. on Factor 4</i>		5.89	5.88	5.96
<i>AACN/Skyfactor Benchworks Question:</i>	How satisfied are you with: Value of clinical site experience	6.17	6.09	6.44
	How satisfied are you with: Classroom facilities	5.91	5.67	5.70
	How satisfied are you with: Access to information technology	6.06	6.26	6.27
	How satisfied are you with: Training to use information technology	5.74	5.59	5.83
<i>Assessment Method</i>	Online through AACN/Skyfactor Benchworks			
<i>Time/Frequency of Assessment</i>	At the time of graduation			
<i>Location of Documentation</i>	College of Nursing Virtual Resource Room			
<i>Person Responsible</i>	Assistant Dean Student Affairs and Evaluation			

DNP Graduates are administered this assessment at the time of graduation. The response values for the question answered in each factor range from 1 (Very Dissatisfied) to 7 (Very Satisfied). The numbers shown are the mean of a question within Factors 2 and 4.

II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

Student Academic Support Services & Inclusion (SASSI), provided for all students in the CON, including the DNP program and Post-Graduate APRN Certificate program students, has a primary goal of

promoting student progress in the various programs offered by the University of Tennessee Health Science Center. To that end, SASSI offers quality programming, services, and resources to assist students in adjusting to the emotional, academic, social and physical demands of the health science curricula and health care professions. Through SASSI methods, resources, and techniques, the environment is enriched to support adjustment, coping, learning and performance. SASSI services target accessibility, engagement, learning, prevention, counseling, case management and connection to promote a diverse and inclusive environment.

SASSI provides support services to all UTHSC students, including those students off-campus and on-line. Educational specialists and counselors are available to meet with students individually or in groups. Appointments can take place in-person, on the phone, through email, or on-line. SASSI also facilitates and coordinates accommodations for students with disabilities along with awareness and support for, but not limited to, students dealing with issues and challenges around race and ethnicity, gender and sexual preference, faith, place of origin, life experience, economic conditions and students who are victims of domestic violence, veterans, under-represented and/or any student seeking safety and support on campus. Students have 24/7 access to study areas to support their success.

Additional academic support services (e.g., library, technology, distance education support, admission, and advising services) are sufficient for all students, including the DNP program and Post-Graduate APRN Certificate program students, to meet program requirements and to achieve the mission, goals, and expected program outcomes regardless of geographic location. Academic support services are reviewed on an ongoing basis according to the Master Evaluation Plan (MEP) and improvements are made as appropriate.

Library Resources: The Health Sciences Library provides an environment conducive to student learning and the biomedical information resources necessary for teaching, research, service, and patient care and to support efforts to improve the health of Tennesseans. Located on the 2nd to 5th floors (approximately 40,000 square feet) in the Lamar Alexander Building, the library serves the University of Tennessee Health Science Center (UTHSC) campus of six colleges with a variety of health and medical disciplines. Renovations to the Health Sciences Library in 2014 and ongoing in 2022-2023 include expanded student study, learning, and information spaces in addition to greater security and staff efficiency.

Visitors to the Health Sciences Library can explore study spaces conducive to accessing library resources from personal and public computers. The library provides 12 Dell desktops and two iMacs for students, faculty, staff, and public use. The library serves as a heart of the Memphis campus and a central gathering point for research and collaboration. After a 2014 renovation, the library averaged an entry count of 111,000 for three consecutive years. The pandemic and occupancy limitations reduced library in-person individual and group study use for 2020-2022; however, for July – December 2022, there were 45,811 entries.

The Health Sciences Library supports the instructional and research programs of UTHSC through an online collection of journals, monographs, audiovisuals, databases, and multimedia. The library collection contains approximately:

- 13,863 electronic periodical titles
- 2,496 eBook titles
- 490 e-journal titles about nursing
- 227 nursing e-books

Links on the library's home page provide access to the library's full suite of services, resources, and user-friendly tools. The Popular Resources tab on the [UTHSC Library's](#) homepage provides access to online databases such as MEDLINE, CINAHL, Embase, UpToDate, ClinicalKey, Scopus, VisualDx, and PubMed. All of the library's 90+ databases are accessible off-campus for current UTHSC faculty, staff, residents, and students using the university's Single Sign On authentication. Information about off-campus access can be found on the library's web page, or at <https://www.uthsc.edu/library/access.php>.

Library users may access article PDFs utilizing the library's online authentication tools, including LibKey Nomad, free interlibrary loan services, and via literature search assistance and consultations from dedicated subject-expert librarians. A self-service scanner is also available in addition to print and color printers. Student study rooms are available and can be reserved for groups. Locked study carrels are also available for checkout from the Information Services Desk.

Assuring access to sufficient and current resources: The Health Sciences Library utilizes a variety of methods to ensure that its resources are both available and adequate to meet the needs of faculty, staff, and students regardless of geographic location. The library's [Collection Development Policy](#) was updated in 2021 and is posted on the website. The library's Electronic & Collection Service department reviews usage data for all electronic formats to determine how e-books and e-journals are used. When possible high cost per subscription items are exchanged for those on the library's wish list, subject to multi-year and package limitations.

The UTHSC library also has a standing committee appointed through the Office of the Chancellor, the Library Advisory Committee (LAC), composed of representatives from each of the colleges. The LAC considers matters that concern the library and advises the library director of campus needs and trends. The library also has a Library Liaison program, in which each faculty librarian is assigned to a college or department to foster relationships and maintain communications in and out of the library regarding user needs and resources. The College of Nursing works collaboratively with our assigned Library Liaison to assist faculty and students. For example, the Library Liaison helped develop specific library guides for each DNP concentration.

Services available through the library: Services and user assistance are available regardless of geographic location include reference services by phone, email, and through direct contact with subject liaison librarians. Subject specialists are available for expert research consultations by appointment in-person on the Memphis campus or through online video conferencing. Library instruction via workshops, course instruction, and guest lectures is offered for all colleges. Web-based research guides provide subject-specific lists of resources from the library's holdings in addition to relevant information on library services. Interlibrary loan (ILL) obtains books and copies of articles from any library in the country for all faculty, staff, and students.

The library communicates directly to the campus by way of an annual report to all members of the UTHSC community. In addition, the library contributes to daily digest emails sent to faculty, staff, and students with information on upcoming events, new databases, and other timely library news. The Health Sciences Library maintains a robust social media presence on Facebook, Twitter, YouTube and Instagram, including monthly Library News videos, spotlights on library collections, and series including Whiteboard Wednesdays to showcase the Health Sciences Library to the greater UTHSC and community audience.

At the beginning of fall and spring terms, all incoming students participate in a new student orientation, during which the Health Sciences Library provides information concerning library collections, services, resources, and points of contacts. All students are provided information on the range of methods for contacting the library to request assistance, instruction, or to request a consultation. The library provides

the following information during these orientation sessions: library's website address with links to Ask a Librarian, local and toll-free telephone numbers, hours of operation as well as a location map with parking information. Such resource information includes links to popular resources such as the e-book and e-journal links, and links to instructional materials such as online tutorials and resource materials. The Library Liaison offers specific guidance for searching electronic databases using a sample PICOT (Population-Intervention-Comparison-Outcome-Time) question through a virtual presentation.

In addition to students, these resources and services are provided to all new faculty and staff through monthly orientations to the library as arranged by Human Resources during onboarding. New faculty are also invited to meet with their liaison librarian for an overview of significant library services, including literature search services and curriculum and teaching support utilizing library resources.

A vital service of the Health Sciences Library is regularly scheduled orientations, classes, seminars, and workshops for faculty and students. Many courses incorporate lectures within the curriculum on information literacy topics such as utilizing library resources, evidence-based practice, and literature search methodology. The primary vehicle for student instruction is librarian collaboration with campus faculty. Campus faculty are advised of liaison librarians within their colleges and departments that can be called upon to provide curriculum-integrated or embedded instruction. All colleges can access an online link to request instructional services for students or departmental faculty. To support and enhance faculty and staff knowledge and precision in searching biomedical and scientific databases, workshops, seminars, and webcasts are scheduled and promoted. Off-site access to content is available in real-time or through provision of a link to archived material. Nursing faculty can have a medical librarian embedded in their course for the duration of a semester upon request.

Technological access and support: Information Technology Services (ITS) is the integral resource for information technology on the UTHSC campus. ITS is responsible for providing modern and user-friendly technology services to the campus community and visitors through seven divisions:

- Computing Systems
- Customer Technology Support
- Instructional Technology
- IT Security
- Network Services & Telecommunications
- Project Management Office, and
- Systems Development

All distance education students have access to library resources and support services through electronic means. The gateway to all library and learning resources and services is the UTHSC Library: Homepage. At this website, students can access all paper and electronic resources, services, staff, policies, contact information, directions, and Ask a Librarian (available to students by instant message, text, phone, or email).

Learning Management System: UTHSC has adopted Blackboard Ultra as the learning management system used by faculty and all students. Blackboard Ultra serves as a virtual classroom and allows for innovative ways to present content to the students including group discussions and assignments using text, video and/or audio tools. Blackboard Ultra allows for integration of other emerging educational technologies such as e-Portfolios, evaluation and assessment tools, and more. It is currently integrated with the UTHSC library which supports live links to required readings managed by the library staff, so that students can access all course information from off-site locations at any time. Blackboard Ultra has also been integrated with ExamSoft, an online examination and assessment tool.

Online Assessment Tools

ExamSoft, an online assessment platform, is a computer-based, cloud-based testing and analytics platform. It features secure, efficient and user-friendly solutions for online testing. ExamSoft's embedded-assessment solution gives nurse educators insight into student learning with in-depth data. It provides ways to aggregate real-time data that helps faculty and students understand how and what students are learning and where they need assistance. This enables improvements in curricular and test design and encourages student self-directed learning.

ProctorU: The CON uses the real-time, live proctoring service, ProctorU, to ensure integrity of exams. ProctorU allows students to take high-stakes exams in a distant, but secure location. The use of live, real-time proctoring provides faculty and students with consistent security of exams.

Video Conferencing: To provide faculty, students and staff with opportunities for better collaboration, UTHSC uses Zoom teleconferencing solutions. Each faculty member of the UTHSC community is provided with a licensed Zoom account, which allows them to independently create and manage meetings for an unlimited number of participants.

There is a defined process for regular review of academic support services, and improvements are made as appropriate. The DNP Program uses a comprehensive systematic process to obtain relevant data to determine program effectiveness and adequacy of academic support services. Students complete a course evaluation at the end of each semester that includes questions specific to the faculty and course. The completed student evaluations are reviewed by the Executive Associate Dean of Academic and Student Affairs, the Department Chairs, the Program Directors, and the Program Coordinators, who then distribute the results to individual faculty. This creates an opportunity for faculty, with the support of their Concentration Coordinator (or the program director for core courses), to self-reflect and make ongoing improvements in teaching and courses. After receiving the end-of-course evaluations, the instructor of record completes a course summary that includes the number of students, range of grades, strengths, and challenges identified by faculty and students, changes indicated by students and faculty, and any changes in course mapping. The course summaries are reviewed and discussed, if necessary, by the program director and Executive Associate Dean of Academic Affairs.

Annual assessments are obtained through student exit and alumni data collected by AACN/Skyfactor Benchworks ©. All information is referred to the appropriate faculty or committees who make decisions for quality improvement based on the data. Recommendations and decisions are forwarded to appropriate individuals or committees for action. The MEP is used as a guide for systematically reviewing Program Quality, Institutional Commitment and Resources, Curriculum and Teaching-Learning Practices, and Program Effectiveness.

II-D. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other

communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response:

[Dr. Wendy Likes](#), dean of the CON, holds both practice (DNSc) and research doctorates in nursing (PhD). She is academically and experientially qualified to lead the college, including the DNP program and Post-Graduate APRN Certificate program, in accomplishing the mission, goals, and expected student and faculty outcomes. Dr. Likes is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes. The Dean represents the CON through regular interactions with the deans of all other colleges and is a part of the Chancellor's Executive Team. She is the fiscal agent and has decision making authority for the budget and expenditures within the CON. Dr. Likes provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes. Dr. Likes is also a highly respected leader throughout the state. She is a past chair of the Tennessee Deans and Directors and serves as the chair of the Mid-South Nursing Leadership Collaborative. Dean of the UTHSC CON since 2015, she was named a 2021 Health Care Hero in the category of Administrative Excellence by the Memphis Business Journal. The Health Care Hero Awards recognize the leadership of health care professionals in the community, highlighting their contributions to their respective fields. Dr. Likes is also a highly respected leader throughout the state and nationally, serving on the AACN Nominations Committee and having recently been inducted as a Fellow of the American Academy of Nursing.

II-E. Faculty are:

- **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

Faculty are sufficient in number to accomplish the mission, goals and expected student outcomes of the DNP program and Post-Graduate APRN Certificate program. There are 58 full-time and 3 part-time qualified faculty in the CON. A total of 31.73 FTEs are devoted to teaching in the CON and 16.40 FTEs

are devoted to teaching in the DNP program and Post-Graduate APRN Certificate program; the same courses and clinical experiences are taken at the same time, with both DNP program and Post-Graduate APRN Certificate program students, taught by the same faculty. The CON determines workload based on individual faculty goals and the needs of the college. The complexity of the course and assignments, such as student enrollment, the extent of written assignments, and online versus face-to-face/hybrid delivery format, is also considered when assigning faculty workload. The CON uses TAMS (Teaching Assignment Management System), a software program, to make fair, equitable, and transparent faculty assignments. In conjunction with the clinical placement and tracking software (ProjectConcert) used by the CON, TAMS uses the complex workload formula to help make and track faculty assignments. The workload via TAMS is provided for each faculty individually and is available for all faculty to see every semester. A copy of the [CON Workload Document](#) is located in the virtual resource room for viewing. DNP program and Post-Graduate APRN Certificate program workload assignments ensure that the following recommended ratios are met:

- DNP Didactic – 1:24 (Based on 2022 NTF Standards for Quality Nurse Practitioner Education).
- DNP Clinical - 1:8 (Based on 2022 NTF Standards for Quality Nurse Practitioner Education).

Faculty are academically and experientially qualified to teach in the DNP program and Post-Graduate APRN Certificate program as required by CCNE and the Tennessee Board of Nursing (See College of Nursing Faculty Profile, Appendix H). Nursing courses are taught and/or coordinated by faculty. All faculty who teach in the DNP program and Post-Graduate APRN Certificate program hold a terminal degree. The college provides [professional development opportunities](#) to enable faculty to maintain clinical currency. The Instructors of Record (IORs) in the DNP program and Post-Graduate APRN Certificate program have a minimum of a doctoral degree.

All nursing faculty have sufficient nursing experience to demonstrate professional competence. All nursing faculty hold current licensure as professional nurses in Tennessee. All advanced practice nursing faculty who teach in the DNP program and Post-Graduate APRN Certificate program hold an APRN license in Tennessee or a compact state and have national certification in their respective advanced practice specialties. To ensure practice competency for faculty that teach in clinical courses, the CON developed a faculty practice plan that provides sites and adequate time for faculty practice.

The CON Faculty Practice Plan (CON FPP) enables faculty to maintain practice competency and certifications (see [CON Faculty Practice Plan and Contract](#), virtual resource room).

All DNP program and Post-Graduate APRN Certificate program faculty members are on 12-month contracts with workload assignments modified based on the needs of the college. The Executive Associate Dean for Academic and Student Affairs, program directors, and department chairs meet weekly throughout the year to determine workload needs and faculty resources for the current academic year. Together, they determine workload assignments based on the needs of the college while considering faculty expertise and preferences. Should faculty wish to express specific requests or concerns, they contact their department chair to schedule attendance at a weekly meeting with the Executive Associate Dean of Academic and Student Affairs, department chairs, and program directors for the purposes of collaborating on solutions for requests or concerns (see [2021-2024 DNP Program and Post-Graduate APRN Certificate Program Teaching List](#), virtual resource room). Faculty may have shared appointments, or time allotted for scholarship and service responsibilities resulting in a decrease in teaching workload. Faculty effort is determined based on the needs of the college, student enrollment, and the faculty members' goals each year during annual evaluations. All tenure-track faculty must contribute to a minimum of three of the four missions of the university (teaching, research/scholarship, service, and clinical practice). Non-tenure track faculty primarily fulfill the missions of teaching and service. Faculty collaborate with their department chairs to determine the percentage allocation in each of the three

mission areas, outline goals for the upcoming year, and evaluate the achievement of goals for the previous year.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response:

DNP program and Post-Graduate APRN Certificate program preceptors are selected for their areas of professional experience, with special emphasis on how that experience and/or clinical site will complement and extend the skills and knowledge of the DNP program and Post-Graduate APRN Certificate program students. Preceptors have a minimum of one year's experience, but the majority have several years of experience, in addition to state licensure and national certification in their areas of specialization. Preceptor qualifications are validated through review of licensure, certification, and a Curriculum Vitae (CV) or resume. This information is maintained in our clinical tracking system, ProjectConcert. In ProjectConcert, the preceptor's license and certification is tracked and the preceptor receives emails reminding them to renew their license and certification in a timely manner. Faculty talk to preceptors prior to assigning students to ensure that preceptors know what to expect from students.

Preceptors may receive 3-year renewable appointments as volunteer faculty with appropriate rank. Students and faculty evaluate preceptors at the end of each term and the evaluations are maintained in ProjectConcert. Preceptors undergo formal evaluation for re-appointment as volunteer faculty every 3 years by the department chairs.

Whenever possible, the priority student placement is with an advanced practice nurse who possesses both the desired knowledge and experience to be a strong role model for the student. The relative lack of APNs with doctoral preparation and/or specialty expertise in certain area may result in placement with other highly qualified preceptors based on student learning needs and course outcomes. Physicians often serve in this role, especially when the student is seeking more detailed expertise in a medical specialty.

UTHSC CON has graduated over 1,000 individuals with the practice doctorate degree. Many of these graduates serve as preceptors for DNP program and Post-Graduate APRN Certificate program students. Many of these graduates serve as preceptors to DNP students. Preceptor performance role and responsibilities are outlined in concentration specific preceptor manuals. Prior to students entering clinical, faculty provide preceptors with a concentration specific preceptor manual via an external drive, paper copy, or a web link. Faculty have used various means to orient preceptors. Orientation for experienced preceptors that precept for the CON every semester versus new preceptors must be different and nuanced. Part of the standardized orientation includes sending every preceptor a copy of the syllabus with course outcomes and student expected outcomes. Also included is a list of courses the student has completed. For new preceptors, we developed a video on APRN precepting including giving appropriate feedback to students. The video is housed in CENow, our learning management system for the continuing

education program. The preceptor receives one free professional development hour for watching the video. Preceptors are evaluated by students and faculty at the end of each precepted clinical experience. Faculty have the ultimate responsibility for evaluating the effectiveness of the preceptor and determining whether the preceptor will be used for subsequent clinical experiences.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

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

Program Response:

Opportunities for ongoing development in pedagogy, and support of faculty activities in research/scholarship, practice and service are provided by the college and the university. The CON has a strong commitment to professional development as evidenced by a \$62,440.00 three-year average expenditure for faculty development based on expenditures from FY2020 through FY2022. Expenditures in FY 2021 were significantly less due to restricted travel during the COVID-19 pandemic.

Table 2.3 shows total funding for professional development for fiscal years 2020-2022.

Table 2.3: Faculty Professional Development Funding FY 2020-2022

Fiscal Year (FY)	2020	2021	2022	Average
Total	\$94,995	\$8,153	\$84,174	\$62,440

The CON supports an environment that encourages excellence in teaching, scholarship, practice, and service in multiple ways. Each year the CON invites a variety of distinguished visiting professors (DVPs) to campus. These DVPs are experts in various specialty areas who provide lectures describing their areas of research or practice that enlighten students and faculty as well as many attendees from the community. All faculty and students are invited to attend, and faculty have a special time for interaction with the professor. Faculty may receive continuing education credit for professional development offerings. CENow, the university’s learning management system for continuing education, functions as a repository for faculty and students’ professional development.

Faculty Teaching: The university and CON have many important resources to improve teaching effectiveness. One of these vital resources is the [Teaching and Learning Center \(TLC\)](#) which fosters the “development of outstanding health care professionals by promoting, empowering, and recognizing excellence and innovation in teaching and learning.”

UTHSC TLC Mission Statement: UTHSC’s Teaching and Learning Center (TLC) promotes student success through programs, services, and partnerships that support our educators in their pursuit of teaching excellence.

UTHSC TLC Vision: The TLC serves as a leader and primary resource for evidence-based teaching and learning strategies for UTHSC and the broader educational community.

UTHSC TLC Value Statements: The staff of the TLC is committed to providing excellent and responsive service to:

- Develop programming within the context of evidence-based pedagogical practice.
- Promote inclusive learning environments.
- Collaborate within and outside of UTHSC to provide top-quality academic support.
- Encourage and enable innovation and creativity.

The [UTHSC Teaching Excellence Institute](#) is a series of year-long programs for faculty interested in focusing on a specific topic related to teaching and learning. Participants meet monthly beginning at the start of the academic year and complete projects and assignments related to that topic. Instructors that complete the minimum requirements receive a certificate and a \$500 stipend. Anyone who teaches UTHSC students is eligible to participate. All new CON faculty are highly encouraged to complete the Faculty New to Teaching track and new Clinical Faculty may complete the Clinical Educator track. Teaching Excellence Institute Tracks include:

- Faculty New to Teaching
- Clinical Educator
- Inclusive Teaching and Learning
- The Pedagogy of the Social Determinants of Health
- Scholarship of Teaching and Learning (SOTL)
- Course Design
- Universal Design for Learning

Table 2.4. is a list of CON faculty who have completed a track at the Teaching Excellence Institute.

Table 2.4: Completion of Teaching Excellence Institute by New CON Faculty

DNP Faculty Name	Faculty Start Date	TLC Cohort
Sally Humphrey	8/12/2019	2019-2020
Diana Dedmon	11/1/2019	2020-2021
Isaac Jordan	1/1/2020	Other
Christina Wills	1/1/2021	2021-2022
Meghan Madea	9/1/2022	2022-2023
Lee Hover	6/1/2022	2023-2024
Tosha Harris	1/1/2023	2023-2024
Ja'Quay Brister	7/1/2023	2023-2024
Karen Wilson	7/1/2023	2023-2024
Kimberly Hatler	6/19/2019	2019-2020
Alisa Haushalter	8/1/2022	2022-2023
Andrea Sebastian	2/1/2022	2022-2023
Rhonda Johnson	7/17/2023	2023-2024

The [TLC Medallion Program](#) helps faculty master skills in areas related to teaching and learning while providing evidence of growth in professional development. Each medallion requires around 20 hours of work to complete. Upon completion of nine medallions, UTHSC faculty receive the Expert Educator medallion, a stipend from the Chancellor, and recognition at an annual awards ceremony. Find more information about our medallion programs by clicking on the medallion title.

- [Expert Educator Medallion](#)
- [Craft of Teaching](#)
- [Teaching With Technology](#)
- [Information Literacy](#)
- [Pedagogy of the Social Determinants of Health](#)
- [Simulation](#)
- [Clinical Educator](#)
- [Assessment](#)
- [Inclusive Learning](#)
- [Scholarship of Teaching and Learning](#)
- [Art of Teaching](#)
- [Universal Design for Learning](#)
- [Teaching Online](#)
- [Nurse Educator](#)
- [Course Design](#)
- [Mentoring](#)
- [Paradigms of Education](#)

Nurse educators leverage their specialized knowledge, skills, and abilities to successfully facilitate student learning. Participants in this medallion prepare faculty to sit for the Certified Nurse Educator exam, exploring concepts related to curriculum design, effective assessment, learner development, and professional socialization of learners.

The Center for Healthcare Improvement and Patient Simulation offers many simulation resources and development opportunities. Our goal is to provide faculty the tools and support that they need to obtain excellence in simulation. The majority of the DNP faculty have completed Simulation Innovation Resource Center (SIRC) National League of Nursing (NLN) training, that consists of thirteen modules.

The Simulation medallion was developed by TLC in partnership with the Center for Healthcare Improvement and Patient Simulation (CHIPS) to help faculty interested in simulation-based education excellence. The requirements for the Simulation medallion prepare faculty to make best use of simulation to improve student learning.

The CHIPS Education staff assists with all simulation projects prior to and during implementation. Faculty who are involved in teaching simulation are required to complete the following modules, which are housed in CENow, every two years:

- CHIPS Module 1: Simulation Educator Introduction
- CHIPS Module 2: Simulation Design
- CHIPS Module 3: Prebriefing
- CHIPS Module: Simulation Enhanced Interprofessional Education

UTHSC is recognized as a national leader in healthcare training and delivery through high-quality interprofessional team-based, and collaborative practice. Dr. Sally Humphrey represents the CON on the UTHSC IPE Council. The IPE Council supports faculty in the development and implementation of IPE initiatives.

Faculty Research/Scholarship: The CON Office of Research and Scholarship (ORS) is the hub to promote faculty research and scholarship. Dr. Ansley Stanfill, Associate Dean of Research, provides leadership for the ORS. Faculty and staff include a statistician, a Grants Compliance Manager, a Grant Strategist, and a Technical Writer/Editor. The ORS serves as the CON's central administrative office for managing proposal submissions, contract negotiation, award acceptance, and research compliance and ethics. Assistance with manuscript and grant editing and formatting is available through ORS. Logistical support, including help preparing presentations and printing posters, is available from the same office. In addition to CON research administration, the ORS provides individual mentoring for research and scholarly activities and statistical support from a full-time biostatistician whose services are available at no cost to CON faculty. Finally, the ORS organizes and supports research education in a variety of formats, including seminars, short educational messaging, workshops, and provision of resources.

Faculty Practice: Faculty practice in the context of nursing education has a broad definition that includes direct patient care and other professional services provided by nurse faculty to individuals, communities, and other entities.

The UTHSC CON Faculty Practice Plan (FPP) provides opportunities for CON faculty to demonstrate and model the role of the advanced practice nurse (APN) in practice settings and provides a platform for scholarly inquiry related to clinical practice. The CON FPP seeks out opportunities for faculty to provide clinical services for vulnerable populations. The FPP enables CON faculty to maintain clinical competency and fulfill certification requirements. Clinical placement of students, teaching, and inter-professional opportunities are optimized through the [CON FPP](#) (see virtual resource room).

Faculty Service: Public service/outreach is defined as participation in university and college committees, community service, and participation in professional associations. The university and CON provide an environment that supports faculty efforts in this mission.

The service expectation for full-time faculty is participation in some level of service. Faculty at the Associate Professor and Professor ranks are expected to be engaged in service to the profession. CON faculty negotiate percentage of time allotted for service activity with their department chairs. The CON keeps faculty informed of opportunities for service in the local community and professional organizations. Faculty CVs and the Digital Measures CON report demonstrate active faculty involvement in service.

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

Standard III: Program Quality – Curriculum and Teaching Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

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

Program Response:

The DNP program and Post-Graduate APRN Certificate program prepare nurses who hold BSN and MSN degrees for advanced levels of nursing practice. The DNP program and Post-Graduate APRN Certificate program curricula were developed and are being implemented according to the standards set by the American Association of Colleges of Nursing in *The Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006). These essentials are foundational outcome competencies that are inclusive of and expand upon master's level competencies. Additionally, competencies defined by the specific specialty organizations, as well as guidelines of certifying and accrediting bodies, guide faculty preparation, student expectations, content, and supervision and evaluation of clinical experiences for each DNP program and Post-Graduate APRN Certificate program specialty concentration.

The CON has a long history of meeting the needs of the community of interest. One example is the development of the DNP Nurse Midwifery Concentration in response to discussions with Regional One Health regarding the need for Certified Nurse Midwives in the local and regional area. The CON Nurse Midwifery Program is the only Nurse Midwifery Program at a public institution in the state of Tennessee. Another example of responding to the needs of the community of interest is the dual pediatric acute care and primary care pediatric NP concentration that was developed in response to the needs of Le Bonheur Children's Hospital and St Jude Children's Research Hospital.

Course and program outcomes provide clear statements of expected student learning outcomes (DNP Core Course Descriptions and Outcomes, Appendix I).

The CON DNP program and Post-Graduate APRN Certificate program outcomes are the same, with the exception the Post-Graduate APRN (MSN) Adult Gerontology Acute Care Nurse Practitioner (AGACNP) Certificate, and define the graduate of the program as one who will:

1. Demonstrate proficient clinical reasoning in advanced nursing practice.
2. Lead within health care systems to deliver safe, quality care for diverse populations.
3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.
4. Integrate health information and patient care technologies to transform healthcare outcomes across the lifespan.
5. Advocate for social justice and equity through strategic initiatives to influence public policy.
6. Lead interprofessional teams to improve patient and population health outcomes.

7. Integrate concepts of social determinants of health, epidemiology and ethics to improve population health.
8. Design, implement, and evaluate quality care based on science to facilitate optimal patient outcomes.

As the outcomes for both the DNP program and Post-Graduate APRN Certificate program are the same, with the exception the Post-Graduate APRN (MSN) AGACNP Certificate, the CON Program Director and the Concentration Coordinators perform a gap analysis for all post-masters students. For the post DNP, we use their earned DNP Degree as evidence of meeting DNP outcomes.

The Program Outcomes for the Post-Graduate APRN (MSN) AGACNP Certificate are:

1. Synthesize nursing and other scientific knowledge, with contemporary clinical knowledge, for the assessment and management of health and illness states of adult-gerontology patients.
2. Demonstrate advanced levels of nursing practice including health promotion, health protection, disease prevention, treatment, and referrals for the acute, critical, and chronically ill or injured patient.
3. Engage in advocacy, modeling and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.
4. Develop collaborative professional relationships.
5. Provides leadership for the delivery of clinical services within an integrated system of health care.
6. Analyze practice outcomes to foster quality healthcare practices and improve patient outcomes.
7. Integrate professional values and ethical decision-making in advanced nursing practice.

The Post-Graduate APRN (MSN) AGACNP Certificate outcomes are different than the other Post Graduate APRN certificates because enrolled students are masters prepared nurse practitioners seeking another specialty in acute care. This certificate was developed specifically at the request of one of our largest clinical partners, Methodist Le Bonheur Health Care System. A gap analysis is completed for these students to ensure that the core nurse practitioner courses were completed.

Table 3.1. below demonstrates the relationship between DNP program outcomes and the CON mission, philosophy. The expected student learning outcomes are congruent with the CON mission and philosophy. The expected outcomes relate to the concentration specific roles for which students are being prepared as evidenced in specialty [course mapping](#) in the virtual resource room.

Table 3.1: Relationship between the College of Nursing Mission and Philosophy and Selected DNP Program Outcomes

CON Mission Statement	CON Philosophy	DNP Program Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care,</i>	Nursing must provide leadership in influencing the organizational, social, economic, legal, and political factors within the healthcare system and society.	6. Lead interprofessional teams to improve patient and population health outcomes. Design, implement, and evaluate quality care based on science to facilitate optimal patient outcomes.
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations.</i>	Nursing care requires sensitivity as well as critical, logical, and analytical thinking to effect changes in clients and the health care system	3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes.

Table 3.1: Relationship between the College of Nursing Mission and Philosophy and Selected DNP Program Outcomes

CON Mission Statement	CON Philosophy	DNP Program Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice</i>	Health is viewed as a dynamic state arising from a process of continuous change in the person and environment	2. Lead within health care systems to deliver safe, quality care for diverse populations.

Table 3.1a below demonstrates the relationship between DNP program and selected Post-Graduate APRN Certificate outcomes and the CON mission, philosophy.

Table 3.1a: Relationship between the College of Nursing Mission and Philosophy and Selected Post-Graduate APRN Certificate Program Outcomes and the Post-Graduate APRN (MSN) AGACNP Certificate Outcomes

CON Mission Statement	CON Philosophy	Post-Graduate APRN Certificate Program Outcomes	Post-Graduate APRN (MSN) AGACNP Certificate Outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and to improve health care...</i>	Nursing must provide leadership in influencing the organizational, social, economic, legal, and political factors within the healthcare system and society.	6. Lead interprofessional teams to improve patient and population health outcomes.	5. Provides leadership for the delivery of clinical services within an integrated system of health care.
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through: cultivating creativity and passion to improve health care, leading scientific innovations...</i>	Nursing care requires sensitivity as well as critical, logical, and analytical thinking to effect changes in clients and the health care system	3. Disseminate findings from evidence-based practice and research for optimal healthcare outcomes	6. Analyzes practice outcomes to foster quality healthcare practices and improve patient outcomes
<i>To prepare exceptional nurse leaders to meet the health needs of the people of Tennessee, the nation, and beyond through cultivating creativity and passion to improve health care, leading scientific innovations and clinical practice...</i>	Health is viewed as a dynamic state arising from a process of continuous change in the person and environment	2. Lead within health care systems to deliver safe, quality care for diverse populations.	3. Engage in advocacy, modeling, and teaching to advance health outcomes of complex acute, critical, or chronically ill patients.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation. Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response: N/A

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

- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
 - b. **All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core.

These programs are not required to offer this content as three separate courses.

Program Response: N/A

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

- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
 - b. **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula. DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

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

Program Response:

The DNP program and Post-Graduate APRN Certificate program curricula prepare graduates and completers for advanced levels of nursing practice. The curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. The DNP program and Post-Graduate APRN Certificate program incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines for each specialty area. The DNP program and Post-Graduate APRN Certificate program also incorporate the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016) for those students who are pursuing advanced practice certification as nurse practitioners (See *Criteria for Evaluation of Nurse Practitioner Programs Documentation Worksheet, Appendix E*). Because the DNP program and Post-Graduate APRN Certificate program prepare advanced practice nurses (APRNs), they prepare students to meet eligibility requirements for national specialty APRN certification. The DNP program and Post-Graduate APRN Certificate program use the *Standards for Nurse Anesthesia Education* for those students who are pursuing advanced practice certification as nurse anesthesiologists. The DNP program uses *Accreditation Commission for Midwifery Education (ACME)* for those students who are pursuing advanced practice certification as nurse midwives. The DNP program and Post-Graduate APRN Certificate program concentrations meet the needs of the community by preparing APRNs to practice at a high level and conduct continuous quality improvement. Students learn that every person deserves the best evidence-based care, and they do that by learning to conduct

continuous quality improvement and teaching others how to do quality improvement. DNP program and Post-Graduate APRN Certificate program concentrations are extraordinary. DNP program concentrations include dual concentrations in Family Nurse Practitioner/Psychiatric Mental Health Nurse Practitioner, Family Nurse Practitioner/Adult- Gerontology Acute Care Nurse Practitioner, Pediatric Acute Care/Pediatric Primary Care Nurse Practitioner. Illustration of the relationship of the DNP Essentials to DNP program and Post-Graduate APRN Certificate outcomes is in [Table 1.4a and 1.4b](#) (located in Standard I) and in the Virtual Resource Room. National specialty standards are compared with DNP program and Post-Graduate APRN Certificate course outcomes by specific concentration in Table 3.2. Please note that the outcomes for each concentration are the same for the DNP and Post-Graduate APRN Certificate Program, with the exception of the Post-Graduate APRN (MSN) AGACNP Certificate. Examples are also located in Standard I (See DNP Essentials Mapped with Courses, Appendix J).

Table 3.2. Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes by Concentration

Selected National Specialty Standards by DNP Concentration	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes by Concentration
Adult-Gerontology Acute Care Nurse Practitioner	<p>NP Core Competencies:</p> <ul style="list-style-type: none"> Integrate ethical principles in decision-making. Evaluate the ethical consequences of decisions. 	<p>Adult-Gerontology Acute Care NP:</p> <ul style="list-style-type: none"> Participates in interprofessional teams to address issues related to triage, quality of life, and utilization of resources. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions. 	<ul style="list-style-type: none"> ACNP 804 – Adult-Gerontology Acute Care Advanced Nursing Practice: Implement therapeutic communication strategies for pivotal conversations. ACNP 809 – Adult-Gerontology Acute Care Advanced Practice Practicum: Maintain therapeutic and collaborative relationships with patients, families, and the interprofessional team to facilitate optimal health outcomes.
Family Nurse Practitioner	<p><i>The Family Nurse Practitioner</i> utilizes the scientific process and national standards of care as a framework for managing patient care. This process includes making a diagnosis utilizing critical thinking in the diagnostic process.</p>	<p>AANP Standards of Practice for Nurse Practitioners (2022):</p> <p>II. Process of Care Section B. Diagnosis</p>	<ul style="list-style-type: none"> FNP 800 - Advanced Family Nursing I: Assess subjective and objective data to identify problems and formulate diagnoses.

Table 3.2. Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes by Concentration

Selected National Specialty Standards by DNP Concentration	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes by Concentration
<p>Neonatal Nurse Practitioner</p>	<p><i>The Neonatal Nurse Practitioner</i> establishes and maintains a collaborative relationship with healthcare colleagues.</p>	<p>Neonatal Nurse Practitioner Standards for Education and Curriculum Guidelines:</p> <p><i>NNP 6.2.1:</i> Execute the roles of leader, patient and family advocate, educator, consultant, and care coordinator within the neonatal interprofessional healthcare team.</p>	<ul style="list-style-type: none"> • <i>NNP 827 - DNP Neonatal Nursing I: Clinical Management:</i> Collaborate with intra- and inter- professional teams in the clinical setting.
<p>Nurse Anesthesiology</p>	<p>The Nurse Anesthesiologist Adhere to the code of ethics for Certified Registered Nurse Anesthetists.</p>	<p>Standard XI: Respect and maintain the basic rights of patients.</p>	<ul style="list-style-type: none"> • <i>ANES 890 - Roles of DNP Adv Nurse Anesthesia Practice III</i> <ul style="list-style-type: none"> ○ Determine the ethical principles related to nurse anesthesia practice. ○ Evaluate the influence of ethics on practice dilemmas in nurse anesthesia practice.
<p>Nurse Midwifery</p>	<p><i>The Nurse Midwife</i> Integrates ethical considerations into all areas of the scope of practice for midwives to include the independent provision of care during pregnancy, childbirth, and the postpartum period, sexual and reproductive health, gynecologic care, family planning, and primary care from adolescence throughout the life span, inclusive of all gender identities and orientations.</p>	<p>Constitute the basic requisites that integrates the midwifery management process throughout the curriculum to prepare students to assume responsibility and accountability for their practice as primary care providers to include obstetrical and gynecological care for individuals from adolescence throughout the lifespan.</p>	<ul style="list-style-type: none"> • <i>NMW 802 - Midwifery Care of Women</i> <ul style="list-style-type: none"> ○ Provide current, evidence-based care integrating holistic perspectives, a family-centered approach, ethical factors, and a focus on normalcy in the care of women and newborns using the Midwifery Management Process ○ Examine informed choice, shared decision-making, and the right to self-determination for women from adolescence through the lifespan. • <i>NMW 806 - Midwifery Care During the Intrapartum and Postpartum Periods</i> <ul style="list-style-type: none"> ○ Apply the midwifery management process as indicated in the delivery of evidence-based, holistic care for individuals and their families.

Table 3.2. Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes by Concentration

Selected National Specialty Standards by DNP Concentration	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes by Concentration
<p>Pediatric Acute Care Nurse Practitioner</p>	<p><i>The Pediatric Acute Care Nurse Practitioner</i> recognize the importance of interprofessional team practice in providing safe, comprehensive clinical care.</p>	<ul style="list-style-type: none"> • Evaluate the patient’s and family personal and social history to determine additional needs. • Identify any social determinants of health that may impact the patient’s access to care. • Create a plan for discharge that considers the patient or family’s needs. 	<ul style="list-style-type: none"> • PANP 807 - Advanced Acute Care Pediatric Practicum III: Collaborate with interprofessional team members in the implementation and evaluation of the plan of care.
<p>Pediatric Primary Care Nurse Practitioner</p>	<p><i>The Pediatric Primary Care Nurse Practitioner</i> employs diverse and complex strategies, interventions, and teaching with the child and family to promote, maintain, restore, and improve health and to prevent illness and injury.</p>	<ul style="list-style-type: none"> • Analyzes the family system (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family • Provides health maintenance and health promotion services across the pediatric lifespan. 	<ul style="list-style-type: none"> • PNP 811 - Pediatric Primary Care Health Promotion: Provide anticipatory guidance for primary care of children and their families.

Table 3.2. Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes by Concentration

Selected National Specialty Standards by DNP Concentration	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes by Concentration
<p>Psychiatric Mental Health Nurse Practitioner</p>	<p><i>The Psychiatric-Mental Health Advanced Practice Registered Nurse</i> uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.</p>	<p>Psychiatric Mental Health Nurse Practitioner:</p> <p>The psychiatric-mental health nurse practitioner is a provider of direct mental health care services. Within this role, the psychiatric-mental health nurse practitioner synthesizes theoretical, scientific, and clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of psychiatric-mental health nurse practitioner practice.</p>	<ul style="list-style-type: none"> • PMH 812 - Biological Treatments for Psychiatric Disorders: Analyze current evidence-based psychopharmacological and other biological treatments for mental illness across the lifespan.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula. APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:–

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*

- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016) (See *Criteria for Evaluation of Nurse Practitioner Programs Documentation Worksheet, Appendix E*).

The CON offers five post graduate certificates, four are post DNP and one is post-MSN or DNP. The CON offers four post-DNP certificates for DNP-prepared APRNs who are certified in another specialty: Post DNP Family Nurse Practitioner, Post DNP Pediatric Primary Nurse Practitioner, Post DNP Pediatric Acute Nurse Practitioner; and Post DNP Psychiatric Mental Health Nurse Practitioner. The CON also offers a post-MSN/DNP Adult- Gerontology Acute Care Nurse Practitioner certificate. General program requirements follow the program descriptions, Table 3.3 shows standards and course outcomes for each post graduate certificate program. Additional information about the post graduate APRN certificate program requirements are located on the [CON website](#) and all [Post-graduate APRN Certificate Program Plans of Study](#) are in the virtual resource room.

Table 3.3: Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes in Post-graduate APRN Certificate Programs

Selected National Specialty Standards in Post-graduate APRN Certificate Programs	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes in Post-graduate APRN Certificate Programs
<p>Adult-Gerontology Acute Care Nurse Practitioner</p>	<p><i>The Adult-Gerontology Acute Care Nurse Practitioner</i> integrates ethical considerations into all areas of practice.</p>	<p>Assist individuals, families, and caregivers to support or enhance the patient's right to self-determination, sense of safety, autonomy, worth, and dignity.</p>	<ul style="list-style-type: none"> • ACNP 804 – Adult-Gerontology Acute Care Advanced Nursing Practice: Implement therapeutic communication strategies for pivotal conversations. • ACNP 809 – Adult-Gerontology Acute Care Advanced Practice Practicum: Maintain therapeutic and collaborative relationships with patients, families, and the interprofessional team to facilitate optimal health outcomes.
<p>Family Nurse Practitioner</p>	<p><i>The Family Nurse Practitioner</i> utilizes the scientific process and national standards of care as a framework for managing patient care. This process includes making a diagnosis utilizing critical thinking in the diagnostic process.</p>	<p>AANP Standards of Practice for Nurse Practitioners (2022):</p> <p>II. Process of Care Section B. Diagnosis</p>	<ul style="list-style-type: none"> • FNP 800 - Advanced Family Nursing I: Assess subjective and objective data to identify problems and formulate diagnoses.
<p>Pediatric Acute Care Nurse Practitioner</p>	<p><i>The Pediatric Acute Care Nurse Practitioner</i> recognize the importance of interprofessional team practice in providing safe, comprehensive clinical care.</p>	<ul style="list-style-type: none"> • Evaluate the patient's and family personal and social history to determine additional needs. • Identify any social determinants of health that may impact the patient's access to care. • Create a plan for discharge that considers the patient or family's needs. 	<ul style="list-style-type: none"> • PANP 807 - Advanced Acute Care Pediatric Practicum III: Collaborate with interprofessional team members in the implementation and evaluation of the plan of care.

Table 3.3: Relationships between Selected National Specialty Standards and Selected DNP Course Outcomes in Post-graduate APRN Certificate Programs

Selected National Specialty Standards in Post-graduate APRN Certificate Programs	Scope and Standards of Practice	Core Competencies	Selected DNP Course Outcomes in Post-graduate APRN Certificate Programs
<p>Pediatric Primary Care Nurse Practitioner</p>	<p><i>The Pediatric Primary Care Nurse Practitioner</i> employs diverse and complex strategies, interventions, and teaching with the child and family to promote, maintain, restore, and improve health and to prevent illness and injury.</p>	<ul style="list-style-type: none"> Analyzes the family system (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family Provides health maintenance and health promotion services across the pediatric lifespan. 	<ul style="list-style-type: none"> PNP 811 - Pediatric Primary Care Health Promotion: Provide anticipatory guidance for primary care of children and their families.
<p>Psychiatric Mental Health Nurse Practitioner</p>	<p><i>The Psychiatric-Mental Health Advanced Practice Registered Nurse</i> uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.</p>	<p>Psychiatric Mental Health Nurse Practitioner:</p> <p>The psychiatric-mental health nurse practitioner is a provider of direct mental health care services. Within this role, the psychiatric-mental health nurse practitioner synthesizes theoretical, scientific, and clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of psychiatric-mental health nurse practitioner practice.</p>	<ul style="list-style-type: none"> PMH 812 - Biological Treatments for Psychiatric Disorders: Analyze current evidence-based psychopharmacological and other biological treatments for mental illness across the lifespan.

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

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

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

Currently, students pursuing a DNP degree focus their studies in one of the following areas: Adult-Gerontology Acute Care Nurse Practitioner, Nurse Anesthesiology, Psychiatric/Mental Health Nurse Practitioner, Family Nurse Practitioner, Pediatric Acute Care Nurse Practitioner, Pediatric Primary Care Nurse Practitioner, Nurse Midwifery, and Neonatal Nurse Practitioner. Students in the DNP program may also pursue a dual concentration in Family Nurse Practitioner/Psychiatric Mental Health Nurse Practitioner, Family Nurse Practitioner/Adult-Gerontology Acute Care Nurse Practitioner, or Pediatric Acute Care/Pediatric Primary Care Nurse Practitioner.

DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. The curriculum is logically structured to achieve expected student outcomes. All DNP APRN concentrations incorporate separate comprehensive graduate-level courses to address the APRN core.

APRN core content specific to the role and population is integrated throughout the role and population focused didactic and clinical courses. The DNP curriculum is logically structured to achieve expected student outcomes and builds on a baccalaureate and/or master's foundation, depending on the level of entry of the student. The curriculum has common core courses that include content in advanced health assessment, pharmacology, pathophysiology, philosophy of science, methods for evaluation, nursing theory, evidence-based practice, epidemiology, healthcare policy, economics, nursing leadership, and APRN roles. DNP courses incorporate the master's level competencies but have higher level expected student outcomes than the master's level courses to better prepare students for the doctoral level

competencies. For example, DNP students critically appraise and evaluate evidence-based outcomes as opposed to the critiquing role of the BSN or interpreting findings as they are taught in MSN programs. In the DNP concentration students build on competencies beyond the master's level and learn to assess, apply diagnostic reasoning, develop evidence-based patient-centered treatment plans, and evaluate outcomes. Delivery of patient care at the DNP level is at a higher and more sophisticated level than provided by master's prepared nurses based on the additional knowledge, skills and abilities learned through the combined scientific courses and enhanced clinical skills learned through these courses.

The DNP curriculum provides students with a wide conceptual view of healthcare practice and the essential skills to critically evaluate and improve nursing outcomes. Core courses such as *NSG 910: Philosophy of Science and Theory in Nursing* provide students the opportunity to explore topics in their specialty from a conceptual perspective. Subsequently, students gain greater breadth in understanding issues related to evaluation of their phenomenon of interest. The foundation for successful healthcare leadership is provided through *NSG 876: Leadership and Health Policy* and *NSG 877: Healthcare Economics*. These courses include content in transformational leadership, organizational management, strategic planning, finance, and government policy, funding and regulation. DNP students also learn the theoretical foundation for and empirical application of practice evaluation through courses such as *NSG 827: Epidemiology for Clinical Practice*, as well as the *NSG 948: DNP Project Design and Methods* and *NSG 949: DNP Project Implementation and Evaluation* courses.

Informatics is integrated throughout the curriculum beginning with stated expectations for technological requirements for the program prior to admission. Students are provided an extensive technology training during orientation. Students who do not have the skills are given resources through SASSI and the Library to develop those skills. Informatics is integrated throughout all of the courses in the DNP program. Students in the online program use Blackboard Ultra, Zoom videoconferencing, deliver teaching presentations online, conduct online literature searches, and use an electronic clinical log in Project Concert. Students use mobile devices such as tablets and phones to access Epocrates, Up-to-Date, and other databases. In the DNP Project courses, students are required to submit an IRB proposal online through iMEDris. All DNP students disseminate their project findings via poster presentation in Digital Commons, an online world-wide repository. In (NSG 830) Advanced Clinical Pharmacology students create evidenced-based infographics to educate patients and families.

Students have opportunities to develop intra- and inter- professional collaboration skills. In core courses, students from the various DNP concentrations work together in group assignments in Blackboard Ultra and deliver on campus presentations so there is intra- and inter- professional incorporation of DNP essential skills and areas of interest. In the AG-ACNP Concentration, the students complete three journal critiques per semester. In the DNP Projects and the DNP clinical practica, students gain interprofessional collaboration skills by working with IT professionals, educators, nutritionists, pharmacists, physicians, social workers, psychologists, legislators, social service professionals, mental health and addictive disorders professionals, correctional and juvenile corrections professionals, child advocates, and advocacy groups.

All FNP DNP students complete a Rheumatology focused curricula that includes didactic modules addressing the most commonly seen rheumatic diseases in primary care. These modules include PowerPoint lectures, quizzes, and case scenarios. There is a clinical component that encompasses an 8-hour interprofessional skills-based simulation day with the Physician Assistant students and Rheumatology faculty from the College of Medicine. The skills day includes instruction and hands on procedural experiences including case-based scenarios, joint ultrasound, and joint injections. Most of the FNP students also spend 60 face-to-face hours in a rheumatology clinic along with attending rheumatology focused conferences.

In core courses, students from all eight DNP concentrations work together in assigned groups in Blackboard Ultra and in campus presentations so there is intraprofessional work focused on DNP essential skills and areas of interest. In the DNP clinical practicum courses students gain interprofessional collaboration skills by working with educators, nutritionists, pharmacists, physicians, social workers, psychologists, legislators, Chaplains, social service professionals, mental health and addictive disorders professionals, correctional and juvenile corrections professionals, child advocates, and advocacy groups. The DNP curriculum provides students with a wide conceptual view of healthcare practice and the essential skills to critically evaluate and improve outcomes. DNP Project courses provide the opportunity for students to work intra- and inter- professionally. For example, DNP Projects that are based in the NICU include multiple professionals such as physicians, social workers, nurses, occupational therapists, and physical therapists.

Each of the five advanced nursing post-graduate APRN certificate programs has specific specialty courses for students to explore specific concentration content and apply that content in clinical practice (See [Post-graduate APRN Certificate Programs Plans of Study](#), virtual resource room). Practice immersion experiences provide students with the opportunity to integrate and synthesize the essentials and specialty requirements necessary to demonstrate advanced level competency in their specialty practice area. Advanced proficiency is acquired through a variety of methods, such as patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Advanced practice nurses explore specific areas in their advanced practice specialties and work with experts in those fields to gain breadth and depth beyond master's or doctoral level content. Examples of topic areas include endocrinology, cardiology, and dermatology for the FNP post-graduate certificate program students; management of trauma patients for the Adult-Gerontology Acute Care Nurse Practitioner post-graduate certificate program students; and psychotherapy modalities for the Psychiatric/Mental Health Nurse Practitioner post-graduate certificate program students. Post Graduate Pediatric Acute Care Nurse Practitioner post-graduate certificate program students may focus on trauma or ER care.

The doctoral practicum is not a repeat of master's level content, rather it includes integration and application of concepts and knowledge at the doctoral level. For example, nurse practitioner students who have graduated from a master's program that incorporated NONPF curriculum guidelines have the foundational knowledge to further develop NP practice doctorate competencies. The DNP program culminates in the student applying doctoral level thinking and advanced practice skills in the clinical arena. The concluding Practicum and scholarly project require a synthesis and application of the doctoral competencies beyond what is accomplished in a master's program. Didactic courses provide a solid conceptual base that underpins the clinical courses that subsequently build upon each other. DNP graduates are prepared to function as leaders to improve quality of care for individuals and populations and to affect systems of care. DNP APRN graduates are also prepared to develop plans for care management and evaluation that address the multi-dimensional needs of patients and their families (See [DNP Programs Plans of Study](#), virtual resource room).

Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. Post-graduate APRN certificate curricula build on master's and/or DNP competencies and foundation, depending on the level of entry of the student. The curriculum is logically structured to achieve expected student outcomes. All DNP APRN certificate programs incorporate pertinent graduate-level courses to address the specialty area designated by the specialty area of the specific certificate program. The curricula in the certificate programs are logically sequenced. The plans of study clearly demonstrate a change in the students' current population foci at admission.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response:

Teaching-learning practices and environments in the DNP program and Post-Graduate APRN Certificate program support the achievement of expected student outcomes. The university supports faculty development that equips faculty with the knowledge and skills to incorporate innovative teaching strategies. Teaching-learning practices consider the needs and expectations of students and expose them to individuals with diverse life experiences, perspectives, and backgrounds.

The National League for Nursing (NLN) has recognized the CON as an NLN Center of Excellence™ in the category of Enhancing Student Learning and Professional Development. The designation is for a four-year term from 2021 to 2025. Formal recognition was made during the 2021 NLN Education Summit.

Teaching-learning practices are appropriate for adult learners who are graduates of baccalaureate or higher degree programs, second-language students, and consider the needs of the program's identified communities of interest. Varied clinical opportunities are available as well as opportunities to integrate previous learning and job experiences. Online teaching and learning strategies are incorporated into the DNP program for distance students.

UTHSC provides generous resources that allow adult learners to experience multiple teaching-learning strategies. Knowledge is developed through independent readings, assignments, lectures, expert speakers, flipped classrooms and the use of technology such as Zoom. Clinical skills are developed through participation in the CHIPS skills labs, scheduled simulations and independent on campus learning. Simulation experiences are designed to increase confidence as students move into the role of independent practitioners. Significant resources have been invested to increase interprofessional experiences for DNP students. The interprofessional Poverty Simulation Experience is a required activity for all UTHSC students. All DNP program and Post-Graduate APRN Certificate program students participate with students from the other UTHSC colleges during New Student Orientation.

Most concentrations include an on-campus skills boot camp, where students observe, practice and are checked off on skills (See [On-Campus Skills Labs and Agendas](#), virtual resource room). These on-campus times help facilitate a sense of community among students and allow opportunities for face-to-face classroom instruction, student group work, workshops, laboratory or simulation experiences, and social events. On-campus times also enable face-to-face meetings with course faculty and technical staff in the IT department.

Social and economic factors play a significant role in health outcomes. Everything from safety in the community, access to healthy food, availability of safe housing, and adequate public transportation affect our health status and must be included in the health professional's assessment of need when interacting

with a patient. The UT System President and the UTHSC Chancellor have committed major institutional resources to creating a more diverse, equitable, and inclusive community. Student feedback has driven faculty to critically examine how we incorporate racism and bias content into our curriculum. In just one of many examples embedded throughout our DNP program and Post-Graduate APRN Certificate program curricula, the DNP NMW faculty have developed two simulation scenarios with a woman from a diverse background and with a disability. These simulations confront issues of bias, and disparities related to diversity and disabilities. Another example involving Post-Graduate APRN Certificate Program students includes an intraprofessional OSCE that is conducted with the PMHNP and FNP students. In this OSCE, students participate in a scenario that involves postpartum depression with diverse patients affected by social determinants of health.

Interactive case studies are used in all DNP program and Post-Graduate APRN Certificate program concentrations to examine patient presentations commonly seen. Telehealth simulation is used in the FNP, PMHNP, NNP, and NMW concentrations. Students participate in an online training module Introduction to Virtual Care for Health Care Providers and then also receive small group telehealth training by an expert in their clinical area.

DNP program students in AG-ACNP, FNP, NNP, and NMW concentrations and Post-Graduate APRN Certificate Program students in FNP, and AGACNP have the following annual learning experiences in the MERI lab: deep suturing, skin biopsy, knee aspiration, chest tube insertion, and dermatology. Students also practice the following procedures on cadavers in the MERI lab: incision, suturing, punch biopsy, shave biopsy, knee aspiration, and nail ablation.

The DNP program and Post-Graduate APRN Certificate program AG-ACNP concentrations use the ECG Academy that consists of video tutorials and mini “ChalkTalks.” ChalkTalks are “how to sessions” utilizing real ECGs analyzing tracings using a systematic approach. Level I consist of basic topics electrical theory, cellular physiology, structure and functions of the cardiac conduction system, and how to analyze rhythms. Level II covers intermediate level topics on how to read a 12-lead ECG. Both levels include pre-assessments, quizzes, and a final assessment.

Shadow Health® is used in Advanced Health Assessment. It has more than 60 unique Digital Standardized Patients™, that allow students to practice applying their clinical skills in nursing disciplines from Fundamentals to Advanced Primary Care. Because of the patented natural language Conversation Engine within Shadow Health’s Digital Clinical Experiences™ (DCEs), students can engage in authentic conversations with patients with diverse representation that they may not get the opportunity to see during clinicals.

The UTHSC Digital Commons is UTHSC's Open Access institutional repository. This publicly accessible archive preserves and disseminates research and scholarship of the UTHSC community to a global audience. The digital commons are a form of commons involving the distribution and communal ownership of informational resources and technology. Resources are typically designed to be used by the community by which they are created. The digital commons provide the community with free and easy access to information.

UTHSC Digital Commons was created, and is managed, by the UTHSC Health Sciences Library as a service for the students, staff and faculty of UTHSC. The repository can host a broad range of scholarship types and formats, including theses and dissertations, poster and podium presentations, research data, conference proceedings, white papers, and journal articles. Peer-reviewed journals, campus publications, symposia and other events can also be hosted on the platform. DNP students use digital commons as a repository for their DNP scholarly projects. All DNP scholarly projects are developed collaboratively

between faculty and students. Students receive a DOI number that documents their scholarship. Faculty encourage students to continue their scholarship throughout their careers.

The DNP projects are evidence-based practice (EBP) and/or quality improvement (QI) projects. One of the most interesting aspects and the primary objective of the DNP project is that the projects are meaningful for community partners, patients and students. Meetings are scheduled with community partners to discuss potential clinical experiences and QI projects that would be useful for their organizations. Community partners appreciate the opportunity to identify QI projects and routinely provide lists of projects. Many of these projects often coincide with the interests of our students. Students are assigned projects in a team format (3-4 students on a team). Each team includes a faculty advisor and a subject matter expert from the clinical site. Faculty advisors oversee two to four projects at any one time.

DNP program and Post-Graduate APRN Certificate program students have experience in rural health. As part of the Rural Health Scholars Program through the STEP UP & HELP program, DNP program and Post-Graduate APRN Certificate program students complete 10%-50% of clinical experiences on the CON Mobile Health Unit (MHU) and/or in a rural partnering clinic in rural counties in West Tennessee based on preceptor availability. Students also collaborate with a partnering rural clinic in Lake or Lauderdale County to complete a DNP scholarly project.

The ANEW grant, funded 2019-2023 and renewed 2023-2027, develops innovative enhanced academic-practice partnerships for DNP students in rural/medically underserved areas in the Delta Region. The CON has agreements with two rural primary care practice sites for training DNP students - Strayhorn Family Medical Clinic in Sarah, Mississippi and Whiteville Family Medical Clinic in Whiteville, Tennessee. The ANEW grant enhances training and provides continuing education for preceptors working with CON DNP students. Specifically, telehealth training and equipment was provided to our preceptors at Strayhorn Family Medical and Whiteville Family Medical so that our students can observe telehealth being used in rural Mississippi and rural Tennessee. The ANEW grant focuses on providing stipends for students in rural and underserved areas. In 2023, we provided 19 students with \$23,900 each for tuition and fees.

DNP program and Post-Graduate APRN Certificate program on-campus experiences are specific for each concentration and range from one to three times a semester. For example, NNP first-year students do not have on-campus expectations, but in their second year they are on campus four days before they begin clinicals in the Neonatal Intensive Care Unit (NICU). During their on-campus time, they learn to write orders for medications, parenteral nutrition, and ventilator therapy. Students are also taught to read x-rays, intubate, and to place central lines.

In the four EBP and QI courses students are taught how to develop a spirit of inquiry, write a clinical question using the PICO(T) format to aid in the search of the literature, appraise the literature, implement the EBP or QI, analyze the data gathered, and disseminate findings via a poster, podium conference presentation, or journal article. A list of [DNP Program Projects for 2021-2023](#) can be found in the virtual resource room.

Interactive case studies are used in the DNP program and Post-Graduate APRN Certificate program to examine patient presentations commonly seen in the family practice setting (See [DNP Case Studies - Samples](#), virtual resource room). Students have consistently rated the interactive case studies as an exceptional activity in didactic content delivery.

DNP program and Post-Graduate APRN Certificate program students have opportunities to develop inter- and intra- professional collaboration skills. Annual face-to face and IPE experiences that include

Medicine, Dentistry, Pharmacy, and Health Professions, are scheduled at the university level. For example, the CON sponsored the Third Annual Opioid Conference in Spring 2023 that was held face-to-face and virtually for all UTHSC students, faculty, staff, and community members. Additionally, annual interprofessional poverty simulations are held during DNP program and Post-Graduate APRN Certificate program New Student Orientation. Tables 3.4 and Table 3.5 below depict the inter- and intra- professional nature of IPE education provided by the CON.

Annual face-to-face and virtual IPE experiences that include students from Medicine, Dentistry, Pharmacy, and Health Professions, are scheduled at the university level.

Table 3.4. Example 1: Inter- and Intra- professional Activities

	The Opioid Crisis: "Prescribing Laws, Harm Reduction, and the Role of Naloxone"	3rd Annual Opioid Conference	*OBGYN Conference
<i>Total Attended</i>	133	154	144
<i>APRNs</i>	92	76	90
<i>RNs</i>	14	26	
<i>MDs</i>	13	11	51
<i>Social Workers</i>	7	10	0
<i>Psychologists</i>	5	4	0
<i>Pharmacists</i>	1	3	0
<i>Physician Assistants</i>	1	0	2
<i>PT/OT/ST</i>	0	2	0
<i>Other</i>	0	22	1

**The number of paid registrations differs from the number of paid attendees as there were attendees who did not pay.*

Table 3.5. Example 2: Inter- and Intra- professional Collaborations

	APRN	RN	MD	Social Worker	Psychologists	Pharmacists	Physician Assistant	Other	PT/OT/ST	Dentist	Optometrist	Total Attended
<i>Main Results for the Management of Diabetes in Everyday Life (MODEL) Study</i>	5	8	2	0	0	2	1	8	8	0	0	26
<i>Older Adult's Use of Telemedicine During the COVID-19 Pandemic</i>	6	7	1	0	0	0	0	9	0	0	0	23
<i>Initial Impact of the TennCare Medication Therapy Management Pilot Program</i>	4	6	2	0	0	1	0	0	12	0	0	25

Table 3.5. Example 2: Inter- and Intra- professional Collaborations

	APRN	RN	MD	Social Worker	Psychologists	Pharmacists	Physician Assistant	Other	PT/OT/ST	Dentist	Optometrist	Total Attended
<i>Primary Results of the Diuretic Comparison Project (DCP), a VA Cooperative Pragmatic Randomized Trial Comparing Cardiovascular Outcomes between Chlorthalidone and Hydrochlorothiazide</i>	4	6	2	0	0	1	0	0	6	0	1	20
<i>Evolution and Validation of a Self-Sustained Outcomes - Oriented Clinical Model: The LDH Experience</i>	7	6	0	0	0	0	0	8	0	0	0	21
<i>Reflections of a Local Public Health Leader: Lessons Learned from COVID-19</i>	6	7	2	0	0	1	0	0	8	1	0	25
<i>The COVID-19 Response in Memphis, TN and Shelby County: Lessons for All of Us from a Data Science Perspective</i>	4	3	3	0	0	0	0	9	0	0	0	19
<i>Improving Healthcare Access to Rural Tennessee Using a Mobile Health Unit</i>	16	6	6	0	0	1	0	0	10	0	0	39
<i>Spring - "The Case for Treating Hypertension"</i>	0	1	0	0	0	0	0	0	0	0	0	1

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response:

The curriculum in each concentration of the DNP program and in each of the post-graduate APRN certificate programs include planned clinical experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes. Students are taught to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care beginning in new student orientation. Students are required to complete HIPAA training upon admission and annually.

The DNP program and Post-Graduate APRN Certificate program utilize a wide range of facilities including in-patient and community settings such as schools, health departments, community centers, clinics, providers' offices, and hospitals to provide interprofessional clinical practice experiences for achievement of student and program outcomes. The CON has over 1300 active contracts with clinical agencies and develops new contracts for clinical placement as needed (See List of [Selected DNP Program and Post-Graduate APRN Program Clinical Sites](#) and [Sample of Executed Contracts](#), virtual resource room). The design, implementation, and evaluation of clinical practice experiences are aligned with student and program outcomes. Faculty and students identify appropriate clinical sites and preceptors within the clinical sites. Students are assigned to work closely with a faculty advisor/mentor within the DNP specialty concentration the student is pursuing.

Faculty have ultimate responsibility for the evaluation of student clinical experiences. Students seeking educational preparation for initial certification complete a minimum of 1000 hours of supervised clinical experiences in the advanced practice role. For example, students in the family nurse practitioner concentration complete 1140 clinical hours specific to the role, within clinical courses in Year 2 of the program (See [Clinical Experience Evaluation – Sample](#), virtual resource room). Students complete the 3-credit clinical course, *FNP 812: Advanced Family Clinical Practice I* (240 clinical hours), in Fall Year 2, the 3-credit clinical course, *FNP 815: Advanced Family Clinical Practice II* (240 clinical hours) in Spring Year 2, and the 4-credit clinical course, *FNP 818: Advanced Practice Practicum* (120 clinical hours) in the summer. In Year 3, these students complete an advanced practice clinical for complex problems (2 credits of didactic and 2 credits of clinical (120 clinical hours), and the 6-credit *NSG 926: Synthesis Practicum* (360 clinical hours). Students also receive clinical credit hours (60 hours) for *NSG 824: Advanced Health Assessment and Diagnosis*, which are counted toward the minimum number of hours spent in supervised clinical experiences.

The post-graduate APRN certificate program plans of study require 12-18 months of didactic and clinical courses. Each concentration with a post-graduate APRN certificate program plan of study ensures that each plan of study has the number of didactic courses and clinical hours necessary to practice and sit for the national certification exam. For example, students in the post-graduate Family Nurse Practitioner certificate program complete 600 clinical hours specific to the role of Family Nurse Practitioner. Students complete the 4-credit clinical course, *FNP 812: Advanced Family Clinical Practice I* (240 clinical hours), in Fall Year 1, the 4-credit clinical course, *FNP 815: Advanced Family Clinical Practice II* (240 clinical hours) in Spring Year 1. In Fall Year 2, these students complete an advanced practice clinical for complex problems (2 credits of didactic and 2 credits of clinical (120 clinical hours). All clinical experiences are precepted, and the final grade is assigned by the faculty. Faculty complete a gap analysis on all post-graduate APRN certificate program applicants to determine if they have the courses needed to sit for certification (See [Post-graduate APRN Certificate Program Gap Analysis Examples](#), virtual resource room).

Reflective practice is integrated in DNP program and Post-Graduate APRN Certificate program clinical courses. Students reflect on a clinical situation or assignment, examine their actions or knowledge, the outcome, and how their future practice will change after an examination of the literature on the

phenomena. Students are able to show an understanding of the role that reflection has in increasing the quality of nursing practice in the clinical area. Students' progress from reporting to analyzing to synthesis and integration of newfound knowledge (See [Reflective Practice Examples](#), virtual resource room).

Other examples include concentration-specific opportunities such as the Nurse Midwifery concentration. Interpersonal and communication skills that enable effective interprofessional exchange of information and collaboration is taught in *NMW 811: Complex Obstetrics Practicum* where nurse midwifery students will participate in the OB F. A. S. T. (Obstetrical Feasible Approach to Safety Training), a multidisciplinary program for dealing with emergencies before, during, and after delivery. It stresses teamwork, effective communication, shared decision making, and advanced knowledge of protocols for situations that require quick response.

Many state-of-the-art IPE opportunities occur in CHIPS under the safest conditions possible using the high-tech manikins, standardized patients, and simulated settings. Students train together in simulation settings to develop their skills in delivering team-based health care, which is the proven model for the highest-quality care today.

All DNP program and Post-Graduate APRN Certificate program student clinical experiences are evaluated through formative and summative faculty evaluations of students (See [Faculty Evaluation of Student Clinical Experience- Sample](#), virtual resource room). Clinical evaluations for each concentration are housed in ProjectConcert and are student driven. The evaluations are deployed electronically by the student for the preceptors. The preceptor discusses evaluations with the student and provides feedback on the student's growth and areas of challenge in the clinical experience. Once the preceptor submits the evaluation electronically, the faculty reviews and discusses it with the preceptor and the student. Faculty always give the final grade in a clinical course.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

The DNP program and Post-Graduate APRN Certificate program use formative and summative evaluation tools to evaluate student progress toward competence. The clinical preceptor is responsible for reviewing weekly evaluations with students and identifying any potential deficiencies. The clinical preceptor works with the student to identify the deficiencies and to establish student goals. If there is a significant deficit, then the clinical preceptor and the CON faculty advisor develop an individualized learning plan. The learning plan is used for academic and/or clinical difficulties. This document will provide a plan that clearly states expectations of the student and how the faculty will assist the student in achieving competence. DNP program and Post-Graduate APRN Certificate program faculty have the ultimate responsibility for evaluating clinical competence of graduates. DNP program and Post-Graduate APRN

Certificate program students use a clinical tracking system, ProjectConcert, to track all clinical hours, codes, patient data, and patient outcomes. ProjectConcert also contains a list of preceptors, clinical sites, student's individualized plans of study, a place for preceptor and faculty evaluations of the student, and the student's evaluation of preceptors and clinical sites.

Evaluation methods used to assess individual student performance are clearly stated in all DNP program and Post-Graduate APRN Certificate program course syllabi. Course syllabi describe course content, expected student outcomes, grading policies, and evaluation methods. The weight assigned to each evaluation method toward computation of the final course grade is included in the syllabus. Evaluation criteria are selected to reflect the achievement of expected results as measured against course outcomes. Student performance is evaluated in a variety of methods related to the type of class and term level. Methods include examinations, papers, development of presentations and publications, case studies, and group projects. In *NSG 960: Directed Study*, students develop individual learning contracts that specify activities, expected outcomes and methods for evaluation.

Grading policies are identified in the UTHSC Catalog, as well as in each syllabus. The grading policy is consistently applied to all DNP program and Post-Graduate APRN Certificate program students. Only grades of "A", "B", or "C" are considered satisfactory. To be considered in good academic standing, a student must maintain a cumulative GPA of 3.0 or better. Students who do not meet progressions standards are reviewed by the Progressions Committee and an action plan is developed, if appropriate. Progressions standards for DNP program and Post-Graduate APRN Certificate program students are identified in the [UTHSC Academic Bulletin: Progression Review](#).

Students' practicum courses are evaluated with specific assessment tools, correlated with outcomes of the course (See [Faculty Evaluation of Student Clinical Experience- Sample](#), virtual resource room). These assessment tools are reviewed with students and preceptors prior to students beginning their practicum. Students are supervised in the clinical setting by preceptors and receive daily feedback from preceptors. Students record patient encounters daily, including the patient's age, gender, diagnoses, and treatment, into a clinical data tracking system (Project Concert or Typhon). Faculty review the student's Project Concert entries each week and provide feedback to students. Faculty members provide oversight and evaluation of the student through clinical site visits, Zoom or "FaceTime" conferencing, and/or e-mail and phone conversations with preceptors and students. These formative evaluations provide opportunities for identification of student strengths and areas for improvement during the course. Faculty document students' progress in the clinical practice site and are responsible for reviewing evaluations with each student. Summative evaluations of student achievement of course outcomes are conducted at the end of each course. Faculty seek input from preceptors who facilitate clinical learning experiences, but ultimately faculty are responsible for evaluation of student outcomes.

The CON DNP program and Post-Graduate APRN Certificate program program outcomes are published in the [UTHSC Academic Bulletin](#) which is available online to all incoming students. This Bulletin clearly defines the outcomes expected from students upon graduation. DNP students evaluate how well they have met learning outcomes on the AACN/Skyfactor Benchworks© DNP Exit Survey. The Skyfactor© Exit Assessment is only done for students who are graduating with a diploma, not for certificate completers. Preceptor and faculty evaluations of clinical experiences for each Post-Graduate APRN Certificate student are used to determine that the outcomes have been met. Post-Graduate APRN Certificate program students are invited to qualitative focus groups where they can provide anonymous feedback about didactic, clinical, and all other experiences they have while in the program. Because there are so few Post-Graduate APRN Certificate Program students, anonymity cannot not be guaranteed in other evaluation methods. Additionally, indicators such as the 100% pass rate for Post-Graduate APRN Certificate students are used to establish that outcomes expected from students upon completion have been met.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

There has been ongoing annual evaluation of curriculum and teaching-learning practices in the practice doctorate since it began. Formative and summative evaluation has occurred. Students evaluate courses and faculty at the end of each term using Qualtrics. Aggregate data are compiled and shared with course faculty, the DNP Program Director, and the Executive Associate Dean of Academic and Student Affairs.

The DNP program and Post-Graduate APRN Certificate program faculty participate in an annual review of all required DNP program and Post-Graduate APRN Certificate program courses consistent with the CON Evaluation Manual, Timeline, and Master Evaluation Plan. Faculty present strengths and areas for improvement along with recommended changes that incorporate suggestions from student course evaluations in course summaries. Adequacy of textbooks, campus lab/clinical facilities, and classrooms are evaluated by students and faculty. Revisions are made based on recommended changes.

Additionally, DNP/Post-Graduate APRN Certificate Program concentration coordinators complete yearly concentration summaries. Course and DNP/Post-Graduate APRN Certificate Program concentration summaries are reviewed by the DNP/Post-Graduate APRN Certificate Program faculty, DNP Program Director and Executive Associate Dean for Academic and Student Affairs each year and used to make relevant curricular revisions. A yearly DNP Program/Post-Graduate APRN Certificate Program retreat provides an opportunity for sharing course summaries and recommendations for curricular changes.

Faculty use data from the evaluation of curriculum to foster program improvement. Each year graduates are asked to complete the AACN/Skyfactor Benchworks© DNP Exit Survey. The AACN/Skyfactor Benchworks© DNP Exit Survey measures graduates' perception of their achievement of DNP Essentials and program outcomes. Aggregate data are reported with 3-year program trends provided. Additionally, program means are compared to selected benchmark schools, as well as all DNP programs and DNP programs with the same Carnegie classification. These data are shared with DNP faculty at the DNP program meeting and annual DNP Program retreat.

The 2020-2021 AACN/Skyfactor Benchworks© DNP Exit Survey revealed that students perceived a less than desired level of knowledge and skills related to Patient Care Technology (Factor 16), specifically in selecting, using, and evaluating systems and technology. The comments indicated that content could be strengthened in informatics, including data generated from informatics systems, and methods used to evaluate that data. Informatics systems have been threaded throughout the DNP curriculum in all concentrations for the past ten years, but students indicated that they did not have the level of knowledge needed to select, use, or evaluate informatics and data generated from informatics. The Exit Survey results were presented to the DNP faculty at the DNP retreat on July 18, 2022, and faculty were charged with addressing the gaps in curriculum. The faculty identified gaps in their own knowledge and in the DNP curriculum related to informatics and the data generated from patient technology and systems. The CON funded a DNP faculty member and staff member with a master's degree in informatics to attend a three-day workshop on the use of informatics and the data generated from patient care technology and systems. The faculty and staff members who attended the workshop provided the entire faculty with

faculty development on informatics and data. A module that could be individualized for every DNP concentration was developed and placed on the faculty CON SharePoint, available for all faculty to implement in their concentrations. It was agreed that faculty will ensure that their modules are labeled correctly when they discuss patient care technology and systems within their courses.

Table 3.6. and Table 3.7. below provide examples of changes made in DNP courses based on evaluation data.

Table 3.6: Examples of Changes Made to DNP Core Courses Based on Evaluation Data

Course	Action
<i>NSG 824: Advanced Health Assessment and Diagnosis</i>	Change: Added clinical rotations in peri-operative environments for Nurse Anesthesia students. Added faculty-prepared videos of system exams. Added Voice-Over PowerPoint lectures for each module.
<i>NSG 827: Epidemiology for Clinical Practice</i>	Created zoom video tutorials for excel assignments, added a Discussion Board assignment, updated select writing assignment rubrics, created homework template with APA title and reference page for all homework assignments, added APA formatted references for outside web assignments. Course redesigned and OSCQR Certified to meet standards for best practice and is an exemplary course.
<i>NSG 830: Advanced Pharmacology</i>	Change: Updates in content relative to new drugs (especially the immunomodulators) were made and clinical guideline were updated
<i>NSG 831: Advanced Clinical Pathophysiology</i>	Change: Concentration-specific pathophysiology case study and infographic assignments were added. Tests over all content were continued but were downgraded to quizzes to make room for these. Instead of having everyone complete the same assignment, tailoring assignments on the sorts of things they will encounter in their specialties makes them (the assignments) more meaningful.
<i>NSG 876: Leadership & Health Policy</i>	Designated as an intensive writing course by the CON. Student identified weakness: Students voiced that some of the assignments could be more meaningful to them, and the modules do not correspond to the required reading. They did not specify which assignments were not meaningful to them. Faculty change: Moving forward, we will let students know that they need to purchase the book with the correct ISBN due to the differences in the page numbers from the paperback to the hardback and the edition of the book. We will continue to instill in the students the value of each assignment in the course- Advocacy letter, Health Policy Brief Analysis, Persuasive Presentation (ppt), and online Health Policy Debates, which will enable them to make meaningful contact with the public, professional organizations, and the various government entities.
<i>NSG 877: Health Care Economics</i>	The change was prompted by faculty. It was made during the midst of the Covid-19 pandemic. In the past, all students completed a group grant proposal. The added second option was to allow student groups to be able to complete an assignment exploring the economic impact of a pandemic. The rationale was based on faculty integrating current events, such as the pandemic, to allow students to assess the impact of the event from a different perspective. Students are given two options for their synthesis assignment. Originally, students were assigned completion a grant proposal as a group. They now have the option of selecting another group assignment to complete a grant proposal or assessing the impact of a pandemic. This change was based on faculty integrating current events, such as the pandemic, to allow students to assess the impact of the event from a different perspective.

Table 3.6: Examples of Changes Made to DNP Core Courses Based on Evaluation Data

Course	Action
<p><i>NSG 910: Philosophy of Science and Theory in Nursing</i></p>	<ul style="list-style-type: none"> • Philosophy Paper: This paper uses two different philosophical perspectives to define a concept. In the past, the students could choose from the concepts of 1. Stress 2. Development 3. A concept of their choice. Fall 2023, eliminated the third option, so the students had to choose Stress or Development as their concepts. We have two new faculty members teaching this course this semester. Goal was to decrease the students' burden of exploring an alternative concept and then seeking approval of that concept AND to streamline the grading process for the faculty that would be grading these papers. • Writing Intensive/ Grading Intensive Course Designation: NSG 910 is an intense course that covers complex concepts and encourages the development of doctoral-level critical thinking. There are multiple writing assignments that are included as Discussion Board posts, quizzes, a philosophy paper, and a Theory Evaluation PowerPoint presentation. I think this course has recently been changed to have the designation of "a writing intensive course" by the curriculum committee. I think this change happened sometime over the past three years- but I do not know the exact date. I also do not know what that designation actually means. Did it create more credit hours for the course (did it change from a 3-hour course to a 4-hour course) or do faculty receive more credit for teaching this course because it requires that faculty provide both writing feedback (to elevate the level of scholarship in the student's writing) and conceptual guidance (to ensure that the students have a grasp of the underlying principals associated with philosophical perspectives and theories.) • Module Changes: Eliminated a learning activity in Module 7 (Create a quiz). confusion about this assignment in the past because it was something that was not officially submitted anywhere and did not have a separate grade. The concepts are covered within the readings and discussion board questions. There is also a quiz for this module that reinforces the content. • Future changes: <ul style="list-style-type: none"> ○ Eliminate one or more of the quizzes from the course to decrease the amount of required written work. Students complained there is too much reading and writing associated with NSG 910. Have thought about eliminating quizzes for Fall 2023 but could not decide which ones to eliminate. Elimination of one or more quizzes will also lead to a distribution change for overall grade weight/calculations. Consulted the course faculty to keep this idea in the back of their minds as we progress through the semester. I will take the faculty's suggestions and use them to implement the changes for Fall 2024. ○ Module 1 and Module 2 Discussion Boards: There was not a Module 1 Discussion Board. There was a student introduction in Module 1, but there was not a designated place to put this in Module 1. The students were instructed to place their Module 1 introduction in the Module 2 Discussion Board. That caused some confusion, so I will add a Module 1 Discussion Board for student introductions in Fall 2024. ○ Delay the creation of small groups: This is a large course (100 students). We create small groups at the beginning of the semester. 10-20 students were added after the semester started. That led to the creation of new groups or the shuffling of group members. The group sizes need to stay small for active discussion on the discussion board- so making the existing groups larger as more students were added was not ideal. Delay the group formation until the second week of the semester.
<p><i>NSG 947: DNP Project Seminar I</i></p>	<p>A change in NSG 947 consisted of collaboration with the UTHSC CON's librarian. She presented to the students (via Zoom) a presentation that demonstrated how to search scientific databases utilizing a PICOT question appropriately. During this session, she demonstrated using alternate PICOT and BOOLEAN terms. This interactive session allowed students to ask questions and schedule appointments with the librarian for further assistance when necessary.</p>
<p><i>NSG 948: DNP Project Design and Methods</i></p>	<p>A change made in NSG 948 consisted of the incorporation of rapid critical appraisal tools to be used to appraise the literature for validity and quality critically, an evidence-based practice (EBP) competency necessary for APRNs performing EBP quality improvement projects.</p>
<p><i>NSG 949: DNP Project Implementation and Evaluation</i></p>	<p>Added <i>Intellectus</i> to use for data analysis. Created and added zoom video tutorials on how to submit an IRB application. Better organized course modules with more detailed instructions.</p>
<p><i>NSG 950: DNP Project Seminar II</i></p>	<p>Organized the course in four modules, Abstract, PowerPoint, Voice Over PowerPoint, and Poster. Created a link for students to submit their poster and abstract to the library for Digital Commons DOI. Created grading groups for faculty.</p>

Table 3.7: Examples of Changes Made to DNP Concentration Specific Courses based on Evaluation Data

DNP Concentration	Course	Action
Adult-Gerontology Acute Care Nurse Practitioner	<p><i>ACNP 811: Advanced Clinical Assessment Adult-Gerontology Acute Care Nurse Practitioner</i></p> <p><i>ACNP 812: Adult Gerontology Acute Care Advanced Clinical Management</i></p> <p><i>ACNP 809: Adult Gerontology Acute Care Advanced Practice Practicum</i></p> <p><i>NSG 926: DNP Synthesis Practicum: Adult-Gero Acute Care</i></p>	<p>Changes made due to student feedback Medical Education Research Institute (MERI) Lab (2021)</p> <p>Include procedure chest tube insertion (Changes made December 2022)</p>
Family Nurse Practitioner	<p><i>FNP 807: Management of Complex Medical Conditions</i></p>	<p>In course evaluations, the students stated that they felt the simulation event would be better if it was performed one on one instead of in groups of two students. In 2022 faculty restructured the simulation event to be one student/SP in each encounter instead of working in pairs. (Change made Spring 2022)</p>
Neonatal Nurse Practitioner	<p><i>NNP 818: Neonatal Pathophysiology</i></p>	<p>The course had six exams as the only assessment methods. The exams were consolidated into four, and students were taught how to write case studies. Other assessment methods included adding two branching case studies with students developing differential diagnoses with reasons for choosing the final diagnosis, developing a plan of care, and writing orders. Based on each student's response, the case was further developed with the opportunity to refine the student's care plan. This provided feedback to the student on the original diagnosis and the best treatment options. (Change made Spring 2023)</p>
Nurse Anesthesiology	<p><i>ANES 891: Roles of DNP Advanced Nurse Anesthesia Practice IV</i></p>	<p>Added electronic medical records (EMR) to align with the Informatics requirement of the <i>New Essentials</i>. (Change made Fall 2022)</p>
Nurse Midwifery	<p><i>NMW 803: Midwifery Care of Women-Practicum</i></p>	<p>In response to 120 clinical hours in the summer semester being extremely stressful for students and difficult for preceptors to schedule due to vacations and childcare, we decreased the summer semester clinical hours to 1 credit hours (60 clinical hours over 6 weeks) and added 1 credit hour to the fall clinical rotation for 4 credit hours (240 clinical hours over 4 months) (Change made Summer 2023)</p>

Table 3.7: Examples of Changes Made to DNP Concentration Specific Courses based on Evaluation Data

DNP Concentration	Course	Action
Pediatric Acute Care Nurse Practitioner	<i>PANP 804: Advanced Acute Care Pediatrics II</i>	Student evaluations showed a focused concern about not knowing what to study for exams and that students did not see the assigned worksheets or differential diagnosis paper as part of their learning experience. The course was redesigned to include the topics and page numbers for required readings, optional videos, power points, and Jeopardy games were added to address the needs of different learners. A worksheet for each exam was created that covered a variety of topics from each module. Students were required to include the textbook and page number where the answer was found. Exam grades improved with the changes as did student feedback that the material was better understood in the new format.
Pediatric Primary Care Nurse Practitioner	<i>PNP 806: Advanced Primary Care Pediatrics II Practicum</i>	Faculty added Objective Structured Clinical Examination in the CHIPS Center to evaluate student history-taking, physical exam, and communication skills. Students received feedback in multiple ways – via the physical exam rubric (from faculty) and the MIRS communication assessment (from the Standardized Patient). Students were required to complete a self-assessment with the MIRS tool and submit a reflection paper. (Change made Fall 2021)
Psychiatric Mental Health Nurse Practitioner	<i>PMH 812: Biological Treatments for Psychiatric Disorders</i>	Students requested to have Zoom exam reviews. Zoom exam reviews are now scheduled before each exam for students. This is scheduled for one hour. Students come and go within the hour timeframe. They are encouraged to bring questions for clarification.

Standard IV: Program Effectiveness – Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and is periodically reviewed and revised as appropriate.*

Program Response:

The program uses a systematic ongoing process to obtain relevant data to determine program effectiveness. This process is written and outlined with timelines in the CON Evaluation Manual (See Appendix D). The CON Evaluation Committee periodically reviews the CON Evaluation Manual and revises it as appropriate. Annually in spring the CON Evaluation Manual is reviewed and updated by the Executive Associate Dean of Academic and Student Affairs and approved by the Executive Team for inclusion in the CON Faculty and Staff Manual.

The key quantitative performance indicators that are used to assess overall student performance and achievement of curriculum outcomes in the DNP program and Post-Graduate APRN Certificate program are completion rates, certification pass rates, employment rates, and program satisfaction data collected from students, graduates, and their employers. Because there are so few Post-Graduate APRN Certificate Program students, anonymity cannot be guaranteed in other quantitative evaluation methods, like SkyFactor©. Additionally, indicators such as the 100% completion rate and 100% pass rate for Post-Graduate APRN Certificate students are used to establish that outcomes expected from students upon completion have been met. These performance indicators are collected annually and are reviewed by the Executive Associate Dean of Academic and Student Affairs, the DNP Program Director, and the Executive Team.

The CON has a contract with AACN/Skyfactor Benchworks© DNP Nursing Exit Assessment and DNP Alumni Assessment. Graduate Nursing Employer Assessment is accomplished through informal dialogue with employers and the Nursing Advisory Council. These data are used in validating achievement of curriculum outcomes from a broad perspective. The American Nurses Credentialing Center and Council on Anesthesia Certification Reports provide comparative data of UTHSC graduates' scores and the national passing scores.

Qualitative data is obtained through focus groups conducted by an external consultant with students throughout the DNP program and Post-Graduate APRN Certificate program. Post-Graduate APRN Certificate program students are invited to be in the focus groups. Students have been asked to comment about their experiences in the program and to identify strengths and areas that need improvement. Faculty carefully consider students' suggestions obtained through focus groups and make appropriate changes.

Annual benchmarking through AACN/Skyfactor Benchworks© assessments is used as a strategy for initiating and sustaining ongoing improvement. AACN/Skyfactor Benchworks© assessments provide data for trend analysis over time and for comparison with benchmark schools regarding how well the DNP program outcomes are being met. AACN/Skyfactor Benchworks© data are shared with faculty annually and help us identify areas for improvement.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response:

Completion rates for the DNP program are calculated based on the entry point and twice the expected amount of time for program completion. For the purpose of calculating completion rates the CON defines the entry point as the first semester the student is enrolled in the program. The minimum time period for post-BSN and post-MSN- Clinical Nurse Leader (CNL) students to complete the DNP program is 3 years. Completion rates are based on twice the minimum length of time to complete the program; thus, DNP completion rates for post-BSN and post- MSN-CNL students are based on program completion within 6 years. The CON chose to calculate completion rates based on the last bullet point in the elaboration, *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.* Dismissals for conduct or honor code violations and withdrawals (family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education) were not included in the calculations.

The completion rate for BSN-DNP and MSN-CNL to DNP 2021-2023 cohorts cannot be calculated at this time since completion rates are based on twice the minimum length of time (6 years) in the program. Cohorts with a maximum of 6 years to completion were used to calculate the completion rates. The majority of BSN-DNP cohorts complete the program in a minimum, 3-year length of time. For example, 99% of the Post-BSN Post-MSN-CNL 2015 cohort graduated in a minimum 3-year length of time. Ninety-six percent of the Post-BSN Post-MSN-CNL 2015-2017 cohorts completed the program in the 3-year minimum time.

The minimum time period for completion for MSN post certification students who enter the DNP is 2 years. The DNP completion rates for the post certification MSN-DNP students are based on twice the minimum length of the program; thus, completion rates for post certification MSN students are based on program completion within 4 years of entering the DNP program. The completion rate for the post certification MSN-DNP 2021-2023 cohort cannot be calculated at this time. Ninety-five percent of post certification MSN students entering the DNP program in 2017-2019 completed the program in the minimum length of time.

Completion rates for the post-graduate APRN certificate programs are calculated based on the entry point and twice the expected amount of time to completion of the certificate program. The post-graduate AGACNP program is 1 year long, while the FNP, PMHNP, PACNP, and PNPPC are 18 months long. The maximum amount of time to complete the AGACNP concentration is 2 years, while the time of maximum completion for the FNP, PMHNP, PACNP, and PNPPC programs is 36 months. The CON chose to calculate completion rates based on the last bullet point in the elaboration, *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education*. Dismissals for conduct or honor code violations and withdrawals (family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education) were not included in the calculations. The post-graduate FNP certificate program has never had any completers, though one student is currently enrolled in the certificate program. In the post-graduate certificate program, 100% of the students in the 2018-2020 PMHNP cohort completed the program in the minimum length of time. The AGACNP, FNP, PACNP, and PNPPC certificate concentrations did not have students in 2018-2020. See Table 4.1 and Table 4.2 below that provides 2021-2023 DNP program and post-graduate APRN certificate program completion rates.

Table 4.1: 2021-2023 DNP Program Completion Rates

Definition: Rates of completion are calculated by determining the percent of graduates that complete the program within twice the minimum length of time: Post BSN(FT)=3 years; Post MSN (FT)=2 years; Post BSN(PT) = 4 years; Post MSN(PT) = 3 years						
Benchmark: 90% will complete the DNP Program within twice the minimum length of time.						
Length of Time	2021 Completion Rates (FT/PT)		2022 Completion Rates (FT/PT)		2023 Completion Rates (FT/PT)	
	Post- BSN Post-MSN-CNL (2015 Cohort)	Post-Certification MSN (2017 Cohort)	Post- BSN Post- MSN-CNL (2016 Cohort)	Post-Certification MSN (2018 Cohort)	Post- BSN Post- MSN-CNL (2017 Cohort)	Post-Certification MSN (2019 Cohort)
Completed within the minimum (FT)	99% (N=79)	86% (N=14)	94% (N=66)	100% (N=11)	95% (N=62)	100% (N=8)
Completed within twice the maximum (FT)	NA	NA	NA	NA	2% (N=1)	NA
Annual Completion rate FT cohort	99%	86%	94%	100%	97%	100%
Completed within the minimum (PT)	100% (N=2)	100% (N=9)	100% (N=8)	100% (N=4)	100% (N=2)	100% (N=6)
Completed within twice the maximum (PT)	NA	NA	NA	NA	NA	NA
Annual Completion rate PT cohort	100%	95%	98%	98%	98%	100%
Avg Annual Completion rate by	100%	91%	96%	99%	98%	100%

Cohort			
Avg Annual Completion rate by Year	96% (N=104)	98% (N=89)	99% (N=79)

Table 4.2: 2021-2023 Post-graduate APRN Certificate Program Completion Rates

Definition: Completion rates are calculated by determining the percent of graduates that complete the program within twice the minimum length of time.			
Benchmark: 90% will complete the Post-graduate APRN certificate program within twice the minimum length of time.			
Length of Time	Post-graduate PMH		
	2021	2022	2023
Completed within the minimum (PT)	100% (N=4)	100% (N=1)	100% (N=1)
Completed within twice the maximum (PT)	NA	NA	NA
Annual Completion rate	100%	100%	100%

*Please note that Post-Graduate APRN certificate program students are all part time students.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response: N/A

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response:

The CON has established a benchmark of 80% for first-time combined DNP program and Post-Graduate APRN Certificate program certification pass rates. The certification pass rate for first-time certification exam takers in the combined concentrations in the DNP program and Post-Graduate APRN Certificate program exceeded the 80% benchmark for 2021-2023. The pass rate for all exam takers 2021-2023 is 100% for those concentrations in which students took the certification exam. The nurse-midwifery program will graduate the first students in spring 2024; thus, there are no certification exam pass rate data for the nurse midwifery concentration. The nurse anesthesiology program had a 75% first-time pass rate in 2023. All nurse anesthesiology graduates repeated the exam within 30 days and passed. According to the Council on Accreditation (COA) for nurse anesthesiology, if students retake the certification exam within 30 days and pass, it is considered a first-time pass rate for COA. We did not count the nurse anesthesiology certification pass rate as a first-time pass rate for the DNP program and Post-Graduate APRN Certificate program; the overall DNP program and Post-Graduate APRN Certificate program first-time pass rate for certification exams was 97%, 2021-2023. In 2021, the NNP concentration and the PNP PC concentration had a 50% first-time pass rate. Both concentrations had two students and one student in each program failed the certification exam on the first attempt but passed on the second attempt. The postgraduate and post-DNP certificates first-time pass rate on certification exams was 100% 2021-2023. Below Table 4.3 provides 2021-2023 DNP program certification and Table 4.4 provides post-graduate APRN certificate programs pass rates by concentration.

Table 4.3: 2021-2023 DNP Certification Pass Rates by Concentration and Combined

Definition: Certification pass rates are calculated by determining the percent of DNP students/graduates who pass the specialty certification exam and combined.					
Benchmark: The pass rate of DNP students/graduates who take the specialty certification exam will be 80% or higher for first-time takers for each specialty exam and for the Combined DNP Certification Pass Rate.					
Concentration	Cohort 2018	Cohort 2019	Cohort 2020	2021-2023 Average Pass Rate First-time takers	2021-2023 Average Pass Rate All takers
	2021 Pass Rate First-time takers	2022 Pass Rate First-time takers	2023 Pass Rate First-time takers		
AG-ACNP	92%	100%	100%	97%	100%
NANES	84%	95%	75%	88%	100%
FNP	100%	84%	100%	92%	100%
NNP	50% (N=2)	100%	100%	83%	100%
NMW	NA	NA	NA	NA	NA
PACNP	100%	100%	100%	100%	100%
PNP	50% (N=2)	100%	100%	83%	100%
PMHNP	100%	100%	100%	100%	100%
Combined DNP Certification Pass Rates	82%	96%	96%	92%	100%

Table 4.4: 2021-2023 Post-graduate APRN Certificate Program Completers' Certification Pass Rates by Concentration and Combined

Definition: Certification pass rates are calculated by determining the percent of Post-graduate APRN certificate program completers who pass the specialty certification exam and Combined DNP Post Grad APRN certificate pass rates.					
Benchmark: The pass rate of Post-graduate APRN certificate program completers who take the specialty certification exam will be 80% or higher for first-time takers for each specialty exam and combined.					
Concentration	Cohort 2018	Cohort 2019	Cohort 2020	2021-2023 Average Pass Rate First-time takers	2021-2023 Average Pass Rate All takers
	2021 Pass Rate First-time takers	2022 Pass Rate First-time takers	2023 Pass Rate First-time takers		
AG-ACNP	100%	NA	NA	100%	100%
FNP	NA	NA	NA	NA	NA
PACNP	NA	100%	100%	100%	100%
PNP	NA	100%	NA	100%	100%
PMHNP	NA	100%	100%	100%	100%
Combined DNP Certification Pass Rates	100%	100%	100%	100%	100%

IV-E. Employment rates demonstrate program effectiveness.

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

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master’s, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

Program Response:

The CON has established a benchmark of 80% for employment rates of DNP program and Post-Graduate APRN Certificate program graduates within 12 months of graduation. Table 4.5 below demonstrates the achievement of this benchmark. AACN/Skyfactor Benchworks© results and student reports for 2021-2023 indicate that 100% of the graduates of the DNP program and Post-Graduate APRN Certificate program seeking employment are employed within six months of graduation. Many, if not most DNP program and Post-Graduate APRN Certificate program students have job offers well before graduation, See Table 4.5 below that gives 2021- 2023 employment rates of DNP program graduates and Post-Graduate APRN Certificate program completers.

Table 4.5: DNP Employment Rates					
<i>Definition: Rates of employment are calculated by determining the percent of DNP graduates who are employed within 12 months of graduation.</i>					
<i>Benchmark: 80% of DNP graduates will be employed within 12 months of graduation.</i>					
<i>Source of Information:</i>	CON Exit Contact Assessment Skyfactor DNP Exit and Alumni Personal contact with faculty	Report of the Data: Including Actual Level of Achievement			
<i>Assessment Method</i>	Multiple methods	Graduates 2021	Graduates 2022	Graduates 2023	2021-2022 Average
<i>Time/Frequency of Assessment</i>	Month of graduation, 12-months post-graduation				
<i>Location of Documentation</i>	College of Nursing Virtual Resource Room				
<i>Person Responsible</i>	Asst Dean Student Affairs and Evaluation	100%	100%	100%	100%

Table 4.6: Post-graduate APRN Certificate Program Employment Rates						
Definition: Rates of employment are calculated by determining the percent of post-graduate APRN certificate program students who are employed within 12 months of completion.						
Benchmark: 80% of Post-graduate APRN certificate program graduates will be employed within 12 months of graduation.						
<i>Source of Information:</i>	CON Exit Contact Assessment Skyfactor DNP Exit and Alumni Personal contact with faculty	Report of the Data: Including Actual Level of Achievement				
<i>Assessment Method</i>	Multiple methods					
<i>Time/Frequency of Assessment</i>	Month of completion, 12-months, and 3-years post-graduation	Completers 2021	Completers 2022	Completers 2023	2021-2023 Average	
<i>Location of Documentation</i>	College of Nursing Virtual Resource Room					
<i>Person Responsible</i>	Asst Dean Student Affairs and Evaluation	100%	100%	100%	100%	

Table 4.7: 2021-2023 DNP Employment Rates by Concentration

Definition: Rates of employment are calculated by determining the percent of DNP graduates who are employed within 12 months of graduation.								
Benchmark: 80% of DNP graduates will be employed within 12 months of graduation.								
Report of the Data: Including Actual Level of Achievement								
Graduates	AG-ANCP	N ANES	FNP	NNP	NMW	PACNP	PNP	PMHNP
2021	100%	100%	100%	100%	NA	100%	100%	100%
2022	100%	100%	100%	100%	NA	100%	100%	100%
2023	100%	100%	100%	100%	NA	100%	100%	100%
Average 2021-2023	100%	100%	100%	100%	NA	100%	100%	100%
<i>Source of Information:</i>	CON Exit Contact Assessment Skyfactor DNP Exit and Alumni Assessments Personal contact with CON faculty							
<i>Assessment Method</i>	Multiple methods							
<i>Time/Frequency of Assessment</i>	Month of graduation, 12-months, and 3-years post-graduation							
<i>Location of Documentation</i>	College of Nursing Virtual Resource Room							
<i>Person Responsible</i>	Assistant Dean Student Affairs and Evaluation							

Table 4.8: 2021-2023 Post-graduate APRN Certificate Program Student Employment Rates by Concentration

Report of the Data: Including Actual Level of Achievement					
Graduates	AG-ACNP	FNP	PACNP	PNP	PMHNP
2021	100%	NA	NA	NA	NA
2022	NA	NA	100%	100%	100%
2023	NA	NA	100%	NA	100%
Average 2021-2023	100%	NA	100%	100%	NA
<i>Source of Information:</i>	CON Exit Contact Assessment Skyfactor DNP Exit and 1 year Alumni Assessment Personal contact with CON				
<i>Assessment Method:</i>	CON Exit Contact Assessment Skyfactor DNP Exit and 1 year Alumni Assessment				
<i>Time/Frequency of Assessment:</i>	Month of graduation, 12-months,				
<i>Location of Documentation:</i>	College of Nursing Virtual Resource Room				
<i>Person Responsible:</i>	Asst Dean Student Affairs and Evaluation				

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response:

Data regarding completion, licensure, certification, and employment rates are used to foster ongoing improvement. Faculty review these data on an annual basis and develop improvement plans to address discrepancies between benchmarks and actual data. Completion rates have met the benchmark for the past 3 years. Employment rates have met the benchmark for the past 3 years.

Although the certification exam pass rates for all the concentrations in the DNP program and Post-Graduate APRN Certificate program exceed the CCNE 80% benchmark for certification exam pass rates, faculty continuously implement strategies to improve in order to attain the highest possible certification pass rates. For example, in 2023, although all nurse anesthesiology (NA) students passed the certification exam within 30 days after the first attempt, the 2023 NA first time certification pass rate was 75%, which

fell below the CON of 90% and the CCNE benchmark of 80%. The faculty developed an action plan and implemented it immediately. We are confident that these continuous quality improvement steps will ensure our nurse anesthesia students' success in the future (See [Nurse Anesthesiology Improvement Plan](#), virtual resource room).

Another example of faculty using data to foster ongoing program improvement is the improvement plan that was put in place for the FNP Concentration. In 2022, the FNP certification pass rate was 84%. While this met the CCNE benchmark of 80%, it did not meet the CON benchmark of 90%. As a result, the faculty developed an action plan and implemented it immediately and in 2023, the FNP concentration had a 100% certification pass rate ([FNP Improvement Plan](#), virtual resource room).

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- are identified for the faculty as a group;
- specify expected levels of achievement for the faculty as a group; and
- reflect expectations of faculty in their roles.

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

[Faculty curricula vitae](#), located on the CON website and in the [virtual resources room](#), provide evidence of notable accomplishments in the areas of teaching, scholarship, service, and clinical practice. The CON has established benchmarks for faculty as a group in the areas of teaching, research/scholarship, service, and clinical practice. Actual outcomes are presented in the aggregate and compared with benchmarks in **Table 4.9** below. Expected faculty outcomes are identified for the faculty and incorporate expected levels of achievement. The faculty handbook contains expectations of faculty in specific ranks. Faculty outcomes are consistent with and contribute to the program's mission and goals and are congruent with institution and program expectations.

Table 4.9. Faculty Aggregate Outcomes

Definition: Rates of actual faculty aggregate outcomes are determined using data collected from annual faculty evaluations.				
Benchmark: Actual faculty aggregate outcomes will meet or exceed the minimum expected levels of achievement in areas of Teaching (mean of >5.0 (Factor 1: Quality of Faculty and Instruction), Research/Scholarship – 100% tenured faculty have research/scholarship, Service – 100% full-time faculty engaged in service, Clinical Practice – 85% advanced practice faculty engaged in practice)				
Report of the Data: Including Actual Level of Achievement				
	2021	2022	2023	Average 2021-2023
Teaching: A mean of ≥ 5.0 (Factor 1: Quality of Faculty and Instruction) on Skyfactor DNP Exit Assessment	5.70	5.63	5.73	5.69

Table 4.9. Faculty Aggregate Outcomes

Definition: Rates of actual faculty aggregate outcomes are determined using data collected from annual faculty evaluations.				
Benchmark: Actual faculty aggregate outcomes will meet or exceed the minimum expected levels of achievement in areas of Teaching (mean of >5.0 (Factor 1: Quality of Faculty and Instruction), Research/Scholarship – 100% tenured faculty have research/scholarship, Service – 100% full-time faculty engaged in service, Clinical Practice – 85% advanced practice faculty engaged in practice				
Report of the Data: Including Actual Level of Achievement				
	2021	2022	2023	Average 2021-2023
Research/Scholarship: 100% of tenure track faculty participate in research/scholarship	100%	100%	100%	100%
Service: 100% full-time of faculty are engaged in service to the college, university, profession, and/or the community.	100%	100%	100%	100%
Clinical Practice: 85% of advanced practice faculty are actively engaged in practice.	90%	90%	90%	90%
<i>Source of Information:</i>	Skyfactor DNP Student Exit Assessment Annual Performance and Planning Review (APPR)			
<i>Assessment Method:</i>	Skyfactor DNP Exit Assessment Annual Performance and Planning Review			
<i>Time/Frequency of Assessment:</i>	Skyfactor - Month of graduation APPR - Annually			
<i>Location of Documentation:</i>	College of Nursing Virtual Resource Room			
<i>Person Responsible:</i>	APPR – Department Chairs Skyfactor - Asst Dean Student Affairs and Evaluation			

Faculty Accomplishments in Teaching: Educational Benchmarking, Inc. results for the past three years indicate that students are satisfied with the quality of instruction provided by the DNP faculty. The mean for student satisfaction with the quality of faculty and instruction in DNP courses for the years 2021-2023 is 5.77 which exceeds the benchmark of 5.5.

DNP program and Post-Graduate APRN Certificate program faculty have been recipients of numerous teaching awards. UTHSC Student Government Excellence Teaching Award for the UTHSC College of Nursing was presented to Crystal Walker in 2023. Laura Reed, FNP Concentration Coordinator, won the award in 2022. Previous winners include Drs. Cory Wilbanks, Patricia Jones-Purdy, and Sam Maceri. Jackie Sharp, PMHNP Concentration Coordinator, received the College of Nursing 2022 Outstanding Teacher Award sponsored by the University of Tennessee Alumni Association.

The CON's Benchmark for Faculty Clinical Practice is 85% of advanced practice faculty will practice in their specific areas of practice. All faculty with advanced practice certification are allotted time to practice in order to remain current in their specialty and mentor students in their clinical settings. Currently, approximately 90% of the DNP program and Post-Graduate APRN Certificate program faculty practice in their specialty. Faculty are recognized locally, nationally and internationally as leaders in their specialty areas.

Numerous other faculty are recognized as Fellows in multiple prestigious professional organizations; The CON [Faculty Fellows](#) are listed on the CON website. Several faculty have been nominated as a Fellow in 2023; outcomes are pending. Bobby Bellflower, DNP Program Director, was selected as a Fellow and Distinguished Practitioner for the National Academies of Practice in December 2023.

Diana Dedmon was recognized as a Health Care Hero by the *Memphis Business Journal* in the Community Outreach category in 2022. The award honors her work on a \$377,000 grant that enabled COVID-19 vaccine education and outreach to six West Tennessee counties. The outreach to rural counties and underserved portions of Shelby County is focused on senior citizens.

Michael Carter is a Distinguished Practitioner in the National Academies of Practice and a Diplomate in Comprehensive Care. He has achieved the status of Fellow in the Australian College of Nurse Practitioners. Dr. Carter was a Visiting Professorial Fellow at Curtin University in Perth, Australia, in 2013. Since then, he has worked at the state and federal levels in Australia to help develop robust nurse practitioner practices. He also has several ongoing research projects in Australia. Dr. Carter also served as Dean and Professor in the UTHSC College of Nursing from 1982-2000.

Emma Murray received the 2023 State award for Excellence in nurse practitioner clinical practice at the American Association of Nurse Practitioners National Conference held in New Orleans in June 2023. Bobby Bellflower received the 2022 State Award for Excellence in nurse practitioner clinical practice at the 2022 American Association of Nurse Practitioners National Conference and Dwayne Accardo was inducted into the 2022 Class of Fellows for the American Association of Nurse Anesthesiology (AANA).

Faculty Accomplishments in Research/Scholarship: The CON's benchmark for faculty research/scholarship is: 100% of tenure track faculty participate in research/scholarship. This benchmark has been achieved as evidenced by annual APPR documents submitted to the department chairs in DM. Nursing faculty have an extensive record of grant funding and publications as illustrated in Table 4.10. below. Source data can be found in [Table 4.11](#). and [Table 4.12](#). in the virtual resource room. Faculty have been very successful in acquiring HRSA Advanced Nursing Education grants to support the DNP program and Post-Graduate APRN Certificate program. Also notable is Sara Day's induction into the Sigma Theta Tau International Nurse Researcher Hall of Fame in 2022 in recognition of the global impact of her nursing research. Ansley Stanfill, Associate Dean of Research, received the 2023 Founder's Award from the International Society of Nurses in Genetics for Excellence in Genomic Research (ISONG).

Table 4.10: 2020-2022 Faculty Grants

Fiscal Year	2021	2022	2023	Average Funding
Total Grant Funding*	\$1,876,373	\$3,872,976	\$3,591,343	\$2,761,767

* These figures represent NEW awards by FY and do not include monies collected during these years from grants funded in FYs prior to 2021.

Faculty Accomplishments in Service: The CON expects 100% of full-time faculty to be engaged in service to the college, university, profession, and/or community. This benchmark has been achieved as evidenced by annual APPR documents submitted to the department chairs via Digital Measures. Faculty are well represented on college and university committees as evidenced by committee membership listed in Standard II. Faculty are actively engaged in the community, conducting health fairs, serving on local advisory boards of community agencies, and volunteering their time in a wide variety of community activities [Faculty Curricula Vitae](#) can be viewed on the CON website. The CON faculty participation in national organizations is illustrated in [Table 4.13](#). in the virtual resource room.

Faculty have had a long history of holding significant leadership positions in service to their organizations, such as presidents in their respective professional and specialty organizations.

Dean Wendy Likes was recognized as a Health Care Hero by the Memphis Business Journal in the Administrative category in 2021. Three faculty members Ansley Stanfill, Loretia Carroll,

and Crystal Walker were selected in 2021 as Tennessee Rising Star Nurse Leaders. Their selection was based on criteria determined by leaders from the Tennessee Action Coalition, Tennessee Nurses Association, and Tennessee Hospital Association that include leadership among peers and others, professional growth and development, contribution to building a culture of health in your community, and commitment as a role model for health. As part of this cohort, they are members of the TN 40 Under 40 program's learning collaborative.

Lisa Beasley received the 2022 Alma E. Gault Leadership Award from the Tennessee Nurses Association (TNA). This award recognizes a member of TNA who demonstrates outstanding leadership qualities in all dimensions of nursing practice by active involvement in projects, organizations, or programs with a focus on improving the health of the population as a whole or aggregates of the population.

Charleen McNeill is the President of the Southern Nursing Research Society. Ansley Stanfill and Charleen McNeill are on the National Advisory Council for the Council for the Advancement of Nursing Science. Bobby Bellflower is the immediate past president of the National Association of Neonatal Nurse Practitioners, Anne Alexandrov serves as President of the Association of Neurovascular Clinicians (ANVC), and Emma Murray serves as President of the Arkansas Nurse Practitioner Association (ANPA). Ricketta Clark serves on the National League for Nursing's Center of Excellence Review Panel for 2022-2024.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response:

Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing improvement.

The CON Evaluation Manual, Timeline and Master Evaluation Plan guide collection and analysis of faculty outcome data. Multiple processes are in place for regular collection of aggregate faculty outcome data regarding teaching, research/scholarship, clinical practice, and service. Aggregate faculty outcomes are analyzed, compared with established benchmarks, trended and published in [the CON Annual Report](#). Faculty use these data to determine program effectiveness and to make needed changes to foster program improvement and achievement of program outcomes. When there are discrepancies between actual and expected outcomes, faculty address the discrepancies in the appropriate arena such as program and college meetings, and in meetings with department chairs to determine plans for improving the outcomes.

Faculty participate in an annual review process completed by the CON department chairs (See [APPR Process](#), virtual resource room). Each faculty member establishes goals in teaching, research/scholarship, clinical practice, and service for the following year. (See [Faculty Goals Form](#), virtual resource room). The CON reviews faculty outcomes regularly through the annual performance evaluation and planning

process and through evaluation data. The department chairs meet annually and as needed with faculty and assess individual faculty outcomes based on collected data such as course evaluations completed by students, abstracts and publications submitted and accepted, service activities, and faculty development activities (See [Sample Faculty Annual Review](#), virtual resource room).

IV-I. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response:

The program identifies Overall Program Effectiveness as a program outcome that is assessed and tracked annually and compared with the established benchmark of a mean of ≥ 5.0 . (Factor 9) on Skyfactor DNP Alumni Assessment data

The mean for Alumni satisfaction with the Quality of Faculty and Instruction for the years 2021-2023 is 5.65 on a Likert scale of 1 (lowest) – 7 (highest) in the AACN/Skyfactor Benchworks© data. This exceeds the established benchmark of 5.0. Strengths identified by alumni include faculty advising and mentorship, excellent knowledgeable faculty, and faculty oversight of clinical experiences. Students also praised faculty by stating that “The program as a whole is great. I can't speak to the BSN- DNP program however the MSN-DNP part time was great.”

A focus group was conducted in May 2022 BSN-DNP cohort that completed their first year in the program. Students described the program as being well-structured during the first year but needing better planning and organization in later semesters. Students identified strengths including well known faculty, faculty care about their well-being, and program resources. Areas of improvement needed were scheduling of out-of-town clinicals and faculty-student communication. The CON considers student focus groups a valid avenue for eliciting student feedback and includes regularly scheduled DNP focus groups for each cohort on a regular basis, at the beginning, midway, and end of the program.

Table 4.14: DNP Program Overall Effectiveness					
Definition: Rates of DNP Program Overall Effectiveness are measured by graduates at 12-months and 3-years post-graduation.					
Benchmark: A mean of ≥ 5.0 (Factor 9: Overall Program Effectiveness) on Skyfactor DNP Alumni Assessment data					
<i>Source of Information:</i>	Skyfactor DNP Alumni Assessment	Report of the Data: Including Actual Level of Achievement			
<i>Assessment Method</i>	Online via AACN Skyfactor Benchworks©				
<i>Time/Frequency of Assessment</i>	12-months and 3-years post-graduation	2020 - 2021	2021-2022	2022-2023	2020-2023 Average

Table 4.14: DNP Program Overall Effectiveness					
Definition: Rates of DNP Program Overall Effectiveness are measured by graduates at 12-months and 3-years post-graduation.					
Benchmark: A mean of ≥ 5.0 (Factor 9: Overall Program Effectiveness) on Skyfactor DNP Alumni Assessment data					
Location of Documentation	College of Nursing Virtual Resource Room				
Person Responsible	Asst Dean Student Affairs and Evaluation	5.96	5.84	6.13	5.96

The mean for alumni satisfaction with the Overall Program Effectiveness assessed within three years of graduation for the years 2022-2022 is 6.13 on a Likert scale of 1 (lowest) – 7 (highest). This exceeds the established benchmark of 5.0. In addition, over 82% said they would recommend the UTHSC DNP program to a close friend. Graduates identified benefits of the instruction methods including: “Teaches you to think an entirely different way” and “My program provided the knowledge to be confident in my medical decision making.” Alumni listed some of their achievements since they graduated including: “Publication of paper in professional nursing journal”, “nominee for Lifechanger of the Year 2022 & 2023”, and “keynote speaker for Psi chapter STTI inductees at Olympic College in Bremerton, WA”. Faculty have considered students’ identification of program weaknesses and made changes to correct these. Examples include the Roles course focuses on primary care and not acute care, and enhanced clarity in student expectations in regard to DNP projects. Evaluation results are widely distributed to external constituents such as the Community Advisory Council and the Alumni Board of Directors.

Table 4.15: Alumni Overall Program Satisfaction					
Definition: Rates of Program Satisfaction are measured by graduates between 12 months and three years post-graduation.					
Benchmark: The mean for student satisfaction with the program will be ≥ 5.0 measured (Factor 7: Overall Satisfaction) on Skyfactor DNP Alumni Assessment data.					
Source of Information:	Skyfactor DNP Alumni Assessment	Report of the Data: Including Actual Level of Achievement			
Assessment Method	Online through AACN Skyfactor Benchworks ©				
Time/Frequency of Assessment	12-months and 3-years post-graduation	2020 - 2021	2021-2022	2022-2023	2020-2023 Average
Location of Documentation	College of Nursing Virtual Resource Room				
Person Responsible	Asst Dean Student Affairs and Evaluation	6.00	5.87	6.09	5.95

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

The CON Evaluation Manual, Timeline, and Master Evaluation Plan guides collection and analysis of outcome data. Multiple processes are in place for regular collection of aggregate student outcome data regarding program completion, licensure, certification, employment rates, and student and alumni program satisfaction. Aggregate student outcomes are analyzed, compared with established benchmarks, trended, and published in [the CON Annual Report](#). Faculty use these data to determine program effectiveness and to make needed changes to foster program improvement and achievement of program outcomes. The Executive Associate Dean of Academic and Student Affairs and respective Program Directors review these data, engage in discussions with faculty regarding need for revisions, and develop strategies to incorporate innovative and creative strategies directed at improvement of areas of concern.

The CON DNP program and Post-Graduate APRN Certificate program is evaluated using several outcome measures. Evaluation is completed at the course, concentration, and program level. Courses are evaluated by students which helps to inform faculty evaluation (See [DNP Course and Faculty Evaluation Templates](#), virtual resource room). At the conclusion of each course faculty complete a course summary evaluation which includes student and faculty evaluation data. Faculty review the course and consider evaluations when making recommendations for changes in the course. At the program level several outcome measures are used including annual concentration summaries that include certification pass rates and end of program evaluation assessed through Skyfactor Benchworks© (for DNP Program Students) and focus groups. The data are summarized and reported at DNP program and Post-Graduate APRN Certificate program meetings (See [DNP Course Summary Template](#), virtual resource room).

At the July 10, 2023, DNP program and Post-Graduate APRN Certificate program retreat, graduation, recruitment, and admission data for the 2022-2023 academic year were reviewed and discussed (See [DNP End of Year Report Presentation and Agenda](#), virtual resource room). The DNP Program director shared findings from student course evaluations. Findings were discussed and faculty suggested changes that could be made for program improvement based on these data. An example of a program change that was agreed upon was the establishment of monthly meetings for students and the DNP program director beginning September 2023. The meetings are held via Zoom on the last Monday of every month except December. These meetings provide students with access to the DNP program and Post-Graduate APRN Certificate program leadership and faculty and give students the opportunity to ask questions and seek clarification on issues of concern.



Appendix A
UT System Organization Chart

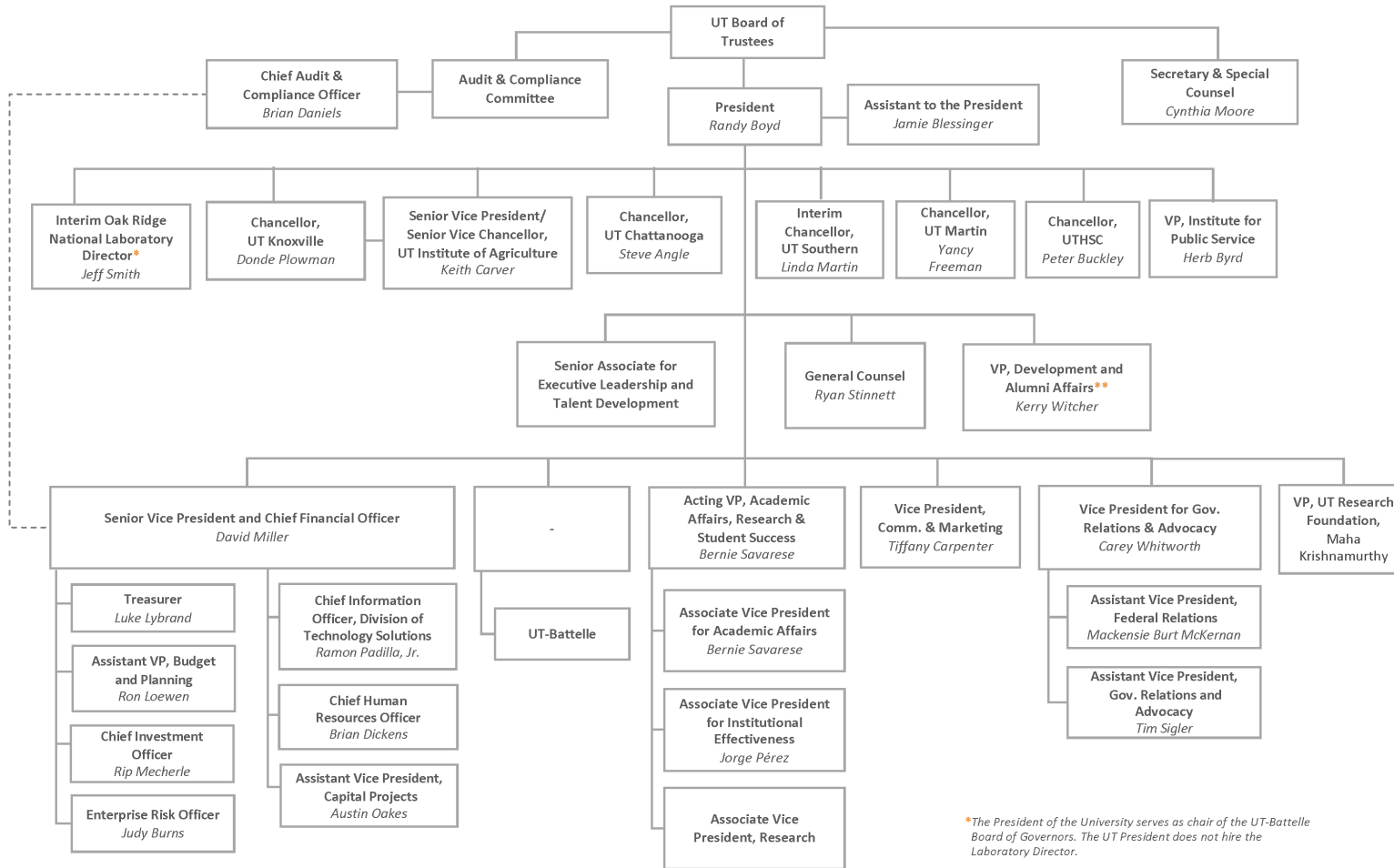
**UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.**

COLLEGE OF NURSING

Appendix A: UT System Organization Chart



March 2023





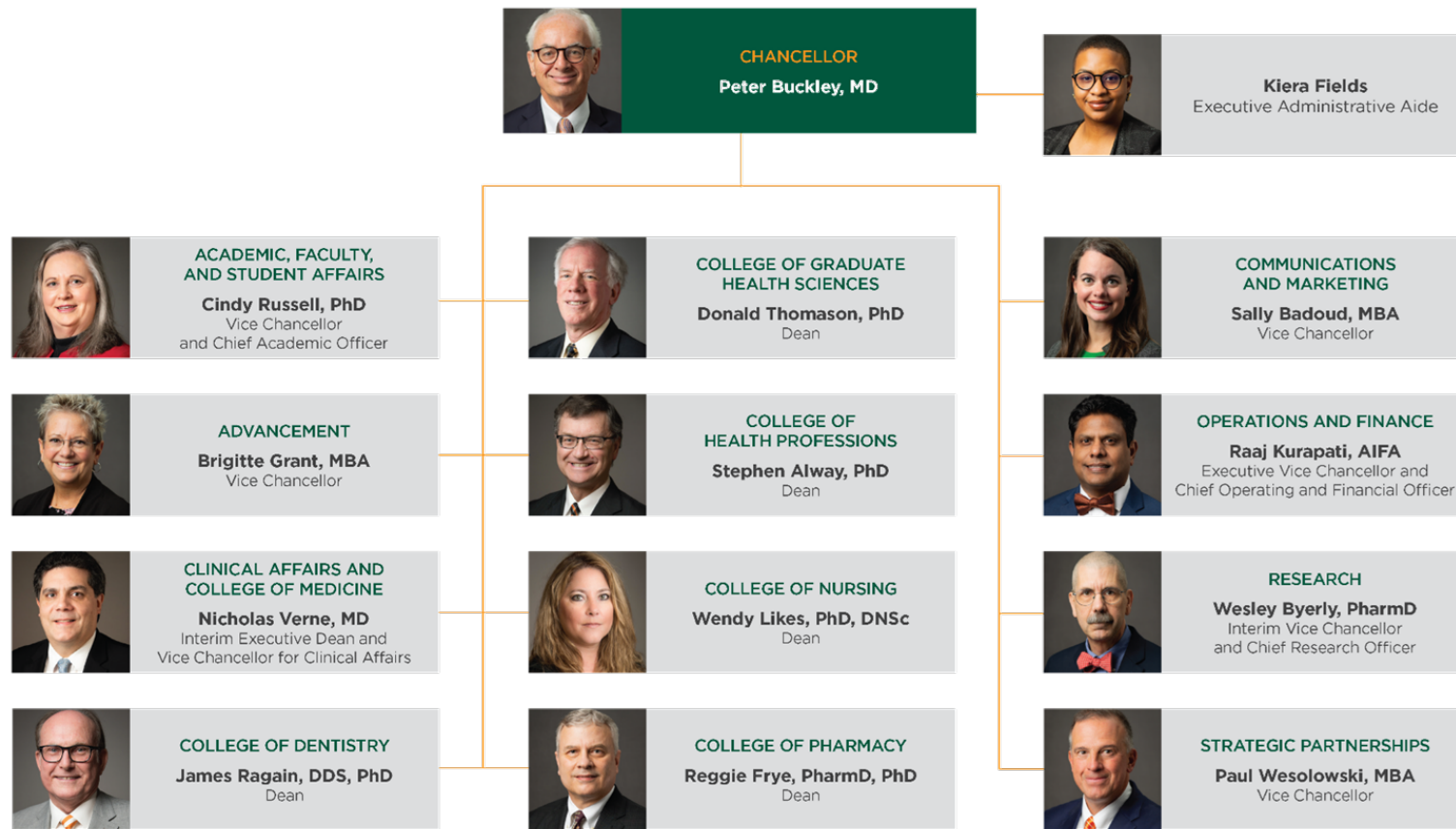
Appendix B
UTHSC Organization Chart

**UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.**

COLLEGE OF NURSING

Appendix B: UTHSC Organization Chart

Office of the Chancellor ORGANIZATIONAL CHART



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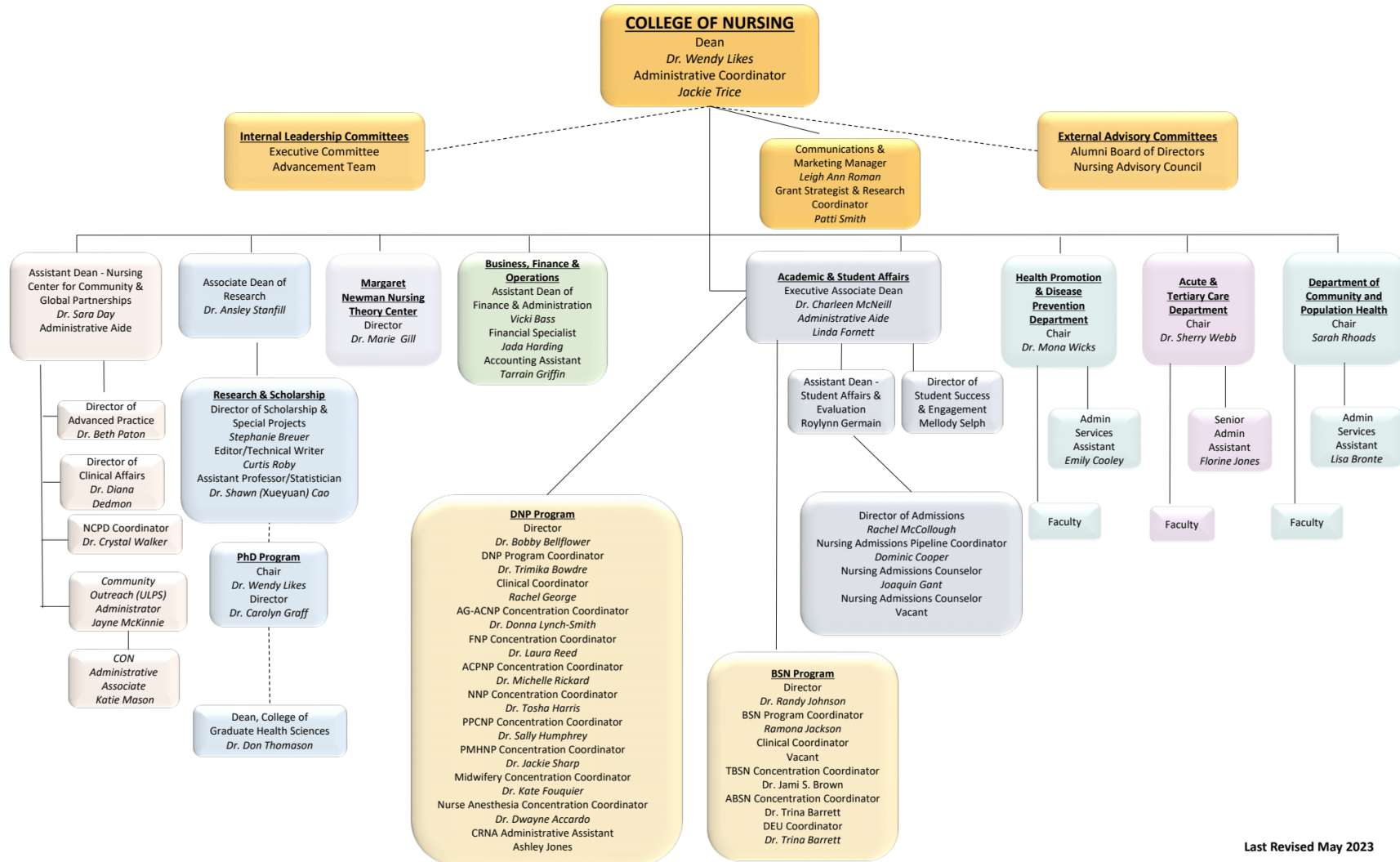


Appendix C
UTHSC College of Nursing Organization Chart

**UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.**

COLLEGE OF NURSING

Appendix C: UTHSC College of Nursing Organization Chart



Last Revised May 2023



Appendix D
CON Evaluation Manual

UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING



Evaluation Manual

College of Nursing (CON) Evaluation Process

College of Nursing (CON) Evaluation Process

Program & Course Preparation (Prior to First Day of Semester/Term)

Clinical-Related Deadlines & Processes:

All clinical materials are to be submitted to the appropriate Program Director and Program Coordinator by the Instructor of Record (IOR). **Faculty should be aware that completion of clinical contracts may require extensive negotiation, lasting 6 months or more. For this reason, faculty should notify the Clinical Coordinator of any new sites needed to allow for contract negotiation time.**

A. BSN Program:

- a. Clinical placement schedule documents should be submitted prior to the first day of the semester/term.
- b. BSN Clinical Coordinator completes the online TCPS twice annually (approximate dates of September 15th and March 15th).
- c. TCPS Document:
 - i. Course name
 - ii. Clinical sites
 - iii. Responsible faculty
 - iv. All student names

B. DNP Program:

- a. DNP clinical placements and site visit dates should be scheduled and documented in Project Concert.
- b. Clinical placement documents submitted by the students should be submitted prior to the first day of clinical rotations.
- c. DNP Clinical Coordinator completes the online TCPS twice annually (approximate dates of September 15th and March 15th).
- d. TCPS Document:
 - i. Course name
 - ii. Clinical sites
 - iii. Responsible faculty
 - iv. All student names
- e. Site visit dates should be documented in Project Concert by mid-term of each semester/term. Dates are subject to change based on extenuating circumstances.
- f. Project Concert Site Visit information includes:
 - i. All students
 - ii. Clinical course name
 - iii. Clinical placements
 - iv. Responsible faculty
 - v. Preceptor(s)
 - vi. Site visit(s) date(s)

College of Nursing (CON) Evaluation Process

Non-Clinical Course Related Deadlines & Processes:

All course syllabi, exam dates, and book orders are to be submitted to the appropriate Program Coordinator by the (IOR) by the below dates for each semester/term:

- A. Fall courses
 - a. Syllabus-July 1st
 - b. Exam Dates- June 1st
 - c. Book List- June 30th (**BSN only**)
- B. Spring courses
 - a. Syllabus-December 1st
 - b. Exam Dates- November 30th
 - c. Book List-November 1st (**BSN Only**)
- C. Summer courses
 - a. Syllabus-April1st
 - b. Exam Dates-February 1st
 - c. Book List-April 1st (**BSN Only**)

ExamSoft

Faculty using **ExamSoft** must submit requests for assistance related to creating and/or proctoring exams to the Academic Affairs ExamSoft Manager a minimum of two weeks prior to the start of each semester/term/block. ExamSoft group and/or individual training will be scheduled as needed.

Simulation Onboarding, Attire, and Scheduling

Faculty using **Simulation** must adhere to the following CHIPS Simulation Policies and Onboarding and Professional Development program. The annual Simulation Educator Needs Assessment survey and CHIPS Simulation Modules must be completed before any scheduled events in CHIPS.

- [Simulation Educator Needs Assessment Tool](#)
- [CHIPS Simulation Modules](#)
- [Simulation Scheduling Policy \(SIM101\)](#)
- [Simulation Attire Policy \(SIM103\)](#)
- [Simulation Faculty/Facilitator Responsibilities \(SIM105\)](#)
- [Simulation Faculty/Facilitator Orientation \(SIM121\)](#)

College of Nursing (CON) Evaluation Process

[Program Handbooks & Faculty/Student/Preceptor Manuals](#)

1. Program Directors are responsible for leading a team to revise program handbooks and faculty/student/preceptor manuals for the next academic year and/or newly admitted students. The review process should be completed by July 15th in order for the Program Director to make final revisions for the July 15th submission to the Executive Associate Dean of Academic and Student Affairs. In addition, the BSN Program Director will conduct a similar process for any addendum or updates of the program handbook and faculty/student/preceptor manuals by November 15th for the spring semester/term.
2. The Program Director should share the final revisions with the appropriate program faculty and the finalized program handbooks and manuals should be submitted annually by July 20 for DNP, July 31st for BSN to the Executive Associate Dean of Academic and Student Affairs, the Program Coordinator, and the Clinical Coordinator. The Executive Associate Dean of Academic and Student Affairs will coordinate with the Communications and Marketing Manager to ensure that updated program handbooks and manuals are placed on the website.

[Executive Team, Program Director & Concentration Coordinator Annual Report Outs \(all report outs should be uploaded to the appropriate Nursing Shared Drive folder\)](#)

1. BSN Concentration Coordinators and the UT Southern Site Coordinator submit an annual report using the approved CON Concentration Summary Report Template (**Appendix A: Concentration Coordinator Annual Summary Report to Program Director**) should be submitted annually by December 15th to the BSN Program Director prior to the annual program retreats.
2. DNP Concentration Coordinators submit an annual report using the approved CON Concentration Summary Report template (**Appendix A: Concentration Coordinator Annual Summary Report to Program Director**) to be submitted annually by July 1st to the DNP Program Director prior to the annual program retreats.
3. Program Director submit an annual report using the approved CON Program Summary Report template (see Appendix B – CON Program Director Report Out) should be submitted annually by July 30 to the Executive Associate Dean of Academic and Student Affairs and the Dean.
4. Executive Team submits an annual report using the approved CON Unit/Department Report template (**Appendix C – Unit/Department Annual Summary Report**) should be submitted annually by June 30 to the Dean.

[Program Director Recommendation Summary Annual Report \(reports should be uploaded to Nursing Shared Drive folder\)](#)

Program Director(s) submit an annual report using the approved CON Program Director Summary template (**Appendix B: Program Director Annual Summary Report**) and present at the Program retreat. The Summary is a report of the “state” of the program along with recommendations for proposed changes to the program/courses. Data collected during the previous 12 months from (a) course evaluations, (b) course summaries, (c) Skyfactor, (d) focus groups, (e) enrollment, (f) progression & graduation, and (g) demographics/diversity will be incorporated into Program Recommendation

College of Nursing (CON) Evaluation Process

Summary. The Program Director will share the Summary with the Executive Associate Dean of Academic and Student Affairs prior to presenting the Summary at the annual Program Faculty Retreat with the intent to facilitate a discussion with Program faculty regarding the data and recommendations for changes. Some changes may require action on behalf of the CON Curriculum Committee which will require additional time for completion.

End of Course/Semester Evaluation Data Collection Process

Course & Faculty Evaluations

1. The Assistant Dean of Student Affairs and Evaluation facilitates the process of disseminating student course and faculty evaluations (**Appendix D: BSN Didactic Course and Faculty Evaluation Template, Appendix E: BSN Clinical Course and Faculty Evaluation Template, Appendix F: DNP Didactic Course and Faculty Evaluation Template, and Appendix G: DNP Clinical Course and Faculty Evaluation Template**) two weeks prior to the Academic calendar date of the end of the semester/term. Students will be afforded the opportunity to participate in the course evaluation process regardless of the number of students enrolled in the course. A disclaimer will be stated on the course evaluation document regarding student choice to participate and protection of anonymity.
2. The surveys are closed one week following the Academic calendar last day of classes for the semester/term/block. The Assistant Dean of Academic and Student Affairs and Evaluation compiles all course evaluation data and prepares a report that is submitted to the appropriate Department Chairs, Program Directors, Program Coordinators, and the Executive Associate Dean of Academic and Student Affairs two weeks following the closing date of the course evaluation process. Course evaluation data are disseminated by the respective Program Coordinator to the program faculty.

Course Summary Process

Instructor of Records (IORs):

Course Summaries (**Appendix K: BSN Program Course Summary Template and DNP Program Course Summary Template**), inclusive of the course evaluation data and input from faculty teaching in the course, are completed by the IOR and submitted by the 1st Monday of the new semester/term to the Concentration Coordinator (step omitted for ABSN courses), the Program Directors and the Assistant Dean of Student Affairs and Evaluation. Each IOR must upload the course summary, course minutes, and final grades for each course. Additional course documents must be uploaded into the course folders managed by the Assistant Dean of Student Affairs and Evaluation based on the accreditation/reaccreditation window of time (**Appendix P: End of Course Process**). Lack of IOR compliance with meeting the deadline will result in an email to the IOR by the Assistant Dean of Student Affairs and Evaluation. Continued lack of compliance will result in a second email copied to the Program Director.

College of Nursing (CON) Evaluation Process

Programs:

BSN: The Traditional BSN Concentration Coordinator collects and analyzes the Course Summaries and Course Evaluations for the Traditional BSN courses and incorporates recommendations as appropriate regarding specific courses and/or the Traditional BSN Program into the Traditional BSN CON Concentration Summary Report Out template. The report out should be submitted annually to the BSN Program Director who uploads the report out to the Nursing SharePoint. The BSN Program Director reviews the (a) Traditional BSN Course Summaries, and (d) Traditional Course Evaluations for analysis in preparing the annual CON Program Director Summary Report.

The UT Southern (UTS) Site Coordinator collects and analyzes the Course Summaries and Course Evaluations for the Traditional BSN courses and incorporates recommendations as appropriate regarding specific courses and/or the Traditional BSN Program into the Traditional BSN CON Concentration Summary Report Out template. The report out should be submitted annually to the BSN Program Director who uploads the report out to the Nursing Shared Drive. The BSN Program Director reviews the Traditional BSN Course Summaries and Traditional Course Evaluations for analysis in preparing the annual CON Program Director Summary Report.

The Accelerated BSN Concentration Coordinator collects and analyzes the Course Summaries and Course Evaluations for the Accelerated BSN courses and incorporates recommendations as appropriate regarding specific courses and/or the Accelerated BSN Program into the Accelerated BSN CON Concentration Summary Report Out template. The report out should be submitted annually to the BSN Program Director who uploads the report out to the Nursing Shared Drive. The BSN Program Director reviews Accelerated BSN Course Summaries and Accelerated Course Evaluations for analysis in preparing the annual CON Program Director Summary Report.

DNP: Each Concentration Coordinator collects and analyzes the Course Summaries for courses in their concentration and incorporates recommendations as appropriate regarding specific courses and/or the concentration into the CON Concentration Summary Report template (*Appendix A: Concentration Coordinator Annual Summary Report to Program Director*). Course evaluations and course summaries will not be completed monthly and, therefore, included only when these activities occur in the evaluation process. The report out should be submitted annually to the DNP Program Director who uploads the report outs to the Nursing Shared Drive. The DNP Program Director reviews the (a) DNP Program Course Summaries, (b) DNP Program Course Evaluations, and (c) Concentration Coordinator Summary Report Outs for analysis in preparing the CON Program Director Summary Report template (*Appendix B: Program Director Annual Summary Report*). Course evaluations and course summaries will not be completed monthly and, therefore, included only when these activities occur in the evaluation process. The CON Program Director Report Out is submitted annually to the Dean and Executive Associate Dean of Academic and Student Affairs.

College of Nursing (CON) Evaluation Process

End of Program/Graduation Evaluation Data Process

Focus Groups

Process:

Focus Groups are conducted annually for the BSN, DNP, and PhD Programs during the months of May and December. The Executive Associate Dean of Academic and Student Affairs and the Assistant Dean of Student Affairs and Evaluation collaborate with and Program Coordinators to organize the focus groups. The composition of each focus group is based on the below stated criteria.

The Focus Group sessions will be facilitated by an external consultant who is skilled in the evaluation process and capable of creating a safe environment for honest and open dialogue with participants. Following the sessions, the consultant will transcribe and analyze the data and prepare a report for distribution to the Executive Associate Dean of Academic and Student Affairs who will disseminate the reports to the Dean and respective Program Directors. Reports for May focus groups will be provided in August while December focus group reports will be provided in February.

Composition:

- A. First-year students and graduates are scheduled on an alternating basis:
 - a. First year student focus groups are to be conducted every **even** year.
 - b. For BSN students, all exiting student focus groups are to be conducted every **even** year.
 - c. Graduating student focus groups are conducted every **odd** year.
 - d. Preceptor focus groups are conducted every odd year but may change based on the needs of the CON.
- B. Students and preceptors are recruited based using the following criteria:
 - a. Student focus groups are comprised of 10-12 students per group.
 - b. Preceptor focus groups are comprised of either primary care (FNP, PPNP, PMHNP) or acute care (NA, AG-ACNP, PANP, NNP, NMW) concentration preceptors consisting of 10-12 preceptors per group.

Skyfactor Student Exit & Alumni Assessments:

Process:

College of Nursing (CON) Evaluation Process

The Assistant Dean of Student Affairs and Evaluation collaborates with Skyfactor personnel in order to access, organize, and administer the student exit assessment for both DNP & BSN Programs. Graduates are provided instructions about participation via electronic communication from the Assistant Dean of Student Affairs and Evaluation. A “window of time” for completion is provided to graduates. Following Skyfactor personnel analysis, a report is prepared and disseminated to the Assistant Dean of Student Affairs and Evaluation who distributes the report to the Dean, Executive Associate Dean of Academic and Student Affairs, and the respective Program Director. Each Program Director will share the report with program faculty during a monthly program meeting following a discussion of the data with the Executive Associate Dean of Academic and Student Affairs.

The 1-year and 3-year Skyfactor Alumni Assessments are administered annually by the Assistant Dean of Student Affairs and Evaluation in December and again in May.

At graduation, the Assistant Dean of Student Affairs and Evaluation administers the CON Exit Contact Information Survey in Qualtrics to all students. The information is added to an alumni spreadsheet.

Accreditation Process Specific to Courses

1. Course Mapping is conducted by the IOR every three years. The IOR submits the completed Course Mapping Template (**Appendix M: BSN Course Mapping Template and Process, Appendix N: DNP Course Mapping Template and Process, and Appendix O: PhD Course Mapping Template and Process**) to the respective Program Director and Assistant Dean of Student Affairs and Evaluation by January 1st.
2. Wake Forest calculator is conducted by the IOR every three years. The IOR submits the completed Course Mapping Template (**Appendix M: BSN Course Mapping Template and Process, Appendix N: DNP Course Mapping Template and Process, and Appendix O: PhD Course Mapping Template and Process**) to the respective Program Director and Assistant Dean of Student Affairs and Evaluation by January 1st.
3. The Evaluation Methods spreadsheet must be updated by the Program Coordinator with input from the Concentration coordinator every three years by June 30th. Updates include the predicted enrollment (PCE), IOR, credit hours, and evaluation method (intensive writing, clinical, limited writing, etc.).
4. Specific documents submitted for the End of Course Process (**Appendix P: End of Course Process**) are dependent on the Program reaccreditation time frame. An IOR teaching a Program course must comply with the CCNE, COA, ACME policy regarding reporting and sharing of required documents. For IORs teaching a Program course **within the 3-year reaccreditation time frame**, all documents listed in (**Appendix P: End of Course Process**) must be prepared and submitted. Program courses that extend **outside the 3-year reaccreditation time frame** will require IORs to submit a course summary, course minutes, and final grades. The Assistant Dean of Student Affairs and Evaluation will coordinate the required course document process that entails the IOR uploading documents to appropriate course folders in compliance with deadlines.

College of Nursing (CON) Evaluation Process

5. Program Directors and Program faculty oversee the distribution, completion, and storage of all clinical-related documents during each semester/term regardless of accreditation time frame. All faculty, preceptor, and student evaluations related to each student clinical experience must be completed prior to calculating a course grade for the student. A central repository such as Project Concert (all BSN and DNP concentrations minus the Nurse Anesthesiology concentration) or Typhon (Nurse Anesthesiology only) will store all clinical-related documents.

Master Evaluation Plan

The Master Evaluation Plan (MEP) will be administered on a quarterly basis under the purview of the CON Dean or designee. CCNE, COA, and ACME Standards along with key elements provide the foundation for the MEP. The sum total of Standards with respective key elements are divided into four-time frames based on the 12-month calendar year. Designated “Responsible Party(ies)” report to the Dean or designee that the Standards and key elements within the quarterly section have been met.

Appendix D: CON Evaluation Manual

The University of Tennessee Health Science Center College of Nursing Master Evaluation Plan

January

- 1st of Month – Course Mapping Template Submitted by IOR to Program Directors & ADSAE

February

- 1st of Month - Summer Exam Dates Submitted by IORs to PCs
- *Course Evaluations – BSN Program
- 15th of the Month– Fall IOR Course Summaries Submitted to CC, PD, ADSAE

March

- 15th of Month - Spring BSN and DNP Program TCPS Completed by Clinical Coordinator
- 15th of Month – Master Evaluation Plan Quarterly Review

April

- 1st of Month - Summer Course Syllabi Submitted by IORs to PCs
- 1st of Month - Summer Book List Submitted by IORs to PCs (*BSN Only*)
- 15th of Month - Spring DNP Program Site Visit Completed in Project Concert by Faculty with Oversight by DNP CC

May

- *Course Evaluations – All Programs
- Student Focus Groups – 1st year-even years; graduates – odd years
- Preceptor Focus Groups – odd years
- Skyfactor Assessments
- CON Exit Assessments

June

- 1st of Month - Fall Exam Dates Submitted by IORs to PCs
- 15th of Month – BSN & DNP Faculty/Student/Preceptor Manuals Submitted to PDs
- 15th of Month – Master Evaluation Plan Quarterly Review
- End of Month – Wake Forest Calculator – DNP Courses (every 3 years-schedule below)
 - 2024: Neonatal
 - Peds Acute Care NP
 - Peds Primary Care
 - 2025: FNP
 - Nurse Midwifery
 - PMH

**The University of Tennessee Health Science Center
College of Nursing
Master Evaluation Plan**

- NSG 947
- NSG 948
- NSG 949
- NSG 950
- NSG 910
- NSG 876
- 2026: Nurse anesthesia
 - AGACNP
 - NSG 877
 - NSG 824
 - NSG 827
 - NSG 855
 - NSG 830
 - NSG 831
- End of Month – Content Mapping – DNP Courses (include Centers of Excellence content, program outcomes, and AACN Essentials every 3 years-see schedule below)
 - 2024, 2027: Neonatal
 - Peds Acute Care NP
 - Peds Primary Care
 - 2025, 2028: FNP
 - Nurse Midwifery
 - PMH
 - NSG 947
 - NSG 948
 - NSG 949
 - NSG 950
 - NSG 910
 - NSG 876
 - 2026, 2029: Nurse anesthesia
 - AGACNP
 - NSG 877
 - NSG 824
 - NSG 827
 - NSG 855
 - NSG 830
 - NSG 831
- End of Month - Fall Book List Submitted by IORs to PCs (*BSN Only*)
- End of Month – Executive Team report due
- Evaluation Methods spreadsheet updated

July

- 1st of Month -Fall Course Syllabi Submitted by IORs to PCs

**The University of Tennessee Health Science Center
College of Nursing
Master Evaluation Plan**

- 15th of Month - Summer DNP Program Site Visit Completed in Project Concert by Faculty with Oversight by DNP CC
- 15th of Month – Program Directors review BSN, DNP, or PhD Program Handbooks & Faculty/Student/Preceptor Manuals with Faculty for Revisions
- 15th of the Month– Spring IOR Course Summaries Submitted by IORs to CC, PD, ADSAE
- 15th of Month – Master Evaluation Plan Quarterly Review
- *Course Evaluations – All Programs
- 15th of the month – BSN CCs and UT Southern Site Coordinator submit annual report outs to the Nursing SharePoint Folder
- **DNP Annual Program Director Program Recommendation Summary – Program Faculty Retreat**
- End of Month – BSN & DNP Program Handbooks and Faculty/Student/Preceptor Manuals final revisions Submitted to EADASA
- Skyfactor Assessment - BSN

August

- CON Exit Assessment

September

- 15th of Month - Fall BSN and DNP Program TCPS Completed by Clinical Coordinator
- 15th of the Month – Summer IOR Course Summaries Submitted to CC, PD, ADSAE
- Course Evaluations – BSN Program

October

- 15th of Month – Master Evaluation Plan Quarterly Review

November

- End of Month - Spring Exam Dates Submitted by IORs to PCs
- 1st of Month - Spring Book List Submitted by IORs to PCs (*BSN Only*)
- Wake Forest Calculator due – BSN Courses (every 3 years-see schedule below)
 - 2024, 2027 - First term courses
 - 2025, 2028 - Second term courses
 - 2026, 2029 - Third term courses
- Content Mapping due – BSN Courses (include Centers of Excellence content, program outcomes, and AACN Essentials every 3 years-see schedule below)
 - 2024, 2027 - First term courses
 - 2025, 2028 - Second term courses
 - 2026, 2029 - Third term courses

**The University of Tennessee Health Science Center
College of Nursing
Master Evaluation Plan**

- End of Month - DNP Program Site Visit Completed in Project Concert by Faculty with Oversight by DNP CC

December

- 1st of Month - Spring Course Syllabi Submitted by IORs to PCs
- 15th of the month – DNP CCs submit annual report outs within the Nursing Shared Drive Folder
- **BSN Annual Program Director Program Recommendation Summary – Program Faculty Retreat**
- Skyfactor Assessments
- CON Exit Assessments
- **Student Focus Groups – BSN graduating students-even years**

Position Abbreviations and definitions:

CC-Concentration Coordinator

PD- Program Director

PC-Program Coordinator

EADASA-Executive Associate Dean of Academic and Student Affairs

ADSAE-Assistant Dean of Student Affairs and Evaluation

Centers of Excellence – telehealth, sickle cell, stroke, nursing theory, and rural health

Color Legend:

Orange – Annual Report Outs

Blue – Course-Related Activities

Green – Focus Groups

Gray – Skyfactor

Red – Annual Program Director Recommendation Summary Report Outs

Purple – Accreditation-Related Activities

Black – Master Evaluation Plan



Appendix E
Criteria for Evaluation of Nurse Practitioner Programs
Documentation Checklist

UT THE UNIVERSITY OF TENNESSEE
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COLLEGE OF NURSING

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

The checklist provides a mechanism for documenting that criteria have been met and the required documentation provided. This form is provided as one example of a tool for tracking whether or not criteria are met. If using the checklist, additional materials and narrative must accompany the form in order to provide full documentation. The location of required and/or supporting documentation should be indicated within the accompanying narrative. Programs/ tracks may wish to use this checklist as presented or adapt it to meet their specific needs.

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
CRITERION I: Organization and Administration	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
I.A. The director/coordinator of the NP program is nationally certified as an NP and has the responsibility of overall leadership for the NP program.	<ul style="list-style-type: none"> Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator). Documentation of credentialing as an NP in the state (or territory) of practice. Proof of national certification as an NP in at least one population-focused area. A statement describing the program director/ coordinator's responsibilities to the program. 	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
I.B. The faculty member who provides direct oversight for the NP educational component or track is nationally certified in the same population-focused area of practice.	<ul style="list-style-type: none"> Curricula vitae of NP faculty who provide oversight for each population-focused track. Documentation of credentialing as an NP in the state (or territory) of practice. Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate. A statement describing the lead NP faculty member's responsibilities to the program. 	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>
I.C. Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.	<ul style="list-style-type: none"> (1) A copy of institutional policies or guidelines that support or document NP faculty's ability to practice; or (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload. Documentation of faculty practice plan or arrangements, if applicable. 	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
CRITERION II: Students	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.	<ul style="list-style-type: none"> • A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> • Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> • Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post-graduate study. 	<input checked="" type="checkbox"/>
II.B. Any progression and completion criteria specific to the NP program/track reflect ongoing involvement by NP faculty.	<ul style="list-style-type: none"> • Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> • A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress. 	<input checked="" type="checkbox"/>
CRITERION III: Curriculum	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
III.A. NP faculty provide ongoing input into the development, evaluation, and revision of the NP curriculum.	<ul style="list-style-type: none"> • Examples of curriculum committee meeting minutes documenting that NP faculty are developing, evaluating, and revising the curriculum. 	<input checked="" type="checkbox"/>
III.B. The curriculum is congruent with national standards for	<ul style="list-style-type: none"> • The nationally recognized educational standards and 	<input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \surd if yes
graduate level advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies and educational standards.	competencies used for developing curriculum for graduate core, APRN core, and NP role/population-focused content. (See Sample Form G.)	
	• The national standards used for developing curriculum for specialty content	<input checked="" type="checkbox"/>
	• The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate.	<input checked="" type="checkbox"/>
	• A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/population-focused educational standards and core competencies are included.	<input checked="" type="checkbox"/>
	• A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable.	<input checked="" type="checkbox"/>
III.C.1. The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program.	• Written statement provided to students identifying the role and population-focused certification examination for which they are prepared to meet educational eligibility requirements to apply upon successful completion of the program.	<input checked="" type="checkbox"/>
	• Documentation demonstrating that a program prepares graduates to meet educational eligibility requirements for the national certification examination(s) for each NP track.	<input checked="" type="checkbox"/>
III.C.2. Official documentation states the NP role and population focus of educational preparation.	• A sample transcript for an NP graduate showing educational preparation for the NP role and at least one (1) population focus and/or	<input checked="" type="checkbox"/>
	A sample official letter with institutional seal used to specify the educational preparation for the NP role and at least one (1) population focus.	<input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \surd if yes
III.D. The curriculum plan demonstrates appropriate course sequencing.	<ul style="list-style-type: none"> The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Documentation of the process used to verify student learning experiences and clinical hours. 	<input checked="" type="checkbox"/>
III.E The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.	<ul style="list-style-type: none"> An overview of the curriculum. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> An overview of the number of required precepted clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.) 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies. 	<input checked="" type="checkbox"/>
III.F. Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate- level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.	<ul style="list-style-type: none"> A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. (See Sample Form F.) 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience. 	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> A sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology). 	<input checked="" type="checkbox"/>
CRITERION IV: Resources, Facilities, and Services Documentation	Documentation Required Evidence of Meeting Criterion	Documentation Present - \surd if yes
IV.A. Institutional resources, facilities, and services support the development, management, and	<ul style="list-style-type: none"> Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the 	<input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
evaluation of the NP program/track.	<p>specific needs of the NP program/track.</p> <ul style="list-style-type: none"> Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track. 	<input checked="" type="checkbox"/>
IV.B. Clinical resources support NP educational experiences.	<ul style="list-style-type: none"> A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, or rural clinic), and client characteristics. (See Sample Forms A and B.) A sample of a contractual agreement, including a statement on liability coverage A copy of the policy covering student rotations at clinical sites. 	<input checked="" type="checkbox"/>
IV.B.1. A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/ student ratio is sufficient to ensure adequate supervision and evaluation.	<ul style="list-style-type: none"> Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students. Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision for the program. Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term. Evidence of faculty and student assessment of the clinical experience to meet learning objectives. Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation. 	<input checked="" type="checkbox"/>
IV.B.2. Clinical settings used are diverse and sufficient in number to ensure that the student will	<ul style="list-style-type: none"> Records for the process used to document student learning experiences and clinical hours. 	<input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
meet core curriculum guidelines and program/track goals.	<ul style="list-style-type: none"> Copies of policies relevant to clinical placement. 	<input checked="" type="checkbox"/>
IV.B.3. NP faculty may share the clinical teaching of students with qualified preceptors	<ul style="list-style-type: none"> Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women's health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.) 	<input checked="" type="checkbox"/>
IV.B.3.a. A preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.	<ul style="list-style-type: none"> (1) A copy of each preceptor's current state authorization to practice and national certification, as appropriate; or (2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program. 	<input checked="" type="checkbox"/>
IV.B.3.b. A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience	<ul style="list-style-type: none"> Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women's health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. (See Sample Form B.) 	<input checked="" type="checkbox"/>
IV.B.3.c. Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.	<ul style="list-style-type: none"> Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors. A copy of preceptor orientation information. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
CRITERION V: Faculty and Faculty Organization Documentation	Documentation Required Evidence of Meeting Criterion	Documentation Present - \checkmark if yes
V.A.1. NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development	<ul style="list-style-type: none"> Copies of faculty profiles including credentials, licensure/ approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. (See Sample Form C.) 	<input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - √ if yes
and clinical management courses for NP practice.	<ul style="list-style-type: none"> • An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of: – Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses; – Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments; – Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or – Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment impacting NP practice. 	☒
V.A.2. NP program faculty who teach the clinical components of the program/ track maintain current licensure and national certification.	<ul style="list-style-type: none"> • Evidence or documentation that a copy of each faculty member's state license/approval/ recognition and national certification, are maintained in a file, as appropriate. 	☒
V.A.3. NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.	<ul style="list-style-type: none"> • A copy of the faculty development plan for the institution/program. 	☒
V.B. Non-NP faculty have expertise in the area in which they are teaching.	<ul style="list-style-type: none"> • An overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities. (See Sample Form D.) 	☒
CRITERION VI: Evaluation	Documentation Required Evidence of Meeting Criterion	Documentation Present - √ if yes

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - \checkmark if yes
VI.A. There is an evaluation plan for the NP program/track.	<ul style="list-style-type: none"> A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration. 	<input checked="" type="checkbox"/>
VI.A.1. Evaluate courses at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of current course evaluation process and review schedule. 	
VI.A.2. Evaluate NP program faculty competence at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of mechanisms or processes and schedule for review used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, or peer review). 	<input checked="" type="checkbox"/>
VI.A.3. Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.	<ul style="list-style-type: none"> Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program. Copies of evaluation forms used. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
VI.A.4. Evaluate students' attainment of competencies throughout the program.	<ul style="list-style-type: none"> Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.) 	<input checked="" type="checkbox"/>
VI.A.5. Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.	<ul style="list-style-type: none"> Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance. Documentation of the availability of completed evaluations. Documentation of the frequency and process used for evaluation of the student's clinical performance. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
VI.A.6. Evaluate clinical sites at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of how clinical sites are evaluated. 	<input checked="" type="checkbox"/>
VI.A.7. Evaluate preceptors at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of how preceptors are evaluated, to include faculty and student evaluations. 	<input checked="" type="checkbox"/>
VI.B. Formal NP curriculum evaluation occurs every five (5) years or sooner.	<ul style="list-style-type: none"> Documentation of frequency of curriculum evaluation. Documentation of curricular decisions based upon evaluation. 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Appendix E: Criteria for Evaluation of Nurse Practitioner Programs Documentation Checklist

CRITERION	Documentation Required Evidence of Meeting Criterion:	Documentation Present - √ if yes
VI.C. There is an evaluation plan to measure outcomes of graduates.	<ul style="list-style-type: none">Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to further support the outcomes of the program.	☒



Appendix F
Faculty Clinical Practice Plan

UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

**THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
FACULTY PRACTICE PLAN**

STANDARD OPERATING PROCEDURES
Revised 8/21/2023

PURPOSE

The University of Tennessee Health Science Center (UTHSC) College of Nursing (CON) is committed to assuming a leadership role in health care through the development of a CON faculty practice plan (FPP). The name of the CON FPP shall be the UTHSC CON Practice. The development of a CON FPP is in line with the CON's stated mission and goals, which include cultivation of creativity and passion to improve health care, leading scientific innovations and clinical practice, using innovative academic approaches, serving society, and building community partnerships.

The development of the CON FPP also supports UTHSC's overall goals by improving the health and well-being of Tennesseans and the global community by fostering integrated, collaborative, and inclusive education, research, scientific discovery, clinical care, and public service. In addition, the CON FPP will facilitate the CON's involvement in health care reform by expanding the range of and increasing access to a variety of health care services in underserved urban and rural areas of Tennessee, Arkansas and Mississippi.

The CON FPP will provide opportunities for CON faculty to demonstrate and model the role of the advanced practice nurse (APN) in practice settings and provide a platform for scholarly inquiry related to clinical practice. The CON FPP will seek out opportunities to provide clinical services for vulnerable populations. Additionally, the CON faculty will be enabled to maintain clinical competency and fulfill certification requirements, which support the CON's accreditation requirements. Clinical placement and teaching of students, and inter-professional opportunities will be optimized through the CON FPP.

STRUCTURE OF CON FPP

Definition

For the purpose of the CON FPP, individuals, families, and communities define *faculty practice* as the provision of direct clinical nursing services by CON faculty

Appendix F: Faculty Clinical Practice Plan

members that contribute to the promotion and maintenance of health. *Faculty practice* does not include consultation (episodic agreements) such as visiting professorships, or presentations; legal consultation; or participation on national peer review committees or site visits.

Goals and Objectives

Since nursing is a practice profession, nurse educators should take the opportunity to practice in their respective area of expertise to maintain both proficiency and national certification. The CON FPP is anticipated to:

- 1) Increase the opportunities for the demonstration and dissemination of state-of-the-art nursing practice. It will provide a vehicle for CON faculty to interact more frequently with state-wide health care systems and community agencies, assuming a leadership role in modeling new approaches based on current knowledge and scholarship in the field of nursing.
- 2) Foster the development, implementation, and evaluation of innovative models of health care. The delivery and testing of these models in actual care settings will provide direct feedback regarding the outcomes, quality, effectiveness and costs of nursing models of health care delivery and the appropriate use of these models in addressing health care quality and access.
- 3) Develop CON practice sites that will provide stable clinical and management experiences for students. Stable clinical practice sites will expedite recruitment and placement, assure consistency, maintain quality and enhance overall student learning.
- 4) Provide faculty with the opportunity to maintain their clinical expertise.
- 5) Provide opportunities for faculty to more easily engage in research.
- 6) Generate revenue for the CON that can be used to support CON faculty, and the mission and goals of the CON.
- 7) Promote collaboration among CON faculty, students and other health care disciplines.

Organizational Structure

The CON FPP's structure is best described as an internal initiative of the CON within UTHSC's own organizational structure. The CON FPP will be led by a CON Director of Faculty Practice appointed by the CON Dean. A CON FPP committee will be appointed by the CON Dean to serve as an advisory committee, and to assist in the development of practice-related policies, procedures, and rules of governance and implementation of the CON FPP.

Operational Procedures

Membership

Membership in the CON FPP is mandatory for faculty who are engaged in practice, are paid directly by UTHSC CON and whose FTE is fifty (50%) or greater. Other part-time CON faculty members may become members upon recommendation and approval by the CON Dean. Faculty members with majority clinical assignment will not be included in the FPP.

Faculty who hold a nine-month appointment in the CON generally will not be included in the CON FPP and must limit their clinical practice to the three-month period they are released from their academic assignment.

Membership in all instances is at the discretion of the Dean.

Memorandum of Understanding

A memorandum of understanding of the conditions for participation in the CON FPP will be executed at least annually by each CON faculty member participating in the CON FPP. All CON faculty members participating in Option B (described below) are required to report any proposed change in clinical practice site initiated by the clinical practice site to the CON Dean and the CON Director of Faculty Practice (CON FPP Director) within a 7-day period after any such proposed change.

Practice Request Approval Process

After obtaining written approval of the Department Chair, and prior to engaging in any outside clinical practice, all CON faculty members desiring to engage in clinical practice at an outside organization in accordance with Option B (described below) shall submit a request for faculty practice in writing to the CON FPP Director. Requests will include: a description of the type of practice anticipated, percent of faculty time required, anticipated income, manner of payment, anticipated student involvement, contact information (if site pre-identified), and other pertinent details. The CON FPP Director will receive written approval from

Appendix F: Faculty Clinical Practice Plan

the Dean prior to initiating any new contracts. Faculty who joined UTHSC CON after July 1, 2021, are required to participate in Option A (described below).

Option A/College of Nursing Faculty Practice Contract Model

The CON FPP will negotiate individual contracts with existing clinical practice sites as the existing contract with the CON faculty member expires. If the existing contract's term automatically renews or is open-ended, the CON faculty member will be expected to cooperate with and assist the CON FPP in renegotiating such contract for the benefit of UTHSC and the CON FPP.

A UTHSC CON restricted account will be established for the receipt and disbursement of CON FPP income in accordance with the standard operating procedures. CON FPP income is defined as all gross income received by UTHSC pursuant to contracts between clinical practice sites and UTHSC's CON FPP. Unless otherwise determined by the CON Dean, funds generated by practicing faculty, who meet the requirements for FPP membership, will be designated to the UTHSC CON restricted account. All disbursement of funds from the UTHSC CON restricted account must be consistent with the University policy. All gross income received by UTHSC pursuant to contracts between clinical practice sites and UTHSC's CON FPP shall be disbursed **monthly** as follows: 5% to the CON Dean's account, 10% to UTHSC CON FPP account, 85% to a UTHSC CON FPP productivity bonus pool. Disbursements from the UTHSC CON FPP productivity bonus pool will be commensurate with each individual CON faculty member's contribution in generating such revenue for the CON FPP. CON faculty members will have no property interest or right in such contract revenue, with all such contract revenue being the sole property of UTHSC CON. To receive a **monthly** productivity bonus from the University, the CON faculty member must be employed with the UTHSC CON when the disbursements are made.

Procedure for Monthly Distribution of FPP Bonus to Faculty:

Faculty will report their hours worked at their FPP site on their monthly timesheet by the 5th of each month following the month the hours were worked. The attendance type FPP will be used to designate these hours in the middle Other Non-Duty Code column. The hours worked will also be added to the middle hours column beside the appropriate dates on the calendar. Once the timesheets are received by the CON business office, the FPP bonus to be paid will be calculated by multiplying the number of FPP hours on the timesheet by

Appendix F: Faculty Clinical Practice Plan

85 percent of the contracted FPP hourly rate for that faculty member. This total will be entered as Additional Special Pay on the faculty member's paycheck that month.

Option B/Percent Salary Assessment Model

- 5% of faculty member's UT salary, not to exceed \$5,000, is reallocated to UTHSC CON FPP account (i.e., 25% to CON Dean's account; 75% to UTHSC CON FPP account). Faculty maintains contract with outside practice site organization.
- Faculty retains revenue gained from contract with outside practice site organization.

If a faculty member is enrolled in Option B, and the initial contract is terminated for any reason, the faculty member thereafter will be required to participate through Option A.

Professional Liability Insurance Coverage

Professional liability insurance coverage must be consistent with the University policy. Generally, professional liability insurance coverage will need to be provided either by the practice site or the faculty member when the contract provides for an assignment of the faculty member's right to bill.

Special Circumstances

All clinical practice activity of a CON faculty member must be consistent with the University policy including but not limited to the University's Outside Compensated Services policy. Any clinical practice activity of a full-time individual CON faculty member will have to be approved in advance and in writing by the CON Dean.

Usurpation of CON FPP Business Opportunities Prohibited

Appendix F: Faculty Clinical Practice Plan

All CON faculty participating in the CON FPP will be prohibited from any other clinical practice outside of the CON FPP. “Moonlighting” will not be allowed. The CON FPP Director will be informed in writing of all clinical practice opportunities presented to a CON faculty member participating in the CON FPP.

Student Clinical Experiences

All faculty participating in the CON FPP are required to act as preceptors to students as requested.

Violations

Violations of these CON FPP standard operating procedures will be cause for a written plan of action to become compliant and will be reflected during CON faculty annual evaluations. Violations may be the cause for dismissal of the faculty member, consistent with UTHSC policies and procedures.

Termination of Membership

A CON faculty member leaving the CON faculty for any reason will result in automatic termination of membership in the CON FPP without any recourse for the CON faculty member.

A clinical faculty member describes faculty whose primary responsibility is limited to clinical practice and associated teaching duties.

If a clinical faculty member’s relationship with a practice site terminates, UTHSC CON has the option to cease the relationship with the clinical faculty member.

Adopted June 21, 2021



Appendix G
CON 3-Year Budget

UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

Appendix G: CON 3-Year Budget

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER													
FY 2020 PROPOSED BUDGET CONTROL													
AS OF MARCH 11, 2018													
ACCT NO.	ACCOUNT NAME		FY19	FY19	General	Income	Total FY19 Base Budget Expense	Total FY19 Base Budget Income	FY 2020 Proposed Budget Expense	FY 2020 Proposed Budget Income	FY 2020	FY 2020	Proposed Budget Over/(Under) Base
			Current Base Budget Expense	Current Base Budget Income	Budget Revisions Expense						Proposed Expense Budget Adjustments	Proposed Income Budget Adjustments	
COLLEGES													
NURSING													
E073801	ADMINISTRATION-COLL OF NURS	15	634,944	0	0	0	634,944	0	569,376	0	(65,568)	0	(65,568)
E073850	NURSING-RESEARCH PROGRAMS	15	319,503	0	0	0	319,503	0	316,791	0	(2,712)	0	(2,712)
E073860	NURSING-DISTRIBUTIVE PROGRAMS	15	412,130	0	0	0	412,130	0	366,881	0	(45,249)	0	(45,249)
E073865	NURSING-ACADEMIC & STUDENT AFFAIRS	15	67,121	0	0	0	67,121	0	679,957	0	8,745	0	8,745
E073871002	NURSING-STUDENT FEES		15,000	15,000	0	0	15,000	15,000	24,000	24,000	9,000	9,000	0
E073877	NURSING-HEALTH PROMO/DISEASE PREVENTION		4,013,735	0	0	0	4,013,735	0	3,808,708	0	(205,027)	0	(205,027)
E073883	NURSING-ACUTE AND TERTIARY CARE		3,656,524	0	0	0	3,656,524	0	3,966,335	0	309,811	0	309,811
SUBTOTAL	NURSING REGULAR ACCOUNTS	15	9,723,048	15,000	0	0	9,723,048	15,000	9,732,048	24,000	9,000	9,000	0
E073330006	CONTINUING EDUC-NURSING		2,100	2,100	0	0	2,100	2,100	4,000	4,000	1,900	1,900	0
E073877003	CTR FOR COMMUNITY PARTNERSHIP & NURSING INNOVATION		52,000	52,000	0	0	52,000	52,000	100,000	100,000	48,000	48,000	0
SUBTOTAL	NURSING SELF-FUNDED ACCOUNTS		54,100	54,100	0	0	54,100	54,100	104,000	104,000	49,900	49,900	0
TOTAL	COLLEGE OF NURSING	15	9,777,148	69,100	0	0	9,777,148	69,100	9,836,048	128,000	58,900	58,900	0

Appendix G: CON 3-Year Budget

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER													
FY 2021 PROPOSED BUDGET CONTROL													
AS OF MARCH 16, 2020													
ACCT	ACCOUNT		FY20	FY20	General		Total	Total	FY 2021	FY 2021	FY 2021	FY 2021	Proposed Budget
NO.	NAME		Current Base	Current Base	Budget	Income	FY20 Base	FY20 Base	Proposed	Proposed	Proposed	Proposed	Over/(Under)
			Budget	Budget	Revisions	Revisions	Budget	Budget	Budget	Budget	Expense Budget	Income Budget	Base
			Expense	Income	Expense	Income	Expense	Income	Expense	Income	Adjustments	Adjustments	Net of Income
COLLEGES													
NURSING													
E073801	ADMINISTRATION-COLL OF NURS	15	570,095	0	0	0	570,095	0	637,911	0	67,816	0	67,816
E073801010	NURSING CASA SCHOLARSHIP		2,500	2,500	0	0	2,500	2,500	2,500	2,500	0	0	0
E073850	NURSING-RESEARCH PROGRAMS	15	382,100	0	0	0	382,100	0	279,293	0	(102,807)	0	(102,807)
E073860	NURSING-STUDENT AFFAIRS	15	313,309	0	0	0	313,309	0	348,091	0	34,782	0	34,782
E073865	NURSING-ACADEMIC AFFAIRS	15	677,085	0	0	0	677,085	0	655,329	0	(21,756)	0	(21,756)
E073871002	NURSING-BOARD REVIEW FEE		33,700	33,700	0	0	33,700	33,700	33,700	33,700	0	0	0
E073871003	NURSING-BSN DC MATERIALS		154,250	154,250	0	0	154,250	154,250	154,250	154,250	0	0	0
E073871004	NURSING-DIGITAL COURSE EQUIPMENT		54,600	54,600	0	0	54,600	54,600	54,600	54,600	0	0	0
E073871005	NURSING-NURSING KITS		33,800	33,800	0	0	33,800	33,800	33,800	33,800	0	0	0
E073871006	NURSING-DNP DC MATERIALS		5,200	5,200	0	0	5,200	5,200	5,200	5,200	0	0	0
E073877	NURSING-HEALTH PROMO/DISEASE PREVENTION		4,050,217	0	0	0	4,050,217	0	4,055,112	0	4,895	0	4,895
E073883	NURSING-ACUTE AND TERTIARY CARE		3,872,345	0	0	0	3,872,345	0	3,889,415	0	17,070	0	17,070
SUBTOTAL	NURSING REGULAR ACCOUNTS	15	10,149,201	284,050	0	0	10,149,201	284,050	10,149,201	284,050	0	0	0
E073930006	CONTINUING EDUC-NURSING		4,000	4,000	0	0	4,000	4,000	4,000	4,000	0	0	0
E073877003	CTR FOR COMMUNITY PARTNERSHIP & NURSING INNOVATION		100,000	100,000	0	0	100,000	100,000	49,264	49,264	(50,736)	(50,736)	0
E073877013	CON-NIGHTINGALA PROGRAM		22,500	22,500	0	0	22,500	22,500	25,000	25,000	2,500	2,500	0
SUBTOTAL	NURSING SELF-FUNDED ACCOUNTS		126,500	126,500	0	0	126,500	126,500	78,264	78,264	(48,236)	(48,236)	0
TOTAL	COLLEGE OF NURSING	15	10,275,701	410,550	0	0	10,275,701	410,550	10,227,465	362,314	(48,236)	(48,236)	0
	GRAND TOTALS		10,275,701	410,550	0	0	10,275,701	410,550	10,227,465	362,314	(48,236)	(48,236)	0

Appendix G: CON 3-Year Budget

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER												
FY 2022 PROPOSED BUDGET CONTROL												
AS OF FEBRUARY 28, 2021												
ACCT NO.	ACCOUNT NAME	FY21 Current Base Budget Expense	FY21 Current Base Budget Income	General Budget Revisions Expense	Income Revisions	Total FY21 Base Budget Expense	Total FY21 Base Budget Income	FY 2022 Proposed Budget Expense	FY 2022 Proposed Budget Income	FY 2022 Proposed Expense Budget Adjustments	FY 2022 Proposed Income Budget Adjustments	Proposed Budget Over/(Under) Base Net of Income
COLLEGES												
NURSING												
E073801	ADMINISTRATION-COLL OF NURS	15 682,467	0	0	0	682,467	0	715,573	0	33,106	0	33,106
E073801001	NURSING-PROG ADJ-ACAD SUPPORT	0	0	0	0	0	0	0	0	0	0	0
E073801002	NURSING PROGRAM ADJ	0	0	0	0	0	0	0	0	0	0	0
E073801010	NURSING CASA SCHOLARSHIP	2,500	2,500	0	0	2,500	2,500	2,500	2,500	0	0	0
E073851	NURSING-RESEARCH PROGRAMS	15 276,793	0	0	0	276,793	0	368,656	0	91,863	0	91,863
E073855	NURSING-FACULTY SUPPORT	15 0	0	0	0	0	0	0	0	0	0	0
E073860	NURSING-STUDENT AFFAIRS	15 307,465	0	0	0	307,465	0	407,475	0	100,010	0	100,010
E073861	EVAL & EFFECTIVENESS	0	0	0	0	0	0	0	0	0	0	0
E073865	NURSING-ACADEMIC AFFAIRS	15 644,769	0	0	0	644,769	0	751,742	0	106,973	0	106,973
E073870	NURSING-BACHELOR PROGRAM	15 0	0	0	0	0	0	0	0	0	0	0
E073871	BSN/MSN PROGRAMS	15 0	0	0	0	0	0	0	0	0	0	0
E073871002	NURSING-BOARD REVIEW FEE	33,700	33,700	0	0	33,700	33,700	35,000	35,000	1,300	1,300	0
E073871003	NURSING-BSN DC MATERIALS	154,250	154,250	0	0	154,250	154,250	120,000	120,000	(34,250)	(34,250)	0
E073871004	NURSING-DIGITAL COURSE EQUIPMENT	54,600	54,600	0	0	54,600	54,600	52,000	52,000	(2,600)	(2,600)	0
E073871005	NURSING-NURSING KITS	33,800	33,800	0	0	33,800	33,800	30,000	30,000	(3,800)	(3,800)	0
E073871006	NURSING-DNP DC MATERIALS	5,200	5,200	0	0	5,200	5,200	5,200	5,200	0	0	0
E073875	NURSING-PRIMARY/PUBHLTH	15 0	0	0	0	0	0	0	0	0	0	0
E073877	NURSING-HEALTH PROMOT/DISEASE PREVENTION	4,003,467	0	0	0	4,003,467	0	3,768,419	0	(235,048)	0	(235,048)
E073880	NURSING-ACUTE/CHRONIC	15 0	0	0	0	0	0	0	0	0	0	0
E073881	ADVANCED PRACTICE & DOCTORAL STUDY PROG	15 0	0	0	0	0	0	0	0	0	0	0
E073883	NURSING-ACUTE AND TERTIARY CARE	3,728,224	0	0	0	3,728,224	0	3,631,320	0	(96,904)	0	(96,904)
SUBTOTAL	NURSING REGULAR ACCOUNTS	15 9,927,235	284,050	0	0	9,927,235	284,050	9,887,885	244,700	(39,350)	(39,350)	0
E073801008	PROGRAM ADJUSTMENTS-NURSING-CONTINUING EDUCATION	0	0	0	0	0	0	0	0	0	0	0
E073930006	CONTINUING EDUC-NURSING	4,000	4,000	0	0	4,000	4,000	4,000	4,000	0	0	0
E073850001	HELP CENTER	15 0	0	0	0	0	0	0	0	0	0	0
E073877003	CTR FOR COMMUNITY PARTNERSHIP & NURSING INNOVATION	49,264	49,264	0	0	49,264	49,264	55,500	55,500	6,236	6,236	0
E073877013	CON-NIGHTINGALA PROGRAM	25,000	25,000	0	0	25,000	25,000	25,000	25,000	0	0	0
SUBTOTAL	NURSING SELF-FUNDED ACCOUNTS	78,264	78,264	0	0	78,264	78,264	84,500	84,500	6,236	6,236	0
E073880001	RESEARCH SERV-ACUTE & CHRONIC	0	0	0	0	0	0	0	0	0	0	0
E073801003	RESEARCH SERV-NURSING	15 0	0	0	0	0	0	0	0	0	0	0
E073875001	RESEARCH SERV-PRIMARY & PUBLIC HLTH	0	0	0	0	0	0	0	0	0	0	0
E073801004	SIF-COMM SERV-NURSING INSTR	0	0	0	0	0	0	0	0	0	0	0
E073801005	SIF-NURSING START-UP	0	0	0	0	0	0	0	0	0	0	0
E073850003	STRATEGIC INVEST FUND-NURSING RES	0	0	0	0	0	0	0	0	0	0	0
E073877004	SIF-2018-BUDDINGTON STARTUP	0	0	0	0	0	0	0	0	0	0	0
E073881001	SIF-ACUTE CARE CERTIFICATE PROGRAM	0	0	0	0	0	0	0	0	0	0	0
E073883001	SIF-2016-STANFILL STARTUP	0	0	0	0	0	0	0	0	0	0	0
E073883002	SIF-2018-UMBERGER STARTUP	0	0	0	0	0	0	0	0	0	0	0

Appendix G: CON 3-Year Budget

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER													
FY 2022 PROPOSED BUDGET CONTROL													
AS OF FEBRUARY 28, 2021													
ACCT NO.	ACCOUNT NAME	FY21	FY21	General	Income Revisions	Total	Total	FY 2022	FY 2022	FY 2022	FY 2022	Proposed Budget	
		Current Base Budget	Current Base Budget	Budget Revisions		FY21 Base Budget Expense	FY21 Base Budget Income	Proposed Budget Expense	Proposed Budget Income	Proposed Expense Budget Adjustments	Proposed Income Budget Adjustments	Over/(Under) Base	
E073801006	FICA-CON-ASSOC DEAN FOR RES STARTUP	0	0	0	0	0	0	0	0	0	0	0	
E073801007	FICA-STARTUP-ARCHBOLD	0	0	0	0	0	0	0	0	0	0	0	
E073871001	FICA-2015-O'BRIEN	0	0	0	0	0	0	0	0	0	0	0	
E073881002	FICA-STARTUP-HATHAWAY	0	0	0	0	0	0	0	0	0	0	0	
E073881003	FICA-2015-ALEXANDROV	0	0	0	0	0	0	0	0	0	0	0	
E073877001	CON-CORNET AWARD I-2016-O BRIEN	0	0	0	0	0	0	0	0	0	0	0	
E073877002	CON-CORNET AWARD I-2016-LIKES	0	0	0	0	0	0	0	0	0	0	0	
SUBTOTAL	NURSING NON-RECURRING ACCOUNTS	15	0	0	0	0	0	0	0	0	0	0	
TOTAL	COLLEGE OF NURSING	15	10,005,499	362,314	0	0	10,005,499	362,314	9,972,385	329,200	(33,114)	(33,114)	0
	GRAND TOTALS		10,005,499	362,314	0	0	10,005,499	362,314	9,972,385	329,200	(33,114)	(33,114)	0

Appendix G: CON 3-Year Budget

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
 FY 2023 PROPOSED BUDGET CONTROL
 AS OF FEBRUARY 28, 2022

ACCOUNT NUMBER	COMMITMENT NUMBER	ACCOUNT NAME	FY 2022 BASE BUDGET	BASE INCOME REVISIONS	NON-RECURRING INCOME REVISIONS	TOTAL FY 2022 REVISED BUDGET INCOME	FY 2023 PROPOSED BUDGET INCOME	PROPOSED BUDGET Over/(Under) ADJUSTMENT
1070100013	801200	CONTINUING EDUC FEES-NURSING	4,000	0	0	4,000	4,000	0
		TOTAL EXTENSION ENROLLMENT FEES	4,000	0	0	4,000	4,000	0
1070100065	801400	NURSING BOARD REVIEW FEE	35,000	0	0	35,000	35,000	0
1070100073	801400	CON-BSN DC MATERIALS	120,000	0	0	120,000	120,000	0
1070100074	801400	CON-DIGITAL COURSE EQUIPMENT	52,000	0	0	52,000	52,000	0
1070100075	801400	CON-NURSING KITS	41,700	0	0	41,700	41,700	0
1070100076	801400	CON-DNP DC MATERIALS	28,200	0	0	28,200	28,200	0
		<i>SUBTOTAL NURSING OTHER STUDENT FEES</i>	276,900	0	0	276,900	276,900	0
		TOTAL TUITION AND FEES	280,900	0	0	280,900	280,900	0
		<u>SALES AND SERVICE:</u>						
1071000137	810100	CON-NIGHTINGALA PROGRAM	25,000	0	0	25,000	32,600	7,600
1071000124	810100	CTR FOR COMM PARTNERSHIP & NURSING INNOV	56,157	0	0	56,157	79,615	23,458
		<i>SUBTOTAL CON SALES AND SERVICES</i>	81,157	0	0	81,157	112,215	31,058
		TOTAL SALES AND SERVICE	81,157	0	0	81,157	112,215	31,058
1071300024	813100	NURSING CASA SCHOLARSHIP	2,500	0	0	2,500	2,500	0
		<i>SUBTOTAL CAMPUS GENERAL OTHER SOURCES</i>	2,500	0	0	2,500	2,500	0
		TOTAL OTHER SOURCES	2,500	0	0	2,500	2,500	0
GRAND TOTAL ENTITY 07 INCOME			364,557	0	0	364,557	395,615	31,058
GRAND TOTAL HSC INCOME			364,557	0	0	364,557	395,615	31,058



Appendix H
CON Faculty Profile

**UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.**

COLLEGE OF NURSING

Appendix H: CON Faculty Profile

2023 Faculty Inventory Form - Professional Nursing Program(s)										
School: The University of Tennessee Health Science Center										
Prepared By: Roylynn Germain										
Please list faculty names as those names appear on their Tennessee licenses. Please include the dean/director in the faculty inventory.										
* Indicate faculty who teach at other than the main campus if applicable. ** For example: 1. Research/Peds 2. Adult Health/Medical *** You do not need to include all the zeroes in the license number. If license is in another compact state please indicate (ex: KY 12345). Current compact states can be viewed at: https://www.nursecompact.com/index.htm#map										
Name	Full- or Part-Time	Highest Nursing Degree	Highest Non-Nursing Degree	Field of Highest Non-Nursing Degree	Graduate Clinical Specialization	Satellite Site*	Major Content Area Instruction Theory and Clinical (OB, MS, Psych, Peds, etc.) **	Tennessee/ Compact State RN License Number***	TN APRN Certificate Number***	Expiration Date
Accardo, Dwayne Lance	Full-time	DNP	N/A	N/A	Nurse Anesthesia		Nurse Anesthesia	129678	10349	10/31/2023
Alexandrov, Anne Wheeler	Full-time	PhD	N/A	N/A	Emergency/ Critical Care		Research/ Acute Care	AZ136805	TN21008	11/30/2024
Anderson, Janeane Nicole	Full-time	PhD	PhD	Communications	Public Health		Research	N/A	N/A	N/A
Barrett, Trina L	Full-time	DNP	N/A	N/A	Nursing Education/ Nurse executive		Acute Care, Adult Health, Leadership	134173	N/A	6/30/2024
Beasley, Lisa	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		FNP Clinicals/Health Policy	153578	15088	4/30/2025
Bellflower, Bobby B	Full-time	DNSc	N/A	N/A	Neonatal Nurse Practitioner		Neonatal Nurse Practitioner	MS 868859	5265	8/31/2024
Brister, Ja'Quay	Full-time	DNP	BS	Exercise Science	PMHNP/Family Nurse Practitioner		PMHNP	198137	26984	8/31/2025
Bruce, Arabella	Part-Time	DNP	N/A	N/A	PMHNP/Family Nurse Practitioner		Psych Mental Health	57891	18282	1/31/2024
Burchum, Jacqueline Lee	Full-time	DNSc	N/A	N/A	Family Nurse Practitioner		Pharmacology & Primary Care	55932	5674	4/30/2025
Carroll, Loretta Shanae	Full-time	PhD	N/A	N/A	N/A		Research	203997	N/A	2/28/2025
Carter, Michael	Part-Time	PhD	N/A	N/A	Acute Care/Gerontology/Family Nurse Practitioner		Research	LA 218216	5774	1/31/2026 2/28/2025
Cashion, Ann K	Part-Time	PhD	N/A	N/A	Med-Surg		Research	121824	N/A	1/31/2024
Chandler, Vicki L	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		Primary Care	64657	5907	5/31/2024
Clark, Ricketta H	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		Health Assessment, Primary Care	101323	7029	9/30/2024
Day, Sara Williamson	Full-time	PhD	N/A	N/A	Nursing Education/ Administration		Evidence Based Practice	55544	N/A	8/31/2025
Dedmon, Diana D	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		Primary Care	90785	6640	4/30/2025
Farrell, Nancy Alise Grogan	Full-time	PhD	MSN	N/A	Nursing Education		Nursing Education/Pediatrics	MS R868092	N/A	12/31/2024
Fouquier, M. Kate	Full-time	PhD	BA	Business Administration	Midwifery		Nurse Midwifery	248128	25784	6/30/2024
Gill, Marie	Full-time	PhD	MS	Education (Curriculum Leadership & Instruction)	N/A		Leadership & Management, Research, Evidence-Based Practice, Professional Nursing, Qualitative Research, and Nursing Theory	79294	N/A	11/30/2024
Goins, Natasha Yancey	Part-Time	DNP	N/A	N/A	Acute Care Nurse Practitioner/FNP/RNFA		RNFA	194189	20913	11/30/2024

Appendix H: CON Faculty Profile

2023 Faculty Inventory Form - Professional Nursing Program(s)										
School: The University of Tennessee Health Science Center										
Prepared By: Roylynn Germain										
Please list faculty names as those names appear on their Tennessee licenses. Please include the dean/director in the faculty inventory.										
* Indicate faculty who teach at other than the main campus if applicable.										
** For example: 1. Research/Peds 2. Adult Health/Medical										
*** You do not need to include all the zeroes in the license number. If license is in another compact state please indicate (ex: KY 12345). Current compact states can be viewed at: https://www.nursecompact.com/Andex.htm#map										
Name	Full- or Part-Time	Highest Nursing Degree	Highest Non-Nursing Degree	Field of Highest Non-Nursing Degree	Graduate Clinical Specialization	Satellite Site*	Major Content Area Instruction Theory and Clinical (OB, MS, Psych, Peds, etc.) **	Tennessee/ Compact State RN License Number***	TN APRN Certificate Number***	Expiration Date
Graff, J. Carolyn	Full-time	PhD	N/A	N/A	Pediatrics		Pediatrics & Concept & Theory Analysis	134985	N/A	8/31/2025
Harris, Tosha	Full-time	DNP	N/A	N/A	Neonatal Nurse Practitioner		Neonatal Nurse Practitioner	185316	16352	11/30/2024
Harvey, M. Carrie	Full-time	PhD	N/A	N/A	Adult-Gerontology /Acute Care Nurse Practitioner		Adult-Gero/Acute Care	64344	5894	5/31/2024
Haushalter, Alisa Renee	Full-time	DNP	N/A	N/A	Public Health Nursing		Population/Public Health, Health Policy	58032	N/A	12/31/2023
Hover, Lee Kauerz	Full-time	DNP	N/A	N/A	Nurse Anesthesia		Nurse Anesthesia	158071	17766	12/31/2024
Humphrey, Sally Stevens	Full-time	DNP	Bachelor of Arts	Biology	Pediatric Nurse Practitioner		Pediatric Primary Care	131451	10680	5/31/2024
Isaac, Jordan A.	Full-time	DNP	N/A	N/A	Nurse Anesthesia		Nurse Anesthesia	164013	18944	3/31/2025
Johnson, Randall Lee	Full-time	DNP	N/A	Science	Pediatric Clinical Care/ NP-CNS		Pathophysiology	231416	N/A	5/31/2025
Johnson, Rhonda	Full-time	DNP	AS	Science	Midwifery		Nurse Midwifery	143245	34010	6/30/2025
Jones-Purdy, Patricia R	Full-time	DNP	BS	N/A	PMHNP/Leadership and Management		PMH/Concepts I Adult Health	127877	34521	10/31/2025
Kennel, Kimberly	Full-time	PhD	N/A	N/A	Nursing Education, Medical Surgical Nursing		Concepts I, II, III - Adult Health	RN103058	N/A	1/31/2025
Likes, Wendy M	Full-time	PhD	N/A	N/A	Family Nurse Practitioner		Professional Roles, Research	101464	7038	11/30/2024
Little, Sharon H	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		Primary Care	71386	6098	11/30/2023
Lynch-Smith, Donna	Full-time	DNP	N/A	N/A	Adult-Gerontology /Acute Care Nurse Practitioner		Acute Care Adult	55152	16378	9/30/2025
Manasco, Christie Carnell	Full-time	PhD	N/A	N/A	Nursing Education & Administration		Health of Population/SocioEconomic Genetic Factors	134030	NA	12/31/2023
McClinton, Tracy H	Full-time	DNP	N/A	N/A	Adult-Gerontology /Acute Care Nurse Practitioner		Adult-Gero/Acute Care	125294	18093	5/31/2024
McNeill, Charleen	Full-time	PhD	N/A	PhD	Healthcare Leadership and Finance and Nursing Systems Management		Community and Public Health	191083	NA	10/31/2023
Miller, Shelley A	Full-time	DNP	Bachelor of Arts	Psychology	Pediatrics/Family Nurse Practitioner		Pediatrics	138762	21554	10/31/2025
Murray, Emma C	Full-time	DNP	N/A	N/A	Acute Care Nurse Practitioner		Acute Care	AR R03054	8269	7/31/2024
Pace, Diane Todd	Full-time	PhD	MS	Education	Family Nurse Practitioner		Primary Care Roles	33370	5144	5/31/2024
Paton, Elizabeth A.	Full-time	DNP	BS	Biology	FNP/Pediatric Acute Care		Pediatrics (Primary Care/Acute Care)	92259	6693	3/31/2024

Appendix H: CON Faculty Profile

2023 Faculty Inventory Form - Professional Nursing Program(s)										
School: The University of Tennessee Health Science Center										
Prepared By: Roylynn Germain										
Please list faculty names as those names appear on their Tennessee licenses. Please include the dean/director in the faculty inventory.										
* Indicate faculty who teach at other than the main campus if applicable.										
** For example: 1. Research/Peds 2. Adult Health/Medical										
*** You do not need to include all the zeroes in the license number. If license is in another compact state please indicate (ex: KY 12345). Current compact states can be viewed at: https://www.nursecompact.com/index.htm#map										
Name	Full- or Part-Time	Highest Nursing Degree	Highest Non-Nursing Degree	Field of Highest Non-Nursing Degree	Graduate Clinical Specialization	Satellite Site*	Major Content Area Instruction Theory and Clinical (OB, MS, Psych, Peds, etc.) **	Tennessee/ Compact State RN License Number***	TN APRN Certificate Number***	Expiration Date
Reed, Laura K	Full-time	DNP	N/A	N/A	Family Nurse Practitioner		Primary Care, Advanced Health Assessment	MS 868367	6103	12/31/20246/30/2024
Rhoads, Sarah J	Full-time	PhD	N/A	N/A	Women's Health Practitioner		Research/OB	RN249116	A001501 TN28252	10/31/2024
Rickard, Michelle N	Full-time	DNP	N/A	N/A	Pediatric Nurse Practitioner		Pediatrics	104270	200038	7/31/2024
Roach, Keesha	Full-time	PhD	BS	Psychology	Research		Research	FL RN 9489815 AR217548	N/A	4/30/2024
Sebastian, Andrea L	Full-time	DNP	N/A	N/A	Pediatrics Acute Care/Forensic Nursing		Pediatrics Acute Care	199830	18828	2/29/2024
Sharp, Jacqueline	Full-time	DNP	N/A	N/A	PMHNP/Family Nurse Practitioner		Psych Mental Health	69162	22297	12/31/2023
Shepherd, Nakiesha	Full-time	DNP	N/A	N/A	Acute Care			187370	25606	1/31/2024
Stanfill, Ansley Grimes	Full-time	PhD	BS	Neurobiology	Genetics Research		Research, Genetics	166661	N/A	8/31/2025
Sublette, Nina K	Full-time	PhD	M.Ed	Counseling Psychology	Family Nurse Practitioner		Evidence Based Prctice/Primary Care	89422	6607	5/31/2024
Tucker, Janet A	Full-time	PhD	N/A	N/A	High Risk OB		Maternal Child Health/Care Transitions	50093	N/A	1/31/2024
Walker, Crystal Martin	Full-time	PhD	BS	Biology	Family Nurse Practitioner		Health Assessment, Primary Care, HIV	183338	21337	10/31/2024
Webb, Sherry	Full-time	DNSc	N/A	N/A	Nursing Administration		Care Transitions	32487	N/A	2/29/2024
Wicks, Mona N	Full-time	PhD	N/A	N/A	Adult Health		Research, Scientific Dissemination, Theory & Philosophy	47335	N/A	7/31/2024
Williams, Loretta Alexia	Full-time	PhD	N/A	N/A	N/A		Psych Mental Health, Evidence-based practice; Healthcare Economics	99640	N/A	4/30/2024
Williams-Click, Y'Esha Vonyae	Full-time	PhD	Bachelors	Biology	Med-Surg		Psych Mental Health	189655	N/A	1/31/2024
Wills, Christina Wallace	Full-time	DNP	N/A	N/A	Pediatric Primary Care Nurse Practitioner		Primary Care Pediatrics	22531	181871	1/31/2025
Wison, Karen	Full-time	DNP	N/A	N/A	PMHNP/Family Nurse Practitioner		PMHNP	77057	30099	7/31/2024



Appendix I
DNP Core Course Descriptions and Outcomes

**UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.**

COLLEGE OF NURSING

Appendix I: DNP Core Course Descriptions and Outcomes

DNP Core Course Descriptions

NSG 824 - Advanced Health Assessment and Diagnosis

This course focuses on advanced health assessment and clinical diagnosis. The course facilitates development and application of knowledge through skill acquisition in primary and acute care settings. Emphasis is placed on recognition of signs and symptoms across the lifespan.

NSG 827 - Epidemiology for Clinical Practice

This course focuses on concepts and methods in epidemiology. Application and interpretation of descriptive and inferential statistical tests used in epidemiological and clinical studies are emphasized.

NSG 830 - Advanced Pharmacology

This course focuses on the major drug classifications used by advanced practice nurses. Emphasis is on pharmacokinetics, pharmacodynamics, pharmacotherapeutics, adverse effects, drug and food interactions, safety concerns, and special considerations across the lifespan.

NSG 831 - Advanced Clinical Pathophysiology

This course focuses on the examination of typical and disordered physiological processes and human biological responses to alterations in structure and function of genes, tissues, organs, and systems within the context of lifespan and environmental factors. Emphasis is on etiology and manifestation of physical and psychological disorders.

NSG 855 - Doctor of Nursing Practice: Professional Role Development

This course focuses on transition into the advanced practice nursing role in the context of the Doctor of Nursing Practice. Professional standards, practice management, and the requirements and regulations of the role are examined.

NSG 910 - Philosophy of Science and Theory in Nursing

This course focuses upon the development of nursing science and epistemology in the western world. Philosophical approaches to the development and advancement of nursing science are examined in the context of current and historical periods. Theories and concepts from nursing and other disciplines are critiqued.

NSG 926 - DNP Synthesis Practicum: Adult-Gero Acute Care

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Family Nurse Practitioner

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Neonatal Nurse Practitioner

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Nurse Anesthesia

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Nurse Midwifery Effective Spring 2024

Appendix I: DNP Core Course Descriptions and Outcomes

This course focuses on concentration-specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Pediatric Acute Care Nurse Practitioner

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Pediatric Primary Nurse Practitioner

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 926 - DNP Synthesis Practicum: Psychiatric Mental Health

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

NSG 947 - DNP Project Seminar I

This course provides the foundation for evidence-based practice and knowledge translation within the doctoral role of advanced practice nursing.

NSG 948 - DNP Project Design and Methods

This course focuses on evidence-based practice and quality improvement processes. The emphasis will be on steps in the development of a DNP inquiry project.

NSG 949 - DNP Project Implementation and Evaluation

This course focuses on implementation of the proposed DNP inquiry project. The emphasis is on data collection and analysis.

NSG 950 - DNP Project Seminar II

This course focuses on scholarly dissemination of the DNP project findings.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 824</i>
Course Title:	<i>Advanced Health Assessment</i>
Credit Hours:	3 (2-1)
Lead Faculty:	Ricketta H. Clark DNP, FNP-BC
Prerequisites:	None

Faculty Contact Information

Ricketta H. Clark DNP, FNP-BC -Instructor of Record (IOR)

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/clark.php> Office: 874 Union Ave, Room 343

Phone: 901-448-4146

Email: rclark25@uthsc.edu

Office Hours: By appointment

Crystal Walker PHD, DNP, FNP-C

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/walker.php> Office: 874 Union Ave., Room 301

Phone: 901-448-4142

Email: cmarti47@uthsc.edu

Office Hours: By appointment

Diane Pace PHD, APRN, FNP-BC, NCMP, FAANP, FAAN

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/pace.php> Office: 874 Union Ave., Room 422

Phone: 901-448-2974

Email: dpace@uthsc.edu

Office Hours: By appointment

Vicki Chandler DNP, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/chandler.php> Office: 874 Union Ave., Room 338

Phone: (901) 448-6118

Office Hours: By appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to schedule a mutually convenient time to discuss course issues or concerns. Responses to emails and posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Emails sent between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Emails sent on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on advanced health assessment and clinical diagnosis across the lifespan. The course facilitates the development and application of knowledge through skill acquisition in primary and acute care settings. Emphasis in this course is placed on the recognition of signs and symptoms and the ability to collect a thorough history across the lifespan.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Outcomes

Upon completion of this course, the student will be able to:

1. Demonstrate the collection of a focused and comprehensive histories and conduct physical examinations.
2. Develop a comprehensive database, including functional, developmental, and risk assessments.
3. Synthesize data from a variety of sources to formulate differential diagnoses.
4. Analyze assessment findings, including diagnostic studies, to differentiate normal and abnormal presentations and prioritize differential diagnoses.
5. Present comprehensive assessment findings using standard verbal and written formats.

Course Value

As future doctorally prepared advanced practice nurses, you must be prepared to collect a sound history and perform a physical examination that is relevant to the patient's presentation. This course prepares you with the basics of performing proper collection of the history and how perform an examination at an advanced practice level (comprehensive and focused) that will provide information to accurately arrive at differential diagnoses and a treatment plan. Keep in mind that this is a generalist course and all concentrations are required by certifying bodies to take this course.

Statement of Inclusion

With an understanding that inclusion is a constant work in progress, the UTHSC CON is committed to promoting an environment that embraces and values the diversity of our students. Although intentional efforts have been made to integrate a diverse set of experiences and perspectives in this course, it is possible that some implicit and explicit biases may occur due to the lens in which many of our texts were written.

If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number: *NSG 827*
Course Title: *Epidemiology for Clinical Practice*
Credit Hours: 3 (3-0)
Lead Faculty: Margaret Harvey
Prerequisites: None

Faculty Contact Information

Name of Lead Faculty: Margaret Harvey, PhD, APRN, ACNP-BC, CHFNP

Office: 874 Union Avenue, Room 201
Phone: 901-448-1193, Cell 901-491-8991
Email: mharvey@uthsc.edu
Office Hours: By appointment

Name: Trimika Bowdre Jones, PhD, MPH

Office: 874 Union Avenue, Room 329
Phone: 901-448-6099
Email: tbowdre@uthsc.edu
Office Hours: By appointment

Name: Nina Sublette, PhD, APRN, FNP-BC

Office: 874 Union Avenue, Room 449
Phone: 901-448-6020
Email: nsublett@uthsc.edu
Office Hours: By appointment

Name: Elizabeth Paton, DNP, PPCNP-BC, CPNP-AC, CPEN, FAEN

Office: 874 Union Avenue, Room 302
Phone: 901-287-6031
Email: epaton@uthsc.edu
Office Hours: By appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concepts and methods in biostatistics and epidemiology. Application and interpretation of descriptive and inferential statistical tests used in epidemiological and clinical

Appendix I: DNP Core Course Descriptions and Outcomes

studies are emphasized. Critical appraisal of published epidemiological and clinical studies and relevance to advanced practice nursing is examined.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Interpret epidemiological and clinical studies.
2. Analyze major study designs.
3. Critique published epidemiological and clinical studies and their relevance to advanced nursing practice.
4. Apply common descriptive and inferential statistical data to clinical inquiry.
5. Use information systems/technology to improve healthcare systems.

Course Value

This course prepares DNP students to critique published epidemiologic studies, employ epidemiological principles, and engage in basic clinical inquiry with their professional practice.

Statement of Inclusion

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Teaching Strategies

This is an on-line course that consists of weekly readings, PowerPoint lectures, web-based exercises using Microsoft Excel, hand calculations, quizzes and exams. All quizzes and exams are through Blackboard and will be available during designated times.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 830</i>
Course Title:	<i>Advanced Pharmacology</i>
Credit Hours:	3 (3-0)
Lead Faculty:	Jacqueline Rosenjack Burchum, DNSc, FNP-BC, CNE
Prerequisites:	None

Faculty Contact Information

Dr. Jacqueline Rosenjack Burchum – Instructor of Record

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/burchum.php>

Office: Off-campus (distance faculty)

Phone: (901) 734-8176

Email: jburchum@uthsc.edu (preferred method of contact)

Virtual Office Hours: By appointment if unable to address concerns by email

Dr. Keevia Porter

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/porter.php>

Office: 874 Union Ave., Room 328

Phone: (901) 448-6134

Email: kporter6@uthsc.edu

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Faculty Response Time and Accessibility

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Course Description

This course focuses on the major drug classifications used by advanced practice nurses. Emphasis is on pharmacokinetics, pharmacodynamics, pharmacotherapeutics, adverse effects, drug and food interactions, safety concerns, and special considerations across the lifespan.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Discriminate pharmacokinetic and pharmacodynamic processes and factors that alter these processes.
2. Integrate the indications, rationale, and mechanisms of action for pharmacotherapeutic agents into drug selection.
3. Analyze the potential for drug interactions and adverse drug reactions.
4. Select drugs used to treat individuals across the lifespan based on factors such as pharmacokinetics, cost, culture, gender and genetic characteristics.
5. Evaluate client education regarding expected drug effects, potential adverse effects, administration, and cost.
6. Determine monitoring and interventions for specific drugs and drug reactions.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Value

Advanced Pharmacology is a core course in the DNP program. This foundational course is one of the “3 Ps” (physical examination, pathophysiology, pharmacology) on which future courses build. As such, it provides information that will be used throughout the DNP program and throughout future practice as an advanced practice nurse.

Statement of Inclusion

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Teaching Strategies

This is an online asynchronous didactic course. Course content is presented through assigned readings, video teaching sessions, and online learning activities. Students participate both individually and in teams.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 831</i>
Course Title:	<i>Advanced Clinical Pathophysiology</i>
Credit Hours:	3 (3-0)
Lead Faculty:	Jacqueline Rosenjack Burchum, DNSc, FNP-BC, CNE
Prerequisites:	None

Faculty Contact Information

Jacqueline Rosenjack Burchum, DNSc, FNP-BC, CNE

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/burchum.php>

Office: No office on campus (distance faculty)

Phone: (901) 734-8176

Email: jburchum@uthsc.edu (preferred method of contact)

Virtual Office Hours: By appointment if unable to address concerns by email

Christina Wills, DNP, CPNP-PC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/wallacewills.php>

Office: 874 Union Ave., Room 442

Phone: 901.481.9936

Email: cwalla30@uthsc.edu

Keevia Porter, DNP, FNP-C, PMHNP

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/porter.php>

Office: 874 Union Ave., Room 328

Phone: 901-448-6134

Email: kporter6@uthsc.edu

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Faculty Response Time and Accessibility

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Course Description

This course focuses on the examination of typical and disordered physiological processes and human biological responses to alterations in structure and function of genes, tissues, organs, and systems within the context of lifespan and environmental factors. Emphasis is on etiology and manifestation of physical and psychological disorders.

Course Outcomes

Upon completion of this course, the student will be able to:

Appendix I: DNP Core Course Descriptions and Outcomes

1. Analyze mechanisms and processes of homeostatic, adaptive, and compensatory physiological functions.
2. Differentiate normal and abnormal physiologic responses to alterations in physical structure, function, and external factors.
3. Evaluate the influence of lifespan stages on the development and manifestation of common disorders.
4. Discriminate clinical signs and symptoms associated with altered physical and mental health states.
5. Interpret laboratory and diagnostic data essential to diagnosing common disorders.

Course Value

Advanced Clinical Pathophysiology is a core course in the DNP program. This foundational course is one of the “3 Ps” (physical examination, pathophysiology, pharmacology) on which future courses build. As such, it provides information that will be used throughout the DNP program and throughout future practice as an advanced practice nurse.

Statement of Inclusion

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Teaching Strategies

This is an online asynchronous didactic course. Course content is presented through assigned readings, video teaching sessions, and various online learning activities. Students participate both individually and in teams.

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Course Number:	<i>NSG 855</i>
Course Title:	<i>DNP Advanced Practice Role Development</i>
Credit Hours:	2 (2-0)
Lead Faculty:	Dr. Diane Pace
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty: Diane Todd Pace, PhD, APRN, NCMP, IF, FAANP, FAAN

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/pace.php>

Office: 874 Union Avenue Room 422

Phone: 901-550-5652 mobile (preferred)

Email: dpace@uthsc.edu

Name: Lisa Beasley, DNP, APRN, NP-C, RN

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/beasley.php>

Office: 874 Union Avenue Room 336

Phone: 901-351-8800 mobile (preferred)

Email: lbeasle9@uthsc.edu

Name: Diana Dedmon, DNP, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/dedmon.php>

Office: 874 Union Avenue Room 346

Phone: 901-448-3389

Email: ddedmon@uthsc.edu

Name: Laura Reed, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/reed.php>

Office: 874 Union Avenue, Room 331

Phone: 901.487.0885

Email: lreed@uthsc.edu

Name: Crystal Martin Walker, PhD, DNP, FNP-C

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/walker.php>

Office: 874 Union Avenue Room 301

Phone: 901-448-4142

Email: cmarti47@uthsc.edu

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Faculty Response Time and Accessibility

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Appendix I: DNP Core Course Descriptions and Outcomes

Course Description

This course focuses on transition into the advanced practice nursing role in the context of the Doctor of Nursing Practice. Professional standards, practice management, and the requirements and regulations of the role are examined.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Examine state and federal legal requirements for transitioning into a DNP advanced practice nursing role.
2. Determine scope of practice and process for certification and credentialing for the DNP advanced practice nursing role.
3. Analyze the educational, professional, and ethical expectations for the DNP advanced practice nurse.

Course Value

This course is designed to prepare the DNP graduate in learning the components of leadership, scope of clinical practice, and the professional expectations of the advanced practice nurse. Students will hear from regionally/nationally recognized experts and research focused areas on topics that will help them transition into their practice as an APRN.

Statement of Inclusion

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Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 876</i>
Course Title:	<i>Leadership and Health Policy</i>
Credit Hours:	3 (3.0)
Lead Faculty:	Dr. Emma Murray
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty

Dr. Emma Murray, DNP, ACNP-BC, APRN

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/murray.php>

Office: 874 Union Ave. Ste 243

Phone: (901) 448-8116

Email: emurray6@uthsc.edu

Office Hours: By Appointment

Dr. Alisa Haushalter, DNP, RN, PHNA-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/haushalter.php>

Office: 874 Union Avenue, Room 341

Phone: (901) 448-2358

Email: ahaushal@uthsc.edu

Office Hours: By Appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Course Description

This course focuses on leadership concepts and theories related to advanced practice nursing in current and emerging health care delivery systems. Strategic skills related to asserting power and influence along with conflict resolution techniques are developed. Students analyze the issues involved in health care policy development and the doctoral role in leading development and implementation of health policy.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Evaluate concepts and theories for leadership and application to advanced practice nursing and policy.
2. Synthesize ethical, legal, social, economic, and political factors in policy development.
3. Analyze mechanisms for health policy change.
4. Apply policy analysis to address current health care issues.
5. Participate in leadership opportunities in health policy development at local, state, or national levels.

Appendix I: DNP Core Course Descriptions and Outcomes

6. Analyze the relationship among health policy, extant research, technology, and patient outcomes.

Course Value

The structure of this course reflects the model of the policymaking process and the DNP Essentials. Through a long history of incremental and modest steps. An extensive array of tough decisions has made health policy as it is today. Policymaking evolved in the United States slowly. Historically development occurred with the passage of Medicare and Medicaid in 1965 and then the Patient Protection and Affordable Care Act (ACA) in 2010. The controversial ACA has accelerated policymaking dramatically. Policymaking in the United States primarily takes the form of slow but persistent evolution and modification. As a DNP graduate, you will find it necessary to advocate, research, and expand on the knowledge of health policy. As we move through the course, you will be advocating for your patients, profession, community, state, and nation.

Statement of Inclusion

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Appendix I: DNP Core Course Descriptions and Outcomes



Course Number: *NSG 877*
Course Title: *Healthcare Economics*
Credit Hours: 3 (3-0)
Lead Faculty: Dr. Alisa Haushalter
Prerequisites: None

Faculty Contact Information

Alisa R. Haushalter, DNP, RN, PHNA-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/haushalter.php>

Office: Crowe BLDG, 874 Union Ave, Room 221

Phone: 615-509-9709

Email: ahaushal@uthsc.edu

Name

Website: [https://www.uthsc.edu/nursing/faculty-and-staff/\[REDACTED\].php](https://www.uthsc.edu/nursing/faculty-and-staff/[REDACTED].php)

Office:

Phone:

Email:

Name

Website: [https://www.uthsc.edu/nursing/faculty-and-staff/\[REDACTED\].php](https://www.uthsc.edu/nursing/faculty-and-staff/[REDACTED].php)

Office:

Phone:

Email:

Name

Website: [https://www.uthsc.edu/nursing/faculty-and-staff/\[REDACTED\].php](https://www.uthsc.edu/nursing/faculty-and-staff/[REDACTED].php)

Office:

Phone:

Email:

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Faculty Response Time and Accessibility

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Course Description

This course focuses on theories and concepts of business, finance, and economics for application in the health care market. Students analyze the influence of economics and the design, implementation, and practice of health care.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Outcomes

Upon completion of this course, the student will be able to:

1. Evaluate the impact of specific economic theories on patient care, the health care delivery system, health policy, and advanced practice nursing.
2. Analyze the impact of the role of government on health care.
3. Apply cost analysis principles to health care.
4. Employ principles of business of business, finance, economics, and health policy to develop and implement effective plans for practice-level or system-wide practice initiatives.

Statement of Inclusion

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Teaching Strategies

This is an on-line course that consists of web-based and textbook readings, self-study modules, discussion boards, and short audio-visual presentations.

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Course Number: *NSG 910*
Course Title: *Philosophy of Science and Theory in Nursing*
Credit Hours: 4 (4-0)
Lead Faculty: Nina K. Sublette, Ph.D., FNP
Prerequisites: None

Faculty Contact Information

Name of Lead Faculty: Nina K. Sublette, Ph.D., FNP-BC
Website: <https://www.uthsc.edu/nursing/faculty-and-staff/nsublett.php>
Office: 874 Union Avenue, Room 449, Memphis, TN 38163
Phone: (901) 448-2696 (Office); (901) 488- 7633 (Mobile preferred number)
Email: nsublett@uthsc.edu

Name Michael Carter, DNSc, DNP, FAAN, FNP/GNP-BC
Website: <https://www.uthsc.edu/nursing/faculty-and-staff/carter.php>
Office: Online meetings by appointment
Phone: (501)-691-3427 (Mobile)
Email: mcarter@uthsc.edu

Name Marie Gill, Ph.D., MSN, MS, RN
Website: <https://www.uthsc.edu/nursing/faculty-and-staff/gill.php>
Office: 874 Union Avenue, Room 327 Memphis, TN 38163
Phone: (901)-448-9486
Email: mgill6@uthsc.edu

Name J. Carolyn Graff, Ph.D., RN, FAAIDD
Website: <https://www.uthsc.edu/nursing/faculty-and-staff/jgraff.php>
Office: 874 Union Avenue, Room 245, Memphis, TN 38163
Phone: (901) 448-3066 (Office)
Email: jgraff@uthsc.edu

Name Mona N. Wicks, Ph.D., RN, FAAN
Website: <https://www.uthsc.edu/nursing/faculty-and-staff/mwicks.php>
Office: 874 Union Avenue, Room 335 Memphis, TN 38163
Phone: (901) 448-6250; 901-674-4622 (Mobile preferred number)
Email: mwicks@uthsc.edu

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Faculty Response Time and Accessibility

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Appendix I: DNP Core Course Descriptions and Outcomes

Course Description

This course focuses on the development of nursing science and epistemology in the western world. Philosophical approaches to the development and advancement of nursing science are examined in the context of historical and current periods. Theories and concepts from nursing and other disciplines are critiqued.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Analyze the historical interaction between metaphysical beliefs and research traditions in nursing science.
2. Investigate the relationship among nursing theory, concepts, and nursing knowledge.
3. Critique nursing and other theories in view of relevance to advanced practice nursing and nursing science.
4. Analyze concepts using different methods.
5. Apply concept analysis to advanced practice nursing and nursing science

Statement of Inclusion

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Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 AG-ACNP</i>
Course Title:	<i>DNP Synthesis Practicum</i>
Credit Hours:	Variable 2-6 (0-[2-6])
Lead Faculty:	Donna Lynch-Smith, DNP, ACNP-BC, APRN, NE-BC, CNL
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty – Dr. Donna Lynch-Smith

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/https://uthsc.edu/nursing/faculty-and-staff/lynch-smith.php>

Office: Crowe Building, Suite 244

Phone: 901.448.4152

Email: dlynchsm@uthsc.edu

Office Hours: By Appointment

Name – Dr. Emma Murray

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/http://uthsc.edu/nursing/faculty-and-staff/murray.php>

Office: Crowe Building, Suite 243

Phone: (870) 519-9446

Email: emurray6@uthsc.edu

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.

Appendix I: DNP Core Course Descriptions and Outcomes

6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

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Teaching Strategies

This is a hybrid clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 ANES</i>
Course Title:	<i>DNP Anesthesia Practicum A</i>
Credit Hours:	8(0-8)
Lead Faculty:	Dwayne Accardo, DNP, CRNA
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty: Dwayne Accardo, DNP, CRNA

Website: <https://uthsc.edu/nursing/faculty-and-staff/accardo.php>

Office: 874 Union Avenue

Phone: 901-830-6644

Email: daccardo@uthsc.edu

Office Hours: By Appointment

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

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Appendix I: DNP Core Course Descriptions and Outcomes

possible that some implicit and explicit biases may occur due to the lens in which many of our texts were written.

If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

The CON is committed to building an environment that honors all persons in our realm of responsibility and advocates for accessible, quality education for all.

* The UTHSC Policy on Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, and Stalking is found at: [Title IX](#)

Teaching Strategies

This is a hybrid clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 FNP</i>
Course Title:	<i>DNP Synthesis Practicum: Family Nurse Practitioner</i>
Credit Hours:	Variable 2-6 (0-[2-6])
Lead Faculty:	Laura Reed, DNP, APRN, FNP-BC
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty: Laura Reed, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/reed.php>

Office: 874 Union Ave, Room 327

Phone: 901-448-1426

Email: lreed@uthsc.edu

Office Hours: available by appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Appendix I: DNP Core Course Descriptions and Outcomes

Statement of Inclusion

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If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Teaching Strategies

This is an online course that consists of:

1. Clinical Experiences
2. Reflective Writing
3. Virtual Learning Sessions

This course is a clinical course with learning assignments and clinical evaluation of the student. You must pass all components to pass the course:

1. The clinical practicum consisting of 60-360 hours of face-to-face clinical experiences as approved by the Faculty Advisor.
2. You must follow the guidelines defined in your course with regards to recording clinical experiences in ProjectConcert.
3. Students may enroll in the course over 2 semesters at variable hours with permission from Advisor/Concentration Coordinator.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 NNP</i>
Course Title:	<i>DNP Synthesis Practicum: Neonatal</i>
Credit Hours:	6 (0-[2-6])
Lead Faculty:	Bobby Bellflower
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty: Bobby Bellflower, DNSc, NNP-BC, FAANP

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/bellflower.php>

Office: 864 Union Ave, Crowe building, Office 325

Phone: 901-921-7621

Email: bbellflo@uthsc.edu

Name: Tosha Harris, DNP, NNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/harris.php>

Office:

Phone:

Email: tharri63@uthsc.edu

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

Appendix I: DNP Core Course Descriptions and Outcomes

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

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If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Teaching Strategies

This clinical course focuses on supervised, precepted clinical experiences in a Level III or Level IV NICU. There will be Zoom meetings periodically to prepare students to sit for certification.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 PANP</i>
Course Title:	<i>DNP Synthesis Practicum: Pediatric Acute Care NP</i>
Credit Hours:	Variable 2-6 (0-[2-6])
Lead Faculty:	Dr. Michelle Rickard
Prerequisites:	None

Faculty Contact Information

Dr. Michelle Rickard, Instructor of Record

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/rickard.php>

Office: 874 Union Avenue, Room 311, Memphis, TN 38163

Phone: 901-488-4891

Email: mrickar2@uthsc.edu

Office Hours: By Appointment

Dr. Andrea Sebastian

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/sebastian.php>

Office: 874 Union Avenue, Room 310, Memphis, TN 38163

Phone: 901-586-7220

Email: ajone181@uthsc.edu

Office Hours: By Appointment

Dr. Ashley Wilson

Office: 874 Union Avenue, Room 311, Memphis, TN 38163

Phone: 901-626-0074

Email: awils107@uthsc.edu

Office Hours: By Appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.

Appendix I: DNP Core Course Descriptions and Outcomes

2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

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If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Teaching Strategies

This is an asynchronous hybrid clinical course with an in-person meeting, virtual meetings for oral presentations by students, and a simulation experience.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 PNP</i>
Course Title:	<i>DNP Synthesis Practicum: Pediatric Primary Care NP</i>
Credit Hours:	Variable 2-6 (0-[2-6])
Lead Faculty:	Sally Humphrey, DNP, APRN, CPNP-PC
Prerequisites:	None

Faculty Contact Information

Sally Humphrey, DNP, APRN, CPNP-PC, lead faculty

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/humphrey.php>

Office: 874 Union Ave, Room 348

Office number: 901-448-3340

Phone: 901-299-5722

Email: shumph13@uthsc.edu

Office Hours: Meetings available upon request.

Christina Wills, DNP, APRN, CPNP-PC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/wallacewills.php>

Office: 874 Union Ave., Room 442

Office number: (901)- 448-3936

Phone: (901)-481-9936

Email: Cwalla30@uthsc.edu

Office Hours: Meetings available upon request.

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.

Appendix I: DNP Core Course Descriptions and Outcomes

5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

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If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 926 PMHNP</i>
Course Title:	<i>DNP Synthesis Practicum: Psych Mental Health NP</i>
Credit Hours:	Variable 2-6 (0{2-6})
Lead Faculty:	Jacqueline Sharp, DNP, APRN, PMHP-BC
Prerequisites:	None

Faculty Contact Information

Name of Lead Faculty Jacqueline Sharp, DNP, APRN, PMHP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/sharp.php>

Office: 864 Union Office 125

Phone: 901-448-4147

Email: jsharp25@uthsc.edu

Office Hours: By appointments

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on concentration specific clinical practice of doctorally prepared advanced practice nurses. Emphasis is on refining the role of the advanced practice nurse.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Provide comprehensive, integrated care of patients and families within the area of advanced practice specialization.
2. Address the impact of legal, ethical, and cultural values on patient and family centered care.
3. Integrate concepts of social determinants of health and epidemiology to improve health outcomes of the population.
4. Incorporate technologies and health information systems to improve patient care.
5. Use extant research and evidence-based practice to improve processes and outcomes.
6. Demonstrate leadership and professionalism in advanced nursing practice.

Course Value

This is an online clinical course that consists of laboratory skills practice, clinical practicum, annotated bibliography, and diagnostic readiness testing for board certification.

Statement of Inclusion

Appendix I: DNP Core Course Descriptions and Outcomes

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Teaching Strategies

This is a hybrid course that consists of laboratory skills practice, online activities, oral presentations, and case studies.

This course is a clinical course with learning assignments and clinical evaluation of the student. You must pass all components to pass the course:

The clinical practicum consisting of 180-360 hours of face-to-face clinical experiences as approved by the Faculty Advisor.

You must follow the guidelines defined in your course with regards to recording clinical experiences in Project Concern

Complete all activities with an overall grade of 75% required to Pass the Course.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 947</i>
Course Title:	<i>DNP Project Seminar I</i>
Credit Hours:	1 (1-0)
Lead Faculty:	Tracy McClinton, DNP, APRN, AGACNP-BC, HGET-C, EBP-C
Prerequisites:	None

Faculty Contact Information

Dr. Tracy McClinton, DNP, APRN, AGACNP-BC, HGET-C, EBP-C

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/mcclinton.php>

Office: 874 Union Avenue, Room 430

Phone: 901-448-3051

Email: tmclint@uthsc.edu

Dr. Sharon Little, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/little.php>

Office: 874 Union Avenue, Room 342

Phone: 901-448-3229

Email: slittle14@uthsc.edu

Dr. Laura Reed, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/reed.php>

Office: 874 Union Avenue, Room 327

Phone: 901-448-1462

Email: lreed@uthsc.edu

Dr. Elizabeth Paton, DNP, CPNP-AC, PPCNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/paton.php>

Office: 874 Union Avenue, Room 302

Phone: 901-448-3318

Email: epaton@uthsc.edu

Dr. Sally Humphrey, DNP, APRN, CPNP-PC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/humphrey.php>

Office: 874 union Ave., Room 348

Phone: 901-448-3340

Email: shumph13@uthsc.edu

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Appendix I: DNP Core Course Descriptions and Outcomes

Course Description

This course focuses on the foundation for evidence-based practice and knowledge translation within the doctoral role of advanced practice nursing.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Appraise evidence-based practice models.
2. Differentiate evidence-based practice and research.
3. Select an appropriate evidence-based model for DNP inquiry project.

Course Value

This course is foundational to the DNP project as it teaches foundational evidence-based practice competencies and understanding in preparation for evaluation of practice and its planning and dissemination.

Statement of Inclusion

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Appendix I: DNP Core Course Descriptions and Outcomes

Course Number:



NSG 948

Course Title:

DNP Project Design and Methods

Credit Hours:

2 (2-0)

Lead Faculty:

Tracy McClinton, DNP, APRN, AGACNP-BC, HGET-C, EBP-C

Prerequisites:

None

Faculty Contact Information

Dr. Tracy McClinton, DNP, APRN, AGACNP-BC, EBP-C

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/mcclinton.php>

Office: 874 Union Avenue, Room 430

Phone: 901-448-3051

Email: tmcc Clint@uthsc.edu

Dr. Sharon Little, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/little.php>

Office: 874 Union Avenue, Room 342

Phone: 901-448-3229

Email: slittle14@uthsc.edu

Dr. Artangela Henry, DNP, AGACNP-BC, FNP-C, CLSSYB

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/henry.php>

Office: 874 Union Avenue, Room 242

Phone: 901-448-3621

Email: ahenry23@uthsc.edu

Dr. Vicki Chandler, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/chandler.php>

Office: 874 Union Avenue, Room 338

Phone: 901-448-6118

Email: ddedmon@uthsc.edu

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Course Description

Evidence-based practice (EBP) is foundational to improving patient safety and improving health care outcomes. This course builds on previous EBP competencies and skills to develop the DNP provider to lead and implement EBP teams and projects.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Outcomes

Upon completion of this course, the student will be able to:

1. Synthesize literature to establish an evidence base for the DNP Project.
2. Develop a process for the DNP Project.
3. Create a plan for implementation of the DNP project.
4. Integrate ethical principles and the IRB process.

Course Value

This course is foundational to the DNP project as it teaches foundational evidence-based practice competencies and understanding in preparation for evaluation of practice and its planning and dissemination.

Statement of Inclusion

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If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Teaching Strategies

This on-line course consists of web-based exercises, on-line asynchronous discussions, readings, videos, planning and evaluating quality improvement initiatives, scholarly writing, review of scholarly literature and collaborative work strategies.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 948</i>
Course Title:	<i>DNP Project Design and Methods</i>
Credit Hours:	2 (2-0)
Lead Faculty:	Tracy McClinton, DNP, APRN, AGACNP-BC, HGET-C, EBP-C
Prerequisites:	None

Faculty Contact Information

Dr. Tracy McClinton, DNP, APRN, AGACNP-BC, EBP-C

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/mcclinton.php>

Office: 874 Union Avenue, Room 430

Phone: 901-448-3051

Email: tmcc Clint@uthsc.edu

Dr. Sharon Little, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/little.php>

Office: 874 Union Avenue, Room 342

Phone: 901-448-3229

Email: slittle14@uthsc.edu

Dr. Artangela Henry, DNP, AGACNP-BC, FNP-C, CLSSYB

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/henry.php>

Office: 874 Union Avenue, Room 242

Phone: 901-448-3621

Email: ahenry23@uthsc.edu

Dr. Vicki Chandler, DNP, APRN, FNP-BC

Website: <https://www.uthsc.edu/nursing/faculty-and-staff/chandler.php>

Office: 874 Union Avenue, Room 338

Phone: 901-448-6118

Email: ddedmon@uthsc.edu

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

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Course Description

Evidence-based practice (EBP) is foundational to improving patient safety and improving health care outcomes. This course builds on previous EBP competencies and skills to develop the DNP provider to lead and implement EBP teams and projects.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Outcomes

Upon completion of this course, the student will be able to:

1. Synthesize literature to establish an evidence base for the DNP Project.
2. Develop a process for the DNP Project.
3. Create a plan for implementation of the DNP project.
4. Integrate ethical principles and the IRB process.

Course Value

This course is foundational to the DNP project as it teaches foundational evidence-based practice competencies and understanding in preparation for evaluation of practice and its planning and dissemination.

Statement of Inclusion

With an understanding that inclusion is a constant work in progress, the UTHSC CON is committed to promoting an environment that embraces and values the diversity of our students. Although intentional efforts have been made to integrate a diverse set of experiences and perspectives in this course, it is possible that some implicit and explicit biases may occur due to the lens in which many of our texts were written.

If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

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Teaching Strategies

This on-line course consists of web-based exercises, on-line asynchronous discussions, readings, videos, planning and evaluating quality improvement initiatives, scholarly writing, review of scholarly literature and collaborative work strategies.

Appendix I: DNP Core Course Descriptions and Outcomes



COLLEGE OF NURSING

Course Number:	<i>NSG 949</i>
Course Title:	<i>DNP Project and Implementation</i>
Credit Hours:	2 (2-00)
Lead Faculty:	Margaret Harvey
Prerequisites:	DNP Project Seminar I DNP Project Design and Methods

Faculty Contact Information

Name of Lead Faculty Margaret Harvey, PhD, APRN, ACNP-BC, CHFNP

Office: 874 Union Avenue, Room 201

Phone: 901-448-1193, Cell 615-891-0200

Email: mharvey@uthsc.edu

Office Hours: By appointment

Name Bobby Bellflower, DNSc, NNP-BC, FAANP

Office: 874 Union Avenue, Room 325

Phone: 901-448 4153, Cell 901-921-7621

Email: bbellflo@uthsc.edu

Office Hours: By appointment

Name Tracy McClinton, DNP, APRN, AG-ACNP-BC

Office: 874 Union Avenue, Room 430

Phone: 901-448-3051

Email: tmcclint@uthsc.edu

Office Hours: By appointment

Name Sharon Little, DNP, APRN, FNP-BC

Office: 874 Union Avenue, Room 342

Phone: 901-448-3229

Email: Slittl14@uthsc.edu

Office Hours: By appointment

Name Diana Dedmond, DNP, APRN, FNP-BC

Office: 874 Union Avenue, Room 346

Phone: 901-448-3389

Email: Ddedmon@uthsc.edu

Office Hours: By appointment

UTHSC College of Nursing Toll Free Number: The toll-free number to the University is 1-800-733-2498. Operator assistance is available Monday-Friday from 8am-5pm Central time within the continental United States.

Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Appendix I: DNP Core Course Descriptions and Outcomes

Course Description

This course focuses on implementation of the proposed DNP inquiry project. The emphasis is on data collection and analysis.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Conduct the proposed DNP project plan.
2. Analyze project data.
3. Synthesize project data

Course Value

This course prepares the DNP student to conduct quality improvement projects in their professional practice.

Statement of Inclusion

With an understanding that inclusion is a constant work in progress, the UTHSC CON is committed to promoting an environment that embraces and values the diversity of our students. Although intentional efforts have been made to integrate a diverse set of experiences and perspectives in this course, it is possible that some implicit and explicit biases may occur due to the lens in which many of our texts were written.

If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

The CON is committed to building an environment that honors all persons in our realm of responsibility and advocates for accessible, quality education for all.

* The UTHSC Policy on Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, and Stalking is found at: [Title IX](#)

Teaching Strategies

This is an on-line course where DNP project teams will implement their proposed project plan in an appropriate clinical setting under the supervision of the course faculty. Students will plan and arrange face – face meetings and/or via Web conference meetings with key stakeholders, obtain permission to collect data from medical records/QI data, analyze and synthesize data using various resources including Microsoft Word, Excel, and Intellectus Statistical Software. Group work will be submitted in the form of one document for each activity and members will receive the same grade. Team members are expected to contribute equal effort, define roles, and develop mutually agreed upon goals.

Appendix I: DNP Core Course Descriptions and Outcomes



Course Number:	<i>NSG 950</i>
Course Title:	DNP Project Seminar II
Credit Hours:	1 (1-0)
Lead Faculty:	Margaret Harvey
Prerequisites:	DNP Project Seminar I DNP Project Design and Methods DNP Project Implementation and Evaluation

Faculty Contact Information

Name of Lead Faculty Margaret Harvey, PhD, APRN, ACNP-BC, CHFNP

Office: 874 Union Avenue, Room 201

Phone: 901-448-1193, Cell 615-891-0200

Email: mharvey@uthsc.edu

Office Hours: By appointment

Name Bobby Bellflower, DNSc, NNP-BC, FAANP

Office: 874 Union Avenue, Room 325

Phone: 901-448 4153, Cell 901-921-7621

Email: bbellflo@uthsc.edu

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Faculty Response Time and Accessibility

Every attempt is made to be accessible to meet students' needs. Contact the faculty member to set up a mutually convenient time to discuss course issues or concerns. Responses to emails and discussion posts are typically made within 48 hours if received between 8:00 AM Monday and 5:00 PM Friday. Messages posted or emailed between 5:00 PM Friday and 8:00 AM Monday will be treated as though they were written Monday morning. Messages posted or emailed on a holiday will be treated as though they were received on the morning classes resume.

Course Description

This course focuses on scholarly dissemination of the DNP project findings.

Course Outcomes

Upon completion of this course, the student will be able to:

1. Develop strategies to disseminate project findings.
2. Disseminate DNP project findings in the form of a professional poster.

Course Value

This course prepares DNP students to conduct quality improvement projects in their professional practice.

Statement of Inclusion

Appendix I: DNP Core Course Descriptions and Outcomes

With an understanding that inclusion is a constant work in progress, the UTHSC CON is committed to promoting an environment that embraces and values the diversity of our students. Although intentional efforts have been made to integrate a diverse set of experiences and perspectives in this course, it is possible that some implicit and explicit biases may occur due to the lens in which many of our texts were written.

If you experience any emotions during this course that are particularly troubling, uncomfortable, or that you find offensive, please discuss the situation with your Instructor of Record (IOR), the DNP program director, the Executive Associate Dean of Academic Affairs, or with SASSI*.

The CON is committed to building an environment that honors all persons in our realm of responsibility and advocates for accessible, quality education for all.

* The UTHSC Policy on Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, and Stalking is found at: [Title IX](#)

Teaching Strategies

This is an on-line course where students will learn how to create a power point and professional grade poster using synthesized data from their DNP projects. Group work will be submitted in the form of one document for each activity and members will receive the same grade. Team members are expected to contribute equal effort, define roles, and develop mutually agreed upon goals.



Appendix J
DNP Essentials Mapped to Core Courses

UT THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

DNP Essentials Core Curriculum Content Mapping by Course Number

Expected Competencies	CORE COURSES											
	NSG 910	NSG 827	NSG 877	NSG 824	NSG 830	NSG 831	NSG 949	NSG 876	NSG 950	NSG 855	NSG 947	NSG 948
I. Scientific Underpinnings for Practice	X	X	X	X	X	X	X	X	X		X	X
II. Organizational and systems leadership for quality improvement and systems thinking			X				X	X	X		X	X
III. Clinical scholarship and analytical methods for evidence-based practice	X	X					X		X		X	X
IV. Information systems/ technology and patient care technology for the improvement and transformation of health care		X					X	X	X		X	X
V. Health care policy for advocacy in health care			X				X	X	X		X	X
VI. Interprofessional collaboration for improving patient and population health care outcomes		X					X	X	X		X	X
VII. Clinical prevention and population health for improving the nation's health			X				X	X	X		X	X
VIII. Advanced Practice Nursing	X	X	X	X	X	X	X		X	X	X	X



Appendix K

Location of Items in the Document and Virtual Resource Room

 **THE UNIVERSITY OF TENNESSEE**
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

Section	Subsection	Title	Page
Standard I	C	Partnership Enrollment Program Contract Exemplar	8 and VRR
Standard I	C	Management of Aggressive Patient Situations (MAPS) Program Description	8 and VRR
Standard I	C	Sickle Cell Boot Camp Program Description and Flyer	11 and VRR
Standard I	C	CON Community Advisory Council Meeting Minutes	11 and VRR
Standard I	C	UTHSC CON Alumni Association Board of Directors Meeting Minutes	11 and VRR
Standard I	D	Annual Performance and Planning Review Process	12 and VRR
Standard I	E	CON Faculty Bylaws	12 and VRR
Standard I	E	CON Constitution/Bylaws of Student Organizations	12 and VRR
Standard I	E	CON Curriculum Committee	13 and VRR
Standard I	E	CON Admission Committee	13 and VRR
Standard I	E	CON Evaluation Committee	13 and VRR
Standard I	E	CON Organization Chart	85 (Appx C)
Standard I	F	DNP Specific Student Handbooks (referred to throughout the doc)	VRR
Standard I	F	Schedule for Editing Academic Bulletin	21 and VRR
Standard I	H	DNP Recruiting Materials (CON Brochures)	23 and VRR
Standard I	Supporting Docs	Accreditation Letters	VRR
Standard I	Supporting Docs	Academic Calendar	VRR
Standard I	Supporting Docs	Annual Surveys	VRR
Standard I	Supporting Docs	Formal Complaints	VRR
Standard I	Supporting Docs	CON Committee Minutes	VRR
Standard I	Supporting Docs	CON Communities of Interest	VRR
Standard I	Supporting Docs	CON Faculty Profile	VRR
Standard I	Supporting Docs	CON Faculty CVs	VRR
Standard I	Supporting Docs	CON Floor Plans	VRR
Standard I	Supporting Docs	CON Mission Value Philosophy	VRR
Standard I	Supporting Docs	DNP Brochures	VRR
Standard I	Supporting Docs	DNP Concentration Coordinator Job Description	VRR
Standard I	Supporting Docs	DNP Program Director	VRR

Section	Subsection	Title	Page
Standard I	Supporting Docs	Manuals	VRR
Standard I	Supporting Docs	Partnership Enrollment Program MOUs	VRR
Standard I	Supporting Docs	Policy - Appointment Promotion Tenure	VRR
Standard I	Supporting Docs	Professional Standards	VRR
Standard I	Supporting Docs	Program Documents	VRR
Standard I	Supporting Docs	Retreats	VRR
Standard I	Supporting Docs	StrategicPlanning	VRR
Standard I	Supporting Docs	UTHSC Organization Charts	VRR
Standard I	Supporting Docs	Third Party Comments	VRR
Standard II	E	CON Workload Document	VRR
Standard II	E	CON Faculty Professional Development	36 and VRR
Standard II	E	CON Faculty Practice Plan and Contract	37, 42 and VRR
Standard II	E	DNP Program Teaching List	37 and VRR
Standard II	G	CON Faculty Practice Plan and Contract	42 and VRR
Standard II	Supporting Docs	CON Budget	VRR
Standard II	Supporting Docs	CON Faculty Profile	VRR
Standard II	Supporting Docs	CON Faculty CVs	VRR
Standard II	Supporting Docs	CON Progression and Graduation Policy	VRR
Standard II	Supporting Docs	CON Workload	VRR
Standard II	Supporting Docs	Clinical Sites	VRR
Standard II	Supporting Docs	Dean Curriculum Vitae	VRR
Standard II	Supporting Docs	DNP Brochures	VRR
Standard II	Supporting Docs	DNP Faculty Personnel File	VRR
Standard II	Supporting Docs	DNP Program Director	VRR
Standard II	Supporting Docs	DNP Teaching List	VRR
Standard II	Supporting Docs	Faculty Annual Performance Review	VRR
Standard II	Supporting Docs	Minutes/Documents - Institutional Commitment & Resources	VRR

Section	Subsection	Title	Page
Standard II	Supporting Docs	Preceptor Manual	VRR
Standard II	Supporting Docs	Student Liability Coverage	VRR
Standard III	A	Course Mapping	44 and VRR
Standard III	D	Table 1.4: Comparisons between DNP Essentials & DNP Program Outcomes	6, 46 and VRR
Standard III	E	Postgraduate APRN Certificate Plans of Study	50 and VRR
Standard III	F	Postgraduate APRN Certificate Plans of Study	55 and VRR
Standard III	F	DNP Plans of Study	55 and VRR
Standard III	G	On-Campus Skills Labs and Agenda Exemplars	56 and VRR
Standard III	G	DNP Projects for 2021-2023	58 and VRR
Standard III	G	DNP Case Study Exemplars	58 and VRR
Standard III	H	Selected DNP Clinical Sites	61 and VRR
Standard III	H	Sample of Executed Contracts	61 and VRR
Standard III	H	DNP Clinical Experience Evaluations	61 and VRR
Standard III	H	Post-graduate APRN Certificate Gap Analysis Examples	61 and VRR
Standard III	H	Reflective Practice Example	61 and VRR
Standard III	H	DNP Faculty Evaluation of Student Clinical Experience - Sample	63 and VRR
Standard III	Supporting Docs	Clinical Contracts (Sample)	VRR
Standard III	Supporting Docs	Course Syllabi	VRR
Standard III	Supporting Docs	DNP Brochures	VRR
Standard III	Supporting Docs	DNP Course Mapping	VRR
Standard III	Supporting Docs	DNP End-of-Course Folders	VRR
Standard III	Supporting Docs	DNP Program Handbook	VRR
Standard III	Supporting Docs	DNP Recorded Lectures	VRR
Standard III	Supporting Docs	DNP Teaching List	VRR
Standard III	Supporting Docs	Evaluations	VRR
Standard III	Supporting Docs	IPE Clinical Experiences	VRR
Standard III	Supporting Docs	Minutes/Documents - Faculty Participate in Curricula Development, Implementation, Revision	VRR

Section	Subsection	Title	Page
Standard III	Supporting Docs	Professional Standards	VRR
Standard III	Supporting Docs	Program Documents	VRR
Standard III	Supporting Docs	Plans of Study	VRR
Stanadr IV	F	Nurse Anesthesiology Improvement Plan	77 and VRR
Stanadr IV	F	FNP Improvement Plan	77 and VRR
Stanadr IV	G	CON Faculty CVs	78 and VRR
Stanadr IV	G	Table 4.11: Faculty Presentations by Academic Year	79 and VRR
Stanadr IV	G	Table 4.12: Faculty Refereed and Invited Presentations by Academic Year	79 and VRR
Stanadr IV	G	Table 4.13: Faculty Leadership Accomplishments in National Organizations	80 and VRR
Stanadr IV	H	Annual Performance and Planning Review Process	81 and VRR
Stanadr IV	H	Faculty Goals Form	81 and VRR
Stanadr IV	H	Sample of Faculty Annual Performance and Planning Review	81 and VRR
Stanadr IV	J	CON Annual Report	83 and VRR
Stanadr IV	J	DNP Course and Faculty Evaluation Templates	83 and VRR
Stanadr IV	J	DNP Course Summary Form Template	83 and VRR
Stanadr IV	J	DNP Retreat End of Year Report Presentation and Agenda	83 and VRR
Stanadr IV	Supporting Docs	AACN/Skyfactor Benchworks	VRR
Stanadr IV	Supporting Docs	CON Evaluation Manual	VRR
Stanadr IV	Supporting Docs	CON Workload Document	VRR
Stanadr IV	Supporting Docs	DNP Clinical Experience Evaluations	VRR
Stanadr IV	Supporting Docs	DNP Course & Faculty Evaluation	VRR
Stanadr IV	Supporting Docs	DNP Focus Group Report	VRR
Stanadr IV	Supporting Docs	DNP Retreat	VRR
Stanadr IV	Supporting Docs	DNP Student/Faculty/Preceptor Manual	VRR
Stanadr IV	Supporting Docs	DNP Summary Report	VRR
Stanadr IV	Supporting Docs	Faculty Outcomes	VRR

Section	Subsection	Title	Page
Stanardr IV	Supporting Docs	Minutes/Documents - Data Analysis: Explain Variance Actual/Expected Outcomes; Use Ongoing Program Improvement	VRR
Stanardr IV	Supporting Docs	NCPD Opportunites	VRR
Stanardr IV	Supporting Docs	Sample of Executed Contracts	VRR
Stanardr IV	Supporting Docs	Selected DNP Clinical Sites	VRR
Stanardr IV	Supporting Docs	Selected Preceptor List	VRR
Stanardr IV	Supporting Docs	Student Liability Coverage	VRR



Appendix L

Criteria for Evaluation of Nurse Practitioner Programs Documentation Location

 **THE UNIVERSITY OF TENNESSEE**
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

Criteria for Evaluation of Nurse Practitioner Programs Documentation Location

CRITERION I: Organization and Administration	Documentation Required Evidence of Meeting Criterion:	Documentation Location by Standard in Virtual Resource Room
I.A. The director/coordinator of the NP program is nationally certified as an NP and has the responsibility of overall leadership for the NP program.	<ul style="list-style-type: none"> Curriculum vitae of the individual who provides overall leadership of the NP program (e.g. director or coordinator). 	Standard I – Supporting Documents <ul style="list-style-type: none"> DNP Program Director DNP Program Director CV DNP Program Director job Description
	<ul style="list-style-type: none"> Documentation of credentialing as an NP in the state (or territory) of practice. 	
	<ul style="list-style-type: none"> Proof of national certification as an NP in at least one population-focused area. 	
	<ul style="list-style-type: none"> A statement describing the program director/ coordinator’s responsibilities to the program. 	
I.B. The faculty member who provides direct oversight for the NP educational component or track is nationally certified in the same population-focused area of practice.	<ul style="list-style-type: none"> Curricula vitae of NP faculty who provide oversight for each population-focused track. 	Standard I – Supporting Documents <ul style="list-style-type: none"> CON Faculty Profile CON Faculty CV DNP Concentration Coordinator Job Description
	<ul style="list-style-type: none"> Documentation of credentialing as an NP in the state (or territory) of practice. 	
	<ul style="list-style-type: none"> Proof of national certification as an NP in the population-focused area and in primary or acute care, as appropriate. 	
	<ul style="list-style-type: none"> A statement describing the lead NP faculty member’s responsibilities to the program. 	
I.C. Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.	<ul style="list-style-type: none"> (1) A copy of institutional policies or guidelines that support or document NP faculty’s ability to practice; or (2) A letter of support from the chief nurse administrator (e.g., dean) or a copy of the policy that allows NP faculty to practice as part of the workload. 	Standard I – Supporting Documents <ul style="list-style-type: none"> UTHC Appointment Promotion Tenure Policy/Procedure CON Bylaws
	<ul style="list-style-type: none"> Documentation of faculty practice plan or arrangements, if applicable. 	

CRITERION II: Students	Documentation Required Evidence of Meeting Criterion:	Documentation Location by Standard
II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.	<ul style="list-style-type: none"> • A copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall graduate degree program, identify program criteria. • Examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track. 	Standard II – Supporting Documents <ul style="list-style-type: none"> • DNP Brochures • Minutes <ul style="list-style-type: none"> ○ DNP Program ○ DNP Concentration Coordinators ○ Admissions Committee
II.B. Any progression and completion criteria specific to the NP program/track reflect ongoing involvement by NP faculty.	<ul style="list-style-type: none"> • Student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, identify the graduate program criteria. Document the criteria for full-time, part-time, and post- graduate study. • Examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/track. • A copy of the program of study for full and part-time study, including didactic and clinical progression, sequencing of courses, and the mechanism and process for students needing remediation in order to progress. 	Standard II – Supporting Documents <ul style="list-style-type: none"> • CON Progression and Graduation Policy • Minutes <ul style="list-style-type: none"> ○ Curriculum ○ Admissions • DNP Program Plan of Study • Post-graduate APRN Certificate Program Plan of Study DNP Remediation Form
CRITERION III: Curriculum	Documentation Required Evidence of Meeting Criterion:	Documentation Location by Standard
III.A. NP faculty provide ongoing input into the development, evaluation, and revision of the NP curriculum.	<ul style="list-style-type: none"> • Examples of curriculum committee meeting minutes documenting that NP faculty are developing, evaluating, and revising the curriculum. 	Standard III – Supporting Documents <ul style="list-style-type: none"> • Minutes <ul style="list-style-type: none"> ○ Evaluation Committee ○ Curriculum Committee ○ DNP Program ○ DNP Concentration Coordinator

<p>III.B. The curriculum is congruent with national standards for graduate level advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies and educational standards.</p>	<ul style="list-style-type: none"> • The nationally recognized educational standards and competencies used for developing curriculum for graduate core, APRN core, and NP role/population-focused content. (See Sample Form G.) • The national standards used for developing curriculum for specialty content • The program of study for the graduate and/or post-graduate (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate. • A brief overview, including course description and objectives for each course, identifying where nationally recognized graduate core, APRN core, and NP role/population-focused educational standards and core competencies are included. • A brief overview, including course description and objectives for each course, identifying where nationally recognized specialty competencies are included, when applicable. 	<p>Standard III – Supporting Documents</p> <ul style="list-style-type: none"> • Professional Standards <ul style="list-style-type: none"> ○ CCNE ○ AACN BSN Essentials ○ AACN DNP Essentials ○ COA ○ NTF ○ ACME • Teaching List • DNP Course Syllabi • DNP Course Mapping • DNP Program Plans of Study • Post-graduate APRN Certificate Programs Plans of Study
<p>III.C.1. The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program.</p>	<ul style="list-style-type: none"> • Written statement provided to students identifying the role and population-focused certification examination for which they are prepared to meet educational eligibility requirements to apply upon successful completion of the program. • Documentation demonstrating that a program prepares graduates to meet educational eligibility requirements for the national certification examination(s) for each NP track. 	<p>Standard III – Supporting Documents</p> <ul style="list-style-type: none"> • DNP Program Outcomes
<p>III.C.2. Official documentation states the NP role and population focus of educational preparation.</p>	<ul style="list-style-type: none"> • A sample transcript for an NP graduate showing educational preparation for the NP role and at least one (1) population focus and/or A sample official letter with institutional seal used to specify the educational preparation for the NP role and at least one (1) population focus. 	<p>Standard III – Supporting Documents</p> <ul style="list-style-type: none"> • Program Documents <ul style="list-style-type: none"> ○ DNP Transcript (Sample) ○ DNP Diploma (Sample) ○ Post-graduate APRN Certificate Program Transcript (Sample)

		<ul style="list-style-type: none"> ○ Post-graduate APRN Certificate Program Diploma (Sample)
III.D. The curriculum plan demonstrates appropriate course sequencing.	<ul style="list-style-type: none"> • The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites. 	<p>Standard III – Supporting Documents</p> <ul style="list-style-type: none"> • DNP Program Plan of Study • Post-graduate APRN Certificate Program Plan of Study
III.E The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.	<ul style="list-style-type: none"> • Documentation of the process used to verify student learning experiences and clinical hours. 	<p>Standard III – Supporting Documents</p> <ul style="list-style-type: none"> • DNP Brochures • IPE Clinical Experiences • Evaluations <ul style="list-style-type: none"> ○ Clinical Site ○ Preceptor ○ Faculty/Preceptor
	<ul style="list-style-type: none"> • An overview of the curriculum. 	
	<ul style="list-style-type: none"> • An overview of the number of required precepted clinical hours. For combined NP/CNS and dual track NP programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.) 	
	<ul style="list-style-type: none"> • A description of types of clinical experiences, including patient populations, types of practices, and settings in which each student is expected to develop competencies. 	
III.F. Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate- level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.	<ul style="list-style-type: none"> • A completed gap analysis for each post-graduate certificate candidate who was granted waivers or exceptions. 	<p>Standard III.H.</p> <ul style="list-style-type: none"> • Post-graduate APRN Certificate Gap Analysis Examples • DNP Clinical Experience Evaluations • Program Documents <ul style="list-style-type: none"> ○ Post-graduate APRN Certificate Program Transcript (Sample) ○ Post-graduate APRN Certificate Program Diploma (Sample)
	<ul style="list-style-type: none"> • Documentation of the process for evaluation of student demonstrating national clinical competencies to grant credit for prior clinical experience. 	
	<ul style="list-style-type: none"> • A sample certificate of completion or a transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) population focus and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology). 	
CRITERION IV: Resources, Facilities, and Services Documentation	Documentation Required Evidence of Meeting Criterion	Documentation Location by Standard
IV.A. Institutional resources, facilities, and services support the development, management, and	<ul style="list-style-type: none"> • Description of student and faculty numbers and the teaching resources, facilities, and services of the institution that relate to the 	

evaluation of the NP program/track.	specific needs of the NP program/track.	
	<ul style="list-style-type: none"> Evidence of student evaluation of the teaching resources, facilities, and services of the institution that relate to the specific needs of the NP program/track. 	Standard IV – Supporting Documents <ul style="list-style-type: none"> Skyfactor <ul style="list-style-type: none"> Alumni and Exit Data
IV.B. Clinical resources support NP educational experiences.	<ul style="list-style-type: none"> A list of clinical facilities used specifically for the NP program/track and site-based clinical preceptors (type, degree, and certification), including the name of the site, type of site (e.g., community health, private practice, or rural clinic), and client characteristics. 	Standard IV – Supporting Documents <ul style="list-style-type: none"> Selected DNP Clinical Sites Selected Preceptor List
	<ul style="list-style-type: none"> A sample of a contractual agreement, including a statement on liability coverage 	Standard IV – Supporting Documents <ul style="list-style-type: none"> Sample of Executed Contracts Student Liability Coverage
	<ul style="list-style-type: none"> A copy of the policy covering student rotations at clinical sites. 	Standard IV – Supporting Documents <ul style="list-style-type: none"> DNP Student/Faculty/Preceptor Manual
IV.B.1. A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/ student ratio is sufficient to ensure adequate supervision and evaluation.	<ul style="list-style-type: none"> Documentation of the institution/program policy or process used for assigning faculty to ensure adequate teaching time for NP students. 	Standard IV – Supporting Documents <ul style="list-style-type: none"> CON Workload Document DNP Student/Faculty/Preceptor Manual
	<ul style="list-style-type: none"> Documentation and rationale of the faculty/student ratio for direct and indirect faculty supervision for the program. 	
	<ul style="list-style-type: none"> Documentation of the method and criteria for student evaluation including intensives or clinical site evaluations (e.g., face-to-face and technology-supported visits) made by NP program faculty during an academic term. 	
	<ul style="list-style-type: none"> Evidence of faculty and student assessment of the clinical experience to meet learning objectives. Documentation of faculty oversight of the clinical learning experience, including vetting, planning, implementation, and evaluation. 	Standard IV – Supporting Documents <ul style="list-style-type: none"> DNP Clinical Experience Evaluations DNP Student/Faculty/Preceptor Manual

<p>IV.B.2. Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.</p>	<ul style="list-style-type: none"> Records for the process used to document student learning experiences and clinical hours. Copies of policies relevant to clinical placement. 	
<p>IV.B.3. NP faculty may share the clinical teaching of students with qualified preceptors</p>	<ul style="list-style-type: none"> Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, women’s health), types of patients (acute, chronic, in-hospital, etc), type of clinical supervision, and number of students supervised concurrently. 	<p>Standard IV – Supporting Documents</p> <ul style="list-style-type: none"> Selected Preceptor List DNP Student/Faculty/Preceptor Manual
<p>IV.B.3.a. A preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.</p>	<ul style="list-style-type: none"> (1) A copy of each preceptor’s current state authorization to practice and national certification, as appropriate; or (2) Documentation of the method for verifying that preceptor licenses are current and available at the clinical facility if not submitted directly to the program. 	
<p>IV.B.3.b. A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience</p>	<ul style="list-style-type: none"> Preceptor profiles, including title, discipline, credentials, licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women’s health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently. 	
<p>IV.B.3.c. Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.</p>	<ul style="list-style-type: none"> Description of the preceptor orientation and methods used for maintaining ongoing contact between NP faculty and preceptors. A copy of preceptor orientation information. 	
<p>CRITERION V: Faculty and Faculty Organization Documentation</p>	<p>Documentation Required Evidence of Meeting Criterion</p>	<p>Documentation Location by Standard</p>
<p>V.A.1. NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.</p>	<ul style="list-style-type: none"> Copies of faculty profiles including credentials, licensure/ approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. An evaluation process that includes student, preceptor, and faculty appraisals encompassing elements determined by the program that may include, but are not limited to, evidence of: – 	<p>Standard II – Supporting Documents</p> <ul style="list-style-type: none"> CON Faculty Profile <p>Standard II.E.</p> <ul style="list-style-type: none"> CON Workload Document DNP Program Teaching List

	<p>Assignment of faculty with the appropriate expertise to teach theoretical and clinical courses;</p> <ul style="list-style-type: none"> -Faculty knowledgeable and prepared to integrate meaningful use of technology in course and clinical assignments; -Faculty workload assignments that provide adequate time for course preparation, oversight, delivery, timely and adequate feedback to students on assignments, and integration of course evaluations into a continual quality improvement process; and/or -Faculty development in effective teaching pedagogies, information technology, and advances in the healthcare delivery environment impacting NP practice. 	<p>Standard IV.G.</p> <ul style="list-style-type: none"> • Con Faculty CVs <p>Standard IV. H.</p> <ul style="list-style-type: none"> • Annual Performance and Planning Review Process
V.A.2. NP program faculty who teach the clinical components of the program/ track maintain current licensure and national certification.	<ul style="list-style-type: none"> • Evidence or documentation that a copy of each faculty member's state license/approval/ recognition and national certification, are maintained in a file, as appropriate. 	
V.A.3. NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.	<ul style="list-style-type: none"> • A copy of the faculty development plan for the institution/program. 	
V.B. Non-NP faculty have expertise in the area in which they are teaching.	<ul style="list-style-type: none"> • An overview of non-NP faculty detailing their credentials, position, population focus or specialty, area of content responsibility, and other teaching responsibilities. 	
CRITERION VI: Evaluation	Documentation Required Evidence of Meeting Criterion	Documentation Location by Standard
VI.A. There is an evaluation plan for the NP program/track.	<ul style="list-style-type: none"> • A copy of the evaluation plan used for the NP program/track, including evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration. 	<p>Standard III.H.</p> <ul style="list-style-type: none"> • DNP Clinical Experience Evaluations <p>Standard IV – Supporting Documents</p> <ul style="list-style-type: none"> • CON Evaluation Manual • AACN/Skyfactor Alumni • AACN/Skyfactor Exit
VI.A.1. Evaluate courses at regularly scheduled intervals.	<ul style="list-style-type: none"> • Documentation of current course evaluation process and review schedule. 	
VI.A.2. Evaluate NP program faculty competence at regularly scheduled intervals.	<ul style="list-style-type: none"> • Documentation of mechanisms or processes and schedule for review used to evaluate NP program faculty (e.g., current list of 	

	certifications, student evaluations, or peer review).	Standard IV.H.
VI.A.3. Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.	<ul style="list-style-type: none"> Documentation of frequency and methods used to evaluate aggregate and individual students' progression throughout the program. Copies of evaluation forms used. 	<ul style="list-style-type: none"> Annual Performance and Planning Review Process
VI.A.4. Evaluate students' attainment of competencies throughout the program.	<ul style="list-style-type: none"> Documentation of methods used to evaluate students' attainment of competencies throughout the program (e.g., use of performance evaluation, case studies, etc.) 	Standard IV.J.
VI.A.5. Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.	<ul style="list-style-type: none"> Copies of the forms used for preceptor and NP faculty evaluation of the student's clinical performance. Documentation of the availability of completed evaluations. Documentation of the frequency and process used for evaluation of the student's clinical performance. 	<ul style="list-style-type: none"> DNP Retreat End of Year Report Presentation and Agenda DNP Course and Faculty Evaluation Templates DNP Course Summary Form Template
VI.A.6. Evaluate clinical sites at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of how clinical sites are evaluated. 	
VI.A.7. Evaluate preceptors at regularly scheduled intervals.	<ul style="list-style-type: none"> Documentation of how preceptors are evaluated, to include faculty and student evaluations. 	
VI.B. Formal NP curriculum evaluation occurs every five (5) years or sooner.	<ul style="list-style-type: none"> Documentation of frequency of curriculum evaluation. Documentation of curricular decisions based upon evaluation. 	
VI.C. There is an evaluation plan to measure outcomes of graduates.	<ul style="list-style-type: none"> Documentation of the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/position in area of specialty, employer/practice satisfaction, and graduate satisfaction with NP preparation. Other measures may be used to further support the outcomes of the program. 	