DNP Program Evaluation

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

Program Response:
As a new program, it is important that UHH SON offer a quality program that is congruent with the Mission and Goals of the UHH, UHH SON and the community of interest. Determining the effectiveness and improving the program serves not only current and future graduates but also the university and community where our students learn and will ultimately practice. A program assessment plan that includes both formative and summative evaluation embedded in direct and indirect assessment has been adopted to assure the set of nine broad PLOs are accomplished. Specifically, the plan addresses methods to evaluate, revise, or improve the DNP program based on feedback from our students, faculty, and community.

An evaluation matrix (Appendix 26) has been constructed that summarizes the evaluation plan. The plan as identified in the Matrix has two assessment components formative and summative. Monitoring student learning is the goal of the formative assessment process. Through a process of providing ongoing feedback to the faculty and the students, faculty teaching and student learning can be improved. In the formative level of assessment course faculty, clinical faculty, preceptors and students provide feedback. Feedback is provided through evaluation of course assignments and projects by faculty, selected course reviews by course faculty, practice evaluation of students by preceptors and clinical faculty, and preceptor, agency, course evaluations, Institute evaluations, and program evaluations by students. Evaluations are given throughout the semester, Institute, or program. Feedback from the various assessments is provided to an identified person, group or coordinator for analysis and review. For example: Student clinical evaluations are completed by the clinical faculty during site visits arranged during the semester. The site visits provide clinical faculty the opportunity to evaluate the student with the preceptor and during patient encounters.

Evaluations are systematically performed using the Student Clinical Evaluation form in the DNP Practice Guidelines (Appendix 8). The preceptor also evaluates students during the semester and feedback is given during patient encounters and then summarized at the end of the semester using the Preceptor Evaluation form (DNP Practice Guidelines). Students receive the feedback from the clinical faculty and the preceptor at the time of the evaluation and evaluations are shared at the DNP Program level. In this way, timely feedback for improvement is given directly to student, the preceptor shares student progress, and overall progress of practice success is documented and forwarded to the DNP Program Coordinator. Conversely, students are asked to evaluate the clinical faculty, the preceptor and the clinical site. This information is given to the DNP Program Coordinator for evaluation and review and shared with the clinical faculty, preceptors, and curriculum faculty. If there is a troublesome site, preceptor, or clinical faculty changes targeting the area for improvement can be made immediately. Recently, an assigned preceptor had to take an emergency vacation leaving the student short hours for the semester. Because we have a network of preceptors is in place, the clinical faculty was able to contact another preceptor and the student was able to finish the required hours without taking an incomplete.

Another example of formative assessment is the review of individual DNP courses. The faculty member teaching the course presents elements of the course including positive outcomes, evaluation of signature assignments, problems faced by faculty or students, and recommendations for revisions. This presentation is done to the UHH SON faculty during faculty retreats in December and May. Course content, assignments or faculty changes for the next course cycle can be decided by the faculty during the retreat. The timeline for DNP course assessment, PLO achievement, and evaluation of signature courses for years 2012-2015 are in Table IV-A.1 below. Reviews of 2012-2013 courses are in the Retreat minutes 12/16/2013 (Resource Room).

Table IV-A.1. Tentative Schedule for PLO Assessment Using Signature Course Assignments Course

Year	PLOs Addressed	Semester	Courses & Signature Assignments
2012-2013	1, 5 2, 3, 4, 5, 7	Fall Summer	Fall NURS 601 Social Determinants of Health (Health Disparities Presentation) NURS 606 Rural Health Promotion (Community Assessment) NURS 606L Rural Health Lab (Evidence-based Learning Opportunities (EBLOs)
2013-2014	6, 7 1 8, 9	Fall Spring Summer	NURS 612 Evidence-based practice (Concept Map) NURS 609 Primary Care of Women (Paper) NURS 613 Program Development & Evaluation (Develop & Evaluate a Program)
2014-2015	2, 3 2, 6 1-9	Fall Spring Summer	NURS 614 System Based Leadership (Interview with Community Leaders) NURS 616 Health Economics (Business Plan) NURS 617 Practice Inquiry Project (PIP Presentation)
2015-2016	TBA	TBA	TBA

The summative or indirect assessments are designed in a similar way (Appendix 26). In performing summative assessments the goal is to evaluate student learning through the achievement of the PLOs and to compare the program against a standard or benchmark. UHH SON has four summative assessments developed but these will not be implemented until the first cohort is near completion of the program. The four summative evaluations for use are described below.

1. **DNP Survey Meeting PLOs & Course Objectives (Current and On-going)**. These are online evaluations already begin used.

2. **DNP Exit Interview Questionnaire (Projected)**. This evaluation will capture the DNP student's overall experiences while participating in the program (presentations, publications, professional meetings, and presentations) as well as their satisfaction with the program including academic standards, teaching excellence, research support, professional training, supervision of PIP, and course load. Analysis of data from this questionnaire will provide substance evidence for improving future student satisfaction with respect to course load, mentorship, and PIP support. It will also

provide valuable information for improving the level of professional networking and dissemination of evidence based work through attendance at conferences, publications, and presentations (Resource Room WASC document).

3. **Survey of DNP Graduates (Projected).** This general survey planned for two years after graduation is necessary to track student success once they have graduated from the program. It addresses employability, types of employment of the DNP graduates and relevance to career goals, salary ranges, and usefulness of the courses and experiences in preparing students for the workforce. It requests information that will improve the educational experience and courses that were specifically relevant to the student's career trajectory or choices after graduations. Analysis of this data will be used for marketing and recruitment of new students, making substantive revisions or improvements to curriculum or program outcomes and seeking out innovative learning opportunities for future students (Resource Room WASC document). Knowing post-graduation information is difficult to retrieve because students move or disconnect from the program numerous strategies will be used to collect data including establishing a UHH SON alumni board or group, providing UHH email access for 1 year after graduation, establishing a UHH SON DNP listserv for newsletters and updates, meeting with alumni at the Annual Symposium (PIP Projects are presented and open to public including virtual attendance), use advisory committee members to ensure participation by health agencies on employee surveys, and invite a DNP graduate to be an advisory committee member. Quantitative survey return rate goal is 30%. Qualitative "note taking" during personal interactions will also be used. In the future, use of EBI/AACN benchmarking company will be explored and adopted based on fiscal resources.

4. **Employer Survey.** Biannual surveys to employers of DNP student are planned beginning 2016. This survey requests information from employers of DNP graduates (Resource Room WASC document). Results of these surveys will be compiled and analyzed by the DNP Program Coordinator and presented to the DNP curriculum faculty in order to assure the program meets the standards of our communities of interest, students are well prepared for the DNP role, and community needs are met. Revision of the program and specific elements of the curriculum will follow the analysis. The exemplar program standard or benchmark measurement against which PLO achievement is measured is completion of the PIP.

Achievement of PLOs is also linked to direct assessment. The progress of each student is assessed and monitored throughout their academic experience through examinations, written reports, online and face-to-face participation in course work. Assessment of program quality is ascertained by student performance in these signature assignments from select courses. Specific performance evaluations or assignments are found in each course syllabi. These course evaluations methods (assignments) align with one or more of the nine PLOs and the eight DNP Essentials. Examples of alignment of PLOs and DNP Essentials with course evaluations (assignments) found in course syllabi are presented below in Table IV-A.2. Additionally, Institutes, clinical experiences and other practice opportunities provide ongoing evaluation of program effectiveness. Evaluation forms for formative and summative evaluations are in the Resource Room.

Table IV-A.2: Alignment of PLOs and DNP Essentials with Course evaluations (assignments)

Course	Course Objective	PLO	DNP Essential
NURS 611	Learn how to apply research findings	PLO 1	Essential 1
NURS 601	Examine theoretical perspectives on health of individuals and communities	PLO 1	Essential 6
NURS 613	Incorporate best evidence in designing health promotion programs for rural populations	PLO 1, 2, 9	Essential 7

NURS 607 L & 608L	Develop competencies in advanced practice	PLO 1, 2, 4, 5	DNP Essential 8
NURS 612	Evaluate types and hierarchy of evidence	PLO 7, 6	DNP Essential 3
NURS 613 & NURS 614	Select appropriate approaches for organizational implementation and outcomes evaluation of evidence based practice	PLO1, 6, 7, 9	Essential 2
NURS 617	Develop a capstone project that meets the program outcomes	PLO9	DNP Essential 6

Systematic scheduled assessments of student achievement of PLOs is the responsibility of the core faculty who teach courses and advise students in NURS 617 Project Inquiry. The UHH SON Faculty at scheduled "Faculty Retreats" reviews feedback on courses in December and May. At that meeting course faculty present a synopsis of the course and any recommendation for changes in pedagogy or curriculum to improve deficiencies if any. This review is augmented by the student evaluations of the course that are obtained either through private student feedback or group feedback from Institute evaluations or mid-year synchronous chats. Table IV-A.2 above lists the timeline for these course reviews.

IV-B. Program completion rates demonstrate program effectiveness.

Program Response:
The first cohort of 10 students was admitted to UHH SON DNP Program in August 2012. Students were admitted to the BSN to DNP track only. The BSN to DNP entry track is 8 continuous semesters in length with expected completion for full time students is 3 calendar years. At the time of admission, all students lived in the state of Hawai'i but represented only the islands of Hawai'i and Oahu. The second cohort of 13 students was admitted in August 2013. Members of Cohort 2 represent both the BSN to DNP track and the MSN to DNP track. The MSN to DNP track is 4 continuous semesters in length and full time completion is 18 months.   At the time of admission, all students lived in the state of Hawai'i representing the islands of Hawai'i, Oahu, Maui and Kauai. Of the first cohort, the retention rate is 9/10. One student requested a leave of absence (LOA) for personal reasons during the middle of the first semester. This request was granted in accordance with the Graduate Student Handbook and the DNP Program Guidelines. The student returned in August 2013 and is now a member of Cohort 2. A student admitted to Cohort 2 attended the first day of the Orientation and Summer Institute in August 2013 and decided to withdraw from the program giving family responsibilities and obligations for her reason for withdrawal. The withdrawal notice was received on day 2 of the Orientation and Summer Institute. No other students have changed their status.

The DNP Program was developed as a full time only course of study and at this time there is no part time option. The full time study requirement is published on the website, applicants who are interviewed are made aware of the full time study requirement, full time course of study is published on the website and in the DNP Program Guidelines, and reviewed during the Orientation & Summer Institute. UHH SON is appreciative that personal or professional challenges may interfere with the student's ability to progress successfully in a full time course of study. The LOA option taken by a student has already been described above. The option for a LOA without academic consequence is available to all students. Methods to assist students achieve success in the tight constraints of full time study is described below. If a student appears to be in academic jeopardy, has not met progression requirements or is struggling to keep up with classes the DNP Program Coordinator will contact the student and provide program planning options. A first cohort student

was unable to complete the course requirements for NURS 605 Advanced Health Assessment, a course required for continuation in clinical courses. She was counseled and a new program plan was developed for her. So, in order to assist students to be successful, alternate program plans can be developed which may relieve their academic full time burden until they "catch up". In this student's case she completed the requirements for NURS 605 in Summer 2013, was unable to enroll in NURS 606L Rural Health Promotion Lab (Summer 2013), was able to enroll in NURS 607L Primary Care of Adults Lab (Fall, 2013) and will enroll in NURS 606L Summer of 2014. The plan enabled her to complete the course she needed for clinical course progression and postponed a clinical course for 1 year.

The UHH SON DNP Program will graduate its first DNP students in December of 2014. The anticipated graduates will be the MSN to DNP students from Cohort 2. Cohort 1 students are on a trajectory for graduation in May 2015. We anticipate a completion rate of 80% from each Cohort (Table IV-B.1). Given the intensity of full time graduate study and the need for students to work while in school, students may not complete the PIP to graduate with their Cohort. Every effort will be made to assist students to complete the PIP during their course of study. Assignments are embedded in many theory courses such as NURS 612 Evidence-based Practice and NURS 611 Research Methods, NURS 613 Program Development/Evaluation. If students need additional semesters to complete the PIP, they will enroll each semester until the PIP is completed. A process for assigning credits is currently being developed with the Office of the Registrar.

Table IV-B 1: Formula and expected graduates from each Cohort.

Expected Date of Graduation	# Students enrolled x .80 = Expected Graduates
Cohort 1 BSN to DNP May 2015	9 x .80 = 7 (rounded from 7.2)
Cohort 2 MSN to DNP December 2014	3 x .80 = 2 (rounded from 2.4)
Cohort 2 BSN to DNP May 2016	12 x .80 = 9 (rounded from 9.6)

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Program Response:
The UHH SON DNP Program will graduate its first BSN to DNP in May 2015. These students will be eligible to take the population based FNP certification examination offered either by ANCC or AANP. Information about the FNP certification examination is provided in the DNP Practice Guidelines and population content is given and reinforced throughout the family population focused theory and clinical courses. An 80% certification pass rate is anticipated for Cohort 1 who will be eligible to take the exam during the summer of 2015 pending accreditation. This first time takers pass rate is consistent with the AACN Standards of Accreditation for baccalaureate and graduate programs (2013). Every effort will be made to either provide or host a FNP review course. Collaboration with graduate nursing programs on Oahu (Honolulu) may be more enticing for an outside review vendor and will be pursued.

IV-D. Employment rates demonstrate program effectiveness.

Program Response:
The UHH SON DNP Program has no employment statistics on their graduates at this time. We anticipate BSN to DNP employment rates to be 80%. The three MSN to DNP students from Cohort 2 are practicing in various roles while they are attending the DNP Program. Two are APRNs practicing in a primary care clinic and one is a faculty member at a community college.

IV-E. Program outcomes demonstrate program effectiveness.

Program Response:

As expected of a new program without graduates, the UHH SON DNP Program has no statistics on program outcomes at this time. Evaluation of program outcomes will be complied beginning with the MSN to DNP Cohort graduating in December of 2014 and will continue as the BSN to DNP cohort graduates in May 2015. The plan is to continue to collect direct and indirect evaluations and use this information to make revision to the curriculum or courses as detailed in Standard IV-A. Up to date data from formative surveys preceptors and clinical course faculty evaluations for Cohort 1 students are available in the Resource Room. Year one summative data on the DNP program completed by Cohort 1 is found below in Table IV-E.1. Specific questions on the survey can be found online or in the Resource Room. Analysis of student means for items queried were: included was the class beneficial, valuable, was the faculty involved, were course objectives met and was faculty was prepared are noted for courses in the first two semesters of the program (Fall 2012: NURS 618, 601, and 602 and Spring 2013: NURS 603, NURS 604, and NURS 605). Overall, as first time course offerings the evaluations were favorable. Students evaluated NURS 618 most critically with one student giving only a score of 1 to all the items regarding this course. These results were not surprising as students were struggling with the content and the DNP Coordinator was highly involved in resolving student concerns. These evaluations were shared with the faculty teaching the course. Although course content was not modified for Fall, 2014 a specific course introduction and more detail in course assignments was added by Dr. Naqvi who taught the course. Cohort 2 students were apprised of the difficulty of the course during an informal session with Cohort 1 students during the Orientation & Summer Institute where strategies for doing the assignments were provided. The DNP curriculum committee was also notified of the problems with this course namely, lack of statistical background for DNP students. A statistical workshop was provided for the Cohort 1 students during the Spring Institute 2013 and is available on video for other students. The course evaluations for 2013 (pending) will be analyzed to determine improvement and revision may be needed based on the additional student feedback. NURS 604 received marginally acceptable evaluations in the beneficial, valuable, and involved items. Investigating further, DNP students found the course was not challenging as some students used much of the same material in their undergraduate pathophysiology course. Again, the DNP Program Coordinator forwarded student evaluations to Dr. Haider the course faculty. It is anticipated that the course material and assignments will be more advanced for the next course (Spring 2014). The DNP Program Coordinator and Curriculum Committee will revise the course as needed based on student feedback.

Table IV-E 1: Cohort 1 DNP End of Year 1 summative survey data (means). Scale 1 (low) to 10 (high).

	Beneficial	Valuable	Involved	Obj. Met	Faculty Prep
NURS 618 Stats/EPi	2.8	2.5	3.8	3	1.57
NURS 601 Social Determinants	8.4	8.3	8.2	8.9	8.5
NURS 602 Technology	8.1	8	8.7	7.8	8.6
NURS 603 Adv Pharmacology	7.3	7.5	7.5	8.8	8.9
NURS 604 Adv Pathophysiology	6.4	5.5	5	6.2	6.6
NURS 605 Adv Health Assessment	9.1	9	8	9	8.3
Summer Orientation	7.4				
Met Goals for DNP	7.75				
DNP Coordinator	8.87				

Academic Support (DNP Program Office)	9.14				

Table IV-E.2 below demonstrates DNP perceived achievement of DNP Essentials and PLOS by Cohort. Blank cells mean no data was retrieved. Although survey returns were small, this emerging data is significant for addressing progress toward reaching DNP Essentials and UHH SON DNP PLOs. The survey was completed at the end of Semester 1 Year 2 for Cohort 1 and Semester 1 Year 1 for Cohort 2. Of the nine students who responded 8 students felt DNP Essential 1 Scientific underpinnings for practice was met after taking NURS 618, NURS 601, and NURS 612. Students reported they met or exceeded expectations for DNP Essential #4 Information systems technology. As expected, there was less confidence in their achievement of DNP Essential #2 Organizational systems leadership for systems improvement since they have not had the Leadership or Advanced Methods courses. Similar results are demonstrated for DNP Essential #5, 6, 7, and 8. Students were not as confident in their perceived achievement of the DNP PLOs. PLO #5 Integrating cultural competence ranked highest with 8 students reporting the outcome was met or exceeded. This is due to the strong transcultural focus across courses. Interestingly, although many students perceived reaching expectations for DNP Essential #1 Scientific underpinnings they did not feel convinced they achieved PLO #1 Synthesizing theoretical knowledge and research evidence. Nor did they feel secure in their meeting expectations for PLOs # 2 Collaborating with multidisciplinary professionals or PLO #3 Assuming the leadership role. These data are an important step in monitoring the progress of student achievement and similar surveys will be completed at the end of each semester to track student's perceived confidence in reaching success. Data will be used to reinforce or revise course objectives or curriculum as more data becomes available.

Table IV-E 2: Preliminary data on meeting DNP Essentials and PLOs

DNP Essential	Not Met		Yet to be Met		Met		Exceeded	
	C1	C2	C1	C2	C1	C2	C1	C2
Scientific Underpinnings for Practice				1	2	5	1	
Organizational and Systems Leadership for Quality Improvement and Systems Thinking		1		4	3	3		
Clinical Scholarship and Analytical Methods for Evidence-Based Practice				1	3	4		
Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care				1	2	4	1	2
Health Care Policy for Advocacy in Health Care				3	2	4	1	
Interprofessional Collaboration for Improving Patient and Population Health Outcomes				4	3	3		
Clinical Prevention and Population Health for Improving the Nation's Health				3	3	4		
Advanced Nursing Practice				4	3	3		

DNP PLOs	Not Met		Yet to be Met		Met		Exceeded	
	C1	C2	C1	C2	C1	C2	C1	C2
Synthesize theoretical knowledge and research evidence in designing primary care delivery for diverse populations across the lifespan in rural contexts.				7	3	2		
Collaborate with multidisciplinary professions, multisectoral agencies and lay communities to influence social and health policies impacting rural population health.			1	4	1	2	1	
Assume leadership role in organizational systems to improve rural population health in local and regional communities.			1	4	1	2	1	
Promote adherence to professional and ethical-legal standards of practice by individual professionals and organizations.				4	2	2	1	
Integrate cultural competence and social justice in addressing health disparities in rural populations.				1	2	4	1	1
Examine research evidence in design and implementation and evaluation of policies and programs for population health in rural communities.				2	3	4		
Use best practices and technology to improve care delivery for diverse individuals, families and communities within the continuum of primary, secondary and tertiary care.				3	3	3		
Create educational programs to develop culturally competent practice and education of the nursing workforce				4	2	2	1	
Design educational programs and evaluation programs to enhance rural community empowerment for health.				4	2	2	1	

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Program Response:

Faculty outcomes demonstrate program effectiveness. The overarching goal of the DNP program at the UHH SON is to prepare nurses with practice doctorates in order to address health care for individuals, communities and the larger global environment. This goal is accomplished by using scientific knowledge to improve the quality and safety of care, by engaging communities to improve health care using health policy strategies and health economics principles, by training graduates to recognize health disparities, by providing leadership skills to strengthen health care delivery systems, and by using interdisciplinary collaboration to improve health care outcomes.

These goals serve as the foundation of the UHH SON PLOs and when accomplished will serve as evidence of achievement of student outcomes in the DNP program. Achievement of PLOs is directly related to the academic strength and leadership of the UHH SON faculty. Engagement by UHH SON faculty in diverse experiences fosters and supports an environment for attainment of student outcomes. Program effectiveness is a direct outcome of faculty engagement whether through individual or aggregate accomplishments.

There are 11 full time and 10 part time faculty including the UHH SON Director engaged in teaching and mentorship in the DNP program. Six are tenured faculty. Teaching appointments are consistent with the UHH SON faculty role/position descriptions that is faculty contribute in both undergraduate and graduate education. Of the 11 full time faculty, six currently teach in the DNP Program since the program began in 2012. The 10 part time faculty members are employed for the DNP program specifically for their content expertise. At the time the BOR approved the UHH SON, a 5-year business plan was also approved. The budgetary plan included faculty hire each year for three years. The first new faculty hire started in academic year 2013. The student enrollment will be

maintained at 10-12 students admitted into the DNP program each academic year to maintain stability.

Faculty demonstrates high achievement in multiple areas: teaching, research, scholarship, service, leadership and clinical practice. Faculty individual successes that directly influence the effectiveness of the DNP Program are described below. From 2010 to 2013 DNP faculty engaged in a variety of scholarly actives that influence program effectiveness. Productivity of faculty is reflected in 23 publications, 25 scholarly presentations, and service on 8 professional or community boards. Faculty holds membership in 25 different professional organizations. During this time, three faculty completed doctoral studies earning a Doctor of Philosophy degree in Nursing. One faculty member earned a post-masters certificate and certification as a FNP and another is currently working on a post-masters FNP certificate. Two faculty members are currently enrolled in doctoral studies one is pursuing her PhD in nursing and the other faculty member with a MSN in education is pursuing her DNP in the BSN to DNP program. This is an impressive repertoire of productivity and individual accomplishments given the size of the UHH SON faculty.

Analysis of aggregate data demonstrates UHH SON faculty outcomes support the DNP Essentials and the PLOs. Appendix 28 provides examples of UHH SON faculty engagement in scholarly and service activities ranging from keynote presentations at national and international conferences, publications, to service in professional organizations and on editorial and community agency boards. Selected DNP Essentials and the UHH SON PLOs are used below to address the aggregate accomplishments of DNP faculty that lead to program effectiveness and ultimately student success.

DNP Essential: Scientific Underpinnings for Practice
PLO: Synthesize theoretical knowledge and research evidence in designing primary care delivery for diverse populations across the lifespan in rural contexts.
The recent individual achievements of UHH SON faculty who have earned their doctoral degrees have shifted the balance of teaching and learning to an evidence-based model. The work of Dr. Thompson-Pagan on psychological constraints on maternal weight gain and the work of Dr. Flood on breast-feeding patterns in Hawaiʻi have impact on social behaviors and health care outcomes locally and nationally. Both are solid mentors for DNP students in population based health issues. Dr. Smith has developed strength in outcomes research through her doctoral work on nurse-based competencies and her dissertation, which addressed the impact of Magnet hospital status on mortality, readmission and patient satisfaction. New pilot work by Dr. Davis and Dr. Smith is addressing healthy eating and moving patterns on freshmen students in an effort to quantify the "Freshman Fifteen" myth. This work has the potential to influence health related outcomes including metabolic syndrome and diabetes so prevalent here in Hawaiʻi. Undergraduate and graduate students have been involved in this pilot project that will lead to grant submission later in 2014. The UHH SON Research Committee (Commendador, Davis, Lovell, Smith, & Tostenson) has been involved in communication and simulation research results of which will have impact on timing and frequency of skills training not only for undergraduate students but for population health literacy as well.

DNP Essential: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
PLO: Use best practices and technology to improve care delivery for diverse individuals, families and communities within the continuum of primary, secondary and tertiary care.
As a distance-learning program UHH SON depends upon the expertise of their own faculty members and the support offered through UHH ITUS services. Dr. Chi holds the University rank of Specialist and the ITUS Coordinator. His dedication to the UHH SON is unsurpassed given the extent of his responsibilities for ITUS at every University level. He uses his expertise locally, nationally and internationally. His support has allowed quality video technology support for the DNP Program, one on one instructional technique for UHH SON, faculty, and DNP students and access to software for

distance learning. His efforts have culminated in instructional design support for the development of strong hybrid online program. Dr. Mukai and Ms. Lovell are leaders in health care technology instruction and interfaces at the UHH SON. Dr. Mukai has considerable training in health care technology, software use, and database resources. She has acted as the UHH SON web master for a number of years. She actively seeks conferences in e-Technology to improve the online interfaces currently available at the UHH SON. Dr. Mukai is particularly concerned with underserved Hawaiian youth whose access to Internet is limited by virtue of where they live on the island. Her recent HRSA grant that addressed these issues was favorably reviewed but was not funded. Ms. Lovell is a certified educator in health care informatics. Each serve as mentors to other faculty and students for improving technology delivery. Their international backgrounds provide rich learning experiences for students.

DNP Essential: Health Care Policy for Advocacy in Health Care.
PLO: Integrate cultural competence and social justice in addressing health disparities in rural populations
The transcultural emphasis in the DNP program is supported by the faculty's dedication to the tenets of human respect and dignity for all people. Cultural caring has a pivotal role in the Mission of the UHH SON.   Four faculty members including the UHH SON Director hold certification in Transcultural Nursing. The Transcultural Nursing Symposium is a showcase for the work of UHH SON faculty experiences, DNP Student achievements and a forum for interdisciplinary dialogue among the University Departments and island communities.   Dr. Mukai founder and executive chair of the Pulama I Ke Ola Healthcare Conference since 2004 has greatly influenced the health and wellbeing of children and adults across the island by addressing health disparities and healthcare system needs. In 2006 she received HRSA funding for nurse retention efforts ($829, 000). Dr. Pacquiao who has extensive post graduate education in transcultural theory and methods has numerous publications addressing cultural influence on health and wellness. She is an advocate for recognition and intervention in populations with health disparities. Dr. Rass has had a strong influence in population health of Native Alaskans and has provided advocacy for the preservation of native health care traditions. The UHH SON has a spiritual Hawaiian *kahuna* who presents herbal and traditional Hawaiian health practices at various conferences sponsored by the UHH SON. Ms. Tostenson, a DNP Student and Faculty member, is an advocate for autism recognition and screening and has already achieved success in local school districts. Dr. Commendador and Dr. Flood are currently investigating undergraduate nursing perspectives on their acquired cultural competence. Dr. Daub the UHH SON Director has established ties with Meio University, Okinawa. Faculty and students from Meio University will be visiting UHH SON in March. They will participate in the Transcultural Symposium and in dialogue sessions with DNP students. Dr. Daub has a distinguished background in transcultural nursing and rural health being mentored by Madeline Leininger and Genevieve Kinney former Chair and founder of the UHH Department of Baccalaureate Nursing. Dr. Leininger and Dr. Kinney are forerunners in their design, development, and application of transcultural theory. Dr. Kinney continues to serve in her emeritus status as a lecturer in transcultural nursing theory and mental health courses.

DNP Essential: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
PLO: Collaborate with multidisciplinary professions, multisectoral agencies and lay communities to influence social and health policies impacting rural population health.
For a small isolated University to be successful in brainstorming ideas and launching projects interprofessional collaboration is mandatory.   UHH SON and UHH COP have established an interprofessional collaboration network that builds on the strengths each unit has to offer. COP faculty member Dr. Henley-Narciso is the coordinator of the NURS 603 Advanced Clinical Pharmacology Course. The pharmacological approach offered by the COP far exceeds traditional nurse educator courses as it focuses on the effect of pharmocodynamics, pharmacokinetics, neurotransmitters, enzyme substrate systems so vital to drug efficacy and compatibility. In return,

Dr. Davis team-teaches the Advanced Practice Courses offered in the COP Graduate Psychopharmacology Program. Dr. Davis challenges students to understand the medical issues related to prescribing. In a recent blog by Dr. Pat Deleon, Past President of the American Psychological Association (APA) and consultant/mentor to the UHH SON and UHH COP addresses the kinship and camaraderie he has experienced with other healthcare providers. "In particular, I have found the collaboration with Nurse Practitioners and the consultation with fellow Psychologists to be very rewarding." His words reinforce the collaboration being done between UHH SON and UHH COP. Dr. Thompson who teaches NURS 616 is a member of the UHH College of Business and Economics has a distinguished background as an educator and consultant. His consulting projects address national and local analysis of business practices. His considerable liaisons with international universities as student and faculty member provide a rich cultural perspective to his work with DNP students. Recent efforts to address school-based health have partnered the DNP Program with Hawai'i Department of Education (DOE), Hawai'i County and Bay Clinic, Inc. This initiative targets the health care needs of rural and economically disadvantaged children of East Hawai'i who have difficulties getting to school, staying in school, and succeeding in school. The DOE recognizes child health in Hawaii has considerable impact on the "No child left behind" mandate. Efforts to improve child health also increase school success. Through faculty efforts, interprofessional collaboration to improve child health is gaining momentum and will lead to substantial health policy change beginning in the local communities.

DNP Essential: Advanced Nursing Practice
PLO: Create educational programs to develop culturally competent practice and education of the nursing workforce and Promote adherence to professional and ethical-legal standards of practice by individual professionals and organizations.

Faculty is known locally and nationally as experts in their field in advance practice nursing, leadership, and administration. Their collective experience positions them as well qualified to bring students to a high level of practice. They have demonstrated a strong presence regionally, nationally, and internationally. Dr. Davis has served on national nursing specialty boards, certification boards, and advance practice boards. She is well respected by her peers and has a network of colleagues and former students around the country. She was invited to address the role of advanced practice nursing at conferences in Spain and Korea. Her involvement in two advanced practice programs, transforming a Critical Care CNS curriculum to an Acute Care Nurse Practitioner (ACNP) curriculum and improving the ACNP curriculum in another program, has led to successful outcomes for graduates. The DNP Program Coordinator at Vanderbilt was a former student. Kathleen Commendador has an extensive background women's health advanced practice background and is well respected by the women's health practitioners and midwives in the state of Hawaii. Ms. Beck, Dr. Davis, and Dr. Rass have established liaisons with clinical facilities and communities across the islands. Examples of faculty professional achievements related to the DNP Essentials and Program Learning Outcomes can be seen in Appendix 28.

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

Program Response:

Formal Complaints. The Academic Complaint Policy (Academic Policy #4-2005) outlines student protections and the formal grievance policy of UHH. The Academic Complaint Policy identifies three student protections 1) protection of freedom of expression, 2) protection against improper academic evaluation; 3) protection against improper disclosure. The policy provides a systematic formal process for grievances against the student protections. UHH SON follows this policy and endorses violations of the three student protections as justification for a formal complaint. The procedure for Academic Grievances is addressed in the University of Hawai'i at Hilo Academic Complaint policy (Academic #42005) (see [University of Hawai'i at Hilo Academic Affairs](#) website). Academic policies,

and educational rights and responsibilities (DNP Program Guidelines, Resource Room) are reviewed during the Orientation and Summer Institute. UHH SON DNP Program academic policies are supplemental to the [University Graduate Student Handbook](#) which all students have access to via the UHH website. There have been no formal academic complaints filed by a DNP Student since the first students were admitted in August 2012. Formal complaints will be filed in the student's academic folder.

Student Issues and Concerns. Student issues and problems of any nature are of utmost concern to the UHH SON faculty. A variety of venues and structures are in place to offset formal complaints and address student concerns. These concerns could be an individual issue or a group concern. First and foremost, students are encouraged to discuss academic concerns including interpretation of assignments, deadlines and extension of assignments, and grading of assignments with the individual course faculty. Sometimes these concerns will be brought to the DNP Program Coordinator for review either by the student or faculty involved in the issue. Common student concerns relate to timeliness of faculty feedback or difficulty interpreting assignments. When these issues surface at the DNP Program level, students are encouraged to continue to communicate with the faculty of record. Depending upon the concern and the number of complaints, the DNP Program Coordinator, at her discretion may inform the faculty member of the concerns voiced to the DNP Program Office. This process is informal and faculty-to-faculty but usually yields positive outcomes. For example, Students in NURS 618 Environmental Epidemiology and Statistics were feeling disconnected to the online faculty member whom they had never met and who made no formal introduction during the first week of the course. This course proved very challenging and students often had difficulty interpreting the assignments in statistics. Faculty feedback was often not understood by the students. Students continually requested the DNP Coordinator to do "something about" the problem. All students were referred back to the course faculty member as the chain of command in communication specifies. Secondly, The DNP Program Coordinator sent a brief email addressing some general issues the students had brought forth but with the caveat that the Faculty had autonomy in choosing the evaluation criteria she felt necessary to meet the course objectives. Two solutions emerged from this problem. First, students were able to communicate with the faculty member (who seemed somewhat intimidating based on her course material in statistics) and second, an online introduction was scheduled as a first class during the Orientation and Summer Institute during the following year. The online course introduction aided students to put a face with faculty, allowed for online dialogue between students and faculty and provided more detailed instructions for the statistical assignments.

In another instance an individual student was concerned about her final grade in NURS 601 Social Aspects of Health. She felt the grade she received in the course was unfair based on the grading criteria set forth in the course syllabus. The student addressed those concerns to the faculty of record and included the DNP Program coordinator in the email communications. The DNP Program Coordinator contacted the course faculty to discuss the faculty member's perspective and discuss the student's concerns. The course faculty provided the grading criteria for a paper that was more detailed than the final grading matrix in the syllabus. Using the detailed criteria to grade the paper, the student did not achieve the necessary points on the syllabus grade matrix to get the A grade she thought she deserved. The student was apprised of her rights as a student to grieve the grade. She was referred to the DNP Program Guidelines, the Academic Grievance Policy and the Graduate Student Handbook. The issue was resolved when the student accepted the grade and did not file a formal grievance. A detailed grading matrix for all assignments was added to the NURS 601 syllabus for Fall 2013.

A second method to hear and respond to student issues and concerns is part of the Summer and Spring Institutes. At the end of each Institute an informal Plus/Delta (strengths/improvement) discussion is done with the students (Plus/Delta explained in Standard IV-A). All issues are addressed. Areas for improvement and solutions for improvement are provided to the DNP Program

Coordinator by the group. This process provides active engagement by the students and provides important feedback and evaluation of the Institute week and the DNP Program. Feedback has led to initiation of a fourth Institute requested by Cohort 1 (Spring between year 2 and 3) and addition of a statistics workshop for Cohort 1 at their Spring Institute (Spring 2013). Additional planning to add content suggested by Cohort 1 for the additional Spring Institute is underway and will address the use of more specialty physicians for aspects of primary care treatment and indications for referral. Gastroenterologist, cardiologists, nephrologists, and neurologists are planned speakers.

DNP students are also invited each semester to meet with the DNP Program Coordinator on a synchronous chat. These chats are aimed at dispelling rumors, addressing actual and potential problems, and listening to the workload issues of the students. These are usually very beneficial sessions as they provide a neutral platform to discuss the everyday issues of access to the Internet, overlap of assignments, and general program housekeeping issues like preceptor assignments. Students are also able to voice their frustrations or "let of steam" in a neutral environment. In this rural community, many of the students work with each other or are related in some way to each other. Rumors begin easily and grow. In Hawai'i rapid communication of rumors is known as the "coconut wireless." In these sessions, students can validate or verify information they have heard through the coconut wireless. One such issue is accreditation. Students have been informed by outside (non UHH SON faculty) persons that they cannot ever take certification exams if they attend a non-accredited university program. An explanation of the accreditation process, efforts toward accreditation and dates of the site visit were shared with the students and assurances given that faculty are working hard to achieve accreditation.

There are times, that students may have a need or concern that requires an exception to academic policy. The process for such exceptions would be initiated in the DNP Program Office beginning with a review of existing UHH academic policies UHH SON policies and UHH graduate policies. The concern would be summarized by the DNP Program Coordinator and brought to the UHH SON Director, who has authority to resolve some academic issues without accessing either the faculty committee or the CAS Dean. The UHH SON Director may decide that it is a university exception and seek advice from the VCAA, CAS Dean, or the Graduate Council. If the concern can be handled within UHH SON but requires faculty input, the Director would add the issue to a faculty meeting for review and action. Typically, solutions to exceptions are addressed and resolved within the UHH SON. Recently, the DNP Program Coordinator was notified that a student was given a NC (Noncredit) grade as a result of an incomplete. She failed to complete the assignments for the course by the incomplete deadline posted on the 2013 academic calendar. Neither the faculty member nor the student notified the DNP Program Coordinator of the Incomplete in Spring 2013. After determining the source of the problem, miscommunication of the incomplete deadline for end of the Fall 2013 by the faculty member to the student, the DNP Program Coordinator was able to intervene for an extension of the deadline. As a result of an internal solution formulated between the DNP Program Coordinator and the Office of the Registrar, the student completed the coursework to the satisfaction of the faculty and was given a letter grade for the course. A policy requiring all faculty and students to notify the DNP Program Office in writing of any incompletes was placed in the DNP Program Guidelines and approved by faculty (minutes) to avoid oversights of this nature in the future.

IV-H. Data analysis is used to foster ongoing program improvement.

Program Response:

The UHH SON DNP program uses outcome data for improvement. Because the program is new and has no graduates, licensure, certification, and employment rates are not available for this review. However, there is ongoing rich data to support the successful achievement of course outcomes, student progression, student satisfaction, and program outcomes. Data to support the progress of

the program is taken from numerous formative surveys, limited summative surveys and rich student feedback. Faculty have played a significant role in data analysis and decision making with respect to development of guidelines, variations in curriculum, or process improvements made to the program since it opened in August 2012. Current data although limited has been used to foster ongoing improvement in a deliberate and ongoing fashion in order to achieve program outcomes and is described below.

Faculty is satisfied with:
1. Online program with mandatory residency requirements
Example: DNP Student tell us they find the Orientation & Summer Institutes extremely helpful in the following ways: 1) it provides a venue for Cohort bonding that is not available in most distance learning programs; 2) information on University resources and practical application of resources especially the Library and IT sessions are extremely helpful; 3) Course introductions by faculty set the tone and expectation for the course and provide a glimpse of the faculty personality and academic approach. Data is found in the Plus/Delta evaluations in the Resource Room.

2. Clinical practicum sites and preceptors.
UHH SON has established professional relationship with many of community physicians, Nurse practitioners, hospitals and health care agencies through its extremely reputable undergraduate BSN program and the professional relationships established by faculty who either work directly with these groups or who supervise undergraduate student clinicals. These relationships extended to our DNP students. The extensive number of MOAs grant access to individual physician practices, local networks of physicians namely Hawaiʻi ER physicians (allowing DNP students to have experiences in any ER in the state of Hawaiʻi), regionally through the Veterans Affairs Administration, and nationally through CVS/Caremark. Our special relationship with Hawaiʻi Health Systems Corporation grants access to hospitals, primary care practices and specialty clinics throughout the state. Some of these are exceptionally challenging as they are in rural areas where access to care is limited and patient complexity is common. UHH SON has unique relationships with many underserved and native Hawaiian clinics. These clinics provide the cultural diversity so integral to the UHH SON mission. Preceptors who have established expertise in their specialty are capable and willing to train the BSN-DNP students. Quantitative and qualitative evaluations of sites and preceptors are overwhelmingly positive and are available for review in the Resource Room.

3. Caliber of the doctoral courses offered.
The interdisciplinary NURS 603 Advanced Clinical Pharmacology Course is taught through the UHH COP. This demanding course links the pharmacodynamics (action or effects of drugs on living organism) and pharmacokinetic (drug absorption, distribution, metabolisms) actions of drugs with common drugs prescribed in primary care. Students spend a great deal of effort to learn these concepts during the course. End of course evaluations are mostly positive but the overwhelming positive feedback comes from students when they are doing clinical practicums. During early clinical practicum in NURS 605 and NURS 606L students rely heavily on the content learned in this course as they have not had the primary care theory to support some of the differential diagnoses they encounter in clinical. The knowledge gained from NURS 603 guides them in their decision-making. Because of the depth of the information presented in this interdisciplinary course, UHH SON does not accept Advanced Pharmacology courses as transfer credits. Course evaluations at the end of the first year are in the Resource Room.

Changes Made to the DNP Program Year 1
1. Course sequence changes. Originally, NURS 612 was planned for Summer Year 2 for BSN to DNP Track and Summer Year 1 for MSN to DNP track. This sequence did not provide the MSN to DNP student's adequate time to develop and analyze concepts and conceptual frameworks, investigate evidence based research, or begin preliminary development of a project which were the objectives of this course. For the BSN to DNP track the timing was also delayed but more important for this

group was the requirement of doing 270 clinical hours in NURS 607L and 608L which were scheduled simultaneously for Semester 1 Year 2. Moving NURS 612 was a simple solution so MSN to DNP students could be better prepared for the PIP and BSN to DNP students had a decreased clinical hours. This decision also was a fiscal saving to the program since the NURS 612 course was taught an extra time each year to only the MSN to DNP students. The Curriculum Committee approved these changes.

2. Formative Course Evaluations

Individual course evaluations by students are the purview of the faculty of record and not accessible to the DNP Program Coordinator. In order to have summative evaluations of the DNP Program end-of-year program summative evaluations by course are completed at the Spring Institute of Year 1, Year 2, and year 3. These are posted on the DNP website and collected and reviewed by the DNP Program Coordinator.

3. Process for approval of incomplete coursework

A formal process for notification of Incomplete Work in courses was initiated as a result of problems with miscommunication between student and faculty. The Curriculum Committee approved the notification of "Incomplete" process and the Notification of Incomplete Form was placed in the DNP Program Guidelines (Resource Room).

4. Complaints

The process used for student complaints or grievances is well delineated in the University Policies, Graduate Handbook, and DNP Program Guidelines. While the process for complaints and grievances is a paramount student right, UHH SON wishes to avert these issues in advance to minimize student dissatisfaction or worse stunt student progress. The Director of UHH SON and the DNP Program Coordinator have an open door policy that encourages students to seek out assistance so problems can be averted. The DNP Program Administrator provides ongoing information that might be of value through a series of communication venues Laulima (cohort group), emails, and telephone calls. The DNP web page on the UHH website has a link to the DNP Program Guidelines and Graduate Student Handbook both these sources refer students to the UHH Academic Complaints available on the VCAA website. These sources direct the student to options for formal grievances. In summary, every effort is made by faculty and staff to assist the DNP student to have a seamless academic journey. Summary: UHH SON is consistently monitoring the DNP program through formative and summative evaluations. These evaluation mechanisms will direct ongoing improvement and result in a quality DNP curriculum that focuses on transcultural and rural issues in health care, provide student exposure to nationally recognized faculty, continue an interdisciplinary approach to teaching and learning environments, and provide innovative venues for practice experiences. Lastly, and most important the DNP program at UHSON will result in student achievement of PLOs and successful career transitions as DNPs.

Conclusion of the CCNE Self-Study Report for CCNE DNP Program Accreditation

This Self-Study Report provides evidence of the integrity and quality of the DNP Program offered by the University of Hilo School of Nursing. The Mission, Goals, and PLOs have been articulated and are met by the DNP Program. This self-study attempts to demonstrate the overarching goal of the DNP program to prepare Nurses with practice doctorates in order to address significant practice issues is accomplished by using scientific knowledge to improve the quality and safety of care, by engaging communities to improve health care using health policy strategies and health economics principles, by training graduates to recognize health disparities, by providing leadership skills to strengthen health care delivery systems, and by using interdisciplinary collaboration to improve health care outcomes.

In this self-study of the curriculum, policies and procedures of the DNP Program significant areas of strength have been identified and areas for improvement were identified. There are numerous areas of development underway, and this self-study assists in guiding the direction of new courses and paves the road for consideration of policies that enhance learning and lead to successful achievement of program objectives for the students. It is the responsibility of UHH SON to continue to consider the needs of the community as the program grows and use the resources of the university and the UHH SON wisely.

UHH SON has strived to meet the standards set for in the CCNE Standards. It is with great anticipation that the UHH SON Director and faculty e komo mai (welcome) the site reviewers in March, 2014.

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Appendix 26: Formative & Summative Evaluation Matrix

		Formative			
Goal	**Who Performs**	**Types of Data**	**Time**	**Example**	
	Course Faculty	Course Assignments (Qualitative & Quantitative)	Specific Course Deadlines	Final exam grades, projects	C
	Clinical Faculty	Practice evaluations (Qualitative & Quantitative)	Site visits w students	Site visit w student & preceptor, evaluation of patient visit	S
	Curriculum Faculty	Course Assessment (Qualitative)	Selected course review Dec & May	Review of student recommendations, review of signature assignments, faculty input for course revisions	C I
	Preceptors	Practice evaluations (Qualitative & Quantitative)	End of semester all practice courses	Student achievement of practice objectives & personal objectives	C
	Student	Courses evaluations (Qualitative & Quantitative)	Every semester (online)	On line evaluation of course strengths, weakness and areas for improvement	I C
	Student	Preceptor & clinical faculty Evaluation (Qualitative & Quantitative)	End of practice rotation	Evaluation of preceptor & clinical faculty for fit, mentorship, professionalism	I
	Student	Practice site evaluation (Qualitative & Quantitative)	End of practice rotation	Suitability of patient population and physical space	I
	Student	Institute Evaluations (Qualitative)	After each institute (Summer & Spring)	Plus/delta evaluation of the Institute content, timelines, and assignments	I
	Student	Program Surveys (Qualitative & Quantitative)	Every semester (Online)	Brief evaluation of courses & program,	I C
	Students	Mid to End of semester Synchronous meetings (Qualitative)	End of semester by Cohort	Chat sessions to update students or receive feedback on course & program concerns	I C C

		Summative			
Goal	**Who Performs**	**Types**	**Timeline**	**Example**	
	Student	Project (Qualitative & Quantitative)	Last semester of program	Practice Inquiry Project	F I
	Students	Exit Questionnaire (Qualitative & Quantitative)	Last semester of program	Exit interview & questionnaire	I (
	Students	Survey of graduates (Qualitative & Quantitative)	2 yrs after graduation	Detailed survey of employment, salaries, program effectiveness	I C

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	Employers	Survey of Employers (Qualitative & Quantitative)	Biannual after 1st cohort graduates (2016)	Detailed survey on graduates effectiveness in role