

New Program Request Form for Bachelor's and Master's Degrees

Directions: An institution shall use this form to propose a new bachelor's or master's degree program that is in the field of engineering or has costs exceeding \$2 million for the first five years of operation. In completing the form, the institution should refer to the document *Standards for Bachelor's and Master's Programs*, which prescribes specific requirements for new degree programs. Note: This form requires signatures of (1) the Chief Executive Officer or Chief Academic Officer, certifying adequacy of funding for the new program and the notification of other institutions; (2) a member of the Board of Regents (or designee), certifying Board approval. NOTE: Preliminary notification is required for all engineering programs. Prior to submission of an engineering program proposal, the institution should notify the Division of Workforce, Academic Affairs and Research of its intent to request such a program.

For more information: Contact the Division of Workforce, Academic Affairs and Research at 512/427-6200.

Administrative Information

1. **Institution:** Sam Houston State University

2. **Program Name – Show how the program would appear on the Coordinating Board's program inventory (e.g., *Bachelor of Business Administration degree with a major in Accounting*):**

Master of Science in Nursing (MSN)

3. **Proposed CIP Code:**

51.3805.00 Family Practice Nurse/Nursing CIP.

4. **Number of Required Semester Credit Hours (SCHs) (If the number of SCHs exceeds 120 for a Bachelor's program, the institution must request a waiver documenting the compelling academic reason for requiring more SCHs):**

45 Semester Credit Hours

5. **Program Description – Describe the program and the educational objectives:**

The School of Nursing in the College of Health Sciences (COHS) at Sam Houston State University (SHSU) proposes a Master of Science degree in Nurse Practitioner with a concentration in Family Nurse Practitioner (FNP). The School of Nursing currently offers a Bachelor of Science degree in Nursing. The proposed MSN program will prepare the graduate for state licensure by the Texas Board of Nursing as an Advanced Practice Registered Nurse (APRN) and national certification by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners Certification Program (AANPCP). The SHSU School of Nursing BSN program is already accredited by the Commission on Collegiate Nursing Education (CCNE). The APRN Regulatory Model requires

that SHSU notify CCNE for a pre-approval, pre-accreditation, or accreditation process prior to admitting students. APRN education programs must be housed within graduate programs that are nationally accredited, and their graduates must be eligible for national certification used for state licensure (Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008, p. 6).

The Master of Science degree program is in alignment with the mission and values of SHSU and the School of Nursing (SON). Scholarly and high-quality education will be offered to BSN-prepared nurses seeking to provide advanced medical and nursing care to individuals, families, groups, and communities. The Nurse Practitioner program will respond to the ever-changing community and state level demands for advanced practice nurses. The SON Nurse Practitioner Program aims to produce graduates dedicated to careers of lifelong learning, scholarship, and excellence in practice.

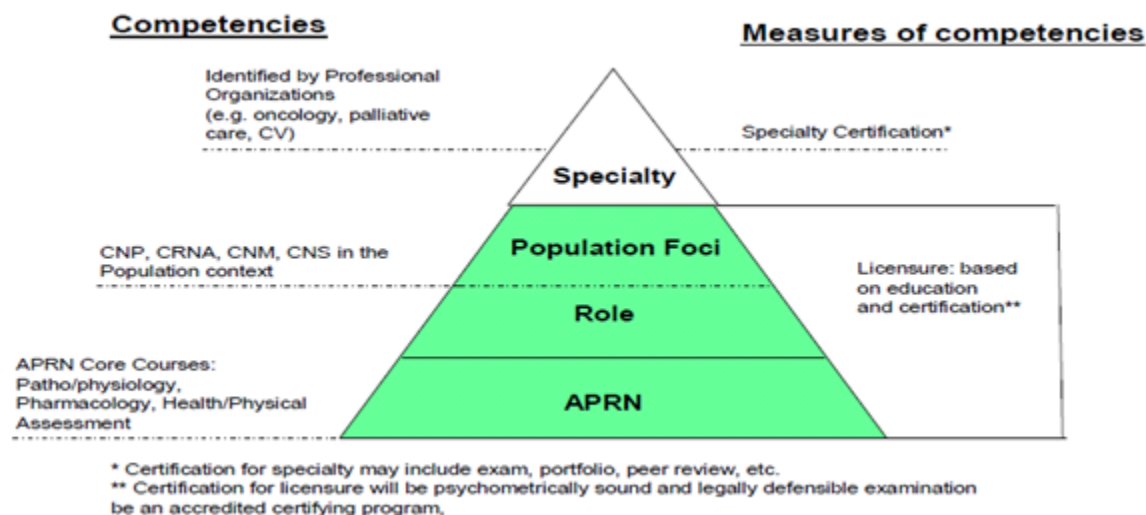
Nurse practitioners (NPs) are classified as one of four types of Advanced Practice Registered Nurses (APRNs). The other three APRNs are nurse-midwives, nurse anesthetists, and clinical nurse specialists.

The definition of an APRN is a nurse:

- who has completed an accredited graduate level education program preparing him/her for one of the four recognized APRN roles;
- who has passed a national certification examination that measures APRN, role and population-focused competencies, and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
- who has acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
- whose practice builds on the competencies of registered nurses (RNs) by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
- who is educationally prepared to assume responsibility and accountability for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
- who has clinical experience of sufficient depth and breadth to reflect the intended license; and
- who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), clinical nurse specialist (CNS), or certified nurse practitioner (CNP) (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008, p. 7-8).

NPs may be certified in one or more population specialties: Acute Care Adult, Acute Care Pediatric, Adult, Family, Gerontology, Neonatal, Pediatric, Psychiatric/Mental Health, and Women's Health. NPs practice both under the authority of their nursing license and in collaboration with physicians. NPs provide clinical care services including the diagnosis, treatment, and management of acute and chronic diseases, physical examinations and other health screening activities, and health promotion and education. Some functions, such as prescribing medications, can be performed only in collaboration with a physician under written protocols. NPs are certified separately for practice as primary care NPs and acute care NPs. The NP orientation emphasizes health promotion and disease prevention and provides health education and counseling in addition to diagnosing and

treating patients (American Association of Nurse Practitioners, 2014). NPs are not classified based on the setting in which they practice, although settings do commonly vary based upon specialization. For example, the Family Nurse Practitioner (FNP) will generally work in an outpatient setting, such as a clinic, doctor's office, or stand-alone urgent care facility. An Acute Care NP will generally work in a hospital where the care is most acute, such as an intensive care unit, a transplant unit, an operating room, or an emergency room. However, FNPs have been known to work in hospitals, and acute care NPs have been known to work in clinics. This differentiation is further explained in the diagram below (Figure 1):



*Figure 1. Relationship among educational competencies, licensure, & certification in the role/population foci and education and credentialing in a specialty (AACN & The Hartford Institute for Geriatric Nursing at New York University and the National Organization of Nurse Practitioner Faculties. February, 2012, *Adult-Gerontology Acute Care Nurse Practitioner Competencies*, p. 11).*

APRN Regulation includes the essential elements: licensure, accreditation, certification, and education (LACE):

- Licensure is the granting of authority to practice (granted by Texas Board of Nursing).
- Accreditation is the formal review and approval by a recognized agency of educational degree or certification programs in nursing or nursing related programs (Commission on Collegiate Nursing Education, CCNE).
- Certification is the formal recognition of the knowledge, skills, and experience demonstrated by the achievement of standards identified by the profession (American Nurses Credentialing Center, ANCC; American Academy of Nurse Practitioners Certification Program, AANPCP; American Association of Critical-Care Nurses, AACN).
- Education is the formal preparation of APRNs in graduate degree granting or post-graduate certificate programs (SHSU) (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee. 2008, p. 7).

The proposed MSN program will prepare the graduate for state licensure by the Texas Board of Nursing as an Advanced Practice Registered Nurse (APRN) and national certification by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners Certification Program (AANPCP). The SHSU SON BSN program is already accredited by CCNE.

The APRN Regulatory Model requires that SHSU notify CCNE for a pre-approval, pre-accreditation, or accreditation process prior to admitting students. APRN education programs must be housed within graduate programs that are nationally accredited and their graduates must be eligible for national certification used for state licensure (Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education, July 7, 2008, p. 6).

The concentration offered in the proposed MSN degree is the FNP Concentration: The FNP is prepared to provide primary care delivery to patients and families across the lifespan. FNP's test, diagnose, and treat patients. Their scope of practice includes promoting health, preventing disease, and facilitating the management of common acute and chronic illnesses. They document and review patient and family health histories, perform physical examinations, diagnose and treat common and acute health issues, order and interpret lab tests, x-rays, and other tests. In most states, including Texas, FNP's have prescriptive authority. Students will perform the majority of their clinical experiences in clinics, doctor offices, and other outpatient care facilities such as urgent care agencies.

Educational Objectives

Graduates of SHSU SON MSN Program will:

1. Integrate ethical, legal, cultural, and advanced collaborative competence in promoting health and treating illness/injury for the focused population of concern;
2. Demonstrate advanced skill in communication and inter-professional relationships while serving as an advocate and providing holistic, safe patient-centered care for the focused population;
3. Initiate multifaceted leadership behaviors and knowledge in affecting the advancement of clinical practice research and patient outcomes, delivery of cost-effective healthcare, and healthcare policy for the target population;
4. Critique published peer-reviewed research for application in evidence-based practice;
5. Synthesize healthcare theory, diagnostic skills, and advanced nursing roles in providing evidence-based care for the focused population;
6. Contribute to the advancement of the nurse professional and practitioner roles by functioning as a lifelong learner, and serving as a mentor, educator, coach, and leader to colleagues within the healthcare system; and
7. Exhibit advanced nursing practice knowledge, analytical skills, and clinical expertise in sitting for state licensure by the Texas Board of Nursing and national certification by the appropriate certification body.

5. Administrative Unit – Identify where the program would fit within the organizational structure of the university (e.g., *The Department of Electrical Engineering within the College of Engineering*):

The School of Nursing within the College of Health Sciences

6. Proposed Implementation Date – Report the date that students would enter the program (MM/DD/YY):

January 1, 2019

7. Contact Person – Provide contact information for the person who can answer specific questions about the program:

Name: Denise Neill, Ph.D., RN, CNE

Title: Director, SHSU SON

Email: cdn013@shsu.edu

Phone: 936-202-5101

Program Information

I. Need

A. Job Market Need – Provide short- and long-term evidence of the need for graduates in the job market.

Nurse practitioners (NPs) have been granted authorization by the Texas Board of Nursing (TBON) to practice based on their advanced education and experience. As the landscape of healthcare in the United States (US) continues to evolve, the NP is increasingly being recognized as an essential partner in the provision of primary and acute care services. There are an estimated 110,200 NPs in the US, with a projected employment of an additional 14,300 by 2022 (US Bureau of Labor Statistics, Employment Projections Program, 2015). In addition, according to the US Department of Labor Bureau of Labor Statistics, NP employment opportunities in Texas are 0.72 times higher (as a percent of the job market) than in the rest of the US. The three US states that have the greatest employment opportunities for NPs are New York, California, and Texas, with only 6,690 NPs in Texas (representing 0.613 for every 1000 jobs). The national need for NPs is projected to grow by 33.7% between 2012 and 2022 (Sokanu, 2015). This growth is attributed to the population of baby boomers needing primary and acute healthcare, current focus on health prevention strategies, the inception of the Affordable Care Act, and the impending physician shortage.

As of 2015, there are approximately 65.2 million baby boomers (born between 1946 & 1964) in the US; however, that number increases to 76.4 million when immigrants are included (Population Reference Bureau, 2015). According to the Stein Institute for Research on Aging at the University of California, San Diego, by 2030, those age 65 and older will increase from 42 million to 70 million (Jeste, 2015). The healthcare primary and acute care needs of the baby boom population, coupled with other adult-older Americans, creates a challenge in meeting the demands for advanced providers and services.

Along with these population changes and growth, there is a national effort to implement programs focused on health promotion and disease prevention. The National Prevention Strategy (NPS) was developed by the National Prevention Council, which calls for the Affordable Care Act to address health and well-being at the state and community levels (Centers for Disease Control and Prevention [CDC], 2015). Two of the NPS's primary goals are to: a) expand preventative primary care services in clinics and communities by improving health access, and b) eliminate health disparities by allowing healthcare providers to teach patients and families in underrepresented community settings (CDC). Texas is ranked third in US as having the fewest primary care physicians for every resident, with Mississippi and Georgia as the top two states, respectively, with the lowest physician-to-resident ratios (The Advisory Board Company, 2014).

Expanded healthcare coverage represents a step forward in efforts to increase nationwide access to primary healthcare services, but it carries with it an increase in the demand for primary care providers. With a physician shortage of anywhere from 61,700 and 94,700 doctors (American Association of Medical Colleges, 2016) anticipated over the next two decades, there is an overt increased demand for primary and acute care providers. Increasing the number of NPs in Texas is essential to bridge the gap between the supply of primary and acute care providers and the demands placed on state and governmental regulations. This demand can be met by educating future NPs who have knowledge and expertise in primary care, such as the FNP. The Affordable Care Act has contributed approximately \$230 million for education and training of 1,700 primary care medical residents, nurse practitioners, and

physician assistants (HHS.gov/Healthcare, 2015). Nurse Practitioners provide many of the same healthcare services as physicians and have become recognized as an integral component of the healthcare team in both primary and acute care settings as detailed in Appendix A of this proposal.

In a report commissioned by the College of Health Sciences and Sam Houston State University (SHSU) in 2015, analysts stated the following data regarding the current and future demand for Nurse Practitioners:

“According to the Texas Workforce Commission, Texas should see an increase of about 267 Nurse Practitioner jobs per year, representing a 40.50 percent increase from 2012 to 2022. This percentage growth is greater than the expected national growth of 33.70 percent, or about 37,100 more positions total over the same period. Predicted employer demand for Nurse Practitioner appears to exceed the supply of qualified graduates.” (EAB, 2015, p. 11)

This demand was further recognized during a healthcare planning meeting which included nine chief nursing and executive officers of hospitals located in The Woodlands, Texas, SHSU President Hoyt, SHSU Provost Hebert, the former Provost, and Dean Lacourse, the former dean of COHS. The purpose of the meeting was to discuss healthcare gaps and opportunities in The Woodlands and surrounding areas of the state. The primary need expressed by the group was acute care nurse practitioners, in addition to basic RNs (A. Stiles, personal communication, May 21, 2015). These hospital administrators also made a commitment to provide physician and nurse preceptors as well as clinical opportunities for potential students attending SHSU.

According to the US Department of Labor Bureau of Labor Statistics (2015), the average salary of an NP (no specified concentration) in Texas is a mean annual wage of \$102,070. As indicated in Table 1, the Texas NP location quotient indicates the overt demand for NPs.

Table 1. *Employment statistics for Nurse Practitioners in Texas*

State	Employment	Employment per thousand jobs	Location quotient*	Hourly mean wage	Annual mean wage
Texas	7,260	0.65	0.72	\$49.07	\$102,070

*The location quotient is the ratio of the area concentration of occupational employment to the national average concentration. A location quotient greater than one indicates the occupation has a higher share of employment than average, and a location quotient less than one indicates the occupation is less prevalent in the area than average (Occupational Employment Statistics, US Department of Labor Bureau of Labor Statistics, 2015).

Family Nurse Practitioner

The demand for FNPs in Texas is high and is not being adequately met by Texas universities. Texas Center for Nursing Workforce Studies reported no APRNs in Trinity County. San Jacinto County had 3.4 APRNs per 100,000 population, Walker County had 8 APRNs per 100,000 population, Houston County had 12.2 APRNs per 100,000 population, and Grimes County had 20.9 APRNs per 100,000 population. These numbers are all below the state average of 65.2 APRNs per 100,000 people (Texas Center for Nursing Workforce Studies, 2015). These counties are rural and according to the US Census Bureau State and County Quick Facts,

during 2009-2013, 26% of Walker County, Texas residents lived below the poverty line vs. 17.6% for the State of Texas as a whole (United States Census Bureau, 2015). County residents have to travel to Huntsville or Conroe for the closest healthcare, beyond some small hospitals and local clinics.

This inadequate access to care presents an opportunity for SHSU to provide these counties with Family Nurse Practitioners who can provide primary care close to home. Current undergraduate nurses remain in geographical areas near Walker County upon graduation, and 90-95% are employed within a 75-mile radius of the university. Nurse practitioner students will be precepted at clinical practice sites within this area, and they are projected to be employed in jobs in this general geographic area. This degree is discipline-specific in that precepted nurse practitioners build professional networks while they are completing their clinical rotations. These networks lead to employment, and this transition from student to employed professional is unique to the nurse practitioner role.

Within Texas, 35 schools offer NP programs (all specialties included) enrolling a total of 3914 students in 2016 (Texas Center for Workforce Studies, 2017). In 2016, the enrollment capacity for all schools in Texas for NP was 4668. There were 5724 qualified applicants with 3914 students offered admission, leaving 1784 (42%) qualified students who were not admitted. Thus, the number of qualified students far outweighs the open educational positions available. In 2014, the number of master's prepared NPs (all specialties) graduating was 1855. According to the Texas Center for Workforce Studies (2017, p. 7), 90.7% of all NP graduates follow the master's degree model compared to the post-master's certificate (7.8%) and the Doctor of Nursing Practice (1.5%).

In the geographical area closest to SHSU, there are five master's FNP programs (see list below) located within Houston. The closest programs to SHSU are University of Texas Health Science Center-Houston, Texas Woman's University, Prairie View University, Houston Baptist University, and the University of Houston, all located in or near the Texas Medical Center and approximately 40 miles away from The Woodlands Center. Texas A&M (TAMU) in College Station, located 68 miles from The Woodlands Center, and Nacogdoches and Tyler each have one program (see map in Figure 3). The SON program targets Montgomery County and the geographically isolated rural areas north and east of the Huntsville campus. The programs located in or near the Texas Medical Center are not accessible for many students from the rural counties along the I-45 corridor due to the lengthy commute. Texas A&M is more expensive, with limited on-line capability, and provides clinical rotations primarily in the College Station/Bryan area. The College Station/Bryan area hospitals give priority to TAMU students thus creating barriers to accessibility for SHSU students. The SHSU SON has built clinical relationships with the major hospital systems in the Houston area, which have facilities located in The Woodlands.

Existing universities in Texas surrounding areas that offer the FNP:

Houston

- The University of Texas Health Science Center at Houston School of Nursing
- Texas Woman's University at Houston School of Nursing
- Prairie View A & M School of Nursing
- University of Houston School of Nursing
- Houston Baptist University (Approved at TBON hearing July 20, 2017)

Bryan/College Station

- Texas A & M School of Nursing

Tyler

- The University of Texas at Tyler College of Nursing and Health Sciences

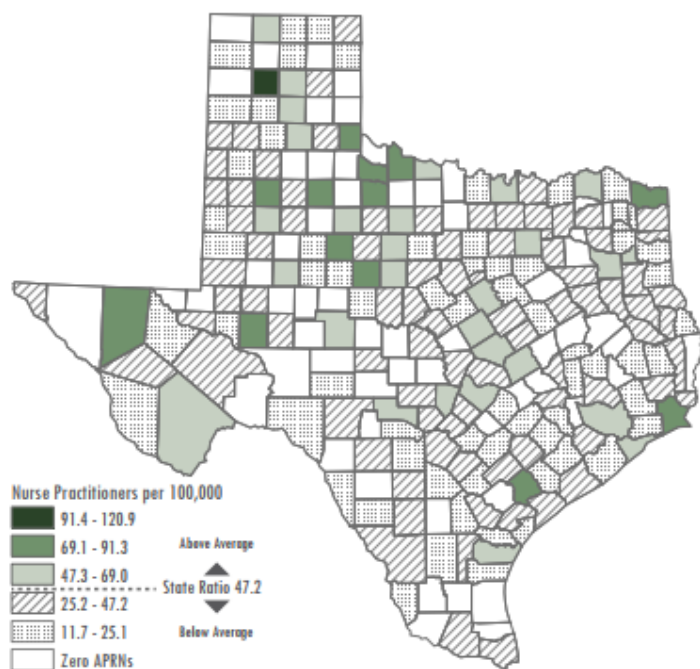


Figure 2. NPs per 100,000 population by practice county, Texas, 2015 (Texas Center for Nursing Workforce Studies, 2015).

There are approximately 247 employment opportunities within 100 miles of Huntsville for the FNP, and 1000 job openings in Texas (Indeed.com, 2017, as of August 1, 2017). Family Nurse Practitioner salary estimates and employment within 100 miles of Huntsville, Texas. are listed below.

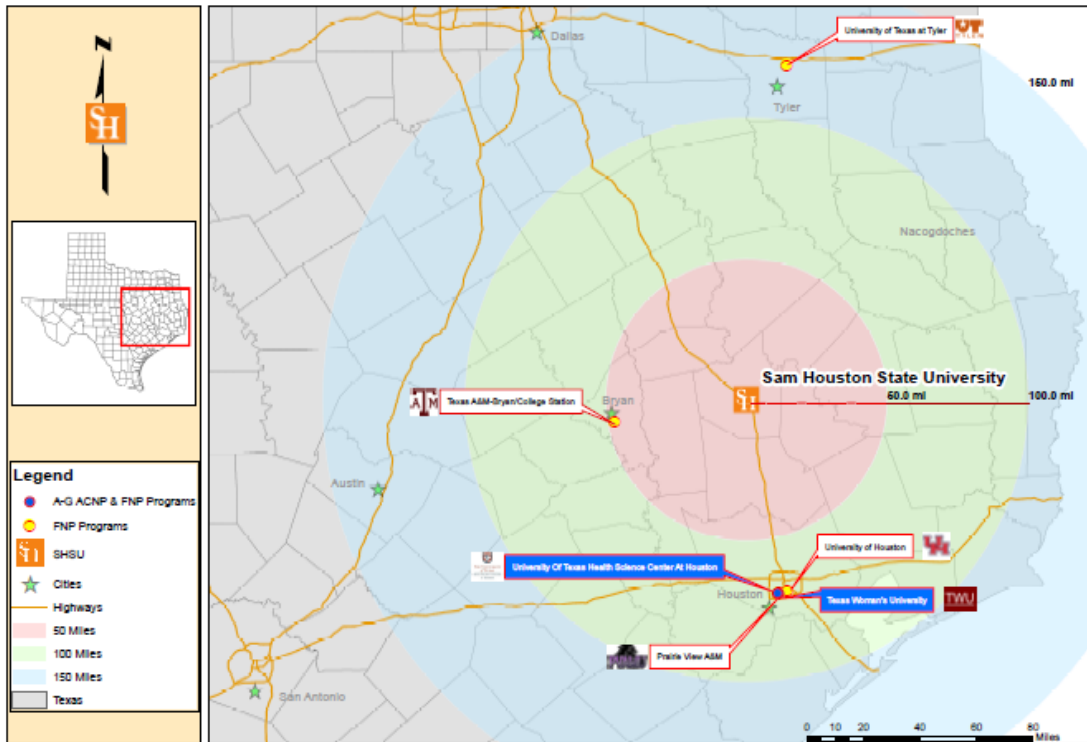
Salary Estimates and jobs:

- \$45,000+ (763)
- \$55,000+ (642)
- \$65,000+ (536)
- \$80,000+ (312)
- \$95,000+ (184)

(Indeed.com, 2017, as of August 1, 2017)

As mentioned previously, the SHSU current undergraduate nurses remain in the area, and 90-95% are employed within a 75-mile radius of the Huntsville campus. This degree is discipline-specific and precepted nurse practitioners build professional networks while they are being taught. These networks lead to employment, and this transition from student to employed professional without a residency is unique to the nurse practitioner role.

FNP and A-G ACNP Programs Near SHSU



Note: Map produced by SHSU Office of Research, GIS Center, February 3, 2016 -DRH.

Figure 3. Schools geographically close to SHSU offering FNP programs.

B. Student Demand – Provide short- and long-term evidence of demand for the program.

SHSU is proposing a Family Nurse Practitioner program.

“Additionally, the supply ratios of NPs, CNSs, and CNMs in Texas lag behind the US and some comparable states. For 2015, current information is not available to make similar comparisons. Among all four APRN types, rural and border areas of the state have a greater need for APRNs but a smaller supply ratio than metropolitan and non-border areas. The supply of each APRN type in Texas should continue to be monitored to ensure adequate coverage” (Texas Center for Nursing Workforce Studies, 2015, p. 40).

There are at least 12 educational specialties available for Advanced Practice Nurses. The most popular specialty is Family Nurse Practitioner, representing 53.7% of all NPs in Texas. The second most population is Pediatric Nurse Practitioner with 10% of all NPs in Texas. Table 2 lists all the specialties with coinciding percentages of representation.

Table 2.

Active nurse practitioners by specialty in Texas, 2015 (Texas Center for Nursing Workforce Studies, 2015, p. 39).

Table C5. Actively practicing NPs in Texas by specialty, 2015

Specialty	# NPs	% NPs
Family NP	7,534	57.7
Pediatric NP	1,070	8.2
Woman's Health NP	867	6.6
Adult NP	816	6.2
Acute Care Adult NP	803	6.1
Neonatal NP	546	4.2
Psychiatric/Mental Health NP	456	3.5
Acute Care Pediatric NP	264	2.0
Gerontological NP	216	1.7
Adult/Gerontology NP	180	1.4
Adult Care Adult/Gerontology NP	171	1.3
Emergency NP	99	.8

To help determine program focus, a survey was sent out to all currently enrolled SHSU nursing students and all nursing alumni. The target population was approximately 285. From the 63 respondents, 89% indicated that they were *somewhat* or *extremely likely* to attend graduate school to earn a master's degree. When asked what specialty they would likely select, 33% indicated FNP, 21% indicated pediatric nurse practitioner, and 16% indicated nurse anesthetist (see Table 3). When asked, "If the time were right for you in the next few years, how likely would you be to attend SHSU for an FNP or A-G ACNP?" 41 (65%) said they were *moderately* or *extremely likely* to attend the FNP program, and 10 (16%) said they were *moderately* or *extremely likely* to attend the A-G ACNP program. The responses to the survey led to the decision to move forward with the FNP option. The most important factor in deciding on a graduate program was by far, quality of the program at 68%. Tied for second were price and location as the most important factors in decision-making. The least important factors were the number of clinical hours in the curriculum (9.5%) and the number of credit hours in the program (3%). With the growing number of hospitals in Montgomery County, a growing number of geriatric patients and with a large prison population in Walker County, the job market will be high and drive the demand for NPs.

Table 3.

Likelihood of current and graduated SHSU nursing students attending SHSU for MSN.

Answer Choices –	Responses	
Family Nurse Practitioner (primary care for individuals and families across the lifespan)	33.33%	21
Adult-Gerontology Acute Care Nurse Practitioner (primary, secondary, and tertiary care for older adolescents through the frail elderly)	3.17%	2
Adult Nurse Practitioner (primary care for adults)	1.59%	1
Geriatric Nurse Practitioner (primary care for older adults)	1.59%	1
Pediatric Nurse Practitioner	20.63%	13
Neonatal Nurse Practitioner	1.59%	1
Psychiatric/mental health Nurse Practitioner	4.76%	3
Nurse Midwife	4.76%	3
Women's Health Nurse Practitioner	4.76%	3
Nurse Educator	1.59%	1
Nurse Administrator	3.17%	2
Nurse Anesthetist	15.87%	10
Not applicable as I don't intend to go to graduate school	1.59%	1
Other	1.59%	1
Total		63

Family Nurse Practitioner

The FNP program will produce graduates prepared in primary care that can help meet the high rural demand for primary caregivers and the geographical locations of SHSU in east Texas. According to 2016 population estimates, there are 784,363 people in the two counties that host SHSU campuses (Walker and Montgomery) and the six surrounding counties (Trinity, Grimes, Houston, Madison, San Jacinto and Waller). The population estimate is conservative, as Conroe, TX, was recognized in July 2017 as the fastest growing city in the United States. With the recent closure of hospitals in Houston and Trinity counties, residents in the counties surrounding SHSU will be forced to seek healthcare in The Woodlands, Conroe, Huntsville, Palestine, and Lufkin. Specialty care access requires travel to Smith or Montgomery County or one of the facilities in the Texas Medical Center. Most of the current

SHSU students and alumni come from Huntsville and the surrounding areas. Thus, it is expected that these students would return to their hometowns following graduation to offer healthcare.

A survey was conducted by the SHSU SON in the fall of 2014 to determine interest in attending an FNP program and/or employing an FNP in this geographical area. A sample of 72 people responded. Tables 4 through 7 provide a summary of the pertinent findings.

Table 4.
2014 Survey Findings: Roles of participants in survey (N=72).

	N	%
<i>Potential Employer</i>	6	8.3%
<i>Potential Student</i>	25	34.7%
<i>Practicing RN</i>	28	38.9%
<i>N/A</i>	4	5.6%
<i>Blank</i>	9	12.5%
TOTAL	72	100%

The majority of respondents were from Huntsville. Many others were from small towns surrounding Huntsville. Only eight were from Houston, and three were from Dallas/Fort Worth. This data provides further evidence of the common employment location of SHSU SON graduates after they complete the MSN program.

Table 5.
2014 Survey findings: Residency of Survey Participants (N=72).

	N	%
<i>(Huntsville, TX)</i>	15	20.1%
<i>(Conroe, TX)</i>	9	12.5%
<i>(Houston, TX)</i>	8	11.1%
<i>(Fort Worth, TX)</i>	2	2.8%
<i>(Edna, TX)</i>	1	1.4%
<i>(Montgomery, TX)</i>	2	2.8%
<i>(Dallas, TX)</i>	1	1.4%
<i>(Nacogdoches, TX)</i>	1	1.4%
<i>(Willis, TX)</i>	1	1.4%
<i>(Kingwood, TX)</i>	1	1.4%
<i>(Livingston, TX)</i>	2	2.8%
<i>(Magnolia, TX)</i>	2	2.8%
<i>(Shepherd, TX)</i>	1	1.4%
<i>(Spring, TX)</i>	4	5.5%
<i>(Pasadena, TX)</i>	1	1.4%
<i>(Missouri City, TX)</i>	1	1.4%
<i>(Manvel, TX)</i>	1	1.4%
<i>No Answer</i>	19	26.4%
TOTAL	72	100%

Of the respondents, 33 (45.8%) said they would be interested in a MSN/FNP program with a rural health specialization. The majority of the respondents reside in close geographic proximity to Huntsville with a drive time of one to one and one-half hours to attend courses in the proposed MSN program.

Table 6.
2014 Survey findings: Interest in FNP (N=72).

	N	%
Yes	33	45.8%
No	38	52.3%
N/A	1	1.4%
TOTAL	72	100%

Eighty-five percent of respondents felt there was a need in this geographical area for more Family Nurse Practitioners with a rural health specialization (see Table 7).

Table 7.
2014 Survey findings: Need for FNP with rural health specialization (N=72).

	N	%
Yes	61	84.7%
No	10	13.9%
N/A	1	1.4%
TOTAL	72	100%

Out of the 72 respondents, only six reported themselves as “employers.” Of these six, five were from community hospitals. When asked if they would hire an FNP with a rural health specialization, three said “yes,” one “no” and two “NA.” When asked if there was a need for FNPs with a rural health specialization 5 said “yes” and one said “no.” In terms of educational delivery method, of the 33 people who indicated an interest in attending an FNP program, 19 (58%) indicated they preferred a hybrid (80/20) online delivery, seven (21%) indicated all face-to-face, and seven (21%) indicated all online.

While the SHSU survey had a small sample size, the survey does indicate a need for FNPs. In addition, a relevant sample of RNs indicated their interest in attending SHSU to further their academic preparation. Further, the state and national statistics indicate a strong need over the next several decades for more NPs to meet the growing demand for geriatric and rural care. The results of the survey reinforce the focus of the MSN Program which is to enhance the healthcare workforce in rural east Texas and other urban areas of the state.

The student demand for nurse practitioners in Huntsville, and surroundings areas, is unique because of potential job opportunities in the Huntsville units of the Texas Department of Criminal Justice. According to Correctional Managed Care (2015), NPs provide population-focused care in collaboration with a unit physician. The correctional facility NPs’ responsibilities include teaching health promotion and illness prevention strategies; and diagnosing, treating, and evaluating patients with chronic, infectious, and acute illnesses and injuries. The correctional facility opportunities can be attractive to new graduates due to the competitive governmental salary (\$80 to \$100K annually), recruitment incentives and potential for student loan repayments (Correctional Managed Care).

The home healthcare agencies in the Huntsville area and surrounding counties are flourishing businesses as a result of the rural settings, demographics of the population, and only one hospital serving these areas. There are at least seven agencies in Huntsville alone that provide home health and hospice care to the community. Opportunities are growing for home health risk assessments, skilled and home care transitions care, and home care coordinators. These home healthcare practitioner and management positions require a MSN and certification as a NP.

The largest demand for NPs will come from the burgeoning medical center in The Woodlands, Montgomery County, and surroundings areas, such as Conroe Regional Medical Center. Currently there are six major hospitals in The Woodlands area, along with specialty facilities, such as Nexus Specialty Hospital:

1. Apollo Hospital System,
2. Houston Methodist- The Woodlands (opened July 2017),
3. Memorial Hermann- The Woodlands,
4. MD Anderson at St. Luke's Hospital- The Woodlands,
5. St. Luke's Woodlands Hospital, and
6. St. Luke's Lakeside Hospital.

An additional significant source of nurse practitioner employment will originate from the ExxonMobil Houston Campus, opened in 2015. This campus is located on 385 acres in Spring, Texas, adjacent to The Woodlands, and 25 miles from Houston, Texas. The campus was designed to house 10,000 employees, and includes such benefits as office spaces, meeting and training centers, wellness centers, dining facility and retail amenities

(<http://cdn.exxonmobil.com/~media/global/files/other/2014/exxonmobil-houston-campus-fact-sheet.pdf>).

According to Study.com (2015), occupational nurse practitioners treat work-related illnesses and injuries, provide health education to employees, and often function as researchers and consultants for the company in which they are employed. These practitioners must hold a MSN and be certified as a NP. The annual salary for an occupational nurse practitioner is approximately \$95,070, and the need is predicted to increase by 31% between 2012 and 2022

([http://study.com/articles/Occupational Health Nurse Practitioner Job Description and Responsibilities.html](http://study.com/articles/Occupational_Health_Nurse_Practitioner_Job_Description_and_Responsibilities.html)).

C. Enrollment Projections –

Table 8 describes projected enrollment of students pursuing an MSN in FNP.

Ten students will be accepted into the MSN program each year. Students will enter their specialized courses during their third semester because the first seven courses are core, and they are taken by students in both concentrations. Students are projected to attend full-time and part-time depending on their financial and employment capabilities. The classes will be small in order to obtain a sufficient number of quality preceptors and clinical sites.

Table 8.
Projected enrollment of students pursuing an MSN.

YEAR	1*	2*	3*	4*	5*
New Students	10	10	20	20	20
Headcount	10	19	30	41	43
Attrition Rate/ # students*	4% /1	4% /1	4% /1	4% /2	4% /2
Graduation	0	8	8	16	16
Continuing Students	9	10	21	23	25
FTSE	7	14	22	31	32

1* – Year 1 represents a selection year for the program with 10 new students entering the program (spring admission). The 4% attrition rate represents one student which results in 9 students continuing in the program.

2* - Year 2 is a graduation year (summer) and represents 10 new students (spring admission only), plus the 9 from year 1, with 8 graduates from year 1 and a 4% attrition rate which equates to 1 student.

3* - Year 3 is a graduation year (summer) and represents 20 new students (10 in the fall and 10 in the spring), plus the 10 from year two, with 8 graduates from year 2 and an attrition rate of 4% which equates to 1 student.

4* - Year 4 is a graduation year (spring and summer) and represents 20 new students (10 in the fall and 10 in the spring), plus the 21 from year three, with 16 graduates from year 3, and an attrition rate of 4% which equates to 2 student.

5 - Year 5 is a graduation year (spring and summer) and represents 20 new students (10 in the fall and 10 in the spring), plus the 23 students from year four, with 16 graduates from year 4, and an attrition rate of 3% which equates to 1 student.

Attrition* - Based on statistics from the SHSU SON undergraduate BSN program

Note: FTSE is calculated as:

Number of students x 18 / 24 = FTSE (Students enrolling in 9 graduate hours per semester).

4* - Year 4 is a graduation year and represents 10 new students, plus the 29 from year three, with a graduation rate of 20% which equates to 8 students, and an attrition rate of 3% which equates to 1 student.

5* - Year 5 is a graduation year and represents 10 new students, plus the 31 students from year four, with a graduation rate of 20% which equates to 8 students, and an attrition rate of 3% which equates to 1 student.

Attrition* - Based on statistics from the SHSU SON undergraduate BSN program

Note: FTSE is calculated as:

Number of students x 18 / 24 = FTSE (Students enrolling in 9 graduate hours per semester)

D. Impact on existing SHSU degree programs:

The SON hired one additional faculty member who is prepared to teach at the graduate level effective fall 2018. The additional faculty hired will serve as Graduate Nursing Coordinator to administer the MSN programs. This person has a certification as a family nurse practitioner (FNP) and is in the dissertation phase of her doctorate degree. MSN educators must have a doctorate, or be in the dissertation phase, to teach the didactic portion of all courses, and must have a Nurse Practitioner certification to teach in the clinical portion of the courses. The SON will also need one additional

graduate faculty for the third year, and a second during year four. Four faculty (1 MSN FNP, 1 MSN, CRNA, 1 PhD, CNM, and 1 DNP, PNP) currently teaching in the undergraduate program will have a reassignment to teach part-time in the graduate program. Due to the consolidation of the School of Nursing undergraduate BSN offerings at The Woodlands Center, there is minimal need to hire adjuncts to fill teaching positions for these faculty who are reassigned. The inclusion of two graduate courses from Population Health in the degree plan (HLTH 5331 Foundations of Community Health and HLTH 5378 Health Care Informatics) reduces the need for new faculty as these courses are already taught in the College of Health Sciences.

The relocation of the SON to a single geographic location and the concurrent expansion at that location will provide sufficient faculty and staff office space for the additional faculty. The reduced teaching needs in the undergraduate program as a result of the relocation will allow for the reassignment of current faculty from the BSN to MSN program. By the end of year 3, there will be the need to hire additional faculty to support growth in the nursing programs. Faculty can be recruited for either program. If newly hired faculty are more in alignment with undergraduate teaching needs, current NP and terminally degreed faculty will be reassigned to the MSN program.

The impact of the MSN Program to the community will be positive in that the Nurse Practitioner Program will provide a nursing program that is geographically close to many RNs residing in the rural areas along the I-45 corridor, as well as those in The Woodlands. Currently, there are no FNP programs within 25 miles of The Woodlands Center. Communities along this corridor will benefit from the SHSU graduates of this program providing advanced healthcare by NPs. Graduates of the BSN Program at SHSU have gained employment in the healthcare sites where they successfully conducted their clinical rotations. The sites with the greatest opportunities for new nursing graduates are in rural and underserved urban areas. The SON has established MOUs and Articulation Agreements with healthcare facilities in the targeted areas of the MSN program that will significantly enhance the employment opportunities for the graduates. In addition, the Texas healthcare workforce will strengthen in the healthcare deserts in rural areas as well as the urban areas of the state.

Shift in enrollment of other courses:

All applicants admitted to the SHSU- SON Nurse Practitioner program will be required to hold a Texas registered nurses (RNs) license with a minimum of a Bachelor's of Science degree in Nursing (BSN) from an accredited college. The Nurse Practitioner program will not shift enrollment in any other programs, unless other program/majors at SHSU are admitting students holding a BSN. That same population of RNs typically do not have dual enrollment in both a master's in public health or health administration degree and a Nurse Practitioner program. Certified NPs are advanced care providers that provide direct care to patients.

Impact of the MSN Program to the COHS and the community:

The SON hired one additional faculty member who is prepared to teach at the graduate level effective fall 2018. The additional faculty hired will serve as Graduate Nursing Coordinator to administer the MSN programs. This person has a certification as a family nurse practitioner (FNP) and is in the dissertation phase of her doctorate degree. MSN educators must have a doctorate, or be in the dissertation phase, to teach the didactic portion of all courses, and must have a Nurse Practitioner certification to teach in the clinical portion of the courses. The SON will also need one additional graduate faculty for the third year, and a second during year four. Four faculty (1 MSN FNP, 1 MSN, CRNA, 1 PhD, CNM, and 1 DNP, PNP) currently teaching in the undergraduate program will have a reassignment to teach part-time in the graduate program. Due to the consolidation of the School of

Nursing undergraduate BSN offerings at The Woodlands Center, there is minimal need to hire adjuncts to fill teaching positions for these faculty who are reassigned. The inclusion of two graduate courses from Population Health in the degree plan (HLTH 5331 Foundations of Community Health and HLTH 5378 Health Care Informatics) reduces the need for new faculty as these courses are already taught in the College of Health Sciences.

The relocation of the SON to a single geographic location and the concurrent expansion at that location will provide sufficient faculty and staff office space for the additional faculty. The reduced teaching needs in the undergraduate program as a result of the relocation will allow for the reassignment of current faculty from the BSN to MSN program. By the end of year 3, there will be the need to hire additional faculty to support growth in the nursing programs. Faculty can be recruited for either program. If newly hired faculty are more in alignment with undergraduate teaching needs, current NP and terminally degreed faculty will be reassigned to the MSN program.

The impact of the MSN Program to the community will be positive in that the Nurse Practitioner Program will provide a nursing program that is geographically close to many RNs residing in the rural areas along the I-45 corridor, as well as those in The Woodlands. Currently, there are no FNP programs within 25 miles of The Woodlands Center. Communities along this corridor will benefit from the SHSU graduates of this program providing advanced healthcare by NPs. Graduates of the BSN Program at SHSU have gained employment in the healthcare sites where they successfully conducted their clinical rotations. The sites with the greatest opportunities for new nursing graduates are in rural and underserved urban areas. The SON has established MOUs and Articulation Agreements with healthcare facilities in the targeted areas of the MSN program that will significantly enhance the employment opportunities for the graduates. In addition, the Texas healthcare workforce will strengthen in the healthcare deserts in rural areas as well as the urban areas of the state.

II. Quality

A. Degree Requirements – Use this table to show the degree requirements of the program. (Modify the table as needed; if necessary, replicate the table for more than one option.)

Per AACN guidelines and Texas Board of Nursing Rule 219, the curriculum will include a) graduate core, b) Advanced Practice Registered Nurse (APRN) core, c) FNP role/core competencies, and d) the competencies specific to the population, families across the lifespan. The 45 hours of credit earned will include 31 credits of didactic classes, and 14 credits of clinical experiences at a ratio of 4 clock hours for every credit hour each week in the clinical courses, or 720 contact hours of clinical practice and a ratio of 3 clock hours for every credit hour in the skills lab, or 90 contact hours for a total of 810 clinical contact hours. For example, one credit hour of clinical would meet 4 hours per week for the 15-week semester, or 60 total contact hours. Within the Health Assessment course, one credit hour of clinical would equal 3 hours per week. Clinical rotation sites have been reviewed by the SON director and APRN certified faculty, and affiliation agreements are in place for the rotations.

The table below represents the number of academic credits and clinical clock hours required.

Table 9:
Academic hours and clinical clock hours

Category	Semester Credit Hours	Clock Hours
General Education Core Curriculum (bachelor's degree only)	0	
Required Courses	45	
Prescribed Electives	0	
Free Electives		
Other (Specify, e.g., internships, clinical work)	(if not included above)	810*
TOTAL	45	

*The total semester credit hours for clinical coursework is equitable to 810 clock hours. One semester credit hour is equivalent to 3 clock hours per credit hour for 15 weeks in the skills lab and 4 clock hours per credit hour for 15 weeks in each clinical rotation courses. The proposed degree contains 14 clinical hours (2 in the skills lab and 12 in clinical rotations) and 31 didactic hours. Fourteen clinical hours is equivalent to 810 clock hours (12 clinical credits x 4 clock hours per clinical credit x 15 weeks per semester = 720 clock hours and 2 skills lab credits x 3 clock hours per skills lab credit x 15 weeks = 90 clock hours).

B. Curriculum – Use these tables to identify the required courses and prescribed electives of the program. Note with an asterisk (*) courses that would be added if the program is approved. (Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.)

Table 10.
Curriculum for Master of Science in Nursing (MSN) as a Nurse Practitioner with a concentration in Family Nurse Practitioner.

Course Number	Course Name	Total SCH	Didactic SCH	Clinical SCH (Clock Hours)
Master's Graduate Nursing Core				
*NURS 5301	Role Transition and Theory	3	3	
*NURS 5302	Clinical Research and EBP	3	3	
*NURS 5303	Advanced Pharmacotherapeutics^	3	3	
*NURS 5304	Advanced Pathophysiology^	3	3	

Course Number	Course Name	Total SCH	Didactic SCH	Clinical SCH (Clock Hours)
*NURS 5405	Adv Hlth Assess/Diag Reasoning	4	2	2 (90); 3:1 ratio
HLTH 5378	Health Care Informatics	3	3	
HLTH 5331	Foundations of Community Health	3	3	
*NURS 5111	Capstone Project Planning	1	1	
	Total didactic core NP courses	23	21	2 (90)
Functional Area Core Clinical Courses				
*NURS 5216	Capstone Project Delivery	2	1	1 (60); 4:1 ratio
*NURS 5517	FNP Practicum	5		5 (300); 4:1 ratio
	Total Functional Area Core Clinical Courses	7	0	6 (360); 4:1 ratio
	Running Total	30	22	8 (450)
Population Core Nurse Practitioner Courses				
*NURS 5513	FNP I	5	3	2 (120); 4:1 ratio
*NURS 5514	FNP II	5	3	2 (120); 4:1 ratio
*NURS 5515	FNP III	5	3	2 (120); 4:1 ratio
	Total Population Core Nurse Practitioner Courses	15	9	6 (360)
	Total SCH for FNP	45	31	14 (810)

*New courses developed

^Direct Care Core: The three courses required for direct care MSN's

Functional Area Content: Clinical and didactic learning experiences identified and defined by the professional nursing organizations and certification bodies for specific nursing roles or functions.

C. Faculty – Use these tables to provide information about Core and Support faculty. Add an asterisk (*) before the name of the individual who will have direct administrative responsibilities for the program. (Add and delete rows as needed.)

Table 11:

Faculty Requirements for MSN Program

Name of <u>Core</u> Faculty and Faculty Rank	Highest Degree and Awarding Institution	Courses Assigned in Program	% Time Assigned To Program
e.g.: Robertson, David Asst. Professor	Ph.D. in Molecular Genetics Univ. of Texas at Dallas	MG200, MG285 MG824 (Lab Only)	50%
Tania Celia Graduate Nursing Coordinator (consultant for summer 2018 and full time beginning fall 2018)	MSN, FNP in dissertation phase of Ph.D. Certification and Texas APRN License as FNP	NURS 5301, 5303, 5304, 5405, 5513, 5514, 5515, 5517, 5111, 5216	100% (50% teaching, 25% administration, 25% practice)
New Faculty Member yr 3	MSN, D.N.P. or Ph.D. with FNP Certification	NURS 5303, 5304, 5405, 5513, 5514, 5515, 5517, 5111, 5216	100% (75% teaching, 25% practice)
New Faculty Member yr 4	MSN with Adult or FNP Certification	NURS: 5405, 5513, 5514, 5515, 5517	100% (75% teaching, 25% practice)

Table 13:

Support Faculty for New MSN Program

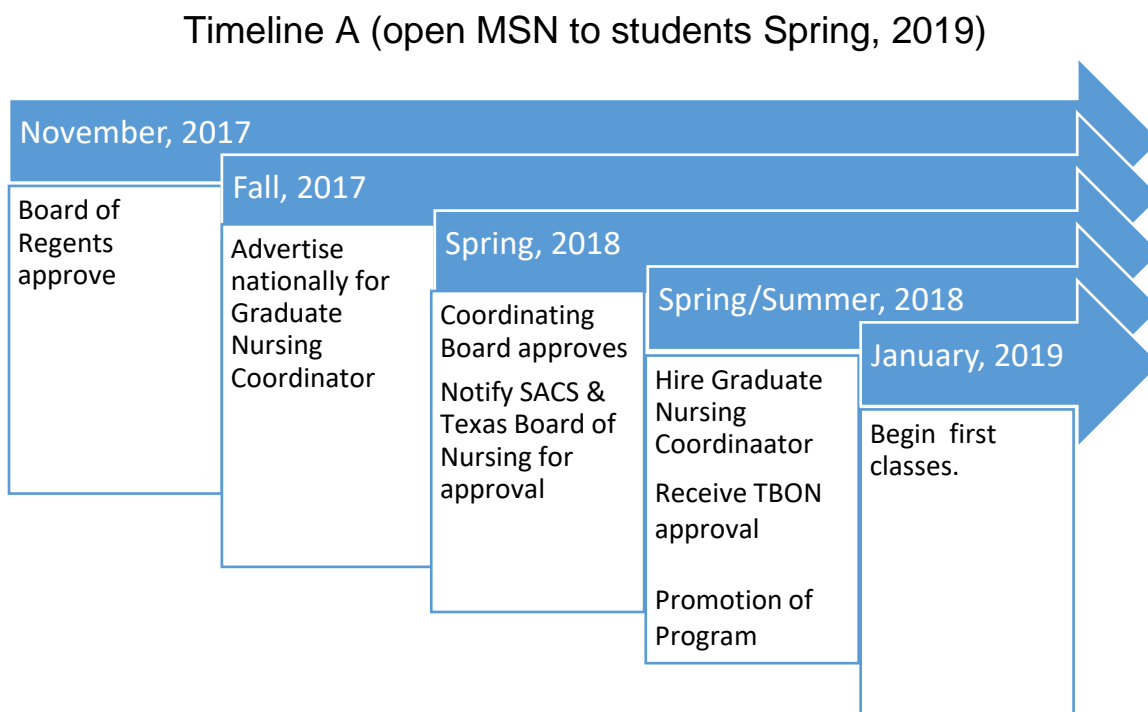
Name of <u>Support</u> Faculty and Faculty Rank	Highest Degree and Awarding Institution	Courses Assigned in Program	% Time Assigned To Program
Zinn, Kelly Associate Professor	Ph.D. Loyola University	NURS 5301	12.5%
Stiles, Anne Professor	Ph.D. Texas Woman's University	NURS 5302	25%
Simon-Campbell, E'loria Assistant Professor	Ph.D. University of Texas at Tyler	NURS 5301, NURS 5302	25%
Moore, Marianne Assistant Professor	Ph.D., CNM UTHSC Houston School of Nursing	NURS 5405, NURS 5514	25%
Langton, Diane Clinical Assistant Professor	D.N.P. UTHSC Houston School of Nursing	NURS 5207, NURS 5514	25%
Montgomery, Laura Clinical Assistant Professor	MSN-FNP UTHSC Houston School of Nursing	NURS 5316	25%
Harmon, Robert Clinical Assistant Professor	MSN, CRNA	NURS 5304, NURS 5405	25%

Note 1: The SON has hired a FNP who is in the dissertation phase of her PhD for the coordinator position. The consolidation of the undergraduate program at TWC has created an additional 4.5 FTEs that will allow NP faculty to be reassigned to the MSN program with minimal need to fill the undergraduate teaching positions.

Note 2: During clinical experiences, the students will be carefully supervised by physicians and NP preceptors who are certified in the same population. All faculty teaching didactic classes in the program will have a PhD or DNP degree or be in the dissertation/project phase of the PhD or DNP and hold graduate faculty status by Sam Houston State University. All faculty teaching clinical courses must have a minimum of an MSN as a nurse practitioner and must have expertise or certification in the population in which they are supervising. They must also hold an active nurse practitioner license in the state of Texas and be nationally certified as a nurse practitioner. For clinical faculty, doctoral degrees will be preferred but not required as per Criterion V in *Criteria for Evaluation of Nurse Practitioner Programs, A Report of the National Report on Quality Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012).

The MSN faculty and coordinator timeline is highlighted below:

Figure 4: Timeline A



D. Students – Describe general recruitment efforts and admission requirements. In accordance with the institution's Uniform Recruitment and Retention Strategy, describe plans to recruit, retain, and graduate students from underrepresented groups for the program.

Admission Requirements for the MSN Program:

Students wishing to pursue a Master of Science in Nursing are required to meet the Admission Standards for Graduate Students listed in the Sam Houston State University 2017-2018 Graduate Catalog available online at <http://catalog.shsu.edu/graduate/>.

Existing requirements as listed on the COHS web page at

<http://catalog.shsu.edu/graduate/academic-policies-procedures/#admissiontext>.

- Graduate Admissions Application (submitted online through ApplyTexas).
- Application Fee.

- An official transcript from your baccalaureate degree granting institution.
- Additional documentation as required for your specific program. See our Degree Programs to determine if any additional documentation is required for your program of interest.

Additional requirements for admission for the proposed MSN:

1. Earned baccalaureate degree from an accredited institution with a minimum GPA of 3.00 in required BSN coursework;
 2. Hold a BSN from an accredited School of Nursing program;
 3. Successful completion of an approved upper-level statistics course with an earned grade of an A or B;
 4. Hold an unencumbered license to practice as an RN in the State of Texas;
 5. Three letters of recommendation from professors or supervisors;
 6. A minimum of one-year experience in a clinical or acute care setting as a RN;
 7. Participation in an interview with MSN Program Coordinator;
 8. Demonstration of professional writing sample at the time of the interview with the MSN Program Coordinator and the Director of the SON, and
 9. Submission of a current curriculum vitae and program application to the MSN Program Coordinator.
- Note: Prospective students will have the right to appeal to the Director of the SON in instances where the above criteria is not met for admission into the MSN Program.

Additional requirements for International Applicants:

1. Official scores for the TOEFL or IETLS and proof of immigration status for international students;
2. English translation and evaluation of official transcripts for applicants with undergraduate degrees from non-US institutions; and
3. International applicants under consideration for admission will require a telephone or virtual interview with the Admissions Committee.

Programs and strategies conducted in the COHS to improve recruitment and retention of underrepresented populations of students:

- Graduate recruitment events conducted at regional public and private universities;
- Graduate Admissions “Graduate Prospect Communication Plan” administered through *Hobsons Connect* with people who express interest in a graduate program, or people that have completed an application to a graduate program at SHSU. Messaging is tailored to a person’s academic interest and also serves to connect a prospective student to the academic advisor of their graduate program. Communication media includes automated emails, phone calls, and mailed print items;
- Attendance and recruitment at state, regional, and national nursing conferences;
- The Joint Admission Medical Program, the Pathways to Allied Health Success, and the Collegiate Hispanic African-American Mentoring Program recruit underrepresented students to attend medical school and other health professions that is facilitated through the COHS;
- The SHSU Establishing Leadership Through Education Program increases the achievement gap for the successful matriculation through college for underrepresented males attending the university.
- Sponsorship and participation in the Woodland’s Chamber of Commerce Health Care Summit; and
- SON Community Advisory Committee activities.

Additional strategies for recruiting and retaining underrepresented populations of students into the MSN Program as recommended in *AACN's Effective Strategies for Increasing Diversity in Nursing Programs*:

- Update nursing brochures to be gender neutral to attract males and to be translated into Spanish;
- Reach out in geographical isolated communities in all clinical sites;
- Activate nurse leaders from the community to serve as mentors to BSN nurses as they matriculate through graduate school;
- Submit press releases in local newspapers and newsletters;
- Conduct SON open house events on both campuses and in hospitals and clinics;
- Run ads in professional journals, state and national organizations, and during conferences; and
- Provide financial incentives such as scholarships, lending library of textbooks, and/or tablets.

Retention strategies of underrepresented student populations into the MSN program developed by the SON faculty and students enrolled in the BSN program:

- Advertise and promote program via Facebook, SH and SON web pages, SON graduate program blog;
- Develop partner with health facilities to assist with loan repayment for tuition and/or scholarships;
- Hire graduate students as Research Assistants and Teacher Assistants for paid positions or tuition reimbursement; and
- Administer scholarships from the SHSU Office of International Studies.

(Non-completers of MSN programs report that financial issues and family life situations that require funding are the leading reasons why they did not complete the program).

Profile of underrepresented graduates of the BSN Program:

- In the last two graduated BSN cohorts, the SON admitted a total of 14 African-American students, 18 Hispanic students, 3 Asian students, 2 American Indian/Alaska Native students, and 21 male students. 117 total students total were admitted in these cohorts. 11 of the 14 African American students graduated and 1 is still progressing; 13 out of 18 Hispanic students graduated 3 are still progressing; one of the three Asian students graduated and one is still progressing; two of the two American Indian/Alaska Native students graduated, 14 of 21 males graduated, with 2 still progressing.
- The current graduation rate for all students in these two cohorts was 70.94% (2017); for white students, the graduation rate was 79.48%. Black students had a graduation rate of 78.57%; with 72.22% of Hispanics and 33.33% American Indian/Alaska Native students having graduated. Asian students had a graduation rate of 33.33% with 91.30% of male students graduating within this group.
- In Cohort 8, a total of 6 of the 7 African-American graduating students passed NCLEX on their first attempt; 5 of the 5 Hispanic students were also successful in their first NCLEX, as were the Asian graduate and the American Indian/Alaska Native student. The pass rate for this cohort for NCLEX (the licensure exam) was 94.28%.

E. Library – Provide the library director's assessment of library resources necessary for the program. Describe plans to build the library holdings to support the program.

A review of the library's collection of information resources for a Master of Science degree as a Nurse Practitioner, found that the collection can support this degree.

The Newton Gresham Library is open 100 hours per week and provides access to a collection of over 1.3 million books and journals. The library also offers access to a variety of electronic resources including licensed books, journals, and bibliographic/full text databases. The library subscribes to over 250 electronic databases, most of which include access to full text articles and chapters. In addition, the library has access to over 800 journals and provides access to over 4500 print and electronic books in the field of nursing. The Newton Gresham Library provides access to multiple subscription databases that provide full-text access to current, important journals in Nursing, and Nursing Theory. These databases are CINAHL, Cochran Library, ProQuest Nursing and Allied Health, Nursing Resource Center, Health Source: Nursing and Academic Edition, Nursing and Allied Health, MEDLINE, PsycInfo, ScienceDirect and SpringerLink.

Students have real time access to a librarian using either chat or texting: the librarian can demonstrate how to successfully search a database, help develop a research strategy or suggest appropriate resources on a given topic. Students can also email or call the Reference Desk using a toll free number. Students taking classes at The Woodlands Center have the support of a full-time Librarian and access to all the library resources available in the Newton Gresham Library. Additionally, librarians can be "embedded" in online courses to act as a collaborator in support of students and faculty.

For those resources not immediately available at Sam Houston State University, interlibrary and shared resources programs will provide access. All Texas state institutions and many private universities participate in TexShare, a cooperative resource-sharing program which permits borrowers in good standing at their home institution to obtain books on-site at participating institutions. The library will monitor the demand for document delivery and interlibrary loan services to determine the need for additional journals as the program grows and specific research areas are identified.

F. Facilities and Equipment – Describe the availability and adequacy of facilities and equipment to support the program. Describe plans for facility and equipment improvements/additions.

In summer 2018, the SHSU SON is consolidating the Huntsville and Woodlands Center BSN program at The Woodlands Center campus. As part of the build out design, offices for 45 faculty and staff are being furnished. Currently, there are 23 faculty, 11 staff and 1 director employed in the School of Nursing. The additional offices provide space for the needed additional faculty to support the MSN program over the next 5 years. Classes will be scheduled in existing classrooms on the first, second, and third floors of The Woodlands Center and via distance learning methodologies. Laboratory experiences will be held in the SON skills and simulation labs on the fourth floor of The Woodlands Center. The lab space was expanded with the build out and includes 7 simulation rooms and two 14 bed skills labs. There is adequate space to accommodate both the BSN and MSN program needs. Currently, there are two lab staff members who are RNs. A third lab staff, LVN, will be added August 1st 2018.

Below is a sample list of expendable supplies and equipment that will be needed for the lab components of the program that are not part of the current lab supplies.

- Splinting and casting material
- Specialized joint models made for laboratory joint aspirations
- Suture pads and kits

- Porcine feet, hocks, for practice suturing
- Microscopes, slides, cover slips for nursing lab
- Ear lavage syringe and tip
- Modeling material for incision and drainage practice
- Prostate, Pelvic, and Rectal exam models

G. Accreditation – If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.

The School of Nursing graduate Nurse Practitioner program will seek professional accreditation from the Commission on Collegiate Nursing Education (CCNE). According to the CCNE (2015), “Accreditation is a nongovernmental process conducted by members of postsecondary institutions and professional groups” (p. 2). The CCNE is recognized by the US Department of Education for accrediting baccalaureate, graduate, and doctoral programs in nursing. The primary mission of the CCNE in accrediting programs is to ensure the quality and integrity of educational programs, and to assess institutional progress in meeting its stated mission, goals, and expected outcomes.

The five main purposes of CCNE accreditation are:

- Hold nursing programs accountable to the community;
- Evaluate the nursing program’s achievement in meeting its stated mission, goals, and expected outcomes;
- Assess the extent a nursing program meets accreditation standards;
- Inform the public of the purpose of accreditation; and
- Foster continuous quality improvement in nursing programs.

The School of Nursing will align its graduate program with the purposes and accreditation standards of the CCNE. In the NP program and within the accreditation process, the program director and faculty will:

- Develop and foster continuous improvement programs and self-evaluation processes, such as the evaluation program described in this proposal;
- Create and foster the community’s participation in the accreditation processes;
- Provide assessment of the Program’s proficiency in meeting the stated mission, goals and expected outcomes;
- Encourage scholarly teaching, academic excellence and public service in accordance with the Program’s mission;
- Respect the diversity of programs and autonomy of the academic institution;
- Ensure peer review, confidentiality, avoidance of conflict of interest and procedural fairness in all processes and programs;
- Partner with the community to enhance public awareness of an accreditation process; and
- Cooperate with other agencies during any review process (CNNE, 2015).

The accreditation timeline is highlighted below:

Figure 5: Accreditation Timeline

Accreditation Timeline

June, 2017

Submit substantive change report to CCNE no earlier than 90 days prior to opening of program.

Fall/Spring, 2017-18

CCNE may conduct a focused site visit. \$1750 / team member X 3-5 (\$5250-\$8750)
Annual membership fee will increase due to having a second program from approximately \$2618 to \$3658

The CCNE accreditation standards are attached to this proposal in Appendix B.

H. Evaluation – Describe the evaluation process that will be used to assess the quality and effectiveness of the new degree program.

The evaluation processes used for the School of Nursing NP program will follow the guidelines set forth by the National Task Force on Quality Nurse Practitioner Education (NTF). The task force was reconvened (original criteria published in 1997) in 2011 by The National Organization of Nurse Practitioners Faculties (NONPF) and the American Association of Colleges of Nursing (AACN) to ensure that national, consensus-based evaluation standards for evaluating all nurse practitioners remain a high quality and current program (NTF, 2012, p.5). This document, *Criteria for Evaluation of Nurse Practitioner Programs*, has been endorsed by 15 nurse professional organizations, including the NONPF, AACN, Commission of Collegiate Nursing Education, National Council of State Boards of Nursing, and National League for Nursing Accrediting Commission.

The NTF has published four recommendations for use of the evaluation criteria for NP programs:

1. These criteria are to be used in conjunction with a national accreditation review process to evaluate a nurse practitioner program.
2. Nurse practitioner competencies, such as those published for specific populations, are to be used as a complement to this evaluation criteria.
3. This evaluation criteria are to be used to assist in planning new nurse practitioner programs.
4. This evaluation criteria may be used for on-going and continuous quality improvements (National Task Force, 2012, p 2).

The document used for the Family Nurse Practitioner program in conjunction with the NTF evaluation criteria is the NONPF (2013), Population-Focused Nurse Practitioner Competencies.

The guidelines for evaluation are based on six major criteria, with each criterion sub-categorized and described, including benchmarks for meeting the criterion. This comprehensive document is an excellent, and well-recognized framework for program evaluation, such as the SON NP program. These six main criteria are:

1. Organization and Administration;
2. Students;
3. Curriculum;
4. Resources, facilities & services;
5. Faculty & faculty organization; and
6. Evaluation (National Task Force, 2012, pp. 23 to 28).

The following is an example of the details of the specific criterion of evaluation (# 6 above), which addresses the program evaluation plan's intervals for review, appraisals of students, preceptors, and outcomes.

CRITERION VI

Evaluation

- VI.A: There is an evaluation plan for the NP program/track.
 - VI.A.1: Evaluate courses at regularly scheduled intervals.
 - VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.
 - VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.
 - VI.A.4: Evaluate students' attainment of competencies throughout the program.
 - VI.A.5: Evaluate students cumulatively based on *clinical observation* of student competence and performance by NP *faculty* and/or preceptor assessment.
 - VI.A.6: Evaluate clinical sites at regular scheduled intervals
 - VI.A.7: Evaluate preceptors at regular scheduled intervals.
- VI.B.: Formal NP curriculum evaluation should occur every 5 years or sooner.
- VI.C.: There is an evaluation plan to measure outcomes of graduates.
Documentation of certification pass rates, and graduate/employer satisfaction are required. (National Task Force 2012, pp. 27& 28).

The NTF (2012) document has a useful documentation checklist that contains all the criteria with the evidence requirements clearly listed (Please see Appendix B). This entire document and checklist will be used by the SON nurse practitioner program for evaluations.

The MSN Program in the SON will also be evaluated through the Office of Academic Planning and Assessment at SHSU. This office provides a centralized, online, assessment management repository –

The CampusLabs Program. Information collected within the assessment program is used by departments and programs to drive continuous improvement within their units. Additionally, it serves as a source of evidence of continuous improvement assessment for internal and external constituents, agencies, and accreditors. The MSN will use standard assessment procedures to ensure quality and effectiveness of the degree program with continuous improvement.

In addition, the SON is committed to the successful preparation of students' participation in the MSN program. The SON will administer a survey to determine licensure, employment, and satisfaction of the participants in the MSN program at SHSU. Criteria of the components of the survey include the following measures:

Table 14:
Survey components

Outcome	Measure	Frequency
1. 90% of higher licensure and certification pass rate	Licensure and certification exams	Each graduating class
2. 90% of graduates will be employed as a nurse practitioner within one year of graduation	Survey of graduates	One year post graduation
3. 90% of graduates will be satisfied (rating of 4 on a 5 point Likert scale) or very satisfied (rating of 5 on a 5 point Likert scale) with the educational preparation they received	Survey of graduates	At graduation and one year post graduation

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Appendices

Appendix A. Nurse Practitioner Infographic

Appendix B. National Task Force on Quality Nurse Practitioner Education Documentation Checklist

Attachments

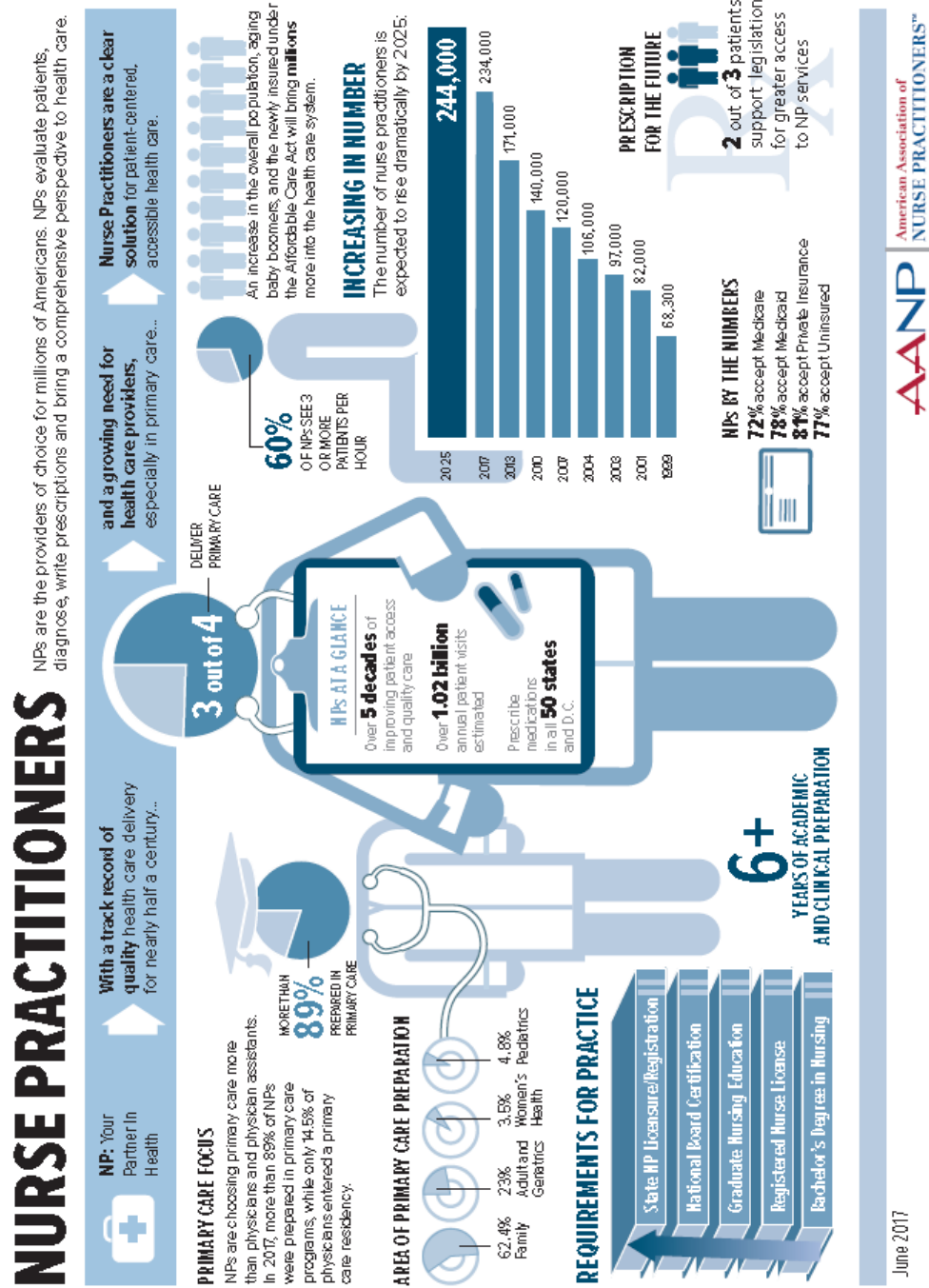
Attachment 1: Documents of Support for the MSN Program

Attachment 2: MSN Program Course Rotation Schedule

Attachment 3: MSN Program Faculty Workload Schedule

Attachment 4: Calculation of Nursing Work Units

Appendix A. Nurse Practitioner Infographic



American Association of Nurse Practitioners. (2017). *Nurse Practitioner Infographic*. Available at:
<https://www.aanp.org/all-about-nps/what-is-an-np-2>

Appendix B. National Task Force on Quality Nurse Practitioner Education Documentation Checklist

CHECKLIST

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

CRITERION II: Students	Documentation	Documentation Present ✓ if yes
II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by <i>NP faculty</i> .	<u>Required Evidence of Meeting Criterion:</u> <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 	<input type="checkbox"/> <input type="checkbox"/>

CHECKLIST

[illegible][illegible]

CHECKLIST

CRITERION III: Curriculum	Documentation	Documentation Present ✓ if yes
	<ul style="list-style-type: none"> • Documentation demonstrating that a program meets the educational eligibility criteria for the national certification exam(s) for each NP track. 	<input type="checkbox"/>
III.C.2 Official documentation must state the NP role and <i>population focus</i> of educational preparation.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> • A sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) <i>population focus</i>; and/or A sample of an official letter with institutional seal used to specify the educational preparation for the NP role and at least (1) <i>population focus</i>. 	<input type="checkbox"/>
III.D The curriculum plan evidences appropriate course sequencing.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> • The program of study for graduate degree and post-graduate (full and part-time), including pre-requisites. 	<input type="checkbox"/>
III.E The NP program/track has a <u>minimum</u> of 500 supervised <i>direct patient care clinical hours</i> overall. <i>Clinical hours</i> must be distributed in a way that represents the population needs served by the graduate.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> • Documentation of the process used to verify student learning experiences and clinical hours. • An overview of the curriculum. • An overview of the number of required clinical/preceptor hours. For dual NP and combined programs, demonstration of areas of overlap among clinical hours. (See Sample Form E.) • A description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
III.F Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic <i>graduate NP program</i> 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 <u>minimum</u> of 500 supervised <i>direct patient care clinical hours</i> .	<u>Required Evidence of Meeting Criterion:</u> <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.) • Evidence of school's ability to issue a certificate of completion/ • A sample transcript for a post-graduate certificate NP graduate showing educational preparation for the NP role and at least one (1) <i>population focus</i> and completion of the APRN core courses (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology). 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CRITERION IV: Resources, Facilities, & Services	Documentation	Documentation Present ✓ if yes
IV.A Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.	<u>Required Evidence of Meeting Criterion:</u> <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 specific needs of the NP program/track. 	<input type="checkbox"/>

CHECKLIST

CRITERION IV: Resources, Facilities, & Services	Documentation	Documentation Present ✓ if yes
	preceptor licenses are current and available at the clinical facility if not submitted directly to the program.	
IV.B.3.b A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience	<u>Required Evidence of Meeting Criterion:</u> <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 the number of students supervised concurrently. (See Sample Form B) 	<input type="checkbox"/>
IV.B.3.c Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.	<u>Required Evidence of Meeting Criterion:</u> <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 type="checkbox"/> <input type="checkbox"/>
CRITERION V: Faculty & Faculty Organization		
V.A.1 NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> Copies of faculty profiles including <i>credentials</i>, licensure/approval/ recognition, clinical and didactic teaching responsibilities, and other faculty responsibilities. (See Sample Form C.) 	<input type="checkbox"/>
V.A.2 NP program faculty members who teach the clinical components of the program/track maintain current licensure and national certification.	<u>Required Evidence of Meeting Criterion:</u> <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. 	<input type="checkbox"/>
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 members.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> A copy of the faculty development plan for the school/program. 	<input type="checkbox"/>
V.B. Non-NP faculty members have expertise in the area in which they are teaching.	<u>Required Evidence of Meeting Criterion:</u> <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.) 	<input type="checkbox"/>
CRITERION VI: Evaluation		
VI.A There is an evaluation plan for the NP program/track.	<u>Required Evidence of Meeting Criterion:</u> <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 type="checkbox"/>

CHECKLIST

CRITERION VI: Evaluation	Documentation	Documentation Present ✓ if yes
VI.A.1 Evaluate courses at regularly scheduled intervals.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> Documentation of current course evaluation process and review schedule. 	<input type="checkbox"/>
VI.A.2 Evaluate NP program faculty competence at regularly scheduled intervals.	<u>Required Evidence of Meeting Criterion:</u> <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, peer review). 	<input type="checkbox"/>
VI.A.3 Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.	<u>Required Evidence of Meeting Criterion:</u> <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 type="checkbox"/> <input type="checkbox"/>
VI.A.4 Evaluate students' attainment of competencies throughout the program.	<u>Required Evidence of Meeting Criterion:</u> <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 type="checkbox"/>
VI.A.5 Evaluate students cumulatively based on <i>clinical observation</i> of student competence and performance by <i>NP faculty and/or</i> preceptor assessment.	<u>Required Evidence of Meeting Criterion:</u> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
VI.A.6 Evaluate clinical sites at regularly scheduled intervals.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> Documentation of how clinical sites are evaluated. 	<input type="checkbox"/>
VI.A.7 Evaluate preceptors at regularly scheduled intervals.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> Documentation of how preceptors are evaluated. 	<input type="checkbox"/>
VI.B Formal NP curriculum evaluation should occur every 5 years or sooner.	<u>Required Evidence of Meeting Criterion:</u> <ul style="list-style-type: none"> Documentation of frequency of curriculum evaluation. Documentation of curricular decisions based upon evaluation. 	<input type="checkbox"/> <input type="checkbox"/>
VI.C There is an evaluation plan to measure outcomes of graduates.	<u>Required Evidence of Meeting Criterion:</u> <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 support further the outcomes of the program. 	<input type="checkbox"/>