



COMPREHENSIVE PROGRAM REVIEW

Division of Academic Affairs

INSTRUCTION GUIDE

Effective Fall 2016

Purpose

Comprehensive Program Review (CPR) is a set of procedures to evaluate the effectiveness of academic programs through a systematic review. Its purpose is to address the quality, viability, and productivity of efforts in teaching and learning, scholarship, and service as appropriate to the institution's mission. The review of academic programs shall involve analysis of both quantitative and qualitative data. Institutions must demonstrate that they make judgments about the future of academic programs within a culture of evidence. ([See the Board of Regents CPR Policy 3.6.3: Comprehensive Academic Program Review](#))

Introduction

The goal of academic program review at Georgia College is to improve programs using information gathered and analyzed during a cyclical review process. The program review process allows GCSU to assess changes in programs, to examine their strengths and weaknesses, and to identify areas for strategic change. The aim of program review is to ensure the continuous improvement of programs, rather than to demonstrate a program's high quality. The process outlined in this document has been developed to adhere to the policy outlined by the University System of Georgia Board of Regents and SACSCOC accreditation requirements while simultaneously recognizing the unique mission of our institution.

Program Review and Institutional Effectiveness

Academic program review is one of several interrelated components of GC's overall institutional effectiveness plan. Program review is grounded in a culture of evidence, and relies upon tracking key performance indicators, assessing outcomes, and analyzing data to improve the quality of programs. Program review incorporates and builds on other related and ongoing report processes, including data from annual reports, assessment of learning outcomes in the SMART reporting structure, and relevant accreditation processes.



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Planning and conduct of academic program reviews is used for the progressive improvement and adjustment of programs in the context of the institution's strategic directions. Adjustments may include program enhancement, maintenance at the current level, reduction in scope, or, if fully justified, consolidation or termination.

Aggregate data is compiled in the Office of the Provost and Vice President of Academic Affairs on the basis of program reviews and other related reports, and is used for overall planning efforts. The Office of the Provost/Vice President of Academic Affairs incorporates this data into an overall analysis of institutional effectiveness and makes recommendations for long-range planning and improvement.

General Guidelines that Govern Comprehensive Program Review

(For additional information, please visit the GC CPR site)

1. **Review Timelines and Institutional Schedule:** A timeline for required CPR submissions (USG guidelines) and the institutional sequence of program reviews can be found in the GC Timeline/Schedule link on the CPR website. No program review cycle at any level shall exceed ten years in accordance with BOR guidelines (USG BOR Policy Manual Section 3.6.3; BOR Academic Affairs Handbook section 2.3.6).
2. **Method of Submission:** Adhering to the timeline found in this document and on the GC CPR website, all materials must be submitted in electronic format to the Dean and the Director of Institutional Effectiveness. The Director of Institutional Effectiveness will then coordinate the review conducted by the VPAA/Office of the Provost. Finally, the document in its entirety (including recommendations from Dean and Provost) is uploaded to USG's SharePoint no later than June 30th.
3. **Notification of CPR:** The Director of Institutional Effectiveness in coordination with the Office of the Provost will be responsible for notifying those programs that they are entering their cycles of program review no later than August, and for ensuring that the supporting materials are distributed by November 15.
4. **Focus of CPR:** Comprehensive Program Review is review of degree programs, not of the departments that deliver the degrees.



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5. Each program should evaluate its annual collected data in terms of the following criteria:
 1. Productivity: the number and contributions of graduates of an academic program and/or the number of students served through service courses in the context of the resources committed to its operation. (Additional measures of productivity might include counts of students who meet their educational goals through the program's offerings, including minors, certificates, or job enhancement, if such goals are part of the program's mission.)
 2. Viability: the use of such considerations as available resources, student interest, career opportunities, and contributions to the goals and mission of the institution, University System, and state to determine whether a program should be continued as is or modified (expanded, curtailed, consolidated, or eliminated). Viability considerations are independent of quality measures; i.e., a high quality program could lack viability, or a program in need of considerable improvement could have high viability
 3. Quality: measures of excellence. Quality indicators may include, but are not limited to, attainment of student learning outcomes, a comparison of program elements relative to internal and external benchmarks, resources, accreditation criteria, relevant external indicators of program success (e.g., license and certification results, placement in graduate schools, job placement, and awards and honors received by the program), and other standards.
6. The template provided must be used to complete the CPR.



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COVERSHEET

Academic Degree Program Name <small>(ex. BBA Accounting)</small>	CIP Code	Department
Doctor of Nursing Practice	513818	School of Nursing College of Health Science
Review Year	Last Review Year	Primary Contact <small>(name and email)</small>
2020	N/A	Deborah MacMillan, Director SON debby.macmillan@gcsu.edu

Date	Action	Responsible
March 31	Submit completed CPR to Dean's Office for review and recommendation and to Office of Institutional Research (Cara Smith)	Department Chair or Program Coordinator
April 30	Submit completed CPR to the VPAA/Office of the Provost, providing notification of the submission to department chair.	Director of Institutional Effectiveness
May 1- June 15	Provost reviews CPR, meets with program representatives if necessary, makes final recommendations	Provost and Vice President for Academic Affairs
by June 30	Upload final CPR to USG SharePoint	Director of Institutional Effectiveness

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<i>Student Input- Graduate Programs</i>	FY17	FY18	FY19
<u>Average Graduate</u> and/or Undergraduate <u>GPA admitted and enrolled.</u>	3.68	3.60	3.81
Also, indicate the number of students reported (Total N).	N=19	N = 14	N = 11
Standardized Test Scores (if applicable), for graduate programs --- GRE, GMAT, LSAT, MCAT - Choose the standardized examination and indicate in the space provided below. Also, indicate the number of students reporting scores for the test(s) (Total N):	N/A	N/A	N/A
<u>Institutional Indicators of Quality- Student Input</u> (campus determined). #1 Documentation of 500 faculty precepted clinical hours on entry to program. % students #2 Writing Score avg (range is) # 3 Interview Score avg. (range is)	84% (16/19) 15.61/20 Avg. 19.54/20 Avg	79% (11/14) 14.18/20 Avg 19.29/20 Avg..	83% (10/12) 15.81/20 Avg. 19.61/20 Avg.
<i>Student Output – Graduate Programs</i>	FY17	FY18	FY19
Average Exit Scores on National and State Licensure and/or Certification Exams OR Average Pass Rate (as appropriate) Specific Exam: This is a post-master's certification DNP, so students enter the program already have obtained their APRN degree or holding other specialty certifications.	N/A	N/A	N/A
Graduating Major or stand-alone degree GPA scores <i>Indicate whether Major GPA or Cumulative Graduation GPA is used:</i> Indicate the number of students reported (Total N).	3.98 GPA Major N = 5	3.84 GPA Major N = 17	3.90 GPA Major N = 8
External Quality Assurance (e.g., professional accreditation, surveys, market rankings)	CCNE	CCNE	CCNE
Institutional Indicators of Quality- Student Output (campus determined). Graduate Rate	71% N = 5/7	77.3% N = 17/22	88.9% N = 8/9

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<i>Measures of Quality: Faculty</i>	FY17	FY18	FY19
Number of Terminally Degreed Faculty in the Department (regardless of whether the faculty teach in the program)	15	20	19
Number of Non-terminally Degreed Faculty In the Department (regardless of whether the faculty teach in the program)	9	7	5
Undergraduate or Graduate programs: Total amount of sponsored research funding awarded for the academic year	\$182,553	\$870,999	\$383,463
Undergraduate or Graduate programs: Other External funds for program support. <u>Jonas Scholar Award</u> Provide the total amount for the academic year.	\$10,000	\$10,000	0
Undergraduate or Graduate programs: Number of peer-reviewed publications for the academic year.	9	14	12
Undergraduate or Graduate programs: Number of faculty research fellowships awarded in the academic year. <u>Number of faculty research fellowships/grants awarded in the academic year and total funding awarded.</u>	7 \$30,830	4 \$44,082	5 \$45,655
Institutional Indicators of Faculty Quality: Output (campus determined) <u># 1 Number of Faculty Peer Reviewed Presentations for the academic year.</u> <u># 2 Percentage of faculty who are Quality Matters Certified</u> <u># 3 Average Student Rating of Instruction Survey by AY</u>	30 100% 4.4/5	19 100% 4.1/5	16 96% 4.3/5
External Quality Assurance (e.g. professional accreditation surveys; market rankings) # 1 Commission on Collegiate Nursing Education (CCNE) 2020 Accreditation	CCNE	CCNE	CCNE



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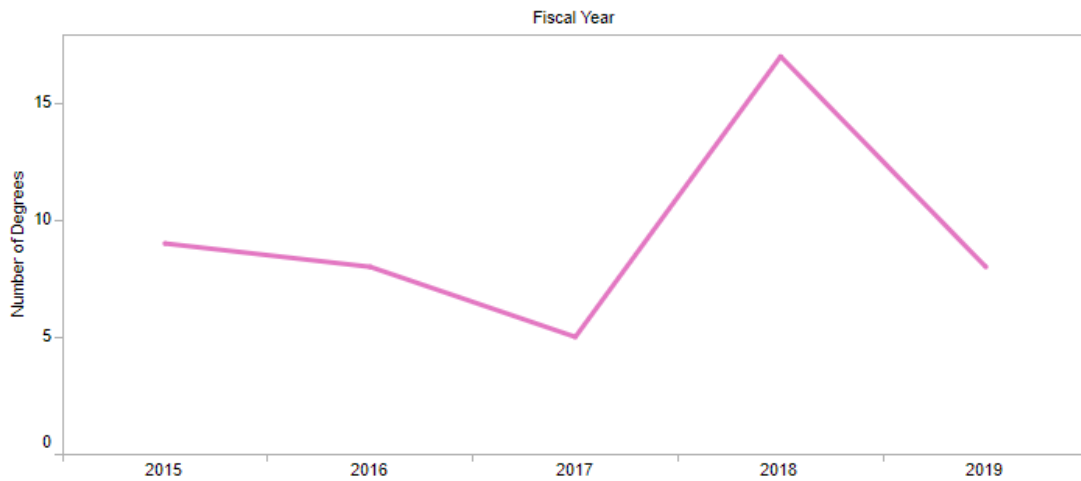
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Narrative Section (Quality):

1) What does the data tell you about the relative health of your program? What are your strengths, weaknesses, opportunities, and/or threats?

Strengths:

The post master’s DNP program began in 2012, with an initial cohort of 5 students. Since the beginning cohort the quality of the program has been evident by the quality and diversity of the applicants and students that we have admitted. Because in all instances, these students had already demonstrated their ability to successfully complete graduate course work by the completion of a master’s of science degree in nursing, the GRE was not required or used as a factor in admissions. A holistic admission’s process has been utilized that has enabled us to recruit, retain, and ensure the success of exemplary and diverse students in the DNP program as evidenced by the statistics below.



Degree Level	USG Race/Ethnicity	Fiscal Year				
		2015	2016	2017	2018	2019
Doctoral	Black or African American	3		2	6	3
	Hispanic or Latino				1	
	White	6	8	3	10	5
	Total	9	8	5	17	8
Grand Total		9	8	5	17	8



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The DNP program has been able to recruit well qualified students. On average, admitted student GPAs for their MSN programs have averaged 3.68, 3.60, and 3.81 over the last three years. Additionally, applicants must have completed 500 hours of faculty supervised clinical experiences at the MSN level. For applicants lacking these hours, a formal, individualized plan is developed to ensure students earn these additional hours, equating to 1000 faculty supervised clinical hours, by the time they graduate with the DNP. Of admitted students, 82% have completed the 500 clinical hour requirement prior to entering the DNP program.

Since the role of the DNP focuses on transforming evidence into practice by leading, the holistic admissions process assesses applicants' strength in the area of written and verbal communication skills. Admitted students from 2017 to 2019 demonstrated a written communication score average of 15.19 out of 20 on an in-person written assignment graded with a rubric which measured five concepts: 1.) Number of scholarly references, 2.) Quality of information, 3.) Critical thinking, 4.) Organization, 5.) Mechanics of writing. A face to face interview instrument is used to assess communication skills and leadership goals for all applicants. Admitted students during the 2017 to 2019 period scored an average of 19.64/20, 19.29/20 and after adapting a new interview format in 2019, a 92% on the interview score.

Students actually graduating from the program had an average Major GPA of 3.98 in 2017, 3.84 in 2018 and 3.90 in 2019. It is important to note that in 2018, a major curriculum revision was done and implemented during AY 18 to AY 19. There were no students admitted to the DNP program that were set to graduate during AY 19. The students that graduated during AY 19 were from previous cohorts that were delayed in graduating. The retention and graduation rate from the cohorts admitted from 2017 to 2019 were 86 % (n = 2 of 15 did not complete) and 84.6 % (n = 2 of 13 did not complete), for an overall retention rate of 85.7% (n = 28). Students in graduate programs often drop out of school because of family and/or work responsibilities and GC SON makes every effort to assist these students in returning to the program when their family and/or work responsibilities change. For example, of the four students that were to graduate from 2017 – 2019 but did not, they reported the following reasons for not continuing: 3 students withdrew from the program because of family or work situations that made completion of the program extremely difficult and 1 student had to request a medical withdrawal.

Achievement of expectations in the DNP's didactic courses is usually measured through discussions, poster presentations, papers or projects that require synthesis of course concepts and that reflect evidence of the competence required for the DNP role. The program requires that students synthesize their knowledge by producing an electronic portfolio of the scholarly work completed in the program. All students complete a Translational and Clinical Research Project which demonstrates the attainment of all the program outcomes. This project is completed under the guidance of a committee with two SON faculty members and one outside committee member. During the student's final semester dissemination of the completed Translational and Clinical Research Project is an expectation.

The quality of GC SON faculty is evidenced by their commitment to the Scholarship of Teaching and Learning (SoTL) and adoption of high impact and service-learning experiences for the students. Nursing faculty are regularly nominated and receive awards for excellence in teaching at the college, university, and state level, which



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often include monetary awards. For the past three years, a SON faculty has won a state-wide teaching award at the Georgia Association for Nursing Education annual conference. In addition to external grant funding awards totaling **\$1,437,020.00** from 2017 to 2019, faculty were awarded a total of **\$120,567** in research fellowships and internal grants from 2017 to 2019. This funding enabled faculty to publish a total of 35 peer reviewed articles and complete 65 peer reviewed presentations from 2017 to 2019.

2) Curricular alignment and currency to the discipline as well as workforce/occupational need and demand:

The DNP program is accredited by the Commission of Collegiate Nursing Education (CCNE) and consistently meets the standards for accreditation as set forth by CCNE. These standards focus on: 1) Program Quality: Mission and Governance; 2) Program Quality: Institutional Commitment and Resources; 3) Program Quality: Curriculum and Teaching-Learning Practices, and 4) Program Effectiveness: Assessment and Achievement of Program Outcomes. Per CCNE, “accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within those institutions”. Because of our engagement in the accreditation process, the SON consistently operates within a state of continuous quality improvement. In order to demonstrate compliance with the CCNE standards for accreditation, the SON maintains and adheres to our quality plan (EE Plan) that indicates how quality is defined, promoted and assessed through the inclusion of benchmarks for both student and faculty success. The EE Plan functions on an annual cycle where the benchmarks are established for each standard and key element for each academic year, and data are gathered and assessed at the end of each academic year. Results are analyzed to determine whether benchmarks for all quality standards were met. If benchmarks were not met, appropriate nursing faculty committees conduct further analysis and planning. Benchmarks for the DNP program focus on student attainment of the Essentials of Doctoral Education for Advanced Nursing Practice as defined by the American Association of Colleges of Nursing. Demonstration of attainment of the essential is actualized by the completion of a Translational and Clinical Research Project.

Workforce Needs:

Nursing as a practice profession requires both practice experts and nurse scientists to expand the scientific basis for patient care. Doctoral education in nursing is designed to prepare nurses for the highest level of leadership in practice and scientific inquiry. The DNP is a degree designed specifically to prepare individuals for specialized nursing practice, and The Essentials of Doctoral Education for Advanced Nursing Practice articulates the competencies for all nurses practicing at this level.

In hallmark reports, the Institute of Medicine (IOM) (1999, 2001, 2003) focused attention on the state of health care delivery, patient safety issues, health professions education, and leadership for nursing practice. These reports highlight the human errors and financial burden caused by fragmentation and system failures in health care. In addition, the IOM called for dramatic restructuring of all health professionals’ education. The recommendations from this report are listed below.



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- Health care organizations and groups should promote health care that is safe, effective, client-centered, timely, efficient, and equitable.
- Health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement, and informatics.
- The best prepared senior level nurses should be in key leadership positions and participating in executive decisions.

The DNP prepared nurse is best equipped to address these workforce needs and is in high demand in leadership and academic roles.

Opportunities:

In addition to GC SON current advanced practice focus for the DNP, two other specific areas have been identified as appropriate foci to be considered: leadership and simulation. These lesser explored opportunities would pair well with our Nurse Educator program and also would perhaps provide a new leadership focus that would be aimed at mid-career nurses who wish to become innovative health care leaders. This workforce need is evidenced by magnet hospital requirements for a chief nursing officer that is prepared at the doctorate level. This avenue would provide a program of study for students who have insufficient clinical practice hours in their master's degree to obtain the required 1000 faculty supervised clinical hours required for the DNP.

Threats:

Faculty salaries continue to be a deterrent to hiring and retaining diverse, outstanding faculty. GC faculty did receive a faculty salary adjustment this year, but nursing faculty salaries continue to be a barrier to recruiting experience faculty, especially in high demand specialty areas (pediatric and psychiatric). The existing number of faculty lines allotted to GC SON will limit our ability to admit qualified applicants. Our ability to recruit and retain faculty into open lines also threatens viability. There is currently a nationwide shortage of nursing faculty and this is only expected to worsen with the number of aging nurse educators who are planning for retirement within the next five years. Nursing faculty on average earn about the same as registered nurses - \$64,590 and \$64,750, respectively despite the fact that faculty are required to have at minimum a master's degree and within one year after being hired a terminal degree. More specialized nurses can earn substantially more. Nurse practitioners, for example, earn an average of \$100,660, according to the Bureau of Labor Statistics.

An additional threat includes the increased numbers of nursing programs that are transitioning to the BSN to DNP model. This is being seen by an increasing numbers of students as a viable option for their course work. To maintain the quality needed to attract the **best quality of students** to both our MSN and DNP program, this opportunity needs to be fully explored. Students can often complete the BSN to DNP program in 3 years, instead of the MSN 2 years and then post-master's option of another 2 years.

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<i>Indicators of Measures of Viability</i>			
<i>Internal Demand for the Program</i>	Fall17	Fall18	Fall19
Number of majors in the degree program --- Institution determines the milestone for reporting purposes (e.g., formal admittance to a degree program)	37	32	32
Number of students who applied to the program (if an applicable process is in place)- Institution determines the milestone for reporting purposes (e.g. point in time formal applications are reviewed and acceptances are granted)	22	19	14
Number of students who are admitted to the program --- Institution determines the milestone for reporting purposes	19	14	12
Standard Faculty Workload for the degree program (example: 3/3, 4/3, etc.)	4/3	4/3	4/3
Number of Faculty (tenured/track and non-tenured) supporting the degree program within the department	26	27	24
Number of Faculty (tenured/track and non-tenured) supporting the degree program outside the department	0	0	0
Number of Full-Time faculty teaching in the program	7	7	7
Number of Part-Time faculty teaching in the program	1	1	1
Number of Faculty (tenured/track and non-tenured) supporting the degree program within the department	6	6	8



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Narrative Section. What does the data tell you about the relative health of your program? What are your strengths, weaknesses, opportunities, and/or threats to viability?

Strengths for Viability:

The demand for the DNP program has been steady. The initial proposal for the program projected a cap of 15 students. The program was begun with no additional faculty lines to support the addition of a doctoral program. During the last seven years the number of applicants to the program has remained consistent with the exception of fall of 2019, when we received only 14 applicants for admission to the DNP program. The SON is currently in the review process for applicants who will begin in fall of 2020 and we have 16 applicants to date. In reviewing the top graduate majors at GC for 2019 it is noted that the MSN has the second largest enrollment numbers (123) in the university and DNP (32) remains strong as the only doctoral program.

For the number of students that we currently have enrolled in the program, the number of faculty are able to maintain the program. Seven full-time faculty and one part-time faculty regularly teach in the DNP program and the majority of the remaining faculty provide support and serve on doctoral committees as part of their service role for the SON.

Weakness for Viability:

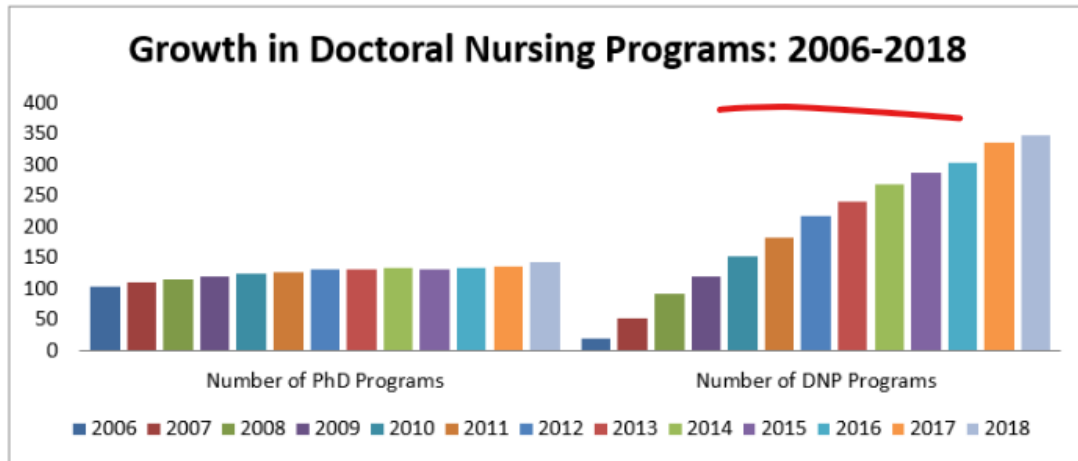
Since 2012 there has been a tremendous increase in the number of DNP programs being offered nationwide. This will impact the number of available students for our program. The majority of post-master's DNP programs are online, so they are a direct competition for GC program.

- 348 DNP programs are currently enrolling students at schools of nursing nationwide, and an additional 98 new DNP programs are in the planning stages (50 post-baccalaureate and 48 post-master's programs).
- DNP programs are now available in all 50 states plus the District of Columbia. States with the most programs (10 or more programs) include California, Florida, Illinois, Massachusetts, Minnesota, New York, Ohio, Pennsylvania, and Texas.

From 2017 to 2018, the number of students enrolled in DNP programs increased from 29,093 to 32,678. During that same period, the number of DNP graduates increased from 6,090 to 7,039.

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3) Describe additional details as deemed appropriate.

Opportunities:

Opportunities to increase enrollment in the DNP program include a nationwide trend toward BSN-DNP programs, leading more nurses to choose the DNP option. It is projected that by 2025 entry level to advanced practice will be the DNP. Because of this trend and the expansion of our MSN concentrations, the opportunity to convert these programs to BSN-DNP will greatly expand DNP enrollment. It will be important to review current trends of BSN-DNP in other USG and private sector nursing programs to make certain that GC SON is addressing Georgia's needs in terms of educational opportunities. It is important to note that implementing the BSN-DNP model would require additional faculty lines.

Other opportunities exist to expand DNP foci in leadership and simulation. With the Translational & Clinical Research Center at Navicent Baldwin, our program is in a key position to develop DNP leaders in healthcare simulation.

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<i>Indicators of Measures of Productivity</i>			
	FY17	FY18	FY19
Graduate student time to degree (average, in years) graduating in the academic year. # 1 Post-Master's DNP (FT Program of study = 5 semesters or 1.65 yrs.) # 2 Post-Master's DNP (PT Program of Study = 8 semesters or 2.64 yrs.)	1.79 yrs. N = 5 0	1.85 yrs. N = 12 2.78 yrs. N = 5	1.78 yrs. N = 8 admitted to graduate in 2018 but were delayed by 1 semester. Curriculum revision 2018 year: No students were admitted to graduate specifically this academic year.
Institution specific factors impacting time to degree: Describe additional details as deemed appropriate. <u>Courses are only offered once per year/students who are unsuccessful in a course must wait a year to repeat. # students effected.</u>	1	1	3
<i>Graduation - Only provide data for the level of program being reviewed.</i>	AY17	AY18	AY19
Number of degrees awarded in the program for the academic year	5	17	8



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Narrative Section. What does the data tell you about the relative health of your program? What are your strengths, weaknesses, opportunities, and/or threats to productivity?

Strengths to Productivity:

Students enter the DNP post-master’s program as a cohort and much time and effort are put forth by faculty to ensure that they meet the DNP Essentials and that time to degree falls within the benchmark set by the GC SON Educational Effectiveness Plan. For full-time students receiving their degree between 2017 and 2019 the average, in years was 1.816 (n = 25) which meets the benchmark standard. Part-time students during the same time period demonstrated a time to degree average of 2.78 years (n = 5) and this is also within the benchmark standard. A curriculum revision was undertaken and implemented in 2018 that hopefully will address some issues related to when courses are offered. For example, the original program of study for DNP students had students implementing their Translational and Clinical Research Projects over summer semester. Timing with obtaining IRB approval often delayed students’ ability to begin implementation. This was addressed by moving the program to a fall start. This appears to have made a difference for the students who are scheduled to graduate in 2020. It is important to note that due to the curriculum revision, there were no students admitted to the DNP program that would have graduated in AY2019. The students that graduated that academic year were students that were scheduled to have graduated in 2018 but were delayed due to various issues (health, project delays, etc.). For those students in the part-time program, a bridge program of study was created to match the newly adopted curriculum. These part-time students are expected to graduate in the spring of 2020.

Over the last year the number of degrees conferred has remained strong and this is evidenced by the table below.

Degrees Conferred by CIP 513818 Nursing Practice DNP		
	Academic Year	Degree Awarded
	2015	9
	2016	8
	2017	5
	2018	17
	2019	8
Anticipated degrees to be conferred	2020	17

Weakness to Productivity:

DNP courses are only offered once per year, so if a student is unsuccessful in a course this means that the student must wait a full year before that course is offered again. As mentioned previously, the lack of nursing faculty that are able to teach the DNP courses hampers our ability to offer them more than once per year. It will be important to look for opportunities to address this issue and to perhaps develop a more flexible approach to students moving forward.



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Opportunities for Productivity:

SON faculty have opportunities to collaborate with DNP students to increase the opportunities for publications and presentations. There are also opportunities for collaborations with some of our clinical partners. The Translational and Clinical Research Center (STRC) which is housed at Navicent Baldwin is an excellent example of potential opportunities.

The mission of the STRC is to provide challenging, interdisciplinary, state of the art simulations for all programs in an inclusive, supportive and safe environment. The STRC promotes student learning by integrating didactic content with deliberate, progressive, simulated clinical experiences that ensure mastery of essential nursing competencies. The STRC's unique environment prepares learners to deliver care to diverse patient populations in a variety of care settings. Their vision aspires to develop preeminent healthcare professionals using innovative educational strategies which will benefit our local, national, and international stakeholders. The STRC values are consistent with the Georgia College School of Nursing's philosophy, including the development of nurse leaders engaged in evidence-based practice, lifelong learning, and civic participation to serve the healthcare needs of a diverse population. The STRC is currently in the beginning stages of becoming an accredited simulation center and this will afford many opportunities for DNP student research and collaboration.

Summative Narrative

Provide a summative narrative concerning the academic program. This final narrative, among other points, includes information concerning the academic program's achievements, benchmarks of progress, areas of distinction, challenges, aspirations, and plans for action. The closing statement also is an opportunity to highlight shifting trends and market forces that might impact program demand (1500 word limit). **What specific action steps should the program pursue over the next five years?**

The GC SON Doctor of Nursing Practice program began in 2012 with its first cohort of 5 students. The addition of this program as GC's first doctoral degree, required a SACS level change for the university. The DNP program is a fully-online post-master's degree that requires students to have a master's of science in nursing degree from an accredited university. Students must also provide documentation of 500 faculty supervised clinical hours that were earned at the master's level or in obtaining other nationally recognized certificates.

Attainment of the DNP essentials in the didactic courses is measured through discussions, poster presentations, papers and projects that require the fusing of course concepts and that reflect evidence of the competence required for the DNP role. The program requires that students synthesize their knowledge by producing an electronic portfolio of the scholarly work completed in the program. All students complete a Translational and Clinical Research Project which validates the attainment of all the program outcomes. This project is completed under the guidance of a committee with two SON faculty members and one outside committee member. During



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the student’s final semester dissemination of the completed Translational and Clinical Research Project is an expectation.

This program was established with the recognition that advanced practice nursing organizations were anticipating that the doctoral degree would become the entry level for practice within a number of years. In reviewing the top graduate majors at GC for 2019 it is noted that the MSN has the second largest enrollment numbers (123) in the university and DNP (32) remains strong as the only doctoral program. See table below.

Top 20 Majors by Student Enrollment Fall 2019

Major	Undergraduate	Major	Graduate
Undeclared: Nursing Track	474	Secondary Teacher Education	139
Marketing	473	Nursing	123
Psychology	434	Public Administration	91
Exercise Science	421	Logistics and Supply Chain Management	73
Biology	387	Special Education	65
Management	354	Middle Grades Education	64
Mass Communication	337	Educational Leadership	58
Undeclared: Business Track	245	Curriculum and Instruction	55
Management Information Systems	222	Management Information Systems	53
Nursing	216	Teacher Leadership	45
Undeclared: Early Childhood Ed. Track	212	Health and Human Performance	43
Accounting	194	Accounting	37
Public Health	179	Nursing Practice	32
Criminal Justice	138	Business Administration	31
Art	127	Instructional Technology	27
English	126	Creative Writing	26
Political Science	122	Music Education	26
Environmental Sciences	120	Criminal Justice	24
Undeclared	116	Library Media	24
Computer Science	113	Biology	23

The GC SON has identified the following Strategic Goals which align with the university mission and are in alignment with workforce and community stake holders needs.

GC SON Strategic Goals 2020 – 2025

- To become a National League of Nursing Center of Excellence by end of 2021. (Since 2004, the NLN has welcomed schools of nursing to apply for the designation based on their ability to “demonstrate in measurable terms sustained excellence in faculty development, nursing education research, or student learning and professional development.” Applicants for this prestigious destination range across the academic spectrum of higher education in nursing and



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leading teaching hospitals and clinical sites. <http://www.nln.org/recognition-programs/centers-of-excellence-in-nursing-education>).

2. To attain Society for Simulation in Healthcare accreditation for the Simulation and Translational Research by end of 2022. <https://www.ssih.org/Credentialing/Accreditation>
3. To implement a plan that would enhance the School of Nursing professional environment to encourage the recruitment, retention, and success of an exemplary and diverse faculty and staff to fill all vacant faculty lines. Plan was developed and approved by the Nursing Faculty Organization by January 2020.
4. To develop a holistic admission's plan based on National League for Nursing Guidelines that would enhance the School of Nursing admissions and progression policies to encourage the recruitment, retention, and success of an exemplary and diverse students. Plan to be completed and approved by the Nursing Faculty Organization by fall December 2020. This is in alignment with GC Goal: For cohort fall 2020, Georgia College seeks to increase enrollment of students from traditionally underserved populations by 3% over current benchmark data.

In addition to these goals, the GC SON will explore the following options related to the existing DNP program. These options will be vetted with all stake holders and explored by GC SON faculty before being presented to GC Administration as potential plans.

1. Explore the need for a BSN to DNP option for all of the existing MSN concentrations at GC SON.
 - Family Nurse Practitioner
 - Psychiatric Mental Health Nurse Practitioner
 - Women's Health Nurse Practitioner
 - Nurse Midwife
 - Nurse Educator
2. Explore the need for additional concentration in DNP that will allow applicants with less than 500 faculty precepted clinical hours to attain their educational goals.
 - Leadership Concentration
 - Simulation Concentration
3. Explore opportunities for seamless transition for post-master's certificate to DNP options for all existing MSN concentrations.



COMPREHENSIVE PROGRAM REVIEW

Division of Academic Affairs

DEAN'S CPR RECOMMENDATION

Degree Program: DNP	Date Submitted: 4/29/2020	Years of Data Examined: 2017, 2018, and 2019
(1) DO YOU CONCUR WITH THE PROGRAM'S EVALUATION IN TERMS OF PRODUCTIVITY, VIABILITY, AND QUALITY?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS: <ul style="list-style-type: none"> Productivity – The DNP program maintains a good level of productivity as measured by number of students who complete the program either through full-time or part-time options. The holistic admission process has provided a mechanism to increase the diversity of the DNP student population. Increasing the productivity of the program would require additional faculty lines or create additional strain on the current faculty. Viability – The DNP program is viable as measured by a consistent number of applicants (except for Fall 2019) and by professional expectations of a DNP degree for all advance practice registered nurses in the near future. The increase in the number of DNP programs across the country is of concern; however, I do believe that the robust enrollment in the MSN program (second highest at GC) is a great internal pipeline for growth in the DNP program at GC as faculty resources are available. Quality – The DNP program is a high-quality program as measured by the quality of applicants for the program and the quality graduate faculty. The nursing faculty are highly engaged professionals and committed to teaching/learning, service, and scholarship. The faculty spend a great deal of time mentoring the DNP students over the time in the program to adequately prepare them to implement and complete their projects. The addition of study abroad opportunities and intentional student success initiatives also contribute to the overall quality of the DNP program. 	
(2) DO YOU CONCUR WITH THE PROGRAM'S IDENTIFICATION OF ACTION STEPS FOR THE NEXT FIVE YEARS?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	COMMENTS: <ul style="list-style-type: none"> The goals for becoming an NLN Nursing Center of Excellence and achieving accreditation for the Simulation Center will expand the designation of quality for the DNP program. While I do agree with the goals set forth in this CPR, I do want to stress the continued consideration of faculty and the reality of initiative fatigue and the need to provide adequate time to solidify new changes and to assess/evaluate those changes and their positive and negative impacts. 	



COMPREHENSIVE PROGRAM REVIEW
Division of Academic Affairs

SIGNATURE	DATE
<i>Phen' Noriello</i>	_04/29/2020_



COMPREHENSIVE PROGRAM REVIEW

Division of Academic Affairs

PROVOST'S CPR RECOMMENDATION

Degree Program:	Date Submitted:	Years of Data Examined:
UNDERSTANDING THAT <u>NO</u> PROGRAMS CAN REMAIN AT THE STATUS QUO, WHICH FUTURE ACTION IS RECOMMENDED?		
<p>Program Meets Institution's Criteria</p> <p><input type="checkbox"/> Program Maintenance: Continue operations of the program with progressive improvements to address quality, viability, and productivity (i.e., new course delivery methods, recruitment of additional students, etc.).</p> <p><input type="checkbox"/> Program Enhancement: Add value to the existing program by better serving currently enrolled students and by continuing growth based on national trends.</p> <p>Program Does Not Meet Institution's Criteria</p> <p><input type="checkbox"/> Program Monitoring: Place on a monitoring status.</p> <p><input type="checkbox"/> Program Revision: Plan substantive curricular revisions.</p> <p><input type="checkbox"/> Program Deactivation: Cease new student enrollment; enter student teach-out phase.</p> <p><input type="checkbox"/> Program Termination: Cease new student enrollment; enter student teach-out phase.</p> <p><input type="checkbox"/> Other (specify): _____</p>		
COMMENTS		
•		
PROVOST AND VPAA SIGNATURE		DATE