

MEMORANDUM

To: Board of Regents
From: Board Office
Subject: Accreditation Report for College of Nursing Programs,
University of Iowa
Date: January 31, 2000

Recommended Action:

Receive the report on accreditation for the baccalaureate and master's degree programs in the College of Nursing from the University of Iowa.

Executive Summary:

In September 1999, the Commission on Collegiate Nursing Education (CCNE) granted accreditation of the baccalaureate and master's programs in nursing education at the University of Iowa for a term of ten years, extending to December 31, 2009. This is the first accreditation from CCNE, an organization with a greater focus on graduate nursing programs than the National League of Nursing (NLN), which was the group which previously accredited the College of Nursing Programs.

The CCNE Board of Commissioners determined that all four accreditation standards were met. The standards are: Mission and Governance; Institutional Commitment and Resources; Curriculum and Teaching-Learning Practices; and Student Performance and Faculty Accomplishments. Prior to the next on-site evaluation in the spring of 2009, the Commissioners requested that a continuous improvement progress report be made in five years. That report is due June 30, 2004.

That report is to focus on the following, in addition to the four standards:

1. Evidence that publications are revised to reflect program changes (Key Element I-C);
2. Demonstration that there are sufficient institutional resources to support the program, including the provision of student services at distance learning sites (Key Element II-B);
3. Progress in increasing the diversity of the faculty (Key Element II-D);

4. Progress in recruiting faculty with preparation in advanced practice (Key Element II-D); and
5. Demonstration that evaluation data are used for ongoing program improvement, specifically with regard to the changes in the BSN foundation requirements in the arts, sciences, and humanities (Key Element IV-B).

One method of measuring quality of academic programs is to have them accredited periodically by appropriate professional agencies. Such a practice is consistent with KRA 1.0.0.0, Quality, of the Board of Regent's strategic plan. More specifically, it relates to Objective 1.1.0.0, "to improve the quality of existing and newly created educational programs," and Strategy 1.1.2.0, "strengthen the quality of graduate and professional education at Regent institutions within the unique mission of each institution."

Background:

The College of Nursing had an Academic Program Review in 1991-92. Its programs were reviewed and reaccredited by the Iowa Board of Nursing in 1996, with state reaccreditation granted through 2002. The on-site evaluation team visited the campus March 29-April 1, 1999.

The College met the four standards for the nursing program. The CCNE visiting team made observations about strengths and concerns of the program, recognizing that some of the concerns were minor and would be dealt with through continuous quality improvement. The University responded to all of the concerns. Selected examples are provided below. (The page numbers cited are from the report of the visiting team.)

I. Program Quality: Mission and Governance

- (p. 5) "It appears not all the faculty are comfortable with the changes in expectations and roles" [over the last five years]
- (p. 6) "there is a need to update student handbooks and program informational materials"
- (p. 7) "there is a need to have faculty involvement in program development and evaluation"

Response: The College of Nursing has been undergoing extensive change in administration and in both undergraduate and graduate curricula. Faculty have been involved in revising both curricula; but, most faculty had time for extensive involvement in only one of many content

areas. Subsequently, individual faculty members have not felt fully involved in all changes. As we implement the changes in the undergraduate and graduate curriculum, faculty will have continued involvement and increased opportunities to have input in all areas.

II. Program Quality: Institutional Commitment and Resources

- (p. 13) "39 of 41 doctoral faculty have a graduate degree from UI" -- a new priority should be to get more diversity (i.e., faculty with degrees and experience from other nursing programs).
- (p. 14) "faculty are still dealing with issues related to incorporating practice into their workload"

Response: Restricted diversity is a problem of long-standing and one which is being addressed. Within the last year we added two male faculty members with degrees from other institutions. We have one new faculty member starting in August. [Four other faculty candidates with degrees and previous experience from other institutions] have been interviewed and offers [have been made]. SUI indicated that they were increasing efforts to integrate their didactic or academic units with examples from clinical experiences.

III. Program Quality: Curriculum and Teaching-Learning Practices

- (p. 20) "there is some confusion (among faculty) about what advanced practice roles are"
- (p. 26) "need for ongoing evaluation of curricular changes"
- (p. 26) "clear identification of the definitions, standards, and organizing framework for the master's program"
- (p. 26) "lack of consistency in the ratio of clinical hours to credit hours"

Response: The master's curriculum has undergone major revisions during the past two years. Prior to these revisions there were two major tracks in the master's program, a clinical track and a nurse manager track. The current curriculum has a graduate core, a non-clinical advance practice track including two areas of study -- nursing informatics and management, as well as an advanced practice clinical core. Current areas of study in advanced clinical practice include three nurse practitioner programs -- family, adult/gerontology, and pediatric, as well as the following areas of clinical specialization -- anesthesia, adult health, gerontology, child health, psychiatric/mental health, and genetics.

Standards used as a basis for program development and change include the AACN Essentials of Master's Education for Advanced Practice Nursing and the joint statement of the AACN and the American Organization of Nurse Executives (AONE) on nursing administration education. Additionally, the requirements for certification in the specialty are considered in the development of courses and curricula.

There are minor variations in the hours of clinical practicum for one hour of credit in the clinical courses. Practicum courses in the nurse practitioner programs of study all require 60 hours of clinical practicum per semester per credit hour. The hours for the clinical specialty courses vary in relation to the requirements for clinical practice by accrediting bodies; genetics and psychiatric/mental health programs of study require 67 hours per credit and the community program requires 58. These hours will be reviewed carefully to determine if greater consistency can be achieved.

IV. Program Effectiveness: Student Performance and Faculty Accomplishments

- (p. 29) the College is recognized as having the "fastest rate of growth of research" of any SUI college [a statement attributed to a University administrator].
- (p. 31) the student scores on the NCLEX test have improved; of the 136 taking the examination in 1998, 91.2% passed. [In the previous accreditation by the State Department of Nursing, passing rates for some years were in the 80 percentile range.]

Analysis:

The shift in national accrediting agencies appears to be a positive one. The approval of the programs by both the state and the CCNE indicate that changes in the curriculum are appropriate.

A concern noted in the state review was the decline in scores by students taking the NCLEX examination (passage rates declined to the 80 - 85% range). The passage rates have risen to over 90% again.

Charles R. Kniker

Approved: _____
Frank J. Stork