Proposal for New Professional Degree

School of Nursing

Duke University

Feb 2024
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Executive Summary

In response to new competency-based education guidelines issued by the American Association of Colleges of Nursing, the School of Nursing has redesigned the existing pre-licensure nursing program, which awarded the Accelerated Bachelor of Science in Nursing degree (ABSN) to a proposed **Master of Nursing (MN) degree**. The rationale for the change is fully described in the following pages.

A summary of the key points of the proposed Program are:

**Anticipated start date:** Sept 2025

**Anticipated number of admission cycles per year:** 2

**Anticipated admission cohort size:** 72

**Proposed credits:** 64

**Proposed clinical hours:** 728

**Percentage of clinical hours that will be simulation:** 30%

**Length of proposed Program:** 4 continuous semesters

**Proposed full time/part-time enrollment:** Full time

**Proposed delivery method:** In person classes (n=19) online classes (n=3)

**Review and approval of the program post university approval:** Collegiate Commission on Nursing Education, North Carolina Board of Nursing, SACSCOC

**Program Evaluation:** The new Program will be incorporated into our comprehensive evaluation methods used for all academic programs in the School.

I. **Rationale for the Program**

   a) **Fit with the Mission of the School**

   The proposed new master’s in nursing degree is congruent with the mission of the School; “We, at the Duke University School of Nursing, advance health equity and social justice by preparing nurse leaders and innovators with a commitment to improving health outcomes through transformative excellence in education, clinical practice, and nursing science.” Graduates of the new Program will have the option as part of their curriculum to take prerequisites for entry into the post-graduate certificate program to prepare them in an advanced practice nursing role or to proceed into a DNP or PhD program.
b) Justification for the Program

Background

Nursing education can be categorized as pre-licensure or post-licensure. Pre-licensure education prepares the graduate to take the national licensing examination for registered nurses (NCLEX-RN). Post-licensure education prepares the graduate for advanced practice roles (e.g.; nurse practitioner, nurse educator, nurse anesthetist or nurse informaticist, nurse administrator) or doctoral preparation. Currently the School offers both pre-licensure and post-licensure education. This proposal addresses only pre-licensure education.

In the United States there are 4 predominately pathways that enable an individual to be eligible to sit for the licensing examination;

- 2-year community college associate’s degree
- 3-year hospital-based diploma program
- 4-year undergraduate program
- 12-18 months post baccalaureate program that awards either a Bachelor’s or a Master’s degree in Nursing

Duke, throughout its history has offered variations of the above pre-licensure options. The Nursing School began in 1931 as a 3-year diploma program; then in 1944 the program transitioned to a baccalaureate program for those students who entered with 2 years of completed college courses. In 1953 the School started a Bachelor of Science in Nursing degree (BSN) program that continued until 1984. From 1985 through 2002 there was no nursing pre-licensure program in the School, only post-licensure programs. In 2002 the School began an accelerated Bachelors of Science in Nursing (ABSN) program for those students who entered with an earned bachelor’s degree. The program prepared them in the science and discipline of nursing. Approximately 145 students enter each year and graduate in 16 months with eligibility to take the national licensing exam (NCLEX-RN). The ABSN degree was awarded post completion of 58 credits and over 700 clinical hours. Since inception the program has graduated 2,259 students with 208 currently enrolled. The program is currently ranked #1 by US News & World Report. From our interview with applicants to our educational programs we know that students use the US News & World Report rankings when considering schools for their education.

In the past 10 years, other universities have embraced the master’s entry to nursing practice concept (MEPN). MEPN programs are characterized by students entering with an earned undergraduate degree, completing the required prerequisites, taking the nursing curriculum,
completing the curriculum and earning a Master’s degree. These programs take from 15 months to 2 plus years depending upon program. We identified over 50 programs, including those of our competitor schools, who have made the transition to MEPN. Please see Table 1. below for those programs of our closest competitors.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Pre-licensure Program</th>
<th>Credits</th>
<th>Clinical Hours</th>
<th>Length of Program in Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yale</td>
<td>MSN</td>
<td>45</td>
<td>481</td>
<td>4</td>
</tr>
<tr>
<td>Vanderbilt</td>
<td>MN</td>
<td>63</td>
<td>1200</td>
<td>4</td>
</tr>
<tr>
<td>Emory</td>
<td>MN</td>
<td>60</td>
<td>682</td>
<td>4</td>
</tr>
<tr>
<td>Penn</td>
<td>MPN-Masters Of Professional Nursing</td>
<td>21 units</td>
<td>588</td>
<td>4</td>
</tr>
<tr>
<td>UNC</td>
<td>Considering MEPN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duke</td>
<td>MN</td>
<td>64</td>
<td>728</td>
<td>4</td>
</tr>
</tbody>
</table>

For the past 3 years we have had decreasing number of applicants to our ABSN program when compared to the 3 years prior to that and have experienced a downward trend of those accepting our offer of admission. Data for 2020-2023 are in Table 2.

Table 2. ABSN Applicant Flow Data

<table>
<thead>
<tr>
<th>Year</th>
<th>Applications</th>
<th>Adm Offers</th>
<th>Matriculants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>585</td>
<td>363</td>
<td>156</td>
</tr>
<tr>
<td>2021</td>
<td>585</td>
<td>287</td>
<td>144</td>
</tr>
<tr>
<td>2022</td>
<td>506</td>
<td>245</td>
<td>147</td>
</tr>
<tr>
<td>2023</td>
<td>481</td>
<td>314</td>
<td>136</td>
</tr>
</tbody>
</table>

Students with earned undergraduate degrees are migrating toward the MEPN programs rather than the ABSN programs (despite both types of programs preparing the graduate to be eligible for licensure examination upon graduation) for the following reasons:
A graduate program opens up new Federal financing options for those who have exhausted their undergraduate federal financing

The desirability of a Master’s degree for those who have an earned baccalaureate degree rather than earning a second bachelor’s degree

Nationally second-degree nursing programs are shifting from ABSN to Master’s exit.

For Duke School of Nursing the rationale of transitioning from ABSN to MN (Master of Nursing) involved:

- Decrease of applicants to our program over the past 5 years
- The implementation of MEPN programs by our competitors
- Competitors reporting large number of applicants for the MEPN programs
- The cost of our 16-month program was over $101,000 which meant that most students had exhausted their federal financing options and had to resort to private finance options
- Students offered admission to our current ABSN program, declined our offer in order to accept offers from other schools of nursing; financing and preference for a graduate degree were reasons cited
- The American Association of Colleges of Nursing (AACN) issued new competencies for pre-licensure programs that resulted in nursing programs nationwide to shift to competency-based education resulting in a revamping of both pre-licensure and post licensure curricula.
- The certifying organization for nursing programs will begin to use the new competencies for accreditation on 2025

Thus, the timing is right for a reworking of the pre-licensure program.

The new Program will result in students, who have an earned bachelor’s degree upon entry, earning a Master’s of Nursing degree after 4-5 semesters. The revised curriculum, fully compliant with the NC Board of Nursing requirements for pre-licensure education, now includes;

- Health equity and social determinates which has been incorporated into all courses
- Alignment with the Program outcomes with the 2021 AACN Essentials.
- Each course description contains competency statements
- Added a course focused on mental and behavioral health.
• Proposed three medical-surgical courses with a total of 336 clinical hours.

• Supports a robust simulation curriculum which is 30% of the clinical hours

• Created space for the development of specialty tracks

• Incorporated the option to complete the prerequisites to progress to a post graduate certificate in an advanced practice nursing role (nurse practitioner, administrator, informaticist).

• Incorporated the option to complete the prerequisites to progress to a doctoral program; Doctor of Nursing Practice (DNP) or Doctor of Philosophy (PhD)

• Potential for a fifth semester post-graduation to earn a certificate (nurse educator, case management)

The new Program is a natural fit into the School of Nursing and would mean that all programs offered by the School are at the graduate level (MN, MSN, DNP, PhD).

II. Description of the Program

a) Strategic Objectives and Educational Goals

The program outcomes for the proposed MN degree contained in Table 3 and are matched to the American Association of Colleges of Nursing (AACN) required domains.
## Table 3. Proposed Program Outcomes

<table>
<thead>
<tr>
<th>Program Outcome</th>
<th>2021 AACN ESSENTIALs DOMAIN Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contribute to the ethical advancement of nursing scholarship, integrating the best evidence into nursing practice</td>
<td>Scholarship for the Nursing Discipline</td>
</tr>
<tr>
<td>2. Cultivate a nursing identity demonstrating a commitment to inclusivity, social justice, accountability, perspective, and collaborative disposition.</td>
<td>Professionalism</td>
</tr>
<tr>
<td>3. Integrate theoretical and empirical knowledge derived from physical and behavioral sciences, humanities, and nursing science to inform clinical judgment as a basis for professional nursing practice.</td>
<td>Knowledge for Nursing Practice</td>
</tr>
<tr>
<td>4. Engage in deliberate and respectful collaborations with multidisciplinary care team members and partnerships to improve equitable health outcomes.</td>
<td>Interprofessional Partnerships</td>
</tr>
<tr>
<td>5. Demonstrate adaptability to change, commitment to self-reflection, personal well-being, leadership development, and advocacy for both patients and the nursing profession</td>
<td>Personal, Professional, and Leadership Development</td>
</tr>
<tr>
<td>6. Deliver person-centered care, acknowledging individual uniqueness, values, needs, and resources through advocacy, intentional presence, and individual empowerment, thus creating humanization of wellness and healing.</td>
<td>Person-Centered Care</td>
</tr>
<tr>
<td>7. Incorporate quality and safety principles into healthcare delivery to ensure effectiveness at the individual, interpersonal, and system levels through equitable, cost-effective, innovative, and evidence-based care</td>
<td>Population Health Quality and Safety</td>
</tr>
<tr>
<td>8. Use informatics processes and communication technologies to drive informed decision-making.</td>
<td>Informatics and Healthcare Technologies Systems-Based Practice</td>
</tr>
</tbody>
</table>
b) **Degree requirements:**

Prerequisites: Applicants must have an earned baccalaureate degree from an accredited educational institution and have successfully completed 4 prerequisite courses prior to matriculation. The four courses are:

- Human Anatomy and Physiology; minimum 6 credits
- Microbiology; minimum 3 credits
- Basic Statistics; 3 credits
- Human Growth and Development or Developmental Psychology; 3 credits

These are the same prerequisites for our ABSN program. We also benchmarked the prerequisites with other competitor Master’s entry programs and they are comparable.

Graduation from the Program requires the successful completion of a 4 semester, 63 post baccalaureate credit hours (19 courses) completed at the Duke School of Nursing. The courses are primarily in class, with some courses being offered online. Additionally, there are 729 clinical hours associated with the courses. Of the clinical hours, 30% are estimated to be completed in the simulation center at the School. The NC Board of Nursing allows up to 50% of the clinical hours to be completed via simulation. The simulation center allows the student to experience patient/family scenarios that may not be experienced in the clinical setting, thus gaining exposure and experiences to a wide variety of clinical situations across the age and wellness life span.

The majority of clinical practice experiences are within the Duke University Health System (DUHS) which includes Duke University Hospital, Duke Regional Hospital and Duke Raleigh Hospital. Other placements are at other health systems, hospitals and community-based sites in a four-county area. DUHS offers a range of student learning opportunities that span the care spectrum from a tertiary care facility to a community hospital. Other clinical sites for teaching-learning are selected based on course focus, objectives, content, opportunities for student learning, site availability, and accessibility of a particular patient population. Students have the opportunity to participate in multiple clinical practice environments, including acute care, critical care, primary care clinics, specialty areas, and community settings.
Clinical experiences for patient care activities are course specific. They include the fundamental elements, essential nursing practice, including critical thinking, assessment, communication, and the development of technical skills. Additional emphasis is placed on evidence-based nursing care and clinical decision-making in patient care planning, implementation, and outcome evaluation. Role development for students as providers of care, coordinators of care, and members of the profession is fostered through clinical experiences, didactic courses and academic advising sessions. For the proposed Program we anticipate using similar clinical sites and adding additional community-based site for patient encounter experiences.

Some of the clinical sites used are in the table below (Table 4). We expect that many of these sites will continue to be used in the proposed Program.

Table 4. Clinical sites used in the Pre-licensure

<table>
<thead>
<tr>
<th>Duke University Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke Raleigh Hospital</td>
</tr>
<tr>
<td>Duke Regional Hospital</td>
</tr>
<tr>
<td>Select clinics of the above hospitals</td>
</tr>
<tr>
<td>Wake Medical Center</td>
</tr>
<tr>
<td>Durham Veterans Hospital</td>
</tr>
<tr>
<td>Cone Health</td>
</tr>
<tr>
<td>Rex Hospitals</td>
</tr>
<tr>
<td>Durham Recovery Response Center</td>
</tr>
<tr>
<td>Durham Public Schools</td>
</tr>
<tr>
<td>Reality Ministries</td>
</tr>
<tr>
<td>Families Moving Forward</td>
</tr>
<tr>
<td>El Centro Hispano</td>
</tr>
<tr>
<td>Urban Ministries</td>
</tr>
<tr>
<td>Durham Housing Authority</td>
</tr>
<tr>
<td>Community Alternatives for Supportive Abodes</td>
</tr>
</tbody>
</table>
The proposed Program is a full-time in-residence degree granting program that will admit students in the fall and spring semester. We anticipate approximately 72 students per admission cycle for a total of approximately 144 students entering per year.

The Program requires approval from the NC Board of Nursing, the Collegiate Commission of Nursing Education and SACSCOCs following university approval.

c) Curriculum

The School of Nursing operates on a trimester system. Students are enrolled each semester for 4 semesters until graduation. We are proposing 12-week semesters for the MN degree with the course sequence designed such that each semester’s courses, after the first semester, build upon the knowledge and experiences gained in the previous semester(s). There are two electives in the Program which can be used for prerequisites for advanced study, micro-credentialing, or certificates. Examples include certificates in population care coordination and medical Spanish. A task force at the school is deciding on any micro-credentials that will be offered. The curriculum is fully congruent with the NC Board of Nursing requirements for pre-licensure education.

The proposed curriculum is in Table 5. Course descriptions are in Appendix A.

Table 5. Proposed Curriculum for the pre-licensure Master’s of Nursing Degree

<table>
<thead>
<tr>
<th>Semester 1 (Fall or Spring)</th>
<th>Credit Hours</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
<td>Credit Hours</td>
<td>Clinical Hours</td>
</tr>
<tr>
<td>N 5XX Evaluating Health, Wellness and Care Management</td>
<td>3</td>
<td>56</td>
</tr>
<tr>
<td>N 5XX Foundations of Professional Nursing</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>N 5XX Clinical Management 1: Common Health Alterations</td>
<td>5</td>
<td>112</td>
</tr>
<tr>
<td>N 5XX Pharmacotherapeutics for Nursing Practice</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>N 5XX Physiology and Pathophysiological Mechanisms</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>17</td>
<td>168</td>
</tr>
</tbody>
</table>
### Semester 2 (Spring or Summer)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 5XX Clinical Management2: Chronic Health Alterations</td>
<td>5</td>
<td>112</td>
</tr>
<tr>
<td>N 5XX Holistic Behavioral, Psychiatric and Mental Health Nursing Care</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>N 5XX Promoting Health within the Community to Achieve Health Equity</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>N580 Nurse as a Scholar</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>N 5XX Systems and Informatics</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>17</td>
<td>168</td>
</tr>
</tbody>
</table>

### Semester 3 (Summer or Fall)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>N5XX Fostering Health Equity in Care: Supporting Childbearing Families</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>N5XX Fostering Health Equity in Care: Pediatric Nursing Essentials</td>
<td>3</td>
<td>28</td>
</tr>
<tr>
<td>N5XX Clinical Management 3: Complex Health Alterations</td>
<td>5</td>
<td>112</td>
</tr>
<tr>
<td>N582 Population Health</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>NXXXX Elective</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>17</td>
<td>168</td>
</tr>
</tbody>
</table>

### Semester 4 (Fall or Spring)

<table>
<thead>
<tr>
<th>Course</th>
<th>Credit Hours</th>
<th>Clinical Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>N 5XX Transition to Professional Practice</td>
<td>5</td>
<td>224</td>
</tr>
<tr>
<td>N 5XX Gerontological Nursing: Caring for an aging population</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>N 5XX Personal, Professional and Leadership Development</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>N XXX Elective</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>13</td>
<td>224</td>
</tr>
</tbody>
</table>
d & e) Description of courses and bios of faculty for the Program

The descriptions of the courses and the bios of the faculty for the Program are in Appendix A (courses) and Appendix B (faculty). Faculty in the School of Nursing affiliate with one or more of the academic programs they teach in. Currently the pre-licensure program has 12 faculty affiliates; these faculty are educationally and experientially qualified to teach in the proposed program. As you will read in the brief faculty bios, our faculty who have been teaching in the prelicensure program will continue to do so and will be supplemented by other faculty. Tenure track faculty typically teach 9 credits a year and clinical track faculty teach 18 credits a year. DUSON has a teaching management system in which faculty submit their teaching preferences. The match rate for faculty with their preferred courses exceeds 90% each year. All faculty in the school are prepared at the doctoral level. The pre-licensure program will use preceptors in the clinical sites. Use of preceptors follows.

Pre-licensure Program use of Preceptors

Preceptors work with pre-licensure students in their final clinical course. All preceptors are academically and experientially qualified for their roles. For pre-licensure students, preceptors are hospital staff nurses that have volunteered or been selected by their manager to serve in a 1:1 precepting role for a student in their final immersive clinical rotation. The student is also supervised by an assigned clinical instructor who monitors a group of students in their preceptorships and makes routine site visits for each student. The clinical instructor, student and preceptor work in conjunction to help the student begin professional transition, developing the skills to take independent responsibility for a full patient load within the scope of a nursing student. We anticipate continuing this model in the proposed pre-licensure Program.

Preceptors are oriented to their role by the Clinical Instructor in their first triad meeting. Preceptors are provided clinical evaluation tools, experience expectations, and contact information. Preceptors are eligible and welcome to participate in educational/training opportunities such as the annual DUSON CI Intensive, and multiple preceptor education and training courses offered through the Duke University Health System Clinical Education and Professional Development department.
f) Distance learning opportunities

Two of the proposed courses will be offered online; electives may be online or on campus depending upon the electives selected. We offer these courses currently to our MSN post-licensure advanced practice nursing students, using our 25 years of teaching online experiences. Courses offered either on campus or online have superb support for faculty and staff from our staff of educational technologists which is described below:

The Educational Technology team, which is part of SON-IT, provides support and guidance to the course faculty to help ensure positive learning experiences for students in the blended, face-to-face, and online classroom. There are two roles within the Ed Tech team: Academic Technology Specialist (ATS) and Educational Technologist. ATS work collaboratively with faculty to prepare and maintain Sakai (learning management system) course sites, from initial set up and design through end of semester exams. They publish and update course materials, assist and troubleshoot exam and assignment issues, as well as providing basic training regarding technical best practices within the course.

The Educational Technologists support faculty in preparing and maintaining all course materials but also helps with instructional design and new course developments by developing custom course assets, including online interactives, graphics, and other media, and implementing various classroom technologies.

In addition, they provide educational guidance, share technical best practices, and facilitate academic course creation.

The various online, on-campus, and hybrid technologies supported by the Ed Tech team include: the learning and testing platforms (Canvas/ExamSoft); lecture capture and media streaming (Mediasite, Panapto, Zoom); polling and surveys (Slido, Qualtrics, Turning Technology clickers); and cloud file storage (Duke Box and One Drive).

SON-IT uses a ticketing system to record requests for assistance. Tickets are created for requests that are received via email or phone as well as self-service and walk up customers including students, staff and faculty. During the course of a year, they receive about 4100 requests. Recent metrics document a mean response of 4.7 satisfaction on a 1-5 scale with 5 being outstanding.
Global Learning Opportunities

The Office of Global and Community Health Initiatives (OGACHI) includes both a global and local/regional community health focus. Students in the ABSN, MSN, APRN Post-Graduate Certificate, and DNP programs are able to participate in global clinical immersion experiences (GCIE) as a part of their program of study.

In the current pre-licensure program, students may complete a global clinical experience as the clinical rotation associated with N397 Community and Public Health Nursing. Students (10 per site) are at the site, accompanied by a Clinical Instructor, for a total of two weeks between their second and third semester at one of our global sites. Activities typically include: community assessment, clinical observations, hands-on experiences in the local health care centers, health promotion teaching, home visits, environmental health visits with local health officers and cultural enrichment activities. Sites are based on availability and some are based on time of year as there are a few that are only available to our students during a specific semester. Sites include: Tanzania – Hope Co., Honduras, and Philippines (spring semester only). Rwanda and Tanzania – Kilema (summer semester). Barbados and Guatemala (Spring or summer). We typically have from 33-37 ABSN students that participate in the spring and up to 30 students in the summer. We anticipate continuing to offer this experience to interested students in the proposed Program.

g) Students participation in research

Students will have the opportunity to use their elective credits to participate in faculty members’ research. Prior to each semester the opportunities are requested from faculty and made available to interested students. Students register for a directed research opportunity (N574 Directed Research) with a specific faculty member.

h) Target Audience

The target audience for the Program are those individuals who have an interest in the nursing profession and have an earned undergraduate degree from an accredited institution and have successfully completed the prerequisite courses prior to matriculation as a pre-licensure student.
III. Relationship of new Program with other Duke Programs

a) Analysis of similar programs at other universities

An analysis of similar programs at other universities are depicted in Table 6.

Table 6. Programs at our competitor schools

<table>
<thead>
<tr>
<th>Institution</th>
<th>Pre-licensure Program</th>
<th>Credits</th>
<th>Clinical hours</th>
<th>Length of Program in Semesters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yale</td>
<td>MSN</td>
<td>45</td>
<td>481</td>
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<td>63</td>
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<td>Emory</td>
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<td>Penn</td>
<td>MPN- Master of Professional Nursing</td>
<td>21 units</td>
<td>588</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>(1 units = 4 semester hours)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNC</td>
<td>Considering MEPN (personal communication with dean)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duke</td>
<td>MN</td>
<td>64</td>
<td>728</td>
<td>4</td>
</tr>
</tbody>
</table>

b) Distinguishing features

The School currently offers a baccalaureate pre-licensure program (ABSN) that would be phased out once the new Program begins. Students would be offered the opportunity to transition to the master’s pre-licensure program or, if they prefer, to continue in the ABSN program. The ABSN would continue until the last student graduates. The transition matrices are being developed and will be used in helping current ABSN students make informed decisions about staying in the ABSN until graduation or transferring to the MN program.

The major changes to the program from the current pre-licensure program are:

- Health equity and social determinates has been incorporated into all courses
- Alignment with the Program outcomes with the 2021 AACN Essentials.
• Each course description contains competency statements in compliance with AACN Essentials

• A course focused on mental and behavioral health has been added

• Proposed three medical-surgical courses with a total of 336 clinical hours.

• Supports a robust simulation curriculum which is 30% of the clinical hours

• Created space for the development of specialty tracks

• Incorporated the option to complete the prerequisites to progress to a post-graduate certificate in an advanced practice nursing role (nurse practitioner, administrator, informaticist)

• Incorporated the option to complete the prerequisites to progress to a doctoral program; Doctor of Nursing Practice (DNP) or Doctor of Philosophy (PhD)

• Potential for a fifth semester post-graduation to earn a certificate (nurse educator, case management)

The School of Nursing offers a post-licensure master’s program (MSN) that prepares advanced practice nurses as nursing administrators, nurse educators, nurse informaticists, nurse practitioner (8 specialties). Note, some advanced practice nursing specialties (acute care nurse practitioner and nurse anesthesia) require 2 years of active practice as a registered nurse before application to the specialty nursing education program.

The proposed program was thoughtfully developed recognizing that Duke students are life-long learners and the prelicensure program for the majority of learner will not be their terminal degree. This the curriculum was intentionally built so that students could transition into advanced practice programs (eg.; nurse practitioner, nurse anesthetist, nurse administrator); those who decide to be advanced practice nurses can meet those requirements through a postgraduate certificate which the School has offered for over 20 years. The curriculum also supports, post-graduation, students entry into doctoral programs (eg.; Doctor of Nursing Practice, PhD). The school has offered these doctoral programs for over 15 years. Upon approval of the proposed program by the university and the NCBON; Duke would be the first MEPN program in the state.
The current Master of Science in Nursing program outcomes and descriptions refer to advanced practice nursing, thus the current post-licensure MSN program would not be congruent with pre-licensure education.

All MEPN programs are required to meet their respective state Board of Nursing requirements for eligibility to sit for the national certifying examination. Our proposed Program meets or exceeds all the requirements currently established by the North Carolina Board of Nursing (NCBON). The NCBON currently does not have the authority to approve MEPN programs but expects to begin this summer having that approval authority. All MEPN programs are required to meet their respective state Board of Nursing licensure requirements for eligibility to sit for the national certifying examination. Our proposed MPEN program meets or exceeds all the RN requirements currently established by the North Carolina Board of Nursing (NCBON). The NCBON has authority to approve Associate and bachelor (BSN) programs, but does not yet have the authority to approve MEPN programs. The Board as initiated the approval process with the legislature and expects to have full authority to approve master-entry RN programs during this legislative session. The process is currently at the health committee and is expected to receive endorsement, then will move for a final vote by the NC legislature to approve NCBON authority to approve MEPN programs. The Board requires that any MEPN program be approved by the university prior to their review and subsequent site visit, recommendations and approval. They are expecting the request to approve 3 NC masters-entry RN programs in the next year. NCBON members have expressed enthusiasm for our proposal and endorse completing a site visit to the school as soon as we submit application for approval to offer recommendations for our MPEN proposal. Since MEPN programs are new to the NCBON approval process, they have been thoughtful in preparing to review curriculum, visit our school and offer minor recommendations for changes in the curriculum.

The Board requires that any MEPN program be approved by the university before the NCBON will review and make recommendations. Because the MEPN programs are new to the NCBON, they may have minor recommendations for changes in the curriculum.

c) Reliance of proposed Program on other Duke Units

The curriculum, as proposed, is not dependent on other programs at Duke for electives.
d) **Anticipated consequences**

Positive consequences anticipated, based on experiences from other universities, are a steady pipeline of applicants to the programs. Based on our experiences with the current pre-licensure students, we anticipate successful program completion rates, successful passing of the licensure examination, with high employment rates post-graduation as registered nurses to address the healthcare needs of the population. In section IV b we discuss the data that gives us high confidence of the positive consequences/outcomes. An additional positive consequence is the preparation of the graduate for additional education as an advanced practice nurse or enrolling in doctoral education.

**IV. Market Research for the New Program**

a) **Evidence of demand**

In the 2021-2022 AACN Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing report it was noted that over 78,000 qualified applications for pre-licensure and post-licensure nursing programs could not be accommodated by U.S. nursing schools due to a lack of school resources, including space, availability of clinical sites, and faculty. Of the over 78,000 qualified applications, it is not known how many of those were from individuals who had an earned undergraduate degree seeking prelicensure education. Nevertheless, the demand for nursing education remains strong.

We surveyed alumni of our ABSN program and current students about the desirability of the MN vs the existing ABSN for their pre-licensure education. One hundred eleven responses were received; 63% were current ABSN students and 37% were graduates of our program. The responses found that 78% indicated a preference for the Master’s program over the existing ABSN. The demographics of the respondents were a close match with the demographics of the students and alumni.

b) **Opportunities post-graduation**

Prior to being employed the student has to graduate from our Program and pass the licensure examination. Our graduation rates for the ABSN pre-licensure program are shown in Table 7

<table>
<thead>
<tr>
<th>Program</th>
<th>EY 2017</th>
<th>EY 2018</th>
<th>EY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSN</td>
<td>100%</td>
<td>99%</td>
<td>99%</td>
</tr>
</tbody>
</table>
Following graduation, the graduate has to pass the nursing licensing examination (NCLEX-RN) before they can work as a registered nurse. Our licensure examination pass rates exceed the accrediting agency benchmark of 80% and exceed our internal benchmark of 90%. We expect similar graduation rates for the proposed Program. Licensure pass rates are shown in Table 8.

Table 8  NCLEX-RN First Time Pass Rates

<table>
<thead>
<tr>
<th>Program</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duke ABSN</td>
<td>98.6%</td>
<td>97%</td>
<td>94.4%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>84%</td>
<td>83%</td>
<td>78%</td>
</tr>
<tr>
<td>National</td>
<td>88%</td>
<td>87%</td>
<td>82%</td>
</tr>
</tbody>
</table>

We expect similar NCLEX-RN first time pass rates for the proposed Program; we will collect and report these data yearly.

Once the graduate has successfully passed the NCLEX-RN they are able to secure employment. Our employment rates exceed the accrediting agency benchmark (70%) and our internal benchmark (75%). The rates for AY 2020-2022 from our pre-licensure program are in Table 9 below. \( AY = Academic\ Year. \)

Table 9. Employment rates for ABSN Graduates within 12 months of graduation

<table>
<thead>
<tr>
<th>Program</th>
<th>AY 2020</th>
<th>AY 2021</th>
<th>AY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSN</td>
<td>95.7%</td>
<td>95.7%</td>
<td>93.5%</td>
</tr>
</tbody>
</table>

We expect similar employment rates for the proposed Program; we will collect and report these data yearly.

Available positions: when examining the Bureau of Labor Statistics’ Employment Projections 2021-2031, it is clear that the opportunities for employment as a registered nurse exist across the nation, with an expected growth of 6% over the next decade. There are currently 3.1 million nurses with the Bureau projecting 203,200 openings for RNs each year through 2031. This factors in nurse resignations and retirements. We expect there will continue to be a robust market for our graduates.
V Financial Projections

Please see Appendix C

VI Student Community

a) **Student diversity:**

The following resources are committed to ensure success of a diverse student body. First, DUSON has made a committed financial effort to offer scholarships to approximately 80% of the students accepted into the various nursing programs. This increase in the number of scholarships, with a specific emphasis to support minority students is one way to ensure diversity among students matriculating in the various program offered at DUSON. The scholarships will enable minority students who otherwise may not have been able to attend DUSON the opportunity to do so. These scholarships also reduce or minimize the need for students to work while in a vigorous program of study, thus allowing them a greater opportunity to focus on their coursework and to become successful graduates.

Additionally, workshops that addresses DEI, Conscious Inquiry and Racial Equity Training will ensure that faculty and staff are cognizant of the needs of minority students (whether related to race, ethnicity or ableism, etc.), to ensure their success. Finally, the office of DEIB, Diversity, Equity, Inclusion and Belonging, is currently undertaking a Belonging Survey of faculty, staff and students. The results of that survey will permit an opportunity to address self-identified needs that will enhance student experience at DUSON.

Nationally male registered nurses are 12-13% of the registered nurse nursing population over the past 4 years (AACN Fact sheet, 2023). This is mirrored by 12.8% of the student nurse pre-licensure population is male and likewise the DUSON pre-licensure students are 12% (Table 10.).

The proposed Program will recruit from the same population as the current pre-licensure ABSN program. Using the current pre-licensure students as a proxy for the proposed MEPN pre-licensure students, we believe that there will be similar student diversity in the new Program. Student diversity with respect to underrepresented minorities for the School as a whole and for the pre-licensure students is in Appendix F. You will note that the ABSN program has a larger percentage of underrepresented minorities (37%-44% over the last 3 semesters) than the School’s student population as a whole (31%-34%) for the same time period. The students in the ABSN program have greater gender diversity than the School as a whole as shown in Table 10.
Table 10. Gender diversity ABSN vs School Student population Spring 2024

<table>
<thead>
<tr>
<th>Gender</th>
<th>ABSN %</th>
<th>DUSON %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>85</td>
<td>88</td>
</tr>
<tr>
<td>Male</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Unreported</td>
<td>1</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>

b) **Student Support Services:** Student support services include assignment of a faculty member as the student’s advisor, student services and the Student Success Center (SSC).

i. **Student Services** includes work within the areas of registration, pre-enrollment advising, and compliance. These staff members are responsible for formal activities such as new student orientation and graduation. Students are encouraged to evaluate these activities, and suggestions for improvement are reviewed and incorporated into planning for future activities. Student academic progression is facilitated through support of registration processes, student status and academic advisor assignment, and graduation verification. Staff members have worked with the faculty to develop, implement, and revise policies and procedures to support student academic progression. Student Services staff members also participate on the University-wide Graduate and Professional Student Council (GPSC) Committee to ensure that the needs of DUSON students are represented.

ii. **Student Success Center (SSC)**: Services are provided to both on campus and distance-based students and include study skills, time management, writing assistance, triage and referral for mental health issues and coordination and fulfillment of accommodations for DUSON students. Two doctoral prepared faculty members (1 clinical psychologist and one PMHNP) make referrals to other campus-based services or services located in the geographic location of distance-based students.

During the first year of service, 166 students contacted the Student Success Center for 1:1 assistance and there were 100 requests for consultation. Consultation requests were primarily for study skills, test-taking strategies and stress management or combinations of those. In addition, there were requests for student accommodations. A further breakdown of Student Success Center data for the 2021-2022 academic year is in Table 11. below.
Table 11. Student Success Center First Time Student Interactions for Academic Year 2021-2022

<table>
<thead>
<tr>
<th>Interaction</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation Requests</td>
<td>100</td>
</tr>
<tr>
<td>• 30% for study skills and test-taking strategies</td>
<td></td>
</tr>
<tr>
<td>• 50% for study skills and/or test-taking strategies AND stress management</td>
<td></td>
</tr>
<tr>
<td>• 15% for stress management</td>
<td></td>
</tr>
<tr>
<td>• 5% or less for campus referrals</td>
<td></td>
</tr>
<tr>
<td>Non-Consultation Meetings</td>
<td>&gt;10</td>
</tr>
<tr>
<td>Duke Reach</td>
<td>8</td>
</tr>
<tr>
<td>New student accommodation requests</td>
<td>48</td>
</tr>
</tbody>
</table>

In addition to the services cited above, the Student Success Center offers workshops to students on a variety of topics. Examples of workshops offered from the Student Success Center in Fall 2022 are in Table 12 below.

Table 12. Fall 2022 Student Success Center Workshops

<table>
<thead>
<tr>
<th>Month</th>
<th>Program</th>
<th>Students Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>CAPS: Stress Management</td>
<td>20</td>
</tr>
<tr>
<td>September</td>
<td>Nutrition: What is self-care?</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>What is healthy eating?</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>Managing Imposter Syndrome</td>
<td>12</td>
</tr>
<tr>
<td>September</td>
<td>Academic Writing</td>
<td>6</td>
</tr>
<tr>
<td>September</td>
<td>APA Citations &amp; Formatting</td>
<td>52</td>
</tr>
<tr>
<td>September</td>
<td>Best Practices for Resume Writing</td>
<td>56</td>
</tr>
<tr>
<td>Month</td>
<td>Program</td>
<td>Students Registered</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>October</td>
<td>Budget Friendly Meal Planning for Busy Schedules</td>
<td>11</td>
</tr>
<tr>
<td>October</td>
<td>CAPS: Stress Management</td>
<td>5</td>
</tr>
<tr>
<td>October</td>
<td>Writing &amp; Publishing</td>
<td>18</td>
</tr>
<tr>
<td>October</td>
<td>Presentation Skills</td>
<td>15</td>
</tr>
</tbody>
</table>

The Student Success Center has 3 major foci:

1. **Learning Services**’ goal is to meet the unique needs of each student and help them enhance their academic skills, emotional well-being, and scholarly writing. By doing so, they empower students to excel both academically and personally and foster the growth of exceptional nursing professionals. They offer personalized services including learning consultations, peer tutoring, writing assistance, and support for students with accommodations. The goal is to meet the unique needs of each student and help them enhance their academic skills, emotional well-being, and scholarly writing.

2. **Career Services** meets nursing students where they are on their individual journey to empower them in building careers that fulfill the greater mission of advancing nursing. They achieve this mission by providing:
   - Personalized Career Coaching
   - Resume and Cover Letter Critique
   - Personal Statement and CV Assistance
   - Interview Preparation
   - Job and Internship Strategies
   - Networking Opportunities

3. **Stress First Aid**- The overarching aim of Stress First Aid (SFA) is to identify and mitigate the negative impacts of stress before they impair health and well-being. Stress First Aid is a peer support training designed to provide participants with a tool kit on how to perform a timely safety assessment and response when they suspect a co-worker or peer needs support. SFA trains peers to recognize and communicate about suspected psychological injuries with individuals with the goals of preserving lives, preventing further harm, and promoting recovery. The SFA model is
based on five evidence-informed factors that help people recover from stress and adversity. These include the need for safety, calm, connection, sense of competence or self-efficacy, and hope.

c) **International students**

DUSON current pre-licensure program admits international students. Over the past 3 years there have been 7 international students in the program. We anticipate that this small number of international students will continue with the proposed pre-licensure program. The international students use the services of CAPS at a rate that is similar to the US students; thus, we anticipate no additional demand from CAPS. Many of our international students have requested ESL support. The only university services in place for this is an assessment facilitated by English for International Students in the Graduate School. The assessment identifies the student’s specific language barriers and the best types of support to offer.

d) **Career development services**

Services available to students for career planning is discussed above in section VI b.2

e) Existing DUSON student clubs and their faculty advisors are in Appendix G.

**VII. Program Evaluation**

Duke University School of Nursing (DUSON) has a well-developed academic evaluation system that includes the assessment of program outcomes, courses, faculty outcomes, and other areas in the School that contribute to providing quality education for students across multiple program levels. Program evaluation is guided by the Academic Evaluation Plan, which is based on the May 2018 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs of the Commission on Collegiate Nurse Education (CCNE). The proposed MEPN Program will be incorporated into the academic evaluation plan. The DUSON proposed program faculty and staff will be fully compliant with a third-year review of the program including history and evaluation metrics. We present some of the data from the prelicensure program below as examples of the metrics we collect and analyze. The proposed program will follow our academic plan as noted above.
The Director of the Office of Academic Assessment and Evaluation (OAEE) is responsible for leading the design, implementation, and evaluation of the School’s systematic academic evaluation plan. The evaluation plan specifies the data needed to assess programs, aggregate faculty, and other outcomes, and to use data to foster ongoing program improvement. The methodology, the frequency of the evaluation (timelines for data collection, review of data, and analysis); who is responsible for and involved in the process, and the benchmarks, among other areas are available from OAEE; course and faculty evaluation schema is in Appendix E. Data are collected by DUSON’s Office of Institutional Research; by the Director OAEE, who analyzes and reports the data for use in the School and externally; and by the Academic Affairs Evaluation Manager, who leads the course and teacher evaluation processes, including distributing the evaluations, reporting, and ensuring SON-specific requirements for course, teacher, clinical instructor, and clinical site evaluations.

The evaluation plan is reviewed on an ongoing basis by the OAAE Advisory Board, which includes the Vice Dean of Academic Affairs (VDAA); faculty and student members; and representation from the Assistant Deans of Academic Programs. The plan also is reviewed by the Faculty Governance Association and in the Evaluation Retreat held annually.

**Program Effectiveness:** DUSON has identified three outcomes to demonstrate program effectiveness as indicated in the Academic Evaluation Plan: (1) students’ ratings of their preparation to achieve the program outcomes (with an expected level of 3.5 or higher out of 5 for all program outcomes); (2) students’ ratings of the overall quality of their academic program (with an expected level of 3.5 or higher out of 5); and (3) student evaluations of courses (with an expected level of a mean of ≥3 out of 4 on the DUSON course evaluation form). Data are collected on students’ ratings of their preparation to achieve the program outcomes and the overall quality of their academic program using the Exit and Alumni Surveys. On the Exit Survey, students rate the quality of their academic program in multiple areas, the quality of their experiences, the extent to which they experienced a positive learning environment, their preparation to achieve the program outcomes, and other items (e.g., advising, resources). The Alumni Survey collects information in these same areas as well as data on employment, work experiences, certifications or licenses, and plans for graduate study. Starting Fall 2023, program outcomes and students’ ratings of the overall quality of their academic program were rated on a 4.0 scale, with a benchmark set at 3.0.
The evaluation for the proposed Program will be congruent with the current plan as described.

Prior to 2019, DUSON collected program outcomes data using instruments from Skyfactor Benchworks™. In 2019, Exit Surveys for each of the academic programs and a DUSON Alumni Survey were redesigned based on input from faculty, administrators, staff, and students. The OAAE Advisory Board met multiple times to develop and revise these surveys. Exit Surveys are administered to students at program completion (at graduation). The Alumni Survey is distributed to graduates of the program annually.

**Preparation to Achieve Program Outcomes and Quality of Academic Program**

As shown in Table 13, the current pre-licensure program met the expected level of achievement for preparing students to meet the program outcomes and for the quality of the academic program.

Table 13. Student Evaluation of Preparation to Meet Course Objectives and Overall Program Quality

<table>
<thead>
<tr>
<th>Program</th>
<th>AY 2019-2020</th>
<th>AY 2020-2021</th>
<th>AY 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prepared to Achieve Outcomes</td>
<td>Overall Program Quality</td>
<td>Prepared to Achieve Outcomes</td>
</tr>
<tr>
<td>ABSN (ES)</td>
<td>4.2</td>
<td>4.3</td>
<td>4.2</td>
</tr>
<tr>
<td>ABSN (AS)</td>
<td>4.3</td>
<td>4.3</td>
<td>4.4</td>
</tr>
</tbody>
</table>

*scale 1-5 with 5 indicating highest satisfaction
* benchmark 3.5 or higher
ES- exit survey
AS- alumni survey

As stated above, the earlier, the third outcome used to determine program effectiveness are the students’ evaluation of courses. During Academic Years 2019-2020 through 2021-2022, the means for the evaluation of courses in the pre-licensure program was well above the expected level of 3.0 for all course formats, and for all semesters as shown in Table 14 below.
Table 14. Student Evaluation of Courses (Program Outcome)

<table>
<thead>
<tr>
<th>Program</th>
<th>AY 2019-2020</th>
<th>AY 2020-2021</th>
<th>AY 2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSN</td>
<td>3.51</td>
<td>3.53</td>
<td>3.46</td>
</tr>
</tbody>
</table>

- Scale 1-4 with 4 indicating highest satisfaction
- Benchmark 3.0 or above

As part of the exit survey students are asked to comment on an aspect of their program that they enjoyed most and changes they would recommend. These open-ended comments are categorized into themes and the frequency at which such themes recur are calculated. This report is submitted to the evaluation lead who then reviews the survey reports, highlighting areas needing attention and shares the data with the Vice Dean and Assistant Deans. By the end of Academic year, an annual summary report incorporating the comments for each program is shared with the Assistant Deans and elected Program Chairs. Semi-annually a summary report incorporating the comments for each program is shared with the Assistant Deans and elected Program Chairs. The ABSN Program Committee reviews its data each semester.

Students were asked to rate the quality of the resources provided by DUSON and Duke University on the exit surveys using a 1-5 scale with 5 being completely satisfied. The School benchmark is 3.5. For all students in all categories their assessment was above benchmark as shown in Tables 15 below.

Table 15. ABSN Students’ Assessment of Satisfaction with Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Resources</td>
<td></td>
<td></td>
<td>4.6</td>
</tr>
<tr>
<td>Academic Support (DUSON)</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Academic Support (Duke)</td>
<td>4.0</td>
<td>4.1</td>
<td>3.7</td>
</tr>
</tbody>
</table>

**Evaluation of Curriculum Against Professional Standards**

Integral to the curriculum of the School is the evaluation of the curriculum against professional nursing standards. Figure 1 on the following page depicts the evaluation cycle used by faculty who teach in the Program.
Evaluation of Courses

Close to the end of each semester the students are asked to complete an evaluation of the courses they are taking and a separate evaluation of the faculty teaching the courses. These data are analyzed and reviewed by the faculty teaching the course who prepare a report to their respective program committee indicating changes made to the course that semester and add their own evaluation of the course and then commenting on the students’ evaluation of the course. The evaluation of the course is then reviewed and discussed by the program committee. If the
benchmark is not achieved (3.0 on a 4-point scale), the program makes recommendations which may include helping the faculty member with effective teaching strategies or working with the faculty member on the course content. At DUSON, from 2019 through 2022, the means for the evaluation of courses in all programs and the School overall, for all course formats, and for all semesters were well above the expected level of 3.0. Specifically, for the pre-licensure courses the mean was 3.51. The faculty course evaluations are reviewed by the respective division chair and discussed with the faculty member. The data for the School as a whole indicates effective teaching with a school wide mean of 3.7 on a 4-point scale, with 3.0 the established benchmark. For the faculty who teach the pre-licensure students, the mean score was 3.67 again indicating effective teachers.

**Evaluation of Preceptors**

The evaluation of preceptors occurs informally throughout the semester, by the student and by the clinical instructor and/or faculty member making site visits. More formally, clinical preceptors are evaluated by students and faculty each semester using a standardized evaluation tool. Course clinical instructors and faculty also review student preceptor-evaluations as part of process improvement. Any preceptor evaluations that are below 3.0 (4.0-point scale) are reported to the program-specific assistant dean and clinical placement coordinator. Any clinical preceptors below a 3.0 standard typically meets with the assistant dean via phone call, virtually or in-person site visit. Any clinical preceptor that receives a student evaluation of 2 or lower, reports of unprofessional behaviors, uncivil communication or unsafe practice is not retained as a preceptor by DUSON. We will continue to use this evaluation process for the proposed Program.

As shown in Table 16 below, students’ responses on end of program evaluations demonstrate the program’s success at providing opportunities to interact with individuals with diverse life experiences, perspectives, and backgrounds. These opportunities extend from didactic guest speakers to a variety of clinical opportunities. Clinical experiences span a variety of community-based organizations and clinics that care for patients across the lifespan and from different backgrounds such as those living in poverty, elderly in public housing, families with housing insecurity, and immigrants and refugees. **We expect to include the same type of experiences in the proposed Program.**
Table 16. Opportunities for Diverse Learning Experiences – ABSN Student Responses

<table>
<thead>
<tr>
<th></th>
<th>2019-20</th>
<th>2020-21</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>During my program, there were opportunities to interact with individuals with diverse life experiences, perspectives, and backgrounds. Scale 1-5 with 5 being “completely satisfied”.</td>
<td>4.3</td>
<td>4.2</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Evaluation of Clinical Experiences

The ABSN faculty are responsible for evaluating planned clinical practice experiences. As part of the end-of-semester course review, faculty review student feedback provided regarding clinical sites associated with their courses. Clinical sites with a student evaluation mean score < 3 are evaluated in depth by course faculty. After receipt of the summary reports of aggregated evaluation data, the course faculty complete a summary report, entitled the “Faculty Evaluation of Course”. This report details problem areas, areas of strength, new teaching innovations, suggested changes for the next course iteration, and an overall statement regarding the course coordinator’s satisfaction with students’ achievement of the course objectives. The Faculty Evaluation of Course reports and the course and student evaluations are reviewed by the respective elected academic program committees to ensure that the curriculum consistently reflects the School’s mission, goals, and program expected outcomes. The Program Committees discuss potential or recommended course changes. Records of the discussions of each semester’s review are summarized in records each elected academic program committee. Major curricular changes are discussed and voted on in accordance with current policy. The evaluation process enables faculty to strive for continuous quality improvement of the curriculum within all Programs.

Following the program evaluation process, the chair of each elected program committee provides a summary report to the Faculty Governance Association Executive Committee (FGA-EC) that includes the overall composite data (number of courses evaluated, response rate, and results) and recommendations for planned quality improvement. If the student evaluation for the course is below the benchmark of 3.0 (on a 4.0 scale), the program Assistant Dean collaborates with course faculty and with the faculty member’s division chair to develop a plan for improvement. The next time the course is taught it is again evaluated to assess and document the improvement in evaluation data.
Course coordinators review the student evaluations of clinical sites, preceptors and instructors in order to measure progress towards attainment of learning objectives and, ultimately, the expected outcomes. The course faculty and Clinical Placements Office or program personnel working with clinical sites determine if a particular site continues to meet learning and clinical practice objectives and if faculty should continue to request the site. Modifications are made by each course coordinator based on feedback received regarding the clinical sites from all stakeholders.

Another important component of curriculum evaluation are the monthly FGA and FGA Executive Committee meetings and annual faculty retreat. Utilizing information gathered in the course evaluation summaries and information reported by the Program Committees, time is spent focusing on the need for revision of teaching and learning practices. This discourse examines specific content within the courses and the role of each course in the curriculum. Faculty members discuss proposed changes as they relate to the overall achievement of the School’s outcomes.

To further augment the annual course and instructor review process and to assure consistency across all academic programs, the School instituted an annual Academic Affairs evaluation retreat in AY 2022. This retreat is attended by the Vice Dean Academic Affairs (VDAA), Program Assistant Deans, Elected Program Chairs, Directors of the Institute for Educational Excellence, Academic Assessment and Evaluation, Center for Nursing Discovery and Academic Support Operations and provides a concentrated period of time for key leaders in Academic Affairs to focus on the results and trends of evaluations from the previous twelve months.

VIII Risk Assessment

a) Enrollment – we believe the risk of not achieving enrollment targets is low. Peer nursing schools that have transition to the MEPN have experienced growth over their enrollment targets. As one of the top nursing schools in the nation, proceed competitively against our peers, we will achieve enrollment objectives. The short-term risk involves prospective students who would otherwise apply for the final cohort of the ABSN Program delaying application in favor of the more attractive MEPN. We are mitigating this risk through a thoroughly planned communications plan, coupled with ABSN students enrolled after the
MEPN is launched being able to seamlessly “convert” to the MEPN.

b) Implementation factors- the School has existing resources- space, faculty, staff and experience with launching new programs to implement the Program.

c) Reputational Factors – the MEPN is perceived as a more modern entry to practice degree and will serve to enhance the School’s reputation.

d) Fiscal Factors – per the financial plan, the MEPN will generate a substantially positive fiscal margin. In the unlikely event we do not achieve enrollment targets, the School will reduce expenses and access strategic quasi-endowments or reserves in order to mitigate the negative fiscal result.

IX Letters of Support

• Interim Dean Relf’s letter of support is in Appendix E
• Dr. Iris Padilla, Chair of the Faculty Governance Association, has a letter of support in Appendix E
Appendix A. Course Descriptions

NXXX Evaluating Health, Wellness, and Care Management
3 credits
This course introduces the learner to essential health assessments by emphasizing interviewing skills, comprehensive health histories, and examining physical and psychosocial findings, specifically focusing on integrating health equity and social determinants. Upon completing the course, learners will demonstrate competency in conducting effective interviews, constructing comprehensive health histories, and performing focused assessments to address various clinical situations while incorporating considerations for health equity and social determinants of health.

NXXX Foundations of Professional Nursing
3 credits
This course explores nursing as an ethical discipline shaped by historical, societal, systemic, and economic factors. Learners will begin to form a nursing identity grounded in inclusivity, social justice, advocacy, compassionate care, ethics, and professional accountability. Upon completion of this course, learners will demonstrate commitment to self-reflection, personal well-being, leadership development, and the practice of self-care.

NXXX Clinical Management 1: Common Health Alternations
5 credits
This integrated clinical and theory course introduces fundamental nursing concepts and common health conditions across diverse populations. Learners will develop competencies in clinical reasoning, therapeutic communication, and the nursing process to deliver competent, evidence-based, safe, and holistic care. Upon completion, learners will demonstrate proficiency in providing fundamental, evidence-based, and equitable care in various clinical settings, including simulation.

NXXX Pharmacotherapeutics for Nursing Practice
3 credits
This course builds a strong foundation on pharmacotherapeutic agents used across the lifespan for health promotion, health maintenance, and the treatment of illnesses. Pharmacokinetic and pharmacodynamic concepts are learned across broad categories of drugs. Nursing care
associated with drug therapy is integrated. Upon completion of this course, learners will have the knowledge and skills to prepare, administer, and monitor therapeutic agents safely and effectively.

**NXXX Physiology and Pathophysiological Mechanisms**

3 credits

Using a conceptual approach, this course provides a foundation of normal physiology with a focus on homeostasis. Learners will examine the impact of pathophysiological mechanisms (inflammation, immunity, infection, cellular Injury, genetics, and proliferation) and determinants of health on disease states' development. Upon completion of this course, Learners will be able to apply the underlying pathophysiological mechanisms of any pathological disease or condition across the lifespan.

**NXXX Clinical Management 2: Chronic Health Alterations**

5 credits

This course integrates clinical practice and theory to address chronic health conditions across diverse populations at all life stages, emphasizing key conditions such as diabetes, cardiovascular disease, chronic obstructive pulmonary disease, stroke, and cancer. Upon completing this course, learners will demonstrate beginning proficiency in providing foundational, evidence-based, and equitable care across various clinical settings, including simulation, in diverse healthcare environments.

**NXXX Holistic Behavioral, Psychiatric, And Mental Health Nursing Care**

3 credits

This course will equip learners to deliver safe, equitable, culturally appropriate, evidence-based psychiatric and mental health nursing care. Key topics are the nurse-client relationship, pharmacological management, mental health disorders, and promoting mental wellness for diverse populations in various settings. Upon completing this course, the learner will apply the principles of the nurse-client relationship to deliver person-centered nursing care that supports improved patient outcomes. The learner will provide pharmacological care, intervene in mental health crises, use strategies for the health and well-being of patients, and demonstrate therapeutic communication.
NXXX Promoting Health within the Community to Achieve Health Equity

3 credits
Learners will explore population-based approaches to promote, protect, maintain, and restore health within the community. Learners will use systematic processes to understand the challenges and strengths of the community framed by the contributors of health. Using a lens of health equity, the selection and implementation of evidence-based interventions to maximize community well-being will be discussed.

N580 Nurse as Scholar I

3 credits
NUR 580 This first of a two-semester course lays the foundation needed for nurses in advanced roles to engage in the process of scholarly inquiry which includes research, evidenced-based practice and quality improvement. Learners are introduced to the concept of a science of nursing and how it develops. They then study research methods, the application and interpretation of statistical methodologies used in health care and nursing research, and the use of evidence and measurement to guide practice.

NXXX Systems and Informatics

3 credits
Concepts of systems based ethical practice, system effectiveness, financial aspects of health care and costs, and information and communication technologies will be introduced. Upon completion of this course, learners will demonstrate knowledge of systems-based practice, systemic inequities, and resultant health care outcomes. Learners will explain financial and payment models of health care inclusive of processes that contribute to health disparities. Learners will also identify how information and communication technology tools are used in indirect and direct care roles as they develop capacity for leadership and advocacy for quality and safe care.
NXXX Fostering Health Equity in Care: Supporting Childbearing Families
3 credits
This course explores the holistic management of pregnancies, covering both typical and complex cases, including care during labor, neonatal care, and support for early parenthood. Emphasizing reproductive justice, social determinants of health, and family well-being, learners will achieve proficiency in delivering evidence-based and equitable reproductive health care. Upon completing the course, learners will be able to provide basic, evidence-based, and equitable care in diverse reproductive health scenarios.

NXXX Fostering Health Equity in Care: Pediatric Nursing Essentials
3 credits
This course equips learners with skills to provide basic family-centered nursing care for infants, children, and adolescents with acute and chronic health issues. Upon completion, learners will demonstrate the delivery of evidence-based and equitable care that prioritizes equity and meets the diverse needs of pediatric patients and their families.

NXXX Clinical Management 3: Complex Health Alterations
3 credits
In this integrated clinical and theory course, Learners will develop the skills to design and deliver comprehensive, evidence-based nursing care for individuals facing complex health issues throughout the lifespan and across diverse care environments. Learners will actively collaborate with interdisciplinary care teams to strategize, implement, and assess care plans for individuals with complex health conditions in acute care settings. Upon completing the course, learners will exhibit proficiency in providing essential, evidence-based, and equitable care across a spectrum of clinical settings, including simulation experiences.

N582 Population Health
3 credits
NURS 582 This course addresses how evidence-driven decision-making serves to improve the health outcomes of populations and reduce inequities between population groups. The focus is on examining population-level interventions that reflect an understanding of epidemiology, health
policy, and social determinants of health using an ethical framework. Learners are challenged to address selected population health issues.

NXXX Transition to Professional Practice
3 credits
In this course, Learners combine theoretical knowledge and clinical skills needed for the transition into professional nursing practice. In the weekly seminar, Learners explore diverse clinical and professional nursing subjects, analyzing and reflecting on experiences from the clinical practicum. Upon completing this course, the learner will demonstrate professional nursing practice at the novice level, integrate evidence, apply clinical judgment, consider interprofessional perspectives, and honor patient preferences in providing person-centered care.

NXXX Gerontological Nursing: Caring for An Aging Population
2 credits
This course is designed to help Learners gain specialized knowledge to meet the needs of an aging population. Upon completion of this course, Learners will apply evidence-based geriatric nursing protocols in settings across the continuum to meet the physical and emotional needs unique to older adults experiencing acute and chronic health conditions.

NXXX Personal, Professional, and Leadership Development
3 credits
Concepts of lifelong learning and ongoing self-reflection as nurse leaders who adapt to change, and advocate for patients, health policy changes, and the nursing profession will be introduced. Learners will participate in leadership development with a commitment to personal and professional growth that advances health equity, and the nursing profession. Upon completion of this course, learners will demonstrate leadership behaviors of resilience and adaptability to change with a commitment to life-long learning, personal health, and well-being. Learners will demonstrate proficiency in professional maturity and leadership styles that advocate for equitable nursing care and health policy.
Appendix B. Faculty for the Proposed Program

Donna Biederman
Clinical Professor in the School of Nursing
Donna Biederman, DrPH, MN, RN, CPH, FAAN received her MN degree from the University of Washington, Tacoma and her DrPH from the University of North Carolina at Greensboro. Her expertise and scholarly focus include health disparities, social determinants of health, and housing policy with a special interest in transitional care for people experiencing homelessness. Her clinical experience includes 17 years in Emergency Department nursing and management and case management for homeless persons. Dr. Biederman is the Director of the DUSON Community Health Improvement. She has 12 years teaching experience; her teaching interests are in Community and Public Health Nursing.

Jill Mary Brennan-Cook
Associate Clinical Professor in the School of Nursing
Dr. Jill Brennan-Cook is an Associate Professor in the ABSN She has more than 30 years of nursing experience including acute, critical care, and emergency department experience. Before working at DUSON, Dr. Brennan-Cook has 25 years experience in pre-licensure education. She has expertise in nursing education and gerontology. Current clinical and research interests include improving care for vulnerable populations such as frail older adults and patients with sickle cell disease. She has a particular focus area in the classroom of mentoring students and cultivating equity in the classroom and clinical setting. Her teaching areas of expertise are gerontology nursing, the professional nursing course and content related to sickle cell disease.
Allen Cadavero
Assistant Clinical Professor in the School of Nursing

Dr. Allen Cadavero has over 20 years of teaching experience. He received his PhD from Villanova University College of Nursing. His teaching expertise is in transition to nursing practice, nursing education, common chronic, and complex health alteration in the adult population. He has special expertise in critical care.

Irene Crabtree Felsman
Assistant Clinical Professor in the School of Nursing

Dr. Felsman earned her Doctor of Nursing Practice from Duquesne University. She has 12 years teaching at the university level. Her special interests are in refugee and immigrant health; psycho-social/mental health; community engaged research; community health workers promoting access to health care; global health expertise in global and community/public health. Her scholarship focuses on the development of culturally aligned interventions to improve health for families in diverse populations in local and global settings. She has lived and worked in Asia, Africa, Latin America, the Caribbean, and in the US in various roles, which include direct clinical care, program design, implementation and evaluation, and training/education. Her clinical background includes maternal-child health, pediatrics, and community mental health. Her scholarly emphasis is on psycho-social health with a focus on acculturation stress, resilience, and drivers of health for refugee and Latinx immigrant populations in the US, including disparities in health care access and health literacy. She is proficient in Spanish. Courses she is interested in teaching are Population Health, Evaluating Health, Wellness, and Care Management and Foundations of Professional Nursing.
**Stephanie Gedzyk-Nieman**  
Assistant Clinical Professor in the School of Nursing  
Interim Assistant Dean, Pre-Licensure Nursing Program  

Dr. Stephanie Gedzyk-Nieman is an Assistant Clinical Professor with a DNP degree from Lewis University. She also holds specialty certification in Maternal-Newborn Nursing and a Diversity, Equity, and Inclusion in Healthcare Ally designation from The Ohio State University. She currently is the interim Assistant Dean of the pre-licensure ABSN program. She has 19 years of experience teaching. She is a certified Cultural Intelligence (CQ) and Unconscious Bias Facilitator. Her scholarship and research interests include diversity, equity, and inclusion in nursing education, the nursing profession, and patient care. Her teaching interests are in care of the child-bearing family.

**Ann Michelle Hartman**  
Assistant Clinical Professor in the School of Nursing  

Dr. Ann "Michelle" Hartman MSN at Virginia Commonwealth University. She worked as a pediatric nurse practitioner at level 2 NICU in Georgia and as a Clinical Nurse Specialist at a multidisciplinary children’s hospital in Virginia. Her doctorate is from Case Western University. Inspired by the opportunity to practice in Haiti during her graduate education, Dr. Hartman facilitated opportunities for students to serve the health care needs of the medically underserved both in the Roanoke Valley and in Honduras. Dr. Hartman’s research has focused on the effects of cultural immersion experiences on baccalaureate healthcare students. She was the Assistant Dean for the prelicensure program until fall 2023. Her teaching interests are in community health and global health but has expertise in teaching in the areas of Evaluating Health, Wellness, and Care Management; Foundations of Professional Nursing; Pharmacotherapeutics for Nursing Practice; Physiology and Pathophysiological Mechanisms; Promoting Health within the Community to Achieve Health Equity; Nurse as Scholar I; Fostering Health Equity in Care: Pediatric Nursing Essentials; Population Health; Transition to Professional Practice, Personal, Professional, and Leadership Development.
Amie Koch  
Associate Clinical Professor in the School of Nursing  
Dr Koch received her Doctor of Nursing Practice degree from East Carolina University. She has 6 years of teaching experience. Her scholarship focus is child and family health, particularly those who are marginalized. Her expertise is in communication, including difficult conversations, shared decision making/goals of care for both pediatric and adults and providing pediatric and adult community-based palliative care and hospice. Much of my scholarship is my research on structurally marginalized populations, most specifically how to promote health in LGBTQ populations. Course content she teaches includes Fostering Health Equity in Care: Pediatric Nursing Essentials, Nurse as Scholar, Foundations of Professional Nursing, Promoting Health within the Community to Achieve Health Equity; Population Health and Transition to Professional Practice.

Christina Leonard  
Assistant Clinical Professor in the School of Nursing  
Assistant Director, Duke IPEC  
Christina Leonard, APRN, DNP, FNP-C, CNL is a family nurse practitioner and assistant professor who teaches in the Accelerated Bachelors in Nursing (ABSN) program. She received her BA in English and Psychology and then returned as an ABSN student to attain a bachelor’s degree in Nursing from George Mason University. She later received her MSN in Nursing Education from George Mason University. Christina’s passion for providing direct patient care led her to return for her Post-Master’s Family Nurse Practitioner certificate in 2012 from the University of North Carolina at Chapel Hill. She later became certified as Clinical Nurse Leader. She completed her DNP at East Carolina University in 2018. Throughout her career, Christina has worked on several initiatives to advance interprofessional collaboration and learning. Christina has practiced since 2012 as a Nurse Practitioner in inpatient cardiology at Wake Med Health and Hospitals. Her teaching and research interests include cardiology, adult
Lisa Lewis  
Associate Clinical Professor in the School of Nursing  

Lisa S. Lewis, EdD, MSN, RN, CNE received her EdD from North Carolina State University. Dr. Lewis spent the first 20 years of her career as a bedside nurse in neuroscience and emergency departments. She has over 16 years teaching experience, and currently teaches in adult medical-surgical clinical areas for the ABSN program, and in the MSN in nursing education program. Her scholarly interest areas are educational research, prelicensure nursing student success, diversity in nursing education, supporting diverse student populations in nursing education. She is prepared to teach any of the clinical management courses, the transition to practice course, and selected electives.

Jacquelyn McMillian-Bohler  
Assistant Clinical Professor in the School of Nursing  

Dr. McMillian-Bohler (Jacqui) PhD, CMN, CNE is an Assistant Professor and the Director for Educational Excellence at Duke University School of Nursing (DUSON). She is passionate about learning and helping faculty achieve a master teacher practice. Her scholarship stems from her master teacher model. She has published and presented on topics related to faculty development, teaching & learning strategies, issues in women’s health, and supporting an
inclusive learning environment. Jacqui joined the DUSON Faculty in 2017 and teaches Health Promotion and Perinatal Nursing in the pre-licensure and master’s degree programs. Jacqui received a BSN from the University of North Carolina at Greensboro, an MSN in Nurse-Midwifery from Vanderbilt University, and a Ph.D. in Nursing Education from Villanova University. She has received numerous awards for excellence in teaching, most recently the 2021 Duke University Outstanding Teaching Faculty at the School of Nursing. Jacqui has developed and led workshops on addressing microaggressions in the classroom and the clinical and classroom settings. She has recently co-developed a culturally concordant doula training program to address birth inequities and support Black families in labor. Jacqui is also part of the American Association of Colleges of Nursing coaching team who are assisting nursing programs to implement competency-based education.

Nicole Blodgett
Assistant Clinical Professor in the School of Nursing

Nikki Blodgett, PhD, RN, CHSE, is the Director of the Center for Nursing Discovery (CND) and an Assistant Professor at the Duke University School of Nursing. As the CND Director, she works with faculty to incorporate standards of best practices in simulation into their courses, helps to design, implement and evaluate student learning in a safe environment. Dr. Blodgett earned her Baccalaureate of Science in Nursing from Marycrest International University (BSN, 2000), her Master of Science in Nursing from The University of Iowa College of Nursing with a focus on Occupational & Environmental Health (MSN, 2003), and Doctor of Philosophy in Nursing from The University of Iowa College of Nursing with a focus on Adult & Gerontological Nursing (PhD, 2014). She is an International Nursing Association for Clinical Simulation and Learning Research Fellow (IN-ACSL, 2018-2019). Dr. Blodgett and colleagues developed the Simulation Workload Model that provided key conceptual underpinnings of workload determinants for faculty engaged in simulation-based teaching methods. She has published in peer-reviewed journals, presented at national and international conferences, and received awards recognizing the significance and high quality of her work.

Dr. Blodgett is a member of the Sigma Theta Tau International Honor Society of Nursing, Society for Simulation in Healthcare (SSH), and serves on the INACSL’s Nominations and Election Committee.
Sharron "Shari" Rushton
Associate Clinical Professor in the School of Nursing

Sharron "Shari" Rushton, DNP, MS, RN, CCM, CNE joined the Duke University School of Nursing (DUSON) faculty in 2011. She earned her Master of Biomedical Science in Physiology from the Mayo Graduate School, and both a Master of Science in Nursing and Doctor of Nursing Practice from DUSON. She has clinical experience as a staff nurse and nurse manager. Additionally, she has practiced in a broad range of clinical settings including the areas of cardiology, critical care float staff and transplant. Her care coordination experience includes discharge planning and utilization review as well as rehab admissions. She teaches population health and evidence-based practice.

Sophia Kustas Smith
Associate Professor in the School of Nursing

Dr. Sophia Smith is an Associate Professor with Tenure at the Duke School of Nursing and earned her PhD and MSW degrees at UNC-Chapel Hill School of Social Work. Her research explores ways to improve the quality of cancer care including post-treatment survivorship and palliative care with a primary focus on leveraging technology in delivering behavioral health interventions to the community. She is leading efforts to integrate clinical cancer care and research in building the scientific evidence that informs evidence-based practice through her current and past membership on the National Comprehensive Cancer Network (NCCN) Survivorship Guidelines Panel and American Society of Clinical Oncology (ASCO) Survivorship Committee. Dr. Smith’s research has been funded by the National Institutes of Health, the American Cancer Society, NCCN, and Pfizer Grants for Independent Learning and Change. For the proposed program she has expertise and experience teaching Nurse as a Scholar.
Michelle Webb
Assistant Clinical Professor in the School of Nursing

Dr. Webb earned an MSN from The George Washington University (Nursing Leadership and Management) and a DNP from the University of Minnesota. She has diverse nursing practice and leadership experience and has held executive leadership positions in behavioral/psychiatric-mental health, home health, acute care, and hospice care. She has 4 years teaching experience. She currently serves as the President of the Hospice and Palliative Nurses’ Association Board of Directors. She is a certified hospice and palliative care administrator and serves as a faculty member for the CORE End of Life Nursing Education Consortium (ELNEC) Train-the-Trainer Course sponsored by the Hospice and Palliative Nurses’ Association. She is also a Teaching for Equity Fellow and a Certified Cultural Intelligence Facilitator. Her scholarly and research interests include: the application of the cultural intelligence framework to advance diversity, equity, inclusion, and belonging, and build community, end-of-life nursing education for undergraduate students, graduate students and practicing professionals, innovation in healthcare delivery systems, and interprofessional education and practice. Dr. Webb continues to practice as a consultant for Teleios Collaborative Network and as a consultant for Four Seasons, a hospice, palliative care, and home care provider in western North Carolina. Her teaching interest include leadership, palliative care and hospice, and chronic illnesses.
Appendix C Financial Projections

**Five Year Business Plan**

The School of Nursing historically manages and plans finances of the school to ensure consistent, annual operating surpluses. Each of our tuition generating academic programs produces a positive fiscal margin that is substantial enough to subsidize the costs of the PhD Program and our research mission.

The five-year fiscal plan for the Master’s Direct-entry Program is built off our experience in managing the finances of the ABSN Program that it will replace. The plan utilizes the FY2025 ABSN Program budget and modifies it to reflect inflation of existing expenses, an increase in projected enrollments, an increase in total credits and a decrease in the number of clinical hours required to graduate, and advertising, recruiting and accreditation costs that will be higher than the existing program as it launches.

Not reflected in the plan are the costs to be incurred in FY2025 for faculty curriculum and course development and pre-launch advertising costs estimated to be $250,000. Also, not included are the administrative, overhead, and allocated costs from the school and university.
### REVENUE

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### EXPENSES

**Personnel**

- Assistant Dean for Program: $40,800
- Program Staff: $106,936
- Admissions Staff: $55,211
- Student Success Center Staff: $21,969
- Program Faculty and Staff: $224,916
- Faculty (Reg Rank): $1,985,830
- Clinical Instructors: $2,061,737

Total Salaries: $4,272,484

- Fringe Benefits: $1,153,571

Total Personnel: **$5,426,054**

**Advertising**

- $200,000

**Supplies**

- $44,119

**Faculty and Admin Disc ($3K/faculty)**

- $49,000

**Recruiting Travel/Conferences**

- $10,000

**Accreditation Costs (estimate)**

- $50,000

**Additional Program Costs**

- $100,000

**Student Testing Package**

- $200,510

Total Operating Expenses: **$653,629**

**Total Expenses**

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New Model MEP Surplus: **$2,397,042**

1. Program Faculty and Staff include the salaries for the Program Assistant Dean, three program staff support as well as 1.25 admissions staff and .5 student success center staff.

2. Reflects the direct costs of the program and does not include the administrative, overhead and allocated costs from the school and university.
Financial Aid and Scholarship Summary

Direct-entry Master’s students are eligible for federal loan funding at the graduate level. A completed FAFSA is required. A Master’s student can receive up to $20,500 per academic year in a Direct Unsubsidized Loan, with a lifetime aggregate limit of $138,500 in Federal Direct Unsubsidized and Subsidized Loan. A Master’s student can also borrow from a Federal Direct Graduate PLUS loan toward any other educational expenses (tuition, fees, books, and living expenses) not covered by other loans, scholarships, or tuition benefits.

Need-based Scholarships
Direct-entry Master’s students are also eligible for School of Nursing need-based scholarship funding. In addition to completing the FAFSA, students must complete the College Board’s CSS Profile and submit federal tax returns by posted deadlines, prior to being admitted into the program.

The School of Nursing has committed to increasing need-based scholarship funding to students in the ABSN Program starting fall, 2024, resulting in total need-based scholarship awards more than doubling from the current annual expenditure of $1.5 million to over $3.0 million. This commitment will carry forward into the Master’s Direct-entry Program. We plan to award full tuition, 60% tuition and 20% tuition scholarships allocated as follows:

Planned Distribution of Need-based Scholarship Awards

Additional Scholarship Opportunities
Direct-entry Master’s students may be eligible for military or veteran’s education benefits, including Yellow Ribbon funding. Master’s degree slots will be increased to ensure Yellow
Ribbon funding of $5,000 per academic year will be provided for these students, with the additional $5,000 per year match from the VA.

Estimated Yellow Ribbon budget for Direct-entry Master’s students: 10, $5,000 scholarships = $50,000 per academic year.

**Instructional Costs**

The student to regular rank faculty course ratio is expected to be 24:1. This is consistent with class size expectations across the School of Nursing. We anticipate having 13 full time regular rank faculty to teach most of the didactic courses in the first year and 19 full time regular rank faculty starting in the second year as enrollment shifts from the ABSN to the Master’s Direct-entry Program. Teaching assignment and workload methodologies will align with those in place for the existing ABSN Program.

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<td>NXXX Holistic Behavioral, Psychiatric and Mental Health Nursing Care</td>
<td>3</td>
<td>28</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
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<tr>
<td>NXXX Promoting Health within the Community to Achieve Health Equity</td>
<td>3</td>
<td>28</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
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<tr>
<td>N581 Nurse as a Scholar</td>
<td>3</td>
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<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>Nxxx Systems and Informatics</td>
<td>3</td>
<td>0</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>17</td>
<td>168</td>
<td></td>
<td>15</td>
<td>$504,400</td>
<td></td>
</tr>
<tr>
<td>Course</td>
<td>Credit Hours</td>
<td>Clinical Hours</td>
<td>Type of Faculty</td>
<td>Number of Faculty per Semester per Cohort</td>
<td>Average Cost per Semester per Cohort</td>
<td>Students to Regular Rank Faculty Ratio</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------</td>
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<td>-------------------------------------------</td>
<td>-------------------------------------</td>
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</tr>
<tr>
<td>NXXX Fostering Health Equity in Care: supporting Childbearing Families</td>
<td>3</td>
<td>28</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>NXXX Fostering Health Equity in Care: Pediatric Nursing Essentials</td>
<td>3</td>
<td>28</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>NXXX Clinical Management 3: Complex Health Alterations</td>
<td>5</td>
<td>112</td>
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<td>$148,353</td>
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<td>N582 Population Health</td>
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<td>24</td>
</tr>
<tr>
<td>NXXX Elective</td>
<td>3</td>
<td>0</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>17</td>
<td>168</td>
<td></td>
<td>15</td>
<td>$504,400</td>
<td></td>
</tr>
<tr>
<td>Course</td>
<td>Credit Hours</td>
<td>Clinical Hours</td>
<td>Type of Faculty</td>
<td>Number of Faculty per Semester per Cohort</td>
<td>Average Cost per Semester per Cohort</td>
<td>Students to Regular Rank Faculty Ratio</td>
</tr>
<tr>
<td>---------------------------------------------</td>
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<td>------------------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>NXXX Transition to Professional Practice</td>
<td>5</td>
<td>224</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$148,353</td>
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<tr>
<td>NXXX Gerontological Nursing: Caring for an aging population</td>
<td>2</td>
<td>0</td>
<td>Regular Rank faculty</td>
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<td>$59,341</td>
<td>24</td>
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<tr>
<td>NXXX Personal, Professional and Leadership Development</td>
<td>3</td>
<td>0</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>NXXX Elective</td>
<td>3</td>
<td>0</td>
<td>Regular Rank faculty</td>
<td>3</td>
<td>$89,012</td>
<td>24</td>
</tr>
<tr>
<td>Semester Totals</td>
<td>13</td>
<td>224</td>
<td>Regular Rank faculty</td>
<td>12</td>
<td>$385,717</td>
<td></td>
</tr>
</tbody>
</table>

Note: In addition to the cost of regular rank faculty teaching, certain clinical courses utilize non-regular rank faculty and instructors to supervise students during their clinical rotations. This cost is indicated as “Clinical Instructor Cost” in the five-year financial projection. Student to clinical instructor ratios and cost vary by course and the clinical site-specific requirements but are well within requirements established by the North Carolina Board of Nursing that regulates student to instructor ratios.

**Reliance upon Infrastructure**

The School of Nursing’s current infrastructure such as classroom space, office space, admissions, career services center, educational technology team and information technology has capacity to accommodate the addition of the new program. The Master’s Direct-entry Program will utilize the same space previously utilized by the ABSN Program. The following is a summary of selected classroom and student support spaces within the School of Nursing:

**Pearson Building**
- 105,000 gross square feet over four floors
- 174 faculty and staff offices and workstations
- One 150-seat auditorium
- One 86-seat tiered classroom
- One 96-seat mobile “pod” classroom (each pod holds six chairs)
• One 30-seat mobile “pod” classroom (each pod holds six chairs)
• Two 40-seat flat classrooms
• Twelve meeting/conference rooms on all floors. These rooms range from 6-seat rooms to 28-seat rooms.
• Three student study rooms on the first floor
• One study/reading room, which will hold 30 students.
• DUSON Café and Atrium (seats 75)
• MicroMarket with fresh items as well as snacks, coffee, and beverages for purchase and a lounge area with ice machine, refrigerators, and microwaves as well as the Champagne Courtyard (seats 56) with benches and tables with umbrellas available for student use.
• The Center for Nursing Discovery: two physical assessment labs, which total 20 exam tables, two 6-bed simulator skills labs Rooms, one maternity bed in Room, two operating rooms, one Task Trainer in Room, two simulation rooms, and one multi-purpose classroom.
• Dedicated lactation room. The room is equipped with a refrigerator and storage for conveniences.
• Multiple restrooms on each floor, including two gender neutral restroom/shower areas.

Interprofessional Education Building (IPE)
• 105,000 gross square feet, five floors with connecting bridges on floors 2 – 4. Duke School of Nursing has dedicated space on Floors 2-4 with 56,886 gross square feet.
• 114 offices/workstations for 146 individuals
• One 96-seat active learning space with partitions to divide the room into sections.
• One standardized patient suite includes seven exam rooms with debrief rooms attached, a queue area, patient actors waiting area, conference room.
• Eight meeting/conference rooms on floors 3-4. These rooms range from 6-seat rooms to 24-seat rooms.
• Ten testing accommodation/research coding rooms equipped with recording and virtual proctoring technology.
• Two computer treadmill rooms with three treadmills for students, faculty, and staff to utilize.
• Two kitchenettes.
• Multiple restrooms on each floor, including two gender neutral restroom/shower areas.

Recruitment Plan

Our approach to admissions and marketing efforts for the Masters Entry to Practice Program (MEPN) will start by identifying audience metrics and characteristics (e.g., locations, ages, and behaviors) via research and historical knowledge to target potential applicants and students who will be the next generation of nursing leaders across the industry. This process will build on our knowledge of the existing engaged population of ABSN/MSN students & alumni to support recruitment and become brand ambassadors for the school. To reach our MEPN recruitment goals and for maximum audience impact, in partnership with an outside marketing agency, RNL, the following methods will be utilized to target prospects: digital lead generation, email communications flow or ‘drip’ campaign underpinned by our full scope of supportive tactics including our Slate (our client resource management system) social media strategy, search engine optimization, conference sponsorships, recruiting fairs, and webinars.
A summary of our approach is included below:

1) **Paid Search & Digital Ads**
   As part of our effort to bring this new product to market, we in partnership with RNL, will leverage a digital lead generation campaign which will include retargeting efforts and ads via Google search and display, META (Facebook and Instagram), and LinkedIn.

The current annual digital advertising budget of $100,000 from the existing ABSN marketing campaign will transition and be revised to support the MEPN in digital lead generation. Additionally, the budget for the MEPN campaign will be doubled to $200,000 to support the program launch, create awareness, and meet enrollment goals.

We will work closely with RNL to evaluate and adjust geo marketing parameters based on performance conversions of existing recruitment measures including but not limited to monthly reporting of ad performance and conversion to applicant tracking.

Currently, the ABSN program is the top performing digital lead generation campaign within the School of Nursing. This campaign is estimated to produce 7,300 conversions, or leads, annually between September ’23 – August ’24. With the doubled advertising budget, we anticipate that the results of the ABSN campaign will double with the launch of the MEPN campaign.

2) **Prospect Messaging & Engagement**
   Utilizing our CRM, we expect to incorporate a robust and interactive email messaging strategy for the MEPN student recruitment journey (from expressing interest to enrollment), which incorporates dynamic call to action items. Nearing the end of the journey, a go/admit/yield campaign will be leveraged with a calling and texting function that measures response and engagement and aims to guide prospects into enrollment. With current ABSN prospect number of 850~ annually we project this number to nearly triple with the marketing and recruitment efforts listed in this document for the MEPN program.

   We will also engage prospective applicants via virtual structured webinar information sessions and participant driven drop-in sessions. A bi-annual “student life” panel aimed at presenting “a day in the life” of current students will give prospects an opportunity to see themselves as a potential student. To ensure we are including diverse representation, we will seek to include current students & alumni from diverse backgrounds including students who are parents, military/veterans, and other outside influences that make our community Duke.

3) **Social Media Strategy**
   The current social media strategy for ABSN recruitment will transition into the MEPN strategy and consists of targeted, paid ads (mentioned above) and organic social media content to drive awareness. The content created is derived from students, faculty, marketing, and our in-house social media expert. Content strategy will aim to inform, engage, and promote the MEPN program through a consistent mix of posts above, with a call to action and supporting website links to drive traffic such as, “Apply Now,” “Request Info,” or a direct visit to the program web page.
4) **Website Modifications and Search Engine Optimization**

One of the most important tools in our MEPN recruitment strategy is the DUSON website. Currently, in partnership with an outside vendor, SciAni, the DUSON website is undergoing a full refresh to increase web traffic (including ABSN prospects), reflect our new brand guidelines, and provide an enhanced user experience. The MEPN program will have a dedicated URL and the page will contain features to optimize search engine marketing. These features include, but are not limited to, a keyword strategy, informative and relevant content, strategic content placement, and many other optimization techniques. Upon rollout of the upgraded website, we expect our current ABSN traffic and overall conversions to double in numbers, ultimately impacting our marketing for the MEPN program.

5) **Conference Attendance and Advertising**

The MEPN and ABSN application pool will still come from post-BS/BA students at various stages of their professional career. Participation in conferences and local science, pre-health career services fairs will take priority not just locally, but nationally. With a current budget of $75,000 annually, targeted advertising and sponsorship efforts will accompany admission recruitment efforts. Continued relationship building with schools that do not have a nursing program will also be a priority.

As a continued tenant of the school’s commitment to Diversity, Equity, Inclusion and Belonging (DEIB) our admissions review process will include a holistic approach to applicant review. The process will include input from the office of DEIB to ensure the lens of Health Equity and Social Justice is applied to recruitment of MEPN students. Brand awareness including access to and qualifiers for scholarships are expected to resonate with the prospect pool. Understanding the discrepancy that highly qualified applicants may face due to social and health equity access, financial support for prospective students that may self-deselect due to the price point will be a keystone in addressing health equity and social justice as related to admissions.
Appendix D Learning Assessment Plan

Student receives course and faculty evaluations
~1 mo prior to the end of the course
• Spring: March (closes April)
• Summer: July (closes August)
• Fall: October (closes November)

Course and faculty evaluations open for faculty review:
• Spring: May
• Summer: August
• Fall: December

Faculty complete a course evaluation, based on their experience and student feedback (process is course specific); reviews are submitted to the program.

Elected Program Committee members review the student’s and faculty’s course evaluation and note if any follow up is needed.*

Elected Program Chair summarizes the student and faculty course evaluation data and presents at FGA-EC.

Changes and follow up from previous semesters are documented and tracked on the form presented to FGA-EC.

*If course mean is less than 3.0 (benchmark), or changes are recommended, a follow-up plan will be discussed with the Elected Program Committee. The Program Assistant Dean, Program Chair, Division Chair, or designee will follow up with the faculty member(s) form discussion. If needed, the Director of IEE, or other departments as appropriate, will be consulted to work with the faculty.
Office of Academic Assessment & Evaluation (OAAE) Guidelines

**Purpose:** The purpose of this document is to provide a high-level overview of the activities of the Office of Academic Assessment & Evaluation, including a timeline for when various surveys open and close.

**Evaluation Annual Timeline**

The Office of Academic Assessment and Evaluation routinely conducts alumni and exit surveys as well as course and teacher evaluations for the School of Nursing for the purpose of continuous improvement. The schedule is determined by the academic calendar each year but generally is as below.

Key: Course and teacher evaluations; Exit surveys; Alumni surveys; other surveys

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
</table>
| August    | **Summer** course and teacher evaluations close  
            **Summer** course and teacher evaluation results for faculty open                                                                 |
| September | **Summer** exit surveys close: MSN, DNP, NAP  
            Alumni surveys for ABSN, MSN, DNP, NAP, PhD programs for previous academic year open  
            Employer survey for NAP opens                                                                 |
| October   | **Fall** course and teacher evaluations open  
            **Summer** exit survey reports shared: MSN, DNP, NAP  
            Alumni surveys for all programs close                                                                 |
| November  | **Fall** course and teacher evaluations close  
            **Fall** exit surveys open: ABSN, MSN, DNP (1 month prior to date finals end)  
            Alumni survey reports for all programs shared  
            Employer survey for NAP closes and report is shared to NAP faculty  
            Annual Academic Assessment & Evaluation Retreat  
            OAAE Advisory Board Meeting (annually and ad hoc) |
| December  | **Fall** course and teacher evaluation results for faculty open                                                                 |
| January   | **Fall** exit surveys close: ABSN, MSN, DNP  
            **Fall** exit survey reports shared: ABSN, MSN, DNP                                                                 |
| February  | **Spring** course and teacher evaluations open                                                                                         |
| March     | **Spring** course and teacher evaluations close  
            **Spring** exit surveys open: ABSN, MSN, DNP (1 month prior to date finals end)                                                     |
| April     | **Spring** course and teacher evaluation results for faculty open                                                                        |
| May       | **Spring** course and teacher evaluations open                                                                                           |
| June      | **Spring** exit surveys close: ABSN, MSN, DNP  
            PhD exit interview report shared for previous academic year                                                                              |
| July      | **Summer** course and teacher evaluations open  
            **Spring** exit survey reports shared: ABSN, MSN, DNP  
            **Summer** exit surveys open: MSN, DNP, NAP (1 month prior to date finals end)                                                            |
Various timeframes | Course and teacher evaluations for global trips during intercession (2-3x/year) – opens ~2 weeks prior to the end of the trip; closes ~2 week after the trip
--- | ---
 | Course and teacher evaluations for spring, summer, fall early and late short courses - opens ~2 weeks prior to the end of the course; closes ~2 week after the course
Ad Hoc | PhD exit interviews conducted after students successfully defend their dissertation
 | DUSON Faculty and Staff Resource Survey sent

### Course and Faculty Evaluation Reports

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
</table>
| August | Summer course and teacher evaluations close
        | Summer course and teacher evaluation results for faculty open |
| October | Fall course and teacher evaluations open |
| November | Fall course and teacher evaluations close |
| December | Fall course and teacher evaluation results for faculty open |
| March | Spring course and teacher evaluations open |
| April | Spring course and teacher evaluations close |
| May | Spring course and teacher evaluation results for faculty open |
| July | Summer course and teacher evaluations open |
| Various timeframes | Course and teacher evaluations for global trips during intercession (2-3x/year) – opens ~2 weeks prior to the end of the trip; closes ~2 week after the trip
 | Course and teacher evaluations for spring, summer, fall early and late short courses - opens ~2 weeks prior to the end of the course; closes ~2 week after the course |

1. **Purpose:** Each semester, students are asked to complete course and faculty evaluations to provide thoughtful, constructive feedback about what worked well and what could have been changed to strengthen the course. Based on feedback provided in the evaluations, faculty are able to make improvements to their course.

2. **Background:** Evaluation questions were reviewed and revised by DUSON faculty in 2016, led by Dr. Marilyn Oermann. The new questions went live Fall 2017.

3. **Responsible person(s):** Course and Faculty evaluations are managed by the Manager of Academic Affairs Evaluation (i.e., Ann Brookhart)

4. A third party vendor is used (Anthology Course Evaluations)

5. Course and faculty evaluations are to be treated as confidential with the least number of individuals viewing reports as possible
   a. Historical course and faculty evaluation data are archived/held by the third party vendor
   b. Historical overview data is on the shared drive >> Limited Access >> EvaluationsOffice-Info-for Faculty folder (only accessible by permission)

6. The Manager of Academic Affairs Evaluation provides an overview to all faculty, including average scores for each program and DUSON as a school

7. **Process after evaluations close:**
   a. **Timeline**
i. Evaluations close on the official last day of class for the program and
before release of final exams per the DUSON academic calendar.
ii. The faculty deadline to submit grades is set by the Duke Office of
University Registrar.
iii. Evaluation results are released to faculty after all grades have been
submitted to the Duke Registrar. Confirmation that all grades have been
posted is obtained from the SON Director for Student Services (e.g., Bebe
Mills)

b. Course Evaluations
   i. Faculty are required to review course evaluations and complete a Faculty
      Course Evaluation form each semester (form/process is program-specific)
   ii. Faculty Course Evaluations are reviewed by each program’s Executive
      Committee (e.g., DNP-EC). If needed, faculty will receive follow-up from
      the program’s Assistant Dean and/or IEE Director (i.e., if a course mean
      was lower than 3.0)

c. Faculty Evaluations
   i. Faculty evaluations are reviewed each semester by the respective division
      chairs and a decision of satisfactory or unsatisfactory progress is sent to
      the dean.
   ii. Follow-up is provided if needed (i.e., if a faculty mean was lower than
       3.0)

Exit Survey Reports

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td><strong>Summer</strong> exit surveys close: MSN, DNP, NAP</td>
</tr>
<tr>
<td>October</td>
<td><strong>Summer</strong> exit survey reports shared: MSN, DNP, NAP</td>
</tr>
<tr>
<td>November</td>
<td><strong>Fall</strong> exit surveys open: ABSN, MSN, DNP (1 month prior to date finals end)</td>
</tr>
</tbody>
</table>
| January   | **Fall** exit surveys close: ABSN, MSN, DNP
            **Fall** exit survey reports shared: ABSN, MSN, DNP |
| April     | **Spring** exit surveys open: ABSN, MSN, DNP
            **Spring** exit surveys open: ABSN, MSN, DNP (1 month prior to date finals end) |
| June      | **Spring** exit surveys open: ABSN, MSN, DNP
            PhD exit interview report shared for previous academic year |
| July      | **Spring** exit survey reports shared: ABSN, MSN, DNP
            **Summer** exit surveys open: MSN, DNP (1 month prior to date finals end) |
| Ad Hoc    | PhD exit interviews conducted after students successfully defend their dissertation |

1. **Purpose:** Approximately one month prior to each semester in which students are
graduating, students are sent a survey to provide feedback regarding their entire
program/time at DUSON. This information is used for accreditation purposes and
continuous quality improvement to improve DUSON programs.
   a. ABSN, MSN, DNP, and NAP students are sent electronic exit surveys via
      Qualtrics
b. PhD students participate in exit *interviews* facilitated by the Director of OAAE (i.e., Staci Reynolds); they receive electronic exit surveys from the Duke Graduate School that are available via a Tableau report. To get access to this report, contact Courtnea Rainey (Assistant Dean for Assessment and Evaluation for The Graduate School at Duke) or Joel Salgado

2. **Responsible person(s):** Exit surveys are managed by the Director of OAAE (i.e., Staci Reynolds) and a Special Projects Analyst (i.e., Stefanie Conrad)

3. **Process:** Academic program assistant deans are contacted about a month prior to the end of each semester with a request to review/approve the exit survey and message that is sent on their behalf via Qualtrics to their program’s graduating students.
   a. Program assistant deans are asked to urge their faculty to alert graduating students to (1) keep an eye out for the exit survey email and to (2) reinforce how vital their feedback is to DUSON’s continuous program improvement efforts.
   b. First, an invitation is sent to students via email from the VDAA, and then follow-up reminders are sent from the assistant deans every 3 or 4 days, up until one month after graduation, to students who have yet to complete the survey.
   c. Exit surveys open one month before the date of “final exams end” and close one month after this date (e.g., if “Final exams end” December 10, the survey would open November 10 and close January 10)

4. **Results:** Results from the exit surveys are compiled into a report by the Director of OAAE and provided to program assistant deans and elected program chairs.
   a. Qualitative results are reviewed and themes identified by a Special Projects Analyst (i.e., Stefanie Conrad)
   b. Data are shared during program meetings; changes made based on the results are documented in program meeting minutes

5. **Miscellaneous Notes:** For accreditation purposes, “employment information” is retrieved from exit surveys rather than alumni surveys as we have a much higher response rate for exit surveys (~65% vs. 15%).

6. In Qualtrics, the Exit surveys were developed as SEPARATE surveys. In the exit survey, there are several questions that are program-specific, so there is a separate survey for each program (ABSN, MSN, DNP).

### Alumni Survey Reports

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Alumni surveys for ABSN, MSN, DNP, NAP, PhD programs for previous AY open</td>
</tr>
<tr>
<td>October</td>
<td>Alumni surveys for all programs close</td>
</tr>
<tr>
<td>November</td>
<td>Alumni survey reports for all programs shared</td>
</tr>
</tbody>
</table>

1. **Purpose:** On an annual basis, students who graduated the previous academic year are sent an electronic survey to evaluate how their program has prepared them (data used for
accreditation) and their current employment. Employment data are very valuable for various grants (i.e., HRSA requests information on the number of alumni that work in underserved areas).

a. *Alumni surveys are not anonymous and are linked to individual students.

b. Alumni surveys are sent out each September to students graduating in the previous year (i.e., September 2024 alumni survey sent to students graduating in December 2022, May 2023, and September 2023).

2. **Responsible person(s):** Exit surveys are managed by the Director of OAAE (i.e., Staci Reynolds) and a Special Projects Analyst (i.e., Stefanie Conrad)

3. **Process:**

a. OAAE will request a list of graduates, their contact information, and necessary demographic data from IR (i.e., Chloe Haymin)

b. OAAE will send this list to Alumni Affairs to ensure there are no “do not contact” graduates listed

c. Graduates will be sent a short Qualtrics survey via SMS text messaging; if no cell phone number is provided, surveys will be sent via their personal email address listed.

d. Graduates who complete the survey will have the option of being entered into a raffle to win a prize (they will be redirected to a separate Qualtrics survey link embedded within the Alumni Survey to provide their contact information)

i. Currently, a raffle is only done for alumni surveys (not exit surveys) as response rates for alumni surveys are low and this is a way to encourage participation. Exit survey response rates are higher (~65%); as such, we do not offer a raffle for exit surveys.

4. **Results:** Results from the alumni surveys are compiled into a report by the Director of OAAE (i.e., Staci Reynolds) and provided to program assistant deans and elected program chairs.

a. Data are shared during program meetings; changes made based on the results are documented in program meeting minutes

5. **Miscellaneous Notes:** In Qualtrics, the Alumni survey was developed as ONE survey, with branching logic depending on which program the person graduated from. The alumni survey is much shorter than the exit survey; the only difference between the 3 alumni surveys (ABSN, MSN, DNP) are the program outcomes. In the exit survey, there are several questions that are program-specific, so there is a separate survey for each program (ABSN, MSN, DNP).

**Employer Survey for CRNA Graduates**

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September</td>
<td>Employer survey for NAP opens</td>
</tr>
<tr>
<td>November</td>
<td>Employer survey for NAP closes</td>
</tr>
</tbody>
</table>

1. **Purpose:** Per the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a terminal evaluation must be completed to (1) demonstrate student achievement of Graduate Standards D1-D51 and (2) allow employers the opportunity to evaluate the performance of recent graduates.
2. **Responsible Person(s):** CRNA Program Coordinator (i.e., Kim Porter) with support of the NAP assistant dean and Director for the OAAE (i.e., Staci Reynolds)

3. **Process:** Electronic surveys are sent via Qualtrics to employers and include 51 Likert-scale options (based on COA standards)
   a. Employers are identified via exit surveys, as well as informally by students notifying faculty
   b. On the exit survey, graduates are directed to a separate Qualtrics link to provide their employer’s name, name of manager/supervisor, and supervisor’s email address and phone number

4. **Results:** Results from the employer survey are shared with the NAP faculty.
   a. Data are shared during NAP faculty meetings; changes made based on the results are documented in meeting minutes.

**Faculty Orientation to OAAE**

1. During new faculty orientation, the Director of OAAE (or designee) provides an overview to faculty as scheduled by the Director of Faculty Affairs (e.g., Crystal Arthur)

2. PowerPoint Presentation can be found in the Shared Drive >> SED >> DUSON Evaluation >> OAAE Mission Advisory Bd Reports folder
Appendix E. Letters of Support

Interim Dean Michael Relf

Dr Iris Padilla, Chair, Faculty Governance Association
26 Feb 2024
Alec D. Gallimore, PhD
Provost and Chief Academic Officer
Duke University
Durham, NC

Dear Provost Gallimore,

It is with great pleasure that enthusiastically provide this letter of support, without reservation, for the new MEPN in the School of Nursing.

Over the last year, the faculty of the Duke University School of Nursing have undertaken a thoughtful and inclusive process to evaluate the sunsetting of the Accelerated Bachelor of Science in nursing (ABSN) program and transitioning to a master’s entry pre-licensure program (MEPN).

To clearly delineate between pre-licensure and specialty nursing practice at the master’s level, the faculty enthusiastically endorsed a curriculum that leads to the Master of Nursing (MN) degree. This new degree will be clearly distinct from the current Master of Science in Nursing (MSN) degree which prepares advanced practice nurses (nurse practitioners), nurse informaticists, nurse educators, and nursing and health leaders.

As you will read in this proposal, the pre-licensure education programs in the US targeting students entering with an earned undergraduate or higher degree in another discipline are transitioning from awarding a second baccalaureate to awarding a master’s degree. The proposed graduate curriculum meets the new requirements for competency-based education as stipulated by the American Association of Colleges of Nursing and fully meets the North Carolina Board of Nursing requirements for pre-licensure education. The graduates of this program will be eligible to register and complete the National Council Licensure Examination (NCLEX) to become a Registered Nurse (RN).

The curriculum was intentionally designed to allow graduates, post-graduation, to continue their educational journey to advance practice nurses and to meet the admission requirements for our Doctor of Nursing Practice program and our PhD program.

Earlier today, the regular-rank faculty, through the Faculty Governance Association, voted overwhelmingly in the affirmative (96%) to move forward with the master’s entry to professional nursing program by awarding the MN upon program completion. A letter from the Chair of Faculty Governance Association follows in this appendix.

This proposal has my full support; the resources at the school to support the development of the program are more than sufficient; the budget demonstrates strong positive impact. Please contact the Vice Dean for Academic Affairs, Dr. Anne Derouin, or me if you have any questions about the content of the proposal.

Sincerely,

Michael V. Relf, PhD, RN, AACRN, CNE, ANEF, FAAN
Interim Dean
Professor of Nursing and Global Health
Associate Director, Social & Behavioral Sciences Core, Center for AIDS Research
26 Feb 2024

Michael V. Relf, PhD, RN, AACRN, CNE, ANEF, FAAN
Interim Dean
Professor of Nursing and Global Health
Associate Director, Social & Behavioral Sciences Core, Center for AIDS Research

Dean Relf:

Today in the Faculty Governance Association (FGA) meeting, the faculty of the School of Nursing voted in favor of the pre-licensure Master of Nursing (MN) degree as outlined in the proposal provided to all faculty early February 2024. The new degree was discussed at the FGA retreat in January 2024 and discussed and voted on February’s FGA meeting. The vote was 94% in favor of the proposal with 72 faculty, which was well above quorum, submitting a vote.

The faculty look forward to further developing the course syllabi as the proposal goes through the university approval process. Thank you for your continuing support as we develop academic programs that are responsive to the health care needs of our current and future nation’s population.

Respectfully submitted,

[Signature]

Blanca Iris Padilla, PhD, MBA, MSN, APRN, FNP-BC, FAANP
Associate Professor
FGA Chair
Duke University School of Nursing
Appendix F Diversity of pre-licensure students vs all nursing students at DUSON

Enrollment in all Programs by Underrepresented Minority (URM) in Higher Education
Race/Ethnicity Only

<table>
<thead>
<tr>
<th>Academic Term</th>
<th>Total</th>
<th>Non-Resident</th>
<th>Underrepresented</th>
<th>Not Underrepresented</th>
<th>Not Indicated or Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPRING 2023</td>
<td>33%</td>
<td>2%</td>
<td>63%</td>
<td>3%</td>
<td>1%</td>
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<tr>
<td>FALL 2023</td>
<td>34%</td>
<td>3%</td>
<td>62%</td>
<td>1%</td>
<td>2%</td>
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<tr>
<td>SPRING 2024</td>
<td>37%</td>
<td>2%</td>
<td>59%</td>
<td>0%</td>
<td>2%</td>
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<tr>
<th></th>
<th>SPRING 2023</th>
<th>FALL 2023</th>
<th>SPRING 2024</th>
</tr>
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<tbody>
<tr>
<td>Non-Resident</td>
<td>22</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Underrepresented</td>
<td>400</td>
<td>389</td>
<td>451</td>
</tr>
<tr>
<td>Not Underrepresented</td>
<td>777</td>
<td>795</td>
<td>714</td>
</tr>
<tr>
<td>Not Indicated or Unknown</td>
<td>31</td>
<td>24</td>
<td>29</td>
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<tr>
<td>Grand Total</td>
<td>1,230</td>
<td>1,141</td>
<td>1,217</td>
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100%
### Student Organizations Officers/Advisors

#### Active Minds: Nurses for Mental Health Awareness
- **President:** Nicholas Biondo
- **Vice President:** Reesa Artz
- **Secretary:** Jordan Shumate
- **Treasurer:** Nancy Truong
- **Event Coordinator:** Kaleigh Thibodeau
- **Public Relations Co-Chairs:** Diana Urlichich and Tisha Johnson
- **Wellness Chair:** Chelsea Cangro
- **Special Event Coordinator:** Stephanie Schenberger
- **Advisor:** Jacquelyn McMillian-Bohler

#### Aesthetic and Dermatology Nurses (ADNS)
- **President:** Alexandria Inthavanh
- **Vice President:** Jacqueline Mack
- **Secretary:** Paige Thomas
- **Treasurer:** Alicia Lacombe
- **Advisor:** Dr. Bernice Alston

#### Duke Chapter of the American Association for Men in Nursing (DAAMN)
- **President:** Nicholas Biondo
- **Vice President:** Ben Miser
- **Treasurer:** Dr. Benjamin Smallheer
- **Event Coordinator:**
- **Faculty Advisor:** Dr's- Al Cadavero, Stephanie Gedzyk-Nieman & Benjamin Smallheer

#### Duke Emergency Nursing Students (DENS)
- **President:** Caleb Aytes
- **Vice President:** Haley Lang
- **Secretary:** Zoe Blackwell
- **Treasurer:** Alexandria Inthavanh
- **Public Relations/Educational Chair:** Noell Jones
- **Chair Assistant:** Alana Carlucci
- **Events Coordinator:** Victoria Lopez
- **Faculty/Staff Advisor:** Midge Bowers

#### Duke Nursing Students Without Borders
- **President:** Lauren Rauh
- **Vice President:** Danielle Rademacher
<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Secretary</td>
<td>Delissa Centell</td>
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<tr>
<td>Treasurer</td>
<td>Janet Song</td>
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<tr>
<td>Community Project Representative:</td>
<td>Remedy Community Representative: Jessi Schnacky</td>
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<td>Spring Break Trip Coordinator:</td>
<td>VACANT</td>
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<tr>
<td>Social Media/Marketing Coordinator:</td>
<td>Sharon Doyle</td>
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<tr>
<td>Faculty Advisor:</td>
<td>Irene Felsman</td>
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**Duke University School of Nursing Student Council**

- President: Kierra Mitchell
- Vice President: Kyla Tacub and Jaki Mack
- Treasurer: Madeleine Gledhill
- Secretary: Grace Hammarlund
- Community Service Co-Chairs: Lillian Geis
- Social Chair: Kaleigh Thibodeau
- Student Faculty Liaison Co-chairs: Nicholas Biondo
- Fundraising Co-chairs: Reesa Artz

**Representatives**

- ABSN Representative: Carrie Mason
- MSN Representative: VACANT
- DNP Representative: Caroline Murrell

**PhD Representative:** VACANT

- Faculty/Staff Advisor(s): Jenny Holloway and Vicki Rennecker-Nakayoshi
- Org Email:

**DUSON Research Club**

- President: Maya Rabins
- Vice-President: VACANT
- Treasurer: Harper Hornaday
- Secretary: VACANT
- Student Events Manager: VACANT
- Various Committees: VACANT
- Research Ideas Committee: Tyra Girdwood
- Director of Outreach: Hope DiCesare
- Faculty Advisor: Staci Reynolds & Isaac Lipkis Reiner (Co-Advisor)
<table>
<thead>
<tr>
<th>National Student Nurses Association (Duke Chapter – DUSON NSNA)</th>
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<tbody>
<tr>
<td>President: Ben Miser</td>
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<tr>
<td>Vice President: Fotini Demetriou</td>
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<td>Treasurer: Jordan Shumate</td>
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<td>Secretary: Akemi Huynh</td>
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<tr>
<td>Director of Communications: Reesa Artz</td>
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<tr>
<td>Director of Operations: Nicholas Biondo</td>
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<td>Program Manager: Anna Pienkos</td>
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<td>Faculty Advisor - Dr. Christina Leonard</td>
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<th>Nature vs Nurses</th>
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<tr>
<td>Co-President: VACANT</td>
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<tr>
<td>Co- President: VACANT</td>
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<tr>
<td>Vice-President: VACANT</td>
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<td>Secretary: VACANT</td>
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<td>Historian/ Public Relations: VACANT</td>
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<tr>
<td>Treasurer: VACANT</td>
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<td>Faculty Advisor: Mary Paden</td>
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<th>Neonatal and Pediatric Students</th>
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<tbody>
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<td>President: Alexandria Inthavanh</td>
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<tr>
<td>Vice President: Taylor Adato</td>
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<tr>
<td>Secretary: Hannah Blalock</td>
</tr>
<tr>
<td>Treasurer: Si Luo</td>
</tr>
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<td>Volunteer Coordinator: Kaleigh Thibodeau</td>
</tr>
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<td>Social Media Mangaer: VACANT</td>
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<th>Nightingales</th>
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<tr>
<td>President: Wanda Molnar</td>
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<tr>
<td>Treasurer: Coryn Wilson</td>
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<tr>
<td>Musical Director: Erin Brewer</td>
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<tr>
<td>Pianist:</td>
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<td>Faculty Advisor: Rosa Solorzano</td>
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<tr>
<th>Nurses Christian Fellowship</th>
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<tbody>
<tr>
<td>President: Fotini Demetriou</td>
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<tr>
<td>Vice President: Caleb Aytes</td>
</tr>
<tr>
<td>Secretary: Jordan Shumate</td>
</tr>
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</table>
Treasurer: Carrington Waylett-Penton
Social Media/ Communications: Karie Grace Shields
Faculty Advisor: Karen Lowdermilk

**Femme, Trans & Women's (FTW) Health Organization - Changed from 'WHO'**
Co President: Rukhsar Rafique
Vice President: Rita Morency
Treasurer: Darcy Dupree
Secretary: Rebekah Smith
Operations Manager: Darcie Ulvi
Event Coordinator: Abbie Stout
Social Media Coordinator: Charlotte Geissberger
Volunteer Coordinator: Sara Hiller
Service Coordinator: Nancy Truong
Faculty Advisor: Barbara Hotelling

**Duke Nurses for Sexual and Reproductive Health**
President: Sophie Lawerence
Vice President: VACANT
Secretary: VACANT
Treasurer: VACANT
SEMO: VACANT
Faculty Advisor(s): Stephanie Gedzyk-Nieman & Eleanor Stevenson

**Nursing Students of Color and Allies**
President:
Vice President:
Secretary:
Treasurer:
Faculty Advisor(s): Jacquelyn McMillian-Bohler

**Duke Neurodiversity Advocates (DNA)**
President: Sophie Tovani
Co-President:
Vice President: Regan Lingo
Treasurer:
Secretary:
Marketing/ Public Relations: Haylee Mariucci
Faculty Advisor(s): Dr. Michelle Hartman