CREATING A FACULTY COMMUNITY THAT VALUES CURRICULAR ASSESSMENT AND IMPROVEMENT: ONE DNP PROGRAM'S EXPERIENCE

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Developing faculty ownership of ongoing curricular improvement presents educational and management challenges for schools of nursing, yet little has been published about which components help build a faculty community that values curricular assessment and improvement. The purpose of this case study was to describe key features of and faculty satisfaction with one school of nursing's doctor of nursing practice curricular assessment process, with a description of key considerations for developing an ePortfolio-supported curricular assessment process. ePortfolio matrices were used as a curricular organizing structure for mapping and scoring each completed student assignment to an American Association of Colleges of Nursing Essential descriptor using a rubric that measured evidence of student learning. Faculty satisfaction with the process was also evaluated. First-year results indicated high levels of faculty satisfaction with the assessment process. The initial findings led to four actions for curricular improvement and agreement to continue the assessment process biannually. The curricular assessment was successful in generating faculty satisfaction, identifying needed areas to improve the curriculum, and obtaining faculty agreement to continue the process. A faculty community supportive of curricular assessment is essential to a transformational learning environment that prepares future nursing leaders. (Index words: Curricular assessment; ePortfolio; DNP; Faculty development) J Prof Nurs 31:11–17, 2015. © 2015 Elsevier Inc. All rights reserved.

THE PURPOSE OF this article is to present a case study of one school of nursing's experience with developing a faculty community engaged in ongoing curricular assessment for its doctor of nursing practice (DNP) program. Designed as a 37-credit-hour, post-Master's of Science in Nursing program, the American Association of Colleges of Nursing's (AACN, 2006) eight Essentials (Table 1) were used as the guiding curricular competencies for graduates of the program. Students were first admitted in the fall of 2010.

In this article, the rationale, curricular assessment process components and findings, faculty satisfaction during the first year, and strategies promoting successful faculty outcomes are reported. The article concludes with important considerations for developing a faculty engaged in an ongoing curricular assessment process.

Developing a Faculty Community Committed to Ongoing DNP Curricular Assessment

Developing faculty ownership of ongoing curricular improvement related to the relatively new DNP degree presents educational and management challenges for schools of nursing. Faculty recognize the priority of developing and teaching coursework but may fail to put curricular assessment and improvement processes in place to ensure that, as the workforce evolves, so does

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curricular content. In a recent study conducted by Banta and Blaich (2010), only 6% of submitted assessment profiles contained any evidence that student learning had improved. The authors state that "too few faculty are closing the loop—that is, studying assessment findings to see what improvements might be suggested and taking the appropriate steps to make them" (p. 22).

Despite the fact that both the National League for Nursing and the Commission for Collegiate Nursing Education require that nursing programs define program outcomes and use an identified assessment process to collect and analyze data to demonstrate achievement of student outcomes, little is known about which assessment organizing structures and process components generate the faculty ownership so essential to meaningful and ongoing curricular improvements (Thompson & Bartels, 1999). Faculty may view curricular assessment as too time consuming or as a waste of time, particularly if there is a failure to see curricular and student learning improvement as a result of the faculty's time investment. Faculty may also fear the very process of receiving and reporting feedback on student learning outcomes, mindful that results could affect their promotion and tenure.

In the context of the newly emerging DNP degree, it becomes particularly important to determine if schools of nursing are indeed preparing graduates to lead the practice changes so needed to transform health care systems. Currently, there are approximately 235 DNP programs nationwide, with more being added each year (AACN, 2013; Udlis & Mancuso, 2012). To meet the needs of a rapidly changing health care system and to ensure congruence across DNP program outcomes, AACN established curricular guidelines and expected competencies guided by the Institute of Medicine (IOM, 2003) report, *Health Professions Education: A Bridge to Quality*. The IOM report proposed that educational preparation should focus on competencies related to patient-centered care, interdisciplinary collaboration, evidence-based practice, quality improvement, and informatics (Chism, 2009). The AACN position statement, *Essentials of Doctoral Education for Advanced Nursing Practice,* reflects the core competencies proposed by the IOM document (AACN, 2006; Chism, 2009) as embodied in eight curricular Essentials (Table 1). DNP programs are accountable for student achievement of learning outcomes that reflect the eight Essentials. Given the complexity of ensuring that student learning outcomes meet these national standards, several strategies are needed to succeed in building a structure and process that faculty will commit to on an ongoing basis. For example, we have found the use of ePortfolios as an organizing structure supporting curricular assessment as very helpful.

The Use of ePortfolio as an Organizing Structure, Process, and Rationale Supporting Curricular Assessment

The ePortfolio (discussed in this article as the program curricular matrix rather than student-developed ePortfolios)

Table 1. AACN DNP Program Essentials With Sample of Associated Descriptors

Essential 1: Scientific Underpinnings for Practice
1. Integrates nursing science into practice relating to ethics, organizational, and human science.
2. Applies science-based theoretical concepts and advanced strategies to facilitate health and evaluate care delivery and patient outcomes.
3. Develops novel practice approaches based upon nursing theory.
Essential 2: Organizational and Systems Leadership for Quality Improvement and Systems Thinking
1. Develops health care delivery models, informed of organizational, political, cultural, and economic factors reducing patient risk, health disparities, and ethical dilemmas.
Essential 3: Clinical Scholarship and Analytical Methods for Evidence-Based Practice
1. Analyzes existing literature to identify best practices and gaps in practice research.
2. Applies quality improvement methodologies to evaluate outcomes, analyze new data, and utilize benchmarks to identify practice variance.
3. Designs evidence-based practice guidelines according to research findings.
4. Disseminates findings.
Essential 4: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
1. Utilizes data within information systems to develop quality improvement programs.
2. Manages patient information within information systems according to ethical and legal regulations.
3. Critiques consumer health care information for content and accuracy.
Essential 5: Health Care Policy for Advocacy in Health Care
1. Utilizes the political process to develop health policy that impacts financing, nursing practice, health care delivery, access to care, and health care disparities.
2. Analyzes legislation to educate or advocate with policy makers for health care reform.
Essential 6: Interprofessional Collaboration for Improving Patient and Population Health Outcomes
1. Works collaboratively within interdisciplinary practice models, leads interprofessional teams, and facilitates change.
Essential 7: Clinical Prevention and Population Health for Improving the Nation's Health
1. Analyzes individual/population health utilizing research data and knowledge of epidemiology and biostatistics.
2. Designs and evaluates health promotion and prevention strategies that support cultural, environment, and socioeconomic factors.
Essential 8: Advanced Nursing Practice
1. Practices within a specialized nursing role.
2. Assesses health prevention/management and restoration strategies.
3. Designs research as a system thinker to facilitate quality outcomes within fiscal constraints.
4. Establishes therapeutic patient/family and interprofessional partnerships.
5. Acts as mentor, educator, and change agent linking nurse practice, health care setting, and patient population served with policy issues.