

Generic MEPN Program Evaluation
 Summary Report for School Year 2007~2008
 School of Nursing, University of Washington

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Generic MEPN Program Evaluation Summary Report for Summer 2007~Spring 2008

I. Current Evaluation Process and Results of MEPN Students

Beginning in 2005, the MEPN Program Evaluation questionnaires were created and then modified for the summative evaluation. The program questionnaires are collected two times during the MEPN program: first, at the end of students' first summer quarter (End of First Quarter Program Evaluation, see Appendix 1), second, at the end of first year study (End of First Year Program Evaluation, see Appendix 2). In summer 2007, surveys were conducted in paper-and-pencil format in class. Student participation was voluntary.

Measures included in the questionnaire were student's satisfaction, outcome achievement, and issues or suggestions for MEPN students at the End of First Quarter and the End of First Year. Also, additional questions were used to evaluate MEPN program for students at the End of First Year, including top two favorite MEPN courses, top two MEPN courses needing change, employment status, and focal area. In summer 2007, of total 24 Entry MEPN students and 25 End of MEPN Program students, there were **29%** of Entry MEPN students (n=7) and **52%** of End of MEPN Program students (n=13) participating in the survey. The results from these two surveys are reported here.

1. STUDENT SATISFACTION

In the student's satisfaction measure, the current MEPN students were asked about their satisfaction in fourteen areas of the UW MEPN program on a 6-point Likert scale from 0 (Not

satisfied) to 5 (Very satisfied). Also, two additional questions were included to evaluate the time spent on the MEPN courses and whether the time spent was valuable or not. Overall, the mean scores for satisfaction were **3.79** for the End of First Quarter (EFQ) students and **3.99** for the End of First Year (EFY) student. The area with the highest mean for satisfaction was ranked as 1, whereas the area with the lowest mean was ranked as 14. See Table 1 for details.

The **most satisfied areas reported** by the EFQ students were 1) interaction among MEPN students; 2) the availability of library support; 3) the availability of equipment such as computers or labs. The most satisfied areas reported by the EFY students were 1) interaction among MEPN students; 2) the availability of library support; 3) the access to MEPN online resources” (Table 1).

The **least satisfied areas reported** by the EFQ students were 1) the arrangement of class schedules; 2) the usefulness of required textbooks. The least satisfied areas reported by the EFY students were 1) the arrangement of class schedules; 2) the availability of space such as student lounge or lockers; 3) the openness of faculty to student feedback” (Table 1).

The **average hours students spent on the courses** were 62.4 hours per week for EFQ students and 54.6 hours per week for EFY students (Table 2). For the total average hours students spent per week, 71.8% of time was considered valuable for EFQ students, and 80.4% of time was considered valuable for EFY students (Table 3). Students made comments on the imbalanced load among quarters.

2. TOP TWO FAVORITE MEPN COURSES ACROSS THE ENTIRE PROGRAM

In the EFY evaluation, students were asked about their top two favorite MEPN courses and why.

The favorite courses selected by the EFY MEPN students were 1) NURS 309 & NURS 310

Pharmacotherapeutics in Nursing Practice II & III; 2) NURS 415 Nursing of Families: Childbearing

and Childrearing. The rank of the course was calculated by the frequency. The reasons as to why

these courses were favorite were reported in **Table 4**.

3. TOP TWO MEPN COURSES NEEDING CHANGE ACROSS THE ENTIRE PROGRAM

In the EFY evaluation, students were asked about their top two MEPN courses needing change and

why. The courses that need changes the most were 1) NURS 407 Cultural Variation and Nursing

Practice; 2) NURS 308 Human Responses II. The rank of the course was calculated by the

frequency. The reasons as to why these courses need change were reported in **Table 5**.

4. OUTCOME ACHIEVEMENT

In outcome achievement measure, 26 items derived from the “UW BSN Program Goals” as well as “The Essentials of Baccalaureate Education for Professional Nursing Practice” were evaluated. Students were asked to rate their abilities in each of the area on a 6-point Likert Scale from 0 (Novice) to 5 (Expert). Overall, the mean scores were **3.92 for the EFQ** students and **3.97 for the EFY** students (Table 6).

The **areas rated as best abilities** for the EFQ students were 1) Respect the client’s beliefs and values; 2) Informatics skills. The areas rated as best abilities for the EFY students were 1) Respect

the client's beliefs and values; 2) Accept accountability for own practice & Seek learning opportunities to continue development as a professional.

The **areas rated as lowest scores of abilities** for the EFQ students were 1) Care of families; 2) Care of communities; 3) Understand the global environment in which health care is provided.

The areas rated as lowest scores of abilities for the EFY students were 1) Care of elderly; 2) Care of communities; 3) Clinical decision making / problem solving & Encourage policy consistent with the advancement to health care. See **Table 6** for details (Rank of 1 means the area they perceived themselves as having the best ability and 26 means the area they perceived as having the lowest ability).

5. ISSUES AND SUGGESTIONS

In the issues and suggestion measure, students were asked about aspects of the MEPN program contributed most to learning, aspects of the MEPN program detracted from learning, and suggestions for improving the MEPN experience.

For EFQ students, **aspects of the MEPN program contributed most to learning** were good teachers, organized lectures/classes, and clinical/lab times. **Aspects of the MEPN program detracted from learning** were poor organized courses, certain teachers, unhelpful videos/textbooks for some courses. For **suggestions to improve the MEPN experience**, most of students indicated, instead of videos, they need a real person to demonstrate for them for NURS302 & 306 nursing

skills. The students also offered suggestions toward certain courses, instructors, and needing at least one hour break during class for lunch. For details, see the summarized content in Table 7.

For EFY Students, **aspects of the MEPN program contributed most to learning** were supportive classmates, some great teachers, and clinical time. **Aspects of the MEPN program detracted from learning** were negative opinions toward MEPN from faculty/nurses/students, and certain disorganized or inefficient teachers. The **suggestions for improving the MEPN experience** were better arrangement of class schedules, balancing course load between summer 2006 and fall 2006, and good teachers. See Table 8 for more detailed information.

6. EMPLOYMENT (Cohort 2006, N=13)

In the EFY evaluation, students were asked about their employed status. At the end of the first year, 38.5% (N=5) of MEPN students were employed (Table 9). Among those who were employed, 20% (N=1) worked less than 10 hours per week, 40% (N=2) worked between 10 to 20 hours per week, 20% (N=1) worked between 20 to 30 hours per week, and 20% (N=1) worked between 30 to 30 hours per week (Table 10).

7. FOCAL AREA (Cohort 2006, N=13)

In the EFY evaluation, students were asked about their plan to be a part time or full time student in their Master's focal area and their intention to work as an RN when they finish the pre-license program. By the end of the first year, about 76.9% (N=10) of the MEPN students planned to be full time students, and 23.1% (N=3) planned to be part time students (Table 11). For

intention to work as an RN or not, 61.5% of the MEPN students reported “Yes”, 15.2% reported “NO”, 15.4% reported unsure, and 7.7% did not report (Table 12).

II. Current Evaluation Process and Results of MEPN+MN Student

In addition to MEPN program evaluations, Masters End of Program Evaluation is conducted to evaluate the extent that the MEPN program prepared students in their masters' studies and to obtain suggestions for the program. Beginning in May 2007, the new survey for MSN graduates were added to the online graduation application process. All MSN students would need to go through this survey to be able to apply for graduation. There were 18 questions in this survey. The last two questions were for MEPN students only. In 2007~2008 school year, the questionnaire was made available online for MEPN+MN students at

<https://catalysttools.washington.edu/webq/survey/gradeval/37050>.

Thirteen MEPN students completed Master's study and responded to the survey. All students completed their MN studies by doing projects. **The focus areas** that students were admitted including Rural Adult NP, Nurse Midwifery, Pediatric NP, etc., for details, please see Table 13.

Of education goals evaluation, twelve out of thirteen (92%) rated well or very well the Master's program of study met their educational goals, and twelve out of thirteen (92%) rated flexible or very flexible the program was in terms of meeting their individual educational goals (see Table 14).

The areas rated as highest scores of facilitating students' ability were "assessment and management of individual health issues" (M=4.62), "conceptual skills" (M=4.54), and "evaluation the current state of knowledge in a selected area of nursing as it informs theory, practice and

research” (M=4.62) (see Table 15). Of issues and suggestion for the MN program, see **Table 16** for details.

Of the first 5 pre-licensing quarters of MEPN program evaluation, five out thirteen (38%) rated very well the first 5 pre-licensing quarters of their MEPN program prepared them for their focal area studies, five out thirteen (38%) rated fair or moderate, two out thirteen (15%) rated not at all, and one out of thirteen (8%) did not respond (see Table 17). For **Comments or suggestions on the first 5 quarters experience** made by the MEPN+MN students, please see Table 17 for details.

III. Current Evaluation Process and Results of MEPN Alumni

In 2007, the first cohort of MEPN students graduated from the MSN programs in UW SON. In 2008, the first MEPN alumni survey was conducted after one-year graduation from the MSN programs in order to evaluate the extent that the MEPN program prepared students in each of the program goals and to obtain suggestions for the program. The current questionnaire for MEPN alumni was revised from MN alumni survey and approved by the chair of MEPNCC. In 2008, the questionnaire was made available online for MEPN alumni at <https://catalysttools.washington.edu/webq/survey/gradeval/56124>. Hard copies of questionnaires were also mailed to MEPN alumni to increase the response rate. In addition, incentives were added to increase MEPN alumni's participation that a School of Nursing Pin was given as a gift for these alumni upon completion of the questionnaire.

Four MEPN alumni responded to the survey. Of those who responded, all alumni were full time students during their Master's study and completed their MN studies by doing projects. **The focus areas** that students were admitted including Psychiatric Mental Health NP, Community Health Systems Nursing, Pediatric NP, and Infectious Disease NP. Three alumni currently work at clinical settings and one alumnus currently work as a researcher, see **Table 18** for details. **Scholarly performance after graduation** of MEPN students, please see **Table 19**.

Of education goals evaluation, three out of four (75%) rated **well** the Master's program of

study met their educational goals, and two out of four (50%) rated very flexible the program was in terms of meeting their individual educational goals (see Table 14).

The area rated as highest scores of facilitating students' ability was “conceptual skills” (M=4.75). **The areas rated as lowest scores** of facilitating students' ability was “Develop and utilize leadership strategies that foster improvement of health care” (M=2.75) (see Table 21). Of issues and suggestion for the MN program, see Table 22 for details.

Table 1. Scores and Orders of Student's Satisfaction for MEPN Students

	MEPN 2006 & 2007 Cohort						MEPN 2005 & 2006 Cohort					
	End of First Quarter			End of First Year			End of First Quarter			End of First Year		
	N = 7			N = 13			N = 15			N = 14		
	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank
1. Overall Intellectual Level of MEPN/BSN Courses	4.00	.82	4	3.69	.85	9	4.00	.74	7	3.50	1.16	10
2. The availability of academic help	3.67	.82	8	4.30	1.11	4	4.13	.72	5	4.50	.76	1
3. The availability of clinical help	3.57	1.27	9	4.27	.53	5	4.00	1.21	7	3.46	.80	11
4. The opportunity to practice what was learned	3.57	.98	9	3.62	.65	10	3.63	1.09	10	2.73	1.09	14
5. The arrangement of class schedules	2.57	.98	14	3.38	1.12	14	3.22	1.11	13	3.27	1.01	12
6. The reasonableness of assigned work	3.57	.98	9	3.77	.83	8	3.82	.98	9	3.96	.86	5
7. The clarity of evaluative and grading criteria	4.00	1.53	4	3.92	.86	7	3.63	.90	10	4.08	.64	4
8. The openness of faculty to student feedback	3.71	.95	7	3.50	1.08	12	4.09	.86	6	3.77	.70	6
9. The availability of equipment such as computers or labs	4.14	1.21	3	4.08	1.55	6	4.50	.82	2	3.57	1.22	8
10. The availability of space such as student lounge or lockers	3.57	1.81	9	3.46	1.39	13	2.63	1.59	14	3.00	1.36	13
11. The access to MEPN online resources	4.00	1.00	4	4.62	.51	3	4.40	.92	3	3.68	1.49	7
12. The usefulness of required textbooks	3.44	1.13	13	3.62	.65	10	3.40	.71	12	3.57	1.07	8
13. The availability of library support	4.33	.82	2	4.67	.49	2	4.19	.83	4	4.38	.51	2
14. Interaction among MEPN students	4.86	.38	1	5.00	.00	1	4.94	.25	1	4.38	.55	2
Mean	3.79			3.99			3.90			3.70		

*Likert scale from "Not Satisfied=0" to "Very Satisfied=5".

* Rank of 1 means the most satisfied and 14 means the least satisfied.

Table 2. Average Hours per week students have spent on the courses.

MEPN 2007 Cohort				MEPN 2006 Cohort			
End of First Quarter (n=7)				End of First Year (n=13)			
Mean	SD	Min (range)	Max (range)	Mean	SD	Min (range)	Max (range)
62.42	29.28	27(24~111)	115(30~119)	54.58	11.08	40(24~60)	70(40~80)
Comments (MEPN 2006 Cohort)							
<input type="checkbox"/> The two summer quarters felt the boriest for me. <input type="checkbox"/> This summer was way more stressful than last summer and probably the 2 summers and winter were the heaviest quarters. Fall spring was a breeze. <input type="checkbox"/> The first summer was non-stop. Since then it was manageable. <input type="checkbox"/> Most of around 35-40 hrs a week with clinical & classes was able to work 1-12 hr shift a week for much of the program. <input type="checkbox"/> This really varied by quarter. Summer quarter was very busy, while Fall quarter was very light. <input type="checkbox"/> Only fall quarter was around 30 hrs-the rest were pushing 60. <input type="checkbox"/> Fall quarter (psy & comm. health) definitely the lightest. Winter quarter (peds/maternity) was intense w/ the 5wks and clinical 3days/wk.							

Table 3. Percentage of average total hours valuable in advancing students' education

MEPN 2007 Cohort				MEPN 2006 Cohort			
End of First Quarter (n=7)				End of First Year (n=13)			
Mean	SD	Min (range)	Max (range)	Mean	SD	Min (range)	Max (range)
71.76	11.59	57	86	80.42	13.39	60	100
Comments							
MEPN 2007 Cohort							
<input type="checkbox"/> I am so overwhelmed with information in patho (neuro). I study for hours and most of it isn't on an exam and the book doesn't cover what I don't know, so I end up spending lots of time search on the internet. <input type="checkbox"/> A lot of time was spent going to all the class website and trying to prepare for the next days class. <input type="checkbox"/> Lots of busy work & reading of reference-type books just b/c of quizzes, but that are not helpful reading assignments—especially 302 & 306. <input type="checkbox"/> More time than I'd like is spent organizing things for class. <input type="checkbox"/> 303 does not advance my education. Time finding forms, readings, and assignments is time wasted, some 302 assignments are not as useful because 306 moves beyond this.							
MEPN 2006 Cohort							
<input type="checkbox"/> Depends on the quarter. <input type="checkbox"/> Most of my time spent was valuable. <input type="checkbox"/> I'd say 50% of lectures, 80% of clinicals, and 60% of work outside of class was helpful. Many of the lectures with guest speakers were very good, but some of the 3-hour lectures were not helpful.							

Table 4. Top Favorite MEPN course and Why

(Cohort 2006, N=13)

Course/ (Frequency, Percentage)	Why favorite
<p>1. NURS 309 Pharmacotherapeutics in Nursing Practice II NURS 310 Pharmacotherapeutics in Nursing Practice III (N=9, 69.2 %)</p>	<p>*Important material well taught.</p> <p>*These classes inspired interest toward. No subject of pharmacology in nursing focused on how to teach students to think and understand rather than regurgitate.</p> <p>*Vickie made it fun and understandable.</p> <p>*The class was enjoyable mainly because of the teacher. She is so passionate about the subject, & so was able to bring a great deal of enthusiasm to the class.</p> <p>*Pharmacology with heating. Taught well & effectively.</p> <p>* The teacher was a fantastic professor.</p> <p>*I enjoyed the pharm class because the teacher is very charismatic, the text was great, the guest speakers were great, and I like pharmacology.</p> <p>*Instructor helped simplify & organize a complicated subject. Her enthusiasm is so helpful.</p> <p>*Because of the teacher.</p> <p>*Important material well taught.</p>
<p>2. NURS 415 Nursing of Families: Childbearing and Childrearing (N=4, 30.8%)</p>	<p>*Clear. Efficient instructor. Great content.</p> <p>*love the content, trusted the instructor's knowledge and expertise, classroom dialogues—just a great course.</p> <p>*Even though the maternity nursing is not my main interest or focus of education. I felt I learned a lot & did not need to review much of the content for the NCLEX.</p> <p>*The exams weren't great, but lecture was always relevant & worthwhile. Instructor was enthusiastic, interested in students learning.</p>
<p>2. NCLIN 411 Transition to Professional Practice (N=4, 30.8%)</p>	<p>*I really enjoyed my time in clinical (although I thought the accompanying seminar was a waste of time). I feel like I really learn how to be a nurse this summer and that it truly prepared me to get a job, which is what I've been most worried about.</p> <p>* The teacher. Great way to bring it all together. Spend time in specialized area.</p> <p>*It put the picture together and gave some responsibility back.</p> <p>* The teacher was fantastic, the content was good & the clinical was so much fun!</p>
<p>4.NURS 417 Psychosocial Nursing in Health and Illness (N=3, 23.1%)</p>	<p>*Wonderful teachers, very thorough.</p> <p>*Clear. Efficient instructor. Great content.</p> <p>*Taught well. Connecting health clinical, learned a lot.</p>
<p>4. NURS 410 Legal and Ethical Issues in Clinical Practice (N=3, 23.1%)</p>	<p>* The teachers are amazing resources</p> <p>*Really enjoyed examining, discussing—use ethical issues r/t nursing—great discussions—also trusted instructor's expertise.</p> <p>*I thought this class was fun because it was small & we were able to have great discussions, & because it looked at different issues than pathologies & pharmacology in</p>

<p>6. NURS 401 Care in Illness I (N=2, 15.4%)</p>	<p>nursing practice. *Most relevant material well taught. *It was organized. Information was well-presented. Expectations were high and clearly defined. And the course was extremely relevant to nursing care.</p>
<p>6. NCLIN 418 Practicum: Psychosocial Nursing (N=2, 15.4%)</p>	<p>*Harborview psych department was very engaging. *I was at Harborview for my psych clinical. I thought it was a wonderful experience. We did case presentations in seminar & the atmosphere in the clinical settings was very conducive to psychi nursing.</p>
<p>8. NCLIN 409 Partnerships in Community Health (N=1, 7.7%)</p>	<p>* The teacher as a professor was an incredible gift and opportunity.</p>
<p>8. NCLIN 302 Practicum: Health Assessment (N=1, 7.7%)</p>	<p>*It was fun hearing basic assessment techniques, the TAs were great.</p>

Table 5. First choice of MEPN courses needing change

(Cohort 2006, N=13)

Course (Frequency, Percentage)	What change
<p>1. NURS 407 Cultural Variation and Nursing Practice (N=10, 76.9%)</p>	<p>*Class was a big disappointment. I expected a higher level discussions, readings & presentations, not repagination of terms. The class needs to be more clinically oriented, testing our clinical experiment and discussing them in terms of transcultural class. *The topic is interesting and very important. The teachers' input killed my excitement. He was not innovative. He relies on mostly his material although there are a vast number of other approaches. He graded down on creativity and basically just want to hear his definitions recited back to him. *Needs a great deal of change. I felt that the Prof. is an ineffective teacher of this course because he stresses that generalizations & stereotypes can be useful. I find this thinking very simplistic & counterproductive of what the class is actually supposed to teach. *The instructor once need students with his own ideas. Change the instructor. *Noel Chrisman taught poorly need a new person to effectively teach. *Important course, but instructor seems "tired". Maybe combine with another co-teacher for energy. *Valuable topic that could be better spent in serious & clinical application. *1st-a new instructor- the teacher does not provide an appropriate forum for addressing the challenges of cultural competence and nursing. 2nd-this should be a MEPN only class. It would be more meaningful with a smaller group of students. *Discussions in small groups. Relevant content. *This class could be much more if it were smaller & shorter. If it continuing to be discussion-based, it needs to be a much smaller group in a smaller classrooms. If it needs to be 3 1/2 hours, students should be encouraged to give presentations to stay interests in</p>

<p>2. NURS 308 Human Responses II (N=5, 38.5%)</p>	<p>material, 3 1/2 hours of lecture & in regulated discussion is painful.</p> <p>*Covered insufficient amount of material, poorly presented, little support outside of web format.</p> <p>*The second part of pathophysiology taught by the teacher was pathetic but evidently he is no longer teaching that course.</p> <p>*This should not be an online class. I did not learn much in that class.</p> <p>*Get a better book-it was useless; the pharm book was more useful for pathophy.</p> <p>*Need new instructor. Not a good match.</p>
<p>3. NURS 304 Human Responses I (N=2, 15.4%)</p>	<p>*I did not like how the teacher conducted this course. There was too much important info that was not explained properly because he wanted an on-line course. He was receptive to student suggestions, & did not make it clear what was expected of us.</p> <p>*Get a better book-it was useless; the pharm book was more useful for pathophy.</p>
<p>3. NURS 412 Nursing Care Systems (N=2, 15.4%)</p>	<p>*Discussions in small group; not as a class of 100⁺ students!</p> <p>*This class its content would benefit from a smaller group, so MEPN only would help. There is so much to understand about U.S. healthcare policy for advanced practice nursing that was missed likely because it was an undergraduate class.</p>
<p>5. NURS 309 Pharmacotherapeutics in Nursing Practice II (N=1, 7.7%)</p>	<p>*I would like to see NURS 309 become more similar than 309 course that the BSN students take-either have the same instructor, or follow that instructor's style & curriculum. It seems like the BSN students got a better experience in this class than we did.</p>
<p>5. NURS 303 Foundations of Professional Nursing (N=1, 7.7%)</p>	<p>*glad you got rid of our instructor. I would work on having the same instructor for both 304&308 because it was too choppy & inconsistent in presented material & instructional quality.</p>
<p>5. NURS 405 Care in Illness II (N=1, 7.7%)</p>	<p>*More challenging</p>

Table 6. Outcome Achievement: Abilities Rated by MEPN Students

	MEPN 2006 & 2007 Cohort						MEPN 2005 & 2006 Cohort					
	End of First Quarter			End of First Year			End of First Quarter			End of First Year		
	N = 7			N = 13			N = 15			N = 14		
	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank	Mean	SD	Rank
1. Effective verbal communication skills	4.14	.69	9	4.23	.44	5	3.66	.65	11	4.09	0.70	8
2. Communicate clearly and succinctly in writing	3.86	.69	13	4.08	.64	8	3.81	.66	7	4.09	0.54	8
3. Critical thinking	3.86	1.21	13	4.23	.44	5	3.81	.68	8	4.00	0.63	12
4. Clinical decision making / problem solving	3.57	1.27	20	3.62	.51	23	3.13	.81	21	3.73	0.65	22
5. Psychomotor skills (i.e. Physical Assessment)	4.00	.82	11	3.85	.55	16	3.69	.60	9	3.67	0.78	23
6. Cultural sensitivity	4.43	.53	3	4.23	.73	5	4.03	.83	5	3.92	0.79	13
7. Apply research findings	3.86	1.07	13	3.62	.96	22	3.47	1.06	15	3.58	1.16	24
8. Apply theoretical knowledge	3.86	.89	13	3.69	.63	20	3.50	.82	13	3.75	0.62	18
9. Enhance client's dignity	4.43	.53	3	4.38	.51	4	4.19	.40	3	4.33	0.49	4
10. Respect the client's beliefs and values	4.57	.53	1	4.69	.48	1	4.34	.47	1	4.50	0.52	1
11. Incorporate health education	3.86	1.07	13	4.04	.32	10	3.50	.63	13	4.08	0.67	10
12. Incorporate health promotion	3.86	1.07	13	4.00	.41	11	3.59	.66	12	4.17	0.58	6
13. Accept accountability for own practice	4.43	.79	3	4.46	.52	2	4.22	.66	2	4.42	0.51	2
14. Demonstrate comfort in adaptation to change	4.29	.76	3	4.00	.71	11	3.97	.59	6	4.25	0.45	5
15. Seek learning opportunities to continue development as a professional	4.29	.49	3	4.46	.52	2	4.09	.58	4	4.42	0.51	2
16. Care of individuals	4.17	.75	8	4.08	.49	8	3.69	.48	9	4.08	0.51	11
17. Care of families	3.20	1.79	26	3.92	.64	14	3.03	1.10	24	3.75	0.75	18
18. Care of communities	3.33	1.21	24	3.46	.78	25	2.69	1.35	26	3.58	0.79	24
19. Care of elderly	4.14	.89	9	3.38	.77	26	3.38	.62	18	3.75	0.75	18
20. Leadership skills	4.00	1.15	11	3.69	.63	20	3.41	.61	17	3.92	0.79	13
21. Informatics skills	4.50	.84	2	3.92	.49	14	3.47	.67	15	3.42	0.90	26
22. Working with underserved populations	3.50	1.05	21	3.96	.66	13	3.27	1.16	19	3.88	0.80	16
23. Provide information so patients can make informed choice	3.50	.84	21	3.85	.38	16	3.25	1.06	20	4.17	0.39	6
24. Encourage policy consistent with the advancement to health care	3.40	1.14	23	3.62	.51	23	3.06	.85	23	3.75	0.62	18
25. Understand the global environment in which health care is provided	3.33	1.03	24	3.85	.55	16	3.00	.89	25	3.92	0.67	13
26. Identify the economic, legal, and political factors that influence health care delivery	3.67	1.21	19	3.85	.38	16	3.13	.89	21	3.88	0.68	16
Mean	3.92			3.97			3.55			3.96		

*Likert scale from "Novice Nurse=1" to "Expert Nurse=5".

* Rank of 1 means that the area they perceived themselves as having the best ability and 26 the lowest ability.

Table 7. **MEPN End of First Quarter Issues and Suggestions Summary**

(Cohort 2007, N=7)

Aspects of the summer first quarter program contributed most to students' learning	
Teachers (N=3)	<ul style="list-style-type: none"> · The teacher's organization & presentation-my "scariest" class-She calmed me down toward the subject. · Good professors! Lyn Bond & Vicky Hertig were outstanding. · Faculty who were receptive to feedback.
Courses (N=3)	<ul style="list-style-type: none"> · NURS 304 problem sets helped my clinical work. · The lectures were very organized and I knew what was expected of me. · Class organization for pharm is good.
Clinical (N=3)	<ul style="list-style-type: none"> · Clinical prep week helped me understand the health care needs of my pts. I learn much when I was able to integrate learning into my clinical work. · Clinical time very helpful & fun. · Clinical experience.
Lab (N=3)	<ul style="list-style-type: none"> · Lab time was okay but poorly organized. · lab experience.
Others	<ul style="list-style-type: none"> · Supportive classmates. · Group homework assignments/ Individual homework assignments.
Aspects of the summer first quarter program detracted from students' learning	
Courses (N=2)	<ul style="list-style-type: none"> · Extremely poor organization of 302 & 306. No visual instruction in the labs. Cheesy & outdated. · I felt frustrated and confused with labs on Tuesday.
Teachers (N=2)	<ul style="list-style-type: none"> · Patho (neuro) teacher- no objectives, not well organized, cluttered slides & too much info to learn. · I hated everything part of 308, the instructor was absolutely not interested in whether or not we were learning & we weren't! I don't feel like I learned a single thing that I will use as a nurse. This class is called "Human Responses" yet we didn't even talk about this. It was more like a graduate level neurobiology class. It was an utter waste of time. I learned nothing.
Textbooks & Video (N=2)	<ul style="list-style-type: none"> · Textbook for NURS 308 did not meet with the lecture notes. I had to look online to find more info. Videos for 302 & 306 were not helpful at all. · Several textbooks were not helpful.
Others	<ul style="list-style-type: none"> · The lack of critical thinking/synthesis/discussion- everything was powerpoint lecture & memorization except for clinicals. · Organizing things (paper work) detracted from my learning. Pop quizzes which weren't on the syllabus and assignments for lab are confusing. · Hard to find all assignments, readings, etc. · Syllabi were not updated- read a lot of unassigned reading b/c the page #'s were not correct. · Online websites difficult to navigate- too many layers. Readings that was assigned did not correspond with lecture.
Suggestions for improving the first MEPN quarter	
Courses (N=7)	<ul style="list-style-type: none"> · Instead of videos for 302 & 306, have a real live person demonstrate technique & allow us to ask questions.

	<ul style="list-style-type: none"> ·The labs, take the time to show how things should be done the break us up into partners. This goes both for 306 & 302. ·Provide thorough course packets (incl. lecture slides) for 302 & 306. Reformed 308, it's horrible as it is. ·Please take out 303 class streamline. ·Move Nurs 303 to the fall. ·More instructors during lab classes. ·Eliminate lab videos- extremely outdated- In person demonstrations are more helpful. More lab assignments.
Teachers (N=2)	<ul style="list-style-type: none"> ·More energetic faculty, more creative approach to learning that incorporates more than just memorization. ·Encourage instructors to provide students with study guides for exam—due to volume of material.
Others	<ul style="list-style-type: none"> ·Give detailed syllabus with all assignments & due date. Ditch the videos, period. They're useless. And a longer lunch!! We need ~1 hr to decompress, actually eat a meal & stretch our legs. 8 hrs lecture is okay, but pretty hard with only ~20 minutes to eat. I've never had heartburn before, but do now b/c I have to eat so fast. ·Assign reading that corresponds with lecture.

Table 8. MEPN End of First Year Issues and Suggestions Summary

(Cohort 2006, N=13)

Aspects of the program contributed most to learning	
Teachers (N=4)	<ul style="list-style-type: none"> ·NURS 401 teachers who taught a well organized important, challenging class. ·Some great teachers. · The teacher was an invaluable resource. ·Faculty-Impressive.
Classmates (N=9)	<ul style="list-style-type: none"> ·Feeling of community between classmates. ·Very supportive peer environment. ·Support from other students (socially, study groups). ·The rest of my cohort was so supportive & we were able to help each other. ·The quality of the cohort. ·I loved the comradery that was promoted among our cohort. ·The more classes taken with the MEPN group, the better the learning experience.
Clinical (N=4)	<ul style="list-style-type: none"> ·Clinical placements and instructors. ·Clinicals. ·clinical time. ·The number of clinical hours was very important.
Mentor (N=1)	<ul style="list-style-type: none"> ·I loved the mentor connection-very helpful.
Aspects of the program detracted from learning	
Negative opinions toward MEPN	<ul style="list-style-type: none"> ·MEPN program not fully accepted as valuable, some clinical faculty, who expressed their doubts. ·Negative opinions from faculty/nurses in field regarding MEPN students.

(N=3)	<ul style="list-style-type: none"> · Animosity from some students & faculty to MEPN students.
Teachers (N=4)	<ul style="list-style-type: none"> · Disorganized faculty. Courses which were taught badly. 30% overall class time was a waste of time. · A bad clinical instructor (Gail Bond). · Some teachers seemed incapable of dealing with the MEPN group. Too used to having more passive students who didn't challenge their viewpoints. · Some of the professors were inefficient in their teaching method.
Schedule & Classes (N=2)	<ul style="list-style-type: none"> · Poor schedule. Bad classes · Large classes, long lectures
Others	<ul style="list-style-type: none"> · The cost of the program. · Chaos- Need more lead time & clear directions. · The fatiguing nature.
Suggestions for improving the MEPN experience	
Courses (N=5)	<ul style="list-style-type: none"> · MEPN should take the graduate equivalent of NURS 412. More coverage of the content in NURS 401/405 with less time wasted on peripheral content. · Better arrangement of class schedules. · More lead time with scheduling. · I wish there was more opportunity to take elective courses. · Make the course load more balanced summer 2006 v. fall 2006.
Teachers (N=3)	<ul style="list-style-type: none"> · Teachers who actively want to teach and are good teachers. · Have the teachers be a bit more culturally sensitive to MEPN style thinking. If someone already has their doctorate in a subject why force them to speak to an undergrad level? · More faculty who are "on-board" with MEPN program.
Others	<ul style="list-style-type: none"> · More time gaining experience in nursing. Better access to computers/printers. · Other than course suggestions, I think the program is fine. It is intense and exhausting but doable. Our cohort has been wonderful & this has made for positive experience. · Small classes

Table 9. **Employed Status of End of First Year MEPN students**

Employed Status	Frequency	Percent
NO	7	53.8
Yes	5	38.5
Total	12	92.3
Unknown/Refused	1	7.7
Total	13	100.0

Table 10. **Working hours/week End of First Year MEPN students if employed**

Working hours	Frequency	Percent
Less than 10	1	20.0
10-20	2	40.0
21-30	1	20.0
31-40	1	20.0
Total	5	100.0

Table 11. **Plan to be Part time or full time students in Master's study**

	Frequency	Percent
Part time	3	23.1
Full time	10	76.9
Total	13	100.0

Table 12. **Intend to work as RN or not**

	Frequency	Percent
NO	2	15.4
Yes	8	61.5
Total	10	76.9
Unknown/Refused	1	7.7
Not Applicable	2	15.4
Total	3	23.1
Total	13	100.0

**Table 13. Focus area of MEPN+MN students admitted
(N=13)**

Focus area	Frequency	Percent
Rural Adult NP (R-ANP)	3	23.1
Nurse Midwifery (NM)	2	15.4
Pediatric NP (PNP)	2	15.4
Adult Acute Care NP (AACNP)	1	7.7
Adult/Older Adult NP (AOANP)	1	7.7
APS Oncology/Cardiovascular/Critical Care/Neuroscience Focus	1	7.7
Forensic Nursing Specialist (APFNS)	1	7.7
Occupational Health Nursing (COHN-S)	1	7.7
Psychiatric Mental Health NP (PMHNP)	1	7.7
Total	13	100.0

**Table 14. Educational Goals rated by MEPN+MN students
(N=13)**

	Not very well 1	2	Fair 3	4	Very well 5	Mean
How well your Master's program of study met your educational goals?	0	0	1(7.7%)	6(46.2%)	6(46.2%)	4.38

	Not flexible 1	2	Fair 3	4	Very flexible 5	Mean
How flexible your program was in terms of meeting your individual educational goals?	0	0	1(7.7%)	5(38.5%)	7(53.8%)	4.46

Table 15. Program Goals rated by MEPN+MN students

(N=13)

To what extent you feel your program facilitated the development of your ability to assess and manage health issues in the following area?	Very little		Fair		A great	Mean
	1	2	3	4	deal 5	
1.Individuals	0	0	1(7.7%)	3(23.1%)	9(69.2%)	4.62
2.Families	0	0	5(38.5%)	5(38.5%)	3(23.1%)	3.85
3.Communities	0	1(7.7%)	4(30.8%)	6(46.2%)	2(15.4%)	3.69
4.Systems	1(7.7%)	1(7.7%)	4(30.8%)	5(38.5%)	2(15.4%)	3.46

To what extent you feel your program facilitated your development in the following areas?	Very little		Fair		A great	Mean
	1	2	3	4	deal 5	
1.Conceptual skills.	0	0	1(7.7%)	4(30.8%)	8(61.5%)	4.54
2.Cultural competency in knowledge inquiry and clinical practice.	0	0	2(15.4%)	6(46.2%)	5(38.5%)	4.23
3.Leadership or management skills.	0	0	1(7.7%)	5(38.5%)	7(53.8%)	4.46
4.Scholarly skills.	0	0	1(7.7%)	6(46.2%)	6(46.2%)	4.38

To what extent you feel your program facilitated your ability in the following areas?	Very little		Fair		A great	Mean
	1	2	3	4	deal 5	
1.Evaluate the current state of knowledge in a selected area of nursing as it informs theory, practice and research.	0	0	0	5(38.5%)	8(61.5%)	4.62
2.Develop and implement a research study in a focused area of nursing knowledge.	0	0	2(15.4%)	8(61.5%)	3(23.1%)	4.08
3.Evaluate the application of inquiry-based knowledge to selected areas of clinical practice.	0	0	2(15.4%)	7(53.8%)	4(30.8%)	4.15
4.Articulate ethical issues and responsibilities involved in research.	0	0	3(23.1%)	6(46.2%)	4(30.8%)	4.08
5.Develop and utilize leadership strategies that foster improvement of health care.	0	0	3(23.1%)	5(38.5%)	5(38.5%)	4.15

Table 16. End of Master Program Issues and Suggestions Summary

(N=13)

The major strength of the graduate program	
1. Teacher (N=8)	<ul style="list-style-type: none"> *Support from faculty. Emphasis on evidence-based practice. *Wonderful teachers * Flexibility, guidance, mentorship, and quality of faculty and staff. Faculty and staff provide many opportunities to graduate students in my program and work to ensure students' personal and professional interests, goals, and objectives are fulfilled. * Outstanding faculty, high standards, flexibility. * Caring clinical instructors with strong clinical experience. * Advisor support and flexibility. * Faculty members: knowledgeable and supportive. * Understanding and supportive faculty members.
2. Clinical (N=2)	<ul style="list-style-type: none"> * Diversity of students and populations in clinical placements. * My clinical experiences/preceptors were fantastic.
3. Others	<ul style="list-style-type: none"> *. Directing students into research. *I enjoyed the interdisciplinary classes that were requirements for my primary focal area. *.UW name and resources. *. Research funds. *. HealthLinks
Additional courses or other learning experiences should be included in the program	
1. Clinical (N=4)	<ul style="list-style-type: none"> *Primary care clinical experience *More and varied clinical time and experiences similar to the Pas. *It would have been extremely helpful to have more opportunities to learn advanced practice procedures necessary for clinical practice. There were 2-3 optional opportunities during the program, each several hours long, but this is not nearly enough, particularly when compared to the beginning skill set of a new grad PA or medical resident. * More clinical hours.
2. Assessment class (N=2)	<ul style="list-style-type: none"> * Assessment class was geared for NPs, not very applicable for CNSs. Assessment course for CNSs would be helpful. * I was not permitted to take the advanced assessment classes because I was not enrolled in an NP program but an AP program, which I felt was discriminatory and unfortunate as that series would have greatly benefited my career where serving as a consultant and/or expert is a necessity. So, I was a bit disappointed with that.
3. Courses (N=4)	<ul style="list-style-type: none"> * More geriatric courses. * A class in neuroscience nursing. It was in the course catalog but never offered. * Emergency nursing seminar or course. * A course in motivational interviewing for all students across the board would have been very

	helpful; also courses in self-care and mindfulness would have helped.
4. Others	<p>* I suggest is for a Skills Learning Lab that builds and develops skills related to Occupational and Environmental Health Nursing. Included would be skills for doing Spirometry, Respirator Fit Testing, Audometry, Indoor Air Quality, etc.</p> <p>* Program offered many general/broad studies covering a little bit of a lot of topics, but lacked focus or opportunity to focus on a specific area of interest within program. I would have liked to develop a strong set of skills that would bring me closer to expert level in something.</p> <p>* I think that the graduate program should incorporate into the clinical seminars or as a separate seminar course the process of critically evaluating current research studies/articles. Based on the several interdisciplinary courses I've taken through the school of Public Health, other disciplines seem to be better versed (at the Master's level) in analyzing research.</p> <p>* More flexibility for domestic or international study.</p>
Areas need improvement	
1. Curriculum (N=5)	<p>*. Fewer on-line classes/seminars for students in the area.</p> <p>*. Incorporation of more primary care curriculum into Psych program. For example, we took 520 first part and covered female health, but we did not take 520 second quarter that covered male health. This seems of balance.</p> <p>*. I think the 510 series should be re-worked to allow more time for chronic illnesses (such as diabetes care) & men's health issues, and less time on specific women's health issues (even though I love women's health).</p> <p>*. Rather than requiring NMETH 520, graduate students should be required to take BIOSTAT 511 - Medical Biometry.</p> <p>* Restructuring of the overall curriculum. Some courses were weak, while others were strong.</p>
2. Others	<p>* More opportunities for students to develop practical, procedural clinical skills in addition to the emphasis on research.</p> <p>* I think more opportunities/courses to choose from (especially for distance learners) would be beneficial. Also more guidance in constructing CVs/resumes and job searching.</p> <p>* I think nursing as a discipline needs revamping. See recent Carnegie Report.</p>
Plans for further education	
	<p>* Continuing Education (N=6)</p> <p>* Conference/Seminar (N=5)</p> <p>* Doctoral Degree (N=4)</p> <p>* Journal writing (N=4)</p> <p>* Education other than Nursing (N=1)</p> <p>* Not sure (N=1)</p>
Other comments/suggestions for the University, School, or the research committee	
1. Rural focus (N=2)	*Please re-consider the concept of training rural health care providers who are only qualified to treat adults. Rural communities need primary care providers who can treat all ages.

	* I think the rural focus should be an offshoot of the FNP program, rather than part of the adult pathway. Rural areas need clinicians with broader scopes of practice.
2. Others	*Thank you (N=2)
If you were doing it again, would you choose the University of Washington, School of Nursing?	
	*Yes (N=11) *Don't know (N=2)

Table 17. The first 5 pre-licensing quarters of MEPN program rated by MEPN+MN students

To what extent the first 5 pre-licensing quarters of your MEPN program prepared you for your focal area studies.	
Well prepared (N=5)	<ul style="list-style-type: none"> * The first 5 pre-licensing quarters of the MEPN program prepared me very well for my focal area. * The first 5 quarters were fine preparation for my focal area studies. * It prepared me fairly well to begin practice as an RN. I took time off to practice as an RN before moving on. Without that experience gained working I don't know that I would have felt prepared for the focal area studies. * It was satisfactory. * They prepared me very well.
Fair/Some (N=5)	<ul style="list-style-type: none"> * I felt that I had adequate exposure and learning of clinical skills. However, some of the cultural and community-based classes/clinical sites felt poorly planned and poorly lead. * OK * So-so. * The 5 quarters modestly prepared me for my focal area. Cramming NMETH 520/521 into the final MEPN quarter did not prepare me to work on my scholarly project. * Only some of the courses were valuable in preparing me for my focal area studies. Other courses, while still rigorous, did not apply to the Masters curriculum as well. I think that the MN/MPH program should be offered to MEPN students.
Not at all (N=2)	<ul style="list-style-type: none"> * I did not feel that the pre-licensing qtrs prepared me at all for my focal area * Not very well...I had no idea what to expect for the MN portion. Fortunately my MN advisor was supportive of the MEPN program and made the transition much easier than anticipated.
Comments or suggestions on the first 5 quarters experience	
<ul style="list-style-type: none"> * More awareness from professors and lecturers that not everyone in the room is going to be working as an RN. * It would have been helpful if the didactic portion of our education was based on clinical practice recommendations instead of research oriented recommendations. One problem with mainly rn-phd professors is that there is very little practical application teaching, which is what we needed. * NMETH 520 should be replaced with a course that would be more effective in preparing students for leading research studies and analyzing statistical data (e.g., BIOSTAT 511). * The balance of classes across the 5 quarters was not particularly balanced. I wish some of the 302/306 lab work that was so rushed in the summer could have been spread into the Fall where there was so much extra free time. * In retrospect, I don't think much of the 1st 5 qtrs helped to improve my effectiveness in the NP role. * Some clinical preceptors were poor fits. Overall the first 5 quarters were very demanding but good. In retrospect the debt I incurred to put myself through the 5 quarters was so high I don't know that I would do it again/recommend it, though the experience itself was good. * More manageable tuition and/or resources and/or suggestions to help pay off such large student loans. I also honestly 	

feel a little less prepared to practice nursing compared to my co-workers who obtained Associate's of Nursing Degrees. There seemed to be a greater force to ensure success of the program rather than the students, especially in the beginning.

* Improved organization with class schedules and materials would have allowed for a greater focus on studies/practice than on administration aspects. Also, some courses would have been better paired in the same quarter. In my opinion, for example, senior practicum with NMETH and cultural class during the shortest quarter of the program was a poor combination as the focus at that point ought to have been refining clinical skills...especially for those students who had no prior medical experience.

* There seems to be just a large disconnect between the BSN curriculum and the MN curriculum. The BSN curriculum seemed focused on inpatient nursing, while the MN curriculum focuses on outpatient, community-based nursing. The BSN curriculum assisted in preparing us for the NCLEX, but beyond that, there was little that I carried over to my focal area studies.

* We've given a lot of feedback already as part of the first group going through the program. I think many of our suggestions have seen follow through, but am not entirely certain of this.

Table 18. Working status of MEPN Alumni

	MEPN Alumni (2007 Graduates) N=4
Specialty admitted	Psychiatric Mental Health NP (PMHNP) (N=1) Community Health Systems Nursing (APCHSN) (N=1) Pediatric NP (PNP) (N=1) Infectious Disease NP (ID-ANP/IDINS) (N=1)
Part-time or full-time student	Full time (N=4)
Change part-time or full-time status during the program	NO change (N=4)
FIRST JOB Title following Master's program completion	Registered Nurse (N=1) Nurse manager/assistant (N=1) Case Manager/RN (N=1) Researcher (N=1)
FIRST JOB Setting following Master's program completion.	Home care (N=1) Ambulatory care (N=2) School of nursing (N=1)
Months after graduation to begin FIRST ADVANCED PRACTICE JOB	7 month (N=1) 5 month (N=1) None (N=1)
Current Job Title	Family Psychiatric Nurse Practitioner (N=1) Nurse manager/assistant (N=1) Case Manager/RN (N=1) Researcher (N=1)
Current Employment Setting	Outpatient clinic (N=1) Ambulatory care (N=2) School of nursing (N=1)

Table 19. Scholarly performance rated by MEPN alumni

(N=4)

	NO	YES	If yes, how many
1. Have you taught in continuing education or provided in-services since graduating	3	1	*1 hour
2. Have you participated in writing grant proposals/studies or been active as an investigator since graduating?	2	2	*DNP project, primary investigator * An DNP student, wrote 2 research proposals for doctoral capstone and one was funded by ITHS
3. Have you written any journal articles, books or book chapters since graduating	3	1	
4. Have you received any honors, awards, or certificates since graduating	2	2	*UW SON Scholarship * PALS
5. Have you delivered any presentations at local, regional, national or international conferences since graduating?	2	2	*1 *Beginning Oncology Days
6. Have you served on advisory panels, committees, or task forces that focused on improving health care outcomes or health care delivery system since graduating?	3	1	
7. Do you hold membership(s) in professional organizations?	1	3	*3 * NAPNAP, ONS, APHON * 2

Table 20. Educational Goals rated by MEPN Alumni

(N=4)

	Not very well 1	2	Fair 3	4	Very well 5	Mean
How well your Master's program of study met your educational goals?	0	0	1(25%)	3(75%)	0	3.75

	Not flexible 1	2	Fair 3	4	Very flexible 5	Mean
How flexible your program was in terms of meeting your individual educational goals?	0	0	2(50%)	0	2(50%)	4.0

Table 21. Program Goals Rated by the MEPN Alumni

To what extent you feel your program facilitated the development of your ability to assess and manage health issues in the following area?	Very little		Fair		A great deal		Mean
	1	2	3	4	5		
1. Individuals	0	0	0	3(75%)	1(25%)		4.25
2. Families	0	0	1(25%)	3	0		3.75
3. Communities	1(25%)	0	1(25%)	1(25%)	1(25%)		3.25
4. Systems	1(25%)	0	2(50%)	0	1(25%)		3

To what extent you feel your program facilitated your development in the following areas?	Very little		Fair		A great deal		Mean
	1	2	3	4	5		
1. Conceptual skills.	0	0	0	1(25%)	3(75%)		4.75
2. Cultural competency in knowledge inquiry and clinical practice.	0	1(25%)	0	1(25%)	2(50%)		4
3. Leadership or management skills.	0	1(25%)	2(50%)	1(25%)	0		3
4. Scholarly skills.	0	0	0	3(75%)	1(25%)		4.25

To what extent you feel your program facilitated your ability in the following areas?	Very little		Fair		A great deal		Mean
	1	2	3	4	5		
1. Evaluate the adequacy of underlying knowledge from nursing science, related fields and professional foundations as it informs advanced practice	0	0	2(50%)	2(50%)	0		3.5
2. Competently assess, manage health-related issues with a designed population or care system, and evaluate the effectiveness of these advanced nursing practices.	0	0	2(50%)	1(25%)	1(25%)		3.75
3. Utilize knowledge and skills in professional practice among diverse and multi-cultural populations	0	1(25%)	0	1(25%)	2(50%)		4
4. Demonstrate competence in development of inquiry relevant to practice, education, or administration.	0	0	1(25%)	3(75%)	0		3.75
5. Develop and utilize leadership strategies that foster improvement of health care.	0	1(25%)	3(75%)	0	0		2.75

Table 22. Responses and suggestions by the MEPN alumni

Question	Responses and suggestions
Major strength of the master's program	<p>1. Teacher</p> <ul style="list-style-type: none"> *The strength and diversity of the psychiatric mental health professors and their dedication to student learning is outstanding. *Great instructors- felt very confident in dealing with teenagers * The teacher a terrific advisor and focal area lead. * faculty <p>2. Learning assessment skills, psychobiological underpinnings of medication management.</p> <p>3. Flexibility of the program to explore individual interests</p>
Suggestions for improving in School of Nursing, Focal area, Clinicals, Thesis/project advisors, or Others	<p>1. SON</p> <ul style="list-style-type: none"> *An inviting, comfortable space for nursing students to convene, support, and meet each other *Require more business courses on management and budget <p>2. Focal area</p> <ul style="list-style-type: none"> *More psychotherapy *Further develop applied management and supervisory skills in program *More clinical and pharmacy experience in peds <p>3. Clinicals</p> <ul style="list-style-type: none"> *Paid preceptors that are dedicated to the clinical learning process.
Plans for an additional degree, certification, or other education	<p>Doctor of Nursing Practice (DNP) (N=3)</p> <p>Specialty Certification (N=2)</p> <p>Continuing Education, Conference / Seminar, Advance education other than nursing, (N=1)</p> <p>No plan (N=1)</p>
Currently enrolled in a degree or certificate program	<p>Psychiatric NP (N=1)</p> <p>Doctor of Nursing Practice (DNP) (N=1)</p>
If you were to do it again, would you choose the University of Washington School of Nursing?	<p>Yes (N=4, 100%)</p> <ul style="list-style-type: none"> *The program was flexible and the school had so many resources to draw from. *The FD training

Appendix 1. MEPN End of First Summer Program Evaluation (2007 revised)

I. STUDENT SATISFACTION

Please check the appropriate number that describes your satisfaction in each area of the UW MEPN program.

1. Overall intellectual level of MEPN Courses

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

2. The availability of academic help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

3. The availability of clinical help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

4. The opportunity to practice what was learned

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

5. The arrangement of class schedules

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

6. The reasonableness of assigned work

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

7. The clarity of evaluative and grading criteria

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

8. The openness of faculty to student feedback

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

9. The availability of equipment such as computers or labs

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

10. The availability of space such as student lounge or lockers

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

11. The access to MEPN online resources

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

12. The usefulness of required textbooks

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

13. The availability of library support

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

14. Interaction among MEPN students

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

15. How many hours per week have you spent on your courses, including attending classes, clinical, reading, reviewing notes, writing papers, and other course activities? Please provide a range of hours to cover all quarters.

_____ to _____ hours

Comments:

16. From the total average hours you spent per week, how many do you consider were valuable in advancing your education?

Specify _____

Comments:

II. OUTCOME ACHIEVEMENT

Please check the appropriate number that best describes your ability in each of these areas. (1 = "Novice Nurse" and 5 = "Expert Nurse")

Goals	Novice						Expert
17. Effective verbal communication skills	0	1	2	3	4	5	
18. Communicate clearly and succinctly in writing	0	1	2	3	4	5	
19. Critical thinking	0	1	2	3	4	5	
20. Clinical decision making/problem solving	0	1	2	3	4	5	
21. Psychomotor skills (i.e. Physical Assessment)	0	1	2	3	4	5	
22. Cultural sensitivity	0	1	2	3	4	5	
23. Apply research findings	0	1	2	3	4	5	
24. Apply theoretical knowledge	0	1	2	3	4	5	
25. Enhance dignity of clients	0	1	2	3	4	5	

26. Respect beliefs and values of clients	0	1	2	3	4	5
27. Incorporate health education	0	1	2	3	4	5
28. Incorporate health promotion	0	1	2	3	4	5
29. Accept accountability for own practice	0	1	2	3	4	5
30. Comfort in adaptation to change	0	1	2	3	4	5
31. Seek learning opportunities to develop as a professional	0	1	2	3	4	5
32. Care of individuals	0	1	2	3	4	5
33. Care of families	0	1	2	3	4	5
34. Care of communities	0	1	2	3	4	5
35. Care of elderly	0	1	2	3	4	5
36. Leadership skills	0	1	2	3	4	5
37. Informatics skills (i.e. process skills, data management skills, systems development life cycle, and computer skills)	0	1	2	3	4	5
38. Working with underserved populations	0	1	2	3	4	5
39. Provide information so patients can make informed choices	0	1	2	3	4	5
40. Encourage policy consistent with the advancement of health care	0	1	2	3	4	5
41. Understand the global environment in which health care is provided	0	1	2	3	4	5
42. Identify the economic, legal, and political factors that influence health care delivery	0	1	2	3	4	5

III. ISSUES AND SUGGESTIONS

43. What aspects of the summer first quarter program contributed most to your learning?

44. What aspects of the summer first quarter program detracted from your learning?

45. What suggestions do you have for improving the first MEPN quarter?

Appendix 2. MEPN End of First Year Program Evaluation (2007 revised)

I. STUDENT SATISFACTION

Please check the appropriate number that describes your satisfaction in each area of the UW MEPN program.

1. Overall intellectual level of MEPN Courses

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

2. The availability of academic help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

3. The availability of clinical help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

4. The opportunity to practice what was learned

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

5. The arrangement of class schedules

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

6. The reasonableness of assigned work

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

7. The clarity of evaluative and grading criteria

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

8. The openness of faculty to student feedback

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

9. The availability of equipment such as computers or labs

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

10. The availability of space such as student lounge or lockers

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

11. The access to MEPN online resources

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

12. The usefulness of required textbooks

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

13. The availability of library support

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

14. Interaction among MEPN students

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

15. How many hours per week have you spent on your courses, including attending classes, clinical, reading, reviewing notes, writing papers, and other course activities? Please provide a range of hours to cover all quarters.

_____ to _____ hours

Comments:

16. From the total average hours you spent per week, how many do you consider were valuable in advancing your education?

Specify _____

Comments:

II. OUTCOME ACHIEVEMENT

Please check the appropriate number that best describes your ability in each of these areas. (1 = "Novice Nurse" and 5 = "Expert Nurse")

Goals	Novice					Expert
17. Effective verbal communication skills	0	1	2	3	4	5
18. Communicate clearly and succinctly in writing	0	1	2	3	4	5
19. Critical thinking	0	1	2	3	4	5
20. Clinical decision making/problem solving	0	1	2	3	4	5
21. Psychomotor skills (i.e. Physical Assessment)	0	1	2	3	4	5
22. Cultural sensitivity	0	1	2	3	4	5
23. Apply research findings	0	1	2	3	4	5
24. Apply theoretical knowledge	0	1	2	3	4	5
25. Enhance dignity of clients	0	1	2	3	4	5

26. Respect beliefs and values of clients	0	1	2	3	4	5
27. Incorporate health education	0	1	2	3	4	5
28. Incorporate health promotion	0	1	2	3	4	5
29. Accept accountability for own practice	0	1	2	3	4	5
30. Comfort in adaptation to change	0	1	2	3	4	5
31. Seek learning opportunities to develop as a professional	0	1	2	3	4	5
32. Care of individuals	0	1	2	3	4	5
33. Care of families	0	1	2	3	4	5
34. Care of communities	0	1	2	3	4	5
35. Care of elderly	0	1	2	3	4	5
36. Leadership skills	0	1	2	3	4	5
37. Informatics skills (i.e. process skills, data management skills, systems development life cycle, and computer skills)	0	1	2	3	4	5
38. Working with underserved populations	0	1	2	3	4	5
39. Provide information so patients can make informed choices	0	1	2	3	4	5
40. Encourage policy consistent with the advancement of health care	0	1	2	3	4	5
41. Understand the global environment in which health care is provided	0	1	2	3	4	5
42. Identify the economic, legal, and political factors that influence health care delivery	0	1	2	3	4	5

III. ISSUES AND SUGGESTIONS

43. What aspects of the summer first quarter program contributed most to your learning?

44. What aspects of the summer first quarter program detracted from your learning?

45. What suggestions do you have for improving the first MEPN quarter?

I. STUDENT SATISFACTION

Please check the appropriate number that describes your satisfaction in each area of the UW MEPN program.

1. Overall intellectual level of MEPN Courses

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

2. The availability of academic help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

3. The availability of clinical help when needed

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

4. The opportunity to practice what was learned

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

5. The arrangement of class schedules

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Comments:

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Comments:

13. The availability of library support

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Comments:

14. Interaction among MEPN students

(Not Satisfied) 0 1 2 3 4 5 (Very Satisfied)

Comments:

15. How many hours per week have you spent on your courses, including attending classes, clinical, reading, reviewing notes, writing papers, and other course activities? Please provide a range of hours to cover all quarters.

_____ to _____ hours

Comments:

16. From the total average hours you spent per week, how many do you consider were valuable in advancing your education?

Specify _____

Comments:

<i>First Summer Quarter</i>		<i>Autumn Quarter</i>	
NCLIN 302	Practicum: Health Assessment	NCLIN 409	Partnerships in Community Health
NCLIN 306	Practicum: Basics Skills of Nursing Practice	NURS 417	Psychosocial Nursing in Health and Illness
NURS 304	Human Responses I	NCLIN 418	Practicum: Psychosocial Nursing
NURS 308	Human Responses II		
NURS 309	Pharmacotherapeutics in Nursing Practice II		
NURS 310	Pharmacotherapeutics in Nursing Practice III		
NURS 303	Foundations of Professional Nursing		
<i>Winter Quarter</i>		<i>Spring Quarter</i>	
NURS 401	Care in Illness I	NURS 405	Care in Illness II
NCLIN 402	Practicum: Care in Illness I	NCLIN 406	Practicum: Care in Illness II
NURS 415	Nursing of Families: Childbearing and Childrearing	NURS 412	Nursing Care Systems--3 credits
NCLIN 416	Practicum: Nursing of Families: Childbearing and Childrearing	NURS 410	Legal and Ethical Issues in Clinical Practice
<i>Last Summer Quarter</i>			
NCLIN 411	Transition to Professional Practice		
NMETH 520	Methods of Research in Nursing		
NMETH 521	Methods of Research in Nursing		
NURS 407	Cultural Variation and Nursing Practice OR		

II. TOP TWO FAVORITE MEPN COURSES ACROSS THE ENTIRE PROGRAM

17. Your favorite MEPN course and WHY:

18. Your second favorite MEPN courses and WHY:

III. TOP TWO MEPN COURSES NEEDING CHANGE ACROSS THE ENTIRE PROGRAM

19. Your first choice of MEPN courses needing change and "What change would you like to see so as to improve this course?"

20. Your second choice of MEPN courses needing change and "What change would you like to see so as to improve this course?"

IV. OUTCOME ACHIEVEMENT

Please check the appropriate number that best describes your ability in each of these areas. (1 = "Novice Nurse" and 5 = "Expert Nurse")

Goals	Novice					Expert
21. Effective verbal communication skills	0	1	2	3	4	5
22. Communicate clearly and succinctly in writing	0	1	2	3	4	5
23. Critical thinking	0	1	2	3	4	5
24. Clinical decision making/problem solving	0	1	2	3	4	5
25. Psychomotor skills (i.e. Physical Assessment)	0	1	2	3	4	5
26. Cultural sensitivity	0	1	2	3	4	5
27. Apply research findings	0	1	2	3	4	5
28. Apply theoretical knowledge	0	1	2	3	4	5
29. Enhance dignity of clients	0	1	2	3	4	5
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32. Incorporate health promotion	0	1	2	3	4	5
33. Accept accountability for own practice	0	1	2	3	4	5
34. Comfort in adaptation to change	0	1	2	3	4	5
35. Seek learning opportunities to develop as a professional	0	1	2	3	4	5
36. Care of individuals	0	1	2	3	4	5
37. Care of families	0	1	2	3	4	5
38. Care of communities	0	1	2	3	4	5
39. Care of elderly	0	1	2	3	4	5
40. Leadership skills	0	1	2	3	4	5
41. Informatics skills (i.e. process skills, data management skills, systems development life cycle, and computer skills)	0	1	2	3	4	5

VII. FOCAL AREA

52. Do you plan to be a part time or full time students in your Master's focal area?

_____ Part time _____ Full time

53. Do you intend to work as an RN when you finish the pre-license program?

_____ Yes _____ No