Do not staple this page to questionnaire.



# DNP Alumni Survey

University of Washington

School of Nursing

Box 357260

Seattle, WA 98195-7262

## **Cover Sheet and Instructions**

In an ongoing effort to evaluate the effectiveness of the University of Washington School of Nursing Doctor of Nursing Practice (DNP) program, we ask that you take 20 minutes to complete the attached questionnaire. Your input is essential in helping us refine the DNP program.

If you are completing the printed version of this evaluation and need more space, please write on the back of the page. This cover sheet is for the purpose of tracking respondents and cohorts.

**You may also complete out this questionnaire online:**

**https://catalyst.uw.edu/webq/survey/gradeval/** **227492**

Data will be collated and provided in aggregate to the DNP Coordinating Committee (DNPCC). There will be no identifying information available to the DNPCC.

Please return this completed questionnaire to:

Jungeun Lee

University of Washington School of Nursing

Student and Academic Services, Room T-301

Box 357260, Seattle, WA 98195

e-mail: jelee315@uw.edu

PLEASE TYPE OR WRITE LEGIBLY

|  |
| --- |
| *Today’s Date:*   |
| *Name:*  (Only for tracking) |
| *Year and quarter you entered the DNP program:*       |



Code:

Date:

# DNP Alumni Survey

1. Which of the following best describes your status when you were a DNP student?

\_\_\_\_ Post-baccalaureate [Which specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_\_ GEPN [Which specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_\_ Post-Master’s with Advanced Practice experience

\_\_\_\_ Post-Master’s without Advanced Practice experience

\_\_\_\_ Post-Master’s seeking specialty [Which specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

\_\_\_\_ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When did you start the DNP program?

## Year \_\_\_\_\_\_\_ 1) [ ] Summer 2) [ ] Autumn 3) [ ] Winter 4) [ ] Spring

1. When did you complete the DNP program?

## Year \_\_\_\_\_\_\_ 1) [ ] Summer 2) [ ] Autumn 3) [ ] Winter 4) [ ] Spring

1. Are you currently working in a position which requires a doctorate or DNP?

\_\_No

\_\_Not currently working

\_\_Yes

If yes, please indicate your job title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your role and responsibilities:

1. How many months after you earned the DNP degree did you become employed (regardless of what type of employment)?
2. [ ]  None. I elected not to be employed upon graduation.
3. [ ]  0 – 3 months
4. [ ]  4 – 6 months
5. [ ]  7 – 9 months
6. [ ]  10 – 12 months
7. [ ]  More than 12 months
8. If you answered “more than 12 months” above, please briefly explain why it was 12-or-more months before you were employed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you employed as an APRN (nurse-midwife, nurse practitioner, or clinical nurse specialist) or a Community Health Specialist?
2. [ ]  Yes 2) [ ]  No
3. Do you work…
4. [ ]  Full-time
5. [ ]  Part-time
6. [ ]  Per diem
7. [ ]  Other
8. If you answered “other” above, please explain.

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1. Are you interested in being a preceptor for UW School of Nursing?
2. [ ]  Yes (If yes, see next question about who to contact.)
3. [ ]  No thank you
4. If you responded “yes” to the question above about precepting, please contact Associate Dean for Academic Affairs Maggie Baker at mwbaker@uw.edu. It would be helpful for you to send a current CV or resume with your email, but not necessary. If you do not have a CV or resume to send and because this is an anonymous survey, please include your first and last name, contact information, the quarter/year you earned the DNP degree, and specify the DNP track (e.g., ANP, FNP, N-M, CNS, community health, post-MN DNP) when you write.
5. **POST-MASTER’S Graduates ONLY:** How has your DNP educational experience changed the way you practice?

|  |
| --- |
|  |

1. **If a Certification Exam was taken after DNP Graduation:** Were you adequately prepared to sit for certification?
2. [ ]  Yes 2) [ ]  No

How could we have better assisted you?

1. Have you been in the **Veterans Affairs Centers of Excellence in Primary Care Education (VA COE PCE)** Program?
2. [ ]  Yes 2) [ ]  No
3. Please indicate the level of your competency in team-based care.

 Not at All Moderately Extremely

 competent competent

 0 1 2 3 4 5 6 7 8 9 10

1. Please indicate any professional achievements achieved since completing the DNP program: [Check all that apply]

\_\_\_\_Publications

\_\_\_\_Presentations

\_\_\_\_Awards

\_\_\_\_Professional service

\_\_\_\_Other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Has your involvement in professional activities increased since receiving your DNP?
2. [ ]  Yes 2) [ ]  No
3. How well did the DNP program prepare you to become a nurse practitioner, nurse midwife, clinical nurse specialist, community health advanced practice nurse or other advanced role, or enhance your expertise in your role?

 Not Moderately Extremely

 at All Well Well

 0 1 2 3 4 5 6 7 8 9 10

1. How well did the DNP program prepare you to work with diverse, underserved and vulnerable populations and reduce health disparities?

 Not Moderately Extremely

 at All Well Well

0 1 2 3 4 5 6 7 8 9 10

1. How well did the DNP program prepare you to improve health care quality?

 Not Moderately Extremely

 at All Well Well

0 1 2 3 4 5 6 7 8 9 10

1. Are you evaluating health care systems and policy issues?
2. [ ]  Yes 2) [ ]  No
3. How well did the DNP program prepare you to evaluate and influence health care systems and policy?

 Not Moderately Extremely

 at All Well Well

 0 1 2 3 4 5 6 7 8 9 10

1. Are you critiquing and selectively translating evidence to practice to guide clinical decision-making and program development?
2. [ ]  Yes 2) [ ]  No
3. How well did the DNP program prepare you to critique and selectively translate science to guide clinical decision-making and program development?

 Not Moderately Extremely

 at All Well Well

 0 1 2 3 4 5 6 7 8 9 10

1. How well did the DNP program prepare you to provide leadership in your practice setting and/or professional role?

 Not Moderately Extremely

at AllWell Well

0 1 2 3 4 5 6 7 8 9 10

1. How well did the DNP program improve your ability to collaborate with your colleagues?

 Not Moderately Extremely

 at All Well Well

0 1 2 3 4 5 6 7 8 9 10

1. Would you recommend the UW DNP program to your colleagues?

\_\_\_\_Yes

\_\_\_\_ No

### Why or why not?

1. Is there anything else you would like to tell us?

***The UW School of Nursing faculty and DNPCC appreciate the time and thought you have given to your responses. Your feedback helps us strengthen the DNP Program. THANK YOU!***