

Do not staple this page to questionnaire.

# DNP End of Program Evaluation (EPE)

University of Washington

School of Nursing

Box 357260

Seattle, WA 98195-7262

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 about 10 minutes to complete the attached questionnaire. Your input is essential in helping us refine 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. Data will be collated and provided in aggregate to the DNP Coordinating Committee (DNPCC). There will be no identifying information available to the DNPCC.

You may also fill out this form online: <https://catalyst.uw.edu/webq/survey/gradeval/219299>

Please return the completed questionnaire to:

Jungeun Lee (e-mail: jelee315@uw.edu)

University of Washington School of Nursing

Student and Academic Services, Room T-301

Box 357260, Seattle, WA 98195

PLEASE TYPE OR WRITE LEGIBLY

|  |
| --- |
| *Today’s Date:*         |
| *Name:*        |
| *Year and Quarter you entered the DNP program:*     |

To inform continuous process improvement work and evaluate outcomes of our graduate degree programs, we are interested in what you are doing at 1, 3, and 5 years after graduation. In addition, as a CCNE-accredited school of nursing, we are required to do this. Please share with us a non-UW email that we may use to contact you at three times points (1, 3, and 5 years after graduation) so that we may collect information from you about longer-term outcomes.

|  |
| --- |
| *Non-UW Email address:*        |



Code:

Date:

# DNP End-of-Program Evaluation (EPE)

 Which of the following best describes your student status?

\_\_\_\_ 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. **Please evaluate the extent to which the following courses were beneficial.**
2. **NSG 597 Synthesis of Advanced Nursing Practice**

 Not Moderately Extremely

 Beneficial Beneficial Beneficial

0 1 2 3 4 5 6 7 8 9 10 N/A

1. **NCLIN 798 Tripartite Immersion Practicum**

 Not Moderately Extremely

 Beneficial Beneficial Beneficial

0 1 2 3 4 5 6 7 8 9 10

1. **NMETH 801 Capstone Clinical Investigative Project**

 Not Moderately Extremely

 Beneficial Beneficial Beneficial

0 1 2 3 4 5 6 7 8 9 10

1. **Social Justice course (indicate which one)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Not Moderately Extremely

 Beneficial Beneficial Beneficial

0 1 2 3 4 5 6 7 8 9 10

1. **To what extent was the Tripartite Immersion Practicum a valuable learning experience?**

 Not Valuable Extremely

 at all Valuable

 0 1 2 3 4 5 6 7 8 9 10

### Please help us to understand your TIP experience.

1. **To what extent was the Capstone Clinical Investigative Project a valuable learning experience?**

 Not Valuable Extremely

 at all Valuable

### Please help us to understand your capstone experience.

 0 1 2 3 4 5 6 7 8 9 10

1. **To what extent was the final examination a valuable learning experience?**

 Not Valuable Extremely

 at all Valuable

 0 1 2 3 4 5 6 7 8 9 10

### Please help us to understand your final examination experience.

1. **How well did the DNP program prepare you to become a nurse practitioner, nurse midwife, clinical nurse specialist, and community health advanced practice nurse or enhance your expertise in your 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 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 prepare you for practice inquiry?**

 Not Important Extremely

Important Important

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?**

 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. **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. **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 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. **Rate your level of satisfaction with how well your educational goals were met by the DNP program.**

 Not at all Moderately Extremely

Satisfied Satisfied Satisfied

 0 1 2 3 4 5 6 7 8 9 10

### Please help us understand your response.

1. **How helpful was your supervisory committee in assisting you in the process of doctoral study?**

 Not at All Moderately Extremely

 helpful helpful helpful

 0 1 2 3 4 5 6 7 8 9 10

### Please describe your experience working with your supervisory committee.

1. **How helpful was Academic Services staff in assisting you in the process of doctoral study?**

 Not at All Moderately Extremely

 helpful helpful helpful

 0 1 2 3 4 5 6 7 8 9 10

1. **Have you been in the VA COE PCE (Centers of Excellence in Primary Care Education) Program?**

\_\_\_\_Yes \_\_\_\_ No

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

\_\_\_\_Yes \_\_\_\_ No

### Why or why not?

1. **What recommendations do you have regarding the DNP program?**
2. **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!!***