STANDARD I. PROGRAM QUALITY:

MISSION AND GOVERNANCE

The mission, goals, and expected outcomes of the program are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest—all in the pursuit of the continuing advancement and improvement of the program. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

1-A. The mission, goals, and expected outcomes of the program are written, congruent with those of the parent institution, and consistent with professional nursing standards and guidelines for the preparation of nursing professionals.

Mission

The Strategic Plan for the Future of California State University Chico (CSU, Chico) provides the following mission statement (Appendix 1-A):

California State University, Chico is a comprehensive university serving Northern California and other regions of the state, as well as the nation and the world, through instruction, research, and public service. Our first priority is the education of our students by creating and maintaining selected quality undergraduate and graduate programs. We will be known for the purposeful integration of liberal and applied learning that provides our students with the knowledge, skills, and moral and intellectual virtues that form the basis for life-long learning and contribution. We affirm the importance of scholarship and public service. We support the exploration of the frontiers of knowledge, the integration of ideas, the connecting of thought to action, and the inspiring of students. We make the results of these academic efforts available for public scrutiny by all our constituents. We will maintain extensive continuing education and public service programs that serve the needs of our varied constituencies.

CSU, Chico is organized into seven colleges. The School of Nursing (SON) is housed within the College of Natural Sciences (CNS). The mission of the CNS is...

...to serve as an anchor institution in Northern California for mathematics and the sciences, providing a diverse set of services to our students and the larger community. Our undergraduate, pre-professional, and graduate programs give students the rigorous theoretical and practical training required for professional and personal success. We provide the cornerstones for a wide variety of technical disciplines beyond our college through our foundational service courses. We strive to instill in the wider campus community an understanding of the nature of science and its importance in modern society. We affirm the importance of serving the
community beyond our campus as a resource for mathematics and science expertise. (University Catalog, p. 38).

The mission of the School of Nursing (Appendix 1-B) is:

...to offer baccalaureate and master's programs in nursing that prepare graduates as generalists in professional nursing, as nursing educators, and as leaders/managers for diverse healthcare settings. As such, the school provides high quality, student-centered learning environments that use technological innovation and promote critical thinking. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

Goals

The University identifies six goals known as strategic priorities:

**Strategic Priority #1:** Believing in the primacy of student learning, we will continue to develop high quality learning environments both in and outside of the classroom.

**Strategic Priority #2:** Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.

**Strategic Priority #3:** Believing in the value of the wise use of new technologies in learning and teaching, we will continue to provide the technology, the related training, and the support needed to create high quality learning environments both in and outside of the classroom.

**Strategic Priority #4:** Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.

**Strategic Priority #5:** Believing that we are accountable to the people of the State of California, we will continue to diversify our sources of revenue and manage the resources entrusted to us.

**Strategic Priority #6:** Believing that each generation owes something to those which follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally. (http://www.csuchico.edu/prs/documents/pdf/strategicPlan5_06.pdf; University Catalog, p. 21).
Both the CNS and SON revised their goals in 2006-2007 to align with the university goals (CNS web page, SON webpage, student guidelines). The SON actively contributes toward the achievement of the university and college goals by fulfilling the complementary nursing goals as is demonstrated in Appendix 1-C.

**Expected Outcomes**

SON student learning outcomes for the baccalaureate program were revised spring 2007. The expected outcomes of the SON graduate reflect professional nursing standards and guidelines for the preparation of nursing professionals. The undergraduate curriculum applies the American Nurses Association's (ANA) *Code of Ethics with Interpretive Statements* (2001), *ANA Nursing Scope and Standards of Practice* (2004), and *The Essentials of Baccalaureate Education for Professional Nursing Practice* (1998). Student guidelines document the standards that organize the undergraduate curriculum. Student Learning Outcomes for the Baccalaureate Graduate include:

1) Apply the nursing process and professional standards of care in nursing practice.

2) Use scientific knowledge, research, and nursing theory as the basis for professional nursing practice.

3) Apply knowledge of the changing health care delivery system in fostering the health of diverse persons in their environments.

4) Demonstrate effective written and verbal communication skills.

5) Apply leadership/management concepts in multiple settings and professional roles.

6) Be an active participant for change within the health care delivery system. (Undergraduate Student Guidelines).

The SON graduate program is guided by the professional standards as described in *The AACN Essentials for Master's Education for Advanced Practice Nursing* (AACN, 1996) and the *Core Competencies for Nurse Educators* (NLN, 2005). Student Learning Outcomes for the Master of Science in Nursing graduate are:

1) Critically evaluate research literature for the purpose of application to nursing practice, education and further research.

2) Support and participate in research studies to add to the body of nursing knowledge.
3) Incorporate advanced knowledge, theory, and research, and information competency in planning, implementing and evaluating health care through a variety of advanced nursing roles.

4) Incorporate advanced knowledge, theory and research, and information competency in planning, implementing and evaluating teaching and learning through a variety of advanced nursing roles.

5) Demonstrate self-confidence in the advanced nursing role promoting change to advance the quality of professional nursing.

6) Function as a role model/mentor by respecting the nurse’s needs for self-care and lifelong learning for professional growth.

7) Participate in ongoing evaluation of the nursing program in preparing Master of Science graduates in the nursing role (SON Graduate Student Guidelines, 2008).

The mission, goals, and expected outcomes of the SON are congruent with those of our parent institution and the CNS and can be found in the student guidelines and on the SON website. The program combines both general and professional education to prepare a well-educated citizen who is also a professional practitioner. In accord with the primary goal of the University, the SON provides a high quality education. The School of Nursing further subscribes to the University’s commitment to serve the population of northern California.

The Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs meet all criteria for accreditation with the Commission on Collegiate Nursing Education (2003), and is in compliance with California Board of Registered Nursing (BRN) regulations and standards for registered nursing education programs (last review spring 2005).

1-B. The mission, goals, and expected outcomes of the program are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines.

The SON regularly reviews and revises the mission, goals, and expected outcomes of the program. Additionally, the CNS and SON update specific action plans annually. The SON Mission and Goals are revised when the University and CNS revise their mission and goal statements. The current document for University goals was developed in 2005-2006. New academic goals for the campus were just released in February 2008, and will require further school discussions on alignment. Expected outcomes for the baccalaureate undergraduate program were last revised during spring
2007 by the Curriculum Committee. Full SON faculty approval was granted at the general faculty meeting in April 2007.

SON graduate faculty voted in fall 2007 to add the NLN Core Competencies for Nurse Educators as an additional standard to guide the graduate curriculum. Course objectives were re-examined with regard to the educator competencies. The graduate faculty reviewed student learning outcomes for the entire graduate program in December 2007 to check for alignment with AACN and NLN standards. Revisions were made and those revisions were incorporated into the 2008 Graduate Student Guidelines.

1-C. The mission, goals, and expected outcomes of the program are reviewed periodically and revised, as appropriate, to reflect the needs and expectations of the community of interest.

Review and revision of the mission, goals and expected outcomes occurs within the SON committee structure, originating in the Curriculum and Graduate Committees, with final discussions occurring in full faculty meetings. These discussions include student representatives, as a key community of interest.

The SON Advisory Board serves as another key community of interest. Collaboration, program evaluation, and networking with outside agencies are ongoing. The board was formed in 1995, including nurse leaders from local healthcare agencies, the local community college, alumni, and emerita faculty to facilitate dialog with major constituents. As of April 2007, there were 20 members on the SON Advisory Board roster with approximately 15 members who regularly attend the annual spring meeting. Meeting minutes will be available in the Resource Room. The Advisory Board provides feedback regarding mission, goals, student learning outcomes, student preparation and job requirements, important and realistic data for evaluating outcomes measurement for our BSN and MSN graduates and programs. The board also keeps faculty abreast of critical changes in service settings that may impact nursing curricular demands. All proposed curricular changes are presented to the Advisory Board for input. The board provided input into the need for an online LVN to BSN program, potential sites for a new leadership practicum in which students would work with mid-level managers, and recent proposed changes in the dress code.
I-D. Roles of the faculty and students in the governance of the program are clearly defined and enable meaningful participation.

The Chair is responsible for the overall operation of the SON and reports to the Dean of the CNS. Appendix 1-D depicts the organizational structure of the SON. The SON's bylaws provide for the involvement of all nursing faculty in the governance of the program. Full faculty meetings are held a minimum of once a month. Full-time faculty are required to attend. Part-time faculty members are encouraged to attend but not required to do so. Voting rights are restricted to full-time faculty.

In addition to full faculty meetings, faculty governance occurs via five standing committees (Graduate, Executive, Curriculum, Personnel and Scholarship), and two ad-hoc committees (Admissions and RN to BSN). Each faculty member is elected to one or more of the standing committees; members of ad-hoc committees are appointed by the Director. Part-time faculty often volunteer for committees and several regularly attend full faculty meetings. Faculty minutes are distributed to all faculty. Part-time faculty are integral members of each semester level (I-VI) area meetings, which deal with day-by-day implementation of each semester's courses. Faculty members are elected to several leadership positions, including Assistant Director, Semester Coordinators (I-VI) and Learning Resources (Library) Liaison.

These committees and positions give faculty opportunities to provide input into placement of students in clinical agencies, grading policies, evaluation tools and the effectiveness of teaching-learning activities. They provide opportunities to evaluate courses and curriculum and to assure that our philosophy, goals and student learning outcomes are congruent with professional standards prescribed by our accrediting bodies, the CNS, and the University.

In addition to participation within the SON, faculty members have the opportunity to serve on committees at the College and University levels and to participate in the Academic Senate. An elected nursing representative serves on each CNS committee. Service on University level committees is by election or appointment by the Academic Senate. Currently, nursing faculty serve on 10 university-level committees, including Vice Chair of the Academic Senate (Lillibridge). Several faculty serve on more than one University committee. SON faculty members have a history of assuming leadership positions, such as Chair of the Academic Senate, Chair of the CNS Dean Search Committee, and Chair of CNS Personnel Committee. Lists of SON Faculty Committee Memberships from 2005-2008 will be available in the Resource Room.
Students in the SON have opportunities to participate on committees within the School as well as in university-wide organizations. The university mandates that students have the opportunity to participate in the formation of policies, rules and sanctions pertaining to them. Student representation to university councils and committees is through the Associated Students (AS) organization. All students automatically become members of the AS upon payment of registration fees each semester.

In the SON, students are elected for a one-semester term from each semester group (I-VI) to attend meetings of the Curriculum, Graduate, and Faculty Committees and Semester Area meetings. Lists of SON student committee memberships and minutes of meetings from 2005-2008 will be available in the Resource Room. Scheduled committee meetings are posted in advance on student bulletin boards. In an effort to increase regular attendance, student representatives are also sent e-mail notices of faculty meetings. Student participation in meetings varies, but many representatives are active and vocal participants. Student participation is recorded in committee minutes, available for review. As an example of student input, recent policy changes such as a proposed course fee increase and changes in the uniform policy were discussed in faculty meetings in Fall, 2007, with students taking an active part in the discussion. Additionally, before the proposed fee increase was submitted, the entire student body was surveyed, allowing an additional avenue for input.

I-E. Documents and publications are accurate. Any references in promotional materials to the program’s offerings, outcomes, accreditation/approval status, academic calendar, admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.

All documents and publications are accurate and reviewed regularly. Student Guidelines are reviewed annually. The University catalogue is updated every two years. Any updates or revisions are added at that time. The Baccalaureate Student Guidelines (2008), RN to BSN Student Guidelines (2008), Graduate Student Guidelines (2008) and Faculty Manual (2007-2008) clearly and accurately reflect the mission, goals and expected outcomes of the program. The SON’s student guidelines are available online at www.csuchico.edu/nurs.

Promotional materials for the SON, including undergraduate and graduate program offerings, admission policies, degree completion requirements and accreditation status can be found in the University Catalog (p. 499-507) and on the SON
webpage. Grading policies can be found within individual course syllabi. Grading policies related to progression within the program are specified within the student guidelines and in the University Catalog. The academic calendar (University Catalog, p. 4), tuition and fees (University Catalog p. 105-107) are updated by the university and can be found online at www.csuchico.edu/catalog/

I-F. Policies of the parent institution and the nursing program are congruent with and support the mission, goals, and expected outcomes of the program; these policies are fair, equitable, published, and are reviewed and revised as necessary to reflect ongoing improvement. These policies include, but are not limited to, those relative to student recruitment, admission, and retention.

As previously discussed, the mission statements, goals and expected outcomes within the nursing program are congruent with the University and CNS. SON mission, goals and expected outcomes are reviewed regularly to be in compliance with the University and the CNS mission and goals. Ongoing faculty and student input help to assure that policies are deemed fair and equitable. New policies are published in a timely manner for all students in the student handbooks and in course syllabi when appropriate to a specific course. If a policy is to be implemented immediately, copies of the new or revised policy are distributed in classes, posted on semester bulletin boards and e-mailed to students. Policies are reviewed on a regular basis and revised based on new information.

Student recruitment is ongoing for the SON. Nursing has a high profile at the annual University Fall Preview Day, President’s Scholars Day and other recruitment activities. Nursing faculty and the office staff regularly meet with families and students interested in attending CSU, Chico and the nursing program. The SON has designated one faculty (Leedom) as the Pre-nursing Advisor who schedules meetings and additional office hours with students and meets with students during all nursing summer advising sessions. Undergraduate admission criteria and pre-nursing tips are on the SON web site and updated regularly. Similarly the SON Graduate Coordinator (Morgan) participates in recruitment for the graduate program and meets with prospective graduate students. Graduate program information brochures are updated regularly (last update - May 2007) and are available in the SON office, the Graduate School and on the SON webpage. Admission information for the SON graduate program can be found in the University Catalog.
Student retention is highly valued by the SON. The SON has a designated Retention Coordinator (RC) (Pirruccello) who applies retention strategies when counseling students. Students are informed of the availability of support from the RC at the beginning and throughout the program, and may self-refer. Faculty also identify students at risk and refer them to the RC. Students work with the RC to develop a plan of action to promote successful completion in the nursing program. One specific strategy employed by the RC has been to pair minority nursing students with successful registered nurses in the community of similar ethnic background so that the students could have nurse role models. The RC also works with students who have difficulty with writing. Retention strategies have been successful in that our retention rate has improved from 89% in 2005-2006 to 97% in 2006-2007.

**Strengths of the Program**

1) The SON has maintained continuing national accreditation and BRN approval.

2) The SON’s mission and goals are congruent with those of the University, while reflecting the standards of the nursing profession.

3) The SON’s goals are realistic and meet the needs of our region.

4) The interests of the community of interest are assured through active advisory board input, and through active student participation in committees.

5) Changes in the curriculum reflect input from our constituents, and are sensitive to the needs of the nursing and healthcare community and to trends in the nursing and healthcare environment.

6) Faculty and students have clearly defined mechanisms for participation in program governance. Students participate actively in these roles.

**Areas of Concern**

1) The SON mission, philosophy and goal statements have not been widely available to those outside of the program.

2) Student learning outcomes have recently been revised for the undergraduate program and are under current revision for the graduate program.

3) Faculty are continuing to work on creating student learning outcomes that each describe a single concept and can be realistically measured.

4) Course syllabi do not consistently and explicitly relate content to the AACN Essentials documents. As the Essentials change, we will need to re-examine course objectives and content for consistency.
Strategies for Improvement

1) The SON’s web page was recently revised to provide easier access to program information, and the entire format of the web pages is scheduled for revision in March by professional web designers, for congruence with the college web page.

2) A new designation of Assessment Coordinator with assigned time will coordinate revision of student learning outcomes and measurement strategies, consistent with the university’s strategies in preparation for WASC review.

3) A syllabus template will be designed for better tracking of AACN essentials content as well as BRN mandated content.

4) Work with the newly released academic goals for the campus will soon begin, to ensure that the SON remains congruent with the college and campus goals.
STANDARD II. PROGRAM QUALITY: 
INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support. The institution makes available resources to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected outcomes of the program.

II-A. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected outcomes of the program.

The campus environment for supporting faculty achievement derives from the strategic plan, which delineates the campus’ priorities. Strategic priority 2 (see Appendix 1-A) delineates the campus’ values and strategies for faculty support. The campus provides many supportive resources to keep faculty on the cutting edge of teaching technology, engaged in a community of scholars, and provides recognition and support for a diverse array of scholarly activities.

Campus implementation of the strategic plan can be seen in recruitment/hiring practices, faculty workload, procedures for faculty development, evaluation, and promotion, and in the many supportive programs to enable faculty to excel.

Teaching: Teaching is the central mission of the California State University (CSU) system, as manifested in the CSU, Chico Strategic Plan (Appendix 1-A). Effective teaching is a major criterion in the review process for all faculty. The Faculty Personnel Policies and Procedures (FPPP) manual states, “Teaching effectiveness is the first, minimum and indispensable requirement for retention, tenure or promotion of teaching faculty.” Each department determines its own standards to guide evaluation. The SON embraces Chickering and Gamson’s (1987) principles of teaching, as foundation for fostering and evaluating faculty teaching competence. The SON’s Retention, Tenure and Promotion (RTP) document will be available in the Resource Room. Effective teaching includes use of current theory, appropriate teaching methods, effective use of clinical practice, assessment of student outcomes, participation in curriculum and program development, and effective student advising. Yearly student and peer evaluations of faculty are mandated by campus policy and reviewed by the RTP Committee at designated intervals.

Faculty roles are identified beginning with the hiring process. Very broad roles are described in position advertisements and more clearly defined in the interview phase. The FPPP and the CSU Collective Bargaining Agreement (CBA) define the faculty role in relation
to promotion and retention. The SON Personnel Plan further defines faculty roles in terms of school expectations. Changes to this document are voted on by all full-time faculty.

**Workload:** The normal workload for full-time faculty consists of 15 units each semester. Teaching assignments usually constitute 12 of those units, with the remainder allocated for advising, committee work, scholarship and service. For new tenure-track faculty, reduced teaching loads are assigned for the first two years, to give new faculty additional time for developing courses and teaching strategies, and to begin their program of scholarship. This support has been evident in nine-unit teaching loads for the five most recent faculty hired. Reductions in the faculty teaching load also occur for special projects such as grants. Special functions that are considered to be particularly time-consuming are awarded assigned time, including the Assistant Director, Graduate Coordinator, Pre-nursing Advisor, RN to BSN Advisor and Retention Coordinator. The teaching load for online courses is kept manageable by limiting enrollment to 20.

**Campus Support for Teaching:** Campus support for teaching excellence occurs in several ways. The Office of the Provost administers the Center for Excellence in Learning and Teaching (CELT). CELT is committed to rewarding and promoting the ability of faculty to teach well, to find ways to improve the learning process, and to provide support, training and mentoring. For the past 13 years, CELT has offered annual conferences on teaching and learning for faculty, staff and students. These workshops are taught by campus faculty and staff, and cover a wide array of topics that relate to teaching effectiveness. Additionally, CELT provides internal funding for projects that enhance classroom instruction, funding for faculty travel to conferences that enhance instruction, and an awards program that recognizes the development of high quality learning environments. Three faculty (Lillbridge, Hoban and Warner) have received CELT funding for projects in the past three years. CELT maintains a lending library related to teaching excellence and shares scholarly essays about teaching with faculty online. Additionally, CELT presents the Outstanding Teacher Award for the campus each year. Carol Huston, nursing faculty, received this award in 2001-2002.

Another campus resource is the Technology and Learning Program (TLP). The mission of this program is to provide support and a collaborative environment that empowers faculty to utilize technology to enhance learning outcomes. This program supports faculty in the use of many specific learning technologies, including PowerPoint, Blackboard, HorizonLive, other online modalities, course web pages and multimedia software. Many free workshops are provided each month, as well as computer-based training modules and
consultative services. This program is supplemented by the Instructional Media Center (IMC), which provides state-of-the-art media services to faculty and students. Support for graphics design, media preparation and other technical services are available. Classroom technology is also supported by IMC, including designated "Smart Classrooms" on campus. These rooms are equipped with internet connections, computers and projectors to allow for interactive presentations. The main nursing classroom is a designated Smart Classroom. Technologic support for faculty desktop computers is discussed in Standard II-B.

The CSU Chancellor’s Office provides other incentives for innovations in teaching. The SON received two small grants in past years, supporting development of information competency in the curriculum and service learning components across the curriculum.

**Scholarship:** The FPPP identifies "Professional Growth and Achievement" as an essential component of faculty evaluation for RTP, with criteria and standards developed by each department. The SON’s RTP document includes Scholarship as a major component of professional growth and achievement. Scholarship is defined broadly, following Boyer’s model (1970), and includes participation in research, publication, development of teaching modules, professional presentations, grant development, academic development (such as progress on a doctoral degree) and professional development such as national certification. SON faculty are recognized as very productive in scholarly endeavors. In the past two years, 10 faculty have published a total of 21 articles/texts and have made 27 presentations, including 7 international and 13 national. Six grants from external sources were funded; 5 internal grants were awarded. Evidence of faculty scholarship will be in the resource room. Publication is supported by faculty mentoring within the department, as evidenced by a number of joint publications. Faculty who have extensive publishing experience provide support to novice faculty by reviewing draft articles, recommending journals and providing insights into the submission processes.

Although the doctoral degree is not required for appointment to a faculty position, it is required for promotion to full professor. Faculty recognize and value attainment of this degree and have been successful in supporting colleagues to complete this degree. Completion of the doctorate is considered a major scholarly achievement, and contributes to positive RTP evaluation. Four current faculty completed doctorates concurrently with their teaching position, assisted by sabbatical leaves, leaves without pay, campus grant funds for research and flexible workload schedules. Two tenure-track and two part-time faculty are currently enrolled in doctoral programs.
The Office of Research and Sponsored Programs (RESP) provides faculty with a high level of support in securing and managing externally funded projects. The campus performs exceedingly well in this area. For 2006-2007, 518 new proposals were funded, for a total of $20,607,871, with a 77% success rate for proposals. RESP currently manages four external grants for the SON.

RESP also manages competitive internal grants for summer scholars, faculty professional development grants for assistant and associate professors, and CSU Research mini-grants to support research, scholarship, or creative activities that enhance achievements for tenure and/or promotion. The Professional Achievement Honors program recognizes faculty members who have excelled as teacher/scholars during the past three years. Lillibridge and Warner received recent research grants. Huston and Fox received Professional Achievement Honors in 2000.

The state budget allocation for operating expenses has been adequate to support faculty research and scholarly activities such as presentations or travel to conferences for the past several years. In addition, the SON has a healthy annual fund account as well as a discretionary account from teaching professional continuing education courses. All faculty requests for assistance with costs for travel for presentations and conference attendance have been met in the past three years, either from OE budgets, discretionary accounts or CELT funding.

Service: The FPPP specifies "other Contributions to the University and Community" as a required area for evaluation in the RTP process. The SON defines those contributions as leadership or active participation in school functions/committees, service on college or university committees, service on community boards or projects and service in professional organizations.

Faculty are expected to participate in the committee work of the SON, the CNS and the University. Faculty committee assignments for tenured/tenure-track faculty are determined collegially by the faculty, usually on a volunteer or elected basis. Faculty document their participation in service activities as part of their RTP process and yearly resume updates. Partial support is provided by the SON for service with national organizations such as Sigma Theta Tau International (STTI). Carol Huston is currently the President of STTI. Her roles as President-elect and President have been supported by the CNS, in the form of reduced teaching load, and a two-year leave during her presidency. Two faculty (Leedom and Persaud) served as board members of the American Association of Spinal Cord Injury Nurses. Shovein served as secretary for the Public Health Nursing
Section of the American Public Health Association (APHA) (2001-2003) and Governing Counselor (the policy-making body for APHA (2003-2004); Warner serves on the Board of the Association of Community Health Nursing Educators. Faculty are extensively involved with the local communities and agencies where students are placed for service projects. All faculty document service with local, statewide or national healthcare or professional organizations.

**Practice:** Practice is recognized by the SON as integral to the support of our mission, as a practice-based discipline. Maintaining clinical expertise is identified in the RTP standards as one of the major evaluation components. The California Board of Registered Nursing (BRN) requires faculty to maintain clinical competence for their assigned practicum settings. Additionally, 30 hours of continuing education every two years are required of all California nurses for relicensure. All of the faculty have extensive practice backgrounds, and many maintain active practice beyond their clinical teaching roles. The majority of the tenured faculty participate in either paid clinical practice, volunteer work or consultation relevant to their specialty areas. Faculty teaching schedules are usually arranged so that at least one day per week is free of teaching responsibilities, facilitating faculty practice. Clinical teaching performance is evaluated annually by students and informal feedback from clinical agencies is invited to assure ongoing faculty competence. These inputs are uniformly positive. Faculty are seen as clinically current by students, peers and agencies. Students are especially appreciative of the fact that the clinical faculty are grounded in the clinical realm and can help the students deal with the realities of today’s practice world.

**II-B. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed, revised, and improved as needed.**

Resources allocated for the SON are adequate to support the mission and goals. These resources are comparable to resources available to other academic programs on the CSU, Chico campus, as well as system-wide comparisons with other nursing programs. In meetings with health science deans across the CSU system, Dean Houpiris states that our school has the highest operating budget per full-time equivalent student.

**The CSU Budget Process:** The 23-campus CSU system is a state-supported university system, which receives funding through the state legislature. A budget is appropriated to the CSU Chancellor’s Office, which then allocates funding to each campus, based partially on enrollment. The Provost of CSU, Chico then allocates funds to each
college, which distributes the funds among its departments, primarily based on projected course enrollment. The largest budget item is for faculty salaries. With the arrival of a new Dean for CNS in 2001, the budgeting process for each department’s operating expenses (OE) was revamped, with input from all the college department chairs and school director. Each unit submits a proposed OE budget to the College Executive team, with rationale. The open scrutiny of the budgeting process has resulted in a fair and open allocation process.

**Enrollment:** Enrollment is a major factor in budget allocations, system-wide and on campus. The campus, overall, is well over the enrollment targets established by the CSU system. Exceeding the targets does not generate budget supplements, so the goal is to achieve but not exceed the target enrollment to maximize reimbursement to the campus. In Fall, 2007, the School of Nursing employed 21.5 full-time equivalent faculty (FTEF) for 217 full-time equivalent students (FTES). The FTES have steadily increased for nursing in the past 20 years, with growth in all programs. The basic program is "impacted," having more applicants than can be admitted, a condition which has persisted for the past 16 years. In response to the nursing shortage and to the demand by students, the SON increased enrollments from 30 per semester to 40 per semester in 2003, a 25% increase. Beyond this increase, clinical bottlenecks and difficulty recruiting faculty restrict further growth of the basic program. Enrollments in the online RN to BSN and master's programs are reaching capacity as well, with demand for both of those programs increasing. Currently, 40 RN to BSN students are admitted each year and 20 MSN students are admitted every other year. Further increases in those programs would require increases in faculty. A pilot LVN to BSN program has 11 part-time students, with the potential to admit 20 such students each year, pending campus approval in spring 2008. Ongoing funding for this program will be available from the Chancellor's Office, to increase the number of nursing students. Pre-nursing students also constitute part of the budget allocation formula for the college. Pre-nursing students are at an all-time high, with 420 enrolled in Fall 2007. The stable enrollment, and continued high demand for all nursing programs maintains the FTES basis for funding allocations.

**Faculty Positions:** The SON currently has 11 tenured faculty (including the Director), and 4 tenure-track faculty. Two tenured faculty are participating in the Faculty Early Retirement Program (FERP), teaching half-time. Recruiting is underway in 2007-2008 for two tenure-track faculty, in medical-surgical and maternal-child. A mental health faculty search was canceled due to lack of applicants. Full implementation of the nursing programs
and grants requires the equivalent of 10.5 part-time positions. This load is currently spread among 23 part-time faculty.

All position allocations are determined within the college. The dean determines the number of tenure-track hires that can be made, based on available funds. Each unit submits position requests and justification to the Executive Team, which ranks the positions. The dean uses this input in his position allocation. Faculty positions must also be approved by the Provost. The college aims to reach a ratio of 70% tenure/tenure-track (T/TT) faculty, and 30% part-time faculty for each unit. Only one department has reached this level. The SON is approximately 56.2%, the third lowest percentage in the college. Recent retirements and the difficulty in finding qualified faculty contribute to this low percentage. One maternal-child tenure-track position was unfilled for 2007. Three tenure-track hires will be needed to achieve the 70% level. Part-time hiring is handled on a semester by semester basis, with each unit submitting anticipated hiring needs to the dean for approval prior to the beginning of the semester. For the past five years, all of Nursing’s part-time hiring requests have been fully funded.

**Faculty Salaries:** Faculty Salaries for the entire 23-campus system are determined by collective bargaining agreements between the California Faculty Association (CFA) and the Board of Trustees of the CSU, and are detailed in the current Collective Bargaining Agreement (CBA), 2007-2010. The new agreement resulted in a 7.7% raise for all faculty for the current year, with a minimum of 20.7% increase for all faculty through 2009-2010. With step increases, equity and promotion increases, the final overall increase in salaries equates to 29.7% over the life of the contract. These increases will address the recent concern of the CSU campuses that lagging salaries and higher housing costs in California have eroded the ability to hire and retain quality faculty. Faculty salaries at California State University were projected to lag behind comparable institutions by 18% in 2006-2007 if no increases occurred (California Postsecondary Education Commission, 2006). The new agreement addresses those disparities.

Current nursing salaries compare quite favorably with those reported by the American Association of Colleges of Nursing (AACN) (See Table 2.1). The mean faculty salary levels are all higher than the AACN figures except for non-doctoral lecturers. The tenured full professors average 20 years of teaching, ranging from 6 to 33, accounting for the relatively higher salary averages. Additionally, salaries of several faculty were adjusted upward in 2007. Several nursing faculty who were hired over five years ago were granted equity to resolve disparities that resulted when the most recent faculty hires were offered higher
starting salaries than previous hires, due to changing market demands. This equity adjustment was fully supported by the dean and the provost, reflecting the commitment of the campus to retaining nursing faculty.

The lower average salary of lecturers is an area of concern. One goal for the 2007-2008 year is to achieve salary equity for the nursing lecturers. The lecturers are all part-time faculty, most of whom have full or part-time positions in nursing service. The lecturer salary is clearly not an incentive for practicing nurses to decrease their more lucrative service employment. Traditionally, we have maintained a very stable and committed pool of well-qualified part-time faculty. However, higher salaries in the service sector led to a decreased pool of faculty, compounded by increased faculty needs due to retirements, program growth and grant activities. For the first time in spring and fall 2007, we experienced difficulty hiring part-time faculty, and filled recent clinical positions with master’s students who have completed the master’s teaching practicum. This practice is not ideal, though it does help to provide mentored teaching experience for future faculty. These faculty are fully approved by the BRN as Assistant Instructors.

Table 2.1: Faculty Salary Comparisons

<table>
<thead>
<tr>
<th>RANK</th>
<th>SON 2007</th>
<th>AACN* (mean) 2006-2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral</td>
<td>$89,406</td>
<td>$88,521</td>
</tr>
<tr>
<td>Non-Doctoral</td>
<td>$90,228</td>
<td>$70,948</td>
</tr>
<tr>
<td><strong>Assoc. Professor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral</td>
<td>$75,552</td>
<td>$71,746</td>
</tr>
<tr>
<td>Non-Doctoral</td>
<td>n/a</td>
<td>$58,854</td>
</tr>
<tr>
<td><strong>Asst. Professor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctoral</td>
<td>n/a</td>
<td>$62,229</td>
</tr>
<tr>
<td>Non-Doctoral</td>
<td>$61,538</td>
<td>$52,854</td>
</tr>
<tr>
<td><strong>Lecturer (part-time)</strong></td>
<td></td>
<td>(Instructor)</td>
</tr>
<tr>
<td>Doctoral</td>
<td>$56,578</td>
<td>$55,029</td>
</tr>
<tr>
<td>Non-Doctoral</td>
<td>$43,792</td>
<td>$50,185</td>
</tr>
<tr>
<td>Graduate Teaching Asst.</td>
<td>$34,493</td>
<td>n/a</td>
</tr>
</tbody>
</table>


Despite the overall positive salary comparisons with AACN data, the salaries of nursing faculty in general are not keeping up with nursing salaries in the private sector. In this region, the major hospital hires new graduate RNs (Associate degree or BSN) at $61,776; seasoned RNs (10 years experience) make approximately $83,300.
The SON is concerned about its ability to hire new doctorally-prepared faculty at current salary levels in a highly competitive environment, given the higher living costs in California. There is an even greater concern due to many anticipated retirements in the next five to six years. The SON was approved to advertise its faculty positions at a higher salary level than most CNS positions, so that a new doctoral faculty can be hired at an associate professor level. National searches for five positions yielded only 3 qualified doctoral applicants; we were fortunate to hire two doctoral faculty, and two well-qualified master’s-prepared faculty. The maternal-child faculty search in 2007 was unsuccessful. Our best option, based on past experience is to hire master’s prepared faculty when qualified doctoral faculty are not available, and facilitate their completion of the doctorate.

**Clerical Positions:** The School of Nursing has two full-time staff — the department secretary and a clerical assistant in an 11-month position. The department secretary manages administrative, budgetary, scheduling, record-keeping and admissions files. The clerical assistant’s main function is assistance with faculty needs for course materials, tests and typing minutes. This staffing is adequate to meet the clerical needs of the faculty. The secretarial staff in the College Office also provides clerical support for personnel matters for College committees and for development activities (such as alumni outreach efforts). Staffing is not adequate to provide support for many of the faculty’s scholarly activities such as publication. Fortunately, the faculty are quite self-sufficient in word processing and have excellent technology support. Student assistants are hired to staff the nursing media laboratory.

**Non-personnel Budget:** Allocations for operating expenses (OE) are made by the dean to each department/school based on formulas, enrollment targets, and historical need. At the beginning of each fiscal year, each department chair/school director submits a summary of the preceding year’s expenditures, enrollment figures, full-time equivalent faculty, along with the coming year’s anticipated enrollment and budget plan, to the college executive team. Nursing’s preliminary budget is reviewed by nursing faculty, with input related to the budget categories. For example, nursing faculty opt to economize on phone and printing costs, in order to have more funds available for faculty development. Requests for instructional materials and equipment requests are discussed in faculty meetings as well. The budget plans for each unit are reviewed openly by the college executive team. The dean makes final budget decisions for each unit, based on input from the executive team, and based on final college allocations from the provost.
The allocation process is unbiased and provides adequate resources for program operation. The budget can be reviewed in Appendix 2-A. Reimbursement for clinical travel is the largest single expense, as many of our clinical sites are outside of Chico.

Funding for major equipment purchases is covered by supplemental equipment allocations. Faculty submit equipment requests through their school/departments. Each department ranks those requests, which are then submitted to the College Executive Team (ET), discussed and ranked. Equipment requests based on health and safety needs receive the highest priority. Typically, the SON requests are modest compared with the higher costs of equipment needed to support the hard science disciplines. A simulation grant covered the costs of the recent acquisitions of human patient simulators for a simulation center. Accreditation costs are covered by the University and are not reflected in budget figures in Appendix 2-A.

The SON's annual fund account (primarily alumni donations) provides supplemental support for media laboratory software and equipment and for other media purchases for instruction not supported by the OE budget, student projects, student pinning ceremonies and other discretionary expenses. A student course fee of $10-$20 for clinical courses covers costs for practice supplies. These fees do not cover the increased costs of consumable supplies for the new simulation center, nor new requirements for fingerprint background checks for students. A proposal to increase student fees to cover these new costs was submitted in fall 2007, but has not yet been approved.

**Resources for Faculty Development and Research:** In recent years, faculty have been well-supported in their requests for travel funds to present at conferences, as well as to attend conferences. Support for travel and research comes from the operating expense budget as well as from discretionary accounts. Major research/development endeavors are supported by sabbatical leaves. Faculty are eligible to apply for sabbatical leaves every six years, which are awarded on a competitive basis. Applications for sabbatical leaves and differential pay leaves are handled within the CNS by the Faculty Leaves and Development Committee. Two nursing faculty have sabbatical leaves awarded for 2008-2009. Additionally, funds are available from internal campus resources. RESP offers opportunities for several internal grants for faculty development. CELT offers grants for instructional innovation. Information on these programs will be available in the Resource Room. Support services for faculty scholarship are described in Standard II-A. Faculty awards and grants are documented in faculty vitae in the Resource Room.
Classroom space: The SON has primary scheduling control over its main classroom, Holt 359, and an alternate classroom, Holt 271. Each holds 49 students and are "smart" classrooms, with networked computer, video projector and TV/VCR. Classes are also held in the skills laboratory, which holds 20 students. A laptop computer, video projector, and TV/DVD/VCR are available for use in the skills lab. Classes that cannot be accommodated in these rooms are scheduled through central university scheduling. Classroom space is tight, as the campus is above its targeted enrollment; however, nursing's regular classroom needs are routinely met. Episodic requests for one-time use of classrooms for clinical orientation are more difficult to accommodate. Other departments work with us to provide access to conference rooms and labs, and some meetings are hosted at hospital conference rooms. With these limitations, all classroom needs are accommodated.

The SON maintains a media laboratory and skills laboratory for exclusive use of nursing students. The media laboratory houses seven networked computers, one printer, and two TV/DVD/VCRs. A variety of software for student assignments and for computer-assisted instruction are available to students. This laboratory also contains a copier, videos, journals and books. The media laboratory is open 20-24 hours each week, staffed by student assistants. The laboratory schedule is based on utilization history, which is collected by the student assistants each semester. Given the budget constraints, as well as the availability of the library and other computer laboratories on campus, the current schedule seems adequate.

The skills laboratory is equipped with manikins and supplies for students to learn and practice a variety of skills. There are six beds, over-bed tables, bedside stands, wheelchairs, IV pump, IV arms, traction equipment, and supplies to practice most basic skills. The skills laboratory is small and does not have a paid staff position to manage it. All skills instruction and practice occurs within the framework of clinical courses. The fundamentals faculty often use their office hours to provide open skills practice time. The skills lab limitations have been partially addressed by recent funding to develop a state-of-the-art simulation center.

The Rural Northern California Simulation Center opened in October 2006. It was developed in partnership with two local hospitals and Butte Community College, through a state-funded matching grant. The grant provided $250,000; the partners provided matching funds and in-kind support. The center is housed in a nursing unit no longer used for patient care at Enloe Medical Center's Cohasset campus and consists of the nursing station, medication and supply rooms, two conference rooms, and five patient rooms. Three high
technology human patient simulators were purchased—SimBaby, SimMan, and METI child, as well as Laerdal's Noelle birthing model, and several lower technology task training manikins. The patient rooms have good quality video capability that feeds into the conference room and nurses' station, so that nursing actions can be observed in real time or reviewed on playback. The center is staffed by a part-time coordinator and technician. Each partner designated key staff to be trained to use the center, and supported the training costs for those staff. Student, staff and faculty response has been enthusiastic. At the end of March, 2008, we will transition from grant funding to a self-support model, which is under development. The commitment to maintain this innovative center is very high from all partners, as the multiple learning benefits and potentials have evolved. We anticipate integrating simulation throughout the nursing curriculum, to enhance student practice, critical thinking, and assessment of students.

**Distance Learning Facilities:** The campus has been a pioneer in distance learning for many years. Traditional satellite telecast technology was the model for decades, but has given way to two-way video transmission and online learning support services. The online programs are amply supported by the newest distance education modalities, including Blackboard and HorizonLive capabilities. The Office of Regional and Continuing Education (RCE) provides a strong infrastructure for administering distance education programs, with long established procedures for facilitating the distant student. RCE provides regional outreach to advertise programs, handles registration for non-matriculated students and facilitates access to campus services such as the library. Campus support for distance learning is considered a strong asset for the nursing program.

**Faculty Offices:** Each tenured/tenure-track faculty has a private office with an up-to-date computer. All faculty have access to campus e-mail and voice-mail. Office space is at a premium due to record enrollments and new faculty hires. The college reallocates office space based on full-time equivalent faculty at the beginning of each academic year. As the number of tenure-track faculty grows, the existing office space for part-time faculty decreases. Six to seven part-time faculty are assigned to one office. To avoid office crowding, faculty meet with students in the hospital setting and much communication with students occurs via e-mail and online courses. Virtual office hours help to ease crowding and provide students, particularly the patient care management students (NURS 424) who work with preceptors, timely access to faculty.
Clinical Facilities: The SON maintains contracts with approximately 48 agencies for clinical placements (available in the Resource Room). These agencies include acute care hospitals, clinics, public health departments and school districts. As the capacity of clinical agencies in the immediate vicinity is limited, the SON includes agencies outside of Chico, including Yuba City (45 miles south) and Redding (75 miles north). Placements for maternal-child experiences are the most problematic due to small units, fluctuating census and to the outpatient character of pediatrics care. Faculty have been creative in seeking out the best clinical experiences in the region, and negotiating clinical time among three competing community colleges and private training programs. Within these constraints for a rural setting, we are able to fully meet clinical placement needs and provide excellent clinical learning opportunities for students as evidenced by student and employer satisfaction.

Library: The Meriam Library contains over 2,000,000 documents, including over 1,000,000 volumes in the general collection. These holdings are reviewed annually for currency and use. The SON has a budgetary allotment each year to buy books and educational media. This allotment is approximately $1,000 per year, with an added $2,400 to cover books sent on approval through a library purchasing service. The library spends approximately $12,000 per year on nursing journal subscriptions, covering 45 print titles. Many more valuable nursing journals are made available electronically through multiple full-text databases such as CINAHL Plus, Academic Search, Science Direct, PubMed, SpringerLink, Oxford Journals Online, Wiley Interscience, Blackwell Synergy, Sage Journals Online, PsychInfo, and Biological Abstracts. The library provides access to 45 online nursing reference books via Gale, and an additional 32 via NetLibrary. Nursing faculty input is requested yearly to evaluate the subscriptions list and to determine if changes are needed. The university subscribes to several online services and interlibrary loan services, heavily used by the online students. The library provides excellent library support for faculty, including assistance with database searches or locating hard-to-find publications, interlibrary loan assistance, retrieval of articles and the capability for online searches from the faculty's offices. Each college is assigned a specific resource librarian who helps with specific needs of the faculty. The library also provides excellent support for distant students, providing article retrieval and interlibrary loan services. The graduate students have requested access to more online resources, such as the Cochrane Reviews, but those are not currently in the library's budget plan.
Faculty Support Services: Faculty have extensive technological support for computer use, internet access, e-mail, and for use of teaching technologies as previously discussed. The office of User Services provides telephone and e-mail help on a daily basis for problems encountered with computer and e-mail systems. Technicians are deployed to the site for serious problems. Technicians handle all new installations of computer systems for faculty and assist with software upgrades as needed. Faculty are also supported by a human resources office and an employee assistance program. The faculty union (CFA) provides guidance for work issues related to the collective bargaining agreement (CBA).

II-C. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Financial Support Services for Students: As a state-supported institution, the CSU subsidizes student tuition, making it one of lowest in the nation. Full-time students pay $1,845 per semester in tuition and fees. Additionally, many sources of financial aid are available for students. The Financial Aids Office administers many of the funding sources available for students. On the state level, State University Grants (SUG) awards a maximum of $2,732/year for those with Estimated Family Contribution (EFC) of less than $5,000. The California Student Aid Commission awards Cal Grants for tuition and living expenses for those with documented financial need. The Federal Perkins Loan awarded $124,565 in 2007. Nursing students have access to specific nursing scholarships of over $30,000 and emergency loan funds for interest-free short-term loans. A private community foundation awards scholarships totaling $6,000-9,000 annually. Students are also eligible for state loan forgiveness programs, if they agree to work in medically underserved areas of the state. Seventy-five percent of graduating nursing students report receiving some type of financial aid. At graduation, students report loan debt ranging from $500 to $50,000, with the mode approximately $20,000. Given the high salaries for new graduates, and the many agencies that offer loan forgiveness for students, the loan burdens do not seem unreasonable for students.

Students who already have a bachelor’s degree report greater than average difficulty in obtaining funding. Many RN to BSN and MSN students receive tuition reimbursement from their employers. Generally, these students do not qualify for need-based financial aid, as their working incomes exceed aid limits. The state does offer some financial aid specifically for RNs to achieve higher degrees. Only 20% of current graduate students
participate in this program; 40% have modest support in the form of tuition reimbursement or other support.

**Student Support Services:** Multiple support services are available for students, described in the University Catalog, pages 44-81 and on the university website: [http://www.csuchico.edu](http://www.csuchico.edu). The range of resources available assists students with their academic, social and personal lives. The Library (see Standard II-B) and the Student Learning Center provide many resources for students to improve their academic skills, including assistance with online searches, workshops on study skills, test taking and writing.

Other services include an active center for academic advising, where students are assisted in understanding general education and graduation requirements, academic policies, and options for majors and minors. Information Resources provides workshops, computer labs, and online or phone technical support. Associated Students provides recreation services, a child-care center, legal services, public performances, art galleries, and a framework for a multitude of student clubs, such as the California Nursing Student Association. Career Planning and Placement provides career counseling, and conducts several job fairs, bringing recruiters to campus. The Writing Center and the Student Learning Center provide workshops and individual tutoring for students. Disabled Student Services assist students who need assessment, referral, or assistance with access to educational services. The Counseling and Wellness Program provides workshops, group discussions, and individual counseling sessions for students. Experiential Education provides learning opportunities outside the classroom, in the form of service learning, field trips, and externships. The Student Health Center provides services for health promotion, prevention and treatment. Nursing faculty most frequently refer students to counseling, student health, the Writing Center and Information Resources. These student services fully meet the Western Association of Schools and Colleges (WASC) accreditation standards, and are evaluated as part of the WASC accreditation review process. Details of the Student Affairs measures of quality and performance are available at: [http://www.csuchico.edu/vpaa/wasc/cpr/CFRs4/StudentAffairs.html](http://www.csuchico.edu/vpaa/wasc/cpr/CFRs4/StudentAffairs.html). A WASC site visit in spring 2007 commended the campus on the "remarkable commitment of the faculty, staff and administration to student success".... providing "superior support systems that promote engagement and student success." Components of the Educational Effectiveness Review process are available at: [http://www.csuchico.edu/vpaa/wasc/eer/index.html](http://www.csuchico.edu/vpaa/wasc/eer/index.html). The campus is working on these components in preparation for a WASC site visit in spring 2009.
II-D. The chief nurse administrator is academically and experientially qualified and is vested with the authority required to accomplish the mission, goals, and expected outcomes. The chief nurse administrator provides effective leadership to the nursing unit in achieving its mission, goals, and expected outcomes.

The chief nurse administrator is Director of the School of Nursing. Within the university administrative structure, the responsibilities include all of those outlined for department chairs, as well as the additional requirements for professional licensure and national accreditation. Department chair responsibilities are numerous, including administrative functions, leadership, course programming, personnel actions, representation of the department to campus and external constituencies, budget preparation and administration, staff supervision, planning, coordination, liaison among university constituents, and dispute resolution. These responsibilities are detailed in Academic Affairs memorandum AA 84-18, available in the Resource Room.

The Director is appointed by the provost, based on recommendations by the nursing faculty and college dean. Each term is for three years, with a required evaluation of the director by a faculty sub-committee before the end of each term. The SON has well-defined qualifications and responsibilities of the director, which are used in periodic evaluations. Details of Dr. Fox’s accomplishments related to this position are available in the evidence room.

Dr. Sherry Fox was appointed as Director of the School of Nursing in September, 1989 and is currently serving her seventh consecutive 3-year term. Dr. Fox completed a Bachelor of Science in Nursing at the University of California, San Francisco, a Master of Arts in Nursing at the University of Washington, and Doctor of Philosophy in Medical Sociology at the University of California, San Francisco. Curriculum vita and transcripts will be available in the Resource Room.

Dr. Fox began a nursing faculty appointment at CSU, Chico in September, 1974, teaching advanced medical-surgical nursing. During her years as a faculty member, she taught many of the undergraduate and graduate courses, participated in RN to BSN outreach programs, served as chair of curriculum and graduate committees and as Assistant Director of Nursing. She has served as a consultant for other nursing programs. During a four-year leave from teaching, Dr. Fox pursued her doctorate and practiced intensive care nursing. Prior to her academic career and at intervals during her teaching career, Dr. Fox has practiced as an intensive care nurse.
As Director, she has been active in the statewide organization of nursing deans and directors (The California Association of Colleges of Nursing, CACN). She served as secretary, president-elect and as President of CACN. She represented CACN on two important statewide nursing initiatives, the California Strategic Planning Committee for Nursing (CSPCN) and the California Nursing Outcomes Coalition (CALNOC). CSPCN was an ambitious coalition of nursing leaders from academia, service and professional organizations, formed to develop long-range planning for nursing supply and demand. This effort was funded as a Robert Wood Johnson, Colleagues in Caring partner. Dr. Fox served on the CSPCN Steering Committee, the Advisory Committee, and co-chaired the Education/Industry Interface task force and the Career Mobility task force. In this capacity, she has made statewide and national presentations, and developed two publications summarizing the task force efforts. Dr. Fox also co-chaired a statewide task force comprised of nursing directors of all California State University programs. The task of this group was to align the prerequisites of the CSU nursing programs, with the intent of increasing access of pre-nursing students to all programs in the state. Dr. Fox is currently Chair of an Education Advisory Committee for the California Board of Registered Nursing. Through these statewide leadership positions, Dr. Fox keeps abreast of key factors affecting nursing practice and education in the state. Dr. Fox serves as Principal Investigator for several grants, including the simulation center grant, an LVN to BSN development grant, and Superior California Area Health Education Center (SCAHEC) grant for regional outreach.

II-E. Faculty members are academically and experientially qualified and sufficient in number to accomplish the mission, goals, and expected outcomes of the program.

The quality of the faculty is a noteworthy attribute of the SON. Eleven faculty are tenured/tenure-track (T/TT), augmented by a stable, well-qualified cadre of part-time faculty. Two faculty members are participating in an early retirement program (FERP) and teach half-time. The T/TT cover all the required specialty areas of the program, including medical-surgical, maternal-child, mental health, community health and gerontology, and are approved by the BRN for these areas. Most are experts in development of online courses. All have expertise in their content areas, as well in as in teaching methods.

In recent years, given program growth, retirements, funded projects, and difficulty in filling tenure-track positions, the needs for part-time faculty have increased greatly. At the same time, the salaries for part-time faculty have lost ground as service salaries in the region
have skyrocketed. These conditions have led to several staffing crises, resolved most recently by hiring current graduate students as clinical faculty. These students are all experienced clinicians with appropriate nursing specialties to meet BRN approval. Though this hiring procedure is less than ideal, these graduate students bring a wealth of clinical competence, a passion for teaching and are able to apply their newly developed teaching competencies from the master’s education courses. Student and peer evaluations indicate these novice faculty are performing admirably. The part-time faculty are eligible to participate in faculty meetings, giving input to curricular changes and academic policies, and are valued members of the semester faculty groups.

The master’s degree is required for tenure-track positions, with the doctorate preferred. The doctorate is required for promotion to full professor. Six tenured/tenure-track faculty have earned doctorates; the remainder of tenured/tenure-track faculty are master’s prepared, with two enrolled in doctoral programs. The graduate program is taught by doctoral prepared faculty with the exception of an introductory technology course, taught by a master’s prepared faculty with technology expertise; undergraduate courses are taught by master’s or doctoral faculty. Faculty clinical specialties cover all required content areas of the curriculum. Faculty qualifications are summarized in Appendix 2-B.

Evidence of the quality of faculty can be seen in teaching evaluations, reflecting nursing ratings equal to or above the university norms, the numbers of scholarly and service activities of faculty, as well as successful student outcomes in terms of NCLEX results and satisfaction ratings.

II-F. The faculty roles in teaching, scholarship, service, and practice are identified clearly and are congruent with the mission, goals, and expected outcomes of the program.

The nursing RTP document defines the faculty roles in teaching, scholarship, service and practice, in congruence with the mission, goals, and expected outcomes. All T/TT faculty receive a copy of this document. More detail is provided in Standards I-A and II-A.

Strengths

1) The SON has adequate state funding to meet the current program needs, with recent budget enhancements supporting growth in all three programs.

2) The baseline funding has been richly augmented by funding from grant projects to allow for innovation in the area of RN to BSN online education, implementation of information competence objectives and service-learning.
3) Faculty are highly productive and engaged in current practice, scholarly endeavors, national, state and campus leadership positions.

4) The faculty are well-supported with professional development funds.

5) The campus provides excellent support for innovations in teaching, research, grant writing and other professional development, as well as appropriate hardware and technical support.

6) The campus provides excellent support for the online programs.

7) The college has provided start-up support for the simulation center and a nurse-managed center.

Areas of Concern

1) Current projections of disastrous state budget cuts loom in the future, with unknown impact on the distribution of resources.

2) Faculty recruitment is problematic, for both tenure-track and part-time positions, due to location and salaries.

3) The simulation center is transitioning from grant funding to a self-support model, with some uncertainty as to the long-term success.

Strategies for Improvement

1) Current projections of disastrous state budget cuts loom in the future, with unknown impact on the distribution of resources.

2) Faculty will remain politically involved, keeping legislators, the voting public and campus decision-makers aware of the need for nurses and nurse educators, and the educational programs to produce them.

3) Budget reduction strategies will be developed as needed with faculty consultation.

4) Efforts will be made to raise part-time salaries.

5) A business plan is in place to build sustainability for the simulation center. Two major grant applications were submitted in 2007-2008.
STANDARD III. PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the mission, goals, and expected outcomes of the program and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. There is congruence between teaching-learning experiences and expected outcomes. The environment for teaching, learning, and evaluation of student performance fosters achievement of the expected outcomes.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are consistent with professional nursing standards and guidelines and congruent with the program's mission, goals, and expected outcomes.

UNDERGRADUATE CURRICULUM

The mission, goals, and expected student learning outcomes provide the direction for the curricula for each of the nursing programs. Program mission, goals, and expected student learning outcomes are described in Standard I. The SON philosophy describes the beliefs of the faculty about persons, health, nursing, environment and nursing education (Appendix 3-A). Student learning outcomes (SLO) are derived from the mission and philosophy.

Professional nursing standards as stated in the American Nurses Association's (ANA) Code of Ethics with Interpretive Statements (2001), ANA Nursing Scope and Standards of Practice (2004), the Essentials of Baccalaureate Education for Professional Nursing Practice (1998) and the requirements of the California Board of Registered Nursing (BRN) frame the undergraduate curricula. These standards are congruent with the mission, goals and expected student learning outcomes of the programs.

The baccalaureate program was developed to prepare graduates as generalists in clinical nursing and to be leaders and managers in a variety of health care settings. In accordance with our mission to serve our region, online programs were developed to meet the needs of distant rural nurses to continue their education through BSN and MSN programs. A new program undergoing campus approval is an online curriculum for LVN to BSN.

Clear statements of expected student learning outcomes for the BSN program are the same for the generic BSN, RN to BSN and LVN to BSN students. Student learning outcomes are reviewed by the entire faculty to refine language and ensure consistency across the curricula. Course objectives were developed to ensure congruence with the student learning
outcomes. The last revision and approval of the undergraduate student learning outcomes occurred during spring 2007. The student learning outcomes are consistent with professional nursing standards and SON program mission, goals, and expected program outcomes.

Faculty devise teaching-learning activities and course evaluation methods based on the mission and SLOs. Teaching-learning practices are learner-centered and promote critical thinking, which requires analysis and application of theories and provides the foundation for evidence-based practice.

Course objectives are delineated in each course syllabus. Objectives are reviewed by faculty and students in area meetings throughout the semester and at the end of the course. Major changes are reviewed by the curriculum committee before revisions are incorporated into a course syllabus. The curriculum committee is in the process of a three-year review of the entire curriculum to ensure congruence of course objectives with student learning outcomes.

GRADUATE CURRICULUM

The MSN program prepares nurse educators with an emphasis on achieving advanced proficiency in adult health. The graduate program student learning outcomes (See Standard I) reflect clear statements of expected outcomes consistent with the standards adopted by the program. Professional nursing standards that guide the MSN curriculum are The AACN Essentials for Master’s Education for Advanced Practice Nursing (AACN, 1996) and the Core Competencies for Nurse Educators (NLN, 2005). Student learning outcomes for the graduate program are in Appendix 1-B. The graduate committee is responsible for reviewing student learning outcomes. The most recent review of graduate program outcomes took place in December 2007. Individual courses have clear expected learning outcomes that can be found within each course syllabus. Courses are evaluated every semester and revisions are made to course objectives and learning activities according to evaluation recommendations. Examples of course evaluation results and actions taken will be available in the resource room. Course objectives are congruent with program mission, goals, expected student learning outcomes and professional nursing guidelines for the graduate program.

Course syllabi will be available in the Resource Room. Faculty meeting minutes, semester area meeting minutes, curriculum committee meeting minutes and graduate
committee meeting minutes provide further evidence of development and revisions of clear statements of expected student learning outcomes.

III-B. The curriculum is developed, implemented, and revised to reflect professional nursing standards and guidelines. These standards and guidelines are clearly evident within the curriculum structure and expected learning outcomes. Course/unit/level outcomes are consistent with the roles for which the program is preparing its graduates.

1. The baccalaureate curriculum incorporates knowledge and skills identified in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998).

The Bachelor of Science in Nursing General Option prepares students for nursing practice. The baccalaureate program focuses on developing a nursing generalist who is knowledgeable about the discipline and role of nursing and as a member of the profession as described in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998). The program also meets the requirements of the California BRN and CSU system requirements. The five core components essential for all baccalaureate nursing programs are distributed through a carefully planned four-year sequence.

After completing the eight nursing prerequisite courses (Appendix 3-B), students begin six semesters of nursing theory and clinical courses that provide content, clinical practice, and evaluation that enable them to integrate nursing knowledge into that foundation (See Appendix 3-C). Beginning in the first semester of the program, students are introduced to the nursing role through content that includes the knowledge and application of interpersonal communication, the nursing process and critical thinking. Each semester builds on that base and incorporates theory into clinical experiences that allow students the opportunity to apply these core competencies.

During the second year, the curriculum provides the biophysical foundation for the application of decision making and nursing therapeutics in the acute care of the hospitalized adult and in the care of child bearing and child-rearing families in acute and community settings. The focus is on pathophysiology, pharmacology and laboratory data and on the application of theories of family nursing and family health maintenance as well as communication and nursing therapeutics. Senior students apply nursing therapeutic skills to planning, implementing and evaluating the nursing care of groups of acutely ill patients as well as to individuals and groups with maladaptive behavior. In the senior year, students are expected to demonstrate an integration of decision-making, communication and nursing
therapeutics in complex/high risk situations with clients across the entire life span in acute care and community agency settings.

**Liberal Education:** Four general education and four science courses must be completed as prerequisites to the nursing major (Appendix 3-B). The sciences are courses considered foundational to nursing knowledge (anatomy, physiology, microbiology and organic chemistry). The general education courses are university requirements which provide the foundation for education in any major (English composition, critical thinking, speech or small group communication, and quantitative reasoning). Concurrently with the nursing program, nursing requires nutrition, child or human development, introductory psychology, and cultural anthropology or sociology, to provide a foundation in human development, values and social patterns. Additional arts, humanities and social science courses required for the degree, described in Standard III-C, provide added breadth and foundational perspectives. Nursing courses in every semester rely on this foundation, and expand these perspectives, culminating in the final semester, as students demonstrate a broad understanding of complex issues at individual, community, national and global levels. The curriculum progresses from simple to more complex application of critical thinking, communication and nursing therapeutics to individuals, groups, and communities and culminates in the achievement of the baccalaureate student learning outcomes (Course descriptions can be found in Appendix 3-D).

**Professional Values:** Caring is an essential component of the SON’s philosophy, and the concepts of autonomy, altruism, human dignity, integrity, and social justice are woven throughout the curriculum. These values and behaviors are introduced during the first and second semester and are emphasized throughout the program with students applying these values in the acute care and community settings. A service learning component begins in the first semester, designed to sensitize novices to the many issues confronting the well elderly and underserved clients, as they interact with the healthcare system. Through reflective journals and seminar discussions, students explore these values. As students progress into the clinical areas, a caring presence is expected, bolstered by classroom discussions on quality of life, patient advocacy, personal and professional values, accountability and social justice. The capstone community health courses emphasize advanced advocacy strategies and social/political actions for social justice. Caring components are evidenced in most course syllabi, available in the Resource Room. Course descriptions are in Appendix 3-D.
**Core Competencies:** The curriculum focuses on the core competencies of critical thinking, communication, assessment and technical skills. Building on the prerequisite critical thinking course, application of critical thinking is stressed in every course throughout the curriculum. Students are introduced to research and evidence-based practice as a form of critical thinking in the first semester, with in-depth focus during the fourth semester research course, NURS 332. Evidence of this competency can be seen in course syllabi and supplements.

**Communication skills** from the foundational General Education courses are expanded throughout the program. Beginning in the first semester, students are introduced to the nursing role with content that includes the knowledge and application of interpersonal communication and the nursing process. Interviewing skills are introduced. Opportunities for practice of these communication skills occur throughout the program. Both verbal and written communication skills are emphasized in most courses. Written communication mastery is documented during the senior year with students completing the University writing proficiency requirement in a nursing major course (NURS 422) through reflective writings and formal papers.

Students engage in communication with patients in all clinical practica, assessing, clarifying, explaining, educating, and maintaining therapeutic goals. All practica require effective interdisciplinary and collegial communication, as well as appropriate and accurate documentation. Through post-clinical conferences, clinical logs, presentations and other written materials submitted throughout the program, faculty are able to continuously assess a student’s ability to be an effective communicator.

**Assessment skills** are introduced in the second semester and reinforced in all subsequent courses. A nursing assessment course (NURS 285) provides the foundational theory, applied throughout the curriculum, and emphasized as students work with more complex patients, children and families, mental health patients, and finally, the community. Assessment skills are practiced in the second semester practicum (NURS 284), and enhanced in all other practica. As the student progresses, assessment skills become broader and more holistic in nature. Every practicum includes assessment outcomes as part of the nursing process.

**Technical skills** are acquired in the second semester practicum, NURS 284, first in a skills laboratory, with later application in the acute hospital. All essential skills delineated in the AACN Essentials are covered. More advanced skills for acute care are introduced in the
third semester, and specialty skills are added as the student progresses. Use of the simulation center is enhancing technical skill development throughout the program.

**Core Knowledge, Health Promotion, Risk Reduction and Disease Prevention:** Application of core knowledge is evident throughout the curriculum. Health promotion, risk reduction and disease prevention across the lifespan are discussed in every clinical theory course and practicum. The first semester focuses on understanding the client’s relationship with the healthcare system, predominantly with well elderly who require some degree of support through community agencies, and who may need assistance in managing their health. The second and third semesters develop an in-depth understanding of the effects of disease, along with strategies to maintain health and prevent disease. Client education focuses on helping patients to enhance their health within the context of their disease or illness. Risk reduction strategies related to abuse, chemical impairment and violence are explored related to families in NURS 315, and in mental health courses (NURS 433 and 434). The final semester community health courses (NURS 474, 475) provide culminating activities related to health promotion, risk reduction and disease prevention on a community scale.

**Illness and Disease Management:** The main focus on illness and disease management occurs in the second and third semesters, as students explore disease and illness seen in acute care settings, using a holistic perspective. Working with acutely ill clients (NURS 284, 304), and applying knowledge from the concurrent theory classes (NURS 283, 303), students assess and manage diverse problems, administer appropriate therapies, work to restore or maintain function, anticipate and manage disease complications, and develop plans to meet the comprehensive needs of the patient and family. The focus changes in the fourth semester, to include illness/disease management and health promotion for the infant, child and the child-bearing family. In the fifth semester, illness management concepts are expanded to include mental health issues, and care for groups of acutely ill patients. In the sixth semester, students apply all previously acquired knowledge of illness/disease management in an integrative acute care clinical. Additionally, they work with the management of chronic illness in community settings. Issues of global disease incidence, transmission and management are included in the public health courses.

**Information and Health Care Technologies:** Information competency objectives are stranded through each semester, building sequentially, in a coordinated fashion. Library assignments in the first year guide students to the major nursing data bases and search
strategies to be used in subsequent semesters. Students become proficient in the use of web-based resources and incorporate evidence-based guidelines into their clinical experiences.

Most hospitals require some proficiency in computer-based systems, and many monitoring machines require basic technology proficiency. The media lab and the library provide ready computer access; the campus provides workshops and online tutorials; skills labs and hospital orientations also help to advance technologic skills. Each course has a web-based component which provides students the opportunity to communicate with each other and faculty about course content. This component also facilitates the use of online evaluation methods and discussion boards which enhance student learning. With the opening of The Rural Northern California Clinical Simulation Center in August 2007, the SON is able to provide state-of-the-art education using dynamic teaching tools. Through the use of the Center, faculty provide risk-free, hands-on educational programs for students, nurses in the community, and other health care professionals. Students are able to practice skills and participate in a full range of patient cases using simulation technology.

**Ethics:** The *Code of Ethics for Nurses with Interpretive Statements* (ANA 2001) is the basis for lectures and debates on ethics topics. Through the study of ethical frameworks and principles, graduates gain an understanding of their own and others' value systems and are able to implement empathetic care for their patients. In their senior year students master these principles and frameworks when students debate ethical and legal issues through the use of case studies.

**Human Diversity:** Rural northern California provides the opportunity to work with a culturally diverse population, including Hmong, Hispanic and several tribes of American Indians. Students gain understanding in the many racial, religious and social disparities that exist. Cultural content can be found in the courses which focus on the family (NURS 315) and during the public health rotation. Aspects of culture are addressed in many courses, as they relate to the discussion topics, such as varying cultural attitudes toward birth and death, and strategies for managing illness. All clinical experiences provide many opportunities for caring for diverse patients with sensitivity to their needs.

**Global Health Care:** The broad perspectives needed for understanding global health issues are developed in NURS 475, in public health nursing theory. Epidemiology of world diseases is discussed, as well as the global environment in which health care is delivered.
**Health Care Systems and Policy:** The curriculum includes discussions on health care systems and policy in the leadership and management and nursing role classes. Knowledge and skills to understand these issues are obtained through both theory and clinical experiences. Based on the identified need for students to improve the application of leadership and management knowledge and skills, a new clinical experience was added in the Fall of 2007 for fifth-semester students in the leadership and management theory course, NURS 422. It had been identified that there was a lack of synthesis of this knowledge by students when faced with topics such as ethical dilemmas, organizational structure or planned change. Knowing that registered nurses are frequently confronted with leadership and management problems, faculty felt it was vital to give students experiences in applying leadership theory in practice. Students now work with nurse managers to gain a better understanding of the organization and finances of delivery systems and participate in policy-making efforts. Evidence of this increased awareness of the legal, economic and political factors that influence health care delivery can be found in student writings for NURS 422 in the Resource Room as well as in the web-based portion of NURS 444.

**Role Development:** This component is introduced in the beginning role courses with discussions on the history of nursing and the competencies of the professional nurse. Role expectations advance in the second semester, incorporating the provider role in the acute hospital setting. The provider role expands in the fourth semester to working with child-bearing families and children in the community, as well as in acute care settings. The fifth semester emphasizes the nursing provider role to managing and coordinating care in NURS 424, as each student works with an RN preceptor in managing groups of patients. A new leadership practicum, NURS 444, allows students to experience the larger picture of designing, managing and coordinating care while working with a mid-level manager as a mentor. Students engage in a variety of assignments related to risk management, quality control, budgeting, legal and ethical issues confronting nurse managers. In the final community health practicum (NURS 474), students work in teams and with other health professionals in designing and implementing community projects to promote health with selected populations, and working with community agencies to manage the care of vulnerable populations.

All courses cover aspects of the understanding of the nurse as a member of a profession, beginning with the first nursing role courses (NURS 281 and 282), and carried through in every practicum, as students advocate for patients, grow in understanding of their scope of practice, and interact with health care teams. Nursing history, philosophy,
standards and ethics are introduced in NURS 282, and revisited in NURS 475. Senior students discuss and review their career plans as part of NURS 422. Participation in the student nursing organization is encouraged as a collateral activity to the curriculum, and high achieving seniors are invited to join Sigma Theta Tau International.

The RN to BSN option builds on the same Liberal Education foundation as the General Option and shares many of the upper division nursing major courses (See Appendix E). The RN to BSN program recognizes the lower division associate degree foundation for nursing practice, by allowing transfer credit equivalent to the General Option’s lower division nursing coursework. For other prior education and experience which equates to upper division courses, we use a process of ‘escrow credit’ to grant upper division credit for basic coursework and experience, with the credit granted after successful completion of advanced baccalaureate coursework. The RN student completes 28 units of coursework, which includes the required content to meet essential baccalaureate content; 10 units of lower division coursework are transferred, and an additional 22 units are granted by escrow credit, resulting in a 60 unit major. The RN to BSN courses are listed in Appendix E; course descriptions for the RN to BSN are in Appendix F.

2. The master’s curriculum incorporates knowledge and skills identified in *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 1996). Any specialty standards adopted for the master’s program are incorporated into the curriculum. In addition, nurse practitioner program curricula demonstrate incorporation of the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2002).

The Master of Science program, with specialty focus on Adult Health and role focus on Nurse Educator, prepares students for nursing practice in nursing education in academia, agency staff development and patient education. Student learning outcomes for the MSN program are based upon the graduate core curriculum content specifically identified in the AACN Essentials document. Syllabi for the MSN courses link course objectives with the AACN Essentials. Distribution of the seven identified core graduate curriculum topics are found as follows in the MSN program. Course descriptions are in Appendix 3-G,

**Research** knowledge and skills can be found in the graduate research course Advanced Nursing Research and Theory (NURS 620). This course provides students with the beginning skills necessary to apply and conduct master level research in nursing. Research as a thread continues in Advanced Concepts of Adult Nursing Care (NURS 640). In this course trends in nursing and health-related research in adult health practice and
nursing care delivery are emphasized. Students are able to apply research in the Advanced Practicum for Adult Nursing Care (NURS 647) course through application of evidence-based best practices. Teaching learning research and theory can be found in the primary nursing education theory course Instructional Process in Nursing Education (NURS 650). During the last semester of the graduate curriculum students apply a solid foundation of research in the Practicum for Instructional Process in Nursing Education (NURS 657) course.

**Policy, organization, and financing of health care** can be found in a course devoted to this topic called Issues and Ethics in the Delivery of Health Care (NURS 645). Building on the undergraduate curriculum in community health nursing, NURS 645 provides the student with the opportunity to examine the social, political and economic environment that influences and impinges on the ability of the master’s level nurse to deliver nursing care to specific populations and groups. Strategies to maximize the use of existing resources while exploring alternative approaches and planning for change are emphasized.

Content on **ethics in health care** is distributed throughout the curriculum. Evidence of this topic begins in the course syllabus and course content for Advanced Nursing Research and Theory (NURS 620) where research ethics are introduced. Students are required to submit a plan for protection of human subjects and gain practice drafting a consent form. Ethical concepts related to the delivery of care are an integral part of the Advanced Concepts of Adult Nursing Care (NURS 640) course, as part of a required student presentation on bioethics in adult health and illness. Ethical and legal considerations are also threaded in both case study assignments in the context of nursing care issues. In Issues and Ethics in the Delivery of Health Care (NURS 645) students explore ethical principles related to the distribution of health resources. Ethical principals are applied as students study teaching learning theory in the Instructional Process in Nursing Education (NURS 650) course.

**Professional role development** is first introduced in the role course Dynamics of the Advanced Nursing Role (NURS 630). The roles of caregiver, leader/manager, teacher and advocate provide the basis for an exploration of the dynamic and varied role possibilities for the master’s prepared nurse. Theories and strategies for identifying, establishing and implementing an advanced nursing role are examined and then later reinforced within the context of course work found in Issues and Ethics in the Delivery of Health Care (NURS 645). Professional role development is experienced in the Advanced Practicum for Adult Nursing Care (NURS 647) course as students work closely with an advanced practice nurse.
in a clinical setting. Application of the professional role of educator can be found in the Practicum for Instructional Process in Nursing Education (NURS 657) course.

**Theoretical foundations of nursing practice** are introduced in the first semester course in Advanced Nursing Research and Theory (NURS 620). Students apply a theoretical foundation to guide the study of a phenomenon important to nursing. Additional theory content can be found in Advanced Practicum for Adult Nursing Care (NURS 647). This course focuses on the application of selected theories that help explain clinical phenomena resulting from the physical, social, emotional, and developmental aspects of adults found within various cultural/ethnic groups. Instructional Process in Nursing Education (NURS 650) is a theory-based course designed to provide the student with a variety of teaching learning theories. The graduate student analyzes and evaluates the major concepts and research on learning theory, teaching-learning strategies and curriculum development as they are applied to staff development and academic nursing settings.

**Human diversity and social issues** are an important component of the graduate curriculum and can be found within a wide variety of courses including Advanced Concepts of Adult Nursing Care (NURS 640), Issues and Ethics in the Delivery of Health Care (NURS 645), Advanced Practicum for Adult Nursing Care (NURS 647), Instructional Process in Nursing Education (NURS 650) and Practicum for Instructional Process in Nursing Education (NURS 657).

**Health promotion and disease prevention** theory is taught at the advanced skill levels in Advanced Concepts of Adult Nursing Care (NURS 640). During the Advanced Practicum in Adult Health Nursing (NURS 647), students provide advanced nursing care to a selected population of adults in a clinical agency of their choice. Each student is expected to provide advanced nursing care to promote health and prevent disease in a selected client population. Critical complex social, economic and political factors impacting the delivery of health promotion and disease prevention care are analyzed in Issues and Ethics in the Delivery of Health Care (NURS 645).

Recent publication of the Core Essentials of Nurse Educators by the National League for Nursing (NLN) now provides a national standard for the continuous quality development of nursing educators. In fall 2007, the graduate committee decided to adopt the NLN guidelines as a standard for the specific nurse educator courses. Graduate faculty responsible for teaching the specific nursing education theory courses and the corresponding teaching practicum are in the process of applying the NLN standards to those courses. The
graduate committee will work with faculty assigned to those courses to ensure that NLN guidelines are being incorporated into Nurs 650, 651 and 657. Site visitors will have access to graduate course syllabi and graduate course content for evidence of incorporation of knowledge and skills of the AACN Essentials and the NLN Guidelines within the MSN curriculum.

III-C. The curriculum is logically structured to meet expected program outcomes.

1. The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.

The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities. The nursing major requires a total of 120 units for graduation that includes general education and professional nursing courses. The University requires a 48 unit general education requirement for a Bachelor's degree. General education courses are separated into general education core and general education breadth categories. The General Education Core consists of courses that increase skills in oral and written communication, critical thinking and mathematics. Nursing students are required to complete 12 units of core skill courses prior to admission to the nursing major. (Appendix B).

General Education Breadth courses incorporate requirements in science, arts and humanities, behavioral and social sciences and lifelong learning. Nursing students must complete 16 units in the science foundation. These classes include human anatomy, human physiology, microbiology and organic chemistry. In addition to the sciences, a minimum of 9 semester units are required in the arts and humanities. These courses provide education in music, art, languages and literature, philosophy, religion and humanities. Other general education courses cover behavioral and social sciences. All nursing students complete a minimum of 9 semester units in behavioral and social sciences that expose students to human social, political, economic and cultural institutions. The final major area under the general education breadth requirement is known as lifelong learning topics. Nursing students complete child development and basic nutrition in this area. A requirement for graduation is that students must complete 9 semester units in an upper division general education theme, encompassing three courses. Due to the high number of units in the nursing curriculum, students in the program are required to take only two theme courses, with a nursing course (303) fulfilling the science requirement for the theme.

There are 59 units of professional nursing courses in the General Option. The six-semester nursing curriculum for the generic program focuses on the discipline of nursing and
is supported by the sciences, arts and humanities. The 2007-2009 CSUC University Catalog identifies the academic foundations and core curriculum for baccalaureate nursing majors (pages 499-502). The baccalaureate program prepares a nurse generalist who is knowledgeable about nursing roles, professional values and specific core competencies. The BSN curriculum begins with courses in the nursing role, nursing foundations and nursing assessment. Required prerequisite science, arts and humanities course provides students with a foundation from which to understand humanity in these initial nursing courses. Beginning in the first semester and throughout the five succeeding semesters, students integrate their nursing knowledge based upon a solid foundation of science, arts and the humanities. Students progress from simple to complex application of critical thinking, communication, and nursing therapeutics with individuals, groups and communities. Understanding the sciences, humanities and arts provides students with sufficient depth of knowledge necessary to create and assess therapeutic nursing interventions.

The RN to BSN consists of 60 units in the major, building on the same foundation as the General Option, with differences based on the RN’s prior nursing education and experience. Transfer and escrow credit account for 32 units; the RN completes 28 units of coursework, meeting the same learning outcomes as the basic, General Option student.

2. The master’s curriculum builds on the baccalaureate level foundation.

The master’s degree curriculum is consistent with the SON’s mission and builds on the baccalaureate core competencies. Prerequisites for entry into the MSN program include the completion of an accredited baccalaureate nursing program, including public health nursing, a current license to practice as a registered nurse in California, at least two years of clinical practice as an RN, and an introductory three-unit course in statistics within the preceding five-year period. Master’s applicants must also meet admission requirements of the Graduate School, including a 2.75 GPA (on a four-point scale) in the last 60 semester units attempted, a 3.0 GPA on the last 30 semester units attempted and completion of a nationally standardized qualifying examination, which for the SON, is the Graduate Record Exam. Students who are admitted to the MSN program have a foundation of the requisite nursing knowledge, critical thinking, communication and nursing therapeutic skills and competencies of a generalist practitioner in the discipline of nursing.

Advanced roles within the master’s curriculum build upon the BSN competencies outlined in *The Essentials of Baccalaureate Education* (1998). It is these skills that form the foundation for the MSN curriculum. The graduate curriculum is based on a foundation of
theory, research and practice. Early courses within the MSN curriculum such as advanced nursing research and theory, advanced theoretical concepts for nursing care of the adult and advanced practicum for adult health nursing care draw upon the foundational courses within the BSN program that first introduced these topics. The master’s sequence is in Appendix 4-H.

Success within the master’s program requires that students admitted to the program have baccalaureate level competency in core knowledge areas including illness and disease management, health promotion and risk reduction, information and health care technologies, ethics and human diversity, health care systems and policy, research and role development. The MSN curriculum provides the graduate student the opportunity to attain advanced knowledge and practice in the discipline of nursing and to incorporate new information based upon a baccalaureate foundation in nursing.

III-D. **Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.**

A variety of methods are used to regularly review the curriculum and teaching-learning practices. Every syllabus specifically outlines the teaching-learning practices that will be used for that course. Faculty make changes based on feedback provided from students, colleagues with similar expertise, the SON’s curriculum committee, the SON graduate committee, the SON’s personnel committee and from supervisors such as the School Director and the College Dean. Student feedback on curricular content and the ongoing teaching-learning process is provided monthly throughout the semester via semester area meetings, graduate committee meetings and at the end of the semester during course evaluations. Faculty peers review curriculum during monthly area meetings and graduate committee meetings, and suggest changes that need to be incorporated.

An example of a change that was implemented to foster improvement can be found in the Leadership/Management Clinical Practicum course. The clinical application for leadership/management was completely revised based on faculty, preceptor and student evaluation of the previous leadership clinical experience that was primarily patient care management. It was determined that the baccalaureate student needed more exposure to the knowledge and skills required of nurse managers in today’s health care system. The new practicum, NURS 444, was implemented in fall 2007 in the undergraduate generic curriculum. The two nursing faculty teaching this course met to review it monthly. Feedback from students and faculty at the October area meeting indicated the workload was excessive.
Mid-semesterner changes were implemented to bring the workload more in line for a 2-unit clinical practicum. A document entitled *Changes to N444 starting November 1, 2007,* was developed and given to students at an on-campus seminar. This document can be viewed in the Resource Room.

Minor course changes are handled at the semester level for the undergraduate curriculum and by the graduate committee for the graduate curriculum. Major changes are submitted to the school curriculum committee, and if required by university policy, submitted for college and university level reviews as well.

Course review was recently completed in the graduate curriculum for the two courses taught in Spring 2007: N630 Dynamics of the Advanced Nursing Role and N640 Advanced Concepts in Adult Nursing Care. Course review is currently underway for N621 Advanced Nursing Research and Theory and N610 Technology and Teaching. Those courses were taught in fall 2006 and are scheduled to be taught again in fall 2008. Feedback from the review this spring will be incorporated into those courses prior to fall. Ongoing course evaluation/review is planned so that every semester at least two courses are peer reviewed/evaluated by two graduate nursing faculty. (See Appendix 3-I).

Because the master's program is delivered in the online format, one component of the evaluation criteria for course review is the Rubric for Online Instruction, developed by CSU, Chico in 2003. The rubric includes five categories: 1) learner support & resources, 2) online organization & design, 3) instructional design & delivery, 4) assessment & evaluation of student learning, and 5) innovative teaching with technology. There are three areas of competency: baseline, effective, and exemplary. In addition the content components of course review will include evaluating course objectives and course content for linkages to AACN Essentials (1996) graduate core curriculum content and evaluations will review that the education courses have linkages made to the National League for Nursing Core Competencies of Nurse Educators (See Appendix I).

University-wide formal student evaluation of teaching is conducted at least annually. Newer faculty are reviewed more often than are more experienced faculty. The Personnel Committee and Director evaluate teaching-learning strategies and course implementation by tenure-track and part-time faculty annually. Tenured full professor faculty are formally reviewed every five years. All faculty evaluations are reviewed by the Dean or Associate Dean.

Evaluation data are discussed in faculty meetings conducted by the Director. Faculty discussion at these meetings provides an opportunity to review program outcome data and
its implications for the curriculum. Feedback is elicited regarding the whole curriculum and from specific specialty components of the curriculum. During this evaluation meeting faculty examine how well our undergraduate students performed on specific areas of the NCLEX exam and the relationship of these areas to the curriculum. These evaluation workshops allow the Director and faculty to provide feedback, identify problem areas and offer suggestions to strengthen the curriculum. Summaries of evaluation data are reviewed by the SON Advisory Board.

III-E. The didactic and clinical teaching-learning practices and learning environments support the achievement of student learning outcomes.

Didactic and clinical courses are conducted in environments that support the successful achievement of student learning outcomes. Theory classes that meet on campus are conducted primarily in smart classrooms where technology and media enhancement can be smoothly integrated into the content delivery. Theory-based classes contain a maximum of 40 students. Faculty are able to work with students on a more personal level when classroom size is not too large. Because online classes are highly interactive, the maximum cohort size is 20. Both undergraduate and graduate students move as a cohort through the curricula, which contributes toward opportunity for peer support during didactic and clinical course work.

Additionally, many courses have a web-based component, which provides opportunities to enhance learning through the use of discussion boards, assessment and evaluation. The University has recently adopted a new technology through the use of “clickers,” which are hand-held student response systems. These devices create an interactive environment that keeps students engaged in their own learning. Since the program is still in its pilot study, only one faculty person is currently using this method of student assessment in Leadership/Management and Professional Issues in Nursing (NURS 422). Information about these devices can be found on the University website in the Teaching and Learning Program page: http://www.csuchico.edu/ tlp/.

A wide variety of clinical sites are available for students to achieve course designated learning outcomes. The CSU, Chico’s SON has been in the forefront of achieving community and regional linkages for clinical education opportunities. Each semester the SON requires clinical placements for approximately 240 generic undergraduate students and 10-20 RN to BSN students. Finding appropriate clinical experiences for all students to be able to meet learning objectives requires placements throughout much of our rural service area. Five
hospitals, all within a 45-minute commute of Chico, provide an adequate number of beds and services to support most clinical practica. The hospital located in Chico is Enloe Medical Center with 208 beds. Three nearby cities also have small hospitals: Oroville Hospital, located in Oroville, has 153 beds; Feather River Hospital, located in Paradise, has 121 beds; Fremont Medical Center, located in Yuba City, has 140 beds; and Rideout Memorial Hospital, located in Marysville has 126 beds. The SON also uses Mercy Medical Center (270 beds) and Shasta Regional Medical Center (269 beds) for selected clinical opportunities but which are 75 miles from campus. A listing of clinical agencies will be available to the site visitors in the Resource room.

The clinical agencies are generally extremely welcoming of students, and supportive of their learning opportunities. In comparison with schools in larger metropolitan areas, it is evident that our students are given more freedom to function, with more opportunities to practice skills, rather than just observing. Our graduates also comprise a high percentage of the agency staff, and are familiar with our curriculum and faculty; their knowledge of what the students need also strengthens the clinical experiences. One concern with our widespread clinical sites is the time and cost for commuting to distant agencies. Community health students average commutes of 910 miles per semester for the NURS 474 practicum.

Knowing there has been an increasing difficulty in obtaining adequate acute care pediatric experiences for undergraduate students, the faculty has added learning activities through the use of the Rural Northern California Clinical Simulation Center. Several new common acute care pediatric scenarios were recently developed for the simulation center by faculty. Maternity and medical-surgical scenarios have also been developed by faculty. Students are able to practice skills and participate in a full range of patient cases using simulation technology.

Undergraduate students enrolled in community health nursing clinical practica are assigned to agencies within a nine-county area including county public health departments, and other agencies that work with community clients, such as schools, senior services, comprehensive perinatal services, homeless shelters, hospice, and a newly developed nurse-managed center. By using the wealth of community agencies in our service area, students are assured an excellent community clinical experience. Faculty frequently travel to these agencies to meet with the student preceptors. Distant RN to BSN students complete the community health nursing practicum in the counties in which they live if agency contracts can be obtained. These additional clinical experiences have necessitated the creation of new agency contracts and expansion of the counties used for clinical practica.
To meet the needs of working nurses in our region, the SON has developed an online Master's program to prepare nurse educators in adult nursing. Graduates are prepared to be nursing educators in nursing programs (baccalaureate, associate or vocational) as well as in staff development settings. The program is focused on Adult Health Nursing and Nursing Education. There are three components to the graduate curriculum: the core courses, the adult health (advanced practice) courses, and the curriculum and instructional process (education specialty) courses. The program follows the curriculum standards set forth by AACN in the Essentials of Master's Education for Advanced Practice Nursing. In this model, classes must consist of graduate nursing core classes, advanced practice nursing core classes, and specialty curriculum content classes.

The core courses provide a solid foundation in nursing research, the development and use of nursing theory and conceptual models, and the components of the advanced nursing role. The adult health courses use a physical, psychosocial, spiritual and developmental perspective as students examine normal changes in the adult, the impact of selected clinical phenomena on the adult, and the process of planning advanced strategies for nursing care. The courses also assist the student to examine the larger social context in which advanced nursing practice must exist and the potential impact of that context on individual practice. The advanced practicum in nursing care of adults provides the opportunity for students to apply their knowledge to a selected population of adults. The curriculum and instructional process courses examine learning theory, teaching-learning strategies, and curriculum development for use in practice and education settings. The practicum for instructional process in nursing education provides the opportunity for students to teach in a School of Nursing or staff development setting.

The graduate curriculum is based on the AACN Essentials of Master's Education for Advanced Practice Nursing and the NLN Core Competencies of Nurse Educators. These professional standards are incorporated into all master's level classes through objectives, content, learning experiences, methods of evaluation, and course procedures. Course objectives designating the Core Competencies of Nurse Educators and the adherence to Essentials document will be available in the resource room.

The graduate didactic and clinical courses use a variety of teaching strategies appropriate to learner needs and learner outcomes. Teaching-learning methods include online education, discussion via class bulletin board postings, small group work, literacy competency exercises, student presentations, case study analysis, issue analysis, logs/journals, poster presentations, scholarly papers, and a variety of other written and public
speaking exercises. Examples of course papers and projects will be available in the Resource Room.

Northern California offers excellent clinical placements that facilitate student-learning. The graduate students participate in two practica in the master’s program. One practicum course uses a preceptor model in which students are paired with an advanced practice nurse to learn the role first hand (Advanced Practicum in Nursing Care- N647). The other advanced clinical course Practicum for the Instructional Process in Nursing Education (NURS 657) prepares the students for a teaching role with a master teacher. Another example of good learning environments is our regional simulation lab. Graduate students learn to write clinical simulations and gain practical, cutting edge technology-assisted teaching experience working with undergraduate students in the simulation lab. Examples of simulation scenarios developed by graduate students during their practica in teaching will be available in the Resource Room.

The AACN Essentials document emphasizes the importance of having faculty who teach in master’s nursing education programs having a strong theoretical and practice base in the field in which they teach. The faculty in the SON who teach in our master’s program do have an impressive theoretical and practice base in their specialties, as documented in their dossiers. They model professional behaviors for learners, including engagement in life-long learning activities, the dissemination of information through publications and presentations, involvement in professional organizations, and advocacy. The faculty demonstrate enthusiasm for teaching, student-learning, and the nursing profession, which inspires and motivates students.

III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

The community of interest for the SON encompasses the people of California (potential consumers and students, the university (faculty, staff and students), patients, families and communities served by students and alumni, employers and health care agency affiliates and professional organizations. The interests of the state and general populace are implemented through curricular components mandated by statute and monitored by the California BRN. These curricular components include foundational arts and sciences, legal, social and ethical aspects of nursing, nursing process, a minimum number of hours in medical-surgical, maternal-child, mental health, geriatric, leadership, and public health nursing theory and clinical, as well as content on HIV, client abuse, chemical impairment,
pain management, human sexuality, personal hygiene, cultural diversity and pharmacology. The SON fully complies with these mandates.

The University requires a balance between major requirements and general education requirements for a broad liberal education. Because the nursing major has more units than many majors, the university allows latitude in the general education required of nursing students, with some nursing prerequisites and co-requisites counting toward the general education requirements. The curriculum and teaching-learning practices are consistent with university degree requirements as well as the university strategic plan, which emphasizes student-centered learning (see Standard I). Both baccalaureate and master’s students in the SON receive a rigorous theoretical and applied education in nursing and related fields. This is evident in the nursing theoretical and practicum course objectives and their accompanying evaluation criteria used to measure student achievement. Students and alumni have active input into the program (See Standard I-C) and have high satisfaction with the program (See Standard IV-B).

In a statewide effort to align nursing prerequisites among all the CSU nursing programs, the basic undergraduate curriculum was recently reconfigured, to require eight core courses as prerequisites. The statewide pattern is designed for these eight courses to be completed in the first year of college, followed by entry into the nursing major. Aligning with this pattern resulted in three former prerequisites—nutrition, child or human development, and psychology—becoming co-requisites with nursing. The nursing major was redesigned to allow for these courses to be taken along with the first semester of nursing introductory courses. The former first semester courses were spread over two semesters, to allow for the co-requisites to be completed. We anticipated that as students became more familiar with the statewide nursing alignment, more would be entering nursing with the core eight courses done, and still would need the co-requisites. In actuality, it appears that most students have already taken the co-requisites as well as all remaining general education requirements, and the 3 units of introductory nursing courses are all they need. It may be an unintended consequence of the statewide alignment that students are actually taking a longer time to degree than they did previously, a concern during this time of nursing shortage, and a concern from the perspective of the students who are perhaps paying for an extra semester. Trends related to the new sequencing will be tracked to determine courses students are taking along with nursing, and time to degree completion.

The SON seeks input from various clinical agencies through a variety of means, both formal and informal. The SON Advisory Board meets yearly to provide advice and guidance
to the school on curriculum, professional partnerships, research and emerging programmatic opportunities in the region. Members of the board represent a cross section of nursing administration, health service delivery, and education. In addition, the Director and select faculty meet yearly with Enloe Medical Center nursing administration to discuss ongoing clinical placements and any regulatory or programmatic changes impacting students’ clinical practica. The relationships made with these local and regional leaders provides for ongoing flow of information between the school and these agencies and helps to assure that the SON is in a position to respond to emerging needs and issues in the region. The Director also belongs to the Northern California group of nurse leaders comprised of hospital directors and education directors in the region. This group meets quarterly.

Specific adaptations of the curriculum were designed to meet the needs of community RNs who desired the BSN degree. The large rural population of associate degree RNs with little access to baccalaureate education led to the development of the online RN to BSN program. All required theory courses are available online, with minimal time on-campus required. Clinical requirements are met by a combination of selected clinical experiences, and a public health practicum in a public health agency in the student’s locale. Teaching-learning activities for the RN to BSN student were developed based on extensive input from former students, to avoid repetition of competencies previously achieved.

The success of the online RN to BSN program provided the impetus to develop a similar program for the many LVNs in the region who were similarly unable to attend a completely on-campus program. In 2006-2007, state grant funding was obtained to develop an online LVN to BSN format. The resulting curriculum has been approved by the BRN and is moving through the campus approval process. In the meantime because of grant requirements to admit students, a pilot cohort was admitted in Fall 2007, into the basic option, with modifications made for a part-time online student. LVNs seeking a more traditional program of study are still able to enroll in the on-campus BSN program as advanced placement students when space is available.

In an effort to increase the number of master’s prepared nurses in the region the graduate program was converted to an almost exclusively online format. This change in program delivery was initiated in 2004 to accommodate the many rural and working RNs who would otherwise be unable to pursue graduate education. For each semester, students are typically required to attend two on-campus sessions; one for course orientation and the other for testing and/or class presentations. Every effort is made to consolidate these on campus sessions for all applicable nursing courses. This minimal requirement has been generally
well received by students and faculty as it provides some interpersonal exchange not possible otherwise. Clinical course work is generally available in proximity to the student’s residence to both reduce travel requirements and to provide opportunities for practice in the region where the student is most likely to seek employment post graduation.

Attention is given to the individual needs of our culturally diverse students, and to the community’s needs for culturally competent nurses. Opportunities for tutoring are provided to all students who are experiencing academic difficulty. Many ESL students participate in such tutoring, including the services of the university writing center and the nursing retention coordinator. Content addressing the unique health needs/interventions appropriate to a variety of cultures is addressed in every semester and applied in all clinical settings. Recognition of both the need to incorporate cultural diversity in curricular content and to recruit/retain culturally diverse nursing students demonstrates the SON’s commitment to prepare graduates who are able to function in culturally diverse communities and have a foundation for graduate preparation in transcultural nursing settings. Baccalaureate students who speak foreign languages encountered frequently in our service area (such as Spanish, Hmong or East Indian dialects) and students who have experienced economic or educational disadvantage are awarded supplemental points for admissions, in an attempt to increase the diversity of our student body.

The SON enjoys a mutually beneficial relationship with its clinical agencies. The School’s students are well received in the clinical settings and in turn provide valuable assistance in patient care. In addition, the School provides a pool of applicants for positions in the local hiring community. Feedback from local hospitals and agencies that employ graduates of the School’s baccalaureate and master’s program is very positive. As a vital member of the community, the SON has collaborated with a number of agencies as mutual stakeholders in identifying and meeting community needs.

The SON is committed to service-learning to meet the needs of patients, families and communities. Service-learning projects are a collaboration between the SON and clinical agencies, for the mutual benefit of the university and the community. Students apply nursing skills in a community setting while providing services to community members. Students are involved with patients and their families in a variety of ways including providing direct nursing care to patients and families as well as offering health care education. Semester VI students are responsible for community projects that enhance the health status of members of the community and often provide services that would not be available otherwise.
Strengths of the Nursing Curriculum

1) Curricula are logically organized. The SON prepares competent nurse generalists and nurse educators in accordance with the programs' missions, goals, student learning outcomes and professional nursing standards and guidelines.

2) Curricula are administered by a variety of nurse faculty in both the undergraduate and graduate programs. Students gain from exposure to diverse faculty experiences and expertise. Eight doctorally prepared faculty are available to mentor graduate students.

3) Service-learning principles are integrated into the clinical experiences in a purposeful manner, capitalizing on and promoting the SON's longstanding record of providing clinical services that promote health in the community, addressed according to current trends in service-learning education.

4) Implementation of the regional simulation center provides undergraduate students with real patient care scenarios in a safe environment. The simulation center provides additional clinical opportunities for graduate nurse educator students to learn cutting edge teaching technologies.

5) There are adequate clinical sites for all programs that include both rural and urban settings providing a breadth of clinical opportunities available to the undergraduate and graduate students.

6) A systematic curriculum review process is in place and being implemented.

7) The addition of a leadership clinical experience in fall 2007 will strengthen preparation of the baccalaureate graduates to quickly become leaders and managers in the profession.

8) The MSN program helps fill the nurse faculty shortage in our community and provides the foundation for students seeking doctoral education.

9) The SON has incorporated the essential competencies of information literacy into all six semesters.

10) Campus technological support enhances teaching innovations. Faculty continue to implement creative teaching learning strategies and are proficient at developing online components. The RN to BSN program and graduate programs are widely accessible throughout the region and the online formats have been extremely successful.

Areas of Concern

1) The SON has a small number of full-time faculty including a limited number of specialty faculty. This situation limits the opportunity for program expansion. The graduate program admits a new cohort every other year.

2) Undergraduate students expressed concern about the limited amount of clinical experience in acute care pediatrics.
STANDARD IV. PROGRAM EFFECTIVENESS:
STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected outcomes. Actual student learning outcomes are consistent with the mission, goals and expected outcomes of the program. Alumni satisfaction and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual faculty outcomes are consistent with goals and expected outcomes of the program. Data on program effectiveness are used to foster ongoing improvement.

IV-A. Student performance is evaluated by the faculty and reflects achievement of expected outcomes. Evaluation policies and procedures are defined and consistently applied.

Student performance in each course is evaluated by the course faculty. Theory courses are evaluated based on a student's ability to accomplish stated course objectives. Evaluation of a student's ability to meet objectives varies based on course design and content, and may include scores on quizzes, exams, written papers, projects, presentations or performance on course activities. Evaluation feedback methods typically include communication of individual scores to students, written feedback (on paper or electronically), or face-to-face conferences. Electronic feedback is becoming increasingly popular and convenient for students and faculty, and is facilitated by the Blackboard tools available for each course.

Clinical courses are evaluated based on expected clinical performance competencies and stated course objectives. Students must meet minimum professional standards and predetermined competencies to progress in the program. A clinical evaluation tool is used to assess students' clinical knowledge and skills in each clinical course. This tool provides a uniform standard of evaluation for students. Students receive a copy of this evaluation and a copy is placed in the student file. Students are encouraged to participate in self-evaluations throughout the program. These self-evaluations are used for formative assessment and are discussed midway through the clinical and at the completion of the clinical course. Ongoing evaluation feedback in the clinical setting is provided to students by nursing faculty and nurse preceptors through written comments on logs/papers/projects, activities, and conferences. Copies of course syllabi, student logs, clinical evaluation tools and papers will be available for review in the Resource Room.

General grading policies, standards and professional performance expectations are in keeping with University and SON policy and are communicated to students through the
University Catalog and the SON’s Student Guidelines for the undergraduate, RN to BSN and MSN programs. The documents are available for review and are also available online: http://www.csuchico.edu and http://www.csuchico.edu/nurs. The only major differences between university and school grading policies are the SON’s requirement that grades of "C-" or better are required for nursing prerequisites and for required nursing courses, and a GPA of 2.3 is required for progression in the nursing major. The university generally considers grades of "D" as passing and a GPA of 2.0 is acceptable to remain in good academic standing in the undergraduate programs. SON policy is made clear to students prior to admission.

IV-B. Surveys and other data sources are used to collect information about student, alumni, employer satisfaction and demonstrated achievements of graduates. Student outcome data include, but are not limited to, graduation rates, NCLEX-RN pass rates, certification examination pass rates and job placement rates as appropriate.

Evaluation Plan

The SON has a well-developed plan for ongoing assessment that was begun in the early 1980’s. This plan is based on the Stufflebeam education evaluation model, which designates four major components for evaluation: context, input, process and product. Context evaluation includes review of the philosophy, purpose, goals and objectives in relation to the needs of the profession and society, as well as identification of unmet needs and opportunities within the service area. Input evaluation relates to the resources available for the program, as well as applicant demand. Process evaluation serves to monitor program implementation. Product evaluation relates to student and program outcomes and overall satisfaction with the product (faculty, employers, graduates). The faculty meet once yearly to examine data available and make determinations of priority areas for follow-up during the coming year. Specific evaluation projects may be accomplished by assigned time to a designated faculty member if funds are available, or by grant funding. Most recently, the university is now allocating funds for a faculty assessment coordinator for each department, as part of the preparation for the University’s WASC accreditation. This position will allow for 3 units of assigned time each semester to carry out assessment projects. In the past, the RN to BSN grant (1999-2004) provided assigned time for extensive evaluation related to project outcomes; an AHEC grant provided for qualitative interviews of RN to BSN alumni and a faculty sabbatical project examined clinical decision-making of
students. Summaries of these projects will be available in the Resource Room; evaluation grids covering the entire evaluation process are in Appendix 4-A.

Computerized databases for the undergraduate generic and RN to BSN programs facilitate analyses of demographic data, admission data, nursing course grades, performance scores on achievement tests, NCLEX results and retention/attrition data. These databases provide targeted, concise data for specific evaluation questions.

At the yearly evaluation workshop, feedback from each semester's end-of-course evaluations is shared; summaries of exit surveys from the past year's graduates are examined; NCLEX pass rates and detailed NCLEX Summary Profiles are evaluated. Admission criteria and demographics and performance of each incoming class are examined, along with data on retention.

Each semester, input from students is requested regarding the adequacy of clinical resources in the semester meetings. In several clinical practica, students are required to keep a weekly log where they are encouraged to evaluate their experiences. This information is often useful in making adjustments in teaching and in clinical practica.

Input is regularly sought from clinical agency personnel. SON faculty who work with students in a particular agency, meet formally and informally with agency staff to review the experiences, discuss problems, and mutually develop plans to enhance student learning opportunities. These meetings have proven to be effective in dealing with specific agency/SON's issues. Faculty enjoy excellent relationships with agencies; many of the part-time faculty are also employees of the agency, so receive very direct feedback related to how the students are perceived. This feedback provides for an ongoing sharing and exchange of information pertinent to the goals of the nursing program. Additionally, the Director has direct phone and e-mail access to key education liaisons in each facility, and meets regularly with the advisory board and nursing directors to ensure good communication.

Faculty assigned to a designated semester meet together with elected student representatives on a regular basis for planning, coordinating and developing the content and learning experiences for the particular semester curriculum. These groups continuously evaluate the program, resources and facilities. Faculty use this feedback to make specific changes in their own courses and semesters. Items which pertain to the curriculum as a whole, are reported back to full faculty or to the curriculum committee. Minutes of these meetings will be available to site visitors.

Through this continuous and comprehensive evaluation model, faculty are fully involved in the process of evaluation using multiple data sources. Data indicate that
students, employers and the community are satisfied with the program. Evaluation reports will be available for site visitors.

**Program Effectiveness**

Perceptions of program effectiveness are determined, in part, by abundant anecdotal evidence from our affiliated agencies, advisory boards, employers and alumni. The SON has an excellent reputation throughout the state, as evidenced by the fact that 54% of incoming students indicated they chose the program due to its reputation. At the annual career fairs, nursing employers consistently indicate their preference for Chico graduates and have been pleased with those they have hired. Alumni frequently update faculty on their careers, and usually indicate that they are very pleased with their preparation (available in Resource Room). Our strongest indicators of satisfaction are determined by senior exit surveys completed every semester, and periodic alumni surveys, which address satisfaction with attainment of student learning outcomes, and satisfaction with preparation in specific areas listed below. Students are also invited to provide course level evaluations every semester. Alumni surveys are conducted every 4 years, from the prior two years of graduating classes. Separate surveys are administered for generic undergraduate, RN to BSN, and master's alumni. Surveys include information on employment and plans for graduate education.

Employer satisfaction data are obtained from the advisory board. Approximately 54% of graduates remain in the region and are employed by the agencies represented on our advisory board. Yearly input is obtained from staff development personnel of the two major hospital employers who have extensive new graduate orientation programs, and who are in a position to determine any patterns of deficiency in our graduates. They indicate high levels of satisfaction with our graduates.

NCLEX pass rates are followed closely, with quarterly reports shared with faculty; the in-depth NCLEX analysis data are scrutinized annually, to determine any consistent patterns of deficiency. ATI testing is used throughout the undergraduate program, and results are reviewed to determine any consistent patterns of deficiency. We have determined the ATI scores on the comprehensive predictor test could assist us in predicting which students are at highest risk for not passing NCLEX. Initial benchmarks for the program were arbitrarily set at the 50th percentile, but now that the first class to use ATI all the way through the program has graduated, we have a full set of outcome data to use for benchmarking. New benchmarks will be set, with students advised as to how use these benchmarks in tracking their own performance. Three of the last four groups to complete the ATI comprehensive
predictor scored well in national percentile ranks (ranging from 74th to 84th percentiles); one group fell at the 39th percentile.

**Senior Exit Surveys**

Satisfaction with attainment of the 10 (former) student learning outcomes is consistently high. For the period Fall 2002 – Spring 2007 (n=307) most outcomes had mean scores between 1 and 2 on a 5-point scale, with 1 indicating "completely satisfied" and 2 indicating "very satisfied." (Appendix 4-B). Satisfaction with preparation in specific areas scored mean ratings of 1.81-2.41. The areas which consistently indicate less satisfaction were pediatrics (2.43-2.73) and maternity nursing (2.1-2.18), falling between "very satisfied" and "somewhat satisfied." Maternity and pediatrics have a history of lower satisfaction than the other areas listed. Historically, these two areas are the most problematic for clinical placements, due to census fluctuations. Efforts to improve student experiences include adding an additional hospital to our rotations, Mercy Medical Center, which has higher census for pediatrics; the maternal-child faculty developed an in-depth evaluation survey administered each semester to obtain more data about student perceptions of these clinical experiences. In general, these students indicate satisfaction with the learning opportunities. However, pediatric census is the greatest concern of students, and cannot be totally remedied. The pediatric units in the region are all small and occasional drops in census impact student experiences. A high technology pediatric simulator is a new approach to resolve this concern. The simulation center houses a birthing simulator, a high fidelity infant and pediatric simulators, and lower fidelity task trainers. A major emphasis for the center's first year of operation was to build experiences for maternal-child assessment and decision-making. As the heaviest users of the center, maternal-child students are very satisfied with these experiences. As we build our repertoire of case scenarios, we will evaluate the extent to which simulation experience can replace some clinical time.

Pharmacology remains an area of concern for students, with satisfaction scores of 3.44-3.49, indicating "somewhat satisfied" to "somewhat dissatisfied." Twenty-seven percent indicated they were "not satisfied." The faculty have worked for several years to improve students' exposure to and application of pharmacology concepts. Previously, the pharmacology content was stranded through each of the nursing theory courses for the specialty areas. Curricular changes have been implemented as a result of student feedback including:

1) A pharmacology course, N305, was added in Fall, 2002.
2) More case study approaches are integrated into all semesters of the program.

3) The ATI pharmacology test and a set benchmark are required in Semester III.

4) Faculty identified pharmacology outcomes and are reinforcing attainment by enhancing lectures, tests, and clinical expectations in each semester.

5) The medical-surgical text was changed in spring 2008, to one that integrates more pharmacologic concepts.

6) More pharmacology content is integrated with pathophysiology content.

Performance on the ATI Pharmacology competency test taken in the third semester (before students have full exposure to the entire pharmacology curriculum) is close to the national mean (62.6% for the program; 62.4% national mean). However, NCLEX reports indicate that our students’ performance for the past two years on this content ranges from the 34th to the 61st percentile on national comparisons. We continue to work to improve performance in this area.

**BSN Alumni Satisfaction**

Alumni who graduated between 2004-2005 were surveyed in Fall 2006 (n=25, 33% response rate) (Appendix 4-C). These alumni indicated satisfaction with the program, though all categories of satisfaction were somewhat lower than the satisfaction of the exiting seniors. The same student learning outcomes and satisfaction with specialty area preparation were assessed as in the senior exit surveys. Satisfaction scores ranged from 1.74 to 3.39. Satisfaction with pharmacology preparation was the lowest (3.39) but was actually higher than the senior satisfaction in 2005-2006 (3.6). Similarly, pediatric and maternal-child preparation scored lower in satisfaction than the other areas, presumably for reasons discussed above.

**RN to BSN Satisfaction**

The current online format for the RN to BSN program was reviewed extensively as part of the HRSA grant requirements (1999-2004). Focus group interviews and surveys were conducted to determine student satisfaction with the program. Students expressed overwhelming satisfaction with the program stated that without the distance-learning format they would have been unable to complete the program. Students indicated complete satisfaction with instruction, flexibility, program cost, quality of program and duration of program. Focus group data and survey findings will be in the Resource Room.
Perceptions of distance learning were assessed for the online RN to BSN program. Alumni responded positively regarding interaction with other students and faculty, facilitating achievement of course objectives. The majority of students strongly agreed that they developed positive attitudes to distance learning, and most believed their learning outcomes were better than with traditional programs. Students were less positive about campus support services, but even this item was more positive than negative. The only negative item related to availability of broadband internet access. This item is not under the control of the campus, though students are provided information on the ideal providers and the preference for broadband access. A few areas in our region have not had access to broadband, though this is rapidly changing. In view of these limitations, online faculty have avoided using teaching strategies that require large bandwidth for transmission (such as live lectures and video adjuncts).

Subsequent to the grant evaluation project, RN to BSN alumni of 2004-2005 were surveyed in Fall, 2006 (n=9; 50% response rate) (Appendix 4-D). The majority of these alumni were "satisfied" to "very satisfied" with their attainment of the student learning outcomes, with mean scores ranging from 1.5 to 2.0 on a 5-point scale with 1 being "completely satisfied" and 2 being "very satisfied. Survey questions on the distant learning format, support services, faculty-student interaction were notable areas of satisfaction. The only problematic area noted was the continuing lack of dependable Internet access as discussed above.

**Master's Student Satisfaction**

MSN alumni of 2004-2006 were surveyed in Fall, 2006 (n=3; 60% response rate) (Appendix 4-E). Respondents indicated satisfaction with achievement of all student learning outcomes, with scores of 1.3-3.0. Alumni agreed or strongly agreed that they had achieved student learning outcomes. The first cohort of students admitted to the online program were surveyed in Fall, 2006, as they neared completion of all coursework (n=8; 75% response rate). These students were even more positive related to achievement of student learning outcomes, with scores ranging from 1 to 2.1 (completely satisfied to very satisfied). The Fall 2006 cohort of newly admitted master's students was surveyed in November 2006, to investigate complaints from student representatives about the online learning tools and support services. The findings ranged from neutral to slightly positive on all items. Students and faculty alike were having difficulty with a new version of the web course tools, which was plagued with glitches. All were critical of the user support available. The SON Director
presented these problems to the Technology and Learning program staff. A consultant was identified to work directly with nursing, to improve communication, support assistance, and to work out the bugs. By the spring, the systems were reported to be working much better. A follow-up survey administered in Spring, 2008, (n=11) demonstrated greatly improved satisfaction with online learning in all categories, statistically significant improvement for six items.

**Employer Satisfaction**

The close ties we have with our clinical agencies provides valuable ongoing feedback about alumni performance, as faculty are in the agencies weekly, often communicating with alumni and their supervisors. On a larger level, the Advisory Board meets annually, with all of our major clinical agencies represented and willing to provide feedback. The nursing directors view our graduates positively. Additionally, many of the employers who attend our career fairs indicate a strong preference for our graduates. In Fall 2007, an appreciative inquiry was undertaken, to determine how new graduates were perceived by those responsible for their initial orientation. Six agencies gave input, representing 33 graduates. The new graduates were rated 'good' to 'excellent' on prioritizing, organizing, communicating, advocating for patients, patient education, leadership, delegation, collaboration and documentation. Overall performance was rated as 'very good' to 'excellent.'

**Selected Program Outcomes**

The SON monitors additional outcomes for evaluation, including **Critical Thinking**, **Communication, Nursing Therapeutics** and **Service**. The first three are monitored in every semester, via course objective achievement, with an overall end-of-semester rating to flag student problems for follow-up. Students review these rating sheets, and are aware of needed areas for improvement. Students who manifest consistent difficulty in any one area may be referred for remediation. The Executive Committee tracks such referrals and the results of follow-up.

**Critical Thinking:** Critical thinking is evaluated by faculty in relation to critical thinking objectives in courses. Self-perceptions of graduates and alumni are measured in relation to student learning outcomes for the BSN and MSN that relate to critical thinking. Survey ratings are uniformly high, with the majority of students/alumni perceiving that they are "very satisfied" or "completely satisfied" with critical thinking outcomes. For master’s students, successful defense of the thesis or project is an indicator of critical thinking
processes. For several years, standardized objective measures of critical thinking were used to assess students’ critical thinking skills, and to monitor change across the curriculum. Tests used were the California Critical Thinking Skills Test and the California Critical Thinking Skills Disposition Inventory. Comparisons across the undergraduate program as well as the graduate program showed no differences among level of program or level of student. Cohorts showed no change over time as they progressed through the program. Similar findings are reported in the literature on measurement of critical thinking. Faculty evaluations suggested definite development of the students’ decision-making abilities as they progressed through the program, making more complex assessments and considering more information in decision-making, which aren’t reflected in the standardized tests. Based on the lack of discrimination among student levels in the program, these tests are no longer used. The faculty continue to seek a useful standardized measure for critical thinking, while continuing to rely on course evaluation tools as outcome indicators. Currently, the Curriculum Committee is working on development of a standardized template for clinical evaluation, which might address the assessment of critical thinking. Several faculty recently attended a workshop on critical thinking, and are discussing ways to implement suggestions from that workshop into clinical activities and evaluation. In spring, 2008, we will be purchasing a commercial online tutorial package, Enhance Your Critical Thinking Skills, to be used for students at all levels, to complement our current strategies.

**Communication:** Faculty continuously perform formative evaluation of student’s communication abilities in every course, through written papers, presentations, process recordings, clinical logs and clinical observation. Course grades and clinical rating scales indicate students are performing very well in the communication domain. Every semester, students who require remediation for writing deficiencies are given formal referrals to the writing center, with documentation of compliance required. Faculty are vigilant in monitoring this outcome early in the program to insure student success in the required “writing proficiency courses” (NURS 422 and 422W for the BSN Program and NURS 620 for the MSN Program). In an effort to improve the quality of the papers being submitted in the writing proficiency class (NURS 422), in class writing assignments were changed in Fall 2007. The students are now required to write sections of the first paper and bring to class on two separate occasions where they are reviewed by a peer using a checklist. Anecdotal feedback has found that students enjoy receiving this help. Faculty feel that the quality of the work has improved because students are now doing multiple revisions of their work. The majority of students are successful in the writing proficiency courses. ESL students do have
difficulty with these courses, despite extensive consultation with the campus writing center. Senior exit and alumni surveys measure perceived attainment of communication student learning outcomes. The majority of students/alumni indicate they are "very satisfied" or "completely satisfied" with communication skills. Advisory board input indicates satisfaction with graduates' communication skills.

**Nursing Therapeutics:** Continuous formative evaluation of undergraduate therapeutic skills occurs in the clinical practica. All clinical evaluation tools reflect competencies in the application of the nursing process. The majority of students perform very well in these courses and faculty are pleased with the outcomes. More formal evaluation occurs in the senior exit surveys and the alumni surveys. Respondents indicate high satisfaction with attainment of nursing therapeutics student learning outcomes.

**Service:** Service is an outcome variable derived from the mission of the school as well as the university. It includes participation of faculty and students with established agencies, coalitions, boards and communities. Faculty service is evaluated as part of the regular university evaluation process. In the past, student service was evaluated by tallying student participation in numerous forms of service. Virtually all students reported some type of service participation. Community service projects in NURS 474, as evidenced by poster presentations, are a major indicator that graduates are capable of developing meaningful and effective community service projects. More recently, a team of faculty participated in a service-learning workshop, with the goal of refining definitions, learning objectives, and service-learning activities for the program. The first changes in the curriculum were implemented in Spring, 2003, in NURS 474, with the institution of clear language describing the service-learning component and specific service-learning objectives. A specific problem to be addressed was the anecdotal reports of community health nursing faculty that students appeared to develop callous and judgmental attitudes toward the vulnerable groups encountered in the community. Such observations were confirmed by administration of an 'attitude toward poverty' scale across several semesters. Attitudes became more negative as students progressed. In Fall 2005, a service-learning course was implemented in the reconfigured first semester of the nursing program, to provide beginning students with opportunities to work with community clients of diverse cultural and sociocultural backgrounds to broaden perspectives on the context of healthcare and client diversity and to foster the development of positive attitudes. These curricular changes will be evaluated by surveying attitudes toward service learning at the beginning and end of the program.
Graduation Rates

Undergraduate Program—Generic students: Student attrition for the basic BSN student is tracked in the student database. Retention and graduation for the basic undergraduate program is exceptionally high, consistently above 90% for the past four years. (See Table 4.1)

Table 4.1: Retention/Graduation Rates for Basic BSN Students

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<tbody>
<tr>
<td>Number initially admitted to cohorts scheduled to graduate in specified academic year</td>
<td>70</td>
<td>70</td>
<td>61</td>
<td>79</td>
</tr>
<tr>
<td>Number who graduated on schedule</td>
<td>61</td>
<td>65</td>
<td>55</td>
<td>74</td>
</tr>
<tr>
<td>Number with delayed graduation</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Number who exited program without graduating</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Retention/Graduation Rate</td>
<td>91.4%</td>
<td>95.7%</td>
<td>90%</td>
<td>96.2%</td>
</tr>
</tbody>
</table>

For the period Spring 2003-Fall 2007, 19 students left the program (this figure includes cohorts still in progress, not included in Table 4.1) from the 338 students admitted (5.6% attrition). Reasons for attrition were: academic (7); health, pregnancy or family illness (5); career change (3); moved (2); personal (1); unknown (1).

The most frequent reason for attrition is academic (achieving less than a “C-” in a nursing theory or clinical course). Because the program has a competitive admission process, students seem to be well-prepared to handle the academic demands of the program. A few seem unable to handle the demands of clinical practice, despite their prior academic success. Students are allowed to re-enter and remediate up to two courses if grades lower than “C-” are earned. Those students are not included in the attrition statistics.

Students who drop for illness or pregnancy are encouraged to re-enter when able to, and are given priority for available clinical spaces. About one-third of students who leave for these reasons subsequently re-enter the program.

Students who decide nursing is not the best career for them comprise 16% of the attrition. We try to minimize such attrition by giving admission points to those who have prior health-related experience. All three students who dropped for a career change were admitted with no prior health-related experience (Spring, 2004). Since then, no students have left due to a career change. Currently, competition for admission is so keen that all students are
advised to maximize their admission points by seeking out health-related volunteer or work experience. Most students do so, which may be decreasing attrition in this category. Additionally, we have implemented a pre-nursing elective which provides experience as a hospice volunteer, to provide students with experiences that can inform their choice of nursing.

Given prior concerns of the program (2002) that ethnic students comprised a high percentage of attrition numbers (50% of total attrition), we follow closely the attrition of those students who categorize themselves as members of ethnic groups. We instituted a minority retention and support program in Fall, 2003, with Janelle Gardner as retention coordinator. Gardner conducted a study of minority nursing students' perceptions of their nursing school experience, with her data useful in helping such students to feel a part of the nursing school culture. Additionally, a mentoring program was instituted as part of a small grant project in 2003-2004, in which ethnic students were paired with nurse mentors from the community. The ethnic attrition was only 10.5% of the total attrition from 2003-2007 (1 academic, 1 personal). Ethnic students comprise 20% of the student body, so the ethnic attrition is now lower than expected. We believe the improved retention of ethnic students was facilitated by these efforts.

General identifiable factors associated with program attrition, such as students who report English as a second language (ESL), GPAs lower than 3.0 on admission, lack of health care experience, ethnic minority status, and prerequisite courses repeated due to "D" or "F" grades, are used to counsel students and to encourage self-referral to the retention coordinator. Students with lack of family or cultural support for their goals (often related to ethnic status) may also be at risk. As more of our admitted students enter with TEAS scores, we will begin to use those scores (comprising Reading, Math, Science and English competency) as advisory scores to identify potential at-risk students.

**RN to BSN Retention**

Retention rates are much more difficult to track for the RN to BSN program, which allows considerable leeway in the student's pacing and progression. The program can be completed in five semesters, though most students are working full-time and opt to take longer. The RN students usually have work and family demands, with progression often interrupted. Often, they do not enroll in subsequent semesters, but do not actually indicate they are leaving the program. A student is considered a drop-out if they do not take any courses within one year, unless they have applied for a planned educational leave. Some
students drop out, only to reappear years later to complete their degrees. The re-entry phenomenon has become more evident with the online program, as courses are more readily accessible to students when they are ready. Enrollments and known attrition are seen in Table 4.2.

**Table 4.2: RN TO BSN Retention**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number admitted to NURS 300 W (Bridge Course) Enrollment</td>
<td>40</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Attrition (RNs who dropped bridge course, or did not enroll in subsequent courses for 2 semesters and were not on a planned educational leave)</td>
<td>22</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Percent Retention</td>
<td>45%</td>
<td>63%</td>
<td>66.6</td>
</tr>
<tr>
<td>Number Graduated</td>
<td>16</td>
<td>5</td>
<td>na</td>
</tr>
</tbody>
</table>

Retention is problematic for this program. We have more RNs interested in starting the program than we can accommodate. We admit 20 students each semester, but the bridge course often fills six months in advance. Once we allocate an admission slot, it is costly to lose a student, as it means the successive courses will have lower enrollments throughout the program. We try to provide extensive advising to students before they begin the program, to explain the curricular demands and the nature of online learning. We require students to meet with the RN advisor before applying to the program. The initial meeting time is crucial in assisting the potential student to realize the type of time commitment required and what is needed to be a successful adult learner. Once admitted, the RN advisor assists with program planning, assists students to navigate campus requirements, advocates and troubleshoots for the students and answers questions. Advising materials are updated every semester, to aid students in planning for the next semester, and course meeting dates are determined and published 4-6 months in advance so RNs can plan their work schedules. We do see an upward trend in retention, which we believe is facilitated by one major policy change in how students are admitted. Prior to 2005, RNs could take the bridge course and several subsequent courses through open university, without being formally admitted to the university. Beginning in 2005, we now require all RNs to apply to the university and meet university admission requirements before taking the first course. That may explain the improved retention rates for 2005-2006. However, even with this policy, it is possible for RNs to be admitted to the university with exceptions to the admission requirements. RNs are
often lacking a transferable mathematics course; the university will admit RNs without this requirement, giving them a year to complete it. Likewise, the chemistry requirement is not held as a prerequisite for the RN, though it is a prerequisite for the basic program. RNs are allowed to complete this course along with nursing courses, as long as it is completed before taking the capstone advanced pathophysiology course, NURS 495W. Taking this course along with nursing courses may be detrimental. It is possible, given the increasing demand for the program, that we will need to establish a ranking procedure for admissions, to ensure that we admit the most qualified students. Prior to implementing such criteria, we plan to survey students who dropped out, and examine academic predictors of success.

**MSN Retention and Graduation Rates**

The MSN program admits small cohorts every other year. Required coursework takes five semesters to complete, on a part-time basis, followed by completion of a culminating activity. Students have a total of seven years to complete all degree requirements. Extensions may be granted for compelling reasons such as illness. Retention and Graduation Rates are outlined in Table 4.3.

<table>
<thead>
<tr>
<th>YEAR COHORT ADMITTED</th>
<th>Spring 2002</th>
<th>Fall 2004</th>
<th>Fall 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Admitted</td>
<td>7</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Attrition (%)</td>
<td>2 (29%)</td>
<td>3 (19%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Number with Thesis in Progress</td>
<td>0</td>
<td>11</td>
<td>na</td>
</tr>
<tr>
<td>Completed coursework but not thesis</td>
<td>1</td>
<td>na</td>
<td>na</td>
</tr>
<tr>
<td>Number Graduate (%</td>
<td>4 (57%)</td>
<td>2 (12.5%)</td>
<td>na</td>
</tr>
</tbody>
</table>

Retention rates for coursework completion are acceptable, ranging from 70-80 percent. Reasons for early program withdrawal are primarily related to relocation and to work/family constraints. Occasionally, students do not meet academic standards for progression. Once coursework is completed, thesis/project completion remains a major roadblock, with some who never complete, despite continued faculty follow-up. Previously, we allowed a comprehensive exam option for two cohorts of students (2002 and 2004). This process was unsatisfactory for the students and faculty, with several failures and high stress levels for all involved. The 2004 cohort all rejected the comprehensive exam option, and it
was removed from the curriculum. Students tend to delay starting on the thesis until the completion of all coursework. Such delays lead to loss of momentum and peer support for thesis work. For the Spring, 2002 cohort, expectations and support for thesis progression were made explicit. A one-unit seminar format was introduced. Using group support and discussion, students drafted the first three chapters of a research proposal. Currently, each unit of the three units of thesis has expected and written outcome requirements for the student and thesis advisor. These structural changes were expected to improve students' thesis progression. For the Fall 2004 cohort, the success of these measures was evident in the rapid completion of two students, who completed the degree within 3 years. However, others are taking longer, with delays still evident. For the Fall 2006 cohort, the thesis seminar was further refined, with expectations for completion of the first three chapters reinforced. The graduate committee is in the process of proposing an alternative to the thesis, a professional paper, which is perceived to be less constraining in terms of time to completion, with hopes of improving completion rates.

**NCLEX Scores for Basic BSN Graduates**

NCLEX pass rates are provided to the program on a quarterly basis, and made available to faculty. NCLEX pass rates are consistently above the critical 70% level and usually above norms for similar programs. See Table 4.4.

**Table 4.4: NCLEX Pass Rates for First-time Takers**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Number of 1st time takers</th>
<th>Number Passing</th>
<th>Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>45</td>
<td>39</td>
<td>86.6</td>
</tr>
<tr>
<td>2006</td>
<td>55</td>
<td>55</td>
<td>100</td>
</tr>
<tr>
<td>2005</td>
<td>70</td>
<td>51</td>
<td>72.9</td>
</tr>
<tr>
<td>2004</td>
<td>56</td>
<td>53</td>
<td>89.8</td>
</tr>
<tr>
<td>Average for similar programs</td>
<td></td>
<td></td>
<td>86-88</td>
</tr>
</tbody>
</table>

For several years, we have offered an elective course for students to begin addressing NCLEX preparation in their last three semesters. We also require standardized ATI competency tests in the last 5 semesters, including a comprehensive predictor test for NCLEX success. Responses from the seniors on the exit survey indicate 49% find the NCLEX predictor test helpful.
NCLEX program reports are reviewed annually, noting any test plan areas in which students consistently fall below the 50th percentile. Unfortunately, given the variable nature of the NCLEX test, the test plan areas do not show dependable consistency. For example, "Pharmacology and Parenteral Therapies" show percentile rankings as low as 27th and as high 61st.

Following an uncharacteristic low pass rate on the NCLEX for one quarter in 2005, we surveyed all students who had graduated in the past two years, to try to determine factors related to NCLEX performance. Most students felt the curriculum prepared them well. No curricular concerns were identified, except for the need for more pharmacology content in the program. Alumni made suggestions to increase the exposure to NCLEX type questions, and to make students aware of how to prepare for the NCLEX. We had implemented required ATI testing and use of ATI NCLEX preparation materials just prior to the poor NCLEX performance, but most students indicated they had not made use of these materials. Subsequently, faculty discussed ways to more effectively use the ATI materials in conjunction with course materials; ATI tests were incorporated as a modest percentage of specific course grades. Outcome data from ATI testing is used to identify potential curricular gaps. An elective NCLEX self-study review course is made available to students in the last three semesters of the program. Subsequently, NCLEX pass rates were 100% for 2006. Student attitudes toward the ATI materials have improved. The first class with ATI support in every semester of the program graduated in December 2006. Their data for all ATI achievement tests provided guidelines for establishing benchmarks for the ATI test scores. Additionally, ATI now provides proficiency levels which indicate likelihood of NCLEX passage, which are used to advise students.

Another area of concern with NCLEX performance is the pass rates of ESL students. ATI scores predict that these students are almost always at higher risk of not passing NCLEX. Individual students are counseled on ways to improve their uses of ATI materials and other NCLEX review materials, as well as seeking support from the retention coordinator, who is skilled at working with ESL students. For the year 2007, 6 ESL students took NCLEX, with 50 percent passing. We continue to use ATI scores as advisory scores for these students, to help them identify potential problems.

**Job Placement Rates**

Given the nursing shortage, job placement is excellent. At the time seniors complete their exit survey during the final week of school, 89 percent have job offers. Many have several job offers, and often are able to select specialty units that previously did not hire new
graduates. Nurse externships (workstudy) are allowing students and agencies to explore a working relationship prior to graduation. The facilities that employ this approach are extremely pleased with the ability it provides for them to hire an employee already well-oriented to the facility. Students appreciate the extended practice the externship allows, along with the added income. Twenty-nine students have participated in workstudy in the past year.

The latest alumni survey (Appendix 4-C) explored job placement rates more thoroughly for graduates from 2004-2005 (n=27; 39% response rate). These alumni indicated 100% initial employment and 96% current nursing employment (1 respondent did not pass NCLEX and is currently not working as an RN). These data indicate a positive pattern for our alumni, though the low response rate leaves some room for speculation. Alumni who are no longer involved in nursing would likely choose not to participate in such a survey.

RN to BSN and master's students are virtually all employed in nursing when they enter the program. RNs and MSN graduates both report expanded career opportunities on graduation; several RNs opt for public health careers. Master's graduates are filling key roles in nursing education programs in the region, serving on the faculty of three regional community colleges and on the faculty of CSU, Chico and Sonoma State University. Two graduates are serving as dean/director of Allied Health programs in local community colleges.

IV-C. Program outcome data are analyzed to provide evidence of program effectiveness and are used to foster ongoing program improvement.

The program consistently analyzes student and alumni satisfaction surveys, NCLEX and ATI data, feedback from the Advisory Board and nursing employers, student feedback at the individual course level to monitor and guide program improvements.

For the undergraduate curriculum, ongoing changes were made to the ways pharmacology content is taught and assessed, detailed in Standard IV-B. Input from the advisory board, along with faculty review of how well our curriculum was meeting components of the AACN Baccalaureate Essentials, led to the development of a new format for leadership experiences, assigning students to mid-level managers as mentors, to demonstrate application of the leadership principles covered in theory. Student feedback regarding maternal-child clinical experiences resulted in change in agencies used, introduction of a partial preceptored model, increased use of human patient simulators, and ongoing student input every semester to monitor these changes. Outcomes on attitudes of
students toward service learning and data indicating students became less sensitive to underserved and vulnerable populations as they progressed through the program, led to the development of a service learning component stranded through the curriculum, beginning with an introductory class to sensitize students to the issues such clients experience. Student performance on NCLEX and ATI tests led to setting benchmarks for student achievement on ATI, instituting ATI minimum achievement and remediation requirements for progression, and minimum achievement on the ATI comprehensive predictor for program completion. Data on student attrition led to an increased focus on the success of ESL students and minority students, resulting in much improved retention.

For the RN to BSN program, extensive grant evaluation shaped the development of the current structure of the program. Additionally, RN to BSN attrition data led to a change in admission requirements and stronger advising strategies, resulting in improved retention. Feedback on prior use of NLN mobility examinations to provide a mechanism for granting credit for lower division nursing courses led to the development of a single course to replace the use of 3 NLN tests, providing a mechanism for remediation and updated content.

Feedback from recent master’s students regarding online course tools and technical support led to a directed effort to improve communication between the Technology and Learning Program staff and faculty, and to improve the assistance to students, resulting in much improved satisfaction for the Fall, 2006 cohort. Data on completion rates was used to implement strategies to facilitate timely completion of the thesis/project, and to develop an alternative culminating activity, a professional paper.

IV-D. Faculty outcomes demonstrate achievement of the program’s mission, goals, and expected outcomes, and enhance program quality and effectiveness.

The faculty of the SON are highly educated professionals who individually and collectively demonstrate excellence in teaching, scholarship, practice and service. All full time faculty and the Director hold a minimum of a master’s degree with a major in nursing, and are licensed to practice nursing in California. The Director and six full-time faculty hold earned doctorates. Two tenure-track faculty are enrolled in doctoral programs; two part-time faculty are enrolled in doctoral programs. All faculty, full and part-time, are approved for teaching by the BRN. Faculty scholarly accomplishments will be available in the Resource Room.

Faculty accomplishments in teaching are assessed annually in the form of a campus-wide Student Evaluation of Teaching (SET) process and periodically through peer review and
review by the Director and Dean. Copies of quantitative SET scores, written student comments and written peer reviews are kept in each faculty member’s personnel file. New tenure-track faculty have annual peer teaching reviews as well as reviews completed by the Director and Dean until the tenure process is completed. Temporary faculty are peer reviewed once each year. Tenured faculty undergo peer review of their teaching every five years. Both student evaluation and peer review data are continually used by faculty to improve teaching and to modify courses as necessary.

Faculty accomplishments in scholarship and practice/service are compiled annually by each faculty and submitted to the Director of the SON and subsequently to the Dean of the CNS in the form of an annual performance report. Recommendations regarding the enhancement of teaching, scholarship and practice/service are generated by the Director and Dean and discussed with individual faculty during the RTP process and through informal discussions as needed.

The SON faculty are recognized both on campus and nationally for their success in teaching, scholarship, practice and service. One faculty member (Huston), was named the Outstanding Teacher for CSU, Chico for 2001-2002. Currently, Dr. Huston is the president of Sigma Theta Tau International. Shovein and Damazo were recognized on campus for Exemplary Online Education. The RN to BSN program received Sigma Theta Tau International’s Pinnacle Award for Technology, 2004. The faculty are actively involved in scholarship. The faculty have authored numerous publications in refereed journals, presented papers and posters at professional meetings and keynoted professional conferences and meetings. Much of the research presented in these professional forums has direct applicability to the faculty member’s teaching and thus is translated into cutting edge learning in the classroom. In addition, faculty have been very successful at garnering local, regional and national grant funding, including a $1 million dollar federal HRSA grant (1999-2004) to increase access of RNs in our rural service area to BSN education by formatting the majority of the RN to BSN program in an online format; $250,000 in 2006-2007 to develop a simulation center; $125,000 in 2006-2008 to develop and implement an online LVN to BSN program and other small grants to facilitate development of the online MSN program, elective MSN courses regional simulation workshops. Annual performance reports, as well as faculty vitae, will be available in the Resource Room.
IV-E. The program has established policies and procedures by which it defines and reviews formal complaints; analyses of aggregate data regarding formal complaints are used to foster ongoing program improvement.

The SON provides written policies regarding student grievance procedures. These policies are consistent with the University-wide Student Grievance Procedures, which are described and referenced in the SON’s Student Guidelines, the RN Student Guidelines and the Graduate Student Guidelines. Each student is provided a copy of these documents upon entry to the program. Subsequent revisions are available to students on the SON website. Each of the three SON student handbooks/guidelines includes links to the Student Grievance Procedures located at: http://www.csuchico.edu/sjd/stud_griev.shtml.

Student complaints or dissatisfaction are handled both informally and formally. The formal process may only be initiated after the informal process has been attempted and found to be unsatisfactory in reaching resolution. As the first step of the informal process, students are encouraged to meet with faculty individually to express concerns about a specific course or course element. Issues that can’t be settled directly at this level will then be referred to the Semester Coordinator, RN/BSN Advisor, or Graduate Coordinator, as appropriate to the student’s specific program of study. If the problem is one which concerns the entire cohort, it may be addressed in the semester meetings (or Graduate Committee as indicated) attended by faculty and student representatives. If an issue is not resolved through these approaches, the issue can be taken to the Director of the SON. The SON’s Executive Committee serves as an advisory group to the Director on issues related to student failure and decisions related to progression. Failing satisfaction at the level of the Director the student may direct the problem to the Dean of the CNS.

When students are unable to resolve their complaints informally, a formal grievance procedure is in place to promote resolution and is administered by the Office of Student Judicial Affairs. This policy is identified in the University Catalog (both on-line and print versions), the website for Student Judicial Affairs (SJA), as well as in the SON’s Student Guidelines, RN Student Guidelines, and Graduate Student Guidelines. Students must request a formal hearing within 30 instructional days after discovering the action they are protesting. Forms are available on the SJA website (http://www.csuchico.edu/sjd/). A full copy of the Student Grievance Procedures (EM 05-10) is available on the same website. The current University Catalog (2007-2009) has 3 separate entries regarding student grievance policies and procedures. These include (1) CSU System Policies and Regulations, (2) Academic Policies and Regulations, and (3) University Policy on Nondiscrimination and
Affirmative Action in Employment and Education. All direct students to the office of Student Judicial Affairs for further information.

The SON has not experienced a formal grievance hearing for over a decade. When complaints arise, they typically are centered on grades. If the faculty and student cannot come to an agreement on the fairness of the grade, the Director is consulted. Most disagreements are resolved at this level. Occasionally, the dean meets with the student and faculty. Only one such dispute has been referred to the dean in the past decade, in 2003.

Student complaints or dissatisfaction are monitored and reviewed by faculty annually via senior exit surveys, RN/BSN surveys, master's student surveys, and through active student representation on committees. Student representatives provide an avenue for collaborative resolution. One example of how a potential issue was handled involved a site visit in Spring 2005 by the CA Board of Registered Nursing. After interviewing the students in one clinical group, the site visitor informed the SON Director that the students had expressed that they were unhappy with their clinical instructor. This matter was explored by the Director and the Semester Coordinator with the clinical group and the faculty in question. The outcome was that 2 of the 10 students had expressed dissatisfaction; however the majority were satisfied with the instructor's performance and professional skills. The Director met individually with the 2 students expressing concerns. The issues seemed to be based on personal learning styles for these students, who expected a more nurturing approach to learning, versus the instructor's very pragmatic approach. The students and the faculty were encouraged to communicate with each other more fully. The students completed the clinical rotation satisfactorily, with no further complaints.

**Strengths**

1) The program is highly regarded throughout our region, with high satisfaction levels reported by students and alumni.

2) Effective avenues for student input and a responsive faculty assure that program changes are made as needed.

3) Clear guidelines for student grading and academic progression are established.

4) The faculty are experienced, productive, and fully involved with the profession of nursing.

5) Program innovations in online education have extended outreach to RNs in our service area, attracting RNs who would otherwise not have access to BSN and MSN education.

6) Master's graduates fulfill vital roles in nursing education in the region.
Areas of Concern

1) Although attrition from the basic BSN program is low, attrition is high for the RN to BSN students.

2) NCLEX pass rates are acceptable, but could be consistently higher. ESL students have more difficulty than non-ESL students on NCLEX.

3) Pharmacology competency.

4) Satisfaction with achievement in pediatrics and obstetrics is lower than other areas of the curriculum.

5) Timely completion of the master's culminating activity is improving, but further action is warranted.

Strategies for improvement

1) Develop more selective admission criteria for the RN to BSN program.

2) Continue to evaluate the use of the ATI, and ways to use the data from these assessments to enhance program outcomes.

3) Continue to monitor NCLEX pass rates for ESL students, and continue aggressive advising for these students on NCLEX preparation.

4) Explore the benefits of increased use of high fidelity simulations to augment maternal-child clinical experiences, including incorporation of newly purchased Laerdal case scenarios.

5) Continue to monitor impact of curricular changes on pharmacology outcomes.

6) Institute an alternative master's culminating activity, a professional paper.
REFERENCES CITED


