

**STANDARD I. PROGRAM QUALITY:
MISSION AND GOVERNANCE**

The mission, philosophy, and goals/objectives of the program should be congruent with those of the parent institution, should reflect professional nursing standards and guidelines, and should consider the needs and expectations of the community of interest. The faculty and students of the program should be involved in the governance of the program and in the ongoing efforts to improve program quality.

I-A. The mission, philosophy, and goals/objectives of the program are congruent with those of the parent institution and are consistent with the professional nursing standards and guidelines for the preparation of nursing professionals.

The Strategic Plan for the Future of California State University, Chico (CSU, Chico) provides the following mission statement: "CSU, 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." (*University Catalog*, p.16; will be available in the Resource Room). The CSU, Chico School of Nursing (SON) actively participates in the achievement of the university mission by fulfilling the complementary nursing mission and philosophy (Appendix 1-A), and by implementing goals and objectives congruent with both the College of Natural Sciences (CNS) and University. The congruence of the university strategic plan and SON purpose/philosophy/goal/objectives is demonstrated in Appendix 1-B.

Baccalaureate and master students in the SON receive the rigorous theoretical and applied education demanded for the profession of nursing. The curriculum uses the American Nurses Association's (ANA) *Code of Ethics with Interpretive Statements* (2001), ANA Standards of Clinical Practice (1998), *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 1998) and *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) as professional nursing standards and guidelines throughout the baccalaureate and master's programs. The Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs meet all criteria for National League for Nursing Accrediting Commission (NLNAC) approval (last visit 1998). Compliance with California Board of Registered Nursing (BRN) regulations and standards for registered nursing education programs are met (last review 2000).

I-B. The mission, philosophy and goals/objectives of the program are reviewed periodically and revised not only to reflect professional standards and guidelines, but also to reflect the expectations of the community of interest, all in pursuit of the continuing advancement and improvement of the program.

The mission, philosophy and goals/objectives of the program were fully reviewed and revised in 1997 by full faculty input; minor revisions were made in 2001, again with full faculty discussion, along with input from student representatives and major constituents of the community of interest. The community of interest for the SON encompasses the people of California (potential consumers and students), current students, alumni, employers, clinical agencies and other professional affiliates, as well as the university in general. The interests of the state are regulated by the BRN which grants state accreditation. Compliance with university standards is formally reviewed on a five-year basis, usually concurrent with external accreditation reviews. The SON is highly regarded on campus for the quality of its students, faculty and programs. Students and alumni are surveyed regularly for indications of satisfaction with the program. These constituents consistently express high degrees of satisfaction (see Standard IV).

Collaboration, program evaluation and networking with outside agencies has been augmented since 1995 with an Advisory Board which includes nurse leaders from local health care agencies, alumni and current students to facilitate dialog with major constituents (Advisory Board Guidelines, Appendix 1-C). The Advisory Board provides feedback regarding student preparation and job requirements, important and realistic data for evaluating outcomes measurement of our BSN and MSN graduates and programs. The Board also keeps faculty abreast of critical changes in service settings which may impact nursing curricular demands. All proposed curricular changes are presented to the Advisory Board for input.

In 1999, a second advisory board was established to guide the development and implementation of the online RN to BSN program. This board likewise represents the practice community, as well as current RN students and RN alumni, but with expanded representation from more distant regions of the service area, where access to undergraduate and graduate nursing degree offerings is expanding through distance education modalities.

I-C. Documents and publications should accurately reflect the mission, philosophy, and goals/objectives of the program.

The SON's *Student Guidelines* (2003), *MSN Student Handbook* (2002) and *Faculty Manual* (2002) clearly and accurately reflect the mission, philosophy and goals/objectives of the program. All of these materials are reviewed and revised annually. The SON's *Student Guidelines* are available online: <http://www.csuchico.edu/nurs/studentguidelines.htm>. Materials designed for public distribution will be available in the Resource Room. All publications are accurate, though not all provide a statement of the program mission, philosophy or objectives. University catalog guidelines do not allow for extensive program descriptions with full mission statements for each department, though the individual College mission statements are described (CNS Mission, *University Catalog*, p. 36.) The CNS mission statement is currently under revision, and once approved, will be compared with SON materials to determine congruence and potential revision as needed. The SON mission, philosophy and goals are currently not highly accessible to those outside the program, but will be placed in a position of greater prominence on the nursing home page.

I-D. Roles of the faculty and students in the governance of the program are clearly defined and enable meaningful participation.

The SON Constitution and Bylaws provide for the involvement of all nursing faculty in the governance of the program. Full faculty meetings may be attended by all faculty, including part-time members; voting rights are restricted to full-time faculty. In addition to full faculty meetings, faculty governance occurs via five standing committees (Graduate, Executive, Curriculum, Student-Faculty Affairs and Personnel), and two ad-hoc committees (Admissions and RN to BSN). This is shown in the SON Organizational Chart, Appendix I-D. 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, though are not required to do so. Faculty minutes are distributed to all faculty. Part-time faculty are integral members of each semester level (I-V) area meetings, which deal with day-by-day implementation of each semester's courses.

Faculty elect several leadership positions, including Assistant Director, Semester Coordinators (I-V) and Learning Resources (Library) Liaison; the Graduate Coordinator

and two advising positions—Honors Advisor and RN Advisor are assigned by the Director. 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 outcome competencies are congruent with professional standards prescribed by our accrediting bodies.

In addition to participation within the SON, faculty 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. Currently, eight nursing faculty serve on university level committees, including the Academic Senate. SON faculty have a history of assuming leadership positions, such as a recent past Chair of the Academic Senate and Chair of the CNS Dean Search Committee. Lists of SON Faculty Committee Memberships from 2000-2002 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. Executive Memorandum 77-2 and the Administrative Code mandate that students shall 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. For the 2001-2002 academic year, a nursing student served as the CNS representative on the University Academic Affairs Council.

In the SON, students are elected for a one-semester term from each semester group (I-V) to attend meetings of the Curriculum, Faculty, Faculty–Student Affairs Committees and Semester Area meetings. A graduate student is elected every two years to serve a two-year term on the Graduate Committee. (Lists of SON student committee memberships and minutes of meetings from 2000-2002 will be available in the Resource Room.) Scheduled meetings are posted in advance on student bulletin boards. Student participation in meetings varies, but many representatives are active and vocal

participants. Student participation is recorded in committee minutes, available for review. In an effort to increase regular attendance, student representatives are sent e-mail notices of faculty meetings. As more students gain access to e-mail accounts, this mechanism will provide a much more effective way of encouraging student committee participation.

Strengths of the Program:

- ❖ The SON has maintained continuing national accreditation and BRN approval.
- ❖ The SON's purpose and philosophy statement are congruent with those of the University, while reflecting the standards of the nursing profession.
- ❖ The SON's philosophy reflects understanding of current nursing theory.
- ❖ The SON's goals are realistic and measurable.
- ❖ The interests of the community of interest are assured through active advisory board input.
- ❖ 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.
- ❖ Faculty and students have clearly defined mechanisms for participation in program governance. Students participate actively in these roles.

Areas of Concern and Strategies for Improvement:

- ❖ The current revision process for the CNS mission statements provide an opportunity for the SON to re-examine its own role within the CNS and ensure congruence of missions.
- ❖ The SON mission, philosophy and goal statements have not been widely available to those outside of the program. The SON's web page will be revised to provide easier access to these statements, and they will be added to materials distributed to potential students.

**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, philosophy, goals/objectives, and expected results. The faculty, as a resource of the program enables the achievement of the mission, philosophy, goals/objectives, and expected results of the program.

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

Teaching: Teaching is the central mission of the California State University (CSU) system, as manifested in the *CSU, Chico Strategic Plan* (available in the Resource Room). 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. Yearly student evaluations of faculty are mandated by campus policy and become part of each faculty's personnel file, reviewed by the Retention, Tenure and Promotion (RTP) Committee at designated intervals. Peer evaluations are also required as part of the review process. The SON's 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.

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. Faculty roles are specifically defined in several documents. The FPPP and the CSU Collective Bargaining Agreement (CBA) define the faculty role in relation to promotion and retention. The CNS Constitution, SON Constitution, and the SON Personnel Plan further define faculty roles in terms of college and school expectations. Changes to these documents are voted on by all full-time faculty as the need arises.

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. Recently, the campus culture has supported reduced teaching loads for new faculty, with the expectation that new faculty need support in developing courses and teaching strategies, as well as needing an introduction to the new teaching technologies available. This support has been evident in the 9-unit teaching loads for the two most recent faculty hired, for a period of two years each. Reductions in the faculty teaching load also occur for special projects such as grants. The graduate coordinator, retention coordinator and webmaster positions are assigned one unit each semester.

Advising: Advising is considered an integral part of the teaching role. The campus provides educational sessions and e-mail advising updates to keep faculty apprised of procedures and deadlines. The SON provides advising forms and checklists to aid the faculty advisors and to insure uniformity in information provided (see Faculty Manual, available in the Resource Room). Student academic records are available to advisors on-line. Each tenure/tenure-track faculty member is assigned approximately 20 nursing students and 20 pre-nursing students for academic advising each semester.

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 eight 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. Nursing faculty present topics each year, as well as attending sessions of interest. Six nursing faculty have presented in the past three years; almost all faculty have attended one or more educational sessions. 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. CELT has provided over \$4,000 for nursing faculty travel in the past three years, and a \$5,000 grant to enhance an on-line class. CELT maintains a lending library related to teaching excellence and shares scholarly essays about teaching with faculty on-line. Additionally, CELT presents the Outstanding Teacher Award for the campus each year. The recipient of this award for 2001-

2002 was Carol Huston, a nursing faculty member. This award involves a nomination process and a rigorous peer assessment process by the Faculty Recognition and Support (FRAS) Committee.

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, WebCT, Horizon Live, other on-line 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 are equipped with internet connections and computers and projectors to allow for interactive computer presentations as well as other media modalities. One nursing classroom, Holt 359 is designated as a "Smart Classroom." Technologic support for faculty desktop computer hardware and software is discussed in Standard II-B.

The CSU Chancellor's Office provides other incentives for innovations in teaching. The SON was awarded two small grants - one to support development of information competency in the curriculum and another to develop service-learning. The information competency grant allowed for a full faculty retreat in August, 2001, to incorporate information competency objectives, teaching strategies and outcomes assessments at every level of the program. This grant assisted all faculty in becoming more aware of the importance of information competency and to develop a unified set of standards for our students which are incorporated into learning objectives for every program level (see www.csuchico.edu/nurs/informationcompetency.htm).

The Service-Learning grant provided strategies for faculty to explicitly identify the service-learning components of our practicum courses. Service has been an integral part of our curriculum but not widely addressed specifically in terms of service-learning. Through the service-learning strategies, students and faculty will be more aware and purposeful in the

implementation of the altruistic components of the program. Information on these projects will be available in the Resource Room.

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 as 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, with excellent support from the campus. In the past four years, 10 faculty have published 36 articles/texts and have made 72 presentations, including 6 international and 23 national presentations. Two faculty have developed software and 10 have submitted grants for internal or external funding (see Faculty Scholarly Activity Summary, Appendix 2-A). 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. In the past decade, three faculty have completed the doctorate while teaching, assisted by sabbatical leaves, leaves without pay, campus grant funds for research and flexible workload schedules. One part-time faculty member is currently completing a doctorate, supported by a system-wide forgivable loan program, a faculty mentor and a flexible workload schedule.

The Office of Sponsored Programs (OSP) provides faculty with a high level of support in securing and managing externally funded projects. The campus performs exceedingly well in this area. For the last fiscal year 377 proposals were funded, for a total of \$29,376,339. OSP currently manages four external grants for the SON. The SON was awarded a Health Resources and Services Administration (HRSA) grant for 1999-2005 for approximately 1 million dollars to fund development and implementation of the on-line RN to BSN program.

Area Health Education Center (AHEC) funding has been available to support RN distance education, totaling \$238,000 over the past four years. Enloe Foundation (a local hospital) provided \$200,000 to cover the additional clinical faculty needed to admit two extra cohorts of students (20 total) and cover their added clinical costs through graduation. CSU Sonoma School of Nursing subcontracts with the SON to deliver a Family Nurse Practitioner Program (FNP) to this campus, via interactive video. For the current year, this grant provides \$65,487 to cover technical support, a nursing faculty coordinator and advisor, plus equipment. In Fall, 2002, a new grant was submitted to HRSA for \$750,000 to fund the development and implementation of an on-line MSN program. (This proposal is pending) OSP returns a portion of indirect costs recovered on grants to the project director as "incentive funds" to reward grant productivity. These funds can be used at the project director's discretion for equipment, travel, research supplies, research assistants, etc.

OSP 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 which enhance achievements for tenure and/or promotion. Most of the nursing faculty (predominantly tenured and full professors) are no longer eligible for these grants, but have benefited in the past. The two recent additions to the faculty do have the potential to benefit from these funds and have submitted proposals for the current academic year. The Professional Achievement Honors program recognizes faculty members who have excelled as teacher/scholars during the past three years. Three nursing faculty (Damazo, Fox, and Huston) received this award in the past three years.

The state budget allocation for operating expenses does not adequately support faculty research and scholarly activities such as presentations or travel to conferences. However, 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. Service is further delineated as encompassing the following components:

- a) clinical practice that provides reciprocal positive benefits for faculty, student and community.
- b) faculty and student leadership in representation on committees and boards, both on and off campus.
- c) creation of an environment where students and faculty participate as world citizens with knowledge of multi-culturalism and diversity which fosters a sense of caring for others.
- d) faculty and student participation in political activism at state or local government, professional or University levels.
- e) other variables which include leadership in awareness of community needs and health care outreach opportunities that promote the application of learning to real world situations. (see SON Personnel Plan in the Resource Room)

Faculty are expected to participate in the committee work of the SON, the College 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 (Huston serves as a board member), American Public Health Association (Shovein serves as webmaster for the Public Health Nursing section, using a campus server) and the American Association of Spinal Cord Injury Nurses (Leedom and Persaud serve as board members). 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 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. All of the part-time faculty maintain active clinical practice alongside their teaching roles. Seventy-five percent of the tenured faculty participate in either paid clinical practice or volunteer work or consultation relevant to their specialty areas. Faculty teaching schedules are 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. Resources are sufficient to enable the program to fulfill its mission, philosophy, and goals/objectives, and these resources are reviewed and improved as needed. Academic support services are improved and upgraded on a regular basis to meet program needs.

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 needs. At this level, the largest budget item is for faculty salaries. The salaries to cover tenured/tenure-track faculty are included in the college's base budget as well as additional money to cover temporary faculty hires. Each semester, the Department Chairs/School Director project needs for temporary hires and submit supplementary budget requests to the Dean. For the past seven years, the SON's requests for supplementary part-time faculty have been fully funded. With the arrival of a new Dean for CNS in 2001-2002, the entire budgeting process for the college has undergone intense scrutiny, with input from all the college department chairs and school director. The extent of change for the SON's budget is not clear. However, the open scrutiny of the budgeting process promises a rational allocation process for each department.

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 and is trying to manage enrollment within those targets. 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, 2002, the School of Nursing employed 18.25 full-time equivalent faculty (FTEF) for 165 full-time equivalent students (FTES). The SON has a history of stable enrollments for the generic undergraduate curriculum. Steady state resources allow for the admission of 30 basic students each semester, generating a student body of approximately 150. The basic program is "impacted," having more applicants than can be admitted, a condition which has persisted for the past decade. Campus budgets have not allowed for increasing admissions, nor have statewide efforts to increase system-wide funding for nursing faculty positions been successful. Admissions to the basic program were increased temporarily for two cohorts, by virtue of private hospital funding.

The RN to BSN program has recently expanded enrollment due to its new on-line format. Prior to the on-line format, 5-10 RNs per year enrolled in the RN to BSN program. Currently, 102 RNs are enrolled. This enrollment increase is currently supported by grant funding, which will end in July, 2004. At that time, the program will be supported by a combination of self-support (through continuing education enrollment) and state support. The enrollment boost generated by this program will be the rationale used to justify increased state support for this program. If state funding is denied, we will consider a self-support mechanism to maintain the program. Current tuition/fees for the entire program are less than \$5,000.

The master's program has historically been small, with cohorts of 4-14 admitted every two years. With the faculty's newly developed expertise in distance education, and with the new growth in the numbers of doctorally prepared faculty, we intend to develop an on-line, asynchronous format which could potentially increase the audience for the program. Modest grant funding is available for Spring and Summer, 2003, to begin on-line course development. Our plan is to admit 20 students in the next admission cycle, Spring 2004, for a fully on-line program. Additional external funding will be needed to fully implement this program.

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. However, the budgeted faculty

positions are not adequate to allow for growth in the undergraduate program, which is our most critical need to meet nursing shortage demands. The SON has been successful in supplementing the CSU budget with external funding, which is currently supporting clinical faculty for 20 extra basic students and most of the costs for the on-line RN to BSN program.

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), 2002-2005. In addition to the designated salary levels in this agreement, salaries of individual faculty have been increased based on meritorious performance through the award of merit increases. Many nursing faculty have received such supplemental increases in the past three years, raising the average salary. Comparisons with external data indicate that salaries are comparable to the average salaries for faculty in the CSU system-wide, especially considering that the nursing faculty has a much lower percentage of doctorally-prepared faculty than the CSU average (45% of the tenured/tenure-track nursing faculty are doctorally prepared versus 85% in the CSU). Nursing salaries compared with those reported by the American Association of Colleges of Nursing (AACN) are generally higher than the AACN figures except for the assistant professor and lecturer levels. These levels have a high percentage of new faculty included. (See Table 2.1)

Despite the positive salary comparisons, the salaries of nursing faculty in general are not keeping up with nursing salaries in the private sector. The SON is concerned about future ability to hire new doctorally-prepared faculty at current salary levels in a highly competitive environment. This is an even greater concern due to many anticipated retirements in the next five to six years. The SON has requested and been approved to advertise its faculty position announcements at a higher salary level than most CNS positions, so that a new doctoral faculty can be hired at an associate professor level, rather than the assistant professor level. Even so, national searches for our last three positions yielded only 2-4 qualified doctoral applicants each. The SON is committed to producing qualified master's graduates for nursing education, to strengthen the pipeline for doctoral programs.

Clerical Positions: The School of Nursing has two full-time staff — the department secretary and a clerical assistant in a 10-month position. Recent grant funding has allowed

for an increase of the clerical position to a 12-month position to accommodate increased secretarial demands imposed by the grant. 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, providing general support for department and faculty functions. Staffing is not adequate to provide support for many of the faculty's scholarly activities such as publication. Fortunately, the faculty have been quite self-sufficient in word processing and have excellent technology support. 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). Student assistants are hired to staff the nursing media laboratory.

Table 2.1: Faculty Salary Comparisons (SON/University/AACN 2001-02)

RANK	SON	UNIVERSITY* (system-wide)	AACN** (mean)
Professor		\$79,940	
Doctoral	\$79,260	(85% with doctorate)	\$75,126
Non-Doctoral	\$76,000		\$59,086
Assoc. Professor		\$64,855	
Doctoral	\$60,563	(81.9% with doctorate)	\$61,048
Non-Doctoral	\$59,069		\$50,137
Asst. Professor		\$52,431	
Doctoral	\$49,984	(79.4% with doctorate)	\$52,333
Non-Doctoral	n/a		\$45,871
Lecturer		\$48,923	(Instructor)
Doctoral	n/a	(31.8% with doctorate)	\$43,950
Non-Doctoral	\$39,681		\$42,113

* = CSU systemwide salary figures include both doctoral and non-doctoral salaries

** = AACN mean salaries for full-time nurse faculty, academic year (Berlin LE, Stennett J, Bednash, GD., 2002)

Non-personnel Budget: Allocations for operating expenses (OE) are made by the CNS Dean to each department/school based on enrollment figures. The allocation process is unbiased and does provide adequate resources for program operation. These budget allocations cover telephone, postage, supplies, printing, travel, membership dues, subscriptions, and educational supplies such as videotapes and educational software. Supplemental equipment allocations have been available in the past. These funds have been allocated by the CNS Executive Committee, based on prioritization of each department/school's needs related to the funds available. Typically, the SON requests are modest compared with the higher costs of equipment needed to support the hard science disciplines. These modest requests have been met. For the 2002-2003 year, the SON submitted a larger than usual request, to replace the outmoded beds in the skills laboratory. This request is pending. Accreditation costs are covered by the University and are not reflected in budget figures in Table 2.2. Much of the SON's OE budget is consumed by the expenses for faculty travel for clinical supervision (approximately \$10,000 per year). The priority funding for clinical travel makes less OE budget money available for other needs

such as faculty travel for professional development. However, alternate sources have been successfully obtained to provide for adequate funding for faculty professional development.

Table 2.2: School of Nursing Consolidated Budget, 2001-2002

Personnel	State support	RN-BSN Grant	SCAHEC Grant	ENLOE Grant	Sonoma FNP Grant
Faculty Budget	\$865,325				
Part-time faculty	\$ 145,874	53,516	27,367	46,058	17,802
Clerical	\$ 66,652	6,000			6,032
Foundation salaries (grant related work, summer)		17,739	33,793		5,074
Research Asst; Evaluations		10,000	1,500		
Personnel Total*	\$1,076,167	87,255	\$62,660	\$46,058	\$28,908
Operating Expenses					
Student Asst.	\$3,129				
Supplies/Services./Equipment	\$23,810	2,800	1,067		2,000
Telephone/telecommunications	\$5,561	1,250			
Clinical Travel	\$6,991	1,650	1,400	2,415	
Administrative/Prog. Travel	\$3,169	3,900			
Professional Development and travel	\$4,494				
Total Operating Expense	47,154	9,600	2,467	2,415	2,000

* = Does not include employee benefits costs

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. A student course fee of \$10-\$20 was implemented for clinical courses which incur heavy costs for practice supplies. Through these cost shifts and revenue enhancements we continue to provide an excellent learning environment.

Resources for Faculty Development and Research: Applications for sabbatical leaves and differential pay leaves are handled within the CNS by the Faculty Leaves and Development Committee. Faculty are eligible to apply for sabbatical leaves every six years, which are awarded on a competitive basis. Nursing faculty have been awarded four leaves in the past five years. Additionally, the OSP offers opportunities for several internal grants for faculty development. Information on these programs will be available in the Resource Room. Support services for faculty scholarship are described in Standard II-A.

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 less

than \$1100 per semester in fees. Additionally, many sources of financial aid are available for students — federal, state, campus-wide, college and nursing specific. On the state level, State University Grants (SUG) awards a maximum of \$2,000/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. Many federal and state loan programs are available. The SON administers scholarship/loan funds of over \$45,000 and an emergency loan fund for interest-free short-term loans up to \$300. A private community foundation awards scholarships for health professions education; nursing students typically receive scholarships totaling \$6,000-\$9,000 annually. Seventy-five to 80% of graduating nursing students report receiving some type of financial aid. At graduation, these students report \$0 to \$30,000 in educational loans, with a mean of \$11,700. Many nursing students are subsequently employed by agencies which provide loan forgiveness benefits, so the average debt for graduates is not excessive, given the wide employment opportunities. Students who already have a bachelor's degree report greater than average difficulty in obtaining funding, as well as RN to BSN students and MSN students, who usually exceed financial aid income limits. In an effort to decrease dependence on loan financing, the SON targeted its Fall, 2002 annual fund campaign to enhance nursing scholarship donations. Results of those efforts are pending, but nursing alumni have traditionally been very supportive in terms of annual fund donations, as compared with alumni of other departments.

Physical Facilities

Classroom space: The SON has primary scheduling control over its main classroom, Holt 359, which has capacity for 49 students. This classroom is a "smart" classroom, with networked computer, video projector and TV/VCR. Classes are also held in the skills laboratory, which holds 30 students, and an alternate classroom, Holt 277, which holds 49 students. Graduate classes are held in a smaller classroom, Holt 365, with capacity for 20 students. These classrooms all hold TV/VCR and overhead projectors. Two laptop computers and video projectors are available for use in these classrooms. Classes which cannot be accommodated in these rooms are scheduled through central university scheduling for classroom space across the campus. 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. Faculty and staff alike are frustrated with the difficulty of finding rooms for one-time meetings. Faculty often readjust their schedules, or accept less than desirable rooms to meet their needs.

The SON maintains a media laboratory and skills laboratory for exclusive use of nursing students. The media laboratory houses seven networked computers, two printers and three TV/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 hours each week, staffed by student assistants. Students often request more hours of access, which is not feasible due to budget limitations. However, the laboratory schedule is based on utilization history, maintained each semester. Times which are not well-utilized have been removed from the schedule, and times which are well-utilized are retained. Given the budget constraints, as well as the availability of the library and other computer laboratories on campus, the current schedule seems adequate and provides a few hours each week that fit with each semester level's days on campus. The CNS is currently discussing the imposition of an additional student fee that would be voted on and imposed by the CNS student body, to enrich the education of the college majors. This process is under discussion in other colleges as well as on other campuses, as one way to fill budget gaps from the state. A proposal has been developed and will be voted on by the students in Spring, 2003. If such a proposal were to pass, nursing students would likely direct such augmented funds to support a full-time media laboratory and skills laboratory coordinator, with widely expanded student access.

The skills laboratory houses state-of-the-art manikins and supplies for students to learn and practice a variety of skills. There are six beds, over-bed tables, bedside stands, a medicine cart, wheelchairs, IV pumps, IV arms, traction equipment, nasogastric tubes, intravenous supplies, syringes, needles and isolation supplies. The skills laboratory is small; beds are electric, but seriously outdated. A state-of-the-art hospital unit simulation laboratory is highly desirable, but an increase in space is unlikely, given current CSU formulas for determining space allocation, as well as limits on new construction for this campus. The SON recently submitted equipment requests to upgrade the existing beds to match those in local hospitals; this request is pending. The skills laboratory does not have a paid staff position to manage it. All skills instruction and practice occurs within the framework of clinical courses.

Semester I faculty often use their office hours to provide open skills for extra student practice time. Despite these drawbacks, the current facilities are adequate for students to gain familiarity with the requisite skills, which are readily transferable to the more current equipment found in the clinical agencies. No deficits have been noted in the students' skill applications in clinical practice settings. To transcend the status quo, the SON will need to garner external funding. The SON was extremely successful in the past in receiving Helene Fuld grants to develop the original media laboratory and furnish it with interactive video equipment and software. Recent equipment funds updated the media laboratory computers and software; attention now needs to be directed to refurbishing the skills laboratory, and seeking external funding to do so.

Distance Learning Facilities: The campus has been a pioneer in distance learning for many years. Traditional telecast technology is still available, but has given way to two-way video transmission and on-line learning support services. The classroom for two-way video transmission is housed in the library. Sonoma State University School of Nursing uses this technology to deliver their FNP program to this campus. Excellent technical support accompanies use of this classroom. The on-line RN to BSN program is amply supported by the newest distance education modalities, including WebCT and Horizon Live 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 (via "Open University" and "Special Session" course offerings) and handles phone registration for distant students. Campus support for distance learning is considered a strong asset for the nursing program.

Faculty Offices: Each tenure-track/tenured faculty has a private office. Part-time faculty share offices. Every office is equipped with a desk, desk chair, bookcase, filing cabinet, phone, computer and software that are updated every three years and a printer. The increased use of computers has led to the need for more ergonomic workstations. Gradually, standard desks are being replaced or supplemented with computer workstations.

Clinical Facilities: The SON maintains contracts with approximately 45 agencies for clinical placements (Appendix 2-B). These 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 in population centers north and south of Chico, including Yuba City (45 miles south) and Redding (75 miles north). Faculty are reimbursed for clinical travel to outlying areas. Placements for maternal-child experiences are the most problematic due to small units, fluctuating census and to the outpatient character of pediatrics care. For many years, faculty have been creative in developing solutions to these problems. These areas have the lowest level of student satisfaction (see Standard IV), but the level of satisfaction is acceptable, and does produce satisfactory outcomes on the National Council Licensing Examination (NCLEX). 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 600,000 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 \$1,300 per year, with an added \$1,450 to cover books sent on approval through a library purchasing service. The library spends approximately \$21,000 per year on nursing journal subscriptions, covering 100 print titles. Nursing faculty input is requested yearly to evaluate the subscriptions list and to determine if changes are needed. The University subscribes to several on-line services and interlibrary loan services, which has been extremely beneficial for the on-line 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 on-line searches from the faculty's offices. Each college is assigned a specific resource librarian who helps with specific needs of the faculty within that college.

Student Support Services: Multiple support services are available for students, described in the *University Catalog*, pages 44-81 and on the university website: www.csuchico.edu. The range of resources available assists students with their academic, social and personal lives. These services fully meet the Western Association of Schools and Colleges (WASC) accreditation standards. Nursing faculty frequently refer students to counseling, student health, tutoring, the writing center and Information Resources.

The Library and the Student Learning Center provide many resources for students to improve their academic skills, including assistance with on-line searches, workshops on study skills, test taking and writing. Disabled Student Services evaluates students referred with learning difficulties to assess for actual disabilities to identify potential accommodations to assist them.

Concerns have been raised about the level of support needed for students who have English-as-a-Second Language (ESL) issues. A small number of ESL nursing students have been referred for assistance with written and as well as oral communication. Although students follow through on the referrals, the type of assistance available seems to produce only modest improvement, particularly for students who speak Southeast Asian languages. The nursing retention coordinator has provided the most meaningful support for these students, but the level of time commitment needed to achieve the desired outcomes with these students is not possible on limited budgets. We believe this area needs improvement to increase retention as well as NCLEX success for these students.

Faculty Support Services: Faculty have extensive technological support for computer use, internet access, e-mail, and for use of teaching technologies, such as PowerPoint, WebCT, course web page development 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. For serious problems which can't be handled by phone, technicians are deployed to the site. Technicians handle all new installations of computer systems for faculty and assist with software upgrades as needed. Faculty are also supported by an active 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. The chief nursing administrator is qualified to lead the program in its pursuit of accomplishment of the mission, philosophy, goals/objectives and expected results.

Dr. Sherry Fox was appointed as Director of the School of Nursing in September, 1989. 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 (available in the Resource Room). Dr. Fox currently co-chairs a statewide task force comprised of nursing directors of all California State University programs, focused on aligning and standardizing nursing prerequisites for pre-nursing students throughout the CSU, with the intent of increasing access of pre-nursing students to all programs in the state. 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 RN to BSN grant, Enloe Foundation Clinical grant, Superior California Area Health Education Center (SCAHEC) grant for RN to BSN Outreach and the Engaged Institute for Service-learning.

II-D. Faculty members are qualified and sufficient in number to accomplish the mission, philosophy, goals/objectives and expected results of the program.

The quality of the faculty is a noteworthy attribute of the SON. The majority of the faculty are tenured/tenure-track, augmented by a stable, well-qualified cadre of part-time faculty. One faculty member is on an early retirement program (FERP) and teaches only half-time. A search is underway for a replacement tenure-track faculty for Maternal-Child Nursing. The current ratio of tenured/tenure-track faculty to temporary faculty (full-time equivalent) is 11.75 (62.3%) to 7.10 (37.7%). The campus aims for a ratio of 75% tenured/tenure-track and 25% temporary faculty. The SON currently has a higher percentage of part-time faculty in order to release full-time faculty for several funded grant projects. The part-time pool for the SON provides flexibility in faculty assignments to allow for innovation and program development. The part-time faculty are stable, many with long teaching histories with the program. They are fully involved in the program, giving input to curricular changes and participating in faculty and semester area meetings. Faculty clinical specialties cover all required content areas of the curriculum (See Appendix 2-C).

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 are master's prepared. One temporary faculty is completing the doctorate. The graduate program is taught exclusively by doctoral prepared faculty; undergraduate courses are taught by master's or doctoral faculty. Faculty qualifications are summarized in Appendix 2-C.

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-E. The faculty roles in teaching, scholarship, service, and practice are identified clearly and correlate to the mission, philosophy, goals/objectives and expected results of the program.

See Standards I-A and II-A.

II-F. Documents and publications accurately reflect resources available to the program.

The CSU, Chico *University Catalog, 2001-2003*, the SON's *Student Guidelines*, the SON's *Master's Student Handbook* and the SON's home page all clearly and accurately reflect resources available. The university home page provides links to all university services: www.csuchico.edu.

Strengths:

- ❖ The SON has adequate state funding to maintain the status quo related to numbers of students.
- ❖ The baseline funding has been richly augmented by funding from grant projects to allow for innovation in the area of RN to BSN on-line education, implementation of information competence objectives and service-learning.
- ❖ Local hospital funding provided support for a modest increase in student admissions.
- ❖ Faculty are highly productive and engaged in current practice, scholarly endeavors, national, state and campus leadership positions.
- ❖ The faculty is noted to be very productive and are well-supported with professional development funds.
- ❖ The campus provides excellent support for innovations in teaching, research, grant writing and other professional development, as well as appropriate hardware and technical support.

Areas of Concern and Strategies for Improvement:

- ❖ Statewide and campus funding processes have not been responsive to the critical needs of the region and state for more nurses and for more master's prepared nurses. The SON has clinical facilities and part-time faculty capacity to admit 40 basic students each semester if funding allowed, rather than the current 30.
 - Continue to seek external funding for increasing generic student admissions, including support from local employers, statewide nursing workforce funding, and federal nursing workforce investment funding.
- ❖ Ambitious plans to develop an on-line master's program accessible throughout the region are dependent on additional funding.
 - Seek external funds for implementation of an on-line master's program (HRSA proposal pending).

- ❖ Current projections of disastrous state budget cuts loom in the future, with unknown impact on the distribution of resources.
 - 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.
- ❖ The skills laboratory is adequate, but would benefit by more space and upgraded equipment, as well as the presence of a skills lab assistant for practice assistance. Space allocations are unlikely to be increased on this campus in the foreseeable future. Students desire more hours in the media laboratory.
 - Develop additional resources for student learning, including expanded media and skills laboratory hours, and targeted support for high risk students such as ESL students. Such resources may be forthcoming if students pass a college-wide fee to support enhanced instruction.
- ❖ Current resources for assisting ESL students in written and oral communication are limited.
 - Seek mentors for ESL students from the nursing community.
 - Engage in campus discussions and discussions with other state nursing programs to determine new options and resources.
- ❖ Scholarship and loan funds are not as widely available to second degree, RN to BSN and MSN students.
 - Develop student scholarship and loan support through annual fund campaigns, as well as from state and federal funding sources as they may arise to support nursing workforce growth.

STANDARD III. PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with clear statements of expected results derived from the mission, philosophy, and goals/objectives of the program, with clear congruence between the teaching-learning experiences and expected results. The environment for teaching, learning, and evaluation of student performance fosters achievement of the expected results by the students.

III-A. The curriculum is based upon clear statements of expected results for students, derived from the mission, philosophy, and goals/objectives of the program.

The purpose of the SON is to offer baccalaureate and master's educational programs in nursing. The baccalaureate program prepares graduates as generalists in clinical nursing and as leaders and managers for a variety of health care settings. In addition to the generic BSN option, an on-line RN to BSN option is offered for registered nurses throughout our rural 33,000 square mile service area. The generic BSN and the RN to BSN complete the same Terminal Objectives (Appendix 3-A). The MSN program focuses on achieving advanced proficiency in Terminal Objectives related to Adult Health with a focus on Nursing Education (Appendix 3-A). Graduates of both programs are prepared to practice in urban as well as rural areas.

The SON's philosophy statement identifies and describes the beliefs of our faculty about persons, health, nursing, environment and nursing education (Appendix 1-A). The Terminal Objectives are derived from the philosophy and are consistent with the *Code of Ethics for Nurses* (ANA, 2001), *Standards of Clinical Practice* (ANA, 1998), *The Essentials of Baccalaureate Education* (AACN, 1998), and *The Essentials of Master's Education* (AACN, 1996) (see Standard I). These documents identify the desired characteristics and abilities of the baccalaureate and master's graduates and provide direction in curriculum development to support the graduates' achievement of program objectives. Appendices 3-B and 3-C provide examples of the congruence among the philosophy, Terminal Objectives and course objectives. Based on these clear statements of expected outcomes, specific expectations are conveyed to students. Faculty devise teaching-learning activities and evaluation methods for each course that implement the School's mission. Teaching-learning practices are learner-centered and promote critical thinking, as well as requiring analysis and application of theories, providing the foundation for evidence-based practice. Objectives for each course are contained in each course syllabus. In addition, Appendix 3-D includes

samples of course and objective information, corresponding teaching-learning practices and evaluation criteria. All course syllabi and a grid delineating content placement for the entire curriculum will be available in the Resource Room.

Course objectives are distributed electronically or in written form to each student for every course, along with all class requirements and evaluation criteria. Faculty are available in class or on-line to clarify any questions students may have about any aspect of the course.

III-B. The baccalaureate-nursing curriculum builds upon a foundation of the arts, sciences, and humanities, which is essential to professional nursing. The master's curriculum builds on the competencies of baccalaureate graduates and focuses on advanced nursing roles.

Satisfactory completion of 120 semester units is required for a BSN degree from the university. This includes the course requirements for the nursing major: pre-nursing core (27 units), the co-requisite core (9 units) and the professional sequence (58 units for the generic undergraduate program; 50.5 units for the RN to BSN option); as well as the general education requirements and upper division theme (48 units), cultural diversity requirements (6 units), U.S. History, Constitution and American Ideals requirements (6 units), the literacy requirement and electives. Many of the nursing prerequisite and core courses also fulfill general education requirements; all degree requirements can be met in 120 units in compliance with system-wide CSU policy.

The five-semester nursing curriculum for the generic program focuses on the discipline of nursing and is supported by the sciences, arts and humanities. Prior to admission into the nursing program the student completes prerequisite courses in anatomy, physiology, microbiology, inorganic and organic chemistry, nutrition, child development and psychology. Co-requisite core courses in anthropology or sociology, composition and speech communication or small group communication may be taken with nursing courses, though most students complete them prior to admission. The RN TO BSN students complete the same requirements as the basic student. Most RNs have completed the majority of the prerequisites with their basic nursing program; any that remain may be taken concurrently with their nursing courses but must be completed before enrolling in N174 and N195W. Because of the foundation provided to the nursing students by these courses in the arts, sciences and humanities, the courses in the nursing major can and do concentrate on teaching the art and science of the discipline of nursing.

The Director and faculty are currently involved with a task force to realign prerequisite courses for nursing programs through the CSU system. In response to a system-wide effort to expedite degree completion and facilitate transferability of students, the CSU Chancellor's Office provided funding for the seventeen CSU nursing programs statewide to standardize nursing prerequisites so that applicants will be prepared to apply to any of the CSU nursing programs. Extensive curricular discussion at statewide meetings has led to consensus on eight common basic foundation courses that every program would require, with the recommendation that one comprehensive chemistry course be developed that meets basic inorganic, organic and biochemistry content targeted for nursing programs. The greatest impact on our program will be the reduction in units required for chemistry, from eight to four or five. Anticipated changes will be implemented in 2004. (Curriculum Committee Minutes and Statewide Nursing Committee Minutes will be available in the Resource Room.)

The baccalaureate program focuses on developing a nursing generalist who is knowledgeable about nursing roles, professional values and specific core competencies. These include critical thinking, communication, assessment and technical skills consistent with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).

The master's degree curriculum is consistent with the SON's mission, and builds on the knowledge and competencies of baccalaureate education in nursing. The prerequisites for entry into the MSN program include the completion of an accredited baccalaureate nursing program, a current license to practice as a registered nurse in California, at least one year of clinical practice as an RN, and an introductory 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 4 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 Miller Analogies Test. Students who are admitted 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. It is these skills that form the foundation for the MSN curriculum. 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 from the sciences, arts and humanities.

The MSN Program builds upon the baccalaureate core competencies of critical thinking, communication, assessment and technical skills. The graduate curriculum is based on theory, research and practice and provides the foundation for the practice of advanced nursing, consistent with the core curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). Graduate students have the opportunity to develop skill and expertise in advanced nursing roles, and they acquire the ability to use theory and research methods appropriate to master's level nursing practice.

III-C. The curriculum, teaching-learning practices and teaching environments foster behaviors consistent with professional nursing standards and guidelines.

The BSN and MSN curricula are taught with a foundation from the *Code of Ethics for Nurses* (ANA, 2001) and *Standards for Clinical Practice* (ANA, 1998). Sample elements from these professional nursing standards are depicted in Appendix 3-E to illustrate consistency with selected Terminal Objectives and selected specific course objectives. The professional standards are evident within all courses through unit objectives, content, learning experiences, methods of evaluation and course procedures. Grids depicting the placement of content relating to specific standards were developed for every level in the program and will be available in the Resource Room.

Complete course syllabi and supplements will be available for visitor review in the Resource Room. Teaching-learning activities are learner-centered and promote critical thinking, as well as require analysis and application of theories. Competency-based learning methods are incorporated to clearly illustrate processes, knowledge and skills needed to develop expertise in practice. Faculty continually identify and create strategies and tools to enhance student learning. Teaching-learning methods in the undergraduate and graduate programs may include lecture, discussion, small group work, information literacy competency exercises, student presentations, case study analysis, issue analysis, clinical conferences, logs/journals, poster presentations, scholarly papers and a variety of other written exercises. Examples will be available in the Resource Room.

III-D. Curriculum and teaching-learning practices consider the needs and expectations of the 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 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 and leadership 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-D) and have high satisfaction with the program (See Standard IV-B).

Specific adaptations of the curriculum were designed to meet the needs of LVNs and RNs in the region who desired the BSN degree. Applicants who hold LVN licenses qualify for advanced placement in the generic nursing program and up to three admission slots are reserved for priority admission for LVNs. The large rural population of associate degree RNs with little access to baccalaureate education led to the development of the on-line RN to BSN program. All required theory courses are available on-line, with minimal time on-campus required. Clinical requirements are met by a combination of selected clinical experiences, portfolio evaluation 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.

In an effort to meet the needs of the region's working RN population for accessible master's education, all of the graduate level coursework for each semester is taught on one day of the week. While this entails six hours of consolidated class time, it facilitates the work schedules and commuting time required of distant rural students. We are currently developing distance education options for master's students using an on-line format to make the MSN more widely available to RNs throughout our service area.

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, the American Language and Cultural Institute and services of 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 School'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 CSU, Chico's SON has been on the forefront of achieving community and regional linkages. Each semester the SON requires clinical placements for approximately 150 generic undergraduate students and 10-20 RN to BSN students. Finding appropriate clinical experiences for all students to be able to fully 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 Hospital 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 Redding Medical Center (269 beds) for selected clinical opportunities, a distance of 75 miles from campus.

Undergraduate students enrolled in community health nursing clinical practica are assigned to agencies within a nine-county area including county public health departments, home health agencies and schools. By using the wealth of community agencies in our service area, students are assured an excellent community clinical experience. Distant RN to BSN students complete the community health nursing practicum in the counties in which they live. This has necessitated the creation of new agency contracts and wider expansion of the counties used for clinical practica.

Students enrolled in the graduate program have two semesters of practicum - one in adult health and one in education. Each graduate student identifies a clinical area of interest and seeks out an appropriate preceptor/facilitator in that agency. This provides the graduate student with the opportunity to function in an advanced nursing role under the guidance of a master's-prepared role model. In addition, graduate students are placed with master teachers in regional associate degree programs, the SON or a hospital staff development department. This provides the graduate student the opportunity to function in the educator role under the guidance of a Master teacher role model.

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. This service-learning is 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, from giving direct nursing care to patient

and family education. Semester V students are responsible for community projects that enhance the health status of members of the community.

III-E. Curriculum and teaching-learning practices are reviewed on 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'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. Minor course changes are handled at the semester level for the undergraduate generic curriculum, by the RN to BSN Committee for the RN to BSN option, and by the graduate committee for the graduate curriculum. Major changes are submitted to the curriculum committee, and if required by university policy, submitted for college and university level reviews as well.

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, School Director, and College Dean evaluate teaching-learning strategies and course implementation by tenure-track and part-time faculty annually. Tenured faculty are formally reviewed at least every five years.

Every Spring the entire faculty meets for an evaluation meeting conducted by the Director. The evaluation workshop provides an opportunity to discuss 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. The evaluation workshop allows 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's Advisory Board and the RN to BSN Advisory Board.

III-F. The curriculum is sequentially and logically organized to facilitate student achievement of expected results.

a. The baccalaureate nursing curriculum incorporates content and learning experiences essential to practice in professional nursing.

The CSU, Chico nursing curriculum focuses on the discipline of nursing and is supported by the sciences, arts and humanities. Tables 3.1 and 3.2 show the baccalaureate nursing curriculum for the basic option, including all required courses. The nursing coursework is ordered around the **Organizing Framework** that is composed of the four elements of the metaparadigm of the discipline of nursing: **Persons, Nursing, Health, and Environment**. The Organizing Framework (Appendix 1-A) culminates in the Terminal Objectives for the BSN degree (Appendix 3-A).

Beginning in the first semester and throughout each of the four succeeding semesters, the theory and clinical courses provide content, clinical practice, feedback and evaluation that enable students to integrate their nursing knowledge into their science, art and humanity foundation. The result is the progression of the student from simple to more complex application of critical thinking, communication and nursing therapeutics to individuals, groups and communities culminating in the achievement of the baccalaureate terminal objectives of the program.

Semester I introduces the student to the competencies essential to the professional nursing role. These include knowledge and application of interpersonal communication, critical thinking, physical assessment, basic skills and the nursing process in the promotion, restoration and rehabilitation of health. (See course syllabi for N82, N83, N84, and N102.)

Table 3.1: Foundational Curriculum for the BSN

Pre-nursing Requirements		Units
Biol 003	Human Anatomy*	3.0
Biol 004	Human Physiology	3.0
Biol 011	General Microbiology	4.0
Chem 027	Chemistry for Applied Sciences I*	4.0
Chem 028	Chemistry for Applied Sciences II**	4.0
CD 052	Child Development*	3.0
Psy 001A	Principles of Psychology*	3.0
NFSC 025	Basic Nutrition	3.0
TOTAL		27

Concurrent Nursing Requirements		Units
Engl 001	Freshman Composition*	3.0
One course selected from:		
CMST 011	Speech Communication Fundamentals*	3.0
CMST 012	Small Group Communication*	
One course selected from:		
Anth 013	Intro to Cultural Anthropology*	3.0
Anth 103	Cultural Anthropology*	
Soci 001	Principles of Sociology*	
TOTAL		9.0

University Requirements		Units
General Education Requirements***		
Area A—Skills (Written and Oral Communication, Critical thinking, Mathematics)		12
Area B—Natural Sciences		9
Area C—Arts and Humanities		9
Area D—Behavioral and Social Sciences		9
Area E Lifelong Learning		3
-Cultural Diversity Requirement		6
-U.S. History, Constitution and American Ideals Requirement		6
-Literacy Requirement (met through N122)		
Total Lower Division GE		48
Upper Division Thematic		9

- * = Courses, which also count toward General Education Requirements
 = RN students take only one organic chemistry course or a combined inorganic/organic course
- *** = See *University Catalog*

Table 3.2: Major Courses for the Generic Baccalaureate in Nursing

Professional Sequence		Units
<u>Semester I</u>		
N82	Nursing Role I	2.0
N83	Nursing Foundations	4.0
N84	Practicum in Nursing Foundations	4.0
N102	Nursing Assessment	2.0
<u>Semester II</u>		
N103	Nursing concepts for Acute Care*	6.0
N104	Practicum in Acute Care	4.0
N105	Pharmacology & Lab Interpretation	2.0
<u>Semester III</u>		
N113	Maternal-Child Nursing	4.0
N114	Practicum in Maternal-Child Nursing	4.0
N115	Family Nursing	1.5
N132	Nursing Research	2.0
<u>Semester IV</u>		
N122	Leadership/Management & Professional Issues in Nursing	3.0
N124	Practicum in Patient Care Management	2.5
N133	Nursing Management of Maladaptive Behavior	4.0
N134	Practicum in the Management of Maladaptive Behavior	2.0
<u>Semester V</u>		
N163	Nursing Care of the Gerontology Patient	1.0
N172	Foundations of Public Health Nursing	2.0
N173	Caring for the Family in the Community	2.0
N174	Practicum in Community Health Nursing	3.0
N193	Integrative Nursing Theory	1.0
N194	Practicum in Integrative Nursing	2.0
<hr/>		
TOTAL		58.0
TOTAL UNITS FOR GRADUATION		120.0

*Meets requirements for General Education upper division thematic science course

Semester II builds on the essential competencies of Semester I and provides the biophysical foundation for the application of decision making, communication, and nursing therapeutics in the acute care of the hospitalized adult. The focus of the semester is on pathophysiology, pharmacology and laboratory data. (See course syllabi for N103, N104, and N105,)

Semester III focuses on the application of theories of family nursing and family health maintenance as well as critical thinking, communication and nursing therapeutics in the care of childbearing and childrearing families in acute and community settings. The students also are introduced to research as a form of critical thinking. (See course syllabi for N112, N114, N115, and N132.)

Semester IV has a dual focus. Students are introduced to the management and leadership roles of professional nursing within the structure of an organization; they apply their decision-making, communication and nursing therapeutic skills to planning, implementing and evaluating the nursing care of groups of acutely ill patients. In addition, students are provided the theory and clinical opportunities (in both the acute and community setting) to apply their decision-making, communication and nursing therapeutics to the nursing care of individuals and groups of individuals with maladaptive behavior (see course syllabi for N122, N124, N133, and N134).

Semester V uses as its foundation all of the course work of the preceding four semesters. The students focus on nursing care delivery to diverse cultural family systems with impaired adaptation mechanisms within a rapidly changing health care environment. The student is 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. (See course syllabi for N163, N172, N173, N193, and N194.)

The **RN to BSN distance learning program** incorporates the same upper division content required for the generic BSN, but with a format adapted for the RN with prior education and experience. The RN completes the same prerequisite and co-requisite courses as the generic student, with the exception of the chemistry requirement (see Table 3.1). RNs may meet the two-course chemistry requirement with one combined course, designed specifically for the RN to BSN program, Chem. 26. Likewise, RNs complete the same university general

education requirements. Modifications in the RN to BSN nursing sequence are designed specifically for the on-line format. Table 3.3 shows the nursing curriculum for the RN to BSN program. All RN students are required to take a bridge course that introduces them to adult learning theory, critical thinking skills and roles assumed by the bachelor's prepared professional nurse. The students are also introduced to WebCT and computerized data base searching. The remaining nursing theory courses contain the same content as the basic major course, but are delivered on-line, with no more than 1-2 days per semester on campus. Courses designated with a 'W' indicate the course is formatted for the on-line program.

Table 3.3: Upper Division Nursing Curriculum for the RN to BSN Distance Learning Baccalaureate Program

Professional Sequence		Units
N100W	RN TO BSN Bridge Course	2.0
N102W	Nursing Assessment	2.0
N103*	Nursing Concepts for Acute Care	6.0
N132W	Nursing Research	2.0
N112W	Nursing Role Concepts	2.0
N113*	Maternal Child Nursing	4.0
N115W	Family Nursing	1.5
N122W	Leadership/Management and Professional Issues in Nursing	3.0
N125A	Advanced Nursing Practicum	3.0
N125B**	Nursing Practicum Experience (escrow credit)	10.0
N133*	Nursing Management of Maladaptive Behavior	4.0
N172W	Foundations of Public Health Nursing	2.0
N173W	Caring For the Family in the Community	2.0
N174	Practicum in Community Health Nursing	3.0
N195W	Advanced Concepts: Pathophysiology and Nursing Theory	<u>4.0</u>
Total Nursing Units		50.5.

* = Credit awarded based on NLN ACE

** = Credit awarded based on NLN ACE and successful completion of N125A

Following completion of N100W, RNs may take courses in any sequence, except that all previous courses must be completed before taking the capstone courses, N172W, N173W, N174 and N195W. National League for Nursing Acceleration Challenge Exams (ACE) II RN to BSN (Care of the Adult Client, Care of the Client During Childbearing/Care of the Child, Care of the Client with a Mental Disorder) are used to provide credit for prior education and

experience. One course (N125A) uses a portfolio process to assess students' clinical skills in mental health, maternal-child, and leadership/management nursing and to supplement skills when necessary to bring students to the baccalaureate level of preparation. On successful completion of the ACE examinations and N125A, escrow credit is given for N125B, as acknowledgement of experience equivalent to generic practica units (N114, N124, and N134). In addition, the RN to BSN student must take the entire N174 community health clinical practicum.

The RN to BSN Committee has recommended discontinuation of the NLN ACE testing for validating prior education and experience. Administration of the tests on campus poses obstacles for the distant student, requiring additional commuting and time on campus. Although the tests are designed to validate upper division content, review by faculty indicates that the content tested is not fully equivalent to upper division content. Another serious problem is the lack of test currency, particularly related to current drug therapies. RNs who have not practiced recently in specific areas are not initially successful. Fewer than 10 percent of RNs are unsuccessful in one or more tests (most commonly Care of the Client with Mental Disorder and Care of the Child). However, failure on the exams may deter RNs from continuing in the program. The process of remediation and retaking the test 6 months later can delay a student's progression for a full year, as the tests are pre-requisite to N125A, which is offered only once each year. Scores on the tests do not correlate well with subsequent success in the program. To address these concerns, the faculty propose to implement an update course that will introduce new developments in the areas of maternal child and mental health nursing as well as bridging these content areas to baccalaureate level. The new course will be used to validate prior education and experience in Maternal Child and Mental Health Nursing. (The content areas related to Care of the Adult Client test are currently updated in Nursing 195W, Advanced Concepts: Pathophysiology and Nursing Theory, a capstone course for RNs). The new course will be submitted for university approval in Spring, 2003. Once approved, a transition phase will allow students to earn validation credit by either the NLN ACE tests or by taking the course.

III-F. The curriculum is sequentially and logically organized to facilitate student achievement of expected results (cont).

b. The master's nursing curriculum incorporates content and learning experiences essential to performance in advanced nursing roles.

The master's degree curriculum (Table 3.4) is consistent with the SON's mission and builds on the knowledge and competencies of baccalaureate education in nursing. This curriculum provides graduate students the opportunity to attain advanced knowledge and practice in the discipline of nursing.

Satisfactory completion of 30 semester units is required for a MSN from CSU, Chico. This includes 9 units of core courses, 7 units of adult health courses, 5 units of teaching methods courses, 6 units of elective courses, and 3 units of culminating activity. Each of the eight graduate courses builds on prerequisite undergraduate nursing knowledge and provides the opportunity to attain the advanced nursing knowledge, skill and practice that is requisite for performance of an advanced nursing role. This role is reflected in the program's terminal objectives and is indicative of the school's mission for graduate education.

The MSN curriculum is derived from the Organizing Framework (Appendix 1-A). The relationship between the Organizing Framework, terminal objectives and selected course objectives is shown in Appendix 3-C.

Each of the four semesters of the master's program successively integrates nursing content beginning with nursing research and nursing theory. The adult health nursing, role and teaching-learning courses provide content, clinical practice, feedback and evaluation that hone and refine critical thinking, communication skills and nursing therapeutics as part of the advanced nursing role and result in the meeting of master level terminal objectives.

Three courses make up the core of the graduate curriculum: Research in Nursing (N320), Theoretical Foundations in Nursing (N322), and Dynamics of the Advanced Nursing Role (N326). Graduate students are expected to apply the content of these three courses to all ensuing course work.

Table 3.4: Curriculum for the Master of Science In Nursing

Core Courses		Units
N320	Research in Nursing	3.0
N322	Theoretical foundations in Nursing	3.0
N326	Dynamics of the Advanced Nursing Role	3.0
Adult Health Courses		Units
N340	Advanced Theoretical Concepts for Nursing Care of Adults	3.0
N341	Advanced Nursing Strategies for Adult Health Care Delivery	2.0
N344	Advanced Practicum for Adult Nursing Care	2.0
Educator Courses		Units
N352	The Curriculum and Instructional Process in Adult Health	3.0
N354	Practicum for the Instructional Process in Nursing	2.0
Culminating Activity		Units
N390	Research/Project Proposal Seminar	1.0
	1 unit selected from the following:	1.0
N391	Preparation for the Comprehensive Exam (1.0)	
	OR	
N399A	Master's Thesis or N399P Master's Project (1.0)	
N398R	Completion of the Culminating Activity	1.0
	Cognate electives	<u>6.0</u>
TOTAL		30.0

INSTRUCTIONAL TIME FRAME

First Semester	Second Semester	Third Semester	Fourth Semester	Last Semester
N320	N340	N341	N352	N398**
N322	N326	N344	N354	
	N390	N391 or N399		

* = Electives may be taken any semester of the program

** = Thesis or Project must be completed within three years of finishing course work.

Building on a background in undergraduate research and introductory statistics, Research in Nursing (N320) provides the graduate student with the opportunity to establish the skills necessary to apply and conduct master level research in nursing. Trends in nursing and health-related research and their use in influencing changes in adult health practice and nursing care delivery are emphasized. Students are encouraged to use the work in this course as the foundation for their thesis.

Theoretical Foundations in Nursing (N322) builds upon the cursory introduction undergraduate students have been given to nursing theorists such as Orem, Rogers and Roy. The graduate student explores and analyzes major nursing and health related conceptual models and theories. Presentations and papers assist the graduate student to gain breadth and depth of knowledge as well as evaluate the applicability of the model/theory to adult health practice and education settings.

In Dynamics of the Advanced Nursing Role (N326), undergraduate content on 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.

Three courses make up the Adult Health focus: Advanced Theoretical Concepts for Nursing Care of Adults (N340), Advanced Nursing Strategies for Adult Health Care Delivery (N341) and Advanced Practicum in Adult Nursing Care (N344). All of these courses build on the student's strong clinical practice experience and a well-grounded generalist background in pathophysiology. Advanced Theoretical Concepts for Nursing Care of Adults (N340) focuses on the potential impact of selected clinical phenomena on the physical, social, emotional, and developmental aspects of adults from various cultural/ethnic groups. Nursing research for each phenomena as well as specific advanced nursing care strategies are emphasized.

Building on the undergraduate curriculum in community health nursing, Advanced Nursing Strategies for Adult Health Care Delivery (N341), 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.

During the Advanced Practicum in Adult Health Nursing (N344), students provide advanced nursing care to a selected population of adults in a clinical agency of their choice. Each student is expected to evaluate the advanced nursing care they are able to implement in light of the assumption of their own advanced nursing role, the clinical resources available, the agency or environmental barriers to implementation and their knowledge of the clinical phenomena involved and its impact on their client population.

The educator role is taught in two courses - Curriculum and Instructional Process in Adult Health (N352) and the Practicum for the Instructional Process in Nursing (N354). Assuming a knowledge and ability to teach patients, 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. The practicum occurs within an agency staff development department or a BSN or ADN nursing school, settings that allow for implementing and evaluating teaching strategies, for providing formative and summative evaluation, and for applying the constructs of curriculum design. The student is supervised in these settings by Master Teachers who provide the expertise and guidance needed by the student to emulate the role of educator.

The culminating activity for the graduate program is divided into three components. All students enroll in N390 - Research/Project Proposal Seminar. In this course the student completes a draft of the first three chapters of a thesis/project proposal. This assures that all students completing a Master of Science in Nursing have the ability to formulate a research proposal. At the completion of this course, the student decides whether to continue with the thesis/project process or take the comprehensive examination. If the student decides to complete the proposal, he/she enrolls in N399 - Thesis/Project (1 unit) and works with a committee to complete the thesis/project proposal process. If the student decides to take the comprehensive examination, he/she enrolls in N391 Preparation for the Comprehensive Exam (1 unit) and begins an intensive preparation for the exam. Finally, the student enrolls in N398 - Completion of the Culminating Activity during the semester he/he takes the comprehensive exam or defends the thesis/project.

The MSN curriculum provides an excellent foundation for nursing educators. Several current part-time faculty as well as tenured faculty are products of the MSN program and function well, applying concepts from the Adult Health focus to teaching Care of the Adult. Many graduates are filling faculty positions in other baccalaureate and associate degree programs. This focus is a considerable strength of the program, clearly meeting regional needs for nursing educators. For many years, this focus has worked well, using the strengths of the doctoral faculty and focusing limited resources in the area with most utility.

For place-bound RNs in the region who have limited access to other graduate programs, the exclusive focus on Adult Health is a limitation. Those who would prefer to specialize in maternal-child, mental health or community health content at the graduate level must seek courses elsewhere. As the number of doctorally prepared faculty has grown, the potential for developing master's courses in maternal child and mental health nursing has grown. Faculty shortages in these specialties are evident throughout the state. Likewise, regional public health nursing directors indicate the lack of access to master's preparation in public health nursing is a serious regional problem. Faculty are faced with the dilemma of meeting multiple needs with limited resources. The development of an on-line master's format will allow for much greater flexibility, and for growth in the size of the master's program. However, it is unlikely that supporting resources will grow to the extent needed to develop several specialty areas. A promising development is the corresponding growth in on-line courses from sister campuses with MSN programs – i.e., CSU, Sacramento and Sonoma State University. Collaboration has begun to share resources across programs. Sonoma State University currently teaches its FNP program via distance education modes, delivering courses to this campus as well as others. CSU, Chico's core master courses are transferable to the FNP program. CSU, Chico and CSU, Sacramento have developed a grid of course equivalencies, allowing students to transfer credit from one program to the other. This historical collaboration will be developed as our MSN on-line capabilities grow, as we examine how the three programs can work together to develop more access to master's level specialties for this region.

III-G. Academic policies related to students are fair, equitable, published and are reviewed and revised as necessary to reflect ongoing improvement.

The CSU system provides to the public as well as prospective and current students up-to-date information about admission, courses and other requirements, policies, academic

progression, standards, graduation, academic calendar, course descriptions, grading, tuition, fees and services. This information is provided via catalogs, brochures, advertisements, course schedules, department guidelines and on-line using Web-based format. All information such as catalogs, recruitment and other related publications to the general public are reviewed by the University Publications Committee for accuracy and consistency. The locations of general university policies are summarized in Appendix 3-F.

The *University Catalog* provides students with information necessary to access available student services. The qualifications of the professionals responsible for these services are set by both state licensing (such as medical and counseling professionals) and local campus policies (such as clerical assistant positions). The Student Health Center has a committee comprised of staff, the Director, student representatives and faculty representation to discuss issues related to appropriate, affordable health care and insurance for students.

Nursing policies are consistent with the University and are re-stated and explained in relationship to nursing in the SON's *Student Guidelines*. When policies change or new policies are needed, students are involved in the development process through representation in faculty meetings or committees. Once new policies are adopted that affect students, the SON immediately reproduces the policy and distributes it in written form to all nursing majors. In addition, the policy is announced or read in class and posted on appropriate bulletin boards and web sites. Undergraduate policies are published in the SON's *Student Guidelines*, which is the central location for all policies and information related to the generic nursing program, or in the *RN to BSN Guidelines*. These guidelines are revised annually, so that incoming students have current and accurate information about policies of the nursing curriculum. Guideline policies are discussed and reviewed during the first semester of the program. Students' rights to appeal any policy is described in the *University Catalog*, SON's *Student Guidelines*, and *RN to BSN Student Guidelines*.

The *MSN Student Handbook* contains information, policies and protocols directly related to the graduate curriculum and process. This handbook is reviewed and revised every two years, prior to the admission of a new cohort of students. In addition, graduate students are encouraged to purchase *A Guide to Graduate Studies: Policies, Procedures and Format*. This guide is produced on the university level by the Graduate School and contains essential

information related to the thesis format and Graduate School policies, procedures, and deadlines.

III-H. Academic policies are justifiable. Academic policies relate to and support the mission, philosophy, and goals/objectives of the program and institution.

The academic policies of the SON reflect and support the mission, philosophy and goals/objectives of the University and the CNS. The CSU, Chico SON actively participates in the achievement of these mission statements by fulfilling the complementary nursing mission statement, and by implementing goals and objectives congruent with both the College of Natural Sciences and the broader purposes of the University as a whole (see Standard I-A).

The policies related to students of the SON are publicly accessible, non-discriminatory and consistent with those of the parent institution, CSU, Chico and reflect the general philosophy and objectives of the SON. The SON functions in accordance with general University policies. In some instances, however, the SON has requirements that are more rigorous than the University requirements, in keeping with professional nursing standards. These include:

- ❖ A grade of "D+" or lower is not considered a passing grade for the undergraduate nursing major, although a "D" grade is considered a passing grade for many courses in the University.
- ❖ Nursing students receiving non-passing grades may not progress in the major until the grade is remediated.
- ❖ The ability to retake a course for remediation is determined by the Executive Committee of the SON, and certain constraints may be placed on the student. For example, a student who has displayed behaviors that might indicate alcohol or drug use contributing to academic problems may be required to submit to random testing for substance abuse; students who were not successful in a course due to poor test-taking or anxiety problems may be required to seek assistance with these problems prior to remediating the course.
- ❖ A student may generally repeat no more than two nursing major courses. This policy was determined by faculty as a safeguard. Students who are not successful in more than two courses are most likely to have deficiencies in academic ability or in other factors related to successful professional performance.

Policies for progression, retention and clinical safety reflect the overall goals of the SON, which is to prepare a graduate who can function safely and professionally in meeting the

health care needs of society. These policies are published in the SON's *Student Guidelines*, the *RN to BSN Guidelines*, *MSN Handbook* and given to all nursing students at the time of admission to the program.

The SON requires immunization in Hepatitis B, as well as the other usual immunizations, annual TB testing, certification in CPR for healthcare professionals, current malpractice insurance and automobile insurance. These policies (not required of all general college students) are necessary in the nursing curriculum due to health risks, the need for liability coverage and the need to travel to outlying areas for clinical practice. Many of these requirements are specified in agency contracts. These policies are sent to students at the time of notification of admission; in addition, they are included in catalog copy and the nursing home page.

Strengths of the Baccalaureate Nursing Curriculum:

There are many strengths in the baccalaureate nursing curriculum.

- ❖ The curriculum is logically organized and progresses from simple individual problems to increased complexity of individual problems, from family group health and caring for small groups of clients, to community and population-based care.
- ❖ We are beginning to integrate service-learning principles into the clinical practica in a purposeful manner, capitalizing on and promoting our longstanding record of providing clinical services that promote health in the community, but addressing it in a manner consistent with current trends in service-learning.
- ❖ Our clinical sites include both rural and urban settings providing a breadth of clinical opportunities to the students.
- ❖ Graduates are adaptable to both rural and urban settings, and perform well in both. Approximately half of our graduates remain in the northern region, contributing to the health of underserved rural residents.
- ❖ We have incorporated the essential competencies of information literacy into all five semesters.
- ❖ Campus technological support enhances teaching innovations.
- ❖ Faculty are becoming proficient at developing on-line courses to make the RN to BSN program more widely accessible throughout the region.
- ❖ The RN to BSN on-line format has been extremely successful.

Areas of Concern and Strategies for Improvement for the BSN Curriculum:

- ❖ Our faculty is small with limited numbers of faculty per specialty. This limits the opportunity for true peer reviewed curriculum evaluation.
 - Increased collaboration throughout the CSU nursing departments is feasible, particularly given the development of consensus on prerequisite course alignment. The opportunity for faculty to collaborate across campuses in the specialty areas will be sought. Such collaboration would provide faculty with many more opportunities for peer evaluation by specialists.
- ❖ Students express concern about the number of nursing units in the final three semesters of the program (III, IV and V) with 11 or 11.5 nursing units required. Students on financial aid usually need to carry full 12 units, and typically have met all other degree requirements. Ideally, students would prefer to increase the number of nursing units in each semester to 12, so that no other courses would be needed.
 - The SON makes available 1-unit electives for students to add to their required courses. These are heavily utilized by students, and will continue to be offered. Additionally, the SON has proposed three 1-unit on-line electives in arrhythmia identification to offer more options to the students.
- ❖ Along with the above concern, students express the desire for more clinical hours.
 - Given current budget constraints and the priority for admitting more students to the program, it is unlikely that required clinical hours will be increased. However, faculty support student involvement in the Rural Clinical Nurse Preceptorship, which places students in preceptored clinical experiences over the summer and January intersession. Additionally, the possibilities of expanding the current workstudy elective in partnership with our clinical agencies provides an avenue for students who are employed in a clinical agency to gain valuable clinical experience. Faculty will continue to promote these programs, and will monitor the numbers of students who participate.
- ❖ Current reliance on the NLN ACE examinations for validating credit for RNs is under review, with a proposed alternative strategy in development.
 - The SON will pilot test a newly developed course for validation as well as updating RN expertise, as a substitute for NLN testing. We will continue to monitor RN satisfaction and subsequent program outcomes related to this course.

Strengths of the Master of Science in Nursing Program

The strengths of the Master of Science in Nursing curriculum are many.

- ❖ The program is designed to meet the needs of the working RN, providing a part-time format with classes that meet only one day a week.
- ❖ Students develop strong cohort relationships and support systems.
- ❖ The program foci on the educator role and adult health nursing, meets critical needs for master's prepared educators in the region and graduates are rated as excellent by employers.
- ❖ The culminating activity process allows the student to complete the program by doing a thesis/project or writing a comprehensive exam, meeting student requests for expedited progression and for options.
- ❖ Faculty are committed and support the program. Most faculty volunteer as master teachers for the teaching practicum even if not part of the graduate faculty. Many willingly participate in thesis/project committees and comprehensive examination scoring.
- ❖ Collaboration with other CSU master's programs presents exciting potentials for expanding curricular options.
- ❖ Proposed development of an on-line format will greatly expand the accessibility of the program and promises to increase the size.
- ❖ The program has experienced growth in the number of doctorally prepared faculty, with faculty prepared in Adult Health, Maternal Child and Mental Health nursing.

Areas of Concern and Strategies for Improvement for the MSN Curriculum

- ❖ The program is currently limited in the region it serves because of its weekly on-campus requirements. This feature also limits the number of applicants.
 - Development of an on-line format is underway, to resolve this issue.
- ❖ Most of the courses have been taught by only three doctorally prepared faculty. Students would benefit by exposure to more faculty.
 - Two doctorally prepared faculty have been recently hired in tenure-track positions; a search for a doctorally prepared maternal child faculty is currently underway.
 - Graduate teaching responsibilities will be assigned to newly hired doctoral faculty increasing their involvement and commitment to the MSN program.

- Pursuit of collaboration possibilities with other CSU MSN programs will increase access to graduate faculty on other campuses, primarily through distance education modes.
- ❖ Regional needs indicate the need for access to more curricular options than Adult Health and Nursing Education.
 - Intended growth in program size may make development of other options feasible, and the faculty does have strengths to develop specialty content in mental health and maternal child.
 - Approval for a tenure-track position for a doctorally prepared community health faculty will be requested.
 - Collaboration with other CSU MSN programs will assist in developing more options for MSN courses and specialty tracks.

**STANDARD IV. PROGRAM EFFECTIVENESS:
STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS**

The program is effective in fulfilling its mission, philosophy, goals/objectives and expected results. Satisfactory student performance reflects achievement of the expected results by the students in congruence with the mission, philosophy and goals/objectives of the program as well as with professional nursing standards and guidelines. Alumni satisfaction and the accomplishments of graduates of the program attest to the effectiveness of the program. Faculty accomplishments in teaching, scholarship, service and practice are congruent with the mission, philosophy and goals/objectives of the program and with professional nursing standards and guidelines. Program effectiveness reflects ongoing improvement. Program integrity is reflected in documents and publications concerning the program.

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

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 or performance on course activities. Evaluation feedback methods typically include communication of individual scores to students, written feedback or face-to-face conferences.

Clinical courses are evaluated based on expected clinical performance competencies and stated course objectives. Students must meet minimum professional standards and pre-determined 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-evaluation throughout the program. These self-evaluations are discussed at the completion of the clinical course. Ongoing evaluation feedback in the clinical setting is provided to students through written comments on logs/papers/projects, activities, conferences and preceptor evaluations. 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*. Both documents are available for review and are also available on-line: www.csuchico.edu and 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 nursing courses, and a GPA of 2.3 is required 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. SON policy is made clear to students prior to admission.

IV-B. Surveys and other data sources to collect information about student, alumni, employer satisfaction and demonstrated achievements of graduates provide evidence of program effectiveness. Data gathered about demonstrated achievements include, but are not limited to, graduation rates, NCLEX scores and job placement rates.

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, including financial support, supportive services, student applicants, faculty and community resources. **Process evaluation** serves to monitor the program during its implementation, to indicate whether the curricular plan is actually being operationalized as planned. **Product evaluation** relates to student and program outcomes as well as overall satisfaction with the product (faculty, employers, graduates. Full 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. For example, the RN to BSN grant provides 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 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 sought in the spring and fall from clinical agency personnel. SON faculty who work with students in a particular agency, meet formally and informally with agency staff to review the year, 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 the agencies used for clinical practica. This provides for an ongoing sharing and exchange of information pertinent to the goals of the nursing program. Minutes from such meetings will be available to site visitors.

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 workshop 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 46% of incoming students indicated they chose the program due to its reputation. At the annual career fairs, nursing employers from throughout the state have consistently indicated 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 program competencies, and satisfaction with preparation in specific areas listed below.

Senior Exit Surveys

Satisfaction with attainment of the 10 program competencies (Terminal Objectives) for the period Fall 1998 - Fall 2001 (n=215) is very high. All objectives had mean scores between 1 and 2 on a 4-point scale, with 1 indicating "completely satisfied" and 2 indicating "very satisfied." Fewer than 21% rated satisfaction as only "somewhat satisfied" for any competency; fewer than 3% were "not satisfied" on any of the competencies. Satisfaction with preparation in specific areas (medical-surgical, assessment, mental health, leadership/management, community health and gerontology nursing) scored mean ratings of 2 (on a four point-scale with 1 indicating "completely satisfied"). The rating of 2 indicates "very satisfied." The only two areas with scores higher than 2 were pediatrics (2.8) and maternity nursing (2.5), falling between "very satisfied" and "somewhat satisfied." These two clinical areas 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 and to staff attitudes in one unit that had been heavily over-utilized for many years. To remediate this situation, the maternal-child clinical experiences have been

revamped to allow for more preceptored experiences for students, to avoid having 10 students on one unit at any given time. Using the preceptor model, students are placed on obstetric and pediatric units in three different hospitals throughout the work-week, with only 1-2 students on a unit at a time. This avoids overuse of any one unit. This allows for much better learning experiences for each student, and much less staff burnout for any one unit. The maternal-child faculty developed an in-depth evaluation survey administered to students in Fall, 2002 to obtain more data about student perceptions of these clinical experiences.

Additionally, responses to open-ended questions are summarized and evaluated for dominant trends which direct curricular decisions. These responses carry substantial weight in considering needed changes to program curriculum or operation. Results of survey data from Spring 1997 - Spring 2002 will be available in the Resource Room.

Past curricular changes have been implemented as a result of student feedback including:

1. Integrating more case study approaches into all semesters of the program.
2. Increased pharmacology content. A required pharmacology course, N105, was instituted in Fall, 2002.
3. Elimination of a separate gerontology practicum in the final semester. Based on student feedback, the gerontology experiences were merged into the community health and leadership/management practica.
4. Expansion of clinical sites for pediatrics and obstetrics.
5. Increased skills practice in assessment.
6. A preceptor model for N124, the leadership/management practicum.

BSN Alumni Satisfaction

Alumni who graduated between 1996 and 2000 were surveyed in 2002 (n=46, 35% response rate). These alumni indicated high satisfaction with the program. The same program competencies and satisfaction with specialty area preparation were assessed as in the senior exit surveys. The majority indicated "very satisfied" or "completely satisfied" on all items except for pediatric preparation, with only 44.2% "very" or "completely satisfied."

RN to BSN Satisfaction

The current on-line format for the RN to BSN program undergoes extensive evaluation as part of the HRSA grant requirements. Focus group interviews to determine RN to BSN student satisfaction with the program were completed with 10 graduates of Spring and Summer, 2002. All 10 students expressed overwhelming satisfaction with the program. Students stated that without the distance-learning format they would have been unable to complete the program. Satisfaction with instruction, flexibility, program cost, quality of program and duration of program were addressed. In each category students expressed complete satisfaction. Focus group data as well as extensive survey findings will be available to the site visitors.

RN to BSN alumni who completed prior to the on-line program, 1996-2000, were surveyed by mail (n= 19, 65.5% response rate). An overwhelming majority of these alumni were "satisfied" to "very satisfied" with their attainment of the program competencies. Very few indicated they were "neutral" or "not satisfied." Students indicated concern with being able to fit non-nursing requirements such as chemistry and the university upper division theme requirement into their work schedules. These problems were addressed in the subsequent design of the on-line RN to BSN program, with an on-line chemistry course developed, as well as access to on-line theme courses.

Master's Student Satisfaction

MSN alumni and recent graduates that completed degree requirements between 1998-2002 were surveyed in Fall, 2002, (n=6, 50% response rate). Summary data will be available. Respondents indicated that all program competencies were met. Students were satisfied with the expertise and availability of faculty, library resources were perceived as "good" to "very good". Students expressed appreciation for on-line access and interlibrary loan services. Clinical agencies and preceptors were seen as "very good" to "excellent." The usefulness of content for each course was determined; all courses were seen as "useful" to "very useful," now and for the future. Several of the students completed a comprehensive examination in lieu of a thesis. This was the first time this option was made available. The seminar for preparation for the comprehensive examination was seen as "somewhat useful," whereas the comprehensive exam itself was seen as "somewhat useful" to "not useful." Those who completed a thesis found it "usually useful" to "very useful." Students were

generally dissatisfied with the comprehensive exam process. Since this was the first experience of the faculty with the comprehensive examination process, the process will undergo further scrutiny as it is implemented for the next cohort.

Employers of graduates were also surveyed (n=3, 25% response rate). Employers were asked to assess competencies in four broad categories—application of research, functioning as role model and mentor, teaching and nursing master's practice. The graduates were all uniformly rated as "excellent."

Program changes under consideration or currently being implemented as a result of this student input include:

1. Conversion of the master's degree curriculum to an on-line format, friendlier to the distance learner and the working RN.
2. Future evaluation of the comprehensive examination process. (This option was established based on prior student input that the thesis was an obstacle to degree completion because it extended the time for degree completion). Student dissatisfaction with the comprehensive examination process raises concerns that must be addressed. The current cohort will choose between the thesis and comprehensive exam option by the beginning of Fall, 2003.
3. The need for exposure to more doctorally prepared faculty. (Primarily three faculty taught the former students. With new faculty on staff, students will have access to 5-6 doctoral faculty.)

Selected Program Outcomes

The SON monitors four additional outcomes for targeted evaluation focus, including **Critical Thinking, Communication, Nursing Therapeutics** and **Service**. The first three are monitored in every semester, via course objective achievement, and an overall end-of-semester rating in each area used 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 terminal objectives 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.

Communication: Faculty continuously perform formative evaluation of student's communication abilities in every single 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" (N122 for the BSN Program and N320 for the MSN Program). The majority of students are successful in the writing proficiency courses. ESL students do have difficulty with this course, despite extensive consultation with the campus writing center. Rarely does a student fail the writing proficiency standard requiring course repetition. Senior exit surveys and alumni surveys measure perceived attainment of communication terminal objectives. 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 terminal objectives.

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 N174, 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 will be implemented in Spring, 2003, in N174, with the institution of clear language describing the service-learning component and specific service-learning objectives. This approach will be expanded for development of service-learning objectives in earlier semesters, as well as expected outcomes for each level of the program.

Graduation Rates

Undergraduate Program—Generic students: Retention and graduation for the basic undergraduate program is exceptionally high, consistently above 90% for the past three years. Because the program has a competitive admission process, it is unusual for students to leave the program due to academic failures.

Table 4.1: Retention/Graduation Rates for Basic BSN Students

ACADEMIC YEAR	1999-2000	2000-2001	2001-2002
Number initially admitted to cohorts scheduled to graduate in specified academic year	60	60	62*
Number who graduated on schedule	54	55	54
Number in progress with delayed graduation	2	1	6
Number who exited program without graduating	4	4	2
Retention/graduation rate	93.3%	93.33%	97%

*includes two advanced placement students (transfer and re-entry)

Student attrition for the basic BSN student is tracked in the student database. Recent attrition from the class entering Spring 2001 was uncharacteristically high, with a loss of 10 students (25% of the cohort) before the end of the first semester. This unexpected attrition generated a closer examination of attrition data at our Spring 2001 evaluation workshop examining related factors for the 17 students who left the program in the past three years. Five (29.4%) left the program for academic reasons; seven (41%) left for a career change, three (17.6%) for health reasons and two (12%) for other reasons. To determine if there were consistent predictors of academic risk, we looked at admission points and GPAs on admission. For those who exited due to academic problems, 60% had admission GPAs between 2.5 and 3.0. (A minimum of GPA of 2.5 is required for admission into Nursing.)

The high number of students who left for a career change raises concerns that students are admitted who don't have clear expectations of the nursing profession. As students are awarded points in the admissions process for health-related experience, we examined the association of health-related experience with retention. Of those who changed career goals, four of the seven did not have prior health-related experience.

Eight of the 17 students (47%) who left the program were from ethnic minorities. Minority students comprised 80% of the attrition due to academic concerns. None of the minority attrition was attributed to English language difficulties. Three of the minority students with academic concerns also had admitting GPAs less than 3.0.

Given identifiable factors associated with program attrition, an action plan was recently instituted to try to identify at-risk students from admission data, to provide for early counseling, referral and mentoring, particularly for minority students. At-risk identifiers would be ESL students, GPAs lower than 3.0 on admission, lack of health care experience, ethnic minority status, low admission points and prerequisite courses repeated due to "D" or "F" grades. Students with lack of family or cultural support for their goals (often related to ethnic status) may also be at-risk. These students will be identified and referred to the retention coordinator for early support and remediation. A cadre of community mentors who can work with at-risk students will be identified. A faculty member is conducting a study of minority nursing students' perceptions of their nursing school experience, which may further aid us in knowing how to improve retention.

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 RN students usually have work and family demands, with progression often interrupted. Some students drop out, only to reappear years later to complete their degrees. This phenomenon has become more evident with the on-line program. Three RNs recently completed the on-line program, years after their entry into the regular campus program, because the on-line format allowed them to meet their work and family responsibilities.

The other difficulty in tracking RN retention relates to the fact that several courses can be taken prior to formal admission to the university. RNs do not have to be formally admitted until the final year of nursing coursework. Given these caveats, the retention and steady progress of RNs seems much improved with the on-line format. Enrollments and known attrition are seen in Table 4.2. Attrition is defined as active withdrawal from the program after completing one or more RN to BSN courses, regardless of whether formally admitted to the university or not.

Table 4.2: RN TO BSN Retention

PERIOD	Oct 1999- Sept 2000	Oct 2000- Sept 2001	Oct 2001- Sept 2002
Enrollment (RNs enrolled in one or more classes)	61	93	103
Attrition (RNs who withdrew from the program after completing one or more classes)	9	4	2
Percent retention	85%	96%	98%
Number graduated	7*	7*	14**

* = Graduates from previous RN TO BSN format

** = Includes 8 graduates from on-line format; 4 from prior + on-line format; 2 prior format

Improvement in attrition is attributed to the development of extensive written advising materials, mailed to every active student, as well as on-line availability. Additionally, an RN advisor is assigned .33 time to meet with students. 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. This advising component is supported by the HRSA RN to BSN grant. Retention has been facilitated by the development of an on-line chemistry course. Previously, chemistry was almost impossible for a working RN to complete. Most chemistry courses required extensive time on campus, with schedules totally incompatible with the working RN schedule. We anticipate that the availability of an on-line chemistry course will expedite the RNs' progress. Overall, the on-line format appears to have increased the retention of RNs, compared with the previous on-campus format, and has even brought some RNs who previously dropped out of the on-campus program back to the program to complete the degree. Actual graduation numbers are not yet amenable to evaluation, as most students who began the on-line program in Spring/Summer, 2000, will be graduating in Spring or Summer, 2003. The program can be completed in two years, though most students are working full-time and opt to take longer. Eight RNs who began in 2000 did complete the program on the fast track option in 2002. Comparisons were made for time to degree completion for 39 RNs who completed the program prior to the on-line format, compared with 8 RNs who completed the entire program via the on-line format. The average time for degree completion prior to the on-line format was 27.5 months; the average completion time for the first graduates of the on-line format was 25.5 months. The on-line format is particularly effective at decreasing time to completion for distance students. The average time for *distant* students to complete the

former program was 33.5 months; the average time for the on-line *distant* student was 24 months. We believe time to completion will improve even more, as advising information becomes more widespread, and current students in AD programs begin planning ahead for taking CSU, Chico nursing prerequisite courses and general education courses required by the university along with their AD programs.

MSN Retention and Graduation Rates

The MSN program admits small cohorts every other year. Required coursework takes two years to complete, on a part-time basis, followed by completion of a culminating activity. Students have a total of five years to complete all degree requirements. Extensions may be granted for compelling reasons such as illness. Students admitted prior to Spring 2000 were required to complete a thesis or project; students admitted Spring 2000 had the option of a thesis/project or comprehensive examination. This option was instituted based on the concern for time required for degree completion for several students, as well as concerns for students who completed all coursework, but were stymied by the thesis requirement. Retention and Graduation Rates are outlined in Table 4.3.

Table 4.3: MSN Retention and Graduation Rates

Year cohort admitted	Number admitted	Number with courses in progress	Number completing Coursework/ % retention	Number with thesis/comp exam in progress	Number graduated/ Graduation rate
Spring 1996	10	0	7 70%	*1	4 40%
Spring 1998	4	0	4 100%	**1	2 50%
Spring 2000	14	0	11 78.5%	***4	6 43%
Spring 2002	7	5	n/a	n/a	n/a

- * = one student delayed by medical leave, still in progress; 2 chose not to complete
- ** = one student was not successful in the thesis/comp exam process and chose not to complete; 1 is in progress
- *** = one student has not begun the thesis/comp exam process but is expected to complete
- n/a = not applicable

Retention rates for coursework completion are acceptable, ranging from 70 to 100 percent. Reasons for early program withdrawal are primarily related to relocation and to work/family constraints. However, graduation rates fall considerably below that level, ranging from 40 to 50 percent. In the past, students tended to delay starting on the thesis until the completion of all coursework. Frequently, this meant students would take a year or so to recuperate from the stresses of coursework, adjust to job changes, etc., and subsequently lose any momentum and peer support for thesis work. Extensive efforts were made to motivate and support students in the thesis process, including workshops and seminars offered to students who were approaching their degree time limits. Prior policy allowed students to register for thesis units without holding them accountable for actual thesis progress. 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 should improve students' thesis progression.

Additionally, at the request of the students, the graduate committee approved a comprehensive examination option in an effort to expedite degree completion. In Spring 2002, four students completed this option in lieu of a thesis. Two completed a thesis in the same time period as the comprehensive examination, and four are actively working on a thesis, with likelihood of degree completion within one year. The majority of students in the thesis process seem to be making much faster progress than prior cohorts due to the intensive seminar support for thesis development. The comprehensive exam option definitely facilitated degree completion for four students, but it was an unsatisfying process for both students and faculty. Alumni surveys indicated students who completed the thesis found it useful in their current position and potentially useful in future positions, while those completing comprehensive exams did not find them useful for current or future positions. Both groups indicated faculty support was adequate. Anecdotally, students felt the exam preparation was time-consuming and anxiety-provoking and the final product was not particularly satisfying. The graduate committee will continue to refine the process for the comprehensive examinations and will continue the supportive approach for thesis development.

NCLEX Scores for Basic BSN Graduates

NCLEX pass rates are consistently above the critical 70% level and usually above norms for similar programs. For example, for the April-September 2001 reporting period for NCLEX performance the program ranked 34 of 92 programs in the state (i.e., near the top one-third); and 661 of 1,352 programs nationally (i.e., the top one-half) as shown in Table 4.4.

ESL Students may experience greater than average difficulty in passing NCLEX on the first attempt, but statistics are improving. In 1996, fifty percent of the failures were attributed to ESL students. For the period 1997-1999, 44 percent of the failures were ESL students. However, for the period 2000-2002, only 1 (7%) of the total failures for first-time takers were by ESL students (3 other ESL students were successful). The improvement in ESL statistics may be due to more of these students enrolling in the elective course for NCLEX preparation, or better advising of ESL students on how to prepare for the NCLEX. We will continue to monitor this issue.

Table 4.4: NCLEX Pass Rates for First-time Takers

Year	Number of 1st time takers	Number Passing	Percent Passing
2002 (3 qtrs only)	58	52	89.6
2001	49	45	92
2000	56	49	87.5
1999	49	42	86
Average for similar programs	--	--	82-87

For several years, we have offered an elective course for students to begin addressing NCLEX preparation in their third, fourth or fifth semesters. We also require a computerized practice test in the fourth semester. This practice test does not impact on grades for any course, but completing the practice test is a requirement for progression into the fifth semester. Low scores on this practice test are usually shocking to students and hopefully mobilize them into concerted action to prepare for the NCLEX during their final semester. Responses from the seniors on the exit survey indicate 49% find the NCLEX practice test helpful. Of interest is the NCLEX data on time for completing the test, and the number of questions required. It appears that our students take considerably less time than others and

take fewer questions than national averages. This may be a positive outcome related to the NCLEX practice requirement.

Reviews of detailed NCLEX summary data for specific content areas of the NCLEX indicate no areas with consistently low scores for program graduates. No patterns are detected that would point to curricular deficiencies.

Job Placement Rates

Until recently, job placement has been monitored primarily informally with faculty reporting that virtually all of our students have several job options available to them on graduation. At the time seniors complete their exit survey during the final week of school, only 6.5% indicate they do not know where their first job will be after graduation. Faculty provide references for job applicants and frequently are aware of which applications materialize into actual offers.

The latest alumni survey (Appendix 4-C) explored job placement rates more thoroughly for graduates from 1996-2000 (n=46; 35% response rate). These alumni indicated 100% initial employment and 98% current nursing employment. 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. The alumni survey indicated that 4% currently have advanced degrees in nursing, and 24% have specialty certification; 45.6% plan to attain advanced degrees and 19.5% plan specialty certification.

RN to BSN students are virtually all employed in nursing when they enter the program. The graduates of the new on-line program will be followed extensively as part of required evaluation of outcomes for the grant supporting the program. A 2001 survey of RN to BSN alumni who graduated prior to the on-line program (n=19) revealed 95% employment in nursing; one RN was employed in nursing throughout the RN to BSN program, but entered a program in law following her graduation.

Master's students are all employed in nursing on entry. As the master's cohorts are small, and faculty remain in close contact with them through the thesis process, it is evident that all master's students are employed in nursing. Respondents to the recent survey of master's

graduates (n=6) indicated full employment in nursing with perceptions of greatly enhanced career opportunities. Five respondents were employed as full or part-time educators in staff development, faculty positions or faculty for a national continuing education program. One was employed as a staff nurse and a part-time school nurse. Two had management positions in addition to their teaching roles and one worked as a staff nurse in addition to teaching. Most saw job changes in their future, and three planned on doctoral education.

IV-C. Faculty accomplishments in teaching, scholarship, practice and service demonstrate program effectiveness and reflect the process of ongoing improvement.

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 program 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 five full time faculty hold earned doctorates. One non-tenure-track faculty member is currently completing her doctoral dissertation. Faculty scholarly accomplishments are summarized in Appendix 2-A.

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 update. 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, Dr. Carol Huston, was named the Outstanding Teacher for CSU, Chico for 2001-2002. Dr. Huston was also recognized as one of seven Master Teachers for the CSU, Chico campus for 1999-2001. 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 on-line format.

Virtually all faculty participate in professional nursing and healthcare organizations. Four faculty (Fox, Huston, Leedom, and Shovein) hold office at the regional, state and/or national level for organizations such as the California Strategic Planning Committee for Nursing, Sigma Theta Tau International, the American Association of Spinal Cord Injury Nurses, and the American Association of Public Health Nurses. Several faculty are active as Nurse Strategic Action Team (NSTAT) leaders for the American Nurses Association, California affiliate. All students are encouraged to participate in professional nursing and healthcare organizations, and faculty are successfully able to role model this commitment to students.

IV-D. Records of student satisfaction/formal complaints are reviewed as part of the process of ongoing improvement.

Student satisfaction and complaints are monitored and reviewed by faculty annually via senior exit surveys, RN to BSN surveys and master's student surveys. Other indices of satisfaction include student input through faculty committees.

Formal complaints are usually channeled through the Director of the SON. They are requested in writing and the disposition of the complaint by the Director is documented. In some instances, issues are referred back to Semester Coordinators for a direct response; in others, the issue may be referred to the Executive Committee of the SON. If School

procedures do not satisfactorily resolve the issue, students are referred to the Office of Student Judicial Affairs. In most instances, informal mediation resolves the concern. Rarely, a student grievance hearing is held. The SON has not experienced a formal grievance hearing for over a decade. Complaints typically are centered on grades.

Student complaints or dissatisfaction are handled both informally and formally. Students have the opportunity to meet with faculty individually to express concerns about a specific course or course element. The Coordinator for each semester is often able to resolve issues that can't be settled directly. If the problem is one which concerns the entire cohort, it may be addressed in the semester meetings attended by faculty and elected 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, administered by the Student Judicial Affairs Coordinator. This policy is identified in the *University Catalog* as well as in the SON's *Student Guidelines*. In the past three years, three students have raised issues with the Director related to perceived unfairness in grading by three different faculty. In each case, the faculty had appropriate justifications and documentation for the grades and were supported by the Director. Most of these students chose to abide by the Director's decision; one petitioned the Dean, who upheld the faculty decision. None of these complaints progressed to a formal grievance. One transfer student complained that her prior course credits were not correctly evaluated by the Director and by the Admissions/Evaluations Officer. This student was referred to Student Judicial Affairs, which mediated the discussions between the student, the Director and the Articulation Officer. The student accepted the determination of transfer credits and did not pursue a formal grievance.

IV-E: Current Documents and publications distributed accurately reflect student performance and satisfaction, as well as faculty accomplishments (i.e. truth in advertising).

Student performance on NCLEX pass rates are in the public domain, but are not used in marketing for the SON, due to quarter-by-quarter fluctuations in pass rates. Typical ranges of NCLEX pass rates are given in response to inquiries by applicants, with the statement that our students "typically do well". NCLEX pass rates and student satisfaction data are

reported annually to the SON's Advisory Board as part of annual outcome data reports. The BRN recently began posting all program pass rates on the state website, and inquiries regarding NLCEX pass rates will be directed to that site in the future.

Faculty are required to keep a curriculum vita on file with the CNS that is subject to peer review at specified intervals. Student and faculty activity and achievements are published via the World Wide Web at the SON's website: www.csuchico.edu/nurs. Evidence of current faculty achievements can be examined by reviewing the faculty achievements web page: <http://www.csuchico.edu/nurs/facultyachievements.htm>. Accomplishments are validated during the regular peer review process. Faculty vitae and selected samples of accomplishments will be available in the Resource Room.

Strengths:

- ❖ The program is highly regarded throughout our region, with high satisfaction levels reported by students and alumni.
- ❖ Effective avenues for student input and a responsive faculty assure that program changes are made as needed.
- ❖ Clear guidelines for student grading and academic progression are established.
- ❖ The faculty are experienced, productive, and fully involved with the profession of nursing.
- ❖ Program innovations in on-line education have extended outreach to RNs in our service area, attracting RNs who would otherwise not have access to BSN education.

Areas of Concern and Strategies for improvement:

- ❖ Although attrition from the basic BSN program is low, attrition is highest from minority students.
 - A self-identification and referral process for students at high risk of attrition and of NCLEX failure will be developed and put in place for incoming Semester I students in Spring, 2003, to facilitate retention.
 - Faculty will seek mentors from the professional community to work with minority and ESL students throughout the program.
- ❖ NCLEX pass rates are acceptable, but could be consistently higher.

- Faculty will continue to explore options for use of standardized achievement tests offered by commercial vendors, to use as benchmarks for students in every semester.
- A pilot test of a comprehensive NCLEX predictor exam will be performed as part of the course evaluation in N193 in Spring, 2003.
- A benchmark for overall NCLEX pass rates to consistently exceed 92% will be established.
- Continue to monitor NCLEX pass rates for ESL students, and continue aggressive advising for these students on NCLEX preparation.
- ❖ Objective measurement of critical thinking in nursing remains problematic.
 - Faculty will evaluate critical thinking tests in nursing from commercial nursing assessment vendors.
- ❖ Direct feedback from employers of graduates is difficult to obtain, other than anecdotal feedback.
 - Faculty will explore methods to increase communication with the RNs who function as direct supervisors of new graduates, to obtain their input on how our graduates function, including telephone interviews and invitation to professional meetings that include continuing education credits.
- ❖ Satisfaction with achievement in pediatrics and obstetrics is lower than other areas of the curriculum.
 - Continue to assess the impact of a preceptor model and use of additional clinical placements for these experiences.
 - Perform in-depth assessment of students' perceptions of the maternal-child curriculum.
- ❖ Master's education should be as accessible throughout the region as the RN to BSN.
 - Promote the proposed on-line MSN to current RN to BSN students and alumni.
 - Promote the nursing educator role for promising RN to BSN students, to build future faculty for our program.