

## Continued Compliance with CCNE Standards & Key Elements

### Introduction

In one page or less, summarize under “Program Response” major events that have occurred at the institutional and/or program level since the most recent CCNE on-site evaluation. Include a description of changes at the parent institution if they have had a significant impact on the program.

#### Program Response:

Three substantive change notifications have been submitted to AACN since our accreditation visit in 2008. The first was a revamping of the RN-BSN program from a 24 month, online program to a 15 month, online program. The total units required in the nursing major decreased from 52 units to 44 units as of summer 2011. There were no changes in established mission or goals of the program; in legal status; in status with the state board of nursing; in method or location of delivery; in student enrollment; in faculty composition and size to teach the program; in teaching affiliations; in major curricular activities; or in student achievement. These changes were made to comply with Assembly Bill 1295 (AB 1295) which noted the need for CSU BSN programs to streamline the community college and CSU transfer pathway for nursing students and to remove any remaining redundancy in content between community college nursing programs and baccalaureate nursing education in the CSU system in California.

The second substantive change occurred in the basic BSN undergraduate program and was implemented in fall 2013. These changes reflected a re-sequencing of courses in the final two semesters of the program, the deletion of one course, and the reallocation of the units from the deleted course. There were no changes in how standards were met as a result of this change and there was minimal impact on School of Nursing (SON) and University resources.

The final substantive change occurred in the MSN program and was implemented in fall 2013. The Master of Science degree in Nursing (MSN) at CSU, Chico has been in existence since 1970 and is a five semester, part time, primarily online program. Until fall 2013, the primary content focus was the preparation of nursing educators. An option in nursing leadership was added as of fall 2013. This required the development of five new courses. Fourteen students were admitted to this option in August 2013. There were no changes in how standards were met as a result of this change and there was minimal impact on School of Nursing and University resources.

In addition, because the nurse educator curriculum was the only focus available to students in the MSN before this time, the term option had never been used. Thus, a formal Nurse Educator option was created. No new courses were needed for the Nurse Educator option and the curriculum for students in this option did not change from what was already in place. These changes were formally approved by the School of Nursing Graduate Committee, the nursing faculty, the CSU, Chico Graduate Council and the CSU, Chico Academic Senate in spring 2013. There were minimal changes in how standards were met as a result of this change as well as minimal impact on School of Nursing and University resources.

In addition, after two years of extensive planning, including significant student and faculty feedback, the organizing framework for the School of Nursing is being revised. A visual depiction of our working document is shown in Appendix A and described on the top of page 20. This has required a re-examination of the School of Nursing’s vision, mission, values, desired student learning outcomes, pedagogies, and learning strategies. Additional curriculum revisions are anticipated in 2014 and 2015. Substantive change notifications will be sent to AACN prior to their implementation.

Finally, Dr. Sherry Fox resigned as Director of the School of Nursing in 2010, after serving in that capacity for 20 years. She was replaced by Dr. Carol Huston, whose qualifications are discussed in this report.

## Standard I

### Program Quality: Mission and Governance

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

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

*Elaboration: The program's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.*

#### Program Response:

In accord with the primary goal of the University, the SON provides a high quality education. The School further subscribes to the University's commitment to serve the population of northern California. The mission, goals, and expected outcomes of the SON are written, accessible to current and prospective students, and continue to be congruent with those of our parent institution and the College of Natural Sciences (CNS). They can be found in the published Student Guidelines and on the SON website. The program combines both general and professional education to prepare a well-educated citizen who is also a professional practitioner.

The Bachelor of Science in Nursing (BSN) and Master of Science in Nursing (MSN) programs meet all criteria for accreditation with the Commission on Collegiate Nursing Education, and are in compliance with California Board of Registered Nursing (BRN) regulations and standards for registered nursing education programs (last review was in spring 2013).

#### **The following are changes/updates since the 2008 report:**

1. The mission of the School of Nursing is essentially unchanged; however, an abbreviated mission statement (*to empower and transform graduates to meet global healthcare challenges in the 21<sup>st</sup> century*) is shown in the Organizing Framework schematic in Appendix A.
2. School of Nursing (SON) student learning outcomes (SLOs) for both the baccalaureate and graduate programs were revised in fall 2012 to mirror newly revised *Essentials of Baccalaureate Education for Professional Nursing Practice (2008)* and *Essentials of Master's Education for Professional Nursing Practice (2011)* respectively. The expected outcomes of the SON graduates reflect professional nursing standards and guidelines for the preparation of nursing professionals.

Revised Student Learning Outcomes (SLOs) for the Baccalaureate Graduate:

1. Integrate liberal education to inform baccalaureate generalist nursing practice.
2. Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.
3. Demonstrate professional practice grounded in current evidence and best practices.
4. Use knowledge and skills in information management and technology in the delivery of quality patient care.
5. Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.
6. Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.
7. Utilize clinical prevention at the individual and population level to improve health.
8. Demonstrate professional behavior as fundamental to the discipline of nursing.
9. Provide nursing care to patients, families, groups, communities, and populations across the lifespan.
10. Illustrate cultural awareness when caring for diverse patient populations.
11. Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

Revised Student Learning Outcomes (SLOs) for the Master's Graduate:

1. Integrate theory and research from the Sciences and Humanities in the delivery of evidence-based nursing practice.
2. Utilize leadership skills to influence the quality of health care at the organizational and/or systems level.
3. Demonstrate the knowledge, skills and attitudes necessary to improve the quality and safety of the environments in which graduates practice.
4. Translate and apply evidence-based research in nursing practice.
5. Integrate current informatics and health care technologies in nursing practice.
6. Use health policy, political skills and advocacy to influence positive change in health care delivery.
7. Demonstrate inter-professional collaboration for improving patient and population health outcomes.
8. Identify clinical prevention strategies to improve health of selected populations.
9. Demonstrate Master's level knowledge, skills, and attitudes needed to lead nursing education and practice.

In addition to the two Essential's documents, undergraduate and graduate curriculums use the American Nurses Association's (ANA) *Code of Ethics with Interpretive Statements (2001)* and *ANA Nursing Scope and Standards of Practice (2010)* as guidelines for expected professional practice. In addition, the Nurse Educator option of the graduate program is guided by the *Core Competencies for Nurse Educators (NLN, 2012)* and the Nursing Leadership option is guided by the *AONE Nurse Executive competencies (AONE, 2011)*.

**I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:**

- 1. professional nursing standards and guidelines; and**
- 2. the needs and expectations of the community of interest.**

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to*

*foster program improvement. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.*

**Program Response:**

**The following are changes/updates since the 2008 report:**

1. The SON regularly reviews and revise the mission, goals, and expected outcomes of the program (see standard I-A). Typically, this occurs at the end of year faculty retreat. Additionally, the CNS and SON update specific action plans annually and the SON is currently completing a new 5 year strategic plan (first draft to be completed by January 2014). New academic goals for the campus were released in February 2008, and further school discussions on college alignment occurred university-wide in fall 2012.
2. The SON Advisory Board continues to serve as a key community of interest. Collaboration, program evaluation, and networking with outside agencies are ongoing. As of September 2013, there were more than 30 members on the SON Advisory Board roster with approximately 20 members regularly attending the bi-annual meetings. Feedback from the Advisory Board was critical in determining the need for the new MSN option in nursing leadership and the discontinuation of an advanced leadership practicum at the undergraduate level in which students worked with mid-level managers.
3. Expected student learning outcomes were revised by the SON in 2012 (by faculty vote) to parallel the 2008 and 2011 AACN Essentials documents for undergraduate and graduate education. These revisions occurred following two years of extensive discussion, collaboration and planning involving faculty and students, who are considered to be a key community of interest.

**I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.**

*Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.*

**Program Response:**

**The following are changes/updates since the 2008 report:**

1. The School of Nursing Personnel Plan has been developed in accordance with the current University's Faculty Personnel Policies and Procedures Document (FPPP). Both documents are linked and available to faculty in the SON Faculty Manual, which was last revised in summer 2013.
2. Expected faculty outcomes in teaching, scholarship, service, and practice are published in the SON retention, tenure, and promotion (RTP) document, which was fully updated in 2011. Further updates were made in fall 2013 for implementation in fall 2014.
3. The SON now submits an annual *Faculty Activity Report* (FAR) (See Appendix I) to the CNS, outlining faculty publications, professional presentations, honors, awards, grant activities, and service. This report becomes part of a broader annual CNS performance report to the Provost and provides a comparative analysis of scholarship outcomes of SON faculty with other faculty in the CNS as well as the university.

**I-D. Faculty and students participate in program governance.**

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation.*

**Program Response:**

The organizational structure of the SON remains essentially unchanged since 2008. The Director of the SON is responsible for the overall operation of the SON and reports to the Dean of the CNS. The SON's bylaws provide for the involvement of all nursing faculty (including those involved in distance education) in the governance of the program. Faculty meetings are held a minimum of once a month. Full-time faculty are required to attend. Part-time faculty members are encouraged to attend but not required to do so. Distance faculty are encouraged to SKYPE in for faculty meetings they cannot attend. In addition to full faculty meetings, faculty governance occurs via five standing committees (Graduate, Executive, Curriculum, Personnel Scholarship, and Evaluation), and five ad-hoc committees (Admissions; Simulation Integration; Hiring; Safety/Quality; and RN to BSN). Each faculty member is elected to one or more of the standing committees and typically at least one of the ad-hoc committees. Part-time faculty often volunteer for committees and many regularly attend full faculty meetings. In addition, part-time faculty are integral members of each semester level (I-V) area meetings, that deal with day-by-day implementation of each semester's courses.

Faculty members are also elected annually to several leadership positions, including Assistant Director, Semester Coordinators (I-V) and Learning Resources (Library) Liaison. These committees and positions give faculty opportunities to provide input into placement of students in clinical agencies, grading policies, evaluation tools and the effectiveness of teaching-learning activities. They provide opportunities to evaluate courses and curriculum and to assure that our philosophy, goals and student learning outcomes are congruent with professional standards prescribed by our accrediting bodies, the CNS, and the University.

Students in the SON have opportunities to participate on committees within the School as well as on college level and university-wide committees. Indeed, student representatives are elected from each semester cohort to attend and participate in faculty meetings, curriculum meetings, evaluation meetings, and semester area meetings. The same is true for the online RN-BSN and MSN options. The university also mandates that students have the opportunity to participate in the formation of policies, rules and sanctions pertaining to them. Recent curriculum changes involving the re-sequencing of semester IV and V courses occurred at least in part, from student feedback at faculty and curriculum committee meetings in 2011 and 2012. In addition, proposed course fee increases were presented to faculty and students in 2012 and approved, following students taking an active part in the discussion. In addition, it was a nursing student who represented the SON in 2011/2012 and 2012/2013 on the college committee that recommended funding recipients for university wide student learning fee grants.

**The following are changes/updates since the 2008 report:**

1. Voting rights, as revised by a Feb. 2013 faculty meeting vote, are now extended to all faculty with half-time appointments (7.5 WTU or greater per semester or 15 WTU if teaching only one semester per year) having the rank of Lecturer or higher, whether tenured or non-tenured.
2. The Evaluation committee was established as a standing committee in 2010 to collect and address program outcome data. The Simulation Integration ad-hoc committee was added in 2013 and the Safety/Quality ad-hoc committee was added in 2012. The Simulation Integration committee works to better integrate informatics and simulation throughout the curriculum. The Safety/ Quality committee addresses adverse events, medical errors, and near misses that occur with students and faculty in clinical settings as part of an effort to establish a non-punitive error reporting culture in the SON.
3. In addition, faculty members have the opportunity to serve on committees at the College and University levels and to participate in the Academic Senate. Currently, nursing faculty serve on 5 university-level committees, including the Academic Senate or its subcommittees (Lillibridge, Asia, Rowberg, and Kipnis). Two faculty serve on the *Faculty Recognition and Support Committee* (Asia and Rowberg). Lightfoot serves on the Advisory Board for the *Center for Learning and Teaching* (CELT) and

Lillibridge serves on the *University Writing Committee*. SON faculty members have a long history of assuming leadership positions, such as Chair of the Academic Senate, Chair of the CNS Dean Search Committee, and Chair of the CNS Personnel Committee.

**I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.**

*Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.*

**Program Response:**

**The following are changes/updates since the 2008 report:**

All documents and publications are reviewed regularly for accuracy. Student Guidelines for the undergraduate, graduate, and RN-BSN programs are updated and published annually as is the Faculty Manual. The University catalogue is formally updated every year and is available online as are the academic calendar and tuition/fee schedule. The SON website is also continually monitored and maintained for accuracy and currency. Program brochures and advising materials for the BSN, RN-BSN, and graduate programs are reviewed and updated annually. In addition, the SON publishes a bi-annual newsletter of School and University events, which is sent to all SON alumni, retired faculty/staff, current students, and current faculty/staff.

Changes in policies, documents, or publications are published on the SON website. They are also sent electronically to student (current majors and pre-nursing students) and faculty emails as necessary, and posted on Blackboard course sites if a more timely need for communication exists. Advisory board members are notified at regularly scheduled meetings or electronically.

**I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.**

*Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

**Program Response:**

SON policies and procedures are congruent with University policies as outlined in the University catalog, though in some instances, admission and progression plans for the SON are more stringent than general university policies and these differences are explicitly described in nursing documents. Admission policies are clearly outlined on the SON website as well as in written brochures/handouts available to potential applicants.

**I-G. There are established policies by which the nursing unit defines and reviews formal complaints.**

*Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.*

**Program Response:**

The SON provides all students with written policies regarding student formal complaints and grievance procedures. These policies are consistent with the University-wide Student Grievance procedures, which are described and referenced in the SON's *Student Guidelines*, *The RN Student Guidelines* and the *Graduate Student Guidelines*. Each student is provided a copy of these documents upon entry into the program. Subsequent revisions are available to students on the SON website.

Students who feel they have been treated unfairly or arbitrarily are entitled to use the University-wide *Student Grievance Procedures*. However, most complaints (grievances) are resolved during the informal process. An informal process starts at the School level: the student talks to the instructor(s) involved. The second step is to talk with the Semester Coordinator. If a solution satisfactory to the student is not reached, the student then discusses the matter with the Director of the School. The final step in the informal process is to talk with the Dean of the College of Natural Sciences. Formal grievances are initiated **ONLY** after the informal process has been attempted and found unsatisfactory in reaching a solution. Students may also be directed to contact the Coordinator for Student Judicial Affairs in Kendall Hall.

Faculty concerns or complaints are addressed by the Office of Faculty Affairs on campus. The informal and formal grievance process may be dictated by the CBA, depending on the nature of the complaint.

## Standard II

### Program Quality: Institutional Commitment and Resources

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

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

*Elaboration: The budget enables achievement of the program's mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.*

#### Program Response:

##### The following are changes/updates since the 2008 report:

1. Despite being a publicly funded institution in a state riddled by budget shortfalls for the past decade, budgetary support for the school of Nursing has generally been adequate over the past five years to achieve its goals. These resources are comparable or better than resources available to other academic programs on the CSU, Chico campus, as well as system-wide with other nursing programs.
2. In addition, the adequacy of program resources is reviewed periodically and resources are modified as needed. 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. This is especially true for the CNS. Exceeding targets does not necessarily generate budget supplements, however, but is considered. In fall 2007, the SON employed 21.5 full-time equivalent faculty (FTEF) for 217 full-time equivalent students (FTES). In spring 2012, the School of Nursing employed 26.5 full-time equivalent faculty (includes Director) for 177 full-time equivalent students (n=233 total students).
3. While FTES in nursing steadily increased between 2000 and 2009, this number decreased with suspension of the LVN-BSN program in 2009 (last class graduated August 2012). This number should increase again in the next 2-3 years with the addition of the leadership option to the graduate program.
4. The basic undergraduate program continues, to be "impacted," having more applicants than can be admitted, a condition that has persisted for the past 20 years. We currently admit 40 students per semester. Clinical agency bottlenecks restrict further growth of the basic program.
5. Enrollments in the online RN to BSN program are at capacity as well with 30-35 students admitted every June to our 15 month program. A limited number of public/community health practicum sites make increasing enrollments in both the traditional undergraduate program and the RN-BSN program very difficult.
6. The pilot LVN to BSN program, which began in 2007, admitted 10-20 students each year between 2007 and 2009. The program was discontinued for multiple reasons including the high clinical site

resource needs of the program, higher than desired attrition rates, cost, inadequate numbers of qualified applicants, and the availability of other LVN-RN programs in the area No official action has been taken to permanently suspend this program, although discussion is ongoing. A substantive change notification would be sent to AACN in the event a decision is made to do so.

7. An additional 10-20 students have been admitted every other year to the MSN program for the past decade, although this program moved to an annual admission cycle in fall 2013. The addition of the leadership option to the graduate program is expected to increase the number of enrollees in this program by 50% or more in the future.
8. Pre-nursing students are also considered in the budget allocation formula for the college. Pre-nursing students are at an all-time high, with an estimated 800-1000 pre-nursing students on campus in AY 2013/2014. The stable enrollment, and continued high demand for all nursing programs maintains the FTES basis for funding allocations to the SON.
9. Requests for instructional materials are discussed with faculty. Needed increases in operating budget are presented by the Director of the SON to the CNS Executive Team (ET) and budgets are allocated accordingly. Clinical travel reimbursement is generally the largest single operational expense for the SON, as many of our clinical sites are outside Chico.
10. Funding for major equipment purchases is covered by supplemental allocations. Faculty submit equipment requests through their school/departments. Each department ranks those requests, which are then submitted to the CNS ET, discussed and ranked. Equipment requests based on health and safety needs receive the highest priority. Typically, SON requests are modest compared with the equipment needed to support the hard science disciplines. Simulation grants and partner contributions have covered costs of recent acquisitions of patient simulators for the simulation center.
11. The SON's Annual Fund account (primarily alumni donations) provides supplemental support for media laboratory software and equipment and for other purchases for instruction not supported by the OE budget, student projects, graduation ceremonies and other discretionary expenses. In addition, student clinical course fees of \$250-\$300 per semester cover the costs of skills lab supplies, simulation technician time, and ATI/Kaplan study/ testing materials. Proposals to increase student fees to cover these new costs are submitted to a university committee composed of faculty and students, as necessary for their review and approval.
12. Major renovations and enhancement of the SON skills lab and media lab were undertaken in 2012 and 2013. These renovations were completed using funds generated from the SON self support RN-BSN program and the Annual Fund account.

#### **Faculty Positions:**

In the last three years alone, five new tenure track faculty hires were approved for the School of Nursing, two more are approved to begin in January 2014, and one more has been approved for August 2014. As a result, the number of tenured/tenure track faculty will rise to 15 in spring 2014 and theoretically 16 in fall 2014. Three or four tenured/tenure track faculty, however, anticipate retirement at the end of spring 2014, negating any significant increase in tenured/tenure track numbers. Two of the retiring faculty will, however, continue teaching half time through the Faculty Early Retirement Program (FERP).

The two tenure-track faculty hires effective January 2014 were in the areas of medical-surgical nursing (our specialty area with the greatest losses due to projected retirements); one with expertise in informatics/simulation and one with expertise in pathophysiology/advanced medical surgical nursing. An additional medical/surgical tenure track hire will occur for fall 2014. A mental health faculty search in

2011 resulted in a new hire as did a search for an OB/peds faculty person. In 2012, one additional medical surgical faculty was hired in the area of fundamentals and one was hired for community/public health.

All tenure/tenure track position allocations are determined within the CNS. The Dean determines the number of tenure-track hires that can be made, based on available funds. Each unit submits position requests and justification to the CNS ET, which ranks the positions. The Dean uses this input in his or her position allocation. Faculty positions must also be approved by the Provost. The College aims to reach a ratio of 60-70% tenure/tenure-track (T/TT) faculty, and 30-40% part-time faculty for each unit. The SON is at approximately 56% tenured/tenure track.

Part-time hiring is handled on a semester by semester basis, with each department or School submitting anticipated hiring needs to the Dean for approval prior to the beginning of the semester. For the past five years, all of Nursing’s part-time hiring requests have been fully funded.

**Faculty Salaries:** Faculty salaries for the entire 23-campus system are determined by collective bargaining agreements between the California Faculty Association (CFA) and the Board of Trustees of the CSU, and are detailed in the current Collective Bargaining Agreement (CBA). Faculty last received a salary increase in 2008 (7.7%) although an additional 1.3% increase, retroactive to July 2013 is expected this year. State budget cuts the past five years did lead to mandated furloughs in AY 2009/2010 and increased workloads for faculty. In addition, there continues to be significant concern that salaries on the CSU campuses lag in comparison to other institutions of higher education and that higher costs of living in California continue to erode the ability to hire and retain quality faculty. Indeed, faculty salaries at California State University lagged behind comparable institutions by 18.5% in 2008-2009 (California State University, 2012).

In late spring 2013, California lawmakers passed a state budget aiming in part to reverse the impacts of several years of budget cuts to higher education by allocating \$125 million to the CSU system. But exactly where the money will be allocated still remains unclear, and especially how it will impact the CSU faculty. Between 1998 and 2010, CSU full-time faculty experienced an overall 10 percent decrease in their salaries. New CSU Chancellor Timothy White has suggested that if new funding comes through, he will use \$38 million to fund equity increases and raise salaries for CSU faculty.

Current School of Nursing salaries no longer compare favorably with those reported nationwide by the American Association of Colleges of Nursing (AACN), a change from recent years past (See Table 2). The mean faculty salary levels are lower than the AACN figures except for non-doctoral professors. This is likely because the \$94,455 figure reflects a sample size of only two faculty and both faculty have tenures of more than 25 years on this campus. The tenured full professors average 26 years of teaching, ranging from 7 to 36, accounting for the relatively higher salary averages. Additionally, salaries of several faculty were adjusted upward in 2013 as a result of equity raises, to resolve disparities that resulted when some faculty hires were offered higher starting salaries than previous hires, due to changing market demands. This equity adjustment was fully supported by the Dean and the Provost, reflecting the commitment of the campus to retaining nursing faculty.

**Table 1 Faculty Salary Comparisons**

RANK	SON 2012-2013	AACN* (mean) 2012-2013
<b><u>Professor</u></b>		
Doctoral	\$91,657	\$103,351
Non-Doctoral	\$94,455	\$77,979
<b><u>Assoc. Professor</u></b>		
Doctoral	\$66,000	\$78,979

Non-Doctoral	\$62,910	\$64,315
<b><u>Asst. Professor</u></b>		
Doctoral	\$62,400	\$70,361
Non-Doctoral	\$61,060	\$59,893
<b><u>Lecturer (part-time)</u></b>		(Instructor)
Doctoral	n.a.	\$64,407
Non-Doctoral	\$44,616	56,000

\*Fang, D., Li, Y. & Bednash, GD. (2013). 2012-2013 Salaries of instructional and administrative nursing faculty in baccalaureate and graduate programs in nursing. Washington DC: American Association of Colleges of Nursing.

The lower average salary of lecturers is another area of concern. An ongoing goal continues to be achieving salary equity for the nursing lecturers. The lecturers are all part-time faculty, most of whom have full or part-time positions in clinical nursing positions. The lecturer salary is clearly not an incentive for practicing nurses to decrease their more lucrative service employment. Traditionally, we have maintained a very stable and committed pool of well-qualified part-time faculty. However, higher salaries in the service sector are contributing to a decreased pool of faculty, compounded by increased faculty needs due to retirements, program growth and grant activities.

Of particular concern is the fact that the salaries of nursing faculty in general have not kept up with nursing salaries in the private sector. In this region, the major hospital hires new graduate RNs (Associate degree or BSN) at approx. \$80,000 and seasoned RNs (10 years' experience) make approximately \$100,000.

The SON is concerned about its ability to offer hiring incentives to new doctorally-prepared faculty at current salary levels in such a highly competitive environment. The last three tenure track hires (prior to January 2014) started at just over \$60,000 per year. There is an even greater concern due to many anticipated retirements in the next year or two. Our best option, based on past experience has been to hire master's prepared faculty when qualified doctoral faculty are not available, and to facilitate their completion of the doctorate. Four tenure track faculty are currently completing doctoral degrees and two have completed their doctoral degree since hire to the tenure track.

**Classroom space:** The SON has primary scheduling control over its skills lab in Holt 357, its media lab in Holt 363, and has shared scheduling control over an alternate classroom, Holt 277. Holt 277 holds 49 students and is a "smart" classroom, with networked computer, video projector and TV/VCR. The media lab and skills lab are for the exclusive use of nursing students. The media lab, renovated in January 2013, houses twelve networked computers as well as a variety of books, software, and learning materials. It is also a smart classroom and can easily hold 40 students. The skills laboratory (renovated in January 2013 to increase the size of the room by 80%) is well equipped with manikins and supplies for students to learn and practice a variety of skills.

In addition, the Rural Northern California Simulation Center opened in October 2006. It was developed in partnership with two local hospitals and Butte Community College, through a state-funded matching grant. (A third hospital has recently joined the collaboration). The grant provided \$250,000; the partners provided matching funds and in-kind support. At the end of March, 2008, the Sim Center transitioned from grant funding to a self-support model. In addition, the Simulation Center was recognized as an official University Center in 2011. The commitment to maintain this innovative center is high from all partners, as the multiple learning benefits and potentials have evolved. We anticipate continuing to integrate simulation throughout the nursing curriculum, to enhance student practice, critical thinking, and assessment of our students.

**Faculty Offices:** Each tenured/tenure-track faculty has a private office with an up-to-date computer. All faculty have access to campus e-mail and voice-mail. Office space is at a premium due to record enrollments and new faculty hires; however, the CNS reallocates office space based on full-time equivalent faculty at the beginning of each academic year. The SON will gain one additional office in spring 2014. As the number of tenure-track faculty has grown college wide, however, the existing office space for part-time faculty has generally decreased. Four to six part-time faculty may be assigned to a single office. To avoid this crowding, part time faculty often meet with students in the clinical setting and much communication with students occurs via e-mail and online courses. Virtual office hours help to ease crowding and provide students, particularly the patient care management students (NURS 424) who work with preceptors, timely access to faculty.

**Clinical Facilities:** The SON maintains contracts with approximately 160 agencies for clinical placements. These agencies include acute care hospitals, clinics, public health departments and school districts. As the capacity of clinical agencies in the immediate vicinity is limited, the SON includes agencies outside of Chico, including Yuba City (45 miles south) and Redding (75 miles north). Placements for maternal-child experiences are the most problematic due to small units, fluctuating census and to the outpatient character of pediatrics care. Faculty have been creative in seeking out the best clinical experiences in the region, and negotiating clinical time among four competing community colleges and private baccalaureate nursing programs. Within these constraints for a rural setting, we are able to fully meet clinical placement needs and provide excellent clinical learning opportunities for students as evidenced by student and employer satisfaction. In addition, the SON works closely with all schools in our service area to coordinate student placements and to minimize overlap.

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

*Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.*

**Program Response:**

Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes.

**Distance Learning Resources:** The campus has been a pioneer in distance learning for many years. Traditional satellite telecast technology was the model for decades, but gave way to two-way video transmission and online learning support services in the late 1990s. The online programs are amply supported by the newest distance education modalities, including Blackboard. In addition, the Office of Regional and Continuing Education (RCE) provides a strong infrastructure for administering distance education programs, with long established procedures for facilitating the distant student. RCE provides regional outreach to advertise programs, handles registration for non-matriculated students and facilitates access to campus services such as the library. Campus support for distance learning is considered a strong asset for the nursing program.

The *Technology and Learning Program* (TLP) on campus supports faculty and students in their use of many specific learning technologies, including PowerPoint, Blackboard, HorizonLive, other online modalities, course web pages and multimedia software. Many free workshops are provided each month,

as well as computer-based training modules and consultative services. This program is supplemented by the Instructional Media Center (IMC), which provides state-of-the-art media services to faculty and students. Support for graphics design, media preparation and other technical services are available. Classroom technology is also supported by IMC, including designated "Smart Classrooms" on campus. ITSS also offers support to students during and after hours, such as weekends for issues related to computer or blackboard that can affect distance students.

Technology and Learning Programs (TLP) also provides support for all faculty using Blackboard Learn course shells. Blackboard Learn training workshops are scheduled multiple times each semester and are open to all faculty, staff and teaching assistants who use the Blackboard Learning management system for University courses or communities. Workshops are held in the hands-on training room. The foundation workshops are usually two hours in length, allowing for discussion of ideas and teaching practices among participants.

**Library:** The CSUC Meriam Library provides free access to a wide variety of licensed databases full-text databases such as CINAHL Plus, Academic Search, Science Direct, PubMed, Springer Link, Oxford Journals Online, Wiley Interscience, Blackwell Synergy, Sage Journals Online, PsychInfo, Cochrane Collection, and Biological Abstracts to faculty, staff, and students. Access to the Cochrane Collection began as of 2010.

In addition, an e-book collection supports teaching and learning on campus. Most databases provide the full text (as opposed to just summaries) articles and reports. E-book collections provide instant access to books that may not be available in the main collection on campus. The Meriam Library also contains over 2,000,000 documents, including over 1,000,000 volumes in the general collection.

The SON has a small budgetary allotment each year to buy books and educational media. Additional purchases occur through a library purchasing service. The library provides excellent library support for faculty, including assistance with database searches or locating hard-to-find publications, interlibrary loan assistance, retrieval of articles and the capability for online searches from the faculty's offices. Each college is assigned a specific resource librarian who helps with specific needs of the faculty. The library also provides excellent support for distant students, providing article retrieval, assistance in database searching, and interlibrary loan services.

**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. Additionally, CELT provides internal funding for projects that enhance classroom instruction, funding for faculty travel to conferences that enhance instruction, and an awards program that recognizes the development of high quality learning environments. CELT maintains a lending library related to teaching excellence and shares scholarly essays about teaching with faculty online. Additionally, CELT presents the Outstanding Academic Advisor for the campus each year. Peggy Rowberg, nursing faculty, received this award in 2013-2014.

**Advising Services:** Student recruitment is ongoing for the SON. Nursing has a high profile at the annual University Fall Preview Day, Spring Choose Chico Day, Fall Wildcat Welcome, and other recruitment activities locally and regionally. The SON has designated a .26 position (4 WTU per semester) release time for on campus and virtual pre-nursing advising. The Pre-Nursing Advisor schedules meetings and holds additional office hours with pre-nursing students. Summer advising is primarily completed by the Director and the Pre-Nursing Advisor. Similarly the SON Graduate Coordinator (13% release time or 2 WTU per semester) participates in recruitment for the graduate program regionally and meets with prospective graduate students both face to face and virtually. Graduate program information brochures are updated regularly (last update – spring 2013) and are available in the SON office, the Graduate School and on the

SON webpage. Admission information for the SON graduate program can be found in the University Catalog. The RN-BSN advisor also receives 26% release time (4 WTU per semester) for regional recruitment activities and advising (both virtual and face to face).

In addition, in response to nursing students' request for increased access to advising in the major (See EBI data on page 8 of appendix D), advising responsibilities for nursing majors were decentralized to all tenured and tenure track faculty in spring 2012. Each faculty member advises between 8 and 20 nursing majors. Students are informed that their faculty advisor is available to answer any questions/issues they might have while completing the nursing program, including academics, signing up for courses, graduation degree progress report, new GE requirements, scholarship opportunities, etc. In addition, faculty advisors are available to help students talk about and problem solve personal struggles they may be having while in the nursing program. Faculty advisors may also assist students with career planning, applying for jobs or nurse residencies, reviewing resumes, and writing reference letters. The master advisor list is posted on the semester bulletin boards and on the bulletin board in the nursing office.

In addition, because academic advising can be complex, workshops were held in 2011 and 2012 for all tenured and tenure track nursing faculty to better understand the newly implemented general education pathways. University general education advisors are also readily available answer both faculty and student questions.

In addition, advising is accomplished via the university's degree progress reporting system which is accessible by both students and faculty advisors online. Students can now track their degree progress throughout their university education, greatly reducing the chance of missed degree requirements at the time students expect to graduate.

Student retention is highly valued by the SON. The SON has a designated Retention Coordinator (RC) (1 WTU release time per semester) who applies retention strategies when counseling students. Students are informed of the availability of support from the RC at the beginning and throughout the program, and may self-refer. Faculty also identify students at risk and refer them to the RC. Students work with the RC to develop a plan of action to promote successful completion in the nursing program. One specific strategy employed by the RC has been to pair minority nursing students with faculty or successful registered nurses in the community of similar ethnic background so that the students could have nurse role models. The RC also works with students who have difficulty with writing. Retention strategies have been successful in that our retention rate currently averages 90-100%.

#### **II-C. The chief nurse administrator:**

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.**

*Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.*

**Program Response:**

**The following are changes/updates since the 2008 report:**

The Chief Nurse Administrator is the Director of the School of Nursing. Dr. Carol Huston, who has been a member of this faculty for more than 31 years, replaced Dr. Sherry Fox as program Director in January 2010. She is currently serving her second consecutive 3-year term. Dr. Huston completed a Bachelor of Science in Nursing at the University of Iowa, a Master of Science in Nursing at CSU Chico, a Masters of Public Administration at the University of Southern California and a Doctorate in Public Administration at the University of Southern California.

Dr. Huston began her nursing faculty appointment at CSU, Chico in August 1982, teaching advanced medical-surgical nursing and leadership/management. During her years as a faculty member, she taught many of the undergraduate and graduate courses, served as the pre-nursing advisor, coordinated the RN to BSN program, served as chair of numerous school committees and as Assistant Director of Nursing. She was named one of seven Master Teachers in 1999/2001 as well as the CSUC Outstanding Teacher in 2001/2002. She was also named the Outstanding Professor for CSUC in 2008/2009. She has also served as a consultant for other nursing programs. Prior to her academic career and at intervals during her teaching career, Dr. Huston practiced as a program director, staff nurse, charge nurse, and house supervisor in several acute care hospitals.

Dr. Huston has held leadership roles in numerous statewide and national organizations and is a prolific scholar. She is the co-author of five leading textbooks on leadership, management, and professional issues in nursing (a total of 16 editions) and has published more than 100 articles in leading professional journals. Her co-authored book “Leadership Roles and Management Functions in Nursing” has been translated into six languages and “Management Decision Making for Nurses” was an AJN book of the year. The first edition of “Leadership and Management Tools for the New Nurse” published in 2012 and the third edition of Professional Issues in Nursing: Challenges and Opportunities” published in 2013. In addition, she has keynoted more than 250 nursing and healthcare conferences worldwide.

Dr. Huston is also a successful grant writer and served as the primary investigator or co-investigator of multiple grants including a \$1 million dollar HRSA grant from 1999-2004. In addition, she serves on the editorial boards of multiple journals. Dr. Huston is also the co-developer of the *Marquis-Huston Model for Teaching Critical Thinking*, which has been recognized internationally by nurse scholars. In November 2007, she was inducted as a Fellow into the American Academy of Nursing.

Dr. Huston also served as the 2007-2009 President of the Honor Society of Nursing, Sigma Theta Tau International (STTI). As President, she was responsible for strategic planning, program implementation, and fiduciary oversight of approx. 130,000 nurses in 470+ chapters, in more than 90 countries. In addition, she served as Co-Chairperson of the *2010 International Year of the Nurse (IYNurse)* Initiative (a global partnership effort between Sigma Theta Tau International Honor Society of Nursing, the Nightingale Initiative for Global Health, and the Nightingale Museum of London). Dr. Huston is currently an advisory board member for *Assessment Technologies Institute*, and serves as the Vice Chairman for the Enloe Medical Center Board of Trustees. She will also serve as the Lead Faculty for the grant funded 2014-2015 STTI *Experienced Nurse Faculty Leadership Academy*.

**II-D. Faculty members are:**

- ✓ sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
- ✓ academically prepared for the areas in which they teach; and
- ✓ experientially prepared for the areas in which they teach.

*Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

*Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.*

*Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.*

**Program Response:**

Faculty members are sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes. They are also academically and experientially prepared for the areas in which they teach. All faculty teaching in Schools of Nursing in the state of CA must be preapproved by the California Board of Registered Nursing (BRN). This approval is requested by the Director of the SON prior to new faculty teaching any courses. The BRN requires faculty to be clinically competent in the areas to which they are assigned. Clinically competent is defined as a nursing program faculty member possessing and exercising the degree of learning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the instructor is assigned.

The quality of the faculty is a noteworthy attribute of the SON. As of fall 2013, thirteen faculty are tenured/tenure-track (T/TT), augmented by a stable, well-qualified cadre of part-time faculty. Two faculty members are participating in an early retirement program (FERP) and teach half-time. The T/TT faculty cover all the required specialty areas of the program, including medical-surgical, maternal-child, mental health, community health and gerontology, and are approved by the BRN for these areas. Most are experts in development of online courses. All have expertise in their content areas, as well in as in teaching methods.

In recent years, given program growth, retirements, funded projects, and difficulty filling tenure-track positions, the needs for part-time faculty have increased greatly. At the same time, salaries for part-time faculty lost ground as service salaries in the region skyrocketed. Student and peer evaluations suggest that current part time faculty are effective as educators. The part-time faculty are eligible to participate in faculty meetings, giving input to curricular changes and academic policies, and are valued members of the semester faculty groups.

The master's degree is the minimum educational degree required for tenure-track positions, with the doctorate preferred. The doctorate is required for promotion to full professor. Eight tenured/tenure-track/FERP faculty have earned doctorates; the remainder of tenured/tenure-track faculty are masters prepared, with four enrolled in doctoral programs. The graduate program is generally taught by doctorally prepared faculty with the exception of an introductory technology course, taught by a master's prepared faculty with technology expertise; undergraduate courses are generally taught by master's or doctorally prepared faculty

**II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.**

*Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.*

**Program Response:**

Some clinical courses use preceptors to directly supervise students rather than instructors. Staff nurse preceptors are selected based on their willingness to serve AND a recommendation from their nurse manager, or the nurse manager's designee (such as the department or facility educator). Each preceptor must complete the "California Board of Registered Nursing Clinical Teaching Assistant/Preceptor Information form to demonstrate that they meet current BRN standards and agree to the CSUC preceptor policies. In addition, preceptors are provided with a handbook detailing preceptor expectations and suggestions for promoting positive learning experiences.

It is the instructor's responsibility to provide the orientation and other information outlined in the section labeled "Materials Which Should Have Been Provided to You by the Clinical Instructor/Faculty Member" on the preceptor Information form. The instructor is responsible for ensuring the completed Preceptor Information form is delivered to the CSUC Nursing Office where it is filed. Copies of this form are in the nursing office and available on the SON Intranet. Preceptors must fill out this form only once. Verification of current licensure will be maintained by the School of Nursing office staff.

At the end of each semester, faculty are to submit recommendations to the semester coordinator of any preceptor that is not recommended for future use, including the reasons. Faculty also submit a list each semester showing which preceptors are paired with which students, on which units, at which hospitals, to administrative staff in the SON office.

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

*Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:*

- 1. Faculty have opportunities for ongoing development in pedagogy.*
- 2. If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- 3. If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- 4. If service is an expected faculty outcome, expected service is clearly defined and supported.*

**Program Response:**

Only tenure track faculty are eligible for tenure and promotion. Part time faculty are eligible for retention. For all levels of promotion and tenure, four areas of evaluation are considered:

- teaching effectiveness,
- professional growth and achievement,
- other contributions to the university and to organizations external to the university, and
- competence required for, and willingness to adjust to, university-approved department/unit master plan.

Development of innovative/effective pedagogy is an ongoing goal for the SON. In addition to regularly scheduled Evaluation and Curriculum meetings that address pedagogical recommendations, the School of Nursing hosts a two day faculty retreat every spring, the week following graduation. This retreat is used for presenting innovative teaching pedagogies, curricular planning, review of annual evaluation/assessment data collection, and strategic planning. All faculty are invited to participate.

In addition, in recent years, faculty have been at least partially supported in their requests for travel funds to present at conferences, as well as to attend conferences. \$600 is allocated per tenured faculty per year for this purpose with new hire tenure track faculty receiving \$1000/year for each of their first two years of employment plus the \$600 allocation. In addition, faculty are eligible to apply for numerous internal grants to support their research activities. These grants can be used to buy out release time as well as to pay directly for research costs.

Faculty are also eligible to apply for sabbatical leaves every six years, which are awarded on a competitive basis. Applications for sabbatical leaves and differential pay leaves are handled within the CNS by the Faculty Leaves and Development Committee. Two nursing faculty have sabbatical leaves awarded for 2013/2014.

The FPPP identifies "Professional Growth and Achievement" as an essential component of faculty evaluation for RTP, with criteria and standards developed by each department. Between August 2011 and August 2013, 10 faculty published a total of 21 articles/textbooks and made 27 presentations, including 7 international and 13 national. Six grants from external sources were funded; 5 internal grants were awarded. Faculty who have extensive publishing experience often 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. Six current faculty completed doctorates concurrently with their teaching position, assisted by sabbatical leaves, leaves without pay, campus grant funds for research and flexible workload schedules in the past five years. Four tenure-track and three part-time faculty are currently enrolled in doctoral programs.

The FPPP also specifies "other Contributions to the University and Community" as a required area for evaluation in the RTP process. This includes service to the school, university, greater community, and to the profession. Numerous faculty participate in service at all levels.

Current clinical practice is also recognized by the SON as integral to the support of our mission, as a practice-based discipline. Many of the tenured faculty participate in either paid clinical practice, volunteer work or consultation relevant to their specialty areas. Faculty teaching schedules are usually arranged so that at least one day per week is free of teaching responsibilities, facilitating faculty practice.

## Standard III

### Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of expected individual student learning outcomes.

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

*Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.*

#### Program Response:

#### **UNDERGRADUATE CURRICULUM**

The mission, goals and expected student learning outcomes provide the direction for all nursing program offerings. The new SON Organizing Framework is a pyramid that begins at the top with our vision statement. The SON vision is to empower and transform graduates to meet global health care challenges in the 21st century. The SON mission is derived from the vision statement. The mission of the SON is to prepare professional nurses who are leaders, excellent clinicians and lifelong scholars. The vision and mission inform the values which form the foundation for SON programs; integrity, accountability, caring, diversity, innovation and respect.

Student learning outcomes (SLO) are also derived from the vision, mission and program values. Professional nursing standards exemplified in the American Nurses Association's (ANA) *Code of Ethics with Interpretive Statements (2008)*, *ANA Nursing Scope and Standards of Practice (2010)*, *the Essentials of Baccalaureate Education for Professional Nursing Practice (2008)* and the requirements of the California Board of Registered Nursing (BRN) frame the undergraduate curricula.

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

Clear statements of expected student learning outcomes for the BSN program are the same for the generic BSN and RN to BSN students. Student learning outcomes are reviewed by the faculty to refine language and ensure consistency across the curricula. Course objectives are developed to ensure congruence with the student learning outcomes. The last revision and approval of the undergraduate expected student learning outcomes occurred during May 2012.

As depicted on the SON Organizing Framework pyramid, faculty devise teaching-learning opportunities based upon our vision, mission and values. Teaching learning practices include creative teaching strategies, community engagement, and the use of interdisciplinary collaboration. Teaching learning activities are student centered and are specifically designed to promote clinical reasoning and critical thinking. Integration of clinical and theoretical learning provides the foundation for evidence-based practice.

Clear statements of individual student learning outcomes can be found within the stated objectives as delineated in each course syllabus. Course objectives are reviewed by faculty and students in area meetings throughout the semester and at the end of the course. Major changes are reviewed by the content experts and appropriate curriculum committee faculty before revisions are incorporated into a course syllabus.

For the past the three years, the curriculum committee has been composed of the entire full time faculty. Curriculum committee members and content experts ensure congruence of individual course objectives with the end of program aggregate student learning outcomes. This is accomplished through ongoing assessment of eighteen identified curricular foundational threads. Each semester of the program and each course within the program are organized to build upon each other and to contribute toward the achievement of our mission, values (goals) and expected end of program student learning outcomes.

### **GRADUATE CURRICULUM**

The MSN program now has two options. One option prepares nurse educators and one option focuses on preparing nurse leaders. The graduate program student learning outcomes (See Standard I) reflect clear statements of expected outcomes consistent with the standards adopted by the program. Professional nursing standards that guide the MSN curriculum and the student outcomes are *The AACN Essentials for Master's Education for Advanced Practice Nursing (AACN, 2011)* the *Core Competencies for Nurse Educators (NLN, 2012)* and *The American Organization of Nurse Executives (AONE) Nurse Executive Competencies (AONE, 2011)*. The curriculum is organized around the above cited documents. All MSN students are expected to achieve outcomes reflective of the core skill and knowledge classes that all master's prepared graduates, regardless of option choice, should acquire as expressed in the AACN Essentials document. Students pursuing the nurse educator option take additional courses reflective of the NLN Core competencies (NLN, 2012) while students in the leadership option complete coursework based on the AONE competencies (AONE, 2011). End of program student learning outcomes are published in the Graduate Student Guidelines.

The graduate committee is responsible for reviewing all student learning outcomes in the courses and for reviewing the end of program expected aggregate student outcomes. Individual course objectives have been re-examined for clarity and for alignment with the standards from which the program is guided (AACN, 2011; NLN, 2012; AONE, 2011). Individual courses have clear expected learning outcomes that can be found within each course syllabus. Student learning outcomes within courses are reviewed each semester after the course is taught and reviewed whenever national standards update. The course instructor and two graduate faculty peer review each course for quality and consistency of each course promoting end of program aggregate outcomes. Revisions are made to courses after an evaluation has been completed. Updates to end of program outcomes are based upon changes in the standards and professional guidelines and and/or changes within the SON mission and goals. The most recent review of graduate end of program expected outcomes took place in December 2011 to reflect changes in the AACN Essentials for Master's Education (AACN, 2011) as well as new 2012 NLN standards for nurse educators. It is also noteworthy that Dr. Jennifer Lillibridge, the MSN program Coordinator became CNE certified in 2012.

Direct evidence that the curriculum is developed, implemented and revised to reflect clear statements of expected and individual student learning outcomes consistent with each program's mission, goals and expected aggregate student outcomes can be found in course evaluation documentation found in course syllabi, faculty meeting minutes, semester area meeting minutes, curriculum committee meeting minutes and graduate committee meeting minutes.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

1. Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
2. Master's program curricula incorporate professional standards and guidelines as appropriate.
  - a. All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
  - b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
1. Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
2. DNP program curricula incorporate professional standards and guidelines as appropriate.
  - All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.
  - All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

*Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.*

Program Response:

#### UNDERGRADUATE CURRICULUM

- ✓ Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

The Bachelor of Science in Nursing General Option focuses on developing a nursing generalist who is knowledgeable about the discipline and role of nursing and as a member of the profession as described in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The program also meets the requirements of the California BRN and CSU system requirements. The nine core components essential for all baccalaureate nursing programs are distributed through a carefully planned 4 ½-5 year sequence.

After completing the nursing prerequisite courses (typically 8-9 semesters), students begin five semesters of nursing theory and clinical courses that provide content, clinical practice, and evaluation that enable them to integrate nursing knowledge into that foundation. Beginning in the first semester of the program, students are introduced to the nursing role through content that includes the knowledge and application of interpersonal communication, the nursing process and critical thinking. Each

semester builds on that base and incorporates theory into clinical experiences that allow students the opportunity to apply these core competencies.

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

**Essential I: Liberal Education:** General education and science courses with a laboratory must be completed as prerequisites to the nursing major. The science courses are considered foundational to nursing knowledge (anatomy, physiology, microbiology and chemistry). General education courses provide the foundation for education in any major (English composition, critical thinking, oral communication, and statistics). Concurrent nursing requirements including nutrition, child or human development, introduction to psychology, and cultural anthropology or sociology provide a foundation in human development, values and social patterns. Additional arts, humanities and social science courses provide added breadth and foundational perspectives. Nursing courses in every semester rely on this foundation, and expand these perspectives, culminating in the final semester, as students demonstrate a broad understanding of complex issues at individual, community, national and global levels. The curriculum progresses from simple to more complex application of critical thinking, communication and nursing therapeutics to individuals, groups, and communities and culminates in the achievement of the baccalaureate student learning outcomes.

**Essential II: Basic Organizational and Systems Leadership:** Students engage in a variety of assignments related to risk management, quality control, budgeting, and legal/ethical issues confronting nurse managers. In NURS 422/NURS 422W, students work individually and in small groups to vicariously solve leadership, management, and ethical problems common to first and middle level managers in health care organizations. Quality improvement and patient safety are emphasized. In the NURS 424 clinical course, students manage groups of patients and practice their directing skills as leaders of the interdisciplinary healthcare team. In the community health practicum (NURS 474), students work in teams and with other health professionals in designing and implementing community projects to promote health with selected populations, and working with community agencies to manage the care of vulnerable populations.

**Essential III: Scholarship for Evidence-Based Practice:** Critical thinking is emphasized throughout the curriculum and students are introduced to research and evidence-based practice as a form of critical thinking in their first semester of the nursing program. In addition, the value of understanding scientific evidence as the basis for professional nursing care is prioritized. This can be noted in each clinical course where students must document rationale for nursing interventions that are based on peer reviewed research. Students are provided an orientation during the first semester of the program on how to access the library scientific databases, including the Cochrane Library that contains the scientific evidence that inform nursing practice. A 3 unit in-depth research course occurs during the third semester (NURS 342). It was recently revised to more fully cover the traditional research process. Students experience the entire research process by completing a research design project and demonstrating how that proposed research study has the potential to provide evidence for nursing practice.

**Essential IV: Information Management and Application of Patient Care Technologies:** Information management objectives are strangled through the curriculum, building sequentially, in a coordinated fashion. Currently the SON is making revisions to update our content in this Essential. Two workshops were held for faculty in 2012/2013 to discuss how to provide students with a logical sequencing of information management skills. The following draft plan was created to be incorporated within the next year:

- In the first semester students will continue to have a literacy focus. Library assignments in the first year guide students to the major nursing data bases and search strategies to be used in subsequent semesters. Students become proficient in the use of web-based resources and incorporate evidence-based guidelines into their clinical experiences. The concept of informatics, translating data into meaning use, is introduced early in the semester in both theory and clinical courses to show students how information contained across data bases can be used to influence health care decisions.
- In the second semester, students will become increasingly skilled in this competency through the use of case studies and application of evidenced based clinical pathways. Telemedicine will be introduced as a valuable form of patient care technology.
- During the third semester, students will progress in this Essential skill by learning about personal health records, consumer health data bases and immunization registries.
- The fourth semester will introduce personal health records and the application of teleconferencing.
- During the last semester of the program students will gain additional experience with data monitoring at the bedside and application of clinical pathways based on patient data. Students in the public health rotation will learn about the “medical home” concept and application of the electronic medical record that can follow persons throughout their lifetimes.

Most hospitals require some proficiency in computer-based systems, and many monitoring machines require basic technology proficiency. The media lab and the library provide ready computer access; the campus provides workshops and online tutorials; skills labs and hospital orientations also help to advance technologic skills. Each course has a web-based component which provides students the opportunity to communicate with each other and faculty about course content. This component also facilitates the use of online evaluation methods and discussion boards which enhance student learning.

In addition, with the opening of The Rural Northern California Clinical Simulation Center, the SON is able to provide state-of-the-art education using dynamic teaching tools and the direct application of informatics in the delivery of patient care. Through the use of the Center, faculty provide risk-free, hands-on educational programs for students, nurses in the community, and other health care professionals including practice with electronic medical records. Students are able to practice skills and participate in a full range of patient cases using simulation technology.

**Essential V: Health Care System Policy, Finance and Regulatory Environments:** Students engage in a variety of assignments related to risk management, quality control, budgeting, legal and ethical issues confronting nurse managers. The curriculum includes discussions on health care systems and policy in the leadership and management and nursing role classes. Knowledge and skills to understand these issues are obtained through both theory and clinical experiences. NURS 422/422W provides students the opportunities to synthesize and apply knowledge on topics such as ethical dilemmas, organizational structure or planned change. First semester students are exposed to content related to licensure, regulatory authority, and the Nurse Practice Act and this content is reinforced throughout the program.

**Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes:** Students engage in communication with patients in all clinical practica, assessing, clarifying, explaining, educating, and maintaining therapeutic goals. All practica require effective interdisciplinary and collegial communication, as well as appropriate and accurate documentation. Through post-clinical

conferences, clinical logs, presentations and other written materials submitted throughout the program, faculty are able to continuously assess a student's ability to be an effective communicator.

**Essential VII: Clinical Prevention and Population Health:** Health promotion, risk reduction and disease prevention across the lifespan are discussed in every clinical theory course and practicum. The first semester focuses on understanding the client's relationship with the healthcare system, predominantly with well elderly who require some degree of support through community agencies, and who may need assistance in managing their health. The second and third semesters develop an in-depth understanding of the effects of disease, along with strategies to maintain health and prevent disease. Client education in the medical surgical courses focuses on helping patients to enhance their health within the context of their disease or illness. Health promotion for the infant, child and the child-bearing family occurs during the third semester of the program. Obstetrical nursing (NURS 313 and NURS 314) content emphasizes promotion of health for the pregnant woman. Child nursing (NURS 313 and NURS 314) devotes a large content of the course to child health promotion and the promotion of normal development. Risk reduction strategies related to abuse, chemical impairment and violence are explored related to families in NURS 315, and in mental health courses (NURS 433 and 434). The final semester community health courses (NURS 474, 475) provide culminating activities related to clinical prevention, health promotion, risk reduction and disease prevention on a community scale.

**Essential VIII: Professionalism and Professional Values:** Professionalism and the role of the professional nurse are introduced in semester I and emphasized in published *Student Guidelines*. All courses cover aspects of the nurse as a member of a profession, beginning with the first nursing role courses and carried through every practicum, as students advocate for patients, grow in understanding of their scope of practice, and interact with health care teams. Nursing history, philosophy, standards and ethics are introduced in NURS 282, and revisited in NURS 422 and NURS 475. Senior students discuss and review their career plans as part of NURS 422. In addition, participation in the Chico chapter of the California Nursing Student Association (CNSA) is encouraged and high achieving seniors are invited to join Sigma Theta Tau International in their final two semesters of the nursing program.

Instilling professional values is emphasized throughout the curriculum. Throughout the program, students are taught about ethics and the inherent values of autonomy, altruism, human dignity, integrity, and social justice. Legal and ethical issues and advocacy are considered curricular foundations and thus are incorporated into every semester. These values and behaviors are introduced during the first and second semester and are emphasized throughout the program with students applying these values in the acute care and community settings. Indeed, 'professional values' (factor 6) is the highest score SON graduates receive on their Educational Benchmarking Institute Analysis of achievement of the BSN Essentials (See Appendix D).

Service learning opportunities are also threaded throughout the program and are designed to sensitize novices to the many issues confronting diverse populations, as they interact with the healthcare system. Through reflective journals and seminar discussions, students explore these values. A caring presence is expected in clinical settings, bolstered by classroom discussions on quality of life, patient advocacy, personal and professional values, accountability and social justice. The *Code of Ethics for Nurses with Interpretive Statements* (ANA 2001) forms a basis for lectures and debates on ethics topics and through the study of ethical frameworks and principles, graduates gain an understanding of their own and others' value systems and are able to implement empathetic care for their patients. In addition, students debate ethical and legal issues through the use of case studies. The capstone community health courses emphasize advanced advocacy strategies and social/political actions for social justice. All clinical experiences provide opportunities for caring for diverse patients with sensitivity to their needs. Components of human dignity, integrity, social justice, autonomy and altruism are evidenced in most course syllabi.

**Essential IX: Baccalaureate Generalist Nursing Practice Role Development:** Students are prepared for the generalist nursing practice role with a variety of theory and clinical courses that include care of individual patients, families, groups, communities and populations across the lifespan and continuum of health care environments. Preparation for the generalist nursing role begins with the introductory role courses and with discussions on the history of nursing and the competencies of the professional nurse. Role expectations advance in the second semester, incorporating the provider role in the acute hospital setting. The main focus of the second semester is on illness and disease management as students explore disease and illness seen in acute care settings, using a holistic perspective. Working with acutely ill clients (NURS 284, 304), and applying knowledge from the concurrent theory classes (NURS 283, NURS 303), students assess and manage diverse problems, administer appropriate therapies, work to restore or maintain function, anticipate and manage disease complications, and develop plans to meet the comprehensive needs of the patient and family. The focus changes in the third semester, to include illness/disease management and health promotion for the infant, child and the child-bearing family. In the fourth semester, illness management concepts are expanded to include mental health issues, and illness/disease management in an integrative acute care clinical. In the fifth semester, students apply all previously acquired knowledge in the care of groups of acutely ill patients. Additionally, they work with the management of chronic illness in community settings. In the final community health practicum (NURS 474), students work in teams and with other health professionals in designing and implementing community projects to promote health with selected populations, and working with community agencies to manage the care of vulnerable populations. Issues of global disease incidence, transmission and management are included in the public health courses.

The RN to BSN option builds on the same Liberal Education foundation as the General Option and shares many of the upper division nursing major courses. The RN to BSN program recognizes the lower division associate degree foundation for nursing practice, by allowing transfer credit equivalent to the General Option's lower division nursing coursework. For other prior education and experience which equates to upper division courses, students develop an electronic portfolio to grant upper division credit for basic coursework and experience. The RN student completes 28 units of coursework, which includes the required content to meet essential baccalaureate content; 10 units of lower division coursework are transferred, and an additional 22 units are granted by portfolio course credit, resulting in a 60 unit major.

### **GRADUATE CURRICULUM**

✓ Master's program curricula incorporate professional standards and guidelines as appropriate. All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.

The Master of Science program, with an option in nursing education and a newly developed option in nursing leadership has recently undergone an extensive internal review to ensure continued alignment with the *AACN Essentials for Master's Education for Advanced Practice Nursing* (AACN, 2011) the *Core Competencies for Nurse Educators* (NLN, 2012) and *The AONE Nurse Executive Competencies* (AONE, 2011). The curriculum is organized around the above cited documents. All MSN students are expected to achieve outcomes reflective of the core skill and knowledge classes that all master's prepared graduates, regardless of option choice, should acquire as expressed in the AACN Essentials document. Students pursuing the nurse educator option take additional courses reflective of the NLN Core competencies (NLN, 2012) while students in the leadership option complete coursework based on the AONE competencies.

Revisions occur on a regular basis to ensure currency in program content and delivery as recommended from relevant peer review literature and revised nursing education standards. Both Nursing 640 (Advanced Concepts for Adult Nursing Care) and Nursing 647 (Advanced Practicum in Nursing Care of Adults) were changed within the past year to reflect the newest guidelines published by the AACN Essentials (AACN, 2011). The three Ps of pharmacology, physical assessment and pathophysiology were enhanced and separated out into individual modules within the NURS 640 course so that the content could be better tracked. NURS 647 was revamped to include a more challenging advanced clinical practicum experience beyond that which the BSN prepared student had upon entering the MSN program. This course now focuses on applying the theoretical content of N640 about the 3Ps in a focused clinical setting such as a nurse practitioner setting. Students follow an NP and are able to interact with patients, review records, conduct physical assessments, and engage in discussion with preceptors about appropriate pharmacology and pathophysiology issues in order to develop a plan of care. Students complete case studies about patients to fulfill this requirement for the course.

NURS 650, an education teaching learning theory course was thoroughly revised in 2012 to incorporate the evidenced based teaching recommendations by the Carnegie Foundation for the Advancement of Teaching as noted in the book *Educating Nurses : A Call for Radical Transformation* (Benner, Sutphen, Leonard, & Day, 2010).

Student learning outcomes for the MSN program are based upon the graduate core curriculum content specifically identified in the documents identified above. Syllabi for the MSN courses link course objectives with the AACN Essentials. Distribution of the nine identified core graduate curriculum topics are found as follows in the MSN program.

**Essential I Sciences and Humanities:** Students are required to have an earned BSN from an accredited institution of higher learning prior to enrolling in the MSN program. As such, all MSN students have successfully completed a breadth and depth of humanity courses. Nursing courses in every semester of the MSN program rely on this foundation and expand these perspectives. The application of ethical principles from the humanities is distributed throughout the curriculum. This begins in Advanced Nursing Research and Theory (NURS 620) where research ethics are introduced. Students submit a plan for protection of human subjects and gain practice drafting a consent form. Ethical concepts related to the delivery of care are also an integral part of the Advanced Concepts of Adult Nursing Care (NURS 640) course, as part of a required student presentation on bioethics in adult health and illness. Ethical and legal considerations are also threaded in both case study assignments in the context of nursing care issues. In Issues and Ethics in the Delivery of Health Care (NURS 645), students explore ethical principles related to the distribution of health resources. Ethical principles are applied as students study teaching learning theory in the Instructional Process in Nursing Education (NURS 650) course. A background in the humanities and sciences are well applied in the NURS 640 class where students must apply previous knowledge in the humanities as the foundation from which to holistically examine selected clinical phenomena for their effect on adult individuals of various ages.

**Essential II Organization and Systems Leadership:** This content is emphasized heavily in a core course called Issues and Ethics in the Delivery of Health Care (NURS 645). This course provides students with opportunities to examine the social, political and economic environment that influences and impinges on the ability of the master's educated 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. In addition, two option specific courses on advanced leadership and health finance (NURS 670A, NURS 670B, NURS 680A, and NURS 680B) are available to students in the nursing leadership option in the MSN program.

**Essential III Quality Improvement and Safety:** This content can be found in the NURS 645 course which requires students to write a case study paper identifying a patient with a high cost, high volume,

chronic disease diagnosis and then the identification of structure, process, and outcome measures of quality for this patient population. Existing best practice research/ clinical practice guidelines are delineated and the patient's treatment plan and outcomes are compared with benchmarking initiatives that have been established. Discussion board topics continue the conversation about quality challenges in a system riddled with errors and safety concerns for both patients and providers.

**Essential IV Translating and Integrating Scholarship into Practice.** Advanced Nursing Research and Theory (NURS 620) provides students with the beginning skills necessary to apply and conduct master level research in nursing. This thread continues in Advanced Concepts of Adult Nursing Care (NURS 640) as trends in nursing and health-related research in adult health practice and nursing care delivery are emphasized. Students also apply research in the Advanced Practicum for Adult Nursing Care (NURS 647) course through application of the 3Ps theoretical content within an advanced practice setting.

Teaching learning research and theory can be found in the primary nursing education theory course Instructional Process in Nursing Education (NURS 650). Students research curricular models in the NURS 651 course, critiquing the evidence behind successful curriculum building strategies. Students then translate that research into building their own curriculum models that are backed by research. During the last semester, students apply their research foundation in the Practicum for Instructional Process in Nursing Education (NURS 657) course and in the Leadership Option Practicum (NURS 659)

**Essential V Informatics and Healthcare Technologies:** NURS 610 was revised in 2013 to update the content to provide MSN students with a cutting edge education on the topic of informatics and healthcare technologies including simulation.

**Essential VI Health Policy and Advocacy:** Health Policy and advocacy are important components of the graduate curriculum and can be found within a wide variety of courses including Advanced Concepts of Adult Nursing Care (NURS 640), Issues and Ethics in the Delivery of Health Care (NURS 645) and Advanced Practicum for Adult Nursing Care (NURS 647).

**Essential VII Interprofessional Collaboration for Improving Outcomes:** Students advance clinical skills in the areas of assessment, pharmacology, and pathophysiology. Course content builds on content from N640 in a clinical setting. Students are expected to function within interdisciplinary teams in the facility of the practicum. A case study approach is used to evaluate student understanding of all three concepts. Students evaluate the needs of a patient population during the clinical practicum by implementing concepts learned in N640. In addition, critical complex social, economic and political factors impacting the delivery of health promotion and disease prevention care are analyzed in Issues and Ethics in the Delivery of Health Care (NURS 645).

In N647 (Advanced Practicum in Nursing Care of the Adults), students working with an advance practice nurse are expected to collaborate with other health professionals, for example: physicians in a variety of specialties, physical therapy, occupational therapy, respiratory therapy, mental health services, discharge planners, home health service) in the development of patient case study that includes a comprehensive and interdisciplinary plan of care. In N647 (Teaching Portion of Practicum for the Instruction Process in Nursing Education) students in a preceptor guided role as educator for a group of BSN students are expected to demonstrate and promote interprofessional collaboration as an on-going professional nursing behavior.

**Essential VIII: Clinical Prevention and Population Health** theory is taught at the advanced skill levels in Advanced Concepts of Adult Nursing Care (NURS 640). During the Advanced Practicum in Adult Health Nursing (NURS 647), students provide advanced nursing care to a selected population of adults in a clinical agency of their choice. Each student is expected to provide advanced nursing care to promote health and prevent disease in a selected client population. Critical complex social, economic and political

factors impacting the delivery of health promotion and disease prevention care are analyzed in Issues and Ethics in the Delivery of Health Care (NURS 645).

**Essential IX: Master's Level Nursing Practice:** is first introduced in the role course Dynamics of the Advanced Nursing Role (NURS 630). The roles of caregiver, leader/manager, teacher and advocate provide the basis for an exploration of the dynamic and varied role possibilities for the master's prepared nurse. Theories and strategies for identifying, establishing and implementing an advanced nursing role are examined and then later reinforced within the context of course work found in Issues and Ethics in the Delivery of Health Care (NURS 645). Professional role development is experienced in the Advanced Practicum for Adult Nursing Care (NURS 647) course as students work closely with an advanced practice nurse in a clinical setting. Application of the professional role of educator can be found in the Practicum for Instructional Process in Nursing Education (NURS 657) course and the professional role of the leader is role modeled in NURS 659, the associated practicum course in the leadership option.

Theoretical frameworks as a basis for master's level nursing practice are introduced in the first semester course in Advanced Nursing Research and Theory (NURS 620). Students apply a theoretical foundation to guide the study of a phenomenon important to nursing. Additional theory content can be found in Advanced Practicum for Adult Nursing Care (NURS 647). Instructional Process in Nursing Education (NURS 650) is a theory-based course designed to provide the student with a variety of teaching learning theories. The graduate student analyzes and evaluates the major concepts and research on learning theory, teaching-learning strategies and curriculum development as they are applied to staff development and academic nursing settings. In addition, the Practicum in Nursing Leadership (N659) provides the opportunity for students to apply learned principles by working with a nursing leader/preceptor in a clinical setting. Course content also examines the larger social context in which advanced leadership must exist and the potential impact of that context on leadership/management practice

Publication of the *Core Essentials of Nurse Educators* by the National League for Nursing (NLN, 2012) provides a national standard for the continuous quality development of nursing educator master level nursing practice. NLN guidelines serve as a standard for the specific nurse educator courses. Graduate faculty responsible for teaching the specific nursing education theory courses and the corresponding teaching practicum apply the NLN standards to those courses. The AONE Nurse Executive Competencies (2011) serve as the guide for the master's level nursing practice for which the leadership option students are prepared.

**III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.**

- 1. The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**
- 2. Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- 3. DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**

*Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.*

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate*

*Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

**Program Response:**

**UNDERGRADUATE CURRICULUM**

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

The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities. The nursing major requires a total of 120 units for graduation that includes general education and professional nursing courses. The University requires a 48 unit general education requirement for a Bachelor's degree. General education courses are separated into general education core foundation classes 18 units, American Institutions 6 units and Breadth pathways 24 units lower division and 9 units upper division. Beginning in fall 2012, the new General Education Pathway Program offered students not only an integrated learning experience across the University's academic disciplines, but also the opportunity to earn an interdisciplinary minor in one of ten subjects. The General Education Pathway Program is organized into three broad areas: Foundation, American Institutions, and Pathways. The Foundation area of the Pathways Program includes coursework in Oral Communications, Writing, Critical Thinking and Mathematics, as well as two laboratory science courses, one in the Physical Sciences and one in the Life Sciences. American Institutions: The American Institutions courses, one in US History and one in US Governmental Institutions at the Federal, State and Local levels, are designed to familiarize students with the emergence, historical evolution and current status of US social and political institutions.

Remaining general education requirements are organized into ten Pathways for students to explore in the context of their general education. Each Pathway connects courses in an intellectually cohesive course of study that explores an issue or area from many different perspectives. Students are encouraged, but not required, to take all of their breadth courses in a Pathway. Students may sample across Pathways, as long as they complete their distributional requirements by taking one course from each of these disciplinary areas: Arts, Humanities, two Social Sciences and Learning for Life. This constitutes the breadth of a general education. Students *must* complete their nine upper division units within one Pathway, again across three broad disciplinary areas: Natural Sciences, Arts and Humanities and Social Sciences. Students who start at CSU, Chico as first-year freshmen are required to take four Writing Intensive courses in general education. The Foundation courses in Writing (Area A-2) count as one of the WI courses, as does the GE Capstone. Transfer students who have completed substantial portions of their GE before enrolling at Chico State are required to take one WI course in the Upper Division, which may be the GE Capstone.

All Pathways include one or more Capstone course. All students are required to take a Capstone course and are encouraged to take the Capstone last in their GE experience, as the Capstone course endeavors to bring together various strands of study of a Pathway topic. Pathways present varying disciplinary perspectives on a common intellectual theme. Capstones provide the opportunity to reflect on and integrate those varying perspectives. All students must complete nine units of upper division GE in the three disciplinary areas of Natural Sciences, Arts & Humanities, and Social Sciences.

The following exceptions in regards to the University General Education requirements are accepted for nursing students:

- ✓ CHEM 107, CHEM 108, & CHEM 111 are approved advanced course substitutions for Physical Sciences (B1).
- ✓ PSYC 101 fulfills the Societal Institutions (D2) requirement.
- ✓ NURS 303 fulfills the Upper-Division Natural Sciences requirement.
- ✓ For online RN-BSN program only: NURS 495W satisfies Upper-Division Natural Sciences requirement.
- ✓ NURS 422 or NURS 422W fulfill the GE and Writing Intensive Capstone requirement.

There are 60 units of professional nursing courses in the BSN General Option. The five semester nursing curriculum for the generic program focuses on the discipline of nursing and is supported by the sciences, arts and humanities. The *2013-2014 CSUC University Catalog* identifies the academic foundations and core curriculum for baccalaureate nursing majors.

## **GRADUATE CURRICULUM**

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

Advanced roles within the master's curriculum build upon the BSN competencies outlined in *The Essentials of Baccalaureate Education (2008)*. It is these skills that form the foundation for the MSN curriculum. The graduate curriculum is based on a foundation of theory, research and practice. Early courses within the MSN curriculum such as advanced nursing research and theory, advanced theoretical concepts for nursing care of the adult and advanced practicum for adult health nursing care draw upon the foundational courses within the BSN program that first introduced these topics.

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

**III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.**

*Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.*

**Program Response:**

## **UNDERGRADUATE CURRICULUM**

Didactic and clinical courses are conducted in environments that support the successful achievement of student learning outcomes. The SON uses traditional on campus learning, a mix of on campus and online,

fully online and simulation learning experiences that takes place in the nationally accredited Rural Northern California Clinical Simulation Center. Theory-based classes contain a maximum of 40 students. Because online classes are highly interactive, the maximum cohort size is generally kept below 35. Clinical courses typically have a 10 to 11 student maximum per clinical instructor.

Theory classes that meet on campus are conducted primarily in smart classrooms where technology and media enhancement can be smoothly integrated into the content delivery. Faculty have attended several creative teaching workshops over the past three years to update teaching techniques that support student learning. Many theory classes are now using unfolding case studies in the classroom to enhance active student engagement and to help bridge the theory-clinical gap. Other faculty have had success with “backwards teaching” also known as “flipped classrooms” in which students study course content at home and do their “homework” in class under the direction of the faculty member who is on site to advise and support student work. Both undergraduate and graduate students move as a cohort through the curricula, which contributes toward opportunity for peer support during didactic and clinical course work.

Additionally, most on campus theory courses have a web-based Blackboard Learn component, which provides opportunities to enhance learning through the use of discussion boards, assessment and evaluation. Some instructors have adopted the use of “clickers,” technology. These devices create an interactive environment that keeps students engaged in their own learning. Faculty are regularly updated on new evidence regarding the incorporation of technology in the classroom with the support of instructional technology staff at TLP center on campus. Over the past two years, six faculty have enrolled and completed a three week summer intensive eLearning Academy at the TLP center to develop innovative teaching strategies using evidence based successful technologies.

A wide variety (>160) of clinical sites are available for students to achieve course designated learning outcomes. The CSU, Chico’s SON has been in the forefront of achieving community and regional linkages for clinical education opportunities. Each semester the SON requires clinical placements for approximately 200 generic undergraduate students and 20-30 RN to BSN students. Finding appropriate clinical experiences for all students 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 acute care clinical practice. The hospital located in Chico is Enloe Medical Center with 343 licensed beds. Three nearby cities also have small hospitals: Oroville Hospital, located in Oroville, has 153 beds; Feather River Hospital, located in Paradise, has 100 beds; Fremont Medical Center, located in Yuba City, has 132 licensed beds; and Rideout Memorial Hospital, located in Marysville has 149 beds. The SON also uses Mercy Medical Center (267 beds) and Shasta Regional Medical Center (246 beds) for selected inpatient clinical opportunities but both are 75 miles from campus.

The clinical agencies are generally very welcoming of students, and supportive of their learning opportunities. In comparison with schools in larger metropolitan areas, our students are given more freedom to function, with more opportunities to practice skills, rather than just observing. Our graduates also comprise a high percentage of the agency staff, and are familiar with our curriculum and faculty; their knowledge of what the students need also strengthens the clinical experiences. One concern with our widespread clinical sites is the time and cost for commuting to distant agencies. Students in Community health clinical may encounter commutes of more than 900 miles per semester for the NURS 474 practicum.

Undergraduate students enrolled in community health nursing clinical practice are assigned to agencies within a nine-county area including county public health departments, and other agencies that work with community clients, such as schools, senior services, comprehensive perinatal services, homeless shelters, hospice, and a newly developed nurse-managed center. By using the wealth of community agencies in our service area, students are assured an excellent community clinical experience. Faculty frequently

travel to these agencies to meet with the student preceptors. Several community health faculty are currently working on expanding learning opportunities for community health students through the use of technology exploring *Second Life* and the use of sophisticated video game simulations. The enhanced use of technology to give students expanded learning opportunities is expected to be phased in during 2014.

Knowing there has been an increasing difficulty in obtaining adequate acute care pediatric experiences for undergraduate students, the faculty has added learning activities through the use of the Rural Northern California Clinical Simulation Center. Several new common acute care pediatric scenarios were recently developed for the simulation center by faculty. Maternity and medical-surgical scenarios have also been developed by faculty. Students are able to practice skills and participate in a full range of patient cases using simulation technology. The Rural Northern California Clinical Simulation Center activities are popular with students and faculty are pleased with the high quality of learning (see Appendix H). In addition, students from NURS 284, 434, 494, 474, 484, and 474R also gain clinical experiences in a highly realistic simulated, safe setting. Over this past year, the Center purchased \$150,000 in new equipment and experienced more than 2000 student visits.

In addition, a team of three faculty members (Fox, Damazo and Asia) were successful in obtaining Song Brown grant monies to support at risk students who could benefit from additional clinical time prior to graduation. The grant provides monies to offer additional clinical and simulation time for those students targeted to be recipients of the grant. This program will be implemented in January 2014.

Distant RN to BSN students complete the community health nursing practicum in the counties in which they live if agency contracts can be obtained. These additional clinical experiences have necessitated the creation of new agency contracts and expansion of the counties used for clinical practica.

## **GRADUATE CURRICULUM**

To meet the needs of working nurses in our region, the SON developed a five semester online Master's program to prepare nurse educators with a clinical focus in adult nursing. A second option was recently developed for educating graduate prepared nurse leaders. There are two components to the graduate curriculum: the core courses and the specialty courses. All students take the core courses since they form the foundation for a Master's prepared nurse. Examples of these courses include advanced research and theory, technology and informatics, role development, advanced adult health pathophysiology and assessment, and issues and ethics in the delivery of health care. During the second half of the program students take course work specifically in the curriculum and instructional process (education option) or in advanced leadership theory and budget management (leadership option).

The program follows the curriculum standards set forth by AACN in the Essentials of Master's Education for Advanced Practice Nursing, the NLN standards for Nursing Education and the AONE Nurse Executive Competencies for preparing nurse leaders. The nursing education option students have two practicum courses, one 2 unit class in advanced acute care nursing and one 4 unit class in the direct application of teaching learning techniques in which students practice teaching lecture, providing clinical instruction, teaching in simulation and teaching a small portion of an online class. Students in the nursing leadership option have one 4 unit practical course working side by side with a graduate prepared nurse leader preceptor.

The core courses provide a solid foundation in nursing research, the development and use of nursing theory and conceptual models, and the components of the advanced nursing role. The adult health course is designed to build from a baccalaureate skill level in order to focus on the integration of advanced health assessment, pathophysiology, and pharmacology concepts utilized in clinical settings. Using a case study approach, students develop an in depth health assessment; respond to findings with relevant

pharmaceutical agents; and synthesize pathophysiologic information in order to function in an advanced nursing role for disease management and health promotion in the care of commonly reported health conditions. This course is 4 units and contains modules that cover advanced pathophysiology, pharmacology and advanced physical assessment (the 3 P's). The core adult health course also assists the student to examine the larger social context in which advanced nursing practice must exist and the potential impact of that context and the 3 P's can have on individual practice.

Students in the nursing education option take an advanced practicum in nursing care of adults that provides the opportunity for students to apply their knowledge about the 3 Ps to a selected population of adults. The curriculum and instructional process courses examine learning theory, teaching-learning strategies, and curriculum development for use in practice and education settings. The practicum for instructional process in nursing education provides the opportunity for students to teach in a School of Nursing or staff development setting.

Students in the nursing leadership option take two courses in advanced leadership/management theory and two courses in health finance. In addition, their practicum focuses on the role of the middle and top level nursing manager in health care organizations.

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

The graduate didactic and clinical courses use a variety of teaching strategies appropriate to learner needs and learner outcomes. Teaching-learning methods include online education using the Blackboard Learn platform, discussion via class bulletin board postings, small group work, research competency exercises, student presentations, case study analysis, issue analysis, logs/journals, poster presentations, scholarly papers, and a variety of other written and public speaking exercises.

Northern California offers excellent clinical placements that facilitate student-learning. An example of a positive learning environment is our regional simulation lab. Graduate students in the nurse educator option learn to write clinical simulations and gain practical, cutting edge technology- assisted teaching experience working with undergraduate students in the simulation lab. Students work one on one with faculty members who are nationally certified in simulation education.

The AACN Essentials document emphasizes the importance of having faculty who teach in master's nursing education programs having a strong theoretical and practice base in the field in which they teach. The faculty in the SON who teach in our master's program do have a solid theoretical and practice base in their specialties. They model professional behaviors for learners, including engagement in life-long learning activities, the dissemination of information through publications and presentations, involvement in professional organizations, and advocacy. The faculty demonstrate enthusiasm for teaching, student-learning, and the nursing profession, which inspires and motivates students. In addition to on campus faculty, the SON has a well-qualified cadre from sister campuses (Sonoma State) that also participate in teaching some of the specialty course work. Expert nurse leaders from Sonoma State University are scheduled to teach some of the advanced nursing leadership courses in 2013/2014.

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

*Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).*

**Program Response:**

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

The University requires a balance between major requirements and general education requirements for a broad liberal education. Because the nursing major has more units than some 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 and have high satisfaction with the program.

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

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

In an effort to increase the number of master's prepared nurses in the region the graduate program was converted to an almost exclusively online format. This change in program delivery was initiated in 2004 to accommodate the many rural and working RNs who would otherwise be unable to pursue graduate education. For each semester, students are typically required to attend one on-campus orientation session at the beginning of the semester. Every effort is made to consolidate these on campus sessions for all

applicable nursing courses. This minimal requirement has been generally well received by students and faculty as it provides some interpersonal exchange not possible otherwise. Clinical course work is generally available in proximity to the student's residence to both reduce travel requirements and to provide opportunities for practice in the region where the student is most likely to seek employment post-graduation.

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

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

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

**III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.**

*Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

**Program Response:**

Student performance in each course across programs is evaluated by faculty. Theory and clinical courses are evaluated based on a student's ability to meet stated course objectives. All course assignments have the evaluation procedures published in course syllabi. Evaluation procedures vary depending on the course design. Students might be evaluated with quizzes, written exams, in class writings, reflective journals, written papers, projects, case study analysis, presentations or psychomotor performance. Evaluation feedback methods typically include confidential communication of scores posted in the grade book of Blackboard Learn, written or electronic feedback on written assignments; clinical performance documented against an objective clinical performance rubric and face to face meetings with the faculty of record. Faculty post grades in a timely fashion on the course Blackboard Learn grade center where each student has convenient and private access to his or her grade.

Grading criteria for each course across programs are clearly defined and posted in each course syllabus by the first day of classes. The use of rubrics is common. Faculty post evaluation rubrics in course syllabi so that students have access to the evaluation criteria for each of the course assignments that can be applied against a rubric. The rubrics can be applied against written work achievement and toward growth in psychomotor clinical skill performance. In addition to the objective portions on the rubrics, faculty are able add qualitative comments. Blackboard Learn allows faculty to attach a rubric to the online site where students turn in work. As soon as the paper or project is graded, the student has instant access to the graded rubric and any qualitative comments. Students who turn work into *Turnitin* (plagiarism check site) can simultaneously view both the originality score of his or her paper as well as faculty feedback via a feature called *Grademark*. Peer evaluations can be viewed via a similar feature called *Peermark*.

All students in the undergraduate clinical settings and are judged against a standardized clinical evaluation rubric that was developed in 2011 by our faculty. The clinical evaluation rubric is shared with students in the first semester. Students have access to their clinical evaluation grades. Each student's clinical performance record is posted on a protected SON intranet and labeled in a folder with that student's name. Clinical evaluation forms are updated each semester. The faculty of record completes the clinical evaluation of students in his or her clinical course. Feedback is sought from preceptors however only the faculty member complete the clinical evaluation form. Faculty are able to track the clinical progress of students across all five semesters. Students enrolled in the graduate program are also evaluated in their clinical sites using a clinical evaluation rubric that has been specifically designed for that course.

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

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

**Program Response:**

**UNDERGRADUATE CURRICULUM**

The SON consistently and systematically analyzes curriculum and teaching learning at regularly scheduled intervals to foster program improvement in the undergraduate program. There are several mechanisms in place to ensure that evaluation occurs and that feedback informs decisions to foster improvement. Evaluation occurs at the semester level in the form of monthly area meetings, at the end of the program in the form of collecting EBI data from our graduating class and at the College level where a nursing faculty Assessment Coordinator systematically evaluates how well the curriculum is supporting

the achievement of student learning outcomes. Minutes from area meetings are maintained and kept in binders in the SON office as well as on a SON intranet (accessible online by faculty and staff).

Faculty meet once a semester for an evaluation workshop to review EBI data and suggest changes based on these data. Minutes from the faculty evaluation workshop are kept providing evidence of closing the loop between evaluation evidence and instituting changes. The College maintains a website that posts all of the assessment data for each year along with recommendations for change based on the assessment. SON faculty meet once a semester to review the College assessment findings and discuss actions that need to take place to remedy any deficit areas. Minutes are maintained from those meetings.

All of the above data are also reviewed at regular full faculty curriculum committee minutes and documented in the curriculum committee binder. At the beginning and end of each semester, faculty participate in retreats where major curricular issues are studied in depth and action is taken as needed. Minutes are available to document activities that take place at the retreats.

An example of how the area meetings contribute toward ongoing program improvement is described as follows: each semester coordinator organizes meetings specific to that semester, typically one a month that brings together semester faculty and four student representatives (one from each clinical section). The purpose of those meetings is to elicit direct student feedback regarding how well the theory and clinical courses are meeting the course objectives from both the students' and faculty perspectives. Students are also asked about the quality of clinical agencies in meeting clinical course objectives. Scheduling is discussed to see if there are any needs for adjustment. Faculty responses and any changes that are instituted are documented. As an example, the sequencing of NURS 424 (preceptored clinical focusing on the management groups of patients) came one semester before NURS494 (instructor supervised clinical which focused on direct care of small groups of complex patients). Feedback at area meetings as well as at the EBI exit survey was consistent that the two courses need to be reversed in the sequencing within the curriculum. These changes were implemented in fall semester 2013 (See IV-D). Program improvement efforts from 2010 to were summarized and compiled in April 2013. See Appendix G.

### **GRADUATE CURRICULUM**

A similar strategy is followed for the graduate program. The graduate committee meets monthly to solicit student feedback on the courses. At least one student representative from each graduate class cohort attends monthly graduate committee meetings. Student concerns and faculty responses are documented. Faculty who teach in the graduate courses collect evaluation data for each course and share those results with the entire graduate committee. The semester after a course is taught, that course receives a thorough peer review from one to two faculty on the graduate committee. The instructor for that course also submits a written peer review. The results of those reviews are brought to the entire graduate committee for further discussion and feedback. Curriculum changes or teaching strategies are modified based on those data. In addition to the feedback from faculty peers and students, any changes recommended by revised master's Essential documents or from our specialty standards (NLN Education guidelines) are also included when making changes.

Graduate faculty strive to stay in compliance with the recommendations from our program standards. An example of a recent change was the complete revision of the NURS 640 class, based on the 2011 AACN Masters Essential document and on student input. Additional content in pharmacology, physical assessment and in-depth pathophysiology was added. Content in the NURS 647 course was revised in spring 2012 to enhance the experiences providing Master's level nursing practice to include the 3 Ps as well as a micro system assessment that elevated the advanced practicum in the nursing care of adult's course content beyond that which a BSN nurse would have upon entering the MSN program.

Graduate committee minutes document that regular evaluation processes occur and that changes are instituted to close the loop between evaluation data and curricular revisions. In addition to monthly meetings and individual course evaluation, SLOs are periodically evaluated to examine how the entire

curriculum works together to ensure that course activities support that end of program aggregate student learning outcome. Graduate committee minutes demonstrate that this activity has taken place and results from that review. During this past year end of program SLO evaluations have been temporarily suspended while the MSN program has undergone major revisions with the addition of the leadership option. New end of program SLOs are being formed to support both options.

## Standard IV

### Program Effectiveness: Aggregate Student and Faculty Outcomes

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

IV-A. Surveys and other data sources are used to **collect** information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

*Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).*

**Program Response:** *[To support the Program Response, identify the surveys and other data sources that are used to collection information about student, alumni, and employer satisfaction and demonstrated achievements of graduates.]*

The SON has a well-developed plan for ongoing assessment. In fall 2013, the formerly used Stufflebeam evaluation model was replaced with a more comprehensive assessment plan that reflects the greater variety of assessment data being collected as well as a more comprehensive description of who will carry out that assessment and the timeline for those assessments. Through this continuous and comprehensive evaluation model, faculty are fully involved in the process of evaluation using multiple data sources.

Faculty meet regularly to examine available data and suggest needed program or curriculum changes. In addition, assessment data is compiled and summarized at least annually by faculty with release time with funding from the CNS and the SON.

Data sources used by the SON to collect aggregate student outcome data include:

1. **Mountain Measurement/CA BRN** - Mountain Measurement and the CA BRN provide NCLEX pass rate data and detailed NCLEX Summary Profiles quarterly for all generic BSN students and LVN-

BSN students. This data includes first time test takers as well as repeat test takers.

2. **Educational Benchmarking, Inc. (EBI)** - The SON began using EBI in 2011 to collect outcome data for the generic BSN, LVN to BSN and RN to BSN programs. This extensive EBI survey, completed by graduating students, provides a comprehensive assessment of SON performance against professional standards (CCNE and *BSN Essentials*); identifies where improvement efforts should be focused to improve overall quality and performance; benchmarks the SON's performance with their existing community of hundreds of institutions; evaluates performance over time to monitor the impact of improvement efforts and inform future improvement initiatives; provides evidence of how the SON contributes to the fulfillment of the institutional mission; and creates/enhances continuous improvement methodology for Academic Affairs on our campus. Specifically, student survey responses are compared to a select 6 comparable institutions as well as the Carnegie 6 best performing schools.
3. **Assessment Technologies Institute (ATI)**- ATI offers a wide variety of NCLEX® preparation assessments during nursing school. *Content Mastery Series®* is a program designed to provide assessment data regarding a student's mastery of concepts in specific areas linked to the NCLEX test plan, such as Pharmacology and Med-Surg throughout the nursing program so that early remediation can occur when needed. In addition, the *RN Comprehensive Predictor®* is a proctored assessment to help determine student's preparedness for the NCLEX. ATI provides the SON with student group reports, individual student reports, and combined group and individual reports. In addition, ATI provides the school with longitudinal reports comparing assessment results of two or more groups of students, and a critical thinking and analysis report to compare critical thinking entrance and exit data on groups of students.
4. **Demographic, Retention, Graduation, and Employment Data**- Demographic (age, gender, ethnicity) data is maintained for all students in the SON (BNS, RN-BSN, and MSN) as are retention and graduation rates. This data is reported annually on required AACN and BRN surveys as completed by the Director of the Nursing program. Employment data is typically gathered annually as part of grant application data. In addition, one institution specific question on the EBI survey asks graduating students to identify their immediate employment prospects (have a job lined up, have a tentative job, doing interviews but no job yet, not looking actively for a job, or plans to complete nurse residency).
5. **Ongoing Faculty, Student, and Agency Feedback** - Each semester, formal input from students is requested regarding the adequacy of clinical resources. In addition, in several clinical practica, students are required to keep weekly journals where they evaluate the quality of their learning experiences. This information is often useful in making adjustments in teaching and in clinical practica. In addition, students complete formal teaching evaluations of faculty each semester, for all their courses through a formal standardized evaluation process conducted campus wide.

Input is also sought at least annually 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 issues. In addition, written evaluations of clinical agencies are created at year end semester area meetings and noted in meeting minutes. 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.

Faculty assigned to a designated semester also 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.

6. **Employer Surveys-** Additionally, the SON conducts surveys of employers for all of generic BSN and MSN graduates at least every three years. Recent data is shown in Appendix F. In addition, informal feedback is obtained from the SON Advisory Board at each of the biannual meetings. In addition, agencies represented on the Advisory Board complete written surveys at least once every three years. Outcome data suggests that more than half of our graduates remain in the region and are employed by the agencies represented on our advisory board.

**IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.**

*Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.*

**Program Response:** *[To support the Program Response, provide examples of aggregate student outcome data and describe how the data are analyzed and compared with expected student outcomes.]*

Data is collected from all sources noted in IV-A and then compared with expected student outcomes. Aggregate student outcome data is shown in Appendices B-I and discussed under Standard IV-C. Data indicate that students, employers and the community are satisfied with the program. In addition, the SON has set benchmarks or goals for nearly all expected student outcomes. These benchmarks are noted below:

1. Benchmark for retention/ graduation rates- 90% for generic BSN, 80% for RN-BSN, and 70% for MSN. Lower benchmarks were established for the RN-BSN and MSN students since these re-entry students typically have more obstacles to program completion including personal life, work life, and financial constraints. In addition, these two populations are more likely than traditional undergraduate students to delay their program completion as a result of these obstacles.
2. Benchmark for NCLEX pass rate- 90%. This is significantly higher than the 75% minimum benchmark established by the CA BRN.

Benchmark for ATI *Comprehensive Predictor Score* (administered to graduating students) - 70%, which is predictive of a minimum 91% pass rate on the NCLEX (ATI, 2013). The benchmark of 70% was implemented in spring 2012; prior to that time, it was 65%.

3. Benchmark for ATI *Content Mastery Tests* (taken by students throughout the program) - Level 2 achievement or higher. This benchmark was established since current research suggests that “seventy-eight percent of students who achieved Level 2 or higher on all 9 content mastery tests were “highly likely to pass NCLEX” (ATI, 2013).

Prior to ATI establishing national benchmarks for score results, faculty chose benchmarks based on level of achievement (Levels I, II, & III). Following establishment of national benchmarks by ATI, faculty went to a consistent required passing score at Level II or higher in all semesters. Students scoring below this are required to remediate a specific number of hours in ATI. The remediation process has improved each year as ATI has more established remediation and practice testing opportunities for students. One of these includes Virtual ATI that assists students prepare to take NCLEX-RN for the first time.

4. The School of Nursing uses a benchmark/goal of a score of **5.5** on all EBI factors (5.37 is the mean for all schools participating in EBI data collection). This benchmark was established to mirror the mean score of the Carnegie 6 top performing schools. The faculty felt that in selecting a high benchmark, that we would be pushed to actively work toward our goal of becoming a top performing school that seeks continual program improvement.

**IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.**

*Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.*

**Program Response:** *[To support the Program Response, discuss the results of the analysis.]*  
Aggregate student outcome data is noted in Appendices B-J. Discussion highlights follow here:

**Retention, Graduation, and Employment Data-** See Appendix B

Retention and graduation data demonstrate that the SON has exceeded its benchmarks for graduation rates for generic BSN students since 2009 (mean graduation rate of 95.8% as compared to the 90% benchmark).

LVN-BSN students, however, had significantly lower graduation rates at 80%. Three grant funded cohorts of LVN-BSN students were admitted to the SON for the years 2007, 2008, and 2009. An analysis of data found that while minimum admission criteria for the LVN-BSN cohorts were the same as for the generic BSN program, the applicant pool was small and the admission process was not competitive. Thus, all qualified applicants were accepted, resulting in cohorts with lower academic indices than those admitted to the generic BSN program through its highly competitive scoring process. In addition, many of these students were working significant numbers of hours (as noted in EBI data) and found maintaining a full time educational commitment difficult.

The graduation rate for RN-BSN students since 2010 averages 87.9%, significantly exceeding the established benchmark. A gradual upward trend in RN-BSN graduation rates has occurred since the revision of the RN-BSN program in 2011 from a 2 year program to a 15 month program. The current admission cycle begins annually in June during summer session and ends the following year in August at the end of summer session.

Twenty-six RN-BSN students were admitted in June 2011 and 25 graduated the following August. The 2012 cohort admitted 30 with 26 graduating in August 2013 (three students went on a planned education leave [PEL]). The 2013 cohort admitted 27 students and is currently at 25 students. Two students who took PELs from the 2012 cohort plan to return in summer 2013 to complete graduation requirements. Because attrition in this program is anticipated due to work, family and financial commitments, the Program Coordinator works toward the goal of initial over enrollment in order to keep cohort/graduation numbers between 25 and 30.

The graduation rate for MSN students is more difficult to measure exactly since the time required for thesis completion can vary significantly. Given that the current MSN program takes five semesters to complete plus thesis or project, it is necessary to go back to the fall 2008 cohort to get any meaningful graduation data. Of the 12 students who entered that cohort, seven (56%) have completed all graduation

requirements. Several students are still working on theses or projects.

Employment data for BSN graduates has been obtained in several ways. Appendix B shows generally good response rates (41-95%) to telephone and email follow up of 2007, 2008, and 2009 graduates in fall 2010 and fall 2011, with almost all graduates reporting working in nursing. In addition, EBI data has been collected since 2012 to ascertain projected employment data from graduating seniors. One fourth to one third of students report having a job lined up before they graduate. The same numbers report not looking for a job until they have passed NCLEX. Another ¼ of students indicate they are actively looking for jobs, but have not yet been successful. Seven to fifteen percent of students plan to seek a nurse residency after graduation and to delay employment. Less than 2% of students report they do not intend to work in nursing.

**Mountain Measurement/CA BRN-** See Appendix C for data outcomes 2008 to present

Except for two quarters, the SON has met or exceeded its 90% benchmark since October 2010 for all BSN graduates (this includes the LVN-BSN graduates). The two quarters that failed to meet this benchmark had pass rates of 88% and 89%. Indeed, the general trend in NCLEX pass rates for the SON has been rising the last five years, far exceeding national pass rates for BSN programs.

**Educational Benchmarking, Inc. (EBI)** – see Appendix D for select data outcomes 2011 to present Under *Major Indicators*, three scores are reviewed. Data collection for overall program satisfaction, overall learning started began in fall 2012; with program effectiveness starting in fall 2010. In looking at the data in Appendix D, several scores are especially noteworthy. For spring 2013, the most recent data collection period, the SON achieved an overall effectiveness rate of 5.46, just shy of the 5.5 score benchmark, but higher than the average for all institutions collecting outcome data through EBI (score of 5.37) and just under the Carnegie class (5.5). Overall Satisfaction and Overall Learning exceed established benchmarks with scores of 5.83 and 6.19 respectively. Comprehensive factor analysis of EBI data is shown on pages 5-9 of the Appendices. Summary conclusions of these data and recommendations for action are included in IV-D.

**Assessment Technologies Institute (ATI)** - see Appendix E for select data outcomes 2011 to present Appendix E includes two outcomes measures; the first is a comparative analysis of Chico State BSN student achievement levels on the Content Mastery Series as compared with state or national means for the year 2012. Green colored bars indicate that Chico State is performing above the state or national mean. This was the case for 43/48 (89.6%) of the assessments, assessing knowledge in fundamentals, pharmacology, mental health, community nursing, leadership, and on the comprehensive predictor exam.

The second graph is a longitudinal review of scores achieved by Chico State nursing students on the ATI critical thinking tests and content mastery tests for assessments completed 2011-2013. Gray bars are used to note national means. Again, Chico State nursing students exceed the national means for all categories in which national mean data is available.

This data suggests that Chico State students have a high level of understanding of key content in NCLEX content areas as measured by the ATI Content Mastery Series, which is predictive of NCLEX success (see page 41).

**Employer Surveys-** see Appendix F for select survey data obtained October 2013

Employer data was collected from 6 agencies in October 2013 for program MSN graduates. It would have been helpful to have surveys from more employers who have hired our MSN graduates but these graduates are employed throughout the US and we lack data on where they began working after graduation. It is noteworthy that all employers said they would hire Chico State MSN graduates again.

Also, many of our graduates teach in community and state colleges so input from these employers would have been valuable when assessing our MSN graduates.

Employer data was also collected from 5 agencies in July 2013 regarding program BSN graduates. Like the MSN graduates, 100% of employers noted their intent to hire Chico State BSN graduates in the future. 80% were neutral or agreed with the statement that BSN graduates were well prepared to work as new graduate nurses in the 6 months immediately following graduation. Perceived strengths of BSN graduates were critical thinking, knowledge, clinical reasoning, clinical skills, professional role development, teamwork, and interdisciplinary collaboration. Employers also suggested, however, that graduates could be better prepared in the area of advocacy, information management, clinical skills, and collaboration with interdisciplinary team members.

**IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.**

*Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.*

**Program Response:** *[To support the Program Response, describe the process used to make program improvements based on analysis of data. Give examples.]*

The SON reviews all outcome data on a regular basis and drafts summary recommendations when actual outcomes are not consistent with expected outcomes. For example, the following findings/recommendations (based on May 2013 graduate survey data) were identified by the faculty at the bi-annual evaluation meeting October 2013.

1. Students desire more interactive classes, less power-point lectures, and enthusiastic teachers.
2. The program should continue to work on improving course organization in terms of the sequencing of courses. Gerontology recommended for semester 1 and NURS 493 in semester 4 not 5.
3. Students would like more career placement programs, workshops, and assistance with resume writing.
4. Students would like to see pathophysiology, medical surgical and pharmacology in every semester of the nursing program (better integrated throughout program).
5. Students enjoy learning through simulation and would like to see more use of simulation in all clinical courses.
6. Some students suggested additional efforts should be made to continue to improve the quality of academic advising.
7. Students suggested the pharmacology course not be taught online.
8. An ongoing goal should be to improve the quality of instruction in the classroom and for teachers to be fair and approachable.
9. Students felt that administrative staff in the nursing office could be more approachable.

Findings and recommendations from the May 2012 and December 2012 graduate EBI data included the following:

1. More interactive classes, enthusiasm, and more case studies approach, discussion.
2. Need to resequence Semesters V and IV so that leadership clinical is in the final semester.
3. More career placement programs would help graduates in job searches.

4. Need to improve how students view the liberal arts component of their education.
5. Students want pathophysiology, pharmacology every semester.
6. Use simulation more in all clinical courses.
7. Improve feedback on assignments not only grades.
8. There is a need for better instructor communication.
9. Too many assignments in courses.
10. More clinical skills and pediatric patients' exposure.
11. Constructive feedback wanted while maintaining respect to students.

This EBI data and other program satisfaction data from EBI surveys the last three years have resulted in the following program improvement efforts:

Clinical Practicum Courses: Comments on EBI end of program surveys during 2011-2013 stated it would be beneficial to change the Semester IV preceptor clinical practicum to the final semester of the program and replace it with the current Semester V acute care complex patient practicum. Faculty agreed, as it would mean improved transitions from high acuity patient care with one to two patients to the leadership practicum that focused on managing groups of patients that better reflect new graduate experiences. This change was several years in planning due to the complexity of having one semester that certain courses were not taught and the other semester where courses were double taught. This change was implemented in fall semester 2013.

Pharmacology: There have been many student comments from EBI data that center on the Pharmacology course in the program. As a result, over the past decade, pharmacology has undergone many alterations in how it is taught (classroom or online), how content has been organized, and the type of book or course learning materials that are used. Student comments ranged from the need to have content in every semester (not just an isolated course), the need to have classroom not online (this had been changed due to student feedback), and improved integration of pharmacology content that was semester specific. In response to ongoing student feedback and faculty evaluation, the most recent changes began in spring 2013. The Pharmacology course began using the ATI product *Pharmacology Made Easy*, which includes online tutorials and practice exams as well as changing the course from an online delivery model to a hybrid delivery.

In fall 2013, additional changes were made to provide students with a current and engaging format for studying pharmacology. Following a positive faculty review of the new ATI online course, *Pharmacology Made Easy*, the materials from the text were incorporated into the course. The students complete 12 online pharmacology modules. Each module consists of a video tutorial designed to meet the needs of both audio and visual learners. At the end of the module, students take a 25-item test based on content presented. They are required to spend a minimum of four hours in each module and achieve a benchmark of 90% to earn points for that module. In addition to the online tutorials, the class meets for 2 hours every other week. During classroom time students work through critical thinking scenarios that focus on the content they have studied in the tutorials. The revised class also addresses laboratory data analysis. Students learn about significant laboratory assessments for a selected body system and practice assessing laboratory values of patients experiencing various pathophysiological problems. This format will be evaluated at the end of fall 2013 Semester.

Career Placement: Students have raised concerns about the level of preparation for new graduate jobs; specifically resume writing and interviewing skill development. In 2011, comments focused on the SON doing a 'good job' but that there could be improvement. Starting in 2012, the Kappa Omicron Chapter of STTI began offering workshops on residency information; resume writing, and interviewing skills each semester that was open to all students. Feedback from 2012 and 2013 addressed the appreciation and helpfulness these sessions provided.

Simulation: Comments about incorporating Simulation experiences more often in the curriculum were noted as students perceived this as a great learning opportunity. During curricular revision meetings in spring 2013/fall 2013, faculty discussed how simulation could be included more often or in every semester of the program. Much discussion has taken place and the Simulation Coordinator is facilitating the development of a timeline that will include how to progress the use of simulation from fundamentals through complex care management and public health. Discussion has included what types of scenarios/experiences are available in the Simulation Center for specific content areas so there can be successful use of the Simulation Center in the program that will facilitate student success in the program and beyond.

Classroom Teaching Strategies: Comments have centered on requesting more interactive teaching strategies in the classroom and the use of additional case studies. Ongoing discussion about this topic occurred during faculty curriculum revision meetings in 2012 and 2013. The use of unfolding complex case studies is currently occurring in N493, Concepts of Advanced Pathophysiology and Nursing Theory for senior students. Case studies for this course are continually updated to provide students with real life scenarios/patients to facilitate high-level clinical reasoning and knowledge application skills. Student feedback in this course has been extremely positive; students feel this course prepares them well for complex acute care experiences.

In fall 2013, following a one-day workshop about the use of case studies in the curriculum by case study expert Keith Rischer, a template for this process was incorporated into the Semester II pathophysiology course (N303). As this is still in the implementation process, evaluation data collection about its value and success will occur at the end of fall semester 2013.

Sequencing of Courses: Prior to fall 2013, NURS 422 and NURS 424 were housed in the 4<sup>th</sup> semester of the nursing program. So too was an additional leadership clinical course (NURS 444) which paired students with middle and top level nursing managers (did not involve patient care) as well as an advanced simulation course (NURS 484). NURS 494, the integrative pathophysiology course and its corollary theory course NURS 493 were located in the final semester of the program as was an online gerontology theory course (NURS 463).

Effective fall 2013, the following curricular changes were made based on EBI feedback as well as faculty feedback in area meetings:

- NURS 493 and NURS 494 were moved from 5<sup>th</sup> semester to 4<sup>th</sup> semester.
- NURS 422 and NURS 424 were removed from 4<sup>th</sup> semester to 5<sup>th</sup> semester.
- NURS 444 (1.5 units) was eliminated.
- One additional unit was added to the NURS 493 course, which increased this course from a 1 unit course to a 2 unit course.
- One-half additional unit was added to the NURS 424 course, which increased this course from a 2 ½ unit course to a 3 unit course.
- NURS 463 was moved from 5<sup>th</sup> semester to 4<sup>th</sup> semester.
- NURS 484 was moved from 5<sup>th</sup> semester to 4<sup>th</sup> semester.

The swapping of NURS 494 and NURS 424 was done in an effort to make sure students' clinical courses progressed from clinical experiences which were directly supervised by an instructor on site and where students cared for a limited number of patients to more autonomous preceptored clinical experiences where students managed groups of patients and the focus was more on leadership than pathophysiology or direct patient care. This was not the case before the change and this switch had been a recommendation voiced by students and faculty for some time.

The swapping of NURS 493 and NURS 422 reflected our need to see that theory courses are taught concurrently with their associated clinical course.

NURS 444 was eliminated due to the variability of the learning experience for students and the ongoing difficulty associated with finding middle and top level nursing administrator preceptors. The 1 ½ units which were lost from the discontinuation of the NURS 444 clinical were transferred to the NURS 493 and NURS 424 courses based on student feedback and the review of faculty content experts.

NURS 463 and NURS 484 were moved to 4<sup>th</sup> semester to better consolidate the advanced medical/surgical and gerontology content with the integrative content of NURS 493 and NURS 494. An added benefit is that students in semester V will no longer have to balance completing three clinical courses in their final semester in the nursing program.

In addition, Appendix G (drafted in spring 2013) summarizes program improvement efforts that have occurred between 2010 and 2013. The table, which was compiled by all faculty, notes the identified need or concern; the data or feedback suggesting a need or problem; attempted interventions; and continuing efforts for program improvement.

**IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.**

*Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.*

**Program Response:** [To support the Program Response, provide actual data on aggregate faculty accomplishments and discuss how the outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.]

Teaching effectiveness, professional growth and achievement, and service contributions are elements in the retention, tenure and promotion (RTP) process in the SON. Faculty revised and updated the RTP SON document in 2011 and again in 2013 to increase rigor in the standards required.

In the area of Scholarly Achievements, the requirements for promotion to Associate Professor and Professor were increased for all three evaluation categories. Peer reviewed publications and professional presentations are required. These changes are reflective of faculty/college expectations in order to bring scholarship to teaching to ensure high quality teaching in the SON. All changes have been submitted for approval to be implemented in fall 2014. For example, the following are the requirements to earn adequate, effective, or superior ranking when applying for promotion to Professor:

**Adequate Evaluation:** Three significant professional achievements from a combination of two categories. Must include one peer-reviewed publication and one podium presentation at regional level

**Effective Evaluation:** Four significant professional achievements from a combination of two or more categories. Must include at least two full-length peer-reviewed publications and two podium presentation at national level.

**Superior Evaluation:** Six significant professional achievements from a combination of two or more categories. Must include at least three full-length peer-reviewed publications and at least one at the national or international podium or poster presentation.

In addition, tenured faculty undergo a periodic review every five years that also examines their achievement in all three categories.

The Director of the School of Nursing is charged annually with tracking aggregate faculty accomplishments and assessing how they contribute to the program's mission, goals, and expected student outcomes. This *Faculty Activity Report* is submitted to the Dean of the CNS, which is then compiled into a college report that is submitted to the Provost. A copy of the reporting form used for the FAR is included in Appendix I. In addition, select aggregate faculty achievements are included in Appendix J. Appendix J suggests that the faculty of the SON at CSU, Chico are actively engaged in scholarship related to publication, presentations at professional meetings, and grant submission.

**IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.**

*Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.*

**Program Response:** *[To Support the Program Response, provide examples of how the information relating to any complaints has been used to foster ongoing program improvement.]*

The SON has experienced only one formal grievance in more than a decade. That grievance occurred in 2011 and involved a student who was removed from the program after failing to report/obscuring a positive TB skin test. The university wide panel of students and faculty unanimously upheld the decision of the School of Nursing.

One additional student began the formal grievance process but her situation was found not to be grievable according to university policies.

Student complaints or dissatisfaction are monitored and reviewed by faculty on an ongoing basis. Student representatives to semester and SON committees provide an avenue for improved communication and collaborative resolution of concerns that do exist. An example of complaints fostering ongoing program improvement occurred when students brought forth the issue that the scores on ATI exams were being used in a high-stakes manner, causing students to receive lower grades in their courses. After meeting with ATI representatives, the faculty revised the methods used for monitoring ATI exam outcomes and created an incentive program where students received points for remediation of areas of weakness on the exams.