

California State University, Chico

Chico, CA

---

# SCHOOL OF NURSING SELF-STUDY REPORT

---

February 2018

## Table of Contents

INTRODUCTION .....	1
STANDARD I .....	2
I-A .....	2
Mission.....	3
Goals .....	4
Expected Outcomes .....	5
Guiding Professional Standards .....	6
I-B .....	7
I-C .....	8
I-D .....	9
Faculty Participation .....	9
Student Participation.....	10
I-E .....	12
Accuracy of Documents and Publications .....	12
Notification of Constituents .....	13
I-F.....	13
Analysis: Standard I.....	14
STANDARD II .....	16
II-A.....	16
The CSU Budget Process.....	16
Other Funding Sources .....	17
Faculty Positions.....	18
Faculty Salaries.....	19
Clerical Positions .....	20
Classroom Space .....	20
Faculty Offices.....	21
Periodic Review of Resources .....	22
II-B .....	22
Student Support Services .....	22
Faculty Support Services .....	26
II-C .....	27
II-D.....	28
Program Response .....	29

II-E .....	30
II-F .....	31
Program Response .....	32
Simulation Education Support .....	33
Scholarship Support .....	33
Service.....	34
Practice.....	35
Analysis: Standard II.....	35
STANDARD III.....	37
III-A .....	37
BSN Curriculum .....	37
MSN Curriculum .....	38
III-B.....	39
Organizational and Systems Leadership for Quality Care and Patient Safety.....	40
III-C.....	45
Table III-C-1 Major Courses for the Basic Baccalaureate in Nursing.....	47
RN to BSN Track.....	48
Table III-C-3: MSN Courses .....	50
III-D .....	51
III-E.....	54
III-F .....	56
III-G .....	59
BSN Program .....	59
MSN Program .....	61
III-H .....	61
BSN Program .....	61
MSN Program .....	63
Analysis: Standard III .....	63
STANDARD IV.....	65
IV-A .....	65
Mountain Measurement/CA BRN .....	65
Skyfactor (formerly Educational Benchmarking, Inc. - EBI).....	66
Assessment Technologies Institute (ATI).....	66
Student Feedback .....	66

End of Course Surveys.....	67
Graduation Rates.....	67
Employer Surveys.....	67
Alumni Surveys .....	67
Clinical Agency Feedback .....	67
IV-B .....	68
BSN Program .....	68
Table IV-B-1: BSN Graduation Rates .....	69
MSN Program .....	69
Table IV-B-2: MSN Graduation Rates .....	69
IV-C .....	69
Table IV-C-1 NCLEX Pass Rates.....	71
IV-D .....	71
BSN and MSN Employment Rates.....	71
Table IV-D-1: BSN Employment Rates .....	71
Table IV-D-2: MSN Employment Rates .....	72
IV-E.....	72
Overall Program Outcomes.....	72
To what degree did the BSN program at CSUC prepare you to "think like a nurse?" .....	74
MSN Program Outcomes .....	74
BSN Student Learning Outcomes (SLOs) .....	74
MSN Student Learning Outcomes (SLOs) .....	76
ATI Comprehensive Predictor Exam.....	77
Basic BSN Alumni Survey .....	77
RN-BSN Alumni Survey .....	78
Employer Satisfaction of BSN Graduates.....	78
IV-F.....	78
Table IV-F-1: Aggregate Faculty Scholarly Achievements .....	80
IV-G .....	80
IV-H .....	81
Graduation Rates.....	81
NCLEX Pass Rates .....	82
BSN and MSN Employment Rates.....	82
Overall Program Outcomes for BSN program.....	82

Overall Program Outcomes for MSN Program .....	83
Student Learning Outcomes.....	83
ATI Comprehensive Predictor Exam.....	84
Basic BSN Alumni Survey .....	84
RN-BSN Alumni Survey .....	84
Employer Satisfaction of BSN Graduates.....	84
Formal Grievances .....	84
Analysis: Standard IV .....	84

## **INTRODUCTION**

California State University, Chico began in 1887 and is the second oldest CSU Campus in the state. The University is situated in the heart of the northern California City of Chico. Chico, also known as the City of Trees, has the 13<sup>th</sup> largest municipal park in the nation. Chico Creek runs through the middle of the CSU Chico campus. There are over 17,000 students enrolled in undergraduate and graduate programs at CSU Chico. The School of Nursing is an integral part of the College of Natural Sciences. The school offers programs for baccalaureate and master's level science degrees in nursing. The Baccalaureate program includes tracks for basic students and for RN-BSN students. The Graduate program tracks include a Nurse Educator track and a Nursing Leadership track. There are approximately 240 students enrolled in these programs. Forty students are admitted into the basic BSN program each semester.

## **STANDARD I**

### **PROGRAM QUALITY: MISSION AND GOVERNANCE**

The mission, goals, and expected program 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 program outcomes are written, 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 program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. 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/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:*

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

*A program may select additional standards and guidelines.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

The university is comprised of seven colleges. The School of Nursing (SON) is housed within the College of Natural Sciences (CNS).

### **Mission**

California State University, Chico (CSU Chico) “is a comprehensive university principally serving Northern California, our state and nation through excellence in instruction, research, creative activity, and public service” (<http://www.csuchico.edu/vpaa/wasc/mission/index.html> ).

The SON mission is closely aligned with the university mission to:

“...assist students in their search for knowledge and understanding and to prepare them with the attitudes, skills, and habits of lifelong learning in order to assume responsibility in a democratic community and to be useful members of a global society” (<http://www.csuchico.edu/vpaa/wasc/mission/index.html> ).

The SON mission is also consistent with the mission of the CNS which is:

“...to serve as an anchor institution in Northern California for mathematics and sciences, providing a diverse set of services to our students and the larger community. Our undergraduate, pre-professional, and graduate programs give students the rigorous theoretical and practical training required for professional and personal success. We provide the cornerstones for a wide variety of technical disciplines beyond our college through our foundational service courses. We strive to instill in the wider campus community an understanding of the nature of science and its importance in modern society. We affirm the importance of serving the community beyond our campus as resources for mathematics and science expertise” (<https://www.csuchico.edu/nsci/about/mission-of-college.shtml> ).

The overall vision of the SON is to “empower and transform graduates to meet global healthcare challenges in the 21<sup>st</sup> century” (<http://www.csuchico.edu/nurs/about2.shtml> ).

The mission of the CSU Chico SON is:

“To prepare professional nurses who are leaders, excellent clinicians and lifelong scholars.”

As such, the school provides high quality, student-centered learning environments that incorporate evidence-based care and clinical reasoning. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

## **Goals**

The SON goals are also consistent with the mission and goals of the CNS and the university. The university has identified six goals, known as strategic priorities, to which the CNS and the SON baccalaureate and master's degree programs adhere. These priorities form the foundation for nursing education at CSU Chico and are as follows:

### **Strategic Priority #1**

Believing in the primacy of student learning, we will continue to develop high quality learning environments both in and outside of the classroom.

### **Strategic Priority #2**

Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.

### **Strategic Priority #3**

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

### **Strategic Priority # 4**

Believing in the value of service to others, we will continue to serve the educational, cultural, and economic needs of Northern California.

### **Strategic Priority # 5**

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

### **Strategic Priority # 6**

Believing that each generation owes something to those who follow, we will create environmentally literate citizens who embrace sustainability as a way of living. We will be wise stewards of scarce resources and, in seeking to develop the whole person, be aware that our individual and collective actions have economic, social, and environmental consequences locally, regionally, and globally.

The University strategic plan is currently under revision and will include two additional strategic priorities:

### **Strategic Priority # 7**

Believing in the importance of civic engagement for both individual fulfillment and the institutional commitment to serving the public good, we will educate generations of civically engaged, informed, and active students. We will engage students, faculty, staff, and community members through curricular and co-curricular experiences that actively involve them with the communities and the issues of the North State and beyond.

### Strategies Priority # 8

Believing in the importance of diversity as central to the values of the University and the education of its students, we will continue to develop and enhance programs, policies and activities to create and sustain a welcoming and inclusive learning and working environment for all.

The SON updates its strategic plan every five years. The last strategic plan was revised in 2014 (Appendix I-A-1). The SON anticipates making revisions to the goals of the nursing programs once these changes become integrated into the CSU Chico strategic plan.

([http://www.csuchico.edu/prs/campus\\_documents/strategic\\_plan\\_2016.pdf](http://www.csuchico.edu/prs/campus_documents/strategic_plan_2016.pdf))

### **Expected Outcomes**

The Student Learning Outcomes (SLOs) for baccalaureate graduates of the SON include:

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 to 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 populations.
11. Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

Student Learning Outcomes for the Master's degree program are as follows:

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 healthcare at the organizational and/or systems level.
3. Demonstrate the knowledge, skills and attitude necessary to improve the quality and safety of the environments graduates practice.

4. Translate and apply evidence-based research in nursing practice.
5. Integrates current information and health care technologies in nursing practice.
6. Use health policy, political skills and advocacy to influence positive change in health care delivery.
7. Demonstrates interprofessional collaboration for improving patient and population health outcomes.
8. Identifies clinical prevention strategies to improve health of selected populations.
9. Demonstrates Master's level knowledge, skills, and attitudes needed to lead nursing education, leadership, and practice.

### **Guiding Professional Standards**

The following professional standards direct our Baccalaureate and Master's mission, goals and student learning outcomes.

From American Association of Colleges of Nursing:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008)  
<http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf>
- *The Essentials of Master's Education* (2011)  
<http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>

From the American Nurses Association:

- *Scope and Standards of Practice* (2015, 3<sup>rd</sup> edition)
- *Code of Ethics for Nurses* (2015)  
<http://www.nursingworld.org/codeofethics>

Additional Professional Standards:

- *Quality and Safety Education for Nurses* (2007)  
[http://www.nursingoutlook.org/article/S0029-6554\(07\)00062-0/pdf](http://www.nursingoutlook.org/article/S0029-6554(07)00062-0/pdf)
- *American Organization of Nurse Executive Competencies* (2015)  
<http://www.aone.org/resources/nec.pdf>
- *Association of Community Health Nursing Educators* (2009)  
[http://www.achne.org/files/essentialsofbaccalaureate\\_fall\\_2009.pdf](http://www.achne.org/files/essentialsofbaccalaureate_fall_2009.pdf)
- The NLN Nurse Educator Core Competencies are incorporated into the Master of Science in Nursing Nurse Educator track (2017)  
<http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency>
- The Nurse Leadership track is based on the competencies identified in 2004 by the Healthcare Leadership Alliance. (AONE, 2017)  
<http://www.aone.org/resources/nurse-leader-competencies.shtml>

## I-B

**The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect professional nursing standards and guidelines, and 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 SON regularly reviews and revises the mission, goals, and expected outcomes of the program. The SON mission and goals are revised when the university and CNS revise their mission and goal statements. Review and revision of the mission, goals and expected outcomes occur within the SON committee structure (Appendix I-B-1) originating in the Curriculum and/or Graduate Committees, with final discussions occurring in full faculty meetings. These discussions include student representatives as a community of interest.

As part of a complete review of the BSN program, the baccalaureate SLOs were revised in 2013 to reflect the *BSN Essentials*. The SON mission, organizing framework and goals were also revised at that time. These revisions and changes in the Basic BSN curriculum were submitted to the California Board of Registered Nursing (BRN) and received approval in July 2013 and March 2014. The Master of Science in Nursing (MSN) program SLOs were revised in 2012 to reflect revisions in the *Essentials of Master's Education* document (AACN, 2011).

The SON ensures that the student learning outcomes reflect professional nursing standards and competencies by utilizing key foundational nurse education guidelines as guiding documents. Any time these guiding documents are revised, the student learning outcomes are also reviewed and revised accordingly.

The SON Advisory Board serves as another key community of interest. Collaboration, program evaluation, and networking with outside agencies are ongoing. The board, formed in 1995, includes nurse leaders from hospitals, public health departments, associate degree schools of nursing, and other local health care agencies, SON faculty, and nursing student representatives, to facilitate dialog with major stakeholders. The CNS Dean and Associate Dean also are invited to attend these meetings. As of spring 2017, there were 34 members on the SON Advisory Board roster with approximately 12 to 15 members who attend regularly. The Advisory Board meets each semester. This body provides feedback regarding mission, goals, student learning outcomes, student preparation and job requirements, important and realistic data for evaluating outcome measures for the SON BSN and MSN programs and graduates. The SON Director provides program updates and the board members keep faculty abreast of critical changes in service settings that may impact nursing curricular demands. All proposed curricular

changes are presented to the Advisory Board for input. Minutes are kept of each meeting and distributed to the members.

### **I-C**

**Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.**

*Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.*

The School of Nursing (SON) identifies expectations for faculty beginning with the hiring process. Broad roles for teaching are described in position announcements. A more precise explanation of faculty roles for teaching, professional development and service are described during the interview phase with the SON Hiring Committee, the SON Director and the College of Natural Sciences (CNS) Dean. Once hired, faculty are provided with a SON faculty manual. Expectations for workload, faculty meeting attendance, committee participation, and student advising are documented in this manual. The manual is updated each July to reflect expectations or changes for the upcoming academic year. The faculty manual can be accessed electronically through the SON intranet and provides a link to the Office of Faculty Affairs website.

New tenure/tenure track faculty attend a two-day University wide orientation to learn about faculty roles and responsibilities. The California Faculty Association (CFA) for Unit 3 personnel negotiates collective bargaining agreements (CBA) with the CSU system. The Faculty Personnel Policy and Procedures (FPPP) manual for CSU Chico further defines the faculty role in relation to retention, tenure, and promotion as discussed in the CBA. The CBA and the FPPP provide the foundation for the SON personnel standards that defines faculty roles in terms of SON specific expectations. The SON personnel standards were last updated in fall 2014 and are currently being revised for approval by the Provost for fall 2018. Any changes to this document are voted on by faculty and must be approved by the Provost and CNS Dean. Teaching effectiveness, professional development/scholarly activities and service are the three primary categories specified for faculty outcomes.

- Teaching: Teaching is the central mission to the CSU system. Effective teaching is a major criterion in the review process for all faculty. The FPPP (2016) manual states that “teaching effectiveness is the first, minimum and indispensable requirement for retention, tenure and promotion of teaching faculty” (p. 58). The SON retention, tenure and promotion (RTP) document specifies that effective teaching is evaluated for all courses taught. The creation of high quality, innovative teaching practices are encouraged with an emphasis on a student-centered course design. The SON believes that “the criteria for effective teaching are consistent with those set forth by Chickering and Gamson (1987) in Seven Principles for Good Practice in Undergraduate Education.”

- Professional Development: The FPPP defines “Professional Growth and Achievement” as an essential component of faculty evaluation for RTP with criteria and standards developed by each department. The SON RTP document includes scholarship as a major component of professional growth and achievement and requires that faculty demonstrate an ongoing commitment in scholarly activity. The SON RTP confirms that collaborative efforts in professional development are valued. Grants, research, peer-reviewed journal article publications, professional meeting presentations and specialty certification are some of the areas specifically highlighted under this category.
- Service: The FPPP specifies “other contributions to the University and the Community” as a required area for evaluation in the retention, tenure and promotion (RTP) process. The SON RTP (2015) document specifies that “faculty demonstrate a commitment to the SON, College, University, community and profession with such service recognized in all retention, tenure and promotion decisions” (p. 14).

Evidence of compliance with this key element can be found in the Resource Room or on the SON intranet to view the faculty manual, and on the Office of Faculty Affairs webpage <http://www.csuchico.edu/faaf/index.shtml>, which has links to FPPP, CBA, and SON Personnel Standards.

#### **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. Nursing faculty are involved in the development, review, and revision of academic program policies.*

#### **Faculty Participation**

Roles of the faculty in the governance of the program are clearly defined within the faculty manual and enable meaningful participation. The Director of the School of Nursing is responsible for the overall operation of the SON and reports to the Dean of the CNS. The organization chart of the SON can be found in Appendix I-D-1. The SON’s 2013 bylaws provide for the involvement of all nursing faculty in the governance of the program. Full faculty meetings are held regularly throughout the semester, typically about once per month. All full-time faculty are required to attend and part-time faculty are always welcome. Part-time faculty are integral members of each semester level (I-V) area meetings, which deal with day-by-day implementation of each semester’s courses. Part-time faculty are required to attend meetings within their semester group and are encouraged to attend full faculty meetings. Off-site accommodations using virtual video conferencing formats are made available for distance faculty and others unable to attend the meetings face-to-face. Faculty meeting minutes are distributed to all faculty via e-mail communication and are posted on the SON intranet.

Faculty governance also occurs via eight standing committees (Graduate, Executive, Curriculum, Evaluation, Personnel, Scholarship, Simulation Integration, and RN to BSN). Multiple ad-hoc committees provide additional opportunities for faculty involvement in shared governance activities. These include Hiring, Safety/Quality, Admission Advisory, Skills Lab, and Academic Integrity committees. Each full-time faculty member is assigned to one or more of the standing committees and participate on ad-hoc committees. Part-time faculty often volunteer for committees and many meet the criteria for voting eligibility. Voting rights have been extended to all faculty with a minimum of 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.

Faculty members serve in governance positions, including Assistant Director, Semester Coordinators (I-V), and Learning Resources (Library) Liaison. Additionally, 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. Committee participation allows faculty to evaluate courses and curriculum and to assure that the philosophy, goals, and student learning outcomes are congruent with professional standards prescribed by the accrediting bodies, the CNS, and the University.

In addition to participation within the SON, faculty members have the opportunity to serve on committees at the College and University levels. An elected nursing representative serves on each CNS committee. Service on University level committees is by election or appointment by the Academic Senate. Currently, nursing faculty serve on 10 university-level committees, including the Academic Senate (Pittman, Hostetter-Lewis and Rowberg), Academic Integrity Council (Karpilovsky), Academic Status Committee (Mitchell-Brown), Faculty Development (Lightfoot), Disability Access & Compliance (Modlin), Faculty Recognition and Support (Karpilovsky), Student Council on Health Services (Mitchell-Brown) and University Writing (Walter). Several SON faculty members serve on more than one University committee. SON faculty members have a history of assuming leadership positions, such as Chair of the Academic Senate, Chair of the CNS Dean Search Committee, and Chair of CNS Personnel Committee. Lists of SON faculty committee memberships are available in Appendix I-D-2.

### **Student Participation**

All enrolled students in the SON have opportunities to actively participate on committees within the SON as well as in University-wide organizations, as outlined in the 2017/2018 Student Guidelines. The University mandates that students have the opportunity to participate in the formation of policies, rules and sanctions pertaining to them. Student representation to University councils and committees is through the University Associated Students (AS) organization. All students automatically become members of the AS upon payment of registration fees each semester.

In the SON BSN program, students are elected for a one-semester term to attend meetings and to participate in program governance. Student representatives from each of the semester clinical groups for all five semesters are invited to attend semester area meetings.

Semester area meetings are scheduled two to three times per semester for the purposes of assessing theory and clinical course quality to support students' achieving program student learning outcomes. Student feedback is a focal part of each of these meetings and is well documented within the area meeting minutes. Each course is examined at the meetings by first asking students for feedback, including strengths and weaknesses, and suggestions for improvement. Faculty and students work together to mutually agree on solutions, whenever possible. Student feedback about clinical placement sites is also reviewed during these meetings.

Student representatives from each of the undergraduate program's five semesters are invited to attend full faculty and curriculum committee meetings. Students are encouraged to present their perspectives and to contribute to the discussion. Student attendance is documented in the meeting minutes. An example of a curricular change made in response to student feedback was the elimination of a single pharmacology class to instead threading pharmacology content into courses throughout the curriculum. Another change occurred when students wanted more medical-surgical nursing between the second and fourth semesters to avoid a one semester gap in this content. Medical-surgical nursing content was added to the third semester as part of the 2014 curricular change. Health policy and informatics courses were also added to the curriculum based upon student feedback. Ongoing student feedback on these changes provide further guidance for improvements. Skyfactor, formerly Educational Benchmarking, Inc., surveys completed by graduating students at the end of the program each semester provide evidence of the feedback that prompted these changes.

The opportunity to participate in committee work also exists for enrolled students in both distance learning RN-BSN and MSN programs. Student representatives are selected at the beginning of the academic year. The majority of students attending these programs reside in outlying geographical areas, therefore face-to-face attendance is sporadic. Coordinators from each of these programs seek student feedback prior to committee meetings. Students are encouraged to attend, if possible, otherwise electronic mail feedback participation is used. Distance student participation in program governance has not been consistent and is an area that the SON is working to improve. One technique that is being implemented is to invite distance students to participate in program governance through video conferencing such as Zoom or by joining meetings via our conference room telephone on speaker mode. While this is expected to enhance participation at the SON governance level, distance student participation at the CNS and University levels remains problematic.

Minutes from the RN to BSN and the Graduate Committees document student feedback and subsequent program changes. An example of program revision in the graduate program, based upon student feedback, can be found in the fall 2015 changes to the graduate NURS 620 research course. Students requested more specific course content be directed toward helping them make progress in the first section of the required program problem solving professional paper. Students additionally proposed a reorganization of the sequencing of the graduate classes so that all three courses devoted toward the culminating activity (NURS 620, NURS 660 and NURS 697P) be offered over three consecutive semesters so that students did not have a big gap

of time between starting work on their papers and finishing them. The evidence for this change can be found in the Graduate Committee minutes.

Documentation of SON student committee memberships from the last three years are available in Appendix I-D-4. Scheduled committee meetings are posted in advance on student bulletin boards, in addition to email notifications, in an effort to increase regular student representative attendance. Student participation in meetings varies, but many representatives are active and vocal participants. Student participation is recorded in committee minutes and available for review.

### **I-E**

**Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

*Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.*

*If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:*

*"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791."*

*"The (baccalaureate degree in nursing/master's degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>)."*

### **Accuracy of Documents and Publications**

Documents and publications are accurate and reviewed regularly. Student Guidelines for the Basic BSN students, the RN to BSN students, and the MSN students are revised annually and posted to the SON website. The SON Director and program coordinators review and revise all of the student guidelines at the end of the academic year for changes that will go into effect for the new academic year that begins in fall semester. Recruitment materials are kept up to date regarding admission policies, fees, and application requirements. This information is also available on the University and SON websites. The promotional materials identify that the SON is accredited by the Commission on Collegiate Nursing Education (CCNE). All brochures, flyers and the SON website have been updated to ensure that the CCNE approved language is used on all recruitment materials. The materials also contain information about the type of

degree offered through each program as well as information that BSN graduates are eligible to apply for the California Public Health Nursing certificate.

Grading policies are posted in each course syllabus. The SON uses consistent grading policies throughout the program. These grading standards differ from the University policy with a grade of C being required for progression. Progression in the professional Nursing sequence depends upon maintaining a cumulative grade point average of 2.5 in Nursing and grades of C or better in all courses required for the Nursing major. The grading policy was approved by the faculty in September 2014 and implemented in spring 2015. Discrepancies were found in some syllabi so the policy was re-approved in spring 2017 with final universal implementation in fall 2017. These policies are included in the faculty manual and the BSN Student Guidelines.

Information about how to apply for licensure is kept up to date on the SON website. In addition, the SON Director and Student Support Professional meet with the graduating class each semester to provide detailed instructions on the specific steps students need to take to complete the California Registered Nurse licensing and NCLEX application process. The SON Director receives the most current instructions for NCLEX application process by attending the BRN Annual Meeting with Deans and Directors and by communicating regularly with the California Board of Registered Nursing Education Consultant.

The university catalog is updated annually. All major program changes, which are approved by the Academic Senate, and minor course changes are put into effect for the next academic year. The catalog can be accessed at the following link:

<http://catalog.csuchico.edu/viewer/home>

### **Notification of Constituents**

Constituents are kept informed of any changes in programs, documents or publications. The sources of notification include: the SON website, the University Website, the biannual newsletter, Advisory Board minutes, the University magazine, "Inside Chico State," and the University newspaper, "The Orion." The SON website is continuously updated by the Administrative Support Assistant.

## **I-F**

**Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are fair and equitable, published and accessible, and reviewed and revised as necessary to foster program improvement.**

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

Academic policies within the SON are congruent with the policies of the CNS and with the University. Ongoing faculty and student input help to assure that policies are deemed fair and equitable. The SON does not tolerate discrimination on the basis of race, ancestry, color, sex, religion, age (40 or older), sexual orientation, gender identity, gender expression, genetic information, disability, medical condition, veteran status, marital status, pregnancy, and/or national or ethnic origin; however, students must meet physical and emotional requirements for clinical participation. Specific clinical requirements, health policies, and regulations can be found in the SON Student Guidelines and in the Admission Criteria document, which is found on the SON website.

Academic policies are consistent with the goals of the University. These policies are provided in the SON Student Guidelines for each program and include language consistent with the University policies related to academic standing, academic probation, academic disqualification, reinstatement and readmission, academic honesty and integrity, and student grievance procedure.

All admission policies including application information and requirements are provided on the SON website. These policies are updated by the Administrative Support Assistant when changes occur. These policies are reviewed periodically during faculty meetings for faculty and student feedback to monitor effectiveness in supporting student outcomes. All admission policies are reviewed at least annually to foster program improvement and revisions are made as necessary. An example of a recent admission policy revision is based on a new California law, which went into effect in January 2017. This new law allows nursing programs to identify former military corpsmen as special candidates to individualize their education that supports their prior knowledge.

Policies related to student progression are included in the BSN, RN to BSN, and Graduate Program Student Guidelines. These policies are all found on the SON homepage (<http://www.csuchico.edu/nurs>) Academic policies are also included in individual course syllabus. Students are directed to the university catalog for additional information about the academic policies and can be viewed at: <https://catalog.csuchico.edu/viewer/12/ACAREGS.html>. Graduate students are also encouraged to review the Office of Graduate Studies website for additional academic policy information including notification of deadlines to apply for graduation. The Graduate Studies important dates and deadlines website is frequently updated and can be viewed at: <http://www.csuchico.edu/graduatestudies/dates-deadlines.shtml>

### **Analysis: Standard I**

#### **Strengths of the Program**

1. The SON has maintained continuing national accreditation and BRN approval.
2. The SON's mission and goals are congruent with those of the University, while reflecting the standards of the nursing profession.

3. The SON updates strategic plan every five years with input from the community of interest.
4. The SON has clear guidelines in the faculty manual for faculty outcomes, which are congruent with University expectations.
5. Faculty and students have clearly defined mechanisms for participation in program governance.
6. Publications and policy changes are regularly updated, accessible, and fair.
7. The interests of the community are assured through active advisory board input and student participation in committees.

#### Areas of Concern

1. Professional standards and guidelines are not consistently identified as guiding documents for all courses.
2. Expected student learning outcomes would benefit from more frequent review as professional nursing standards and guidelines are published.
3. Distance students do not consistently participate in program governance and rarely are involved with governance at the CNS or University levels.
4. Part-time faculty do not consistently participate in program governance.
5. Minor revisions of SON's academic policies, documents, and publications are not consistently communicated to constituents in a timely manner.

#### Strategies for Improvement

1. A syllabus template was piloted in spring 2017 with full implementation in fall 2017. This template includes identification of the AACN-recommended professional standards (*BSN Essentials*) used to guide each course.
2. Student learning outcomes will be reviewed annually to reflect recent publications of professional nursing standards and guidelines. Any suggested changes will be brought to the attention of the faculty during the August call-back meeting.
3. Communicate opportunities for student governance to the distance students. The use of videoconferencing or audio connection will be implemented for distance students in the RN to BSN and the MSN program to allow for more participation in SON program governance. The faculty will explore ways that students could be involved in governance at the CNS or University levels.
4. Part time faculty participation in governance will continue to be encouraged. Distance faculty will be accommodated by having Zoom video conferencing, or traditional conference calls as options.

**STANDARD II**  
**PROGRAM QUALITY:**  
**INSTITUTIONAL COMMITMENT AND RESOURCES**

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program 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 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 outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.*

*A defined process is used 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.*

Fiscal and physical resources allocated to the School of Nursing (SON) are adequate to fulfill the program's mission, goals, and expected outcomes. These resources are comparable to resources available to other academic programs on the CSU, Chico campus, as well as other nursing programs.

**The CSU Budget Process**

The 23-campus CSU system is a state-supported university system, which receives funding through the state legislature. A budget is appropriated to the CSU Chancellor's Office, which then allocates funding to each campus, based partially on enrollment. The Provost of CSU, Chico then allocates funds to each college, which distributes the funds among its departments, primarily based on projected course enrollment. The largest budget item is for faculty salaries. In the fall of 2016, the College of Natural Sciences budgeting process for each department's operating expenses (OE) was revamped, with input from all the college department chairs and the SON director. Each unit submits a proposed OE budget with rationale to the College Executive team, which consists of the Dean, Associate Dean, department chairs and the SON Director. The open scrutiny of the budgeting process has resulted in a more fair and open allocation process.

Enrollment is a major factor in budget allocations, system-wide and on campus. The campus, overall, is well over the enrollment targets established by the CSU system. Exceeding the targets does not generate budget supplements, so the goal is to achieve but not exceed the target enrollment to maximize reimbursement to the campus. In fall 2017, the School of Nursing employed 26.2 full-time equivalent faculty (FTEF) for 217 full-time equivalent students (FTES). The FTES have steadily increased for nursing in the past 20 years, with growth in all programs.

The Basic BSN track is "impacted," having more applicants than can be admitted, a condition which has persisted for many years. The current enrollment cap is 40 students per semester. Clinical bottlenecks and difficulty recruiting faculty restrict further growth of the Basic track.

Enrollment in the online RN-BSN track is reaching capacity as well, with demand increasing. Currently, 35-40 RN-BSN students are admitted each year. The MSN program can admit up to 20 students each year but the demand has yet to reach that capacity. Any enrollment increases in both the RN-BSN would require an increase in faculty.

Pre-nursing students also constitute part of the budget allocation formula for the college. Pre-nursing students are at an all-time high, with approximately 800 students currently enrolled. The stable enrollment and continued high demand for all nursing programs maintains the FTES basis for funding allocations.

### **Other Funding Sources**

The SON receives additional funds through several resources. Funding for major equipment purchases formerly was covered by supplemental equipment allocations. When the recession occurred, funds for routine equipment replacement was eliminated.

In recent years, the SON has needed to replace much of its skills lab equipment as well as purchase other new equipment that reflects the technology used in the clinical facilities. The SON has received support from the Student Learning Fee fund. These funds are applied for annually but are not guaranteed.

All students pay a student learning fee (SLF), which is assessed on every campus but its amount and disbursement are campus-specific. At CSU, Chico, each department submits a request for equipment or supplies needed for its programs in the education of its students. A committee within the College ranks the proposals, which the Dean then sends to the campus SLF committee. This committee consists mainly of students with some faculty and staff oversight. Based on the amount of monies available in any academic year, departments are then awarded the money requested in its proposal. The SON has received several awards in recent years and has been able to purchase some new equipment for the basic skills lab. This equipment includes a newborn vital signs simulator, basic low-fidelity mannequins, working headwalls and IV pumps, to name a few.

A student course fee of \$380/semester for clinical courses covers costs for practice supplies, the use of the Rural California Simulation Center (Sim Center) and the cost of the Assessment Technologies Institute (ATI) NCLEX testing materials. This fee is well above the normal campus course fee of \$45 per course but was approved by the Course Fee Advisory

Committee as well as the CSU Chancellor's Office. This fee was approved for the next three years and will increase by \$20/year.

The SON has an excellent support base in its alumni and other stakeholders who regularly donate to the annual fund. This funding provides supplemental support for student projects, student pinning ceremonies and other discretionary expenses such as media laboratory software and equipment not supported by the OE budget. Furthermore, the SON received a generous endowment about six years ago and receives an annual payout from this fund. These funds can be used at the discretion of the SON Director in collaboration with the CNS Dean. These funds have been used to purchase special computers requested by faculty, new office furniture, special books and are frequently used to fund student projects.

Another area of funding occurs related to the RN-BSN track and summer school courses. This track is considered a "self-support" program as it receives no state money. Students pay a tuition fee, which is set by the SON in conjunction with the office of Regional and Continuing Education. Though much of the income is distributed among all major areas of the University, such as Student Affairs, Business and Finance, Faculty Affairs, The College of Natural Sciences (CNS), etc., the SON usually receives a share of this income, which can be spent according to a matrix established by the University. These funds have helped support faculty development, special supplies, conference travel and student support for special events.

### **Faculty Positions**

The SON currently has 6 tenured faculty (including the Director), and 7 tenure-track faculty. Four tenured faculty are participating in the Faculty Early Retirement Program (FERP), teaching half-time. Full implementation of the nursing programs requires the equivalent of an additional 9.2 full-time positions. This load is currently spread among 22 temporary faculty.

All position allocations are determined within the College. The Dean determines the number of tenure-track hires that can be made, based on available funds. Previously, the SON was included in tenure-track position allocations for the College but in AY 2016-2017, the Dean decided to separate nursing from the other college departments and make the SON requests independent of other departmental hiring needs. The SON had the pleasure of hiring four new tenure-track faculty for AY 2017-2018. The school had only been approved for one new tenure-track position but the four persons who applied for that position were all excellent candidates with three candidates already working part-time for the SON. In addition, with Dr. Lightfoot taking over as Director for AY 2017-2018, the Dean approved another tenure-track faculty to fill the vacated public health lead instructor position. Unfortunately, three tenure-track faculty resigned from the SON during summer and fall 2017 and a third faculty was suspended. One resignation occurred due to financial reasons but will continue teaching as a temporary faculty part-time. The second decided to return to her alma mater to teach. It was discovered early in the fall semester that the third faculty had misled the hiring committee, the former SON Director and the CNS Dean about her qualifications. Consequently, students were not being taught the expected content. The situation was turned over to the Office of Faculty Affairs which worked with the collective bargaining unit. After some extensive negotiations, the faculty person agreed

to resign. The current SON Director has been in discussions with the Dean to receive approval from the Provost to begin new searches during spring 2018.

Faculty positions must also be approved by the Provost. Temporary faculty hiring is handled on a semester by semester basis. For the past fifteen years, all of the SON's temporary hiring requests have been fully funded, though identifying qualified applicants has become more difficult in recent years. It is believed that this is due in part to the disparity between clinical nursing salaries in California and the salary for faculty.

Ideally, the SON should be staffed with the majority of its faculty as tenure/tenure-track full-time but the positive note is its very stable temporary faculty pool. There are five temporary faculty who have long term contracts, which are renewable every three years, and have been teaching with the SON for more than ten years. In the CSU system faculty must teach for six years to obtain a three-year renewable contract. This level of stability has enabled the SON to continue to achieve its high retention and graduation rates for its students.

### **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), 2014-2017. After going five years without a raise, faculty received a 1.34% pay increase in 2013 and a 1.6% boost in 2014. The 2016-17 agreement resulted in a 7% raise for all faculty in summer 2016. There was also an additional increase of 3.5% for academic year 2017-2018. These increases will help address the concern of the CSU campuses that lagging salaries and higher housing costs in California have eroded the ability to hire and retain quality faculty. The new agreement addresses those disparities.

Current nursing salaries at CSU, Chico SON compare favorably at the full professor level with those reported by the American Association of Colleges of Nursing (AACN). The mean faculty salary levels are all higher than the AACN figures except for non-doctoral lecturers. The tenured full professors average 20 years of teaching, ranging from 6 to 33, accounting for the relatively higher salary averages. Unfortunately, tenure-track (TT) faculty who were hired between 2006 and 2014 were brought in at the lowest range of the salary for their rank. Faculty hired since 2014 had received salaries at an equivalent level of other nursing faculty in the CSU. These five faculty who suffered from the worst inequity petitioned for a market increase to equal the salaries of their more recently hired colleagues. This equity adjustment was fully supported in spring 2017 by the dean and the interim provost, reflecting the commitment of the campus to retaining nursing faculty. Though these salaries have improved, they are still drastically below salaries for nurses working in the clinical setting.

In this region, the major hospital hires new graduate RNs (Associate degree or BSN) at \$50/hour with huge stipends for night shift work; seasoned RNs (10 years' experience) make well over \$100,000/year with over \$30/hour differentials for weekend and holiday work.

The lower average salary of temporary faculty remains an area of great concern. A goal, which has persisted for several years, is to achieve a salary equity for these faculty. The

temporary faculty are all part-time faculty, most of whom have full or part-time positions in nursing service. The salary level 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 temporary faculty. However, higher salaries in the service sector have led to a decreased faculty pool, compounded by increasing need for more faculty due to retirements, program growth and grant activities. We continue to experience difficulty hiring all faculty and feel that the nursing shortage has increased this difficulty in the last two years.

The SON is pleased that despite these issues, its TT faculty are dedicated to ensuring quality graduates of its programs. Six T/TT faculty have completed PhD and DNP programs in the last three years and two more are enrolled in either PhD or DNP programs.

### **Clerical Positions**

The SON has three full-time staff — an administrative support coordinator (ASC), an administrative support assistant (ASA), and a Student Services Professional (SSP), and three part time student workers. The ASC manages administrative, budgetary, scheduling, and record-keeping. The ASA assists with general administrative needs, monitors contracts, and oversees student and faculty clinical requirements. The SSP provides advising and admission information to prospective students. Student workers are able to assist with filing, copying, and faculty support. This staffing is adequate to meet the clerical needs of the program. The administrative support staff in the College Office also provides clerical support for personnel matters for College committees and for development activities, such as alumni outreach efforts.

The allocation process is unbiased and provides adequate resources for program operation. The budget can be reviewed in Appendix II-A-1. Reimbursement for clinical travel is the largest single expense, as many of our clinical sites are outside of Chico.

### **Classroom Space**

The SON does not have an assigned classroom. When the basic skills lab (Holt 357) was remodeled, the designated classroom was converted as part of the lab. The media lab was also remodeled and currently houses eight networked computers, and a video projector. This laboratory also contains a variety of journals, the required textbooks and other books, which can be used for reference. Across the University there is a serious classroom shortage. The CNS office informed the SON in fall 2017 that beginning in spring 2018, the media lab must be used as a classroom instead of a designated study or meeting space. The University has made an effort to update current classrooms and all nursing courses are held in "smart" classrooms with a networked computer, video projector and DVD player. Skills training is held in the basic skills laboratory. A laptop computer and video projector are available for use in the skills lab. Other departments work with us to provide access to conference rooms and labs, and some meetings are hosted at hospital conference rooms. With these limitations, all classroom needs are accommodated.

The skills laboratory is equipped with mannequins and supplies for students to learn and practice a variety of skills. There are eleven beds, over-bed tables, bedside stands, wheelchairs, IV pumps, IV training-arms and all necessary supplies to practice basic skills. The skills lab was

remodeled in 2011 and was doubled in size. New equipment purchased in the last few years include all new beds, several of which were purchased as donations from retired faculty, two working headwalls, and updated IV pumps. Five new basic mannequins, a newborn vital signs simulator were purchased in fall 2016 through student learning fee monies. A bilirubin meter was purchased after a donation from a SON alumna. Disposable supplies are ordered at the beginning of every semester or as needed. All skills instruction and practice occurs within the framework of clinical courses. An open skills lab is held every week to further support student achievement of course clinical objectives. The skills lab is staffed by a part-time nurse and a student nurse who works part-time. Faculty also use some of their office hour times to oversee the skills lab, which allows students access to the lab to practice their skills.

The Rural Northern California Simulation Center opened in October 2006 and has been accredited for more than ten years with its most recent accreditation review in 2015. It was developed in partnership with two local hospitals and Butte Community College, through a state-funded matching grant. The current partners include the three local hospitals and the University. The Center has been designated as a University Center and uses a self-support model. The commitment to maintain this innovative center is very high from all partners, as the multiple learning benefits have evolved. The center is housed in a section of the Enloe Medical Center's Cohasset campus and consists of a nursing station, medication and supply rooms, two conference rooms, and five patient rooms. The center is staffed by a part-time coordinator and two technicians. Each partner designated key staff to be trained to use the center, and supported the training costs for those staff. There are 11 high technology human patient simulators - 3 male adult, 1 birthing female adult, 2 high fidelity children, 1 mid fidelity child, 4 high fidelity infants (1-6 mons. + 2 NB + 1 preemie), and 2 low fidelity infants. The patient rooms have good quality video capability that feeds into the conference room and nurses' station, so that nursing actions can be observed in real time or reviewed on playback. Each partner designated key staff to be trained to use the center, and supported the training costs for those staff. Simulation has been integrated throughout the nursing curriculum, to enhance student practice, critical thinking, and assessment of students. The current use is approximately 10% of the clinical hours. Funding of simulation is an ongoing issue as the SON is required to pay hourly for the technician. This expense is covered by the course fees.

### **Faculty Offices**

Each tenured/tenure-track (T/TT) faculty has a private office with an up-to-date computer. Temporary faculty share offices. All faculty have access to campus email and voicemail. When the new Taylor II Hall opened in fall 2016, the SON main nursing office and faculty offices were moved to Trinity Hall. This move provided an increase in the number of offices. The Trinity Hall space provided a much-needed increase in the nursing office space including a dedicated conference room.

### **Periodic Review of Resources**

The College of Natural Sciences Dean, in conjunction with the SON Director, reviews the SON's budgetary allocations on an annual basis to determine sufficiency. Physical resources, such as classrooms and technology, are managed at the University level. Scheduling requests for classrooms are completed one year in advance by each department. Faculty offices are reviewed each semester by the office staff and the director.

## **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 program 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.*

### **Student Support Services**

Many support services exist for students and are discussed below. These resources are sufficient to ensure quality and are regularly evaluated to meet the nursing program and student needs.

#### **Library**

The Meriam Library contains over 2,000,000 documents, including over 1,000,000 volumes in the general collection. These holdings are reviewed annually for currency and use. The SON has a budgetary allotment each year to buy books and educational media. This allotment is approximately \$1,700 per year, with an added \$1,400 to cover books purchased by the Nursing Librarian through a library book purchasing service. The library spends approximately \$25,000 per year on nursing journal subscriptions, covering 21 print titles. Many more valuable nursing journals are made available electronically through multiple full-text databases such as CINAHL, the Cochrane Library, Academic Search, Science Direct, PubMed, SpringerLink, Oxford Journals, Wiley Online Library, Sage Journals Online, PsychINFO, and Biological Abstracts Web of Science. The library provides access to over 1,000 online books on the subject of nursing via ebrary eBooks and EBSCO eBooks, and 47 online nursing reference books via Gale and 4 online nursing reference books published by Oxford Reference. In addition, the library subscribes to an online collection of videos called Nursing Education in Video with over 400 current and unique training videos. Nursing faculty input is requested to evaluate the subscriptions list and to determine if changes are needed. The university subscribes to several online services and a robust interlibrary loan service program, heavily used by the online students. The library provides excellent library support for faculty, including assistance with database searches or locating hard-to-find publications, interlibrary loan assistance, retrieval of

articles and the capability for online searches from the faculty's offices. Each college is assigned a specific resource librarian who helps with specific needs of the faculty. The library also provides excellent support for distant students, providing article retrieval, research help and interlibrary loan services. The Nursing Librarian also provides library orientations for new distance nursing students as well as library use instruction for many of the classes taught each semester as part of the nursing program. Nursing Research Guides have been created, that pull together all types of information about Nursing or a Nursing course of study. The Research Guides contain information about both the library's resources (books, databases, multimedia, etc.) and online resources that are relevant to the topic. More details can be found at: <http://libguides.csuchico.edu/nursing>

#### Student Learning Center (SLC)

The Student Learning Center (SLC) provides workshops and individual tutoring for students. Nursing students often work with the SLC's Writing Center to get assistance in understanding assignments, revising drafts, and developing self-editing skills. Weekly, one-time or drop-in appointments are available in the Student services center, room 340. Services are available for distance students. The Writing Center is open Monday through Thursday from 9:00 am to 6:00 pm and on Fridays from 9:00 am to 3:00 pm. Details can be found at <http://www.csuchico.edu/slc/>

Peer-led medical/surgical content tutoring is available twice a week in the media lab or /trinity Hall, room 122. A full-time faculty member oversees and evaluates the tutors. This tutoring began in spring 2017 by a nursing student. Details of this tutoring can be found in Standard III-F.

#### Accessibility Resource Center (ARC)

The University is obligated to make a reasonable accommodation only to the known limitations of a qualified student with a disability. To determine reasonable accommodations, the Accessibility Resource Center office may seek information from appropriate university personnel regarding essential standards for courses, programs, services, jobs, activities, and facilities. Final determination of reasonable accommodations is made by ARC. Nursing students primarily use the ARC's services for examination accommodation and note taker services. Other support services available can be viewed on their website at: <http://www.csuchico.edu/arc/index.shtml>

#### Information Technology Support Services (ITSS)

Information Technology Support Services (ITSS) occurs under the umbrella of Information Resources which provides technologies, resources, and services to support learning, research, and the business operations of the University (<http://www.csuchico.edu/ires/>). Information Technology Support Services (ITSS) provides students with a variety of on campus and distance technology assistance including computer support, internet troubleshooting,

Blackboard Learn assistance, password tools, and email support. They have a knowledge base linked to their website with self-help protocols. Students are encouraged to call them at 530-898-4357, contact them via live chat, or walk-in for assistance at Meriam Library 142. The service desk is open from 7:30 am to 5:00 pm. (<http://www.csuchico.edu/itss/>).

### Creative Media and Technology (CMT)

Creative Media and Technology provides faculty and students a high-tech learning environment that includes: Internet access, audio and video equipment, projection systems, and telephone support. The CMT Classroom Technology Support team conducts annual maintenance checks to keep all the equipment functioning properly. Creative Media and Technology is especially helpful for the online student. They also provide two distance learning “origination” rooms in the basement of the Meriam Library. In addition to all the standard “Smart Classroom” technology, these two rooms include video cameras and a microphone system for providing live, real-time video-audio streaming of the instructor’s lectures. Staff operates the video systems, so no technical expertise is required of users.

(<http://www.csuchico.edu/cmt/index.shtml>)

### Distance Learning Facilities

The campus has been a pioneer in distance learning for many years. The RN-BSN track and MSN program are entirely online for the theory portions of the program. Students do come to campus for a one day orientation once or twice a year at the beginning of the semester. While the courses are entirely internet-based, many of the courses also provide live, synchronous video streaming of course lectures. The online programs are amply supported by the online learning modalities, including Blackboard Learn.

The SON uses online delivery methods to make these programs as flexible and accessible as possible. Thus, the SON can reach the most distant areas of our rural region and across the state and meets the needs of nurses who have around-the-clock work schedules.

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.

(<http://rce.csuchico.edu/home>)

### Hungry Wildcat Pantry

Established in 2013, the Hungry Wildcat Food Pantry provides Chico State students access to nutritious food and has served more than 1,000 students since 2013. The pantry program also provides CalFresh application assistance, nutrition education and basic needs referrals. The Hungry Wildcat Food Pantry is the main program of the Chico State Basic Needs Project, a collaborative effort of campus and community-based programs that aim to improve

student success and graduation rates. The project provides supplemental food, meals, government-funded food benefits, and research-based education and referral services for students who are experiencing food insecurity, homelessness or poverty.

### Admissions

The application procedure for the Basic BSN track is a two-step process where students apply first to the university and then submit a supplemental nursing application to NursingCAS, an online application service. Admission procedures and criteria are kept updated and are available on the SON homepage at: <http://www.csuchico.edu/nurs/application-process/applying-to-nursing.shtml>).

Admission to the RN-BSN track is also a two-step process. Before applying, students must have their college transcripts evaluated and attend an advising session. Following admission into the RN-BSN track, students must complete a formal application to the University. Students can find detailed instructions on the RN-BSN prospective students' web page at: <http://www.csuchico.edu/nurs/programs/rnbsn/index.shtml>.

MSN students must first apply through the Office of Graduate Studies. If an applicant meets the minimum admission criteria, the application is forwarded to the SON graduate coordinator for final review and admission. Requirements for admission to the MSN program can be found both from the Office of Graduate Studies webpage at: <http://www.csuchico.edu/graduatestudies/prospective-students/apply/graduate-admissions.shtml>) As well as on the SON MSN webpage at: <http://www.csuchico.edu/nurs/programs/masters/index.shtml>)

### Academic Advising

Academic Advisors are available to help undergraduate students navigate requirements, and policies, and to help students complete their university requirements for their baccalaureate degree. They are open 8:00 am – 5:00 pm in the Student Services Center 220. Drop-in advising is available. There is a nursing specific General Education planning sheet which helps guide students to complete their requirements. Students can take an online course readiness evaluation to gauge their readiness for online coursework at: <http://www.csuchico.edu/aap/index.shtml>.

### Program Advising

The SON has a dedicated full-time advisor, Julie Garnett, for students seeking entry into the Basic BSN track. Advising includes review of course transferability, prerequisite completion, application process, eligibility, and program and licensure information. Additional information is available from the SON homepage under the column “Basic BSN Program Prospective Students” at: <http://www.csuchico.edu/nurs/>). Ms. Garnett offers both online and in person advising sessions as well as drop-in advising hours. Advising hours are held Monday through Thursday 10:00 am – 12:00 pm and 3:00 pm – 5:00 pm in Trinity Hall 120. A list of advising session dates

can be found at: <http://www.csuchico.edu/nurs/prospective/advising.shtml#Pre-Nursing Advising Sessions & Office Hours>.

Currently enrolled Basic BSN students are assigned a faculty advisor upon admission into the program. Faculty advisors are emailed a list of their student advisees at the beginning of the semester. Faculty are encouraged to contact their advisees at the beginning of the semester.

The RN to BSN track has a dedicated faculty advisor for students desiring entry. Advising includes the same components listed above as well as continued advising for each student enrolled in the track. Most of the advising for this track is done via email and/or through virtual meetings. On campus advising sessions are also available as well as office visits by appointment. Janet Ellis is the current RN-BSN Advisor/Coordinator. A list of advising session dates can be found at <http://www.csuchico.edu/nurs/programs/rnbsn/index.shtml> in the section labeled “RN to BSN Advising Sessions.”

MSN students are personally advised by the graduate coordinator, Irene Morgan, who develops an individual plan for success for each student. Distance students are invited to regularly video conference with the graduate coordinator in order to evaluate progress in the program and address any concerns.

#### **Other Student Support Services**

Associated Students provides recreation services, a child care center, legal services, public performances, art galleries, and a framework for a multitude of student clubs, such as the California Student Nurses Association, Men in Nursing Club, the Nursing Club and the De-Stress Club. The Career Center provides career counseling and conducts several job fairs, bringing recruiters to campus. The Counseling and Wellness Center provides workshops, group discussions, and individual tutoring for students. The Student Health Center provides services for health promotion, prevention and treatment. Other offices and centers created through the Office of Student Affairs include: Office of Diversity and Inclusion, Early Outreach and Support Programs, and Student Life and Leadership. These student services fully meet the Western Association of Schools and Colleges (WASC) accreditation standards and are evaluated as part of the WASC accreditation review process.

#### **Faculty Support Services** **Technology Learning Program (TLP)**

The mission of the Technology and Learning Program is to provide a collaborative and supportive environment that empowers faculty to utilize technology to enhance learning outcomes. The primary services they offer include an instructional technology consultation for faculty and a faculty drop in lab. Faculty may contact an Instructional Technology Consultant (ITC) to schedule a personal appointment about the design of curriculum and the use of technology and pedagogy in teaching practice at CSU Chico. An empowerment model has been created to serve and support faculty in providing high quality learning outcomes for their students. Five instructional technology consultants provide technology and teaching free workshops several times each month and are available to meet with faculty individually for

consultation regarding course design and the incorporation of technology. Faculty and Staff are invited to visit their drop-in technology lab in Meriam Library Room 457 to develop curriculum materials. The lab is equipped with up-to-date Windows and Macintosh computers with the latest software and our knowledgeable student staff are available for assistance. Equipment including video camera, audio equipment, computer accessories, projectors and presentation screens can be checked out by faculty for academic purposes. The lab is open Monday through Friday from 9:00 am to 5:00 pm. Workshops are offered to faculty throughout the semester on best approaches to incorporate technology to further enhance effective teaching.

(<http://www.csuchico.edu/tlp/index.shtml>)

All campus support services have been established and function through the University to meet student and faculty needs. These services are evaluated periodically as needed by the University.

## II-C

### **The chief nurse administrator:**

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

*Elaboration: The administrative authority of the chief nurse administrator 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 program 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 and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*

Dr. Lightfoot has been a registered nurse since 1983 and received her MSN in Nursing Education in 2009. She received her PhD in Public Health in 2016. Dr. Lightfoot's nursing experience includes working in the Medical Intensive Care Unit, Obstetrics, School Nursing, Blood Bank Nursing, and Public Health Nursing. She has a vast background in leadership roles.

As a public health nurse, she was involved in program planning, report writing, and community collaboration. She chaired a variety of committees including the Perinatal Substance Abuse Committee, the Multi-Cultural Subcommittee of the Domestic Violence Coordinating Council, and the Child Death Review Team. She was the SIDS Coordinator for Shasta County

and served a six-month term as Maternal Child and Adolescent Health Coordinator. She has also volunteered as a Faith Community Nurse and served as Co-Coordinator of the Northern California Faith Community Nurses. She is the current President of Kappa Omicron Chapter of Sigma Theta Tau International and the President of the Northern California Professional Nurse Network.

Dr. Lightfoot joined the CSU Chico nursing faculty in 2006 as a part-time lecturer and became a full-time member of the faculty in 2013. She received tenure and was promoted to Associate Professor in August 2017. She served as the Assistant Director of the CSU Chico SON from August 2016 to August 2017, at which time she assumed the role as Director. Dr. Lightfoot has served on many SON committees, including Executive Team, Curriculum, Personnel, Hiring, Graduate, RN to BSN, Scholarship, Simulation Integration, and she has served as the Fifth Semester Area Coordinator, Chair for the Safety committee, and Treasurer for the Faculty Sunshine Fund. She has also been a member of the CSU Chico Student Learning Fee Committee, the Faculty Development Committee and has recently joined the CSU Chico Tobacco Advisory Council. She attended Sigma Theta Tau International's inaugural Emerging Global Leader Institute in Fall 2016 and participated in the CSU Chico Leadership Faculty Learning Community in Spring 2017 and she was a member of the 2013 cohort of the Academy eLearning summer intensive course redesign program.

All of these activities have provided Dr. Lightfoot with the needed experience and knowledge to lead the CSU, Chico School of Nursing and aid in accomplishing the strategic goals and program outcomes. Finally, the Dean of the College of Natural Sciences as well as the CSU Chico School of Nursing Advisory Board are in full support of Dr. Lightfoot as the Director of the SON.

## II-D

**Faculty are:**

- **sufficient in number to accomplish the mission, goals, and expected program 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 overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program 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 are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.*

### **Program Response**

The faculty in the School of Nursing are a significant reason for its success in meeting student learning outcomes. Faculty members are sufficient in number to accomplish the mission, goals, and expected program outcomes.

The full-time teaching load is 15 weighted teaching units (WTUs). Tenure/tenure-track (T/TT) faculty carry a full-time equivalent (FTE) load of 12 weighed teaching units (WTU) per semester with 3.0 WTUs in release time each semester for professional development, committee work, and advising (called adjusted weighted teaching units or AWTU). New hire TT faculty receive an additional 3.0 AWTU of release time each semester their first two years of teaching reducing their actual teaching load to 9.0 WTUs.

Most temporary faculty hiring is completed in the 3-6 months prior to the teaching assignment beginning, although several last minute staffing crises in the past decade were resolved by hiring current graduate students, or seasoned baccalaureate prepared registered nurses as clinical faculty. This approach, however, is not standard practice. These BSNs are all experienced clinicians with appropriate nursing specialties to meet BRN approval as full or assistant instructors. Assistant instructors are supervised and mentored by a full instructor. Though this hiring procedure is less than ideal, these temporary employees bring a wealth of clinical competence and a passion for teaching.

Current faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines. With cohorts of no more than 40 Basic BSN students, the faculty to student ratio in clinical courses is 1:10. RN-BSN cohorts are more typically comprised of 36-38 students, so that ratio is even less though those students only have one clinical course and the 1:10 ratio is maintained. In addition, since fall 2016, the RN-BSN cohort has been divided into two sections for each online course, further reducing the faculty to student ratio in the theory courses to 1 faculty for every 18-19 students. Graduate student cohorts typically include 5-10 students so the faculty to student ratio in these courses is very low, promoting exceptional communication and close relationships between faculty and students.

The faculty are also academically prepared for the areas in which they teach. 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. Nine T/TT faculty and three of the 6 FERP/Retired Annuitant faculty have earned doctorates; the remainder of T/TT faculty are masters prepared, with two currently enrolled in doctoral programs. The

graduate program is taught by doctorate-prepared faculty with the exception of an introductory informatics course, which was historically taught by a master's prepared faculty with extensive informatics expertise; undergraduate courses are generally taught by masters or doctorally-prepared faculty. Of the entire faculty, eleven are advanced practice nurses with extensive years of experience as both an RN and an NP or nurse midwife.

The faculty are also experientially prepared for the areas in which they teach. All CSU, Chico nursing faculty hold current RN licensure with the exception of two faculty who are not nurses and teach the undergraduate and graduate informatics course. Those faculty are instructors who hold a master's degree in informatics, making them very qualified to teach that content. Faculty teaching in a School of Nursing in the state of California must be pre-approved by the California Board of Registered Nursing (CA-BRN). This approval is requested by the Director of the SON prior to new faculty teaching courses. The BRN requires faculty to be clinically competent in the areas to which they are assigned. Clinically competent is defined as a nursing 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. Clinical expertise may be demonstrated through recent or ongoing clinical practice, continuing education, and professional certification. The two non-nurse faculty do not require BRN approval since informatics is not required content for licensure in California.

The T/TT faculty cover all the required specialty areas of the program, including medical-surgical nursing, maternal-child nursing, mental health, community health and gerontology. All pre-licensure faculty are approved by the CA-BRN for these areas. All have expertise in their content areas, as well in as in current teaching methods.

Evidence of the quality of faculty can be seen in annual peer evaluations completed by the SON Personnel Committee annually. These reviews suggest nursing faculty ratings equal to or above the university norms. Discussion of this process occurs in Standard IV-F.

## **II-E**

**Preceptors, when used by the program 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 outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.*

The preceptor model is utilized during the fifth semester of the Basic BSN track in NURS 424 (Practicum in Patient Care Management) and in NURS 474 (Practicum in Community Health Nursing). Preceptors are utilized in NURS 474R (Practicum in Community Health Nursing) in the RN-BSN track and preceptors are utilized in the MSN Program in the three clinical courses: NURS 647, NURS 683 and NURS 685.

The role of the preceptor is clearly defined in the *Preceptor Handbook* that is given to preceptors at the beginning of the rotation. The preceptors enhance learning of the students by acting as role models, and by providing teaching and supervision in clinical settings, and guiding students to meet course criteria. In collaboration with the clinical faculty, the preceptors provide evaluation of student performance though the clinical faculty decide on and award the final grade. The course objectives and the “Student Evaluation” form is provided to preceptors at the beginning of the semester to use as a tool to evaluate student progression in meeting course outcomes. The preceptor provides a copy of the student evaluation to the faculty at the end of course.

Preceptor responsibilities, as well as student responsibilities, are provided to each preceptor at the beginning of the rotation. The responsibilities are also found on each clinical unit. These responsibilities are reviewed each year by faculty responsible for the course and updated as needed. Clinical faculty communicate with preceptors at the beginning of the semester to clarify any questions or concerns. Faculty communicate with students and preceptors to evaluate the effectiveness of student-preceptor dyad and student learning throughout the rotation. At the end of the semester, students complete the “Student Evaluation of the Preceptor” form. Students are also encouraged to discuss any preceptor problems with faculty at any time during the course.

The preceptor experience provides student-centered learning environments in acute care and community settings. Students are able to begin the socialization necessary for transition from student to graduate nurse by providing opportunities for them to be an active member of the interdisciplinary healthcare team. In the acute care setting, students with the guidance of their preceptor use clinical reasoning, prioritizing skills, delegating, and communication skills to manage their team of patients. During the Practicum in Community Health Nursing (NURS 474, NURS 474R), students are placed in a variety of community clinics where they are an integral part of ongoing community projects with public health nurses.

Being a preceptor for a CSUC student is voluntary and is chosen by the manager and/or educator in each agency or unit. Criteria for preceptors include at least two years’ experience on the unit, previous experience as preceptor for university or for new employees, and have a BSN degree. Many have certification in their area of expertise.

## **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 faculty outcomes. For example:*

- *Faculty have opportunities for ongoing development in the scholarship of teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *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 that require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

### **Program Response**

The campus environment for supporting faculty achievement derives from the strategic plan last updated May 2016. Strategic priority 2 states “Believing in the importance of faculty and staff, and their role in student success, we will continue to invest in faculty and staff development.” ([http://www.csuchico.edu/prs/campus\\_documents/strategic\\_plan\\_2016.pdf](http://www.csuchico.edu/prs/campus_documents/strategic_plan_2016.pdf)). The University acknowledges that scholarship, research and creative activity are essential aspects of its mission...and “will invest in the currency and the continuing professional development of its faculty and staff as a vital means of strengthening the capacity and quality of its programs and the services that flow from them.”

Seven specific sub priorities are listed for Strategic Priority 2 that delineates the campus’ values and focused strategies for support. The campus provides a variety of evidence-based supportive resources to keep faculty up to date with technology and engaged in a community of scholars. Outstanding teaching, advising and professional development are recognized annually in the fall during the Center for Excellence in Teaching and Learning (CELT) conference.

Campus implementation of the strategic plan can be appreciated in the recruitment/hiring practices. New faculty have a 3 unit workload reduction for the first two years and are awarded start-up and faculty development funds in order to provide time and monies for professional growth. There are many programs available to support faculty achievement in teaching, scholarship, service and practice.

### **Teaching and Course Design**

CSU, Chico CELT program began in 1994 to enhance the quality of teaching through workshops to promote teaching excellence. The goal of CELT to “reward and promote the ability of our faculty to teach well, to finding ways to improve the learning process, and to providing support, training, and mentoring” ([www.csuchico.edu/celt](http://www.csuchico.edu/celt)). CELT is very active in promoting growth in teaching. CELT administers learning enhancement grants and scholarships, conducts mini CELT workshops throughout the year, maintains a video archive of previous workshops and conference sessions, contributes to new faculty orientation and support, provides a lending

library of teaching resources, publishes online teaching tips emailed to all faculty every Tuesday, and offers optional and personalized teaching feedback. Several of our faculty have received CELT awards.

Academy e-Learning, a part of CELT, promotes excellence in learning and teaching by providing faculty with intensive, collaborative, and innovative course (re)design institutes. Academy e-Learning institutes, which are three week summer intensive cross disciplinary classes that explore effective pedagogies, instructional technologies, and learning spaces in order to design or redesign selected courses, provide faculty with the resources they need to teach engaging and intellectually challenging courses and build a community that is continually redefining excellence in teaching through innovative approaches to student-engaged learning. As of 2017 there have been 9 cohorts who have participated. Faculty are compensated for their participation with \$3,500 to purchase laptop and mobile devices that are useful for teaching with technology. To date 5 tenure/tenure-track nursing faculty have completed Academy e-Learning. During the Institute, faculty are also introduced to best practices for online course design. CSU, Chico publishes a rubric for exemplary online instruction. All online courses can compete for designation as meeting criteria of excellence across five categories of instruction. Dr. Morgan received the Exemplary Online Instruction designation in 2014.

Another campus resource is the Technology and Learning Program (TLP). The TLP center offers expert assistance to faculty with supported, innovative and disruptive technologies including Blackboard Learning Management System. An online TLP knowledge base provides faculty with quick access to tutorial resources and effective practices.

### **Simulation Education Support**

Faculty have resources to support ongoing development in simulation education. The School of Nursing pays tuition costs for faculty to learn how to provide highly effective simulation programs. Classes are offered at convenient times for faculty participation during semester breaks or in the summer. All faculty who teach simulation are required to take an entry level introduction to simulation course that showcases best practice educator methods. Further classes in the series provide increased exposure to debriefing, unfolding case scenarios, evaluation, interdisciplinary cases and curriculum integration. A total of four classes in the series are available for faculty to hone their simulation education skills.

### **Scholarship Support**

#### **Research and Sponsored Programs (RESP)**

Research and Sponsored Programs serves the university's research community and its partners, emphasizing a high level of support in pursuing, securing, and managing funded projects and programs. From the beginning stages (e.g., grant proposal development, contracts, risk management) and following through the project life-cycle (e.g., fiscal management, federal compliance), RESP is the central portal for research engagement, facilitation and implementation at Chico State. RESP also manages competitive internal grants for summer scholars, faculty professional development grants for assistant and associate professors, and CSU Research mini-

grants to support research, scholarship, or creative activities that enhance achievements for tenure and/or promotion.

#### Resources for Faculty Development and Research

In recent years, faculty were supported in their requests for travel funds to attend and present at conferences but this support is not adequate to offset the cost of conference attendance today. Currently, the T/TT faculty each receives \$600/year, which must be used in that academic year. New hire faculty receive an additional stipend of \$3000 for the first two years after hire. All new tenure/tenure-track (T/TT) faculty are granted three units release time every semester for the first two years of their contract to support professional development and scholarship. In addition, newly hired faculty often receive additional start-up funds that may be used to supplement professional development travels or the cost of materials for research.

Faculty have the opportunity to participate in the CSU, Chico Employee Fee Waiver Program, which allows eligible employees to enroll in California State University (CSU) courses at reduced rates. The program is designed to assist employees in improving current job skills (<http://www.csuchico.edu/hr/pdev/feewaiver/index.shtml>).

Major research/development endeavors are supported by sabbatical leaves. Faculty are eligible to apply for sabbatical leaves every six years, which are awarded on a competitive basis. Applications for sabbatical leaves and differential pay leaves are handled within the CNS by the Faculty Leaves and Development Committee. Two nursing faculty received sabbatical leaves in recent years. Dr. Huston was awarded in Spring 2014 and Dr. Morgan in Fall 2013. Additionally, funds are available from internal campus resources. RESP offers opportunities for several internal grants for faculty development. The Center for Excellence in Learning and Teaching offers grants for instructional innovation. Support services for faculty scholarship are described in Standard II-A. Faculty awards and grants are documented in faculty vitae in the Resource Room.

All faculty are able to participate in a peer-mentoring writing group led by a professor of English. Texts on scholarly writing in various disciplines are used. Groups meet for two hours every other week to discuss progress and offer feedback and structured support. Participants receive copies of books on scholarly writing and read and discuss chapters on such topics as article structure, revision, scholarly tone, and responding to journal decisions. The goal of this faculty development program is to support faculty in being successful in publication ([http://www.csuchico.edu/celt/Faculty\\_Learning\\_Communities%20/new-page1.shtml](http://www.csuchico.edu/celt/Faculty_Learning_Communities%20/new-page1.shtml)).

#### Service

Service is an expectation and an expected faculty outcome. Faculty can meet much of this requirement through committee participation. Nursing faculty have abundant opportunities to serve on committees on the SON, CNS and university wide levels. The 2017-2018 SON Committee list can be reviewed in Appendix I-D-2.

Service on local, statewide and national nursing professional organizations is encouraged and supported. Details of the service work of the faculty can be found in their CVs, which are available in the Resource Room.

### **Practice**

Though faculty practice is not required, it is highly encouraged. Eight T/TT faculty and thirteen temporary faculty are currently working in area hospitals or clinics. Most T/TT faculty work on a per diem basis only. Many faculty also volunteer at health fairs, flu clinics and during disasters to help maintain their clinical skills.

### **Analysis: Standard II**

#### **Strengths of the Program**

- 1) Fiscal resources are sufficient among state funding and outside funding to fulfill the mission, goals and outcomes.
- 2) Adequacy of fiscal resources is reviewed annually and is modified as needed.
- 3) Skills Laboratory equipment are reviewed twice a year with semester coordinators. Much new equipment has been purchased in the last two years.
- 4) All theory courses are held within smart classrooms, and there is adequate classroom space on campus to support our program needs.
- 5) The Skills Laboratory and Simulation Center equipment reflect the latest technologies that support program goals and outcomes.
- 6) Academic support services are sufficient to ensure quality and to meet student and program mission, goals and expected outcomes.
- 7) The SON chief nurse administrator exceeds the minimum requirements of the position and is academically and experientially qualified to accomplish the mission, goals and expected outcomes.
- 8) Faculty-to-student ratios are appropriate to promote expected program outcomes. Clinical and theory ratios are no greater than 1:10, or 1:40, respectively.
- 9) Faculty are sufficient in number to accomplish the mission, goals and expected outcomes.
- 10) Faculty are experienced, qualified and have been BRN approved for areas in which they are assigned to teach and are sufficient in number to meet program needs.
- 11) Preceptors, when used, are academically and experientially qualified to accomplish the mission, goals and expected outcomes.
- 12) Faculty have access to a variety of university support services that promote development in teaching, scholarship, and service. Support services are sufficient to meet expected faculty outcomes.
- 13) New tenure-track faculty have a reduced workload for the first two years to focus on teaching, scholarship and service.

#### **Areas of Concern**

- 1) Faculty recruitment remains a challenge due to the discrepancy between compensation offered in clinical practice in California versus at the state University level.

- 2) Part-time faculty recruitment and retention remains problematic due to financial compensation restrictions and a limited pool that meets the educational and/or experiential requirements.
- 3) There is not a formal process in place to review academic support services.
- 4) Not all part-time faculty are MSN prepared and BRN approved at full instructor level. These instructors are directly supervised by full instructors.
- 5) There is great difficulty in obtaining qualified preceptors. Many nurses in the north state do not hold a BSN or higher degree. Barriers have also occurred within facilities where the nurse managers select the preceptor.
- 6) Not all faculty are participating in the many opportunities available through the University to support professional growth in teaching, scholarship and service.
- 7) Professional development funding has been reduced this fiscal year, which greatly impacts faculty attendance at professional conferences.

#### Strategies for Improvement

- 1) The faculty member, serving on the University Learning Resources Committee, will be assigned by the SON director to review adequacy of academic support services. Data will be gathered from faculty and survey results reported at the end of academic year retreat where suggestions for improvement will be made.
- 2) Prioritize recruitment of MSN prepared part-time faculty candidate and support those that are currently in graduate programs to complete their degree.
- 3) SON administration will work with agency leadership to identify and resolve the barriers related to recruitment of qualified preceptors.
- 4) New faculty are now being assigned mentors at the CNS and SON levels to promote use of institutional support opportunities for growth in teaching, scholarship and service.
- 5) Promote increased awareness of external funding opportunities that faculty can use to defray costs of professional development activities

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

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

**III-A**

**The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.**

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

**BSN Curriculum**

The mission, goals and expected student learning outcomes provide the impetus for the curricula for each of the nursing programs. Program mission, goals and expected student learning outcomes are described in Standard I. Professional nursing standards as stated in the American Nurses Association's (ANA) *Code of Ethics with Interpretive Statements (2015)*, *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 mission, goals and expected student learning outcomes of the program are congruent with these standards.

The curricular foundation for the CSU, Chico School of Nursing's undergraduate BSN nursing programs can be found in the organizing framework as developed and approved by the faculty of the School of Nursing (SON) in 2012. The organizing framework reflects the SON philosophy and serves as the basis for the curriculum. This framework is built upon student-centered learning strategies and takes into consideration individual student differences. The organizing framework begins with the vision, which states that the SON will "...empower and transform graduates to meet global healthcare challenges of the 21<sup>st</sup> century." The mission, which builds on the vision, promises "to prepare professional nurses who are leaders, excellent clinicians and lifelong scholars." From this mission, the faculty defined the values, teaching strategies, program structural elements and curricular foundations for the SON. . The organizing framework includes the student learning outcomes, which are based on the *BSN Essentials* from the American Association of Colleges of Nursing (AACN). Using these expected student learning outcomes, faculty devise teaching-learning activities and course evaluation methods that implement the mission. Teaching-learning practices are learner-centered and promote critical thinking, which requires analysis and application of theories and provides the foundation for evidence-based practice.

The baccalaureate program was developed to prepare graduates as generalists in clinical nursing and to be leaders and managers in a variety of healthcare settings. In addition to the generic BSN option, an online RN to BSN option is offered for registered nurses (RN) throughout our rural 33,000 square mile service area. Clear statements of expected student learning outcomes for the BSN program can be found within the undergraduate student guidelines and the Organizing Framework as noted in Standard I-B and are the basis for the generic BSN and RN to BSN students.

The SON provides high quality, student-centered learning environments that utilize technological innovation and promote critical thinking. The SON supports faculty and student scholarly activities and encourages lifelong learning. The SON also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

Beginning in Semester I and through each of the four succeeding semesters, students build their nursing knowledge upon the foundation laid by courses in the arts, sciences and humanities. The result is the progression of the curriculum from simple to clearly more complex application of critical thinking, communication and nursing therapeutics to individuals, groups and communities that culminates in the meeting of the baccalaureate student learning outcomes previously noted.

Course objectives are contained in each course syllabus. Syllabi are distributed electronically and/or in written form to each student every semester. These objectives are reviewed by faculty and discussed with students. Major changes to course descriptions and/or course objectives are reviewed by the curriculum committee before revisions are incorporated into course syllabi.

Student learning outcomes are reviewed regularly by the faculty to refine language and ensure consistency across the curricula. Course objectives were developed to ensure congruence with the student learning outcomes. The student learning outcomes are consistent with professional nursing standards and SON program mission, goals, and expected program outcomes.

### **MSN Curriculum**

The MSN program prepares nurse educators and nurse leaders with an emphasis on achieving advanced proficiency in adult health. The graduate program curriculum reflects clear statements of student learning outcomes (SLOs) consistent with the standards adopted by the program (See Standard I). Professional nursing standards that guide the MSN curriculum are *The AACN Essentials for Master's Education for Advanced Practice Nursing* (AACN, 2011), *the Core Competencies for Nurse Educators* (NLN, 2012) and *American Organization of Nurse Executive* (AONE, 2015) competencies. The graduate committee is responsible for establishing and reviewing the SLOs. Courses are evaluated every semester. The expected learning outcomes that are congruent with program mission, goals and professional nursing guidelines for the graduate program.

Each course has its own expected student learning outcomes. The curriculum is organized around core courses and specialty option courses in either leadership or nurse educator roles. Core courses contain student learning outcomes that are expected for all students prepared at the graduate level in nursing. Nurse educator and nurse leadership course outcomes are focused on preparing the student for either the nurse educator or for the nurse leader role. All course objectives are formulated with the goal of helping students meet the student learning outcomes.

Course objectives can be viewed by examining MSN course syllabi. The Master's Program Student Guidelines display end of program student learning outcomes.

The Resource Room will contain all course syllabi and the student guidelines for each of the programs. Curriculum and graduate committee meeting minutes provide evidence of development and revisions of expected student learning outcomes.

### **III-B**

**Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- **Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).**
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
  - a. **All master's degree programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
  - b. **All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).**
- **Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.**
- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  - a. **All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
  - b. **All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).**
- **Evaluation of Nurse Practitioner Programs (NTF, 2012).**
- **Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).**

*Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*

*APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*

- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required 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.*

*Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.*

### **Baccalaureate program**

The structure of the Bachelor of Science in Nursing program prepares students for nursing practice. The baccalaureate program focuses on developing a nursing generalist who is knowledgeable about the discipline and role of nursing and as a member of the profession as described in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). Courses are specifically designed to address the components essential for attainment of a baccalaureate degree in nursing. After completing the foundational courses in the arts, sciences and humanities, students begin nursing theory and clinical courses that provide content, clinical practice, and evaluation that enables them to integrate nursing knowledge into that foundation. The curriculum focuses on the competencies of critical thinking, communication, assessment and technical skills. Each semester builds on this base and incorporates theory into clinical experiences that allow students the opportunity to apply these essentials. The components essential for all baccalaureate nursing programs are distributed as follows in the BSN program:

#### **Liberal Education**

The foundation for the program is built upon the undergraduate general education courses of the arts, sciences and humanities required for admission to the BSN program. These courses are described in more detail in Standard III-C. The theory and clinical courses provide content, clinical practice, feedback and evaluation that enable students to integrate their liberal education foundational courses into their nursing knowledge.

### **Organizational and Systems Leadership for Quality Care and Patient Safety**

Emphasis on quality and safety begins on the first day of the nursing program when the student guidelines are reviewed with the new students. These guidelines contain the standards listed in III-A as well as the standard precautions policy. These critical areas are discussed in every course throughout the program as the key to providing high quality health care.

Knowing that the baccalaureate graduate will be considered a key member of the health care community, the curriculum includes discussions on health care systems and policy in the leadership/management, health policy and community health classes. Knowledge and skills to understand and address these issues are obtained through both theory and clinical experiences. The components of leadership are presented throughout the program culminating with a formal

course in the senior year. Basic BSN senior students spend time with nurse managers in planning, implementing and evaluating care as part of their final semester clinical. This experience helps them gain a better understanding of the organization and finances of delivery systems. The addition of the health policy class to the Basic BSN program has assisted students in understanding the impact of legislation on the healthcare system.

#### Evidence-based Practice

Students are introduced to evidence-based practice in the first semester. Theory and clinical courses discuss the rationale behind the need for evidence in all decision making and incorporate evidence-based guidelines into their clinical experiences.

#### Information Management and Application of Patient Care Technology

When the BSN curriculum was revised in 2013-2014, a formal course in nursing informatics was added to the Basic BSN program and a course also added to the RN-BSN program in fall 2017. Students gain the knowledge about the many uses of technology in the healthcare environment and learn to use these valuable tools in their clinical experiences throughout the program.

#### Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

Beginning in the first semester of the Basic program, students are introduced to the nursing role with content that includes the knowledge and application of interprofessional communication. Opportunities to practice these skills occur throughout the both the Basic and RN-BSN tracks. Both verbal and written communication skills are emphasized in courses.

Students are able to further practice their communication skills at the simulation center when they participate in scenarios with other healthcare professionals. Collaboration occurs in every clinical course as students work with physicians, physical and respiratory therapists, dietitians and other professionals in providing care to their patients. Through post-clinical conferences, clinical journals, presentations and other written materials submitted throughout the program, faculty are able to continuously assess a student's ability to be an effective communicator.

#### Clinical Prevention and Population Health

Health promotion, risk reduction and disease prevention across the lifespan are discussed in all theory and clinical courses. Lectures that focus on client abuse, chemical impairment, and violence are particularly emphasized during the fourth semester course on maladaptive behaviors. Nutrition and personal hygiene are introduced in the co-requisite courses. With an understanding of global health issues increasingly being recognized as a desired area of competency for nurses, the SON is working to reflect this content in the curriculum. Topics about global disease and transmission are included in the public health courses. Discussions about global workforce issues such as nurse migration and international workforce shortages are discussed as professional issues in the leadership courses.

#### Professional Values

As identified in the *BSN Essentials* (2008) document, caring is the critical component to nursing practice. The *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015) directs/informs our thinking on professional values. 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. These values and behaviors are introduced during the first semester and are emphasized throughout the program with students applying these values in the acute care and community settings. In their senior year students apply these principles and frameworks when they debate ethical and/or legal issues through the use of discussions and case studies. Beginning in spring 2018, the RN-BSN students will take a professional values course to ensure that they have a strong background in this area. The varied and many topics on quality of life, patient advocacy, personal and professional values and accountability can be evidenced in the course syllabi and supplements. These materials are available in the Resource Room.

### Baccalaureate Generalist Nursing Practice

Role development is introduced in the beginning Basic BSN courses with discussions on the history of nursing and the competencies of the professional nurse. Students in the RN-BSN track gain a deeper understanding of the role change that occurs with the BSN degree in the first course of their curriculum. As students progress through the program, they gain an understanding of registered nurse roles through their interactions in the clinical setting and discussions in their theory courses.

Assessment and technical skills content is taught in the foundational BSN courses and reinforced in all subsequent courses. Physical assessment skills are taught in the first semester and practiced in all settings with different populations throughout the program. 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 childbearing and childrearing families in acute and community settings. The focus is on pathophysiology, pharmacology and laboratory data as well as communication and nursing therapeutics. Students are able to practice skills and participate in a full range of patient cases using simulation technology. 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. Gerontology content is spread throughout the curriculum in the medical-surgical nursing courses.

To become a graduate of the program, students are expected to demonstrate an integration of decision-making, communication and nursing therapeutics in complex/high risk situations with clients across the entire lifespan in acute care and community agency settings.

### Master's program

All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.

The MSN program has clear expectations of end of program SLOs based on the *Essentials of Masters' Education* recommendations developed by AACN. Both options within the SON graduate program meet the same end of program SLOs. The SLOs are consistent with the program's mission and goals of graduating Master's prepared nurse educators and nurse leaders. The structure of the Nurse Educator program prepares students for nursing practice in nursing education in academia, agency staff development and patient education while the structure of the Nursing Leadership option prepares students for nursing practice in an advanced leadership role.

Syllabi for the MSN courses link course objectives with the MSN Essentials. The components essential for all master's nursing programs are distributed as follows in the MSN program:

#### Background for Practice from Sciences and Humanities

Students entering the MSN program have been prepared at the baccalaureate level with the basics in the arts, sciences and humanities. Through the theory and clinical courses at the BSN level, these nurses understand the importance of quality care and patient safety across the lifespan and for diverse populations.

#### Organizational and Systems Leadership

Having learned the basics of leadership at the undergraduate level, MSN students expand on that knowledge in coursework that focuses on healthcare delivery issues. They further gain knowledge of the theories and strategies of the advanced nursing role and analyze the ethical, social, political, cultural and economic factors that influence the healthcare system.

#### Quality Improvement and Safety

Quality and safety are promoted throughout the program in all courses. With incorporation of informatics and evidence-based practice within the BSN curriculum, students in MSN program expand on that knowledge and learn to analyze quality initiatives to improve patient outcomes. They appreciate the need for accountability and strong communication skills to prevent errors and to provide patient-centered care.

#### Translating and Integrating Scholarship into Practice

Having completed evidence-based practice and research courses at the BSN level, MSN students apply these theories to effectively analyze nursing problems and communicate resolutions in their graduate research course. They learn to examine policies and effect change by disseminating the results to others on the healthcare team and appreciate the need to lead continuous improvement projects.

#### Informatics and Healthcare Technologies

Appreciating its importance in the healthcare environment, students examine the impact of informatics and technology on the delivery of care. The informatics coursework also provides advanced application of the various methods of technology.

#### Health Policy and Advocacy

In reviewing the political aspects that influence healthcare, students learn to advocate for change and contribute to the development of policies to improve outcomes. The coursework also analyzes the ethical, social, political, cultural, and economic factors influencing the American healthcare system. Population-based health care is emphasized. Strategies to maximize the use of existing resources are identified, alternative approaches are explored, and plans for implementing change within the current healthcare system are developed.

### Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Building on communication skills learned at the BSN level, students learn enhanced communication throughout the MSN program. Through both written and oral assignments, students improve their communication skills as a critical component for safe and quality practice and in an effort to work effectively within the healthcare team.

### Clinical Prevention and Population Health for Improving Health

Health promotion, risk reduction and disease prevention across the lifespan are discussed throughout the program. Coursework builds on concepts learned at the BSN level and in their clinical practice. Students learn to identify strategies needed to improve the health of diverse populations.

### Master's-Level Nursing Practice

Nurse educator students in their mentored clinical teaching practicum are prepared to function in the roles of educator and adult health clinician to enhance nursing education and health care delivery in rural as well as urban areas. This includes the ability to perceive the need for change and to effectively design and implement programs as well as conduct research that can result in change at local, regional and national levels.

Students completing the nursing leadership option expand their knowledge in areas such as leadership, management, research, and health care finance so that they are better prepared to hold influential health advisory positions at the organizational and system level. Students apply this new knowledge through a mentored clinical practicum focused on leadership and management.

### Additional Relevant Professional Standards and Guidelines:

The National League of Nursing (NLN) Task Group on Nurse Educator Competencies published eight standards specifically to the role of the nurse educator. The NLN standards are incorporated into the Nurse Educator option and are values held by the graduate faculty. The core competencies have been identified as the following:

**Competency 1:** Facilitate learning.

**Competency 2:** Facilitate learner development and socialization.

**Competency 3:** Use assessment and evaluation strategies.

**Competency 4:** Participate in curriculum design and evaluation of program outcomes.

**Competency 5:** Function as a change agent and leader.

**Competency 6:** Pursue continuous quality improvement in the nurse educator role.

**Competency 7:** Engage in scholarship.

**Competency 8:** Function within the educational environment.

Further description of each competency can be found at: <http://www.nln.org/professional-development-programs/competencies-for-nursing-education/nurse-educator-core-competency>

When the Nursing Leadership option was added, the SON incorporated the American Organization of Nurse Executives (AONE) competencies into the curriculum. These competencies detail the skills, knowledge and abilities that guide the practice of nurse leaders in executive practice regardless of their educational level, title or setting. The competencies are captured in a model developed in 2004 by the Healthcare Leadership Alliance that identify the common core set of competency domains for healthcare leadership. The textbook used in the

leadership option incorporates these competencies into the readings. The core competencies have been identified as the following:

**Competency 1:** Communication and relationship management

**Competency 2:** Knowledge of the healthcare environment

**Competency 3:** Leadership

**Competency 4:** Professionalism

**Competency 5:** Business skills and principles

Further description of each competency can be found at: <http://www.aone.org/resources/nec.pdf>

### III-C

**The curriculum is logically structured to achieve expected student outcomes.**

- **Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.**

*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.*

The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities. The nursing major requires a total of 120 units for graduation, which includes general education and 60 units of professional nursing courses. The University requires a 48-unit

general education requirement for a Bachelor's degree. General education courses are separated into Foundation, American Institutions and Pathways categories.

The General Education Foundation requires that students take courses that increase skills in oral and written communication, critical thinking and mathematics. There are 8 units of Foundation lab courses in the physical and life sciences. Due to the requirements of the BSN program, nursing students must complete 16 units in the sciences. These classes include human anatomy, human physiology, microbiology and chemistry.

American Institutions includes two courses: US History and American Government. Nursing students are required to complete 18 units of lower division pathway courses in the arts and humanities as well behavioral and social sciences and lifelong learning. Nursing students are required to complete more than the University minimum of three units under the lifelong learning category. Courses within this category that nursing students must complete are child development and basic nutrition.

There are 9 units of upper division pathway courses in the natural sciences, arts/humanities and the social sciences. Due to the high number of units in the nursing curriculum, students in the program are excused from one of these courses and are only required to take two of these upper division pathway courses.

All of these general education courses should be completed before students enter the nursing program. Nursing has been granted substitution for several of the pathway courses since the BSN program requires so many pre-requisite and co-requisite courses.

The 2017-2018 CSUC University Catalog identifies the academic foundations and core curriculum for baccalaureate nursing majors (<http://catalog.csuchico.edu/viewer/17/NURS.html>) The BSN curriculum begins with courses in the nursing foundations and nursing assessment. Beginning in the first semester and throughout the four succeeding semesters, students integrate their nursing knowledge with courses progressing from simple to complex applications of critical thinking, communication, and nursing therapeutics to individuals, groups and communities.

### Semester I

Introduces the student to the fundamental competencies essential to the beginning professional nursing role. These include knowledge and application of interpersonal communication, critical thinking, nursing assessment, basic skills and the nursing process. Students are also introduced to evidence-based practice through the use of scientific data, outcomes and application in practice.

### Semester II

Builds on the essential competencies of Semester I and provides the biophysical foundation for the application of decision making, communication and nursing therapeutics in the acute care of the adult and geriatric patient. The focus of the semester is on pathophysiology, pharmacology and laboratory data, nursing informatics and research as tools for assessing, planning, implementing, documenting, and evaluating high quality nursing care.

### Semester III

Focuses on the application of theories of maternal/child nursing and family health maintenance as well as critical thinking, communication and nursing therapeutics in the care of childbearing and childrearing families in acute and community settings. Students also continue to build upon their knowledge base in pharmacology and medical/surgical nursing with theory coursework and clinical application.

#### Semester IV

Students are provided the theory and clinical opportunities to apply their decision-making, communication and nursing therapeutics to the nursing care of individuals and groups with maladaptive behaviors in both the acute care and community settings. Students in the medical-surgical courses advance their knowledge of complex/high risk situations with clients across the lifespan in acute care settings. This knowledge and the associated clinical reasoning is further challenged through a capstone simulation course. An additional theoretical component in healthcare policy is provided.

#### Semester V

The coursework is built upon the foundation of the preceding four semesters. Students are introduced to the organizational management and leadership roles of professional nursing. They apply their decision-making, communication and nursing therapeutic skills to planning, implementing and evaluating the nursing care of groups of acutely ill patients. In addition, students complete theoretical and clinical courses in community health nursing with the focus on nursing care delivery to diverse cultural family systems.

**Table III-C-1 Major Courses for the Basic Baccalaureate in Nursing**

<u>Professional Sequence</u>		<u>Units</u>
<u>Semester I</u>		
NURS 255	Evidence-Based Practice	1.0
NURS 283	Nursing Foundations	4.0
NURS 284	Practicum in Nursing Foundations	4.0
NURS 285	Nursing Assessment	3.0
<u>Semester II</u>		
NURS 303	Medical-Surgical Nursing I/Pharmacology*	4.0
NURS 304	Medical-Surgical Nursing I Clinical	4.0
NURS 311	Nursing Informatics	2.0
NURS 312	Nursing Research	2.0
<u>Semester III</u>		
NURS 313	Maternal-Child Nursing	4.0
NURS 314	Practicum in Maternal-Child Nursing	3.0
NURS 343	Medical-Surgical Nursing II/Pharmacology	3.0
NURS 344	Medical-Surgical Nursing II Clinical	2.0
<u>Semester IV</u>		
NURS 400	Capstone Simulation Practicum	2.0
NURS 403	Integrative Nursing Theory	2.0
NURS 404	Practicum in Integrative Nursing	2.0
NURS 412	Health Policy	1.0
NURS 413	Nursing Management of Maladaptive Behavior	3.0

NURS 414	Practicum in the Management of Maladaptive Behavior	2.0
<u>Semester V</u>		
NURS 422	Leadership/Management & Professional Issues in Nursing	3.0
NURS 424	Practicum in Patient Care Management	3.0
NURS 474	Practicum in Community Health Nursing	3.0
NURS 475	Public Health Nursing	3.0
TOTAL		60.0

**TOTAL UNITS FOR GRADUATION 120.0**

Based upon required general education courses and the professional nursing courses.

\*Meets requirements for General Education upper division pathway science course

**RN to BSN Track**

Currently, most students enter this program with an Associate Degree in Nursing (ADN) and have met the general education requirements. The 2018-2019 student cohort will all hold an ADN degree after a ruling by the 2017 CSU Chancellor's office that the CSU must have clear pathways to the BSN and provide credit for prior nursing courses taken. The RN-BSN advisor met with all seven feeder community college programs during summer and fall 2017 to develop major academic plans (MAP). This effort helped to clarify which courses met the Chancellor Office mandate.

RN-BSN students must take the same foundational courses as the Basic BSN students. They also have the same four science prerequisite courses: human anatomy, human physiology, microbiology and chemistry. Any registered nurse (RN) who does not hold an associate degree meets with the RN-BSN advisor to assess the need for any general education coursework but every student receives an assessment of their previous transcript to evaluate completion of the general education requirement. See Appendix III-C-1 for the RN to BSN Transcript Evaluation Form.

The curriculum in the RN to BSN program builds upon the foundational courses. In an effort to enhance their basic written communication skills, the first semester courses focus on improving the students' professional writing skills. These skills as well as verbal and listening communication skills continue to be emphasized throughout the program. All courses build on the foundational knowledge of the sciences, arts and humanities and nursing coursework gained in the ADN program and focus on application of critical thinking, communication, and nursing therapeutics.

California statute requires that there can be no duplication of coursework from the ADN program. Consequently, faculty revised the curriculum in 2012 with an additional review in 2016-2017. Based on this requirement and the need to give credit for their nursing knowledge, the previous portfolio courses were removed and a course in nursing informatics and a course in professional values were added in AY 2016-2017. Additionally, RN-BSN students take a World Religions and Global Issues course and a Lesbian, Gay, Bisexual, Transgender, and Queer Issues and Identities course to meet the upper division pathway requirement.

The final semester is a Public Health Nursing Theory course and the Practicum in Community Health Nursing. These final courses allow students to enrich their philosophical understanding of the community and further utilize their critical thinking skills.

**Table III-C-2: Major Courses for the RN to BSN**

<u>Professional Sequence</u>		<u>Units</u>
<u>1<sup>st</sup> Summer Session</u>		
NURS 300W	RN to BSN Bridge Course	4.0
NURS 310	Academic Writing for Nurses	2.0
<u>Fall Semester</u>		
NURS 316	Nursing Informatics	3.0
NURS 342W	Nursing Research	3.0
RELS 332	World Religions*	3.0
<u>Winter Session</u>		
MCGS 310	LGBTQ Issues and Identities*	3.0
<u>Spring Semester</u>		
NURS 422W	Nursing Leadership/Management and Professional Issues	4.0
NURS 427	Professional Values and Ethics in Nursing	2.0
<u>2<sup>nd</sup> Summer Session</u>		
NURS 477	Practicum in Public Health Nursing	3.0
NURS 478	Public Health Nursing	3.0
Credit for ADN coursework		20.0
*Meets requirements for upper division pathway courses		
<b>TOTAL UNITS FOR GRADUATION</b>		<b>120.0</b>

### **Master's Program**

The curriculum builds upon baccalaureate level nursing knowledge. 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 *BSN Essentials (2008)*. The graduate curriculum is based on a foundation of theory, research and practice.

The curriculum is logically structured. In 2013 the MSN curricular organization was changed to have the specialty courses offered during the first year, followed by the core courses during the second year. The last semester is devoted to either the teaching or leadership

practicum and to completing the problem solving professional paper (PSPP). The rationale for this change was that faculty assessed that students needed more specialty context (nursing education specific courses or leadership specific courses) exposure before they were ready to identify an appropriate problem to solve in their professional paper. The first two semesters of the program provide this specialty context. The third, fourth and fifth semesters offer the theory, research and culminating activity, which allow the students to have continuity in writing the sections of their PSPP. This last semester is also when the final section of the PSPP is completed and defended. The last semester is also devoted to a final comprehensive practicum in either nursing education or in nursing leadership with a mentor.

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.

**Table III-C-3: MSN Courses**

**Nurse Educator Option**

**Semester 1**

NURS 650	Instructional Process in Nursing Education	4.0
NURS 651	Curriculum Process in Nursing Education	2.0

**Semester 2**

NURS 640	Advanced Concepts for Adult Nursing Care	4.0
NURS 647	Advanced Practicum in Nursing Care of Adults	2.0

**Semester 3**

NURS 610	HealthCare Informatics	2.0
NURS 620	Advanced Nursing Research and Theory	4.0

**Semester 4**

NURS 630	Dynamics of the Advanced Nursing Role	2.0
NURS 645	Issues and Ethics in the Delivery of HealthCare	3.0
NURS 660	Research Thesis/Project Proposal Seminar	1.0

**Semester 5**

NURS 685	Practicum for Instructional Process in Nursing Education	4.0
NURS 699P/NURS699T /NURS 697P	Culminating Activity	2.0

### Nursing Leadership Option

#### **Semester 1**

NURS 670A	Advanced Nursing Leadership I	4.0
NURS 680A	Financial Management I	2.0

#### **Semester 2**

NURS 670B	Advanced Nursing Leadership II	4.0
NURS 680B	Financial Management II	2.0

#### **Semester 3**

NURS 610	HealthCare Informatics	2.0
NURS 620	Advanced Nursing Research and Theory	4.0

#### **Semester 4**

NURS 630	Dynamics of the Advanced Nursing Role	2.0
NURS 645	Issues and Ethics in the Delivery of HealthCare	3.0
NURS 660	Research Thesis/Project Proposal Seminar	1.0

#### **Semester 5**

NURS 683	Practicum in Nursing Leadership	4.0
NURS 699P/NURS699T /NURS 697P	Culminating Activity	2.0

### **III-D**

#### **Teaching-learning practices and environments support the achievement of expected student outcomes.**

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

Didactic and clinical courses are conducted in environments that support the successful achievement of student learning outcomes. Classes that meet on campus are conducted in smart classrooms where technology and media enhancement is integrated into the content delivery. Theory-based classes in the Basic BSN program have a maximum of 40 students. The highly interactive nature of the online RN-BSN and MSN classes dictate that course sections not be larger than 20 students. Clinical courses have a 10-student maximum per clinical instructor. Both undergraduate and graduate students move as a cohort through the curricula, which contributes toward opportunities for peer support during coursework.

Faculty members continue to incorporate new pedagogies into the courses, including simulation, case studies, seminars, and small group discussions. Faculty frequently attend creative teaching workshops and/or programs to update teaching techniques that support student learning. After the release of the Carnegie Report, *Educating Nurses: A Call for Radical Transformation*, faculty increasingly began using unfolding case studies in many theory courses to create active learning environments and enhance student engagement. Based on this work and

as a result of their participation in the CSU, Chico Academy e-Learning, faculty have had success with “flipped classrooms.”

Additionally, courses in both undergraduate and graduate programs have a Blackboard Learn online platform, which provides opportunities to enhance learning through the use of discussion boards, assessments, and evaluations. Faculty are regularly updated on the incorporation of new technologies in the classroom with the support of the instructional technology staff at the Teaching and Learning Program.

The University continues to provide support for *iClicker* (handheld student response systems) technology. These devices create an interactive environment that keeps students engaged in their own learning. Several faculty are using the *iClickers* after attending Academy eLearning, which is a three-week summer intensive program where faculty work on course redesign. The *iClickers* are used to enhance active learning. Faculty can check for understanding of content by either polling students or giving class quizzes. Students enjoy this method as they receive immediate feedback and the instructor can offer rationale for correct and incorrect answers. Information about these devices can be found on the University website in the Teaching and Learning Program (TLP) section

(<https://wiki.csuchico.edu/confluence/pages/viewpage.action?pageId=57114850>)

CSU Chico offers an Academy e-Learning program where faculty are educated to engage students using new and diverse teaching and learning methods which offer unique experiences to nursing students. Faculty are encouraged to redesign courses to increase student learning outcomes by building on the following: (1) interdisciplinary collaboration of faculty on campus, (2) use imagination to foster a spirit of creativity informed by lifelong love of learning, (3) apply the use of instructional strategies that will add creativity to teaching, and, (4) explore diverse pedagogies and instructional technologies.

As a part of course redesign, one faculty taught students to create digital storytelling videos. Digital Storytelling (DS) is using photographs, video, animation, sound, music, text, and a narrative voice as a pedagogy in the classroom to integrate particular subject matter that helps students develop self-reflection skills. DS provides opportunities for students to listen to stories, create stories, and practice active narrative-based learning that can bridge age, gender, and experience or encounter with the patient, family members, staff or other students. Using narrative inquiry, this assignment allows students to share introductions, reflections, and personal information which helps them understand events and interactions. The students are provided with a rubric which is used to grade the DS assignment.

In an effort to help students understand evidence-based practice and research, faculty have instituted group activities and projects to integrate evidence, clinical judgment, inter-professional perspectives and patient preference. During first semester of the Basic BSN program, students enroll in evidence-based practice. As part of the course, they view presentations addressing current professional issues in nursing by second semesters taking Nursing Research. These professional presentations are peer reviewed by the first semester students. Student evaluations and course reviews have demonstrated that the students appreciate the fun and relaxed approach to research, while gaining valuable insight into the very powerful role it plays in delivering quality, patient-centered care. Collaboration between these two cohorts provides valuable exposure to the evidenced-based practice model used in the research process.

Faculty in the mental health course are helping students understand the difficulties that individuals with psychiatric disorders must deal with on a daily basis. In their theory course, students are asked to place themselves in a position where they need to think like a person with a

mental illness and then requested to draw a simple drawing such as a flower, house, person, etc, in the frame of mind as the diagnosis, such as major depression, bipolar disorder, schizophrenia, etc. Students are given the opportunity to begin to comprehend the difficulty patients with mental illness experience. This also sheds light for the need for empathy and understanding for people with mental illnesses.

Some students enrolled in mental health are doing a virtual simulation based on work by Dr. Pat Deegan called “Hearing Voices Which Are Distressing.” This process supports students gaining a better understanding of mental health patient issues and teaches empathy. Students then create a concept or mind map. The traditional nursing care plan process/method is very linear/left brain; but a mind map is entirely graphical/visual, engaging the affective and cognitive domains of learning and fostering creativity, emotion and synthesis. Examples of these mind maps will be available in the Resource Room.

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

An often-used teaching-learning practice in the RN-BSN and MSN programs is the use of discussion boards. Challenging discussion questions are posed that encourage higher levels of student thinking to support student development in application, analysis, synthesis and evaluation. Students are able to demonstrate proficiency of expected outcomes in the discussion boards through original written replies, video posts, concept maps, mind maps, cartoon creation, journaling, audio posts and other similar creative expressions. Student collaboration on assignments is a popular online teaching learning strategy. Students are able to communicate with each other through many course features such as mail, group chat video conferencing rooms, student-created wiki websites and through shared access to a Google document.

MSN students write scholarly research papers and propose evidence-based solutions to important nursing problems. This teaching-learning strategy models best practices in effective writing assignments. Students identify specific problems within his or her nursing practice which needs to be addressed. The topic they select becomes the focus of their problem-solving professional paper (PSPP). Writing assignments within the MSN program offer opportunities for response, both from faculty and from peers, as well as requirements for revision based upon that feedback. Students submit multiple drafts of their writing and are required to incorporate faculty and peer critique into subsequent drafts.

Clinical course teaching strategies include working side by side with an expert mentor. Students in the educator option learn in the simulation center by creating simulations for undergraduate students. They received feedback following the execution of their simulations.

The *BSN and MSN Essentials* documents emphasizes the importance of having faculty who teach in nursing education programs having a strong theoretical and practice base in the field in which they teach. The faculty in the SON program do have an impressive theoretical and practice base in their specialties, as documented in their dossiers. They model professional behaviors for learners, including engagement in lifelong learning activities, ongoing clinical practice (for many), the dissemination of information through publications and presentations, involvement in professional organizations, and other scholarly work. The faculty demonstrate enthusiasm for teaching, student-learning, and the nursing profession, which inspires and motivates students.

### III-E

**The curriculum includes planned clinical practice experiences that:**

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **are evaluated by faculty.**

*Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.*

A wide variety of clinical sites are available for students to achieve designated learning outcomes. The 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 basic undergraduate students and 45-50 RN to BSN and MSN students. Finding appropriate clinical experiences for all students to meet learning objectives requires placements throughout much of our rural service area. For the Basic BSN program, three hospitals are within a 45-minute commute of Chico and provide an adequate number of beds and services to support most clinical practice. The hospital located in Chico is Enloe Medical Center with 298 beds, which includes an offsite rehabilitation unit and an inpatient mental health unit. The other two are in nearby cities and are smaller hospitals: Oroville Hospital, located in Oroville, has 133 beds and Adventist Health Feather River, located in Paradise, has 100 beds. The SON also uses Mercy Medical Center (267 beds) and Shasta Regional Medical Center (226 beds) for selected clinical opportunities but these facilities are 75 miles from campus. The mental health clinical experiences are completed in a variety of facilities throughout the north state. A listing of clinical agencies will be available to the site visitors in the Resource Room.

Understanding the need to ensure Basic BSN students are gaining the knowledge and skills needed to care for the complex acute care patients, the faculty added a 90-hour simulation course in the fourth semester as part of the curriculum revision that occurred in 2014. This course provides students the opportunity to practice advanced nursing skills and critical thinking exercises applied to complex patient scenarios through the use of high-fidelity simulators. At the same time, clinical courses now all have a percentage of the clinical hours spent at the Rural California Simulation Center (Sim Center). The long-term goal is to achieve 25% of clinical hours completed in simulation but the current level is around 10%. The limitation to increasing the hours is the expense related to the use of the Sim Center. The 25% limit is set by the California BRN.

Theory and clinical courses are concurrent in all areas of the BSN and MSN curriculum. Clinical practicum courses correlate with theory courses throughout the program. Preparation for the clinical experiences is accomplished through the use of ATI materials including Real Life scenarios, Skills Modules, and Video Case Studies. Students are also required to complete the ATI HIPPA module in semesters one, three and five. Starting in semester one and continuing throughout the program, students must achieve a 90% on ATI

Dosage Calculation proctored assessments in all specialty areas in preparation for the administration of medications in the clinical settings.

In the first semester of the Basic BSN program, students are introduced to the theory, concepts and principles of nursing care and learn to apply these concepts to meet the fundamental health needs of patients. Physical assessment skills are taught and practiced while students learn the nursing process, communication and evidence-based practice. This clinical experience begins in the skills lab where students learn and practice medication administration, safety, sterile technique, hand washing, bathing, bed making, range of motion, the use of personal protection equipment, isolation techniques, and other basic skills required of the registered nurse. Students must demonstrate attainment of semester outcomes through competency checklists.

Students begin their first patient care experience in area skilled nursing facilities. This approach was specifically designed by medical-surgical faculty to allow the student to gain confidence and provide the opportunity for interaction with patients in a less stressful environment and slower pace than an acute care facility. In spring 2017 faculty evaluated this experience and decided to incorporate some time in acute care facilities in the second half of the first semester. The goal of this change was to help the student acclimate to the hospital setting and learn the use of the medication administration equipment (Pyxis), electronic health record keeping, and monitoring equipment, none of which are usually available in skilled nursing facilities. This change will be monitored throughout the 2017-2018 academic year.

Students continue their medical-surgical nursing clinical experiences in the second semester where they have a directed and supervised practice in the care of the acutely ill adult. It is expected that they will actively apply the nursing process and nursing therapeutics in planning and implementing nursing care. Based on student feedback, this clinical was changed to a twelve hour day in fall 2017. Faculty felt this change was critical as it provided for better continuity of care from the previous schedule of four hours on an evening and then eight hours on the following day. This change also better aligned with hospital RN staffing schedules. The clinical practice of starting IVs is now taught in the second semester. Prior to fall 2017, this skill had been taught in third semester but it was determined, based on faculty and student evaluations, that enabling students to integrate this new knowledge earlier in the program would assist in attaining mastery of this skill.

As students move into their third semester, they continue with medical-surgical nursing theory and clinical. These courses were added as part of the curriculum revision in 2014 and were based on student feedback and faculty evaluations, which found that students sometimes went nearly a year between the second and fourth semester medical-surgical coursework depending on their semester of entry into the program. Concurrently, during the third semester, students are also enrolled in maternal-child theory and clinical courses. This clinical experience focuses on family-centered care and provides opportunities for students to participate in vaginal and cesarean births, postpartum care and care of the newborn. Students have rotations through acute care and community-based pediatric facilities.

During the senior year, which includes the fourth and fifth semesters, students have varied clinical experiences. Students rotate through a variety of community mental health facilities in semester four. Students also take the 90-hour simulation course where their clinical knowledge is advanced in a safe environment. Medical-surgical acute care rotations progress into the intensive care units during the fourth semester. In their final semester, students are paired with an RN preceptor in the acute care setting to manage groups of patients

in a first level leadership role. These fifth semester students are also enrolled in community health nursing clinical practica and assigned to agencies within a nine-county area including county public health departments, home health agencies and schools. By using the wealth of community agencies in our service area, students are assured an excellent community clinical experience. Faculty travel to these agencies to meet with the students and their preceptors.

RN to BSN students complete their only practicum in the community health nursing setting in the counties in which they live. These clinical experiences have necessitated the creation of new agency contracts and expansion of the counties used for clinical practica.

Northern California offers excellent clinical placements that facilitate student-learning for graduate students to meet program outcomes. Students in the nurse educator option complete two clinical courses. One course uses a preceptor model in which the students are paired with a master's prepared RN to provide advanced nursing care to a selected population, Advanced Practicum in Nursing Care (NURS 647). The other advanced clinical course, the Practicum for the Instructional Process in Nursing Education (NURS 685), prepares the students for a career in teaching. The Nursing Leadership option has one clinical course, Practicum in Nursing Leadership (NURS 683), in which students are paired with a nurse leader to integrate their newly attained theoretical knowledge into the clinical environment.

All of these clinical experiences enable students to integrate new knowledge and attain program outcomes. Faculty evaluation of students is achieved through a variety of methods that include: scores on ATI clinical preparation materials, instructor's assessment of student's knowledge of comprehensive nursing care of their patients, student contributions during post-clinical conference, and the use of clinical evaluation tools. An example of clinical evaluation tools can be viewed in Appendix III-E-1.

### **III-F**

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

*Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.*

The SON provides three programs to meet the needs of the COI (as defined in Standard 1-B); the traditional Basic BSN, RN-BSN and MSN programs. Community needs are addressed through formal and informal communication and collaboration. The community of interest for the SON encompasses the people of California, potential consumers and prospective 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 integrated through curricular components mandated by statute and monitored by the California BRN.

The SON seeks input from various clinical agencies through a variety of means. The SON Advisory Board meets every semester 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 nursing administration, public health nursing directors, health service delivery, and other northern California schools of nursing. The CNS Dean or his

designee, the Rural Northern California Simulation Center Director, the Rural California Nursing Preceptorship Director and a nursing student representative are also members of this board. Feedback from the board allows the SON to assess effectiveness of the nursing program. The relationships made with these local and regional leaders provides for ongoing flow of information between the school and these agencies and helps to ensure that the SON is in a position to respond to emerging needs and issues in the region. Feedback is sought from the SON advisory board related to curriculum revisions.

In 2014, a curriculum revision for the Basic BSN track was undertaken based on feedback from alumni and students who assessed that there was a gap in the medical-surgical nursing content that was creating a knowledge loss. Historically, students were taught how to start IVs in the third semester. Based on student and faculty feedback and with communication from the main clinical agencies, this practice moved to the second semester in fall 2017. The clinical agencies further reported that they would like to see graduates better prepared in the clinical decision-making systems being used in their facilities. To better meet this need, a nursing informatics course was added to the curriculum.

During AY 2016-2017, the medical-surgical faculty met to discuss concerns expressed by second semester students that more preparation was needed to enter the acute care setting in semester 2, given their clinical experiences in semester I were limited to long term care. After consulting with the clinical agencies involved, faculty decided to move students into the acute care setting for the last third of the first semester.

Another example of curriculum modification based on feedback from our COI occurred in spring 2017, when a senior student met with the second semester medical-surgical instructor to discuss the possibility of holding tutoring sessions for students. This senior student was an experienced tutor for other subjects on campus and felt it could be very helpful to nursing students if the SON established a formal tutoring program. The areas of focus are pathophysiology and pharmacology. The sessions are held weekly for one hour and done in small groups. By fall 2017, the program had expanded to now have five tutors who volunteered over 280 hours of tutoring for second semester students. There were 30/37 students who participated in pathophysiology tutoring and 26/37 who participated in pharmacology tutoring. By the end of the fall semester students had completed 470 visits to the tutoring sessions. The response has been overwhelming positive by both the tutors and the students. Plans have been made to continue these sessions every semester.

In addition, BSN graduates reported to the SON that having their preceptored clinical in the fourth semester and the intensive care clinical in the last semester did not meet the needs of new graduates because they did not feel prepared to care for groups of patients. Consequently, the faculty decided to switch these clinicals so that student did care for groups of patients in their final semester. This move more directly aligned with the workload of a practicing RN.

BSN alumni who were applying to graduate school reported that they were having difficulty being accepted into master's programs because the physical assessment course was not three units, a requirement for many MSN programs. Consequently, as part of the curriculum revision, this course was increased to three units.

The University recently received the designation as a Hispanic-serving institution. With this designation, many initiatives have been developed that focus on serving the needs of this student population. At the same time, knowing that the campus has an increasingly more diverse student body, faculty continuously review curriculum to identify areas where discussions about the needs of culturally diverse patients can be incorporated. The work of the Rural Northern

California Simulation Center (Sim Center) aids nursing students in understanding the cultural diversity of California by providing scenarios that focus on culturally diverse patients, which allows students to gain an improved understanding of patient-centered assessment and treatment. Since many high-fidelity mannequins do not reflect the ethnicity of the region, faculty include descriptions of the patient in scenario write-ups and post pictures of the potential patient in an effort to help identify these cultures. Content addressing the unique health needs/interventions appropriate to a variety of cultures is also addressed in every semester and applied in all clinical settings. A California healthcare workforce grant was recently awarded to an SON faculty to further develop opportunities that focus on the cultural needs of the community of interest.

The admission policies for the RN to BSN program changed in 2014 to meet the needs of the community of interest in Northern California. Local hospital nurse directors reported that their nurses indicated frustration at the long “Wait List” to get into the RN to BSN program and reported that nurses quit trying to get into the program due to that frustration. The admission policies approved in the fall of 2014 give priority to the graduates of the far northern California ADN programs and the nurses who live and work in far northern California. The Wait List was eliminated.

In an effort to meet the Institute of Medicine's *Future of Nursing* goal of attaining 80% of RNs becoming BSN-prepared by 2020, the SON made adaptations to the RN-BSN curriculum. All required theory courses are available online, with minimal time on-campus. The clinical course requirement in public health is met in an agency in the student's home area, whenever possible. This format allows students to remain in the RN workforce in their community while completing their degree.

Teaching-learning activities for the RN-BSN student were developed based on extensive input from former students, as well as California State law (AB 1295), to avoid repetition of competencies previously achieved in the ADN program. Graduates of this track stated that there had been little professional writing in their ADN program and felt unprepared to achieve the outcomes expected in a BSN program. In an effort to support student success, an academic writing course was added in summer 2017. After careful review of the north state community college ADN programs and in discussions with the advisory board, the curricular changes noted in Standard III-C were instituted.

A BlackBoard Learn course template was created in Spring 2017 to promote course delivery consistency in the RN to BSN program and inclusion of features recommended by students. These features include use of the course Calendar tool so all assignments from all courses show up on one calendar; use of email as opposed to course messages which is more user friendly for students; consistent placement of the course syllabus and information about the instructor; use of weekly content folders to provide a consistent place to find all course materials and assignments for a specified timeframe; and a built in “Zoom Virtual Conference Room” link that can be used for face to face discussions with distance students.

The curriculum and teaching-learning practices of the MSN program also consider the needs and expectations of the identified community of interest. This program is also delivered through an online format, which was originally developed to meet the needs of nurses working full time in rural communities with significant geographic barriers. Students are typically only required to attend an on-campus orientation at the beginning of the semester. When students defend their professional paper, it is usually presented using a virtual online format to their MSN committee. Clinical coursework for graduate students is generally available in proximity to the student's residence. This reduces travel requirements and provides opportunities for practice in

the region where the student is currently employed or most likely to be employed after graduation.

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

The SON is committed to service-learning to meet the needs of patients, families and communities. Service-learning projects are a collaboration between the SON and clinical agencies for the mutual benefit of the university and the community. Students apply nursing skills in a community setting while providing services to community members throughout the programs. 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.

### **III-G**

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

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. 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 outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

### **BSN Program**

Student performance in each course is evaluated by faculty and reflects achievement of expected outcomes. Theory and clinical courses are evaluated based on students' ability to meet stated course objectives, which are listed in each course syllabus. Grading criteria for each course across the BSN curriculum are clearly defined and posted in each course syllabus or supplement. Faculty developed a standardized syllabus that aligns SLOs, *BSN Essentials* and QSEN competencies.

Evaluation policies and procedures are defined and consistently applied, but vary depending on the course design. Student performance is evaluated by 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. Electronic feedback has become a common and convenient mechanism for students and faculty, and is facilitated by the

Blackboard tools available for each course. 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.

Evaluation rubrics are made available to students either on Blackboard or in the course supplement. The rubrics can be applied against written work achievement and also toward growth in psychomotor clinical skill performance. In addition to the objective portions on the rubrics, faculty can add qualitative comments. The clinical evaluation rubric is shared with students at the beginning of the semester and reviewed with them by their clinical instructor at the end of each semester.

Blackboard provides a unique online tool to check for plagiarism called *Turnitin*. Students 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*.

As a component of each semester of the Basic BSN program, Assessment Technologies Institute (ATI), a learning and assessment system, comprises up to 10% of the total grade points. ATI provides students with written materials in all specialty nursing areas that are included on the NCLEX exam. The materials also have NCLEX type questions, which give students good insight to understanding the exam. Students are required to take the ATI proctored examinations as an additional evaluation of individual student performance.

Students are encouraged to participate in self-evaluations throughout the program. Several courses use self-evaluations along with the instructor rubrics for formative assessment. Ongoing evaluation feedback in the clinical setting is provided to students by nursing faculty through verbal and written comments on logs, papers, projects, activities, and conferences. Feedback is sought from nurse preceptors; however, only the faculty member completes the clinical evaluation. Evaluation forms are placed in the students' files where faculty are able to track the clinical progress of students across all five semesters. A sample scoring rubric is found in Appendix III-G-1.

General grading policies, standards and professional performance expectations are in keeping with University and SON policy and are communicated to students through the University Catalog and the SON's *Student Guidelines* for the Basic BSN and the RN to BSN tracks upon admission. The documents are available for review and are also available online at <http://www.csuchico.edu> and <http://www.csuchico.edu/nurs>. The only major differences between university and SON grading policies are the SON's requirement that grades of "C" or better are required for nursing prerequisites, and a "C" is required to pass undergraduate nursing courses. A GPA of 2.5 is required for progression in the nursing major.

In 2017, the faculty agreed upon the following standardized grading criteria for BSN students:

Grade	Percentile
A	94% or higher
A-	90 – 93.9%
B+	87 – 89.9%
B	83 – 86.9%
B-	80 – 82.9%
C+	77 – 79.9%
C	73 – 76.9%
C-	70 – 72.9%
D+	67 – 69.9%
D	63 – 66.9%
D-	60 – 62.9%
F	<60%

**0.5 will *NOT* be rounded up to the next %**

### **MSN Program**

Individual student performance is evaluated by the faculty responsible for each course. Faculty assign final grades in all courses based on the grading criteria specified in the course syllabus. Students are evaluated in their clinical sites using a clinical evaluation rubric that has been specifically designed for that course. Preceptor feedback may be sought.

Each course syllabi specifies the grading criteria for the course. Student assessment will vary based upon course objectives and may include papers, projects, discussion board posts, peer review of group projects, and journals. All rubrics are available to the students at the beginning of the course. Students are able to get feedback from faculty directly within Blackboard. The *MSN Student Guidelines* state that faculty will provide feedback within two weeks. As noted in the University catalog (<http://catalog.csuchico.edu/viewer/GREDPOL.html>), graduate students must maintain a 3.0 cumulative GPA.

### **III-H**

**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 student 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.*

### **BSN Program**

The SON consistently and systematically analyzes curriculum and teaching-learning practices at regularly scheduled intervals to foster program improvement in the undergraduate program. Formative and summative evaluation have occurred. Students evaluate courses and faculty at the end of each term using student evaluation of teaching (SET) surveys required by the university. 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 area meetings, at the end of the program from the graduating class through the use of the Skyfactor, formerly Educational Benchmarking, Inc., survey and at the College of Natural Sciences (CNS) level where a nursing faculty assessment coordinator systematically evaluates how well the curriculum is supporting the achievement of student learning outcomes. Minutes from area and faculty meetings are maintained and kept in binders in the SON office as well as on a SON intranet (accessible online by faculty and staff).

Course faculty evaluate their own courses and incorporate student suggestions for improvement into these course summaries. Course evaluations are used, along with the evaluation of student learning outcomes, to adjust course content and structure. Faculty use data from faculty and student evaluation of teaching-learning practices to make informed decisions that facilitate the achievement of individual student learning outcomes. Additionally, informal feedback from students gathered through class discussions, individual appointments, and class meetings throughout the semester provide insight into which strategies best support student learning outcomes. Students participate in area meetings as well as SON committees to provide feedback on teaching-learning practices and curricular flow.

Faculty meet once a semester for an evaluation workshop to review Skyfactor exit survey data and suggest changes based on these data. Modifications in teaching-learning practices directly address issues and/or problems identified by the evaluation process. Curriculum and faculty meetings are used as the formal organization of these discussions. Minutes of these meetings reflect ongoing program improvement based on these exit survey results.

The CNS 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 meetings and documented in the curriculum committee folder on the SON Intranet. 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, the preceptored clinical focusing on the management groups of patients, came one semester before NURS 494 (now NURS 404), the instructor-supervised clinical that focused on direct care of small groups of complex patients. Feedback at area meetings as well as the Skyfactor evaluation workshop was consistent that the two courses need to be switched within the curriculum. These changes were implemented in fall semester 2013 (See Standard IV-D).

### **MSN Program**

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, in person or virtually, 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 the *MSN Essentials* document or from our specialty standards (NLN Education and AONE 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 *MSN Essentials* 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 clinical 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, course SLOs are periodically evaluated to examine how the entire curriculum works together to ensure that course activities support that end of program student learning outcomes. Graduate committee minutes demonstrate that this activity has taken place and discuss results from that review.

### **Analysis: Standard III**

#### **Strengths of the Program:**

1. The curricula are developed, implemented, and revised in accordance with the programs' missions, goals, student learning outcomes.
2. The SON prepares competent baccalaureate-prepared nurse generalists and graduate-prepared nurse educators and leaders consistent with professional nursing standards and guidelines and reflected within the expected student outcomes.
3. Undergraduate and graduate curricula are logically structured.
4. A wide variety of contemporary teaching-learning practices and environments support achievement of expected student outcomes.
5. Strong relationships with clinical partners have resulted in the adequacy of clinical sites (despite our rural setting) to promote the attainment of program outcomes.
6. The needs and expectation of the community of interest are reflected in the curriculum, our SLOS, and our teaching-learning practices.
7. Student performance is evaluated by faculty each semester and reflects progress towards expected student outcomes.

8. Curriculum and teaching-learning practices are evaluated every semester to foster program improvement in both graduate and undergraduate programs.

#### Areas of Concern:

1. Student feedback indicates the need to increase availability of open skills lab hours with a qualified faculty mentor.
2. High fidelity simulation is underutilized due to financial constraints. Students have indicated that an increase in the use of high-fidelity simulation enhances achievement of expected student outcomes.
3. Basic BSN students express concern about the limited amount of clinical experience in acute care pediatrics.
4. Long and costly commutes are necessary for Basic BSN students to achieve clinical objectives.
5. Teaching-learning practices could be expanded to be more inclusive of the diversity within the community of interest.
6. Student clinical performances are completed, but the evaluation forms are not consistently documented in student files.
7. Annual clinical site evaluation results are not consistently summarized and reported.
8. End of Course evaluations, which are in addition to the University SETs, are not consistently completed in all BSN courses.

#### Strategies for Improvement:

1. Qualified nursing faculty will be scheduled to increase the number of skill lab hours available for students beginning spring 2018.
2. Financial opportunities to support increased high-fidelity simulation experiences will be explored through donors, grants and additional funding sources.
3. Faculty will explore community-based resources for increased pediatric experiences for students.
4. A rotating clinical placement schedule will be implemented to decrease the student travel burden.
5. The Northern California Rural Simulation Center has received funding and will implement additional diversity scenarios.
6. A checklist will be developed through the evaluation committee to ensure consistent documentation of all evaluations.
7. Templates for end of course evaluations were developed and instituted beginning in Fall 2017.

**STANDARD IV**  
**PROGRAM QUALITY:**  
**ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES**

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

**IV-A**

**A systematic process is used to determine program effectiveness.**

*Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

- *is written, ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

The SON has a structured assessment plan for ongoing evaluation. In fall 2013, a comprehensive assessment plan was revised that encompasses a variety of assessment data with timelines. The plan identifies aggregate data that are collected to assess achievement of the program outcomes. The assessment plan has been periodically reviewed and revised to reflect concurrent standards as well as projected dates for completion of plan elements. The plan addresses data to be collected for the Basic BSN, RN-BSN and MSN programs. Faculty meet semester to examine available data and address needed program or curricular changes. Meeting minutes from faculty meetings and committee meetings reflect the review of data as a part of the systematic process for evaluation. In addition, assessment data is compiled and summarized at least annually by faculty with release time funded through the CNS and the SON, and reported to the SON faculty and to the CNS. The following methodologies are used to collect assessment data: Mountain Measurement/CA BRN (NCLEX); Skyfactor, formerly Educational Benchmarking, Inc. (EBI); Assessment Technologies Institute (ATI); end of course surveys, and employer, alumni, & student surveys.

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

**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. This data includes first time test takers as well as repeat test takers. Data are compiled quarterly by the SON and reported to the faculty and student representatives.

### **Skyfactor (formerly Educational Benchmarking, Inc. - EBI)**

The SON began using EBI in 2011 to collect outcome data for the Basic BSN and RN-BSN programs. This extensive survey, completed by graduating students, provides a comprehensive assessment of SON performance against professional standards; identifies where efforts should be focused to improve overall quality and performance; benchmarks the SON's performance with its existing community of hundreds of institutions; evaluates performance over time to monitor the impact of improvement efforts and inform future improvement initiatives; and provides evidence of how the SON contributes to the fulfillment of the institutional mission. Specifically, student survey responses are compared to a select six comparable institutions, the Carnegie 6 best performing schools and 261 other nursing institutions. These assessments are based on the *BSN Essentials*, which reflect program SLOs.

There are currently eleven SLOs for the BSN program, which were revised in 2013. The BSN SLOs can be found in the organizing framework in Appendix I-B-1 and in each program's *Student Guidelines*, which every student receives. Each year one or more SLOs are evaluated by each program. Each nursing course syllabus identifies how the course objectives are in alignment with the BSN SLOs.

The strongest indicators of BSN program outcomes are determined by senior BSN student exit surveys completed every semester, and alumni surveys. The RN-BSN students complete the survey once a year upon graduation. The outcome, which the SON strives to achieve, is 5.5 out of a possible 7.0 scale. Faculty decided to use this score since it aligned with scores of the other institutions to which the SON is being compared. Skyfactor also allows schools to develop institution-specific questions on an annual basis.

All BSN SLOs were assessed in 2012-2013 as the SON began work on its major curricular revision in response to the *Future of Nursing* and Carnegie reports. Academic Year 2013-2014 brought the change of the SLOs to align with the *BSN Essentials*.

MSN SLOs assessment is not conducted through Skyfactor. They are reviewed on a scheduled basis as determined by the graduate committee. See Standard IV-E.

### **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 Basic BSN student's mastery of concepts in specific areas linked to the NCLEX test plan, including pharmacology, dosage calculation, medical-surgical, maternal/child, mental health, and public health nursing so that early remediation can occur when needed. In addition, the *RN Comprehensive Predictor®* is a proctored assessment to help determine a student's preparedness for the NCLEX. ATI provides the SON with student group reports, individual student reports, and combined group and individual reports. 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.

### **Student Feedback**

Each semester, input from Basic BSN students is requested regarding the adequacy of clinical resources. Following the completion of clinical courses, a facility evaluation form is filled out by all students to address their satisfaction with the clinical placement. Students are required to keep weekly journals of their clinical practicum where they evaluate the quality of

their learning experiences. Feedback also occurs informally in the clinical setting and during semester area meetings where faculty meet with student representatives for planning, coordinating and developing the content and learning experiences. These groups continuously evaluate the program, resources and facilities. Faculty use this feedback to make specific changes in their own courses and across the semester. Items which pertain to the curriculum are reported to the curriculum and full faculty committees. Minutes of these meetings will be available to site visitors.

### **End of Course Surveys**

The faculty developed an end-of-course survey instrument to be given to students at the end of newly implemented courses and has been expanded to be used across all courses. The objective is to provide concurrent information and feedback regarding the course from students. Implementation began at the end of the Fall 2016 semester for new courses but is yet to be fully implemented across all courses in the BSN program. Graduate students complete these surveys for all courses in the MSN program. MSN survey results are reviewed by the graduate committee. The process for review of the BSN end-of-course surveys is in the development stage.

### **Graduation Rates**

Student graduation rates are tracked for both the BSN and the MSN programs.

### **Employer Surveys**

The SON conducts surveys of employers for the Basic BSN graduates as guided by the Assessment Plan. Data are shown in Standard IV-E. In addition, informal feedback is obtained from the SON Advisory Board, which includes agencies who employ our graduates. These agencies also complete written surveys at least once every three years. Many graduates remain in the region and are employed by the agencies represented on our advisory board. Informal input is also obtained from agency education personnel of the two major hospital employers who have extensive new graduate orientation programs, and who are in a position to determine any patterns of deficiency in our graduates. Employers continue to indicate high levels of satisfaction with our graduates. Employers of RN-BSN and MSN graduates have not been formally surveyed.

### **Alumni Surveys**

Graduates from the Basic BSN, RN-BSN, and MSN programs complete surveys to gain information about the programs that includes: satisfaction, employment data, future education plans, certifications obtained since graduation, and the strengths and suggested areas of improvement of the program. All alumni surveys are conducted within one year of graduation, as defined in the Assessment Plan.

### **Clinical Agency Feedback**

The close ties we have with our clinical agencies provide valuable ongoing feedback about our students' performance. Input is regularly sought from clinical agency personnel. SON faculty who work with students in a particular agency, meet informally with agency staff to review their students' experiences, resolve issues, and mutually develop plans to enhance student learning opportunities. Additionally, the Director has direct phone and e-mail access to key education liaisons in each facility. The School of Nursing Advisory Board meets formally every

semester to facilitate communication between the agencies and the SON, and to receive feedback from the facility representatives regarding the level of preparation and quality of students and graduates. When areas of concern arise, they are addressed and documented within the Semester Area and Advisory Board meeting minutes.

The SON determines program effectiveness through this systematic process of evaluations. Faculty, students, alumni, and clinical agencies are involved in providing input and participating in data collection. The program consistently analyzes student and alumni satisfaction surveys, NCLEX and ATI data, feedback from the Advisory Board, and employers to monitor and guide program improvements.

#### **IV-B**

##### **Program completion rates demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:*

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

*A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

#### **BSN Program**

The SON at CSU, Chico closely monitors graduation and attrition rates, viewing on-time completion of the BSN program as an important goal. Graduation rates are determined by the cohort entry date. The data presented demonstrates the proportion of students who finish within the original cohort, as well as students who finished late. The three most current calendar years are shown in Table IV-B-1. The most common barriers for delayed graduation include academic failure, family issues, and personal illness. The CCNE benchmark of a 70% completion rate is consistently exceeded.

**Table IV-B-1: BSN Graduation Rates**

<b>Graduation Year</b>	<b>Admitted</b>	<b>Graduated</b>	<b>Percentage</b>	<b>Late Grads*</b>
<b>2017</b>	114	113	98.65	3
<b>2016</b>	113	103	91.15	1
<b>2015</b>	114	102	89.47	1

\*Late Grads from previous cohorts are excluded from the yearly percentage total

### **MSN Program**

The current MSN program takes five semesters to complete which includes the completion of a problem solving professional paper (PSPP). Table IV-B-2 organizes MSN students by admission cohort. Students who graduated within five semesters are noted under the “On Time Graduation” column, and students who graduated after more than five semesters are noted under the “Late Graduation” column. Both columns contain students who started in a single cohort. There were no students admitted for Fall 2015 and thus, the completion rate for the most recent calendar year of 2017 is not displayed. The most recent graduating year is from the 2014 cohort who graduated in 2016 and meets the program and accreditation goals of 70%. Changes were made to the curriculum in 2012 to address the previous high number of late graduations and will be discussed in Standard IV-H.

**Table IV-B-2: MSN Graduation Rates**

<b>Admission Date</b>	<b>Expected Graduation</b>	<b>On Time Graduation</b>	<b>Late Graduation</b>	<b>Percentage</b>	<b>Attrition</b>
2017	2019	4 students in progress			
2016	2018	6 students in progress			
2015*	2017	0	0		0
2014	2016	3	2	100%	0
2013	2015	3	6	64%	5

\*Insufficient qualified applicant pool

### **IV-C**

**Licensure and certification rates demonstrate program effectiveness.**

*Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.*

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that*

*campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.*

*The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.*

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

*A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.*

First time pass rates are tracked for the Basic BSN graduates. The three recent calendar years as well as rates reported for 2017 through September are shown in Table IV-C-1. In 2013, the SON set a benchmark NCLEX pass rate of 80%. That goal has been consistently met and exceeded. These numbers reflect a significantly higher rate than the CCNE goal of 80% and exceed the 2017 BSN national average of 90.35%. The SON does not issue any certifications in the MSN program.

**Table IV-C-1 NCLEX Pass Rates**

<b>Year</b>	<b>Attempted</b>	<b>Passed</b>	<b>Percent</b>
<b>2017*</b>	76	73	96.05
<b>2016</b>	73	71	97.26
<b>2015</b>	75	72	96
<b>2014</b>	70	64	91.42

\*2017 results through 9/30/17

#### **IV-D**

##### **Employment rates demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.*

- *The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

*Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.*

*This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.*

##### **BSN and MSN Employment Rates**

Employment data for BSN and MSN students are gathered through surveys sent to students within one year of graduation. Data were collected for 2015 for the BSNs. This was also the year in which the survey format was being updated. These revisions contributed toward a delay in collection beyond the one-year limit so it has not been included. Since this change, 2016 and 2017 data have been collected in a timely manner and within the one-year time limit. The employment rate exceeds the goal of 70%.

**Table IV-D-1: BSN Employment Rates**

<b>Year</b>	<b>Respondents</b>	<b>Employed</b>	<b>%</b>
<b>2017</b>	19	18	94.7
<b>2016</b>	37	36	97.3

**Table IV-D-2: MSN Employment Rates**

<b>Year</b>	<b>Respondents</b>	<b>Employed</b>	<b>%</b>
<b>2017</b>	1	1	100
<b>2016</b>	4	4	100

#### **IV-E**

##### **Program outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).*

*Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.*

*Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.*

Program effectiveness is determined through evidence from our affiliated agencies, advisory board, employers, students, and alumni. The SON has an excellent reputation throughout the state, as evidenced by the fact that many incoming students indicated they chose the program due to its reputation. Nursing employers consistently indicate their preference for Chico graduates and have been pleased with those graduates whom they have hired. Alumni frequently update faculty on their careers, and often indicate that they are very pleased with their professional preparation.

Achievement of outcomes within the California State University School of Nursing BSN program relies on five factors: Overall Program Outcomes, Student Learning Outcomes (SLOs), ATI Comprehensive Predictor Exam, Alumni Satisfaction, Clinical Agency Feedback, and Employer Satisfaction of BSN Graduates.

#### **Overall Program Outcomes**

The Skyfactor surveys address overall program outcomes which includes Overall Satisfaction, Overall Learning and Program Effectiveness categories. The SON sets a benchmark of 5.5 on a scale of 7.0. When the data related to Overall Satisfaction are reviewed, the SON scores well with an mean of 5.39 for the last three years. In a review of Overall Learning for the same time period, the SON achieved 5.82, well above the benchmark. Finally, the Overall Program Effectiveness mean is 5.61, again above the benchmark. The individual years for each of these indicators are listed in the tables below. Note: 2017 data are only inclusive through August of this year.

<b>Factor 12. Overall Satisfaction 5.39</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	<b>N=53</b>	<b>N=40</b>	<b>N=80</b>
	Mean	Mean	Mean
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Would you recommend the nursing school to a close friend?	5.82	5.28	5.23
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Did your nursing school provide a positive academic experience?	5.67	5.19	5.14

<b>Factor 13. Overall Learning 5.82</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	<b>N=53</b>	<b>N=40</b>	<b>N=80</b>
	Mean	Mean	Mean
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Were you challenged to do your best academic work?	5.82	6.03	5.85
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Were you motivated to do your best academic work?	5.69	5.56	5.43
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Was the information you learned applicable to your future career?	6.10	6.06	5.88

<b>Factor 14. Overall Program Effectiveness 5.61</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
	<b>N=53</b>	<b>N=40</b>	<b>N=80</b>
	Mean	Mean	Mean
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Would you recommend the nursing school to a close friend?	5.82	5.28	5.23
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Did your nursing school provide a positive academic experience?	5.70	5.19	5.14
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Were you challenged to do your best academic work?	5.82	6.03	5.85
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Were you motivated to do your best academic work?	5.69	5.56	5.43
Overall Evaluation – Regarding your experience at the nursing school, to what degree: Was the information you learned applicable to your future career?	6.10	6.06	5.88

BSN students are also asked to evaluate how well prepared they were to “think like a nurse” when they graduate. The goal is that 80% or more of students will rank this question at 5 or higher. As can be seen in the table below, 85.1% or more of the students ranked the SON at 5 or

higher on a 7-point Likert scale for achievement of this outcome. These important data helps inform faculty on curricular achievement of program effectiveness.

**To what degree did the BSN program at CSUC prepare you to "think like a nurse?"**

Likert Score	2015	2016	2017
	N=53	N=40	N=80
	Mean	Mean	Mean
5 or higher	85.3%	91%	85.1

**MSN Program Outcomes**

The end of program surveys are conducted after graduation. The graduates were surveyed for overall program satisfaction and whether they were considering further education. The SON goal for overall satisfaction of achieving a ranking of moderately to very satisfied is 80%. In an effort to meet the Institute of Medicine (IOM) goal for nurse workforce to attain a doctoral degree by 2020, the SON has set a 30% goal for MSN graduates to indicate they are considering further education.

Survey Date	2013	2014	2016
Responses	7	6	5
Overall Satisfaction	72%	50%	40%
Considering Further Education	57%	50%	100%

**BSN Student Learning Outcomes (SLOs)**

The Skyfactor surveys also address attainment of student learning outcomes. Results for 2015, 2016 and 2017 are displayed below.

	2015	2016	2017
<b>Accreditation Standards – BSN Essentials</b>	N=53	N=40	N=80
<b>Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice 4.98</b>			
<ul style="list-style-type: none"> <li>Liberal Education for Baccalaureate Generalist Nursing Practice - To what degree did your non-nursing courses enhance your ability to: Integrate theories and concepts from liberal education into nursing practice.</li> </ul>	4.49	5.00	4.94
<ul style="list-style-type: none"> <li>Liberal Education for Baccalaureate Generalist Nursing Practice - To what degree did your non-nursing courses enhance your ability to: Value the ideal of lifelong learning to support excellence in nursing practice.</li> </ul>	4.77	5.56	5.16
<b>Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety 5.03</b>			
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Understand how health care delivery systems are organized</li> </ul>	5.14	4.74	5.21

<b>Essential III: Scholarship for Evidence Based Practice 5.50</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Apply research based knowledge as a basis for practice	5.67	5.53	5.80
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Integrate theory to develop a foundation for practice	5.51	5.46	5.53
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Make effective presentations	5.36	5.44	5.21
<b>Essential IV: Information Management and Application of Patient Care Technology 5.46</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Use appropriate technologies to assess patients	5.51	5.34	5.52
<b>Essential V: Health Care Policy, Finance, and Regulatory Environments 5.03</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Understand the effects of health policies on diverse populations	5.67	5.28	5.36
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Understand the global health care environment	5.12	4.74	5.12
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Incorporate knowledge of cost factors when delivering care	4.94	4.39	4.64
<b>Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes 5.39</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Communicate with healthcare professionals to deliver high quality patient care	5.51	5.36	5.47
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Work with inter-professional teams	5.42	5.14	5.41
<b>Essential VII: Clinical Prevention and Population Health 5.62</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Assess predictive factors that influence the health of patients	5.56	5.61	5.70
<b>Essential VIII: Professionalism and Professional Values 5.88</b>			
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Provide culturally competent care	5.62	5.64	5.36
• Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Support fairness in the delivery of care	5.74	5.86	5.62

<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Act as an advocate for vulnerable patients</li> </ul>	5.98	6.00	5.86
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Demonstrate accountability for your own actions</li> </ul>	5.96	6.25	5.84
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Honor the right of patients to make decisions about their health care</li> </ul>	6.12	6.31	6.04
<b>Essential IX: Baccalaureate Generalist Nursing Practice 5.53</b>			
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Assist patients to interpret the meaning of health information</li> </ul>	5.62	5.53	5.62
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Incorporate nursing standards into practice</li> </ul>	5.96	6.06	5.81
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Apply an ethical decision-making framework to clinical situations</li> </ul>	5.86	6.08	5.66
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Provide physical support in preparation for therapeutic procedures</li> </ul>	5.63	5.65	5.36
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Provide emotional support in preparation for therapeutic procedures</li> </ul>	5.76	5.79	5.43
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Provide pain reduction measures</li> </ul>	5.83	5.97	5.69
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Manage wounds</li> </ul>	4.85	4.91	4.80
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Evaluate individual's ability to assume responsibility for self-care</li> </ul>	5.57	5.67	5.44
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Assist patients to achieve a peaceful end of life</li> </ul>	5.28	5.12	5.24
<ul style="list-style-type: none"> <li>Basic Organizational and Systems Leadership for Quality Care and Patient Safety - To what degree did the nursing program teach you to: Delegate nursing care while retaining accountability</li> </ul>	5.00	5.34	5.28

### **MSN Student Learning Outcomes (SLOs)**

There are nine SLOs for the MSN program. See Appendix IV-E-1. For SLO 4, passing is determined by achievement of either a three or a four on a scale of 1-4 on the master's culminating activity. The SON goal for SLO 4 is that 80% of MSN students will pass their culminating activity. For SLO 6 and 2, the goal was the achievement of either an A or B in the overall course by 100% of the students.

Semester	SLO #	Courses Evaluated	SLO Description	N	% Passed
Fall 2015	4	NURS 697	Translate and apply evidence-based research in nursing practice	8/9	89%
Spring 2016	6	NURS 645	Use health policy, political skills, and advocacy to influence positive change in health care delivery	6/6	100%
Fall 2016	2	NURS 683	Students utilize leadership skills to influence the quality of health care at the organizational and/or systems level	6/6	100%

### **ATI Comprehensive Predictor Exam**

The Comprehensive Predictor exam is scored as a percentile and the SON goal is to meet or exceed the national mean. BSN graduates have exceeded that goal for the last two years.

### **Comprehensive Predictor Scores**

Cohort	Mean Score	National Mean
2017	71.2	68.3
2016	71.5	
2015	67.9	

### **Basic BSN Alumni Survey**

Surveys have been sent to the Basic BSN alumni who graduated December 2014 - December 2016. There is a goal that 50% of the BSN graduates will consider master's education. The SON goal of alumni stating the strengths of the program is that 70% feel that critical thinking is a strong asset. Faculty also determined that knowledge, patient safety and evidence-based practice are key indicators of effective program outcomes. These areas of the survey are included in the table below.

Graduation Date	2014	2015	2016
Responses	20	20	28
Considering Further Education?	70%	55%	68%
Level of prep to work as an RN? Moderately well to Very Well Prepared	65%	90%	68%
What are the Strengths of the Program?			
• Critical thinking	70%	75%	68%
• Knowledge	50%	70%	57%
• Patient Safety	60%	60%	61%
• Evidence-based practice	70%	50%	61%

### **RN-BSN Alumni Survey**

Surveys are sent to the RN-BSN graduates after their graduation. The results for the last three cohorts are shown below. The SON goal is that at least 50% or more of the alumni will consider furthering their education and that 75% or more are moderately to very satisfied with the program.

<b>Graduation Date</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Responses</b>	<b>10</b>	<b>14</b>	<b>13</b>
Overall Satisfaction			
• Very	80%	93%	100%
• Moderately Satisfied			
Job Promotion or Role Change	40%	57%	69%
Considering Further Education	60%	57%	83%

### **Employer Satisfaction of BSN Graduates**

Employers were formally surveyed in summer 2016, and spring and summer 2017 with responses received from seven employers. These employers included directors, managers and hospital educators. The SON goal is that 70% of employers will be very satisfied with the BSN graduates.

<b>BSN Employer Survey</b>	<b>July 2016</b>	<b>March &amp; July 2017</b>
Responses	3	4
Graduates Are Well Prepared	66%	100%
Very Satisfied with Graduates	66%	100%
Intent to Hire CSU Chico Graduates in the future	100%	100%

Data have not been collected from employers for MSN graduates about their satisfaction of graduates since most of these students enter the program already employed. These data would not be meaningful to the program for ongoing improvement.

## **IV-F**

**Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*

- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals;*
- *and*
- *are congruent with institution and program expectations*

*Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.*

Faculty outcomes are consistent with the program mission and goals and congruent with CSU, Chico and nursing program expectations. Faculty are very successful in meeting and exceeding the expectations of the University and SON.

The University has established standards by which faculty are evaluated. Achieving these standards by faculty validates SON program effectiveness. All tenure-track and temporary faculty are evaluated annually. Temporary faculty submit their CV annually noting any accomplishments of the past year. Temporary faculty are reviewed for each of their first two years of employment. They are then evaluated every two years until they have attained six years of service. At that time, they are eligible for a three-year contract and are reviewed in the last year of the contract.

The tenure and promotion process takes up to six years though some faculty take service credit depending on their achievements prior to being hired at CSU, Chico. Tenured faculty are reviewed every five years. This process is called retention, tenure and promotion (RTP). The SON goal is that 100% of tenure-track faculty who submit for tenure achieve this goal within the six year timeline. Four faculty received tenure and were promoted since spring 2016. There are currently seven tenure-track faculty, two of whom are awaiting announcement of receiving tenure and promotion during spring 2018. The remaining four are completing their first year as a tenure-track faculty and one is completing her third year of probation. Faculty are evaluated on teaching, scholarship and service. SON RTP criteria will be available in Resource Room. University criteria can be found at the following link:  
<http://www.csuchico.edu/faaf/fppp/FPPP1718%20FINAL.pdf>

Individual tenure/tenure-track (T/TT) faculty outcomes are documented through an annual dossier that includes evidence of their teaching, scholarly work and service accomplishments over the previous year. This information is included in the retention, tenure and promotion (RTP) report that reviewed by the SON and CNS Personnel Committees as well as the CNS Dean. The University Vice President of Academic Affairs reviews these documents every two years for the performance evaluation.

The Director and eight T/TT faculty hold earned doctorates. Two tenured faculty and one temporary faculty are currently enrolled in doctoral programs.

The outcome for faculty in teaching that demonstrates program effectiveness is defined in three areas: Instruction, Innovation in Instruction and Student Support. Faculty teaching accomplishments are assessed every semester in the form of a campus-wide Student Evaluation of Teaching (SET) process and annually through peer review and review by the SON Director and the Dean of CNS. New tenure-track faculty have annual peer teaching reviews until the tenure process is completed within six years. Temporary faculty are peer reviewed once each year. Tenured faculty undergo peer review of their teaching every five years. Copies of quantitative SET scores, written student comments and written peer reviews are kept in each faculty member's confidential personnel file located in the Dean's office.

All TT faculty have been retained during their probationary period related to their achievements in teaching. As noted in Standard III-D, SON faculty have been especially productive in designing and implementing innovative teaching-learning practices.

The School of Nursing requires that faculty demonstrate an ongoing commitment to professional growth and achievement. Professional growth and development may encompass ongoing professional practice, research, and academic scholarship. The SON values collaborative efforts in all professional development and scholarly activities including grant writing, publication, presentations at professional meetings.

Tenure-track faculty professional growth and development expectations in the RTP process that demonstrate program effectiveness require attainment of significant achievements from a combination of two or more categories and must include either a peer-reviewed publication or a podium or poster presentation at least at the regional level, as defined in the SON RTP document, which will be available in the Resource Room. Individual faculty professional achievements can be found in each faculty CV, which will be available in the Resource Room. As noted in the table below, aggregate faculty scholarship outcomes are congruent with University and SON program expectations.

**Table IV-F-1: Aggregate Faculty Scholarly Achievements**

Year	Grants	Publications	Presentations	Posters
2017	4	10	19	1
2016	0	2	26	3
2015	4	18	18	3

The School expects all faculty to demonstrate an active and ongoing commitment of significant service to the School, College, University, profession, and local community. Service must include participation across multiple levels at the University. Faculty are expected to give back to the nursing profession by serving local, state, regional, or national organizations. Evidence of the aggregate service can be found on the SON Committee lists in Appendix I-D-1. Service of individual faculty can be reviewed on this list.

The SON faculty are highly educated professionals who individually and collectively demonstrate excellence in teaching, scholarship, and service. The SON faculty are recognized both on campus and nationally for their success in teaching, scholarship and service.

#### **IV-G**

**The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

The University and the SON defines the policies related to formal complaints. Grievances related to grades, University services, and academic programs on and off campus may be resolved either by an informal or formal process through the use of the Student Grievance Procedures, as can be found at the following link: [http://www.csuchico.edu/sjd/stud\\_griev.shtml](http://www.csuchico.edu/sjd/stud_griev.shtml). The Office of Student Judicial Affairs, not the School of Nursing, oversees these procedures and maintains a record of formal complaints, according to an *Executive Memorandum* written in 2005. Students who feel they have been treated unfairly or arbitrarily are entitled to use these procedures. However, most complaints (grievances) are resolved during the informal process.

This SON grievance policy can be found in *BSN, RN-BSN and MSN Student Guidelines* and is in alignment with the University policy.

An informal process starts at the School level: the student should talk 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 the Student Services Center.

#### **IV-H**

##### **Data analysis is used to foster ongoing program improvement.**

*Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.*

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

##### **Graduation Rates**

The SON completion rates for the BSN program consistently exceed the 70% goal. The Basic BSN track maintains a very high completion rate of 90% or higher for the last five years. While the RN-BSN track maintains a 79% completion rate, exceeding the goal, the attrition rate is still a concern. Faculty have determined this rate is due to a variety of factors. The most common factors include students withdrawing due to family or work issues. When a student must withdraw, they are encouraged to take a Planned Educational Leave (PEL) and return when appropriate. Faculty review the data on a regular basis. Based on faculty analysis, the track was extensively revised in 2011 when it went from a two year curriculum to 15 months. Additional changes that were made for AY 2017-2018 also took into consideration these concerns. The RN-BSN advisor and faculty who teach in that track continue to analyze the causes of attrition and review the effectiveness of the latest curricular changes.

The SON completion rates for the MSN program in the most recent graduating cohort exceeded the goal of 70%. The completion rate for the students expected to graduate in 2016 was 100%. Previous rates varied and often did not meet the goal. Upon faculty review, it was determined significant changes needed to be made to the MSN program. Previously, students selected a thesis as their culminating activity. Faculty who served as their committee chair found that students took months to complete the work; many times due to writing difficulties. While many of these students successfully completed the coursework, the scope of a thesis and its required writing seemed overwhelming to them, resulting in non-completion of the program. In an effort to address the issue, the faculty in consultation with students and the Graduate Studies

office, decided to require a GRE Writing score of 3.5 upon admission to the program. Based on further analysis by faculty, the culminating activity was changed to a problem-solving professional paper in 2014. At that time several students who had previously not finished their thesis were allowed to convert the culminating activity to a professional paper. As discussed in Standard III-C, an additional change occurred when the core content was moved to the first year of the program. This change allowed students to spend the last three semesters focusing on the professional paper and their culminating clinical course. These changes have resulted in a significant increase in MSN completion rates.

### **NCLEX Pass Rates**

The Basic BSN graduates have consistently exceeded the CCNE goal as well as the national average for NCLEX pass rates. Faculty and students continue to discuss methods to maintain a 95% or higher pass rate. The strongest aid in achieving this goal is working with students to improve their ATI content mastery proctored exam scores throughout the program. Faculty also now include more NCLEX type questions in their lectures and exams.

### **BSN and MSN Employment Rates**

The BSN and MSN program graduates consistently exceed the employment rate goal of 70%. The 2015 data were not collected within one year of graduation. Since that time, the survey process has been revised and we have collected employment data within the allotted time frame. MSN graduate survey response rates have been limited because of the small number of graduates. Faculty has determined that responses have been inconsistent due to the restriction by the University that only CSU, Chico student email accounts be used in all communication. Faculty have found that students rarely access their CSU, Chico email accounts once they graduate. Student personal email accounts are now being requested by faculty during the last semester of the program in an effort to improve communication with students after they graduate.

Program outcomes have been defined by the SON and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree being offered.

### **Overall Program Outcomes for BSN program**

Overall program outcomes are demonstrated by students' overall satisfaction, their overall learning, the overall program effectiveness and whether they were prepared to "think like a nurse", as measured in the Skyfactor exit surveys. The SON benchmark for each factor 5.5 on scale of 7.0.

The mean score for overall satisfaction of 5.39 did not meet the benchmark of 5.5; however, faculty concluded that the two questions asked in this portion of the survey do not accurately reflect the students' actual satisfaction with the program. The SON will change the institution specific questions beginning in fall 2018 to more clearly evaluate student overall satisfaction with the program.

The SON has exceeded the benchmark for Overall Learning and Overall Program Effectiveness. It is significant to note students consistently indicate that they were challenged to do their best academic work and that their learning was applicable to their future career.

Eighty-five percent or more of students indicated their preparation they received in the BSN program prepared to "think like a nurse" on a scale of 5 or greater. This score exceeds the 80% benchmark set by the SON and is a positive indicator of overall program outcomes.

### **Overall Program Outcomes for MSN Program**

Respondents to the end of program surveys have indicated a satisfaction level at less than the 80% goal. Faculty determined one of the reason for dissatisfaction with the program was the difficulty completing the culminating activity within the five-semester plan. In an effort to improve this outcome, the faculty have made curricular changes as noted in Standard III-C. The currently enrolled students are on track for timely graduation and have anecdotally indicated satisfaction with the program.

It is noteworthy, that on average more than 50% of the MSN graduates indicate they are considering further education. This outcome greatly exceeds both the SON goal of 30% as well as the IOM of 20%.

### **Student Learning Outcomes**

BSN Student Learning Outcomes (SLOs) are also measured in the Skyfactor exit surveys. The SON benchmark for each SLO is 5.5 on scale of 7.0. There are several SLOs that did not meet the benchmark of 5.5.

Upon reviewing questions related to *Essential I* (SLO 1), faculty have determined the majority of students understand the value of lifelong learning to support excellence in their nursing practice; however, the negative response to the second question in this SLO is that students do not seem able to connect the value of a liberal education into their nursing practice. Faculty will address potential approaches to enhance student appreciation of their liberal education.

*Essential II* address the healthcare delivery system. *Essential V* questions the effects of health policy on diverse population, understanding global health environment and incorporating knowledge of cost factors when delivering care. Past survey results indicate there have been deficiencies in these areas. Faculty determined these concepts were not thoroughly covered within the curriculum. Consequently, as noted in Standard III-C, a health policy course was implemented in fall 2016 as part of the curricular revision. Of the graduates included in the survey, only one cohort has taken this course. In addition, there has been increased focus on these concepts within the curriculum. The score of the most recent graduates reflects an improvement for this topic. The SON faculty will continue to monitor this SLO for evidence of meeting the benchmark.

*Essential VI* focuses on interprofessional communication and collaboration for improving patient health outcomes. Since there is very limited exposure for students to healthcare professionals within the University setting, the faculty have collaborated with the Rural Northern California Simulation Center personnel to increase opportunities for interdisciplinary teamwork. Students do work with a variety of healthcare professionals in the clinical setting and participate in rounds, hand off reports, and team meetings. Faculty continue to look for ways to increase the opportunities for students to interact with other professionals.

*Essential IV* did not achieve a score of 5.5, yet two out of the three reported years did exceed the goal. It is expected the benchmark for this SLO will be met in the future since an informatics course has been incorporated into the curriculum.

The remaining *Essentials III, VII, VIII, IX* meet or exceed the SON benchmark of a mean of 5.5. In particular, *Essential VII* on clinical prevention and population health and *Essential VIII* on professionalism and professional values greatly surpass the benchmark.

MSN Student Learning Outcomes are measured by course or program completion. Analysis shows the MSN SLOs assessed have met or exceeded the goals set by the SON.

### **ATI Comprehensive Predictor Exam**

The national mean for this exam has been maintained at 68.3% for last three years. The SON goal is to meet or exceed the national mean. BSN graduates have exceeded that goal for the last two years. The faculty anticipate students will continue to meet or exceed the goal every semester. The faculty will continue to analyze the outcome of this exam to further ensure the SON NCLEX pass rates remain at or above 95%.

### **Basic BSN Alumni Survey**

The SON has consistently met or exceeded the goal that 50% of the BSN graduates will consider master's education. The SON goal for alumni stating the strengths of the program is that 70% feel that critical thinking is a strong indicator of program effectiveness. The mean score for the last three years reflects that critical thinking is a strength of the program. The other three areas of strength identified in Standard IV-D further provide evidence of program effectiveness.

### **RN-BSN Alumni Survey**

The SON has consistently met or exceeded the goal of 50% or more of the RN-BSN alumni are considering further education. The goal of 75% or more of the alumni are moderately to very satisfied with the program. Additional survey results affirm that alumni have achieved a role change or promotion since completing the program.

### **Employer Satisfaction of BSN Graduates**

Employer satisfaction results over the last three surveys indicate that 85% of respondents were very satisfied with the graduates, exceeding the 70% goal. The survey also indicates that 100% of these employers intend to hire SON graduates in the future. The SON Advisory Board members reaffirm these results.

### **Formal Grievances**

There have only been five formal grievances filed by nursing students in the last four years. Each of the students had been removed from the BSN program for either unprofessional behavior or patient safety concerns. After review by Student Judicial Affairs office in conjunction with the SON Executive Committee, three of the students were allowed to move forward in the program and ultimately graduated. The removal of the other two students was upheld. Based on faculty analysis of each grievance, no policy changes were made because there were serious and compelling reasons that these students should be allowed to either continue or removed from the program.

### **Analysis: Standard IV**

#### **Strengths of the Program:**

1. The SON has a well-defined structured assessment plan for evaluation.
2. Outcome data are analyzed and utilized for program improvement.
3. Program changes made based on assessment data have increased SLOs achievement and stakeholder satisfaction.
4. BSN and MSN completion rates meet or exceed goals.
5. BSN licensure rates far exceed the CCNE goal of 80%.
6. Graduates report high employment rates.

7. Aggregate faculty outcomes demonstrate high levels of achievement that promote program effectiveness.
8. Employer satisfaction rates are high.
9. Faculty and students are engaged in program improvement processes.

Areas of Concern:

1. Concern that the SON needs an improved method for maintaining contact with MSN graduates.
2. End-of course surveys inconsistently administered in both tracks of the BSN program.
3. Skyfactor BSN program satisfaction surveys contain incongruous questions to assess overall program satisfaction.
4. Four of the nine BSN SLOs are not consistently meeting the benchmark.
5. Advisory board input is not collected in a formal data-driven method.
6. Concern that the SON needs an improved method for contacting employers of graduates.
7. Faculty release time for assessment activities has significantly decreased.

Strategies for Improvement:

1. Collect personal and employer contact information from MSN students to administer future surveys.
2. Consistently administer end-of-course surveys throughout both tracks of the BSN program.
3. Change the Skyfactor BSN exit survey to include appropriate institution-specific questions that more accurately reflect overall program satisfaction.
4. Faculty will continue to monitor the impact of curricular changes for improvement of SLOs.
5. The SON will formally survey Advisory Board members during the spring semester each year.
6. The SON will administer employer surveys to appropriate contacts for MSN and RN-BSN track graduates to obtain sufficient response rates.
7. The SON will work with the College of Natural Sciences to assess ways to ensure adequate faculty release time for assessment.

## Appendix Table of Contents

<b>Standard I</b> .....	<b>1</b>
Appendix I-A-1: Strategic Plan 2014-2020 .....	1
Appendix I-B-1: CSUC Organizing Framework .....	14
Appendix I-D-1: Organizational Chart .....	15
Appendix I-D-2: Faculty Committee Lists .....	16
Appendix I-D-3: Student Representatives .....	28
<b>Standard II</b> .....	<b>43</b>
Appendix II-A-1: SON Budget.....	43
<b>Standard III</b> .....	<b>44</b>
Appendix III-C-1: RN-BSN Transcript Evaluation Form .....	45
Appendix III-E-1: Clinical Evaluation Tool Example.....	46
Appendix III-G-1: Clinical Scoring Rubric Example.....	49
<b>Standard IV</b> .....	<b>50</b>
Appendix IV-E-1: MSN Student Learning Outcomes (SLO).....	50

**Appendix I-A-1**  
**Strategic Plan, 2014-2020**  
**School of Nursing**  
**California State University, Chico**

Web site address (URL) of SON: <http://www.csuchico.edu/nurs>

Web site address (URL) of nursing student

handbooks: <http://www.csuchico.edu/nurs/documents/Student%20Guidelines%20BSN%202015-2016%20revised%208-4-15.pdf>

<http://www.csuchico.edu/nurs/documents/RN.to.BSN.Gidelines.Rev.May2015.pdf#Guidelines>

[http://www.csuchico.edu/nurs/documents/Masters\\_Guidelines\\_May\\_2015.pdf](http://www.csuchico.edu/nurs/documents/Masters_Guidelines_May_2015.pdf)

### **Accreditation and Licensure**

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 (CCNE), and are in compliance with California Board of Registered Nursing (CA BRN) regulations and standards for registered nursing education programs.

<b>Accrediting Body</b>	<b>Last Review</b>	<b>Current Status</b>
California Board of Registered Nursing	2013, April (Interim Review)  2008 (Full Review)	Full Approval  Next site visit scheduled for Fall 2017

<b>Accrediting Body</b>	<b>Last Review</b>	<b>Current Status</b>
Commission on Collegiate Nursing Education	Baccalaureate in Nursing 2008 (Full Review)/Interim Accreditation report submitted Dec. 1, 2013  Master's in Nursing 2008 (Full Review)/Interim accreditation report submitted Dec. 1, 2013	Baccalaureate in Nursing Full accreditation  Master's in Nursing Full accreditation

### **Program Overview**

The nursing program at CSUC began in 1952 and offers three undergraduate degree options (BSN, RN-BSN, LVN-BSN) as well as two graduate options (MSN- nursing leadership and MSN- nurse educator). The program has been continuously accredited by the BRN, as well as

national accrediting agencies (NLN, NLNAC, and currently, CCNE) since the late 1950s. Graduates are highly recruited by employers in the north state. The program is stable, well-established, with a well prepared cadre of doctoral and master's prepared faculty (approx. 23 FTEF). There is one FT ASC II and one ASA I staff plus four student workers.

The program currently admits 40 generic BSN students every semester to the five semester nursing major sequence, and with a 95% or greater retention rate, typically graduates 77 to 80 generic BSNs per year. An additional 30-35 RNs are admitted to our newly revised part-time online RN to BSN program every year, which takes 15 months to complete. In addition, 10-15 LVNs were admitted each year between 2007 and 2009, to a 3 year hybrid online/on-campus LVN-BSN program with summer commitments. Admissions to this program were suspended in 2010 as a result of budget restrictions although a permanent program suspension will be sought in 2014. Finally, 15-20 students are currently admitted every year to one of the two options (nurse educator or nursing leadership) in our part-time online MSN program (a five semester sequence).

The campus is at the cutting edge of online distance education, with a well-established program of support for faculty who teach online and for students who are taking online courses. The School of Nursing has provided distance education outreach to RNs since 1974. In 1999, with a \$1 million federal grant, the RN to BSN program was converted to an online format, to increase availability of the program throughout our 33,000 square mile rural service area (about 1/3 of the land mass of California, with only 2% of the population). The graduate program was converted to an online format in 2006. We have become experts in online distance education, balancing online learning with intensive face-to-face learning in bridge courses, seminars and in clinical supervision courses. Our success with the online RN to BSN has been outstanding, with more than 200 graduates since 2000. The federal grants supporting this program included extensive evaluation of learning outcomes and RN satisfaction, with very positive outcomes. Based on that history of success, the faculty developed the online master's program for nurse educators in 2006. Students report high satisfaction rates. The online format clearly meets the needs of the working nurses in our region and keeping nurses in their home region is a primary benefit of online education. Eighty percent of our RN-BSN students are from rural areas and the majority of these students remain in rural areas after graduation.

### **Mission, Vision, and Values**

The School of Nursing (SON) at California State University, Chico (CSUC) subscribes to the University's commitment to serve the population of northern California. The mission, vision, values, and expected outcomes of the SON as noted below and as shown in the schematic on page 4, are written, accessible to current and prospective students, and are congruent with those of the University and the College of Natural Sciences (CNS).

## **MISSION AND VISION OF THE SCHOOL OF NURSING**

The mission of the SON is to offer baccalaureate and master's programs in nursing that prepare graduates as generalists in professional nursing, as nursing educators, and as leaders/managers for diverse healthcare settings. The vision is to empower and transform graduates to meet global healthcare challenges in the 21<sup>st</sup> century. As such, the school provides high quality, student-centered learning environments that incorporate evidence based care and the use of clinical reasoning. The school supports faculty and student scholarly activities and encourages lifelong learning. The school also fosters service to others through our extensive community and regional collaboration with external healthcare stakeholders.

## **ORGANIZING FRAMEWORK OF THE SCHOOL OF NURSING**

**(Revised June 2013)**

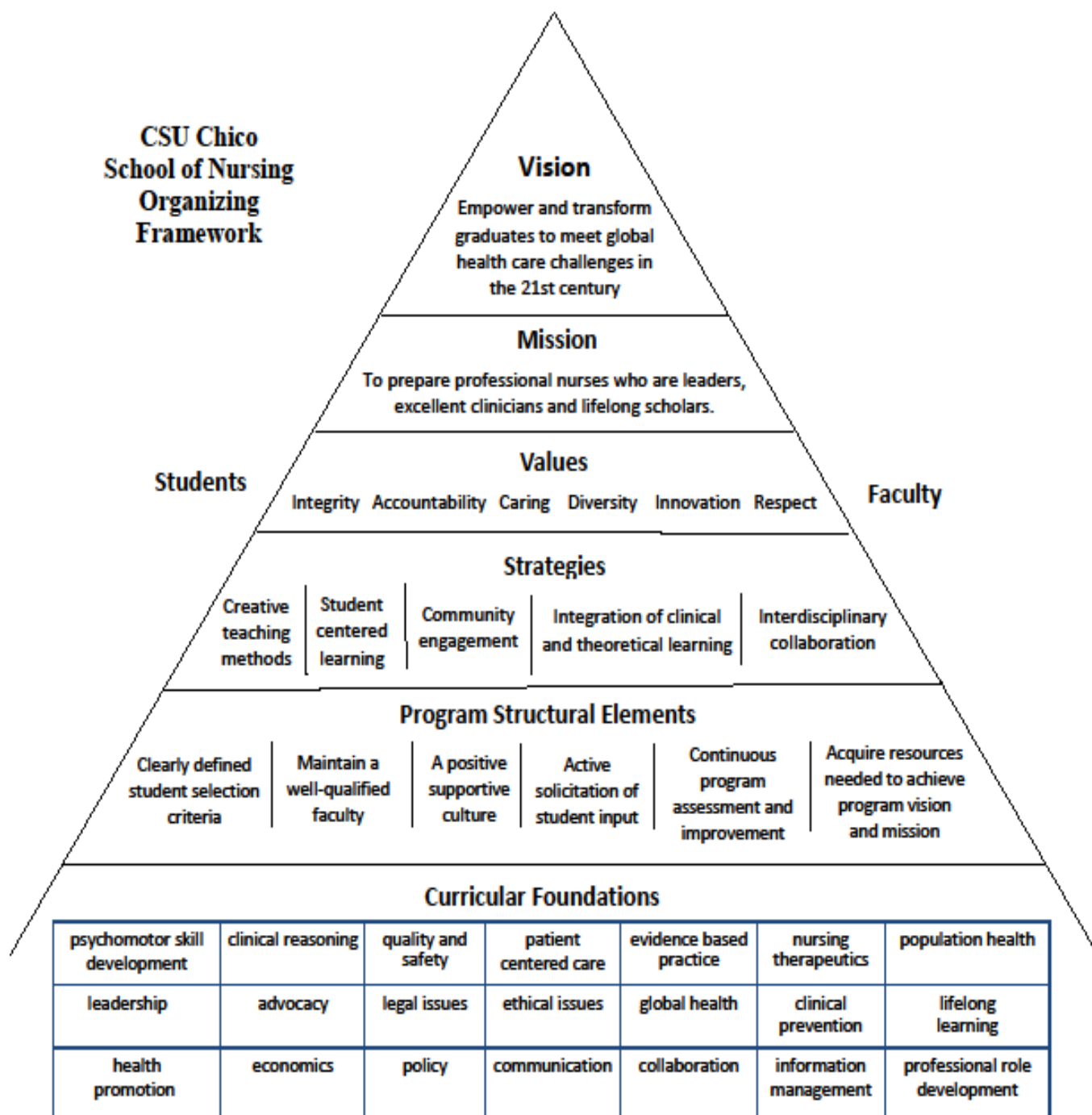
A visual depiction of the mission, vision, values, strategies, program structural elements, curricular foundations, and student learning outcomes for the nursing programs at CSUC are noted on page 4.

The SON student learning outcomes (SLOs) for both the baccalaureate and graduate programs were revised in fall 2012 to mirror newly revised American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice (2008)* and *Essentials of Master's Education for Professional Nursing Practice (2011)* and are noted below:

### 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.

**CSU Chico  
School of Nursing  
Organizing  
Framework**



Integrate liberal education to inform baccalaureate generalist nursing practice.

Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

### Student Learning Outcomes

Use knowledge and skills in information management and technology to the delivery of quality patient care.

Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.

Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.

Utilize clinical prevention at the individual and population level to improve health.

Demonstrate professional behavior as fundamental to the discipline of nursing.

Provide nursing care to patients, families, groups, communities, and populations across the lifespan.

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

### 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).

## **SWOT ANALYSIS**

### Strengths:

1. Long standing University and CNS commitment to SON in terms of resources needed for successful program implementation.
2. Pass rate on RN national licensing exam (NCLEX) consistently exceeds national norms.
3. Generic BSN program retention/graduation rates average 94-98%.
4. MSN program named one of the best *Masters in Nursing Programs* by MastersDegreeOnline.org for 2013/2014.
5. Dedicated, hardworking, qualified faculty (both tenure track and part time) who are academically and experientially prepared for the areas in which they teach.
6. SON faculty have received multiple university wide recognitions or held leadership roles within the university for some time (Outstanding Teacher, Outstanding Professor, Outstanding Academic Advisor, Chair and Vice Chair of Academic Senate. GE revision, etc.).

7. The SON has a strong advancement focus with several significant past and current gifts exceeding \$1 million. Alumni give consistently and generously to the Annual Fund and the School has held multiple Alumni cultivation events the past 4 years.
8. The SON maintains an active Advisory Board of 20-30 community stakeholders (many are clinical agency representatives). This group meets twice each year and provides meaningful input into strategic program directions.
9. The SON maintains a comprehensive and systematic plan for quality improvement that includes continued refinement of existing benchmarks as well as comparisons with other top performing schools in the US.
10. The SON continues to be at the forefront of distance education pedagogy at CSUC with our RN-BSN and MSN programs being almost entirely online. This meets the need of rural RNs in our service area and allows them to continue to work and stay in the rural areas they live in.
11. The SON is home to the *Rural California Nursing Preceptorship (RCNP)* program, a self-support program run through the Research Foundation. Approximately 100 RNs and nursing students from throughout the north state participate in the 150 hour preceptored summer and intercession clinical opportunity.
12. The SON is also home to a School Nurse Audiology Certification program, a self-support program run through the Research Foundation. Approximately 60 RNs participate in this five day tri-annual training program.

Weaknesses:

1. The faculty is aging. Impending retirements/resignations of significant numbers (n=4) of tenured/tenure track faculty are anticipated at the end of spring 2014 and will continue over the next 2-3 years. The Director of the SON plans retirement in the next 2-3 years. A national nursing faculty shortage coupled with non-competitive salaries makes recruitment very difficult and the hiring of PhD prepared faculty almost impossible.
2. Increasing BSN program impaction is expected with up to 1000 pre-nursing students on campus and only 80 students admitted each year to the nursing program. This is compounded by a CSU Chancellor ruling that post-baccalaureate students can apply to undergraduate nursing programs in the state system.
3. The bi-annual supplemental nursing application process poses a significant time and workload strain for faculty and staff. A new online application process (CAS) was implemented in fall 2013, however, hundreds of man hours are still required to process and rank order the 200-300 applications received every fall and spring.
4. The SON staff and Director are tasked with meeting intensive, ongoing regulatory requirements not required by other programs. These included licensing and content expertise approvals of faculty by the CA BRN; ongoing validation to assure currency of more than 20 immunization, background check, insurance, CPR, FIT testing, and drug testing requirements for all 230+ students enrolled in the program. This likely consumes at least 35% of the SON's ASC's time and 25% of the Director's time. In addition, the SON maintains contracts

with more than 160 clinical agencies throughout the north state, an arduous process that consumes at least 25% of the ASA's time.

Opportunities:

1. Recent Institute of Medicine (IOM) recommendations and accreditation requirements have resulted in a need for significant curricular revisions at both the undergraduate and graduate level. These changes which began in 2012/2013 will phase in over the next four years. While time intensive, they will assure that the program continues to provide the educational content students will need in a rapidly changing healthcare system.
2. Health care reform, increasing demand, and projected workforce shortages suggest that demand for nursing as a career will continue to be high for at least the coming decade. Indeed, health care has been identified as one of the most rapidly growing career fields through 2025.
3. Renovation of the SON skills and media labs were completed in 2013 with the use of CERF funds and Annual Fund. While these renovations created better learning spaces for enhanced learning opportunities, much of the equipment is still dated and needs to be replaced. This is an Advancement priority.
4. Because the RN-BSN program is a self-support program, there are opportunities for some increase in enrollment, contingent upon the availability of faculty to teach in the program and the development of new clinical agency placements for the community health practicum.
5. The SON has access to and uses heavily the accredited Rural Northern CA Simulation Center to augment students' clinical experiences. Outcome data suggest these simulation experiences provide tremendous learning opportunities and faculty would like to increase the use of simulation in the curriculum. Unfortunately, because the Simulation Center is borne of a partnership between three hospitals and the SON, CSUC nursing students have priority access to the center only two days each week and the School must pay the \$50/hour technician fee for every hour students are at the center. Thus, a decision to increase simulation in the curriculum has fiscal implications as well as scheduling challenges. In addition, the CA BRN limits the total number of clinical hours that can be completed in a simulation lab to 25%.
6. The SON is fortunate that many of our part time and TT hires have decided to concurrently pursue doctoral education while employed as faculty. Currently, two part time faculty and four TT faculty are pursuing doctoral degrees.
7. Significant numbers of foreign RNs seek licensure in the state of CA and are denied due to shortages of clinical or theory coursework in their home countries. The SON admits these students (through Open University/RCE) into our clinical and theory courses with the basic BSN students on a space available basis. (We are one of only three universities in the state that attempt to accommodate these nurses). Typically, one or two spots are available each semester. Currently, the wait lists are long (50+) for each of the medical/surgical, obstetrics/pediatrics, and mental health specialty areas. Thus, there is significant demand and very few openings; many of these nurses are forced to return to their home countries or to seek licensure in other states with lower requirements.

Threats:

1. The CSU Chancellor is encouraging significant undergraduate program growth to meet rising demand; we simply do not have the faculty or clinical resources to do this without risking program stability or quality at this time.
2. The cost to use the simulation center, to purchase supplies for the skills and media lab, and to augment student learning experiences with NCLEX preparation materials (testing, video, etc.) have driven student course fees to new highs, posing a significant financial challenge for students. These fees meet basic costs only and further increases in the short term would likely not be approved.
3. Significant inequity exists in terms of salaries for new hires and for part time faculty. Although some of the inequity has been resolved for part time faculty over the past two years, budget limitations have restricted our ability to bring all long time part time faculty up to par in terms of salary. All part time faculty are significantly underpaid (less than half and sometimes only one fourth) compared to what they can make in clinical practice, which limits our ability to recruit qualified masters degree educated faculty.
4. In addition, the salaries for new TT hires for the SON the past three years rank #18 among the 18 CSU campuses that offer nursing programs, generally being at least \$10K less than all other campuses. Salaries for part time nursing faculty also rank at the bottom of the CSU campuses. This threat must be addressed or our available faculty pool will shrink at a time when retirements peak.
5. The competition for clinical agency placements is an ongoing problem. The CSUC SON must compete for clinical placements with five community college nursing programs in our service area. Indeed, students currently travel up to 90 miles each way (Redding to the north and Sacramento to the south) for their clinical courses, often resulting in almost 1000 travel miles for a given student in a single semester. Many private schools have begun offering fiscal incentives to hospitals for assured agency/preceptor placements and what were once harmonious regional clinical placement meetings between schools have recently become rancorous. This is likely the most significant limitation to expansion of our degree programs.

**Strategic Objectives/Goals/Action Plan 2014-2020:**

1. **Develop and implement an aggressive recruitment and retention plan to replace imminent retirements of faculty, to maintain a minimum of 50% tenured/tenure track faculty in the staffing mix and to assure appropriate content expertise in the faculty.**

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 (includes non teaching Director) will rise to 15 in spring 2014 and theoretically 16 in fall 2014. 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). Five of the 7 currently tenured faculty have indicated their intent to retire within the next 2-3 years.

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.

The total anticipated WTU and AWTU needed for the SON is typically 290-300. This equates to approx. 24 T/TT faculty positions teaching 12 units/semester plus the FT Director (total of 25 FTE faculty). As of fall 2013, there were 12 full time tenure/tenure track (T/TT) faculty (includes non-teaching Director), 21 part time non-tenure track faculty, two half time FERP faculty and two part time retired annuitants. Of the 12 T/TT faculty, seven are tenured and five are probationary.

The high use of PT faculty continues to pose a concern in meeting our professional accreditation and licensing standards. The School of Nursing continues to be at risk for sanctions by our accrediting bodies (*The CA Board of Registered Nursing* (BRN) and the *Commission of Collegiate Nursing Education* (CCNE) and an increased need for part time faculty will be necessary if continued aggressive recruitment and hiring of replacement TT faculty does not occur.

In addition, there is inadequate depth of faculty expertise to cover the required content areas for program accreditation: 1) medical/surgical, 2) pediatrics, 3) obstetric, 4) public health, 5) leadership, 6) fundamentals, 7) mental health, and 8) simulation. The BRN and the CCNE (our accrediting bodies) require faculty to be approved in specialty areas. Therefore, it is not just a head count or ratio of T/TT to PT faculty that is important to maintaining our accreditation; it is having faculty with the appropriate expertise. Damazo typically works at least half time at the Simulation Center and Morgan teaches almost entirely for the graduate program. Lillibridge generally teaches entirely for the RN-BSN program. Essentially, that leaves 10 T/TT faculty to cover the 8 specialty areas in the basic undergraduate nursing program. Four of these faculty are new tenure track hires. The end result is that there is typically a maximum of one tenured faculty person per semester in the five semester BSN program.

2. **Pursue salary incentives (both hiring and equity raises) that reduce the market discrepancy between salaries of nurses employed in the service sector and those in academe (both part time and full time). Increase salaries for both TT and part time faculty to be in line with the other CSU campuses with nursing programs.**

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).

**Table 2 Faculty Salary Comparisons**

<b>RANK</b>	<b>SON 2012-2013 FTEF</b>	<b>AACN* (mean) 2012-2013 FTEF</b>
<b><u>Professor</u></b> Doctoral	\$91,657	\$103,351
<b><u>Assoc. Professor</u></b> Doctoral	\$66,000	\$78,979
<b><u>Asst. Professor</u></b> Doctoral	\$62,400	\$70,361
<b><u>Lecturer (part-time)</u></b> Non-Doctoral	\$44,616	58,000

\*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.

### **3. Explore options for increasing enrollment in the BSN, and RN-BSN programs.**

In an effort to address some of the unmet demand for the program, faculty are continuing to explore options for increasing the size of the BSN program. Discussions for the generic BSN option have included increasing the size of each admission cohort from 40 to 50. Year round enrollment has also been considered. Limitations to growing the program are limited clinical agency sites, particularly in the area of community health and pediatrics. In addition, the availability of classroom space for lecture classes of 50 students is problematic. Increasing program size would also require an increase in nursing faculty hires to maintain needed TT/T to part time ratios for accreditation.

Growing the RN-BSN program is less problematic as the program is primarily online, negating the challenge of additional classroom space. In addition, the RN-BSN program has only one clinical course, so the fiscal impact would be less than attempting to add students to the generic BSN program, which has multiple clinical sections with a mandated 10:1 student to faculty ratio. The clinical course taken by the RN students, however, is in community health, one of our bottleneck areas for student placement. Faculty are exploring the use of virtual or simulated clinical experiences for community health as an adjunct to the traditional placement of students in public and community health agencies throughout the north state as a possible solution to increasing program size without negatively impacting clinical agencies.

### **4. Pursue elimination of the LVN to BSN program option.**

This degree option, 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 submission of this request to the Academic Senate is anticipated in spring 2014.

### **5. Continue workload redesign for the School of Nursing staff.**

The ASC II of the School of Nursing has taken on the leadership responsibility of collaborating with the ASA I and the Director of the School of Nursing to reassess how best to organize the workload of an extremely busy office. Reclassification of the current ASA I to an ASA II position or higher should be pursued as her work responsibilities have increased in both scope and quantity. Two students are already employed in the office but additional workers may be needed.

#### **6. Explore options for creating a self-support program for foreign RNs to meet CA licensure requirements.**

While demand for such a program is extremely high and the potential for revenue generation is significant, the challenges of implementing a self-support program for foreign RNs would be tremendous. Many of these RNs have minimal English speaking and writing skills and their theoretical/clinical preparation in their original RN education program varies greatly. There are also socialization challenges. Faculty report that having foreign RNs in their current courses is time intensive, thus a student/faculty ratio in the clinical courses of 1:5 would probably be needed. This would be costly for the students, however, in reality, likely far cheaper than the private school tuition they currently pay to have this opportunity. Offering the course through the Research Foundation is possible since these RNs do not require academic credit; this would mitigate program costs since the indirect charged by the Research Foundation is currently 8%, as compared to a much higher amount charged by RCE.

To avoid further clinical placement bottlenecks, this program would need to be offered as a summer or intercession option, necessitating faculty willing to teach during time periods they normally do not. Clinical overlap with RCNP program participants would have to be avoided.

Finally, some thought would need to be given to how best to incorporate these students into theory courses. While it would be far more cost effective to simply add these students into classroom theory courses with current BSN students, this does not allow for concurrent enrollment in theory and clinical courses; something the CA BRN requires except in special circumstances. Hosting a lecture course for only 5 students would be fairly cost-prohibitive so admitting at least 10 each summer or intercession with at least two 5 student clinical sections would likely be needed.

#### **7. Maintain ongoing quality improvement processes that include continued refinement of existing benchmarks as well as comprehensive program assessment.**

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

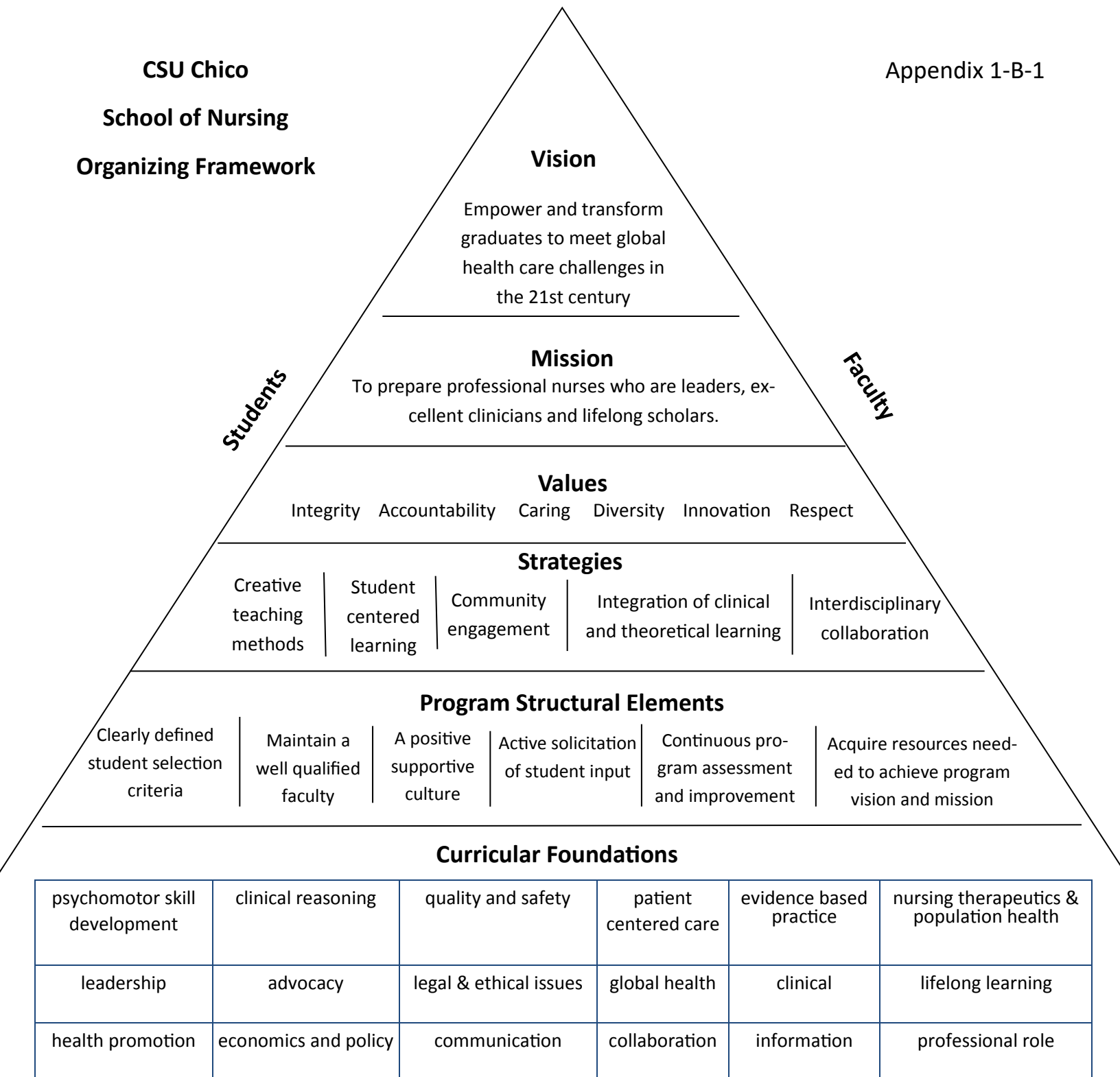
reflects the greater variety of assessment data being collected as well as a more comprehensive description of who will carry out that assessment and the timeline for those assessments. Through this continuous and comprehensive evaluation model, faculty are fully involved in the process of evaluation using multiple data sources including alumni surveys, employer surveys, and standardized or course test scores, . 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. All SON outcome data is compared with six select comparable institutions as well as the Carnegie 6 best performing schools.

#### **8. Plan for replacement of School of Nursing Director in 2-3 years.**

Many of the CSUs have replaced their SON Deans or Directors in the past five years or plan to in the next few years. Recruitment has been difficult and in many cases, external search firms were needed. A recruitment plan and national search should be planned to replace the current Director.

School of Nursing

Organizing Framework



Integrate liberal education to inform baccalaureate generalist nursing practice.

Demonstrate the knowledge and skills in leadership, quality improvement, and patient safety necessary to provide high quality healthcare.

Demonstrate professional practice grounded in current evidence and best practices.

Illustrate cultural awareness when caring for diverse patient populations.

### Student Learning Outcomes

Use knowledge and skills in information management and technology to the delivery of quality patient care.

Describe how financial and regulatory healthcare policies influence the nature and functioning of the healthcare system.

Demonstrate communication and collaboration among healthcare professionals to achieve quality and safe patient care.

Utilize clinical prevention at the individual and population level to improve health.

Demonstrate professional behavior as fundamental to the discipline of nursing.

Provide nursing care to patients, families, groups, communities, and populations across the lifespan.

Demonstrate the appropriate individualized application and use of the nursing process in all baccalaureate generalist nurse roles.

# College of Natural Sciences



CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING  
COMMITTEE MEMBERSHIP  
FALL 2017/SPRING 2018

**EXECUTIVE COMMITTEE**

K. Lightfoot, Director  
P. Rowberg, Assistant Director  
P. Salopek, Coordinator, Semester I  
F Mitchell-Brown, Coordinator, Semester II  
G. Kipnis, Coordinator, Semester III  
H Karpilovsky, Coordinator, Semester IV  
P. Herman, Coordinator, Semester V  
I. Morgan, Graduate Program Coordinator  
J. Ellis, RN-BSN Program Coordinator  
Retention Coordinator, G. Kipnis

**SCHOOL COMMITTEES**

<b><u>GRADUATE</u></b>	<b><u>EVALUATION</u></b>	<b><u>CURRICULUM</u></b>
I. Morgan, Coordinator S. Modlin K. Lightfoot P. Salopek P. Rowberg F. Mitchell-Brown	F. Mitchell-Brown, Chair P. Salopek J. Shackelford H. Karpilovsky J. Ellis E. Musvosvi	P. Salopek, Chair M. Walter C. Pittman K. Lightfoot J. Shackelford G. Knipe D. Bell J. Scheer D. Hostetter-Lewis H. Kralj
<b><u>SCHOLARSHIP</u></b>	<b><u>PERSONNEL</u></b>	<b><u>HIRING</u></b>
G. Kipnis, Chair P. Salopek D. Persaud (spring only) G. Knipe S. Modlin D. Bell	P. Salopek M. Walter P. Rowberg K. Lightfoot G. Kipnis H. Karpilovsky C. Pittman	K. Lightfoot C. Pittman P. Salopek B. Damazo H. Karpilovsky

<b><u>SAFETY/QUALITY</u></b>	<b><u>SIMULATION INTEGRATION</u></b>	<b><u>RN-BSN</u></b>
K. Lightfoot, Chair D. Bell G. Kipnis H. Kralj	G. Knipe, Chair S. Modlin P. Herman (sem 1) E. Musvovsi (sem 2) D. Bell (sem 3) C. Pittman (sem 4) H. Kralj (sem 5) S. Fox	J. Ellis, Chair P. Herman C. Huston M. Smith T. Weeber G. Kipnis K. Lightfoot H. Kralj A. Kajla

<b><u>OTHER</u></b>	
Honors Advisor	P. Salopek/S. Modlin
CNSA Advisor	F. Mitchell-Brown
Men in Nursing Advisor	C. Pittman
GONS/Pinning Fall 2017	D. Hostetter-Lewis
GONS/Pinning Spring 2018	D. Hostetter-Lewis/P. Herman
Graduate Coordinator	I. Morgan
Pre-Nursing Coordinator	J. Garnett
RN-BSN Coordinator	J. Ellis
Retention Coordinator	G. Kipnis
Assessment	J. Shackelford/ C. Huston
Treasurer	S. Modlin

#### **SCHOOL AD-HOC COMMITTEES**

<b><u>ADMISSION ADVISORY COMMITTEE</u></b>	<b><u>SKILLS LAB TASK FORCE</u></b>
K. Lightfoot P. Salopek	K. Kirby D. Bell
<b><u>ACADEMIC INTEGRITY</u></b>	<b><u>ACCREDITATION</u></b>
C. Pittman, Chair P. Herman P. Salopek H. Karpilovsky Students 2:1 Faculty	I. Morgan, Chair G. Kipnis, Co-Chair K. Lightfoot P. Herman S. Modlin J. Shackelford P. Salopek C. Huston

### **COLLEGE OF NATURAL SCIENCES COMMITTEES**

PERSONNEL	I. Morgan (2015-2018)
FACULTY LEAVES AND DEVELOPMENT	M. Walter (2017-2019)
ACADEMIC POLICIES AND STATUS	H. Karpilovsky (2017-2018)
CNS POSTER PRESENTATION COMMITTEE	S. Modlin
STUDENT LEARNING FEE COMMITTEE	(student)
COMMENCEMENT	
CNS SCHOLARSHIP	S. Modlin

### **UNIVERSITY COMMITTEES**

ACADEMIC SENATE	C. Pittman
	P. Rowberg
	D. Hostetter-Lewis
ACADEMIC INTEGRITY COUNCIL	H. Karpilovsky (2016-2018)
ACADEMIC STATUS COMMITTEE	F. Mitchell-Brown
DISABILITY ACCESS AND COMPLIANCE	S. Modlin (2016-2018)
FACULTY DEVELOPMENT	K. Lightfoot
EDUCATIONAL POLICIES AND PROGRAMS	P. Rowberg
FACULTY/STUDENT POLICY COMMITTEE	C. Pittman
FACULTY RECOGNITION AND SUPPORT COMMITTEE	H. Karpilovsky (2016-2017)
GRADUATE COUNCIL	I. Morgan
LEARNING RESOURCES	D. Hostetter-Lewis
SCHOLARSHIP	G. Knipe
STUDENT COUNCIL ON HEALTH SERVICES	F. Mitchell-Brown (2016-2017)
UNIVERSITY WRITING	M. Walter (2014-2017)

CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING  
COMMITTEE MEMBERSHIP  
FALL 2016/SPRING 2017

**EXECUTIVE COMMITTEE**

K. Lightfoot, Director  
P. Rowberg, Assistant Director  
P. Salopek, Coordinator, Semester I  
F Mitchell-Brown, Coordinator, Semester II  
G. Kipnis, Coordinator, Semester III  
H Karpilovsky, Coordinator, Semester IV  
P. Herman, Coordinator, Semester V  
I. Morgan, Graduate Program Coordinator  
J. Ellis, RN-BSN Program Coordinator  
Retention Coordinator, G. Kipnis

**SCHOOL COMMITTEES**

<u><b>GRADUATE</b></u>	<u><b>EVALUATION</b></u>	<u><b>CURRICULUM</b></u>
I. Morgan, Coordinator S. Modlin K. Lightfoot C. Huston P. Salopek P. Rowberg F. Mitchell-Brown H. Karpilovsky	F. Mitchell-Brown, Chair P. Salopek J. Shackelford H. Karpilovsky J. Ellis	P. Salopek, Chair M. Walter C. Pittman K. Lightfoot J. Shackelford G. Knipe D. Bell J. Scheer
<u><b>SCHOLARSHIP</b></u>	<u><b>PERSONNEL</b></u>	<u><b>HIRING</b></u>
G. Kipnis, Chair P. Salopek D. Persaud (spring only) G. Knipe	C. Huston (Fall Chair) P. Salopek (Spring Chair) M. Walter G. Kipnis P. Rowberg J. Scheer K. Lightfoot	P. Rowberg, Chair K. Lightfoot C. Pittman P. Salopek I. Morgan B. Damazo H. Karpilovsky

<b><u>SAFETY/QUALITY</u></b>	<b><u>SIMULATION INTEGRATION</u></b>	<b><u>RN-BSN</u></b>
K. Lightfoot, Chair D. Bell G. Kipnis	G. Knipe, Chair S. Modlin G. Kipnis M/C (Sem 3) M. Walter (Sem 1) C. Pittman (Sem 4) K. Lightfoot (Sem 5) H. Karpilovsky (Sem 4) J. Scheer M/S/Leadership S. Fox D. Bell	J. Ellis, Chair P. Herman C. Huston (Fall Only) M. Smith T. Weeber G. Kipnis D. Persaud (Spring Only) K. Lightfoot H. Kralj A. Kajla

<b><u>OTHER</u></b>	
Honors Advisor	G. Kipnis/ H. Kralj
CNSA Advisor	F. Mitchell-Brown
Men in Nursing Advisor	C. Pittman
GONS/Pinning Fall 2015	D. Hostetter-Lewis
GONS/Pinning Spring 2016	K. Lightfoot
Graduate Coordinator	I. Morgan/F. Mitchell-Brown
Pre-Nursing Coordinator	P. Salopek/J. Garnett
RN-BSN Coordinator	J. Ellis
Retention Coordinator	F. Mitchell-Brown
Assessment	J. Shackelford
Treasurer	K. Lightfoot

#### **SCHOOL AD-HOC COMMITTEES**

<b><u>ADMISSION ADVISORY COMMITTEE</u></b>	<b><u>SKILLS LAB TASK FORCE</u></b>
P. Rowberg P. Salopek S. Modlin	K. Kirby D. Bell
<b><u>ACADEMIC INTEGRITY</u></b>	<b><u>ACCREDITATION</u></b>
C. Pittman, Chair M. Walters, Assistant Chair P. Herman K. Lightfoot J. Scheer S. Modlin P. Salopek Students 2:1 Faculty	I. Morgan, Chair G. Kipnis, Co-Chair (Spring) K. Lightfoot P. Herman F. Mitchell-Brown S. Modlin J. Shackelford P. Salopek C. Huston

### **COLLEGE OF NATURAL SCIENCES COMMITTEES**

PERSONNEL	I. Morgan (2015-2017)
FACULTY LEAVES AND DEVELOPMENT	I. Morgan (2015-2017)
ACADEMIC POLICIES AND STATUS	H. Karpilovsky
CNS POSTER PRESENTATION COMMITTEE	G. Kipnis (Spring 2017)
STUDENT LEARNING FEE COMMITTEE	F. Mitchell-Brown
COMMENCEMENT	G. Knipe

### **UNIVERSITY COMMITTEES**

ACADEMIC SENATE	C. Pittman
	P. Rowberg
ACADEMIC INTEGRITY COUNCIL	H. Karpilovsky (2016-2018)
ACADEMIC STATUS COMMITTEE	F. Mitchell-Brown
DISABILITY ACCESS AND COMPLIANCE	S. Modlin (2016-2018)
FACULTY DEVELOPMENT	K. Lightfoot
EDUCATIONAL POLICIES AND PROGRAMS	P. Rowberg
	J. Scheer
FACULTY/STUDENT POLICY COMMITTEE	C. Pittman
FACULTY RECOGNITION AND SUPPORT COMMITTEE	H. Karpilovsky (2016-2018)
GRADUATE COUNCIL	I. Morgan/F. Mitchell-Brown
LEARNING RESOURCES	J. Scheer
SCHOLARSHIP	G. Knipe
STUDENT COUNCIL ON HEALTH SERVICES	F. Mitchell-Brown (2016-2017)
UNIVERSITY WRITING	M. Walter (2014-2017)

CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING  
COMMITTEE MEMBERSHIP  
FALL 2015/SPRING 2016

**EXECUTIVE COMMITTEE**

P. Rowberg, Director  
P. Salopek, Assistant Director  
M. Walter, Coordinator, Semester I  
F Mitchell-Brown, Coordinator, Semester II  
G. Kipnis, Coordinator- Semester III  
H. Karpilovsky, Coordinator- Semester IV  
K. Lightfoot, Coordinator- Semester V  
I. Morgan, Graduate Program Coordinator  
TBD---Retention Coordinator  
J. Ellis, RN-BSN Program Coordinator

**SCHOOL COMMITTEES**

**GRADUATE**

I. Morgan, Coordinator  
G. Kipnis  
K. Lightfoot  
F. Mitchell Brown  
S. Modlin  
P. Rowberg  
P. Salopek  
J. Scheer  
H. Karpilovsky

**EVALUATION**

F. Mitchell-Brown, Chair  
J. Gardner (fall only)  
J. Shackelford  
H. Karpilovsky  
J. Ellis

**CURRICULUM**

P. Salopek, Chair  
M. Walter  
C. Pittman  
K. Lightfoot  
J. Shackelford  
S. Modlin

**SCHOLARSHIP**

G. Kipnis, Chair  
P. Salopek  
D. Persaud (spring only)  
S. Modlin  
A. Knipe

**PERSONNEL**

J. Gardner, (Chair Fall 14)  
R. Damazo (Chair- Spring 2015)  
M. Walter  
P. Salopek  
P. Rowberg  
J. Scheer

**HIRING**

P. Rowberg, Chair  
K. Lightfoot  
C. Pittman  
P. Salopek  
I. Morgan

**SAFETY/QUALITY**

K. Lightfoot, Chair  
M. Walter  
G. Kipnis

**RN-BSN**

J. Ellis, Chair  
faculty teaching RN-BSN courses

**OTHER**

HONORS ADVISOR  
CNSA  
GONS/PINNING FALL 2015  
GONS/PINNING SPRING 2016  
LEARNING RESOURCES  
GRADUATE COORDINATOR  
PRE-NURSING COORDINATOR  
RN-BSN COORDINATOR  
RETENTION COORDINATOR  
ASSESSMENT  
TREASURER

**SIMULATION INTEGRATION**

G. Knipe Chair  
F. Mitchell-Brown (sem 2)  
G. Kipnis (sem 3)  
M. Walter (sem 1)  
C. Pittman (sem 4)  
K. Lightfoot (sem 5)  
H. Karpilovksy (sem 4)

I. Morgan  
H. Kralj/F. Mitchell-Brown  
D. Hostetter-Lewis  
K. Lightfoot  
J. Scheer  
I. Morgan  
P. Salopek  
J. Ellis  
G. Kipnis  
J. Shackelford  
K. Lightfoot

**SCHOOL AD-HOC COMMITTEES****ADMISSION ADVISORY COMMITTEE**

C. Huston  
P. Rowberg  
P. Salopek  
M. Walter  
S. Modlin

**Skills Lab**

P. Salopek  
B. Kemp  
P. Rowberg  
M. Walter  
G. Knipe  
C. Pittman  
J. Scheer  
G. Kipnis

## **COLLEGE NATURAL SCIENCE COMMITTEES**

PERSONNEL	I. Morgan (2015-2017)
FACULTY LEAVES AND DEVELOPMENT	I. Morgan (2015-2017)
ACADEMIC POLICIES AND STATUS	H. Karpilovsky (2014-2016)
CNS POSTER PRESENTATION COMMITTEE	G. Kipnis (Spring 2016)
SISKYOUS II COMMITTEE	C. Pittman (2014-2016)
STUDENT LEARNING FEE COMMITTEE	F. Mitchell Brown (2015-2016)
COMMENCEMENT	F. Mitchell Brown (2015-2016)

## **UNIVERSITY COMMITTEES**

ACADEMIC SENATE	G. Kipnis P. Rowberg
ACADEMY eLEARNING	K. Lightfoot
CELT	K. Lightfoot
EDUCATIONAL POLICIES AND PROGRAMS	P. Rowberg G. Kipnis
FACTULTY RECOGNITION AND SUPPORT COMMITTEE	H. Karpilovsky (2014-2016)
GRADUATE COUNCIL	I. Morgan
LEARNING RESOURCES	J. Scheer
SCHOLARSHIP	C. Pittman
UNIVERSITY WRITING	M. Walter (2014-2017)

9/13/2015

CALIFORNIA STATE UNIVERSITY, CHICO  
SCHOOL OF NURSING  
COMMITTEE MEMBERSHIP  
FALL 2014/SPRING 2015

**EXECUTIVE COMMITTEE**

C. Huston, Director  
M. Rowberg, Assistant Director  
M. Walter, Coordinator, Semester I  
F Mitchell-Brown, Coordinator, Semester II  
G. Kipnis, Coordinator- Semester III  
C. Pittman, Coordinator - Semester IV  
K. Lightfoot, Coordinator- Semester V  
I. Morgan, Graduate Program Coordinator  
J. Gardner, Retention Coordinator – fall 2014 only  
P. Salopek, Retention Coordinator – spring 2015 only  
J. Ellis, RN-BSN Program Coordinator

**SCHOOL COMMITTEES**

**GRADUATE**

I. Morgan, Coordinator  
B. Damazo  
C. Huston  
G. Kipnis  
K. Lightfoot  
F. Mitchell-Brown  
P. Rowberg  
P. Salopek

**EVALUATION**

F. Mitchell-Brown, Chair  
J. Gardner (fall only)  
P. Salopek  
H. Karpilovsky  
J. Ellis  
M. Walter  
J. Shackelford

**CURRICULUM**

P. Salopek, Chair  
M. Walter  
C. Pittman  
K. Lightfoot  
B. Damazo  
J. Shackelford

**SCHOLARSHIP**

G. Kipnis, Chair  
P. Salopek  
D. Persaud  
K. Lightfoot

**PERSONNEL**

J. Gardner, (Chair Fall 14)  
C. Huston  
S. Fox (part time)  
P. Salopek  
M. Walter  
M. Rowberg (Chair Spring 15)

**HIRING**

P. Rowberg, Chair  
B. Damazo  
C. Pittman  
P. Salopek  
C. Huston

**SAFETY/QUALITY**

K. Lightfoot, Chair  
M. Rowberg  
G. Kipnis  
M. Walter

**RN-BSN**

J. Ellis, Chair  
J. Gardner (fall only)  
K. Lightfoot  
D. Persaud  
M. Phillips

**OTHER**

HONORS ADVISOR  
CNSA  
GONS/PINNING FALL 2014  
GONS/PINNING SPRING 2015  
LEARNING RESOURCES  
GRADUATE COORDINATOR  
PRE-NURSING COORDINATOR  
RN-BSN COORDINATOR  
RETENTION COORDINATOR  
ASSESSMENT  
TREASURER

**SIMULATION INTEGRATION**

B. Damazo, Chair  
F. Mitchell-Brown (sem 2)  
G. Kipnis (sem 3)  
M. Walter (sem 1)  
C. Pittman (sem 4)  
K. Lightfoot (sem 5)  
I. Morgan (graduate)-  
S. Fox

J. Gardner (fall)/ I. Morgan (spring)  
H. Kralj  
D. Hostetter-Lewis  
K. Lightfoot  
B. Damazo  
I. Morgan  
P. Salopek  
J. Ellis  
J. Gardner/P. Salopek  
J. Shackelford  
K. Lightfoot

**SCHOOL AD-HOC COMMITTEES****ADMISSION ADVISORY COMMITTEE**

M. Rowberg, Chair  
C. Huston  
P. Salopek  
M. Walter  
H. Karpilovsky

**SON INTRANET COMMITTEE**

C. Pittman  
J. Ellis

**COLLEGE NATURAL SCIENCE COMMITTEES**

PERSONNEL

I. Morgan (2014-2015)

FACULTY LEAVES AND DEVELOPMENT	Phyllis Salopek (2014-2015)
ACADEMIC POLICIES AND STATUS	H. Karpilovsky (2014-2016)
CNS POSTER PRESENTATION COMMITTEE	G. Kipnis (Spring 2015)
SISKYOUS II COMMITTEE	C. Pittman (2014-2015)
STUDENT LEARNING FEE COMMITTEE	B. Damazo (2014-2015)

### **UNIVERSITY COMMITTEES**

ACADEMIC SENATE	G. Kipnis M. Rowberg
SUBCOMMITTEE ACADEMIC SENATE, (PERSONNEL)	G. Kipnis
ACADEMY eLEARNING	K. Lightfoot
CELT	K. Lightfoot
FACULTY & STUDENT POLICIES COMMITTEE	G. Kipnis
EDUCATIONAL POLICIES AND PROGRAMS	M. Rowberg
GRADUATE COUNCIL	I. Morgan
LEARNING RESOURCES	B. Damazo, Chair
SCHOLARSHIP	C. Pittman
UNIVERSITY WRITING	M. Walter (2014-2015)

8/5/14

California State University  
School of Nursing  
Fall 2017

**Student Representatives and Area Meetings**

**Semester 1 – Phyllis Salopek**

Area Meetings:      Tuesday, October 3 from 11-12      Trinity 122  
                         Wednesday, November 15 from 11-12      Skills Lab

**Semester Meetings:** Need a representative from each clinical section. There are two meetings.

Section 1:      Eduardo Campos      email: [campos\\_gabby@yahoo.com](mailto:campos_gabby@yahoo.com)

*Alternative:*      Araceli Bautista      email: [abautista@mail.csuchico.edu](mailto:abautista@mail.csuchico.edu)

Section 2:      Ivy Cambell      email: [greenivyleaf@gmail.com](mailto:greenivyleaf@gmail.com)

*Alternative:*      Heather Stogsdill      email: [hstogsdill@mail.csuchico.edu](mailto:hstogsdill@mail.csuchico.edu)

Section 3:      Orson Roberts      email: [orsonjroberts@gmail.com](mailto:orsonjroberts@gmail.com)

*Alternative:*      Ka Lee      email: [klee49@mail.csuchico.edu](mailto:klee49@mail.csuchico.edu)

Section 4:      Tamara Schmutzler      email: [tschmutzler@mail.csuchico.edu](mailto:tschmutzler@mail.csuchico.edu)

*Alternative:*      Bailey Rucker      email: [brucker3@mail.csuchico.edu](mailto:brucker3@mail.csuchico.edu)

**Faculty Meetings:** Need one or two representatives (can split between two)

Dates are:

Friday, September 8 from 1-3:00      Place TBD

Friday, October 6 from 1-4:00      Place TBD

Friday, November 17 from 1-3:00      Place TBD

Friday, December 8 from 2:15-4:15      Place TBD

1. Bre VonFeldt      email: [bvonfeldt@mail.csuchico.edu](mailto:bvonfeldt@mail.csuchico.edu)

2. Lawrence Rosaluna      email: [lrosaluna@mail.csuchico.edu](mailto:lrosaluna@mail.csuchico.edu)

**Curriculum Meetings:** Need one or two representatives (can split between two)

Dates are:

Friday, September 8 from 3-5:00      Trinity 122

Friday, October 6 from 11-12:30      TBD

Friday, December 1 from 1-3:00      Trinity 122

1. Dana Davies      email: [ddavies3@mail.csuchico.edu](mailto:ddavies3@mail.csuchico.edu)

2. Heather Stogsdill email: [hstogsdill@mail.csuchico.edu](mailto:hstogsdill@mail.csuchico.edu)

**Academic Integrity Committee:** Dates/Times TBD

Megan Bowlsby email: [mbowlsby@mail.csuchico.edu](mailto:mbowlsby@mail.csuchico.edu)

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates: 9/20/17 9-10:30AM Trinity 122

11/1/17 9:30-10:30AM Trinity 122

**Semester II Student Representative** – Noelle Meyer, nmeyer3@mail.csuchico.edu

**Sec 01-(Enloe Hospital)** – Kayla Clyde, kclyde@mail.csuchico.edu

**Sec 02- (Enloe Hospital)** – Callie Wright, cwright35@mail.csuchico.edu

**Sec 04-(Feather River Hospital)** – Gillian Sammis, gsammis@mail.csuchico.edu

**Academic Integrity Committee** – Satya Shah, sshah@mail.csuchico.edu

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: 9/20/17 2-3pm Trinity 122

11/1/17 2-3pm Trinity 122

N313-01 – Jessica McCarty

N313-02 – Lindsay Myers

N313-03 & N344-03 (Med/Surg Oroville) Daniella Lopez

N313-04 – Jayleen Malley

**Faculty Meetings: on Fridays. Location: TBD**

September 8 1:00pm- 3:00 pm – Maria Martinez

October 13 1:00pm- 4:00 pm – Denzelle Casil

November 17 1:00pm- 3:00pm - April Lower

**Curriculum Meetings: on Fridays. Location: Trinity 122 Conference Room**

September 8 3:00pm-5:00pm – Geena Damian

December 1 1:00pm-3:00pm- Jennifer Saechal

**Academic Integrity Committee:** - Jahlelah Francia Paulus

**Semester 4 – Helen Karpilovsky**

Area Meeting Dates: 9/21/17 12-1PM Trinity 122  
11/2/17 12-1PM Trinity 122

**Area Meetings:** David Zumwalt; Siobhan Pettway

**Faculty:** Kateleen Alvarez; Austin Deogaygay

**Curriculum:** Zoya Hasan; Jamie Pizzo

**Simulation:** James Bassinger; Victoria Caporale

### **Semester 5 – Paul Herman**

Area Meeting Dates: 9/20/17 11-12PM Trinity 122  
11/15/17 11-12PM Trinity 122

**Area Meeting:** Stephanie Tonegato - [stephanietonegato@gmail.com](mailto:stephanietonegato@gmail.com),

Cheyenne Pierson - [cheyennepierson@gmail.com](mailto:cheyennepierson@gmail.com)

**Faculty Meetings:** Stephanie Tonegato - [stephanietonegato@gmail.com](mailto:stephanietonegato@gmail.com),

Cheyenne Pierson - [cheyennepierson@gmail.com](mailto:cheyennepierson@gmail.com)

**Curriculum Meetings:** Stephanie Tonegato - [stephanietonegato@gmail.com](mailto:stephanietonegato@gmail.com),

Cheyenne Pierson - [cheyennepierson@gmail.com](mailto:cheyennepierson@gmail.com)

**California State University  
School of Nursing  
Spring 2017**

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates: Mar. 21<sup>st</sup>, 11:00 am (Student), Trinity 122  
Mar. 7<sup>th</sup>, 11:00 am (Faculty), Skills Lab  
May 9<sup>th</sup>, 11:00 am (Student), Trinity 122  
May 4<sup>th</sup>, 11:00 am (Faculty), Skills Lab

**Area Meeting Representatives**

Section 1 – Victoria Schoch  
Alternate – Rachel Reid  
Section 2 – Gillian Sammis  
Alternate – Tyler Stadulis  
Section 3 – Page Kininmonth  
Alternate – Linda Mena  
Section 4 – Kayla Clyde  
Alternate – Savannah Reich

**Academic Integrity:** Satya Shah, Kirsten Gunderson

**Faculty Meetings Representative:** Gillian Sammis, Nicole Bissada

**Curriculum Meetings Representative:** Noel Meyer, Nicole Bissada

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates: 2/21/17 3:30pm-415pm (Student Meeting) Trinity 131  
4:15pm-5pm (Faculty Meeting) Trinity 131  
4/11/17 330pm-415pm (Student Meeting) Trinity 131  
4:15pm-5pm (Faculty Meeting) Trinity 131

**Area Meeting Representatives**

Section 1 – Anthony Hazlett  
Section 2 – Lindsay Meyers  
Section 3 – April Lower  
Section 4 – Arby Lapira

**Faculty Meetings Representative:** Elise Resh

**Curriculum Meetings Representative:** Elise Resh

**Academic Integrity:** Daniel Nourots and Jahlelah Francia

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: On Wednesdays, March 8 (11am-11:50am) and May 3 (2pm- 2:50p)  
Trinity 122 Conference Room

**Area Meeting Representatives**

Section 1 – Micayla Dollinger

Section 2 – Lauren Kellogg  
Section 3 – James Basinger  
Section 4 – Zoya Hasan  
N344-03 Med-Surg Oroville – Dana Lucas

**Faculty Meetings Representative:** on Fridays in Miriam Library Room 442

February 10 @ 1:00pm- 3:00 pm- Katelyn Alvarez

March 10 @ 2:45pm- 4:45 pm- David Zumwalt

April 21 @ 1:00pm- 4:00pm- Austin Dogaygay

**Curriculum Meetings Representative:** on Fridays. Location: Trinity 122 Conference Room

February 17 @ 1:00pm-3:00pm- Jon Gurrola

March 3 @ 2:30pm-4:30pm- Siobhann Pettway

March 31 @ 1:00-3:00pm- student volunteer needed

**CSUC SON Honor Council:**

#### **Semester 4 – Helen Karpilovsky**

Area Meeting Dates: Thursday Oct. 6<sup>th</sup> Sim Center  
Thursday Dec. 8<sup>th</sup>. Sim Center

**Area Meeting Representative:**

Lily Consiglio & Hayley Howeson

**Faculty Meetings Representative:** Marissa McCready & Silvia Diaz

**Curriculum Meetings Representative:** Stephanie Aston & Elizabeth Haydock

**Code of Conduct:** Haylee Vowles & Stephanie Watson

#### **Semester 5 – Jane Scheer**

Area Meeting Dates: 3/7/17 11:30-12:30 pm  
5/2/17 11:30-1:00 pm

**Area Meeting Representative:** Catherine Bailey

**Faculty Meetings Representative:** No volunteer

**Curriculum Meetings Representative:** No volunteer

#### **Graduate**

Carol Bengson

**California State University  
School of Nursing  
Fall 2016**

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates:      Aug 15<sup>th</sup>, 12:00 pm (Faculty)  
                                     Oct. 4<sup>th</sup>, 11:00 am (Student), Trinity 122  
                                     Oct. 10<sup>th</sup>, 12:00 am (Faculty), Skills Lab  
                                     Dec. 5<sup>th</sup>, 11:00 am (Student), Trinity 122  
                                     Dec. 6<sup>th</sup>, 12:00 pm (Faculty), Skills Lab

**Area Meeting Representatives**

Section 1 – Jayleen Malley  
Alternate – Jahlelah Francis Paulus  
Section 2 – Raj Singh  
Alternate – Morgan Davis  
Section 3 – Jennifer Saechao  
Alternate – Kristin Penland  
Section 4 – Anthony Hazlett  
Alternate – Arby Lapira

**Faculty Meetings Representative:** Daniel Nurot, Morgan Davis

**Curriculum Meetings Representative:** No Volunteer

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates:      Sept. 26<sup>th</sup>, 3:30-4:15 (Student), 4:15-5 pm (Faculty) Wild Oak Café  
                                     Nov. 15<sup>th</sup>, 3:30-4:15 (Student), 4:15-5 pm (Faculty) Wild Oak Cafe

**Area Meeting Representatives**

Section 1 – Micayla Dollinger  
Section 2 – Emily Schilling  
Section 3 – Becca Albright  
Section 4 – Zoya Hasan

**Faculty Meetings Representative:** Katelyn Alvarez

**Curriculum Meetings Representative:**

**Academic Integrity:** Jimmy and Victoria

**Semester 3 – Gayle Kipnis**

Area Meeting Dates:      Wednesday Sept. 21<sup>st</sup>, 2 pm, TBD  
                                     Wednesday Oct. 26<sup>st</sup>, 2 pm, TBD  
                                     Wednesday Nov. 30<sup>th</sup>, 2 pm, TBD

**Area Meeting Representatives**

Section 1 – Ethan Lines  
Section 2 – Kevon Lotspeich  
Section 3 – Rose Stephens-Dileo

Section 4 – Cheyenne Pierson

**Faculty Meetings Representative:** Stephanie Tonagato 9/9, Cheyenne Pierson 10/21, 12/9

**Curriculum Meetings Representative:** Stephanie Tonagato 9/9, 10/14, 11/4, 12/2

**CSUC SON Honor Council:** Marie Waidtlow

**Semester 4 – Helen Karpilovsky**

Area Meeting Dates:            Thursday Oct. 6<sup>th</sup> Sim Center  
   Thursday Dec. 8<sup>th</sup>. Sim Center

**Area Meeting Representative:**

Lily Consiglio & Hayley Howeson

**Faculty Meetings Representative:** Marissa McCready & Silvia Diaz

**Curriculum Meetings Representative:** Stephanie Aston & Elizabeth Haydock

**Code of Conduct:** Haylee Vowles & Stephanie Watson

**Semester 5 – Karin Lightfoot**

Area Meeting Dates:            Sept. 30<sup>th</sup> 12:00-1:00 pm, Sim Center  
   Nov. 4<sup>th</sup> 12:00-1:00 pm

**Area Meeting Representative:** Kaitlyn Elridge

**Faculty Meetings Representative:** Michelle Ashurst

**Curriculum Meetings Representative:** Liza Sciallis

**California State University  
School of Nursing  
Spring 2016**

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates: Monday, March 7, 12-1:00 p.m., Holt 357  
Monday, April 25, 12-1:00 p.m., Holt 357

**Area Meetings Representatives**

Section 1 – Jon Gurrola  
Section 2 – Victoria Caporale  
Section 3 – Madison Winton  
Section 4- James Basinger

**Faculty Meetings Representative** - Lauren Kellogg &/or Jennifer Frye

**Curricular Meetings Representatives** - Madison Becker &/or Katelyn Alvarez

**CSUC SON Honor Council** - Austin Deogaygay & Siobhann Petway

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates: March 16, 3:30-4:30 p.m., Wild Oak Café- 196 Cohasset Road, Chico  
March 3, 2016, 330pm- 4:30p.m.

**Area Meeting Representatives**

Oroville Hospital - Michael Rakochy  
Feather River Hospital - Joe Coronado  
Enloe Medical Center, Section 1- Haley Smulan  
Enloe Medical Center, Section 2 - Heather Jacoboni

**Faculty Meetings Representative** - Marie Waidtlaw

**Curricular Meetings Representative** - Marie Waidtlaw

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: Thursday, February 25, 9:30-10:30 a.m., Holt 365  
Thursday, April 7, 9:30-10:30 a.m., Holt 365  
Thursday, May 5, 9:30-10:30 a.m., Holt 365

**Area Meetings Representatives**

Section 1 - Alyssa Mandel  
Section 2 - Jonathan Peterson  
Section 3 - Marissa Indgjer  
Section 4- Haley Howeson

**Faculty Meetings Representative** – Natalie Wren and Ashiana Antar

**Curriculum Meeting:** Friday, February 5, 1:00 pm-2:30 pm in Media Lab, Holt 363

Friday, March 4, 1:45 pm-3:15 pm in Media Lab, Holt 363

Friday, April 8, 2:45 pm-4:15 pm,

Friday, May 6, 1:00 pm-2:30 pm

**Curriculum Meetings Representative** - Kalyn Finch & Marissa McCready

**CSUC SON Honor Council** - Shannon Watson

#### **Semester 4 – Helen Karpilovsky**

Area Meeting Dates: March 3, 12:00 - 1:00 p.m., Sim Lab

May 5, 12:00 - 1:00 p.m., Sim Lab

**Area Meeting Representatives:** Katelyn Elvidge, Stephanie Geronimo

**Faculty Meetings Representatives** – Michelle Ashurst, Rachel Jackson

**Curricular Meetings Representatives** – Liza Sciallis, Rebecca Rinard

**CSUC SON Honor Council:** Katherine Morrison, Ellen Huggett

#### **Semester 5 – Karin Lightfoot**

Area Meeting Dates: Friday, Feb 12, 3-4 pm, Holt 363

Friday, April 8, 12-1 pm, Holt 363

**Area Meeting Representatives:** Kelsey Aguire

**Faculty Meeting Representatives:** Katie Knipp

**Curricular Meetings Representatives:** None

**CSUC SON Honor Council** Hailey VanSickle

California State University  
School of Nursing  
Fall 2015

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates: Monday Oct. 19<sup>th</sup>, 12:00 pm – 1:00 pm, Holt 357  
Monday Dec. 7<sup>th</sup>, 12:00 pm – 1:00 pm, Holt 357

**Area Meeting Representatives**

Section 1 – Kassandra Melgoza

Section 2 – Ashley Reese

Section 3 – Heather Jacoboni

Section 4 – Haley Buteau

**Faculty Meetings Representative:** Bayleigh Fountain 9/18, 10/16, 11/13, 12/11

**Curriculum Meetings Representative:** Joe Coronado 9/11, 11/13

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates:

**Area Meeting Representatives**

Section 1 – McKenna Bourland

Section 2 – Natalie Wren

Section 3 – Haley Howeson

Section 4 – Marissa Indjer

**Faculty Meetings Representative:** Susan Reed

**Curriculum Meetings Representative:** No volunteer

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: Wednesday Sept. 16<sup>th</sup>, 11:00 am – 11:50 am, Holt 365  
Wednesday Oct. 21<sup>st</sup>, 11:00 am – 11:50 am, Holt 365  
Wednesday Dec. 2<sup>nd</sup>, 11:00 am – 11:50 am, Holt 365

**Area Meeting Representatives**

Section 1 – Amelia Alm

Section 2 – Jerrod Morton

Section 3 – Matthew Mesa

Section 4 – Kaitlyn Elvidge

**Faculty Meetings Representative:** Liza Sciallis 9/18, 11/13, Katherine Morrison 10/16, 12/11

**Curriculum Meetings Representative:** Liza Sciallis 9/11, Rebecca Rinard 11/13

**Semester 4 – Helen Karpilovsky**

Area Meeting Dates: Thursday Oct. 8<sup>th</sup> 12:00 – 1:00, Sim Center  
Thursday Dec. 3<sup>rd</sup>. 12 – 1:00, Sim Center

**Area Meeting Representative:**

Sarah Anderson

Jamie Bracewell

Wyatt Hunt

**Faculty Meetings Representative:** Ashley Freeborn, Katie Knipp

**Curriculum Meetings Representative:** Sarah Anderson, Jamie Bracewell

**Semester 5 – Karin Lightfoot**

Area Meeting Dates: Monday Sept. 28<sup>th</sup>, 1:00 – 2:00 pm, Holt 363  
Friday Dec. 11<sup>th</sup>, 11:30 am – 12:30 pm, Holt 363

**Area Meeting Representative:**

Val Bessmertnyy

Emma Greer

**Faculty Meetings Representative:** Jennifer Geerlings

**Curriculum Meetings Representative:** No volunteers yet

**MSN**

**Student Representative:** Diana Siler

California State University  
School of Nursing  
Spring 2015

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates: Fri, February 6, 11:00-1:00 p.m., Holt 357

**Area Meeting Representatives**

Section 1 – Alyssa Mandel

Section 2 – Linda Vue

Section 3 – Amber Dayney

Section 4 – Stefani Aston

**Faculty Meetings Representative:** Tara Rowland

**Curriculum Meetings Representative:** Alyssa Mandel

**Alternate for above (either one):** Haley Howeson

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates: Wed, February 18, 1:30-2:30 p.m., Holt 357

Wed, March 25, 1:30-2:30 p.m., Holt 357

Wed, April 22, 1:30-2:30 p.m., Holt 357

**Area Meeting Representatives**

Section 1 – Michelle Ashurst

Section 2 – Megan Toppings

Section 3 – Jerrod Morton

Section 4 – Ellen Huggett

**Faculty Meetings Representative:** Michelle Ashurst

**Curriculum Meetings Representative:** Michelle Ashurst

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: Wed, February 18, 11-12 p.m., Holt 365

Wed, April 1, 11-12 p.m., Holt 365

Wed, April 29, 11-12 p.m., Holt 365

**Area Meeting Representatives**

Section 1 – Sarah O'Malley

Section 2 – Sarah Anderson

Section 3 – Jamie Bracewell

Section 4 – Kala Boydston

**Faculty Meetings Representative:** Katie Knipp

**Curriculum Meetings Representative:** Jackie Scaroni

#### **Semester 4 – Helen Karpilovsky**

Area Meeting Dates: Wed, March 4, Sim Lab  
Wed, April 29, Sim Lab

**Area Meeting Representative:**

**Section 1 - Emma Greer**

**Section 2 – Valery Bessmertnyy**

**Section 3 - Joey Regino**

**Section 4 – Michaela King**

**Faculty Meetings Representative:** Jennifer Geerling

**Curriculum Meetings Representative:** No volunteer

#### **Semester 5 – Karin Lightfoot**

Area Meeting Dates: Fri, February 27, 1-2 p.m., Holt 363  
Fri, March 27, 1-2 p.m., Holt 363  
Fri, April 24, 1-2 p.m., Holt 363

**Area Meeting Representative:** Michelle Johnson

**Faculty Meetings Representative:** Kayla Kriech

**Curriculum Meetings Representative:** no volunteer

#### **MSN**

**Student Representative:** Lynda Gomes

California State University  
School of Nursing  
Fall 2014

**Student Representatives and Area Meetings**

**Semester 1 – Miriam Walter**

Area Meeting Dates: Tues, August 19  
Mon, October 20  
Mon, November 10

**Area Meeting Representatives**

Section 1 – Jerrod Morton  
Section 2 – Liza Sciallis & Megan Toppings  
Section 3 – Jordan Harder & Lawrence McEntee  
Section 4 – Kelly Crowley & Cambria Diehl  
**Faculty Meetings Representative:** Michelle Ashurst  
**Curriculum Meetings Representative:** Michelle Ashurst

**Semester 2 – Fay Mitchell-Brown**

Area Meeting Dates: Wed, October 1, 1:30-2:30 p.m., Holt 365  
Wed, October 22, 1:30-2:30 p.m., Holt 365  
Wed, November 19, 1:30-2:30 p.m., Holt 365

**Area Meeting Representatives**

Section 1 – Katelyn Knipp  
Section 2 – Jamie Bracewell  
Section 3 – Hailey Van Sickle  
Section 4 – Sarah Anderson  
**Faculty Meetings Representative:** Katie Knipp  
**Curriculum Meetings Representative:** Katie Knipp

**Semester 3 – Gayle Kipnis**

Area Meeting Dates: Thurs, September 25, 12-1 p.m., Holt 365  
Wed, October 29, 1-2 p.m., Holt 365  
Thurs, December 11, 12-1 p.m., Holt 365

**Area Meeting Representatives**

Section 1 – Emma Greer  
Section 2 – Val Bessmertnyy  
Section 3 – Aimee Cutright  
Section 4 – Joey Regino  
**Faculty Meetings Representative:** Jennifer Geerlings and Keegan O'Connor  
**Curriculum Meetings Representative:** Erin Eicholtz

#### **Semester 4 – Carl Pittman**

Area Meeting Dates: November 13, 2014

December 11, 2014

**Area Meeting Representative:** Michelle Johson

**Faculty Meetings Representative:** Emily Stickney

**Curriculum Meetings Representative:** Jessica Bugni, Sasha Sinkevich

#### **Semester 5 – Karin Lightfoot**

Area Meeting Dates: October 3, 2014

November 7, 3-4:30 p.m.

December 12, 1:30–3 p.m.

**Area Meeting Representative:** Olivia Vansell and Karen West

**Faculty Meetings Representative:** Amanda Watson

**Curriculum Meetings Representative:** No volunteer

#### **MSN**

##### **Student Representatives**

2012 cohort – Sherron Prosser

2013 cohort – Julie Hadley

2014 cohort – Hillary Tucker

Business Unit = , Fiscal Year = [b]2014,2017, Period = 0,12

Appendix II-A-1: SON Budget 2014-2017

			2014		2015		2016		2017	
Dept Fdescr	Fund Fdescr	Acct Cat Fdescr	Current Budget	Actuals	Current Budget	Actuals	Current Budget	Actuals	Current Budget	Actuals
D11800 - NURSING	G1006 - CSU OPERATING FUND	506 - Transfers In From Other Funds/Appropriations		(6,581.25)						
		580 - Other Financial Sources								(500.00)
		602 - Work Study			4,400.00	4,333.00	2,301.00	2,301.00	2,300.00	1,293.60
		606 - Travel		12,286.72		10,595.23		15,339.97		4,084.00
		613 - Contractual Services Group	183.50	35.83		650.00		471.90		
		616 - Information Technology Costs		4,905.38		10,000.00		0.00		7,991.44
		617 - Services from Other Funds/Agencies Group						(296.06)		6.00
		619 - Equipment Group		104,181.12	11,539.57	11,135.53	2,825.68	2,847.18	0.00	0.00
		660 - Misc. Operating Expenses	146,528.98	17,725.76	48,802.22	21,399.17	34,336.00	26,161.02	31,528.00	15,309.43
		680 - Operating Transfers Out		6,184.50		7,981.88	17,153.00	26,464.81		4,883.49
	690 - Expenditure Adjustments				(2,273.63)		(882.66)			
	G1006 - CSU OPERATING FUND Total		146,712.48	138,738.06	64,741.79	63,821.18	56,615.68	72,407.16	33,828.00	33,067.96
D11800 - NURSING Total		146,712.48	138,738.06	64,741.79	63,821.18	56,615.68	72,407.16	33,828.00	33,067.96	
D11801 - NURSING PROF DEV	G1006 - CSU OPERATING FUND	606 - Travel		1,285.60		13,459.90		6,482.11		6,189.25
		613 - Contractual Services Group		0.00		0.00		0.00		
		616 - Information Technology Costs		0.00		0.00		487.53		858.00
		660 - Misc. Operating Expenses	12,000.00	465.00	38,259.46	5,601.91	38,315.45	2,691.86	19,373.82	3,684.75
		680 - Operating Transfers Out						499.03		380.00
	G1006 - CSU OPERATING FUND Total		12,000.00	1,750.60	38,259.46	19,061.81	38,315.45	10,160.53	19,373.82	11,112.00
D11801 - NURSING PROF DEV Total		12,000.00	1,750.60	38,259.46	19,061.81	38,315.45	10,160.53	19,373.82	11,112.00	
Grand Total		158,712.48	140,488.66	103,001.25	82,882.99	94,931.13	82,567.69	53,201.82	44,179.96	

and

Period is between 0 and 12

and

Acct Cat is not equal to / is not in 601 , 603

and

Acct Type Fdescr is equal to 50 - Revenues , 60 - Expenditures

and

Dept Fdescr is equal to D11800 - NURSING , D11801 - NURSING PROF DEV

and

Fund Fdescr is equal to G1006 - CSU OPERATING FUND

and

Fiscal Year is between 2014 and 2017

Appendix III-C-1 RN-BSN Transcript Evaluation Form					
Name			Date/Reviewer Initials		
E-mail			Phone		
Required Courses	GE Area	CSU, Chico Course #	Transfer Course #	Grade	Trans. Institute
<b>Prerequisite Courses - must be completed before application deadline with grade of C or better</b>					
Anatomy, with required lab	Area B2	BIOL 103			
Physiology, with required lab	Area B2	BIOL 104			
Microbiology, with required lab		BIO 211			
Chemistry, with lab if required where the course was taken	Area B1	CHEM 107/108/111			
Oral Communication	Area A1	CMST 131/132			
Written Communication	Area A2	ENGL 130			
Critical Thinking	Area A3	CMST 255/PHIL 102			
Quantitative Reasoning (Stats)	Area A4	Math 105			
<b>Lower Division GE Requirements- must be completed before application deadline (Waived for 2nd Bac Students)</b>					
Arts	Area C1	Take 1 course			
Humanities	Area C2	Take 1 course			
Individual & Society	Area D1	Take 1 course			
Societal Institutions	Area D2	Take 1 course			
Learning for Life	Area E	Take 1 course			
US History	Area C3	HIST 130			
Pol.Sci.-gov/local/state/national	Area D4	POLS 155			
Elective (if units needed)-Non-nursing transferrable course(s)					
<b>Upper Division GE Requirements- included in the RN to BSN Curriculum (Waived for 2nd Bac Students)</b>					
Upper Div. - Arts/Humanities		Take 1 course			
Upper Div. - Social Sciences		Take 1 course			
Baccalaureate degree from a regionally accredited institution:					
Associate Degree Nursing Program:		Date of Graduation:	Expected graduation:		
Transferrable Non-Nursing Units____Transferrable Nursing Units over 20____(max of 16)Total: (Need 70)					
Please consult the statewide ASSIST program (www.assist.org) for assistance in selecting transfer coursework to meet CSU Chico's GE, graduation and major requirements					
Cum GPA:	Nursing GPA:		Tranferable Nursing Units_____		
Comments:					

**Appendix III-E-1 Sample Clinical Evaluation Tool**

**Nurs 404 Clinical Evaluation Tool**

**Clinical Performance Rubric**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Objective/Criteria	Needs Improvement	Meets Expectations	Above average	Exceptional	Score
<b>Patient Care</b>	Needs frequent direction to maintain standards of safe, appropriate care for patients and families in distress. Has difficulty assessing, planning, implementing and evaluating nursing care. Needs considerable direction to individualize nursing care. Has difficulty considering the implications of his/her nursing practice. Struggles to explain the rationale for planned care. Has difficulty gathering pertinent, current, reliable data upon which to base nursing care plans.	Provides safe care and meets course objectives. Needs assistance with work organization, priority setting, planning and implementing care. Has difficulty relating theoretical principles to patient situations. May make decisions without adequate information. Gives only partial consideration to the significant implications of his/her actions. Somewhat inconsistent performance. Sees and works with the obvious and immediate in assessing, planning, implementing and evaluating nursing care	Generally well organized. Sets priorities appropriately with some guidance. Collects pertinent facts and data; makes decisions and plans based on collected information. Requires some direction to individualize care and recognize subtle cues to behavior and relationships. Gives safe care with consideration for the comfort of the patient and family. Is generally flexible, with a more conventional, rather than creative approach to problem solving.	Consistently assesses, plans, implements and evaluates the nursing care of patients and families in distress. Explores and collects pertinent data in planning care. Uses scientific principles, current research, pathophysiology and critical thinking to explain the rationale for nursing care. Clearly defines reasons for priorities. Individualizes care, is highly organized, creative and flexible in planning, implementing and evaluating care.	
	0-44 points	45-51 points	52-58 points	59-65 points	0-65points

<b>Decision Making</b>	<p>Consistently makes decisions without collecting adequate information. Needs considerable assistance in identifying pertinent data</p> <p>0-8 points</p>	<p>May make decisions without collecting adequate information. Needs some assistance in determining what is adequate information.</p> <p>9-11 points</p>	<p>Collects facts and pertinent data. Makes decisions and plans care based on collected information. With a little direction, is able to recognize subtle clues to relationships and behaviors</p> <p>12-13 points</p>	<p>Consistently explores and collects pertinent data before making decisions. Withholds early judgment. Is continually open to new data and incorporates these into plan of care. Recognizes subtle clues to relationships and behaviors.</p> <p>14-15 points</p>	0-15 points
<b>Communication</b>	<p>Poor communication skills. Fails to recognize the effects of his/her behavior on others. Fails to communicate appropriate data to other caregivers. Has difficulty with information competency.</p> <p>0-8 points</p>	<p>Communication with patients, families and other caregivers is inconsistent. Needs frequent assistance in communicating with others, and with recognizing psychosocial, cultural, ethnic or spiritual needs of patients, families and caregivers.</p> <p>9-11 points</p>	<p>Usually communicates effectively with patients, families, and other caregivers. Is able, with a little direction, to recognize psychosocial, cultural, ethnic and spiritual needs and direct communication to those areas.</p> <p>12-13 points</p>	<p>Consistently communicates effectively with patients, families and other caregivers. Demonstrates sensitivity and appropriate support for patient's, family's psychosocial, cultural, ethnic and spiritual needs.</p> <p>14-15 points</p>	0-15 points

<b>Teaching/advocacy</b>	Shows little interest in teaching or advocating for patients and their families. Fails to seek referrals or requires considerable direction to do so. Has difficulty with alternative approaches to teaching.	Identifies common, conventional learning needs and develops, implements and evaluates strategies to meet them with assistance. Uses supervision for direction, rather than guidance. Needs help identifying alternative approaches	Identifies learning needs, and plans, implements, and evaluates teaching to meet those needs. Is willing to try new approaches with some encouragement. Usually identifies appropriate instances for referral, including discharge planning.	Consistently identifies learning needs, and plans, implements and evaluates interventions to meet those needs, including discharge planning. Makes appropriate referrals. Creative and flexible in identifying and testing alternatives regarding teaching methods, motivating factors and approaches to teaching.	
	0-8 points	9-11 points	12-13 points	14-15 points	0-15 points
<b>Safety/accountability</b>	Inconsistent safe care. Makes errors of judgment or accountability that may have unsafe effect on patients, families, or for other caregivers.	Gives safe care. Little or unrealistic self-evaluation. Takes little initiative. Needs supervision to recognize legal or ethical responsibility.	Demonstrates safe and competent nursing care, with consideration to comfort, psychological as well as physical of patient and family. Demonstrates ethical and legal responsibility. Able and willing to evaluate self. Demonstrates self direction and growth.	Consistently demonstrates safe and competent nursing care, with consideration to comfort, psychological as well as physical of patient and family. Consistently demonstrates ethical and legal accountability. Identifies areas of strength as well as areas needing personal growth and learning. Aware of own self's attitudes/values and their effect on others.	
	0-8 points	9-11 points	12-13 points	14-15 points	0-15 points

## Appendix III-G Example of Clinical Scoring Rubric for 284

### Clinical Performance Evaluation Scoring Criteria

#### Final Clinical Evaluation criteria

The following criteria will be utilized in evaluation of students' clinical performance of the selected objectives:

**5 – Exceptional:** Consistently and independently demonstrates attainment of clinical nursing objectives; consistently provides high level data to the teacher showing ability to use the nursing process effectively; applies principles from nursing science in the performance of psychomotor skills, and performs those skills with dexterity and facility; uses principles of communication and teaching- learning in practice and documentation to establish relationships and to achieve both formal and informal teaching; is effective as a team member and responsible and accountable for nursing care and own learning; seeks learning opportunities to meet course objectives.

**4 – Above Average:** Consistently demonstrates attainment of clinical objectives with only initial direction from the teacher; level of knowledge and transfer of principles usually above average; shows skill with the nursing process, communication, and high level psychomotor procedures. Does seek opportunities from the teacher to meet the learning needs.

**3 – Average:** Demonstrates attainment of the objectives at the basic level, but requires some prompting or assistance from the teacher. The quality of data to support ranking is of an average level; there may be areas of minimal data. All the areas in the above ranks are present to an average degree. Relies on the teacher for opportunities to meet objectives.

**2 – Below Average:** Frequently demonstrates unsatisfactory attainment of the clinical objectives and requires close supervision, constant prompting or direction from the teacher to meet the objectives.

Some objectives may have minimal or no data to support satisfactory attainment of the objectives. Needs much support with nursing process; psychomotor skills may be performed with lack of dexterity; ability to support activities with principles may be inconsistent; communication skills may demonstrate a nurse-centered rather than client-centered approach; does not keep teacher informed and has difficulty completing assignment; may not always be responsible or accountable for behavior, and uses comparison with peers as an excuse with minimal or no self-direction. Does not seek assistance from the teacher or apply suggestions made for improving learning or practice.

## **Appendix IV-E-1**

### **Graduate Program Expected Student Learning Outcomes (SLO)**

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