Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing and Master's Degree Program in Nursing at Fitchburg State University

Commission on Collegiate Nursing Education
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Evaluation Team:
Linda Siktberg, PhD, RN, Team Leader
Lenora Campbell, DNS, RN
Lisa Wright Eichelberger, PhD, RN
Karen J. George, DNP, RN, CEN

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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Bachelor of Science (BS) and Master of Science (MS) programs in nursing at Fitchburg State University and their compliance with CCNE's standards for accreditation. The BS and MS programs were granted initial accreditation by CCNE in 2001 and received continuing accreditation in 2006. The programs are being reviewed for continuing accreditation.

Fitchburg State University (FSU), located in Fitchburg, Massachusetts, on a 113-acre main campus, is a four-year public institution. FSU enrolls 6,150 students (4,327 undergraduate and 1,823 graduate students) and employs 214 faculty. FSU was established in 1894 as a normal school to train teachers. FSU consists of 16 academic departments offering more than 30 undergraduate programs, 4 post-baccalaureate certificates, 22 graduate programs, 8 certificates of advanced graduate studies, and 6 graduate-level certificates. FSU, governed by a Board of Trustees, is one of six comprehensive state universities and is authorized by the Massachusetts Legislature to offer baccalaureate and graduate degrees in the arts and sciences and various professional fields. FSU was last accredited by the New England Association of Colleges and Schools in 2012 for a period of 10 years.

According to the 2015-2016 university catalog, FSU "… prepares students to lead, serve, and succeed by fostering lifelong learning and civic and global responsibility … As a community resource, we provide leadership and support for the economic, environmental, social, and cultural needs of North Central Massachusetts and the Commonwealth." FSU holds a Carnegie classification of Master's L: Master's Colleges and Universities (larger programs).

In 1943 the Burbank Hospital School of Nursing (SON) and FSU State Teacher's College offered a collaborative nursing program. The Burbank Hospital SON granted a diploma in nursing and the college granted a Bachelor of Science in Education. In 1962 FSU received approval from the General Court to initiate a four-year generic baccalaureate degree nursing program, and FSU and the Burbank Hospital SON ended the combined nursing program in 1964. The registered nurse to BS (RN to BS) track was added in 1970. In 1996 the Department of Nursing (DON) received approval to offer an MS program with a forensic nursing track. In 2012 the licensed practical nurse to BS (LPN to BS) track was initiated. At present, 288 students are enrolled in the BS program and 52 students are enrolled in the MS program. The MS program and RN to BS track are online. There are 15 full-time and 23 part-time faculty in the DON. The pre-licensure BS tracks (generic and LPN to BS) are approved by the Massachusetts Board of Registration in Nursing (MA BORN), and the next review is scheduled for Fall 2022.

The team was afforded full cooperation in its efforts to assess the programs and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

In accordance with CCNE procedures, as part of the review, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received.

Meeting of CCNE Standards

While visiting the campus in Fitchburg, Massachusetts, the evaluation team had an opportunity to interview DON and university officials; program faculty, students, and alumni; and community of interest representatives. The team reviewed information in the self-study document and in the resource room as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the baccalaureate degree and master's degree programs in nursing at the institution.

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.

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

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

Elaboration: The program's mission statement, goals, and expected 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).

Compliance Concern?   Baccalaureate: No

                               Master's: No

Rationale:

The DON's mission and vision statements relate to the BS and MS programs. The DON's mission, vision, eight BS terminal program outcomes, and eight MS terminal program outcomes are accessible to current and prospective students, faculty, and the community of interest (COI) on the DON's website; in the 2015-2016 undergraduate, RN to BS, and graduate student handbooks; and in the self-study document (pages 10, 34). The BS and MS program terminal outcomes are compared to the DON's mission and vision in the self-study

document (pages 5-6). The FSU mission and vision are accessible to current and prospective students in the 2015-2016 undergraduate and graduate catalogs (FSU website; self-study document, page 2). The DON's mission and vision are congruent with the university's mission and vision, as reflected in the mission and vision matrix in the self-study document (Figure 1 A.1, page 4).

In a meeting with the team, the president, interim provost/vice president for academic affairs (interim provost), and associate vice president of academic affairs confirmed the DON contributes to the university's mission, vision, and 2015-2020 strategic plan. The interim provost, DON chair, and faculty confirmed that expected faculty outcomes include teaching effectiveness, academic advising, continuing scholarship, and other professional activities (service). Other BS program outcomes include student, alumni, and employer satisfaction rates; Health Education Systems, Inc. (HESI) exit exam scores; and end-of-semester course evaluations. Other MS program outcomes include employment in advanced practice roles; pursuit of higher education; leadership positions; activities and awards; contributions to the discipline; student, alumni, and employer satisfaction rates; and end-of-semester course evaluations.

The professional nursing standards and guidelines identified in the self-study document and resource room for the BS program are AACN's *The Essential of Baccalaureate Education for Professional Nursing Practice* (*Baccalaureate Essentials*) (2008), the American Nurses Association's (ANA's) *Nursing: Scope and Standards of Practice* (*Scope and Standards*) (2010), the ANA's *Code of Ethics for Nurses* (*Code of Ethics*) (2010), the ANA *Guide to Nursing's Social Policy Statement* (2010), MA BORN Nurse Practice Act.

The professional nursing standards and guidelines identified in the self-study document and resource room for the MS program are AACN's *The Essentials of Master's Education in Nursing* (*Master's Essentials*) (2011) and the ANA's *Forensic Nursing: Scope and Standards of Practice* (*Forensic Nursing Scope and Standards*) (2009).

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.

Compliance Concern?   Baccalaureate: No

                                 Master's: No

Rationale:

The DON has a delineated program evaluation map (PEM) based on CCNE's *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2013). The Undergraduate Curriculum Committee (UGCC) and Graduate Curriculum Committee (GCC) are responsible for reviewing and revising the program mission, vision,

and BS and MS terminal program outcomes every two years or when substantive changes are made. The team confirmed that faculty periodically review and revise the DON's mission, vision, and BS and MS terminal program outcomes (UGCC minutes dated April 26, 2012; GCC minutes dated February 15, 2012, and February 1, 2012). Through a review of evidence and in interviews with faculty, the team confirmed that the BS terminal program outcomes are congruent with the *Baccalaureate Essentials* and that the MS terminal program outcomes are congruent with the *Master's Essentials*.

The COI includes prospective and current students, faculty, administrators, alumni, healthcare agencies, clients, the Nursing Advisory Committee (NAC), the Epsilon Beta chapter of Sigma Theta Tau International, educational partners, medical-legal entities, and other community representatives. The NAC confirmed that they meet twice a year with the DON chair. The NAC described involvement and satisfaction with their opportunities to provide input and participate in DON activities.

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.

Compliance Concern?   Baccalaureate: No

                            Master's: No

Rationale:

Expected faculty outcomes are identified in the collective bargaining agreement as teaching effectiveness, academic advising, continuing scholarship, and "other professional activities and such responsibilities [service], if any, as may be assumed by a faculty…in lieu of, in whole or in part, the normal faculty instructional workload…by serving as a department chair…." The interim provost, DON chair, and faculty confirmed that expected faculty outcomes include teaching effectiveness, academic advising, continuing scholarship, and other professional activities (service). There is a checklist in the agreement requiring at least one check in the category of continuing scholarship and service. Faculty outcomes are written, and the categories are communicated to faculty and are congruent with institutional expectations outlined in the agreement. The agreement states that faculty will be evaluated by students and the DON chair. The team confirmed during meetings with the interim provost, DON chair, interim dean for health and natural sciences, and faculty that faculty outcomes are clearly communicated in the collective bargaining agreement. The interim provost mentioned that scholarship does not have to include publications and presentations, and service can be to the university or community. Information about faculty outcomes is not included in the FSU faculty handbook.

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.

Compliance Concern?   Baccalaureate: No

                            Master's: No

Rationale:

The team confirmed that faculty and students participate in the governance of the DON and university. The DON Faculty Organization bylaws include the program's committee structure, which is composed of seven standing committees: Admissions Committee, Bylaws Committee, UGCC, GCC, Liaison/Nomination Committee, Program Evaluation Team Committee, and Student Policies Committee. In a meeting with the team, students confirmed that they are involved in the governance of the DON. Students serve on university committees as stipulated in the collective bargaining agreement. University committee meeting minutes reviewed by the team in the resource room reflected nursing students' presence on university committees for the past three years, including academic policies, student affairs, and the All-University Committee (AUC). Students serve on two departmental committees: UGCC and GCC. Minutes of these meetings reviewed by the team in the resource room documented students' participation. Students provide input into the governance of the DON through data collected on the student surveys that are completed every four years and through their participation in meetings with advisors, faculty, and administrators.

Faculty are involved in regular committee meetings, and the team reviewed meeting agendas and minutes that showed evidence of development, review, and revision of academic policies as deemed necessary by the faculty. Nursing course curriculum, student issues, and decisions that affect the program are voted on by the faculty during these meetings. Through a review of an all annual intradepartmental committee lists in the resource room, the team confirmed that 100% of the DON's full-time permanent faculty serve on two DON committees, as stipulated in the bylaws. Faculty participate in monthly departmental meetings that are designed for sharing of information and decision-making related to program governance. Faculty participation in the governance of the university and DON is clearly described.

Academic governance at FSU is governed by the contractual agreement between the Massachusetts Department of Higher Education (DHE) and Massachusetts State College Association (MSCA). A separate contractual agreement between the Massachusetts DHE and MSCA lists the responsibilities of the university and faculty teaching in graduate and continuing education. The agreements stipulate that faculty, administrators, and students participate in the governance of the university. Faculty elect the chair of the DON and have an opportunity to run for a faculty seat on the AUC. Faculty may volunteer to serve on committees as well as the Graduate Education Council. Memberships to these committees are elected by the total faculty. For the past three years, 18% to 38% of DON faculty serve or have served on university committees, including AUC, academic policies, student affairs, and the Graduate Education Council.

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.[1, 2]

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)."*

[1] *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

[2] *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012).

Compliance Concern?	Baccalaureate:	No
	Master's:	Yes

Rationale:

Baccalaureate: The team reviewed the DON and university websites; 2015-2016 university catalog; and 2015-2016 undergraduate, RN to BS, and graduate nursing student handbooks and confirmed that the documents are consistent and accurate regarding program information, outcomes, accreditation status, MA BORN approval, academic calendar, admission policies, grading policies, degree completion requirements, tuition and fees, and information regarding the licensure exam. CCNE accreditation status is disclosed as required in the student handbooks and DON website. The team confirmed that the online university program and marketing publications were correct during the on-site evaluation. Students confirmed that faculty and the DON chair communicate policy and program changes through emails, Blackboard announcements, and nursing student handbook updates.

Master's: The team found a compliance concern for the MS program because of inconsistent statements in documents and publications that indicated the MS program having a "forensic clinical nurse specialist" track. Graduate catalogs from 2012-2013, 2013-2014, and 2014-2015 in the resource room indicated the MS program as having a "forensic clinical nurse specialist" track. The team noted that the 2015-2016 graduate catalog does not include the statement "forensic clinical nurse specialist." The FSU online MS publication flyer dated May 2015 included a statement saying "specialty in forensic nursing … sensitivity to the health needs and concerns of diverse populations as a clinical nurse specialist." The team also noted that the Massachusetts Association of

Colleges of Nursing identified the MS forensic nursing track as a clinical nurse specialist track. NURS 8600 Advanced Pathopharmacology and Epigenetics in Forensic Nursing is a required course and is listed in the graduate catalog, master's plan of study on the DON website, and 2014-2015 and 2015-2016 graduate student handbooks. The graduate chair and faculty confirmed to the team that NUR 8600 has not been offered but will be offered in Fall 2016.

The team also noted there are inconsistencies in the total number of credit hours for an MS in forensic nursing listed on the DON MS website. The website indicates 36 credit hours are required, and the 2015-2016 graduate student handbook indicates 39 credit hours are required. Publications identified "career opportunities" for graduates, including death investigator, legal nurse consultant, medico-legal investigator, SANE (sexual assault nurse examiner), forensic nurse hospital-based expert, and forensic mental health consultant, all of which require further training and/or certification. The graduate chair indicated in an interview (with the team that graduates from the MS program could not qualify for SANE certification unless they completed additional training and certification.

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.

Compliance Concern? Baccalaureate: No

Master's: No

Rationale:

The BS and MS programs' policies and university policies are published in the undergraduate, RN to BS, and graduate student handbooks; university websites; and university catalogs. Policies are clear, consistent, and support the mission and expected BS and MS terminal program outcomes. The team confirmed that policies on admission and progression are clearly outlined in the 2015-2016 undergraduate, RN to BS, and graduate student handbooks. Policies are congruent, and justification is provided if there is a variance in the nursing program's academic polices. The Student Policies Committee (SPC) reviews and evaluates policies annually and makes recommendations for changes. The SPC also confirms that policies are accurate, published, and accessible. Academic policies include academic integrity, academic records, student grievances, course policies, grading system policies, graduation policies, satisfactory academic progress, transfer credit policy, and withdrawals. An example of a variance between the university and DON BS program is that the university requires students to maintain an overall cumulative grade point average (GPA) of 2.0 in major, and the BS program requires

nursing students to achieve a minimum GPA of 2.5 or higher in each nursing course. Another variance is that nursing pre-majors and LPN freshmen must achieve a GPA of 2.5 or higher in the required four science and nutrition courses. RN to BS students must graduate from an Accreditation Commission for Education in Nursing (ACEN)-accredited associate degree or diploma program with a 2.5 cumulative GPA.

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.

This standard is met for the baccalaureate degree nursing program.

This standard is met for the master's degree nursing program.

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.

Compliance Concern?   Baccalaureate: No

                                               Master's: No

Rationale:

Fiscal resources are sufficient to support the DON to fulfill its mission, goals, and expected BS and MS terminal program outcomes. The team confirmed that adequacy of resources is reviewed periodically, and resources are modified as needed. The DON receives its operating funds via university state appropriations based on a comprehensive budget formula for all state universities and non-appropriated funds (trust funds) obtained from revenue generated through tuition and fees from graduate and continuing education students. Funds are provided for faculty salaries; administrative expenses; office, lab, and teaching supplies; subscriptions; travel; professional development; accreditation fees and pinning ceremony; online testing software; and the health information tracking system. Additionally, federal, state, and private grants; auxiliary revenue; and fundraising including alumni giving are available to support the operation of the DON. An example of this additional support is a grant award provided by the Massachusetts DHE in support of the implementation of the LPN to BS track.

Consistent with university procedures, each year the DON may submit a request for additional resources to address programmatic needs through the extraordinary budget request (EBRQ) process. For example, in an effort to provide online testing, create a better testing environment, and deal with the challenge of finding a sufficient number of computers for testing purposes, the DON chair submitted a request for 30 computer intelligent iPad carts, and the request was granted. Similarly, based on student learning outcomes and the

challenges of providing students with needed experience in medication administration, faculty requested and received approval to purchase a medication administration system, PYXIS 4000. Additional EBRQs have been submitted and approved during the past five years including simulators, task trainers, and lab supplies and equipment. According to the DON chair and faculty, the DON consistently receives the financial support needed to achieve its mission, vision, and expected terminal program outcomes.

The core faculty in the DON include 5 tenured, 2 tenure-track, 8 full-time temporary, 2 permanent part-time, one 11-credit-hour part-time, and 20 part-time faculty. Several faculty positions also have non-faculty roles, such as the DON chair, graduate chair, and coordinator of the LPN to BS and RN to BS tracks. The DON chair and faculty reported that there are insufficient faculty to maintain its faculty-to-student ratios of 1:21 for classroom settings, 1:10 for lab settings, and 1:8 for clinical settings and enable faculty to assume other non-teaching roles. There are currently two tenure-track faculty positions advertised. One position will be filled by an internal candidate, and the second position is being filled by a temporary faculty member until a permanent replacement is found. The interim provost, dean, and DON chair confirmed the university's support for the DON's requests for additional faculty positions because of the importance of nursing to the mission of the institution, growth of the programs, recognition for additional faculty, and national nursing faculty shortage. All agreed that the strategy of supporting faculty who are committed to the institution in the pursuit of a terminal degree is likely the most appropriate strategy for ensuring that the DON has sufficient and qualified faculty. Nursing faculty salaries are determined by collective bargaining and are comparable to those at other nursing programs in the region and with the salaries identified by AACN for nursing faculty of similar rank at AACN member institutions with a master's program and without a doctoral program. In some instances, salaries exceed those of like institutions. Part-time faculty salaries are mandated for state agencies; therefore, part-time faculty salaries are competitive with those at other state-supported institutions.

The DON has two administrative support staff. The chair and faculty reported that the two administrative staff are sufficient to provide program and instructional support. The DON has work-study students who supplement the work of the administrative support staff. Faculty reported a need for additional clinical support in meeting undergraduate and graduate clinical needs, especially for identifying preceptors, clinical placement sites, and securing contracts. The university approved a 20-hour-per-week position in academic year (AY) 2013-2014 for the DON to hire a part-time clinical placement coordinator.

Adequate space is available on campus to enable the program to achieve its mission, goals, and expected terminal program outcomes. The DON is housed in Thompson Hall and Dwight Hall. Each faculty member has an individual office. The secretarial workspace is sufficient and includes a reception area. The university equips all offices with a laptop docking station, a phone, file cabinets, a desk, and bookcases. Computers are refurbished or replaced every three years. Additionally, the DON has a well-equipped nursing skills lab and health assessment lab. Classroom and laboratory/simulation space is large enough to accommodate class sizes as well as needed simulation and technology equipment.

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.

Compliance Concern?   Baccalaureate: No

                             Master's: No

Rationale:

Academic support services are adequate for students and faculty to meet program requirements and achieve the mission, goals, and expected terminal program outcomes. FSU provides a number of academic support services to students. Many of these are listed on course syllabi including tutoring, writing, library, technology, and Blackboard support. Library services are available to students face-to-face Monday through Sunday. A print reserve service for the circulating desk area, e-reserves, and electronic reserve service are available from any internet connection. The library maintains its own website to facilitate access to resources and provide timely information/update, and it includes an adequate number of online and print media. Students have access to a comprehensive list of databases to search for online publications. If full-text articles are not available at FSU, efforts are made to secure these resources through interlibrary loan. Students are able to access the full-text article digitally within 24 hours. For online students, interlibrary loan requests, once retrieved, are mailed to a physical location. Students reported to the team that these supports are available. The DON has a dedicated librarian appointed as a liaison who attends faculty meetings to solicit information from faculty regarding their needs and provide information on the yearly library budget allocation for the DON. The liaison provides a library section on each Blackboard course shell. Additionally, a reference librarian is embedded in courses to provide support and meet student needs. The librarian tracks student usage to determine the frequency of student use of select resources as a way of evaluating program and student needs. Library holdings and search engine usage are evaluated on a yearly basis by the library, and results are shared with academic departments. Online students are provided an online orientation to library resources. On-campus students are provided a face-to-face orientation. To ensure proper use of Blackboard, the campus learning system, all online students are automatically enrolled in a Blackboard introductory class.

Another student support service is academic advising. Advising for online students is done by the graduate program chair via email correspondence, telephone, or face-to face. Students are able to obtain other university support services such as tutors. The faculty-to-student ratio of 1:25 for undergraduate advisement and 1:50 for graduate advisement enables students to be adequately advised. All undergraduate students not yet admitted to the nursing program are advised by the DON chair. The faculty and chair reported a faculty workload that can accommodate these advisement ratios.

Students are provided counseling services, disability services, and supplemental instruction through the mathematics, writing, and tutoring centers. FSU is a wireless campus environment. Students are provided wireless internet access via four computer labs. Computer labs are available to students seven days per week (7:30 am–11:30 pm Monday–Thursday with reduced hours Friday-Sunday). Online students are provided technical assistance training to support distance education courses. Online students also have an online student resource center to ensure their access to campus resources. The university offers 24/7 technical support services for students and faculty. Institution-wide surveys and the DON student survey, which is administered every four years, assess students' satisfaction with support services. Students reported to the team that support services are excellent and indicated that FSU "wants us to succeed."

The university provides faculty development support for teaching and learning. The university has a formal and rigorous process for online course development. Additionally, a website for online teaching provides a comprehensive array of resources to assist faculty in the development, implementation, and evaluation of online courses. The Center for Teaching and Learning (CTL), co-directed by faculty with release time, provides an a la carte menu of faculty development activities. Faculty are able to receive one-on-one assistance to support their faculty development needs. In a meeting with the team, faculty confirmed the adequacy of these resources.

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).

Compliance Concern?   Baccalaureate: No

                                 Master's: No

Rationale:

The DON chair has served in the chief nurse administrator position for the past nine years. In addition to serving as chair, she also serves as the RN to BS track coordinator. The chair holds a Massachusetts RN license and received a Master of Science in Nursing from Russell Sage College in 1981. She earned an additional 30 graduate credits in management and supervision from Worchester State College in 1984. The chair has taught

at FSU for more than 30 years, beginning as an instructor in 1981. The chair reports to the dean; is responsible for the leadership of the nursing program; and serves as the primary liaison with FSU, the COI, and regulatory and accrediting agencies. The interim provost and dean confirmed that the chair has the same administrative authority as other program chairs and meets regularly with them to discuss issues.

The current chair's tenure as chair will end this academic year. She is ineligible to continue serving in the chair role due to the university's term limit policy. In meetings with the team, the president, dean, and interim provost confirmed that while the university's policy allows any full-time faculty member to be elected and appointed department chair by the president, it has been made clear to the nursing faculty that because the CCNE Standards for Accreditation require the nursing chair to hold a doctoral degree if a graduate program is offered, the new DON chair should come from the pool of doctorally prepared faculty only. The interim provost and dean confirmed that while the faculty elect a chair to recommend to the president, the president will be appointing one of the six doctorally prepared nursing faculty as the new chair for AY 2016-2017.

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.

Compliance Concern? Baccalaureate: No

Master's: No

Rationale:

The team determined that the faculty are sufficient in number to accomplish the mission, goals, and BS and MS program terminal program outcomes. Through a review of faculty curricula vitae and documents in the resource room, the team confirmed that faculty are academically and experientially prepared for the areas in which they teach. The team was provided an updated faculty list on site that was different from the faculty list in the self-study document (Appendix II D-1). The core faculty in the DON include 5 tenured, 2 tenure-track, 8

full-time temporary, 2 permanent part-time, one 11-credit part-time, and 20 part-time faculty. Six full-time faculty have doctoral degrees and nine full-time faculty have master's degrees, two permanent part-time and one part-time 11-credit-hour faculty have master's degrees, four part-time semester faculty have doctoral degrees and five part-time semester faculty have master's degrees, and eleven clinical faculty have baccalaureate degrees. Several faculty positions also have non-faculty roles, such as the DON chair, graduate chair, and coordinator of the LPN to BS and RN to BS tracks. The MA BORN requirement for faculty appointment is for faculty to have an earned master's degree in nursing or an earned doctorate in nursing. If the highest degree earned by a faculty member is a baccalaureate degree in nursing, the program needs to submit a waiver to the MA BORN.

The full-time faculty and DON chair are on a nine-month contract, but the chair receives a $3,000 stipend to work 15 days during the summer. Faculty workloads are identified in the collective bargaining agreement. The full-time faculty workload is 24 credit hours per AY. Part-time clinical nursing faculty will be assigned no more than 11 credit hours per academic semester. Faculty-to-student ratios are 1:21 in lecture, 1:10 or less in on-campus lab sessions, and 1:8 in clinical. Full-time faculty devoted to the BS program is 15.33 FTEs and part-time faculty is 12.35 FTEs, for 27.68 FTEs. Full-time faculty devoted to the MS program is 0.58 FTEs and part-time faculty is 1.17 FTEs, for 1.75 FTEs. The team noted that faculty numbers and FTEs in the Program Information Form are not correct. The DON chair and faculty told the team that there are insufficient faculty to maintain the aforementioned faculty-to-student ratios and allow faculty to assume other non-teaching roles.

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.

Compliance Concern?   Baccalaureate: No

                                            Master's: Yes

Rationale:

Baccalaureate: Preceptors are used in one pre-licensure BS course, NURS 4800 Selected Practicum, and two RN to BS courses: NURS 4400 Community Health and NURS 4600 RN to BS Capstone. The program has a preceptor orientation packet that includes guidelines and expectations of the preceptor, a preceptor qualification form, and a suggested timeline for the practicum. In an interview with the DON chair and faculty, the team confirmed that preceptors are selected by the administrator or unit manager, must hold a current RN license and baccalaureate degree in nursing (master's degree in nursing preferred), be willing to server as a preceptor,

and have at least two years of experience. UGCC meeting minutes reviewed by the team indicated that the student evaluation of preceptor and learning experience evaluation form was approved on May 14, 2014. Preceptors provide faculty with feedback on each student's clinical performance. The team met with one of the RN to BS preceptors on a pediatric clinical unit in a 700-bed major metropolitan area hospital. She confirmed she is always contacted by course faculty prior to the clinical experience, given a copy of the course syllabus and objectives, and works with the student to plan the student's schedule. The preceptor stated she provides feedback to the faculty about the student's performance, but the faculty assign the grade. The preceptor stated that if an issue arose with a student, she would refer it to faculty for resolution. The team confirmed that the DON follows the MA BORN requirements for preceptors, which state that the ratio for preceptors to students supervised is preferred to be 1:1 and is not to exceed 1:2. The team reviewed preceptor documents in the resource room and confirmed that preceptor qualifications are consistent with stated requirements.

Master's: The team found a compliance concern for the MS program because there was no evidence of the roles of preceptors with respect to teaching, supervision, and student evaluation, nor was there evidence of preceptors' academic and experiential qualifications. There was no evidence in the resource room of preceptor guidelines and expectations or documentation to evaluate preceptor qualifications. The team met with one MS preceptor, who stated she did not receive guidelines or expectations for a preceptor other than a preceptor contract. During an interview with the team, the graduate chair indicated that preceptors receive a legal responsibility sheet, contract, student information, and copy of clinical objectives. In a meeting with the team, students indicated that they oriented their preceptor to the program. During the on-site evaluation, faculty confirmed the process for selecting preceptors specific to the MS program. The DON chair and graduate chair confirmed there was no preceptor orientation. A preceptor list was provided to the team with minimal evidence of academic and experiential credentials. The preceptor completes final evaluation, and faculty determine students' clinical pass/fail grade.

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.*

Compliance Concern?   Baccalaureate: No

                             Master's: No

Rationale:

FSU and the DON support an environment that encourages effective teaching, continuing scholarship, and service. All faculty participate in new faculty orientation, where they are provided information about the services on campus. The CTL encourages faculty to develop and maintain best practices in teaching by offering multiple educational programs throughout the year for faculty to enhance their teaching. The CTL also sponsors summer institutes; course redesign offerings; one-on-one services; innovation grants; $1,500 grants to implement new teaching concepts; book grants; and scholarships to go to conferences among other services. A representative from the CTL mentioned that participation from the DON had been very robust.

Under the collective bargaining agreement, 1% of payroll is set aside for faculty development/scholarship. These funds are divided equally among all full-time faculty subsequent to a submission of the requisite form. For AY 2015-2016, the university gave each faculty member $800 as an annual scholarship to use for continuing education. This is in addition to $400 per faculty member given to the DON by the interim provost to fund continuing education efforts within the nursing department. The DON uses these funds to support department-level activities including individual faculty development needs, research/scholarship dissemination, and program workshops. Faculty have an opportunity to apply for special projects grants of $25,000. These funds may be used to support faculty projects related to university initiatives. For example, a diversity initiative was established in AY 2014-2015, and faculty projects were awarded based on this theme. In addition, the Foundation and Grant Office provides faculty with assistance in seeking intramural funding. Faculty on a tenure track may request additional funds if they are making presentations at professional conferences. FSU faculty have distance online learning access to a variety of faculty training resources through Blackboard.

Tenure-track faculty are assigned a mentor to guide them through the tenure process. In conversations with the team, one faculty member stated she had been given one day off a week to pursue her doctoral coursework. The dean spoke about being supportive of the nursing faculty and recognized the need to "grow their own."

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.

This standard is met for the baccalaureate degree nursing program.

This standard is not met for the master's degree nursing program.

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.

Compliance Concern?	Baccalaureate:	No
	Master's:	No

Rationale:

Baccalaureate: BS terminal program outcomes and student learning outcomes are congruent with the mission of the DON and university. BS terminal program outcomes; course outcomes; and sophomore, junior, and senior level outcomes are reviewed and mapped for congruence every two years, as confirmed by the team through a review of the PEM and UGCC minutes dated April 26, 2014. Through a review of selected course syllabi and course mapping documents, the team confirmed that BS terminal program outcomes, level outcomes, and course outcomes are based on the *Baccalaureate Essentials*. For example, Baccalaureate Essential III: Scholarship For Evidence-Based Practice relates to the expected terminal program outcome of "Incorporate evidence-based practice including current research and critical thinking in the management of client care." In NURS 3400 Medical Surgical Nursing II, a course student learning outcome that relates to the terminal program outcome is "Integrate nursing research and critical thinking skills in delivery of individualized nursing care." Table III A-1 in the self-study document (page 42) and Appendices III A-1, III A-2, and III A-3 provide examples of course outcomes aligned with level outcomes and terminal program outcomes. These examples demonstrate the congruence between course individual outcomes and overall terminal program outcomes. Through a review of the self-study document and materials in the resource room as well as in interviews with faculty, the team confirmed the congruence among the expected BS terminal program and course outcomes.

Master's: The MS terminal program outcomes and student learning outcomes are consistent with the mission of the DON and university. The MS terminal program outcomes and course outcomes are reviewed for congruence. Through a review of selected course syllabi, the team confirmed that MS terminal program outcomes and course outcomes are based on the *Master's Essentials*. For example, Master's Essential VIII: Clinical Prevention and Population Health for Improving Health relates to the expected terminal program outcome of "Integrate

equitable and evidence-based prevention services for individuals and groups with forensic needs." In NURS 8200 Forensic Nursing: Caring for Victims and Perpetrators, a course student learning outcome that relates to the terminal program outcome is "Examine professional literature related to prevention and intervention with victims, significant others, and the community." Table III A-2 in the self-study document (page 43) and selected syllabi provide examples of course outcomes aligned with terminal program 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).**
- **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.

Compliance Concern? Baccalaureate: No
                         Master's: Yes

Rationale:

Baccalaureate: The BS program prepares nurse generalists. The self-study document indicates and faculty confirmed that the BS program curriculum and expected program outcomes, aggregate and individual, are consistent with and reflective of the *Baccalaureate Essentials*, *Scope and Standards*, *Code of Ethics*, and MA BORN regulations. Examples of congruence among expected terminal program outcomes and the *Baccalaureate Essentials*, ANA *Scope and Standards*, and MA BORN regulations are found in Table I A-3 of the self-study document (pages 7-10). Through a review of selected syllabi and materials in the resource room, the team confirmed the use of professional nursing standards and guidelines in the curriculum.

Master's: The MS program prepares "professional nurses for advanced practice roles with specialized client populations." In addition, graduates are prepared to assume leadership positions and pursue doctoral study. Examples of congruence among expected terminal program outcomes and the *Master's Essentials* and *Forensic Nursing Scope and Standards* are found in Table I A-4 of the self-study document (pages 10-12). Through a review of selected syllabi, the team confirmed the use of professional nursing standards and guidelines in the curriculum.

The team found a compliance concern for the MS program because there was no evidence of offering the pathophysiology and pharmacology course, and content across the lifespan was not included in the advanced health assessment course. The self-study document indicates that the MS curriculum incorporates the *Master's Essentials*, including the 'three Ps.' NURS 8600 Advanced Pathopharmacology and Epigenetics in Forensic Nursing was added to the curriculum requirement in September 2014, "increasing total required credits by 3 credits." Through a review of evidence in the resource room, the team confirmed that this course has been recommended and in the planning stage since 2012 and was listed in the 2014-2015 and 2015-2016 graduate handbook. However, in interviews with the team, the graduate chair and faculty indicated the course has not been implemented. In a review of GCC minutes dated October 22, 2014, the team noted that curriculum revisions included the plan to offer the course in the Summer I and II semesters of 2015. NURS 7300 Advanced Clinical Concepts includes physical assessment with 60 practice hours. The physical assessment part of the course does not include specific content related to advanced physical assessment for adults, children, or the geriatric population.

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.

Compliance Concern?	Baccalaureate:	No
	Master's:	No

Rationale:

Baccalaureate: The BS program builds on a liberal arts education foundation. According to the BS four-year curriculum plan, students complete 120 credit hours including 48 credit hours of liberal arts and science courses (12 credit hours of required science, math, and technology courses; 15 credit hours of arts; 9 credits of citizenship; 12 credits of Option C), 3 credit hours of global diversity, 7 credit hours of free electives, and 62 credit hours of required nursing courses (2015-2016 undergraduate catalog; self-study document, pages 46-47 and Appendix III C-1). Students begin the nursing program in the first semester of their sophomore year. The RN to BS track is offered online through continuing education. The RN to BS curriculum includes 120 credit hours, with 58 credit hours from the clusters and electives and 62 credit hours of nursing. Of those 62 nursing credit hours, 30 nursing credit hours may be transferred or awarded from associate degree or diploma programs.

Master's: The MS program builds on the BS framework and *Baccalaureate Essentials*. The MS curriculum includes 39 credit hours, of which 13 credit hours are core nursing courses, 5 credit hours are scholarly inquiry, 15 credit hours are specialty track (forensic nursing), and 6 credit hours are cognates. Practice experiences include 420 hours. The MS program is offered through distance education.

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.

Compliance Concern?	Baccalaureate:	No
	Master's:	No

Rationale:

Through a review of selected pre-licensure BS and RN to BS course syllabi, the team confirmed that teaching-learning strategies and teaching environments are incorporated in courses and support the achievement of the program's terminal outcomes and course outcomes. Teaching-learning practices include face-to-face instruction, discussion, lecture, small group work, worksheets, case studies, reflective journaling, written cultural assessments, synchronous online instruction, asynchronous discussions, individual projects, Camtasia, PowerPoint presentations, videos, clinical simulation, video teleconferencing, National League for Nursing standard patients, simulation, and debriefing opportunities. The team conducted a random audit of courses in the learning management system and confirmed that students are required to participate in the course discussion boards and complete written assignments in online courses. Students described how the tutoring center and writing center support teaching-learning practices. Through a review of course materials and classroom delivery methods, observation of NURS 2700 Foundations of Nursing and NURS 2300 Health Assessment, and visit to a clinical site, the team confirmed the use of appropriate teaching-learning practices.

Master's: The teaching-learning practices that support the achievement of expected terminal program outcomes and course student outcomes include discussion boards, synchronous and asynchronous student and faculty presentations and discussions, papers, exams, case studies, video-streaming, practica, and journaling. The team reviewed evidence demonstrating the congruence among teaching-learning principles and course and program outcomes. Examples in the resource room included history and physical assessment graded papers for NURS 7300 Advanced Clinical Concepts that addressed the course student outcomes of demonstrating the ability to collect an in-depth objective client database using professional interview techniques, demonstrating competence in health assessment skills with selected clients, and using critical thinking skills to analyze data. Additionally, an example of a graded concept analysis paper for NUR 7200 Nursing Theory reflected the course objective of synthesizing knowledge and practice toward a critique of a nursing concept. Teaching-learning activities consider the need to promote early synchronous and interactive discussions to enhance student socialization with the forensic specialty role and early formation of group identity. Faculty use prior experiences based on student and faculty feedback to adjust teaching-learning practices. For example, faculty determined that providing real time coaching on challenging research concepts versus an asynchronous discussion board and other asynchronous teaching-learning practices was more effective. Consequently, more synchronous meetings were incorporated in the research course.

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.

Compliance Concern?   Baccalaureate: No

                              Master's: No

Rationale:

Baccalaureate: The BS curriculum includes planned clinical practice experiences in nine clinical nursing courses designed to enable students to integrate new knowledge and demonstrate attainment of terminal program outcomes. The BS program includes lab and clinical practice experiences that involve direct and simulated experiences. The team reviewed selected clinical nursing courses syllabi and interviewed faculty and students. The team confirmed that the DON uses clinical practice experiences to provide students with the opportunity to apply newly acquired knowledge and skills. Students confirmed that clinical and simulation experiences are valuable learning experiences. Faculty are responsible for evaluating students' clinical experiences and assigning a pass/fail grade for clinical practice experiences.

The RN to BS curriculum includes planned clinical practice experiences in two nursing courses: NURS 4400 Community Health (90 hours) and NURS 4600 RN to BS Capstone (235 hours). According to the DON chair, RN to BS students may reduce the number of clinical hours for NURS 4400 from 90 hours to 45-60 hours and NURS 4600 from 235 hours to 90 hours through portfolios. With input from the preceptor (if used), faculty are responsible for evaluating students' practice experiences and assigning a pass/ fail grade for practice experiences.

Master's: The MS curriculum includes planned clinical practice experiences in five clinical nursing courses. The MS program is designed for RNs who wish to pursue advanced clinical practice in forensic nursing. The forensic nursing track includes 420 hours of clinical experiences that occur in a variety of settings such as children's hospitals, district attorneys' offices, and medical examiners' and coroners' offices. Clinical sites are selected by students and evaluated by faculty to determine if the sites meet course outcomes and program terminal outcomes. Through a review of student work in the resource room, the team confirmed specific clinical activities related to primary prevention such as providing education about violence; victimization and autopsy reports; and helping to prevent complicated bereavement, ineffective coping, depression, and substance abuse. Preceptors are forensic experts who may be advanced practice nurses, physician assistants, physicians, attorneys, etc. Preceptors assist students to meet course and personal objectives and provide final evaluation feedback of students' proficiency to the course faculty, who assign a pass/fail clinical grade. The team was not able to observe a clinical site used for student clinical experiences.

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.

Compliance Concern?   Baccalaureate: No

                              Master's: No

Rationale:

The DON invites input from the COI in a variety of ways. The NAC meets two times a year to discuss the nursing curricula, pass rates, program enrollments, updates on nursing simulation laboratory, any issues of concern, informational items shared from various clinical agencies, and input from the Board. The NAC described involvement and satisfaction with their opportunities to provide input and participate in DON activities. NAC representatives also indicated that the DON chair and faculty interact with the community, providing several examples. One example was faculty and students' collaboration with an after-school program to implement a healthy eating project. Another example was the development and implementation of a seamless LPN to BS track. An additional example of a NAC recommendation to the DON was to incorporate medication reconciliation (NAC minutes dated May 1, 2014).

During a meeting with the team, students stated that they selected the FSU program because of the reputation, faculty, and high NCLEX-RN® pass rates. Students reported the positive qualities of the program, including faculty, advising, and the nursing student mentoring program. Students reported that they feel their input is considered when faculty make program decisions. Student representatives attending Faculty Organization and UGCC meetings feel they have input into the discussions.

Student feedback about satisfaction with courses and clinical experiences is solicited for each course at the end of each session. Students reported very good support for their online coursework, especially the library and interlibrary loan services. The DON chair and faculty have responded to the needs and expectations of the COI. Two faculty of the GCC are members of International Association of Forensic Nursing. Through their membership and active engagement, GCC faculty are aware of current practices and policies that may be pertinent to curricular needs.

The COI confirmed they had opportunities to provide feedback to foster program improvement.

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.

Compliance Concern?   Baccalaureate: No

                           Master's: No

Rationale:

Evaluation of student performance is consistent with expected student learning outcomes and expected terminal program outcomes. Through a review of selected pre-licensure BS, RN to BS, and MS course syllabi, the team confirmed that syllabi depict consistent evaluation criteria through use of grading rubrics. The grading scale is consistent across all nursing courses and is published in course syllabi and student handbooks. Evaluation processes include discussion assignments, writing assignments, case studies, exams, quizzes, participation, group assignments, capstone project, portfolio, simulations, care plans, journals, self-evaluation papers, capstone projects, quality improvement projects, professional presentations, teaching projects, and HESI exams. Through a review of student work in the resource room, the team confirmed the use of rubrics that reflect the stated criteria. In interviews with the team, students indicated that course expectations are clearly delineated, and they are aware of how grades are assigned. Faculty are responsible for assigning students' clinical evaluation grades and course grades, with input from preceptors (when used) and clinical agency personnel as appropriate. In the MS program, the preceptor completes the final evaluation, and faculty determine students' clinical pass/fail grade.

While observing one didactic class and two skills lab sessions as well as in a review of several online courses, the team noted that the faculty provide input to expand students' discussions and clarify unclear information. It is clear to the team that grades are based on classroom assignments as well as satisfactory performance in the clinical area.

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.*

Compliance Concern?   Baccalaureate: Yes

                           Master's: Yes

Rationale:

Baccalaureate: The team found a compliance concern for the BS program because there was no evidence that the collected data are being used to foster program improvement. The PEM identifies that the frequency of the review is every two years and states that the UGCC is involved in evaluating various aspects of the teaching-learning practices. No formal tool has been used to evaluate clinical sites by clinical instructors, according to the program evaluation worksheet dated March 7, 2014. The development of a tool was scheduled for Spring 2014 but was placed on hold due to the self-study process. Faculty evaluate individual courses at the end of

the semester and provide suggested revisions. Every simulation experience is evaluated by students, compiled, and used to improve simulation experiences. The simulation data have been shared with the junior faculty but not beyond that level for program or curricular improvement. The DON chair, faculty, and students confirmed that toward the end of each semester, students have the opportunity to complete course and clinical faculty evaluations.

Master's: The team found a compliance concern for the MS program because there was no evidence that the collected data are being used to foster program improvement. The PEM does not identify the GCC as being involved in evaluating teaching-learning practices. The GCC is responsible for making recommendations relative to all aspects of the graduate curriculum, including curriculum and teaching and learning practices. The DON uses various assessment tools completed by students to collect data on teaching and learning practices, including end-of-course and faculty evaluations. Students complete preceptor evaluations. Data from student surveys of preceptors were not available for the team to review. Preceptors complete an evaluation on students. Samples of completed preceptor evaluations were reviewed by the team in the resource room. No data were found by the team documenting a review of teaching and learning practices as reflected on end-of-course evaluations, preceptors' evaluation of students, and students' evaluation of preceptors by the GCC. The self-study document indicates that the DON used evaluation data to make the decision to change the practice of offering clinical courses during the summer based on faculty and student feedback, but evaluation data for making this curricular change were not available in the resource room for the team to review.

Standard IV
Program Effectiveness: 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.

This standard is not met for the baccalaureate degree nursing program.

This standard is not met for the master's degree nursing program.

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.*

Compliance Concern?   Baccalaureate: No

                                              Master's: No

Rationale:

The PEM is organized according to the CCNE Standards for Accreditation. The PEM is organized into four broad categories, including mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes. The PEM was developed to describe the types of data collected along with established benchmarks and the frequency of review. PEM data are obtained in a variety of ways such as surveys and other data sources to collect information about student, alumni, faculty, and employer satisfaction and demonstrate achievements of graduates. The PEM includes program completion, licensure, and employment rates. The Program Evaluation Committee (PEC) oversees program evaluation activities, analyzes data, conducts an annual program evaluation workshop, and recommends revisions for the PEM (Appendix I D-1 in the self-study document, Faculty Organization bylaws).

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.

Compliance Concern?	Baccalaureate:	Yes
	Master's:	Yes

Rationale:

Baccalaureate: The team found a compliance concern for the BS program because the completion rates were reported by track and not by degree. The team noted that on page 67 in the self-study document, the pre-licensure BS tracks (Table IV B1) and RN to BS track (Table IV B-2) completion rates were reported by track and not by degree, as required by the key element. The DON has defined the entry point for the generic BS and LPN to BS tracks as the first semester of sophomore year, and for the RN to BS track as when a student matriculates into the track. Students are expected to complete the program in five years. Completion rates are calculated by using the entering number of students admitted as the denominator and the number of graduating students from that cohort as the numerator. The team noted that the number of 2014 graduates identified in the Program Information Form (page 4) is 49 for the pre-licensure BS tracks and 29 for the RN to BS track; the number of graduates identified in Table B-1 is 50 for the pre-licensure BS tracks and in Table B-2 is 19 for the RN to BS track (self-study document, page 67). When asked about this by the team, the DON chair confirmed that the program excluded students from the completion rate who have changed majors; transferred to another institution; or identified factors such as family obligation, relocation, or financial barriers.

Master's: The team found a compliance concern for the MS program because there was no evidence of completion rates for the program. The requested data provided to the team on site did not provide evidence of completion rates. Students are expected to complete the program in six years.

IV-C. Licensure and certification pass 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.

| **Compliance Concern?** | Baccalaureate: | No |
| | Master's: | Yes |

Rationale:

Baccalaureate: NCLEX-RN® scores for pre-licensure BS students are listed on the MA BORN website and are consistent with the scores cited in Table IV C-1 (self-study document, page 69) for the last three years. The team noted that the NCLEX-RN® pass rates for 2013 and 2014 on the Program Information Form (page 9) are not congruent with data provided in Table IV C-1 in the self-study document. The BS program meets the NCLEX-RN® benchmark for first-time pass rates of ≥ 90% described in the PEM.

Master's: The team found a compliance concern for the MS program because there was no evidence provided the team to confirm the MS program's certification pass rates. The 2015-2016 graduate handbook states, "…graduate program offers preparation for a [MS]…in Forensics. National Certification in Advanced Forensic Nursing is available via a portfolio process offered by the American Nurses Credentialing Center…" (page 14).

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.

Compliance Concern?	Baccalaureate:	No
	Master's:	Yes

Rationale:

Baccalaureate: BS graduate employment rates from 2013 and 2014 presented in Table IV D-1 (self-study document, page 70) meet the CCNE expected level of achievement of 70% or higher. The team noted that the program's employment rate benchmark of 80% was not met, and the DON discussed strategies to remedy this.

Master's: The team found a compliance concern for the MS program because there was no evidence in the resource room for the team to confirm the MS program's employment rates.

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.

Compliance Concern?	Baccalaureate:	No
	Master's:	Yes

Rationale:

Baccalaureate: Other BS program outcomes include student, alumni, and employer satisfaction rates; HESI exit exam scores; and end-of-semester course evaluations. The team reviewed results of selected student surveys and aggregated results of HESI scores in the resource room that supported achievement of program effectiveness. The BS program established a benchmark score of 850 or higher for the HESI exit exam related to AACN curriculum categories, Quality and Safety Education for Nurses (QSEN) categories, and the nursing process. For the past three graduating classes, the benchmark score was achieved in 10 out of 11 categories in 2012 and 2013 and 11 out of 11 categories in 2014 for the AACN curriculum categories. The benchmark score was achieved in 10 out of 11 categories for 2012, 2013, and 2014 for the QSEN categories and 11 out of 11 categories in 2012, 2013, and 2014 for the nursing process. On the senior exit survey, the BS program met all of

the program terminal outcomes at above the 80% benchmark and demonstrated attainment of program terminal outcomes for 2013 and 2014; data were not available for 2012. Through a review of Program Evaluation Workshop minutes dated March 7, 2014, the team confirmed that faculty were directed to develop benchmarks for each of these measures.

Graduate: Other MS program outcomes include employment in advanced practice roles; pursuit of higher education; leadership positions; activities and awards; contributions to the discipline; student, alumni, and employer satisfaction rates; and end-of-semester course evaluations. The team found a compliance concern for the MS program because there was insufficient or no evidence provided the team to confirm the results cited in the self-study document. While there were graduate survey data reported, there was no evidence in the resource room for the team to review. The self-study document includes a comprehensive list of graduate accomplishments, but insufficient evidence was provided the team to substantiate the list.

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.*

Compliance Concern?   Baccalaureate: Yes

                                Master's: Yes

Rationale:

The team found a compliance concern for the BS and MS programs because not all faculty outcomes had established benchmarks for analysis between the expected and actual faculty outcomes. The team saw no discussion of whether a faculty outcome was met or not met, and if not met, what the variance was and how to correct it. Faculty outcomes are identified as teaching effectiveness, continuing scholarship, academic advising, and service. The PEM describes the expected level of achievement for the faculty as an aggregate, with benchmarks set for selected faculty requirements/expectations; however, benchmarks have not been set for faculty scores on the Student Instruction Report II (SIR II) or scholarship in the categories of membership in professional organizations, research, publications, presentations, continuing education, certifications, and clinical practice.

Aggregated data for faculty were provided for SIR II mean scores, membership in professional organizations, research, certifications, clinical practice, community volunteer activities, participation on intradepartmental committees, continuing education attendance, publications, and presentations. Through a review of

aggregated data presented, the team confirmed that faculty outcomes are consistent with the mission and program outcomes. However, no benchmarks have been established for these items. The DON chair reported that the MA BORN requires faculty to obtain 15 continuing education units annually. While not established as a benchmark, aggregated data for overall scores on the SIR II were compared to the comparative national mean score of 4.01 for Spring 2013 and Fall 2013. The DON's mean was 4.14 in Spring 2013 4.06 in Fall 2013, exceeding the national mean score for both semesters.

Neither expected levels of achievement, aggregate outcome data, nor contributions to the program's mission and goals were discussed for faculty outcomes at the PEC annual meeting held on April 21, 2014. The DON's individual faculty service activities to the university and community at large were summarized and aligned with the program's mission and vision in PEC minutes dated April 21, 2014.

The team reviewed documentation that showed individual faculty scholarship and activities congruent with FSU's primary mission as a teaching institution. Data provided on site indicated that in AY 2015, 41% of nursing faculty presented at professional meetings, 100% served on a departmental committee, 18% served on a university committee, 35% volunteered in the community, 30% maintained a clinical practice, and 94% are members of a professional organization. Faculty are not required to publish, present professional presentations, or become certified, but several faculty have met one or more of these scholarship activities. Through a review of faculty files, the team confirmed that most of the faculty have recently presented and attended continuing education programs, and approximately 25% have published in professional journals, with one faculty member publishing a textbook in 2014.

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.*

Compliance Concern?	Baccalaureate:	No
	Master's:	No

Rationale:

The DON "defines a formal complaint as a signed letter that specifically expresses concern from the program's community of interest about issues related to a student's experience in this nursing program…" The formal complaint letter should include "the basis of the complaint, the steps taken to resolve the complaint, and the intention of the formal complaint." The formal complaint procedure and the DON's process for maintaining formal complaint records are written in the 2015-2016 undergraduate and RN to BS student handbooks. During a meeting with the team, students articulated the policy and process for grievances. Documentation of formal complaints is kept on file in a locked cabinet in the DON's administration office. The definition and process for a formal complaint was not clearly evident in the 2015-2016 graduate handbook. The DON chair reported no

formal complaints for the BS and MS programs.

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.*

Compliance Concern? Baccalaureate: Yes

            Master's: Yes

Rationale:

Baccalaureate: The team found a compliance concern for the BS program because there was limited evidence of data analysis and comparison for fostering ongoing program improvement. Data analysis was used for selected program outcomes such as HESI mean scores on ethics and QSEN information, retention rates at the sophomore level, tracking employment data, course and clinical evaluations, and senior exit surveys, but benchmarks have not been consistently established. The team saw no evidence that aggregated findings have been used in a consistent way to foster ongoing program improvement. The program evaluation worksheet indicates that this key element was to be reviewed in March 2014, but the review was postponed until after self-study activities. In the PEC's review of findings related to an attrition study (PEC minutes dated January 15, 2014), it was noted that the PEC was waiting for direction from the DON, since factors contributing to being at risk for failing had been identified. No evidence of follow up was documented in the resource room or provided to the team. There was no evidence for tracking employment data in the resource room, other than the fact that it was mentioned in PEC meeting minutes dated February 25, 2015, that it would be discussed at the committee's next meeting.

The UGCC analyzed the NLN Acceleration Challenge Exam I PN-RN, Nursing Care of the Childbearing Family scores of August 2011and Spring and Fall 2013 and changed the exam admission score requirement from 65% to 62% for the LPN to BS track (UGCC minutes dated November 28, 2012; January 13, 2013). A table with all course and clinical outcome data since 2008 was reviewed by the team in the resource room and showed courses that had the same outcome below the established benchmark of 80% for six straight years without evidence of intervention by the program. Courses listed with outcomes below the benchmark since 2008 are NURS 2500 Pathopharmacology I, NURS 2600 Pathopharmacology II, NURS 3200 Mental Health Clinical, NURS 3300 Maternal-Newborn Clinical, NURS 3400 Medical-Surgical II and Clinical, NURS 3900 Pediatrics, and NURS 4400 Community Health.

The DON approved the preceptor and learning experience evaluation form by students to be implemented in

May 2014 (UGCC minutes dated May 14, 2014). The team saw no evidence of quantitative or qualitative analysis for May 2014 and May 2015 preceptor evaluation data.

Master's: The team found a compliance concern for the MS program because there was no evidence of data analysis and comparison for fostering ongoing program improvement. The MS program did not provide evidence supporting the use of program data to foster program improvement. The self-study document reflects two program changes: the adjustment of course scheduling to increase on-time graduation rates and adding the pathophysiology and pharmacology course. No additional data were provided to the team in the resource room regarding program improvements based on data analysis. The team saw no evidence of a structured format for data collection or analysis of formative and summative data as well as evaluation of students, preceptors, or clinical sites.