Continuous Improvement Progress Report Template

This template addresses the 2018 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs.

Date: 5/26/2021

Official Name of Institution: Fitchburg State University

Program(s) Under Review:

Baccalaureate	x
Master's	x
Post-Graduate APRN Certificate	☐
Doctor of Nursing Practice	☐

Instructions

Programs Under Review

The Continuous Improvement Progress Report (CIPR) should address only the program(s) under review. However, the Program Information Form should address all operational programs and tracks, including those that are not under review at this time. Tables in the template may be edited to remove program(s) that are not subject to review at this time; however, **the standard, key element, and elaboration statements must not be altered or deleted** by the institution.

Page Limit

The completed CIPR should not exceed seventy (70) pages. The page limit does not include appendices.

Other Considerations

All materials should be uploaded and/or attached with the correct page orientation (portrait or landscape). While the narrative of the CIPR must be presented in portrait orientation, appendices may be presented in landscape orientation if appropriate.

Submission

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the completed report and appendices, if any, as one document in PDF format, to ccnereports@ccneaccreditation.org.

Please do not send hard copies to CCNE.

Program Information Form

Regardless of whether the program is under review, please identify all baccalaureate, master's, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. For the baccalaureate program, include only nursing students (not pre-nursing students).

The institution may add or delete rows in the following tables as necessary.

Baccalaureate Program

☐ The institution does not offer a CCNE-accredited baccalaureate degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Generic/Traditional/Pre-licensure	1960	194	Fitchburg, MA
RN-BSN/Post-licensure	1970	241	Online
Second Career/Fast Track/Accelerated			
Other *(specify)*: LPN to BS in Nursing	2012	36	Fitchburg, MA

Master's Program

☐ The institution does not offer a CCNE-accredited master's degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: Forensic Nursing	1996	42	Online
Track Name: ____			
Track Name: ____			

Doctor of Nursing Practice Program

x The institution does not offer a CCNE-accredited Doctor of Nursing Practice program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: ____			
Track Name: ____			
Track Name: ____			

Post-Graduate APRN Certificate

☐ The institution does not offer a CCNE-accredited post-graduate APRN certificate program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: ____			
Track Name: ____			
Track Name: ____			

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States: ____

Standard I

Program Quality: Mission and Governance

Key Element I-A

The mission, goals, and expected program outcomes are:
- **congruent with those of the parent institution; and**
- **reviewed periodically and revised as appropriate.**

> *Elaboration: The program's mission, 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. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*
>
> *There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.*

I-A 1. **Affirm that the following documents are written and accessible to all constituents:**

☐ Mission, Goals, and Expected Outcomes

The Program mission, vision and expected student outcomes are written and available to students both in hard copy and online versions. All students in the undergraduate and graduate program receive an updated version of the student handbook every September. Both current and prospective students can access the program mission, vision and expected student outcomes on The Departmental web page.
Undergraduate:
Traditional and LPN to BSN:
https://www.fitchburgstate.edu/academics/academic-schools/school-health-and-natural-sciences/nursing-department

RN-BSN:
https://online.fitchburgstate.edu/programs/rn-to-bsn.aspx

Graduate:
https://www.fitchburgstate.edu/academics/programs/nursing-forensic-nursing-ms-online
This is the link to the certificate program:
https://www.fitchburgstate.edu/academics/programs/nursing-forensic-nursing-graduate-certificate-online

I-A 2. **Affirm that the mission statement, goals, and expected program outcomes are congruent with those of the parent institution:**

x Yes
☐ No

I-A 3. **Have there been any changes in the mission, goals, and/or expected program outcomes since the last on-site evaluation?**

> x   Yes
> - Date changes were implemented: <u>4/18/18 & 3/6/19</u>
>
> ☐   No

If yes, include an appendix or link with the new statements of mission, goals, and expected program outcomes, and in the space below, explain how the program remains in compliance with this key element.

> The DON's Mission Statement remains unchanged though the DON's Vision Statement was formally revised in 4/2018 after extensive discussion among nursing faculty. Subsequently, the *FSU & DON Mission and Vision Matrix* was updated and accepted by the DON faculty on 3/06/2019. The matrix provides a visualization of the congruencies between our parent institution and the DON's Mission and Vision Statements. On April 7, 2021, the DON voted to accept separate graduate mission and vision statements. (Appendix IA. Congruence of University and Department of Nursing Mission and Vision Statement).

Optional: **Key Element I-A**

Is there any other information that the program would like to provide related to this key element?

Key Element I-B

The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

> *Elaboration: 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), 2016].*
>
> *A program may select additional standards and guidelines that are current and relevant to program offerings.*
>
> *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).*

I-B 1. **Identify the professional nursing standards/guidelines that are in use by CCNE-accredited programs (note different dates of documents):**

The program may delete sections that for programs that are not under review at this time.

Baccalaureate Program:

☐   Not Applicable (no CCNE-accredited baccalaureate offerings)

x   *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

x   Other (please specify below):
The ANA Nursing Scope and Standards of Nursing Practice (2015)
-Massachusetts Board of Nursing Regulations 244 CMR 6

Master's Program:

☐   Not Applicable (no CCNE-accredited master's offerings)

x   *The Essentials of Master's Education in Nursing* (AACN, 2011)

☐   *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016)

x   Other (please specify below):
Forensic Nursing: Scope & Standards of Practice 2nd Ed., (ANA, 2017)

Post-Graduate APRN Certificate Program:

    Not Applicable (no CCNE-accredited advanced practice offerings)

☐   *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016)

x   Other (please specify below): Forensic Nursing: Scope & Standards of Practice 2nd Ed., (ANA, 2017)

Doctor of Nursing Practice Program:

x   Not Applicable (no CCNE-accredited DNP offerings)

☐   The *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)

☐   *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016)

☐   Other (please specify below):

I-B 2.   **Have there been any changes in the professional nursing standards and guidelines used by the program(s) under review in this CIPR since the last on-site evaluation?**

Program(s) Under Review:	Yes	No
Baccalaureate	☐	x
Master's	x	
Post-Graduate APRN Certificate	x	☐

If yes, please describe the changes in the space below and validate that the standards include/continue to include those identified above.

The Forensic Nursing Scope & Standards (2017) incorporated changes to the standards of performance to include the areas of: Culturally Congruent Practice, Communication, Evidence-

> Based Practice & Research, & Environmental Health. The majority of these additions were already included in the curriculum. However, upon review, Environmental Health was found to be minimally addressed and will be corrected in the next curriculum revision.

If yes, and the changes affect the preparation of students for certification, describe in the space below the relevance of the selected professional standards and guidelines for the role/area of education.

x   The changes do not affect the preparation of students for certification.

> Insert text here.

I-B 3.   Does the institution offer any APRN program(s) under review in this CIPR?

☐   Yes
x   No

If yes, indicate the role(s) and population foci below. (The tables may be adapted to include as many population foci as necessary.)

*Optional***: Key Element I-B**

Is there any other information that the program would like to provide related to this key element?

> Appendix IB. Table of Congruency: Undergraduate and Graduate Program's Terminal Outcomes with Current Professional Guidelines and Standards

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Key Element I-C

The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

I-C 1.   Indicate the date the mission, goals, and expected program outcomes were last reviewed, and the frequency with which they are reviewed for the program(s) under review in this CIPR.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	4/22/20	Every 4 years
Master's	4/22/20	Every 4 years

Describe the outcome of those reviews:

> The mission, goals, and expected program outcomes are reviewed every four years and found to meet the needs and expectations of the community of interest. One recommendation was to consider adding an agenda item to the DON Advisory Board meeting re: the DON Mission, Vision and Program Outcomes (e.g. Once a year or every 4 years when this Key Element is due for review).

I-C 2. Define the nursing unit's community of interest.

> The internal community of interest consists of students, faculty, and administrators in the program, and all other members of the university. This internal community of interest provides input /feedback through surveys, membership on committees, and participation in departmental and university committees. For example, students provide feedback via course and clinical evaluations each semester, which are analyzed by the Curriculum Committee. Results are discussed by the committee, which includes faculty members from each level of the curriculum. Minutes from level meetings, faculty meetings, committee meetings provide evidence that faculty ideas and feedback are shared. Students also provide input through their membership on the Curriculum Committee, informal discussions with faculty, and through the Student Nurses Association.
>
> The DON's external community of interest is comprised of prospective students, graduates of the nursing program, and employers of nurses, clients, the DON Advisory Committee and the public at large (Appendix IC. Communities of Interest).

Have there been any changes to the program's community of interest since the last on-site evaluation?

x   Yes
☐   No

If yes, describe the changes:

> The Epsilon Beta Chapter of Sigma Theta Tau was disbanded in spring 2018 and has been removed from the communities of interest table.

Optional: **Key Element I-C**

Is there any other information that the program would like to provide related to this key element?

Key Element I-D

The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

I-D 1. Identify the expected faculty outcomes in the space below:

> Expected faculty outcomes are identified in The Agreement between the Board of Higher Education and the Massachusetts Teachers Association/NEA/Massachusetts State College Association. Full time faculty including tenure track and temporary positions are evaluated on teaching effectiveness, continuing scholarship and professional activities (Pg. 100). Expected faculty outcomes for the online RN to BS and the Graduate program are identified in The Agreement Between The Board of Higher Education and the Massachusetts Teachers Association/NEA Massachusetts State College Association Division of Graduate and Continuing Education. All faculty teaching in the online programs are considered adjunct, and evaluated for teaching effectiveness course advising and other instructional obligations (Pg. 31).

> Fitchburg State University has a Faculty Handbook available online, and all new faculty members receive a university and department orientation. The university supports teaching, scholarship, service, and practice within The Department. As the primary mission of the university is teaching, faculty attend conferences to remain current in both their teaching and clinical specialty.

I-D 2. **Have there been any changes in expected faculty outcomes, institutional expectations, and/or the way they are communicated since the last on-site evaluation?**

☐ Yes
x No

If yes, attach appendices as necessary, and describe how the expected faculty outcomes remain congruent with those of the parent institution.

Optional: **Key Element I-D**

Is there any other information that the program would like to provide related to this key element?

Key Element I-E

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.

I-E 1. **Has there been a change in faculty and/or student participation in program governance since the last on-site evaluation?**

☐ Yes
x No

If yes, attach appendices as necessary (highlighting or citing the relevant changes), and in the space below describe how the program remains in compliance with this key element.

> As delineated in The Department of Nursing Bylaws, departmental meetings are held up to six times throughout the academic year. Meetings include all members of The DON, including faculty, chair, lab coordinator and support staff. Reports from all departmental standing committees are given, and comments are welcomed.
> Changes in the program are proposed as motions from departmental committees or the chair; all faculty then vote. Results are tallied and are reflected in the meeting minutes. Each year, student representatives are invited to serve on the Undergraduate and Graduate Curriculum Committees as voting members. The Undergraduate and Graduate Curriculum Committee meets twice each month. Since the graduate program is an online program, student representatives attend virtually. The online RN to BSN program meets twice a year and has not had student representation to date. With the use of virtual meetings a student representative can now be invited to participate.

Optional: **Key Element I-E**

Is there any other information that the program would like to provide related to this key element?

Key Element I-F

Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program 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 outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.*

I-F 1.   **Have there been any changes in the academic policies of the parent institution and/or the nursing program since the last on-site evaluation?**

x   Yes
☐   No

If yes, attach appendices as necessary, and describe how the program remains in compliance with this key element.

Undergraduate Program: Academic policies of The Department of Nursing are congruent with those of the parent institution, Fitchburg State University, and are reviewed by the Student Policies Committee and the Graduate Program Chair and Graduate Committee annually. These policies are available in the Nursing Premajor, Nursing and LPN to BS in Nursing Tracks student's handbook and the RN to BS in Nursing handbook located on The DON's website, and published in the University catalog. The Department of Nursing has additional undergraduate requirements and policies. Three examples of revisions to program policies include:
Traditional sophomores who withdraw from one nursing course, or fail to achieve a grade of 2.5 in one nursing course are required to complete the following
In the semester following the course fail or withdrawal, the student will:
   a) Take an Academic Success Workshop, take the LASSI
   https://www.collegelassi.com/lassi/, have a follow up meeting with an academic coach to discuss the results of the LASSI, and meet at least **two** additional times with an academic coach to discuss/ assess the effectiveness/ ineffectiveness of recommended study strategies.
During the semester the course is being repeated, the student will:
   a) Complete 15 hours of group or individual tutoring and,
   b) Serve as a peer mentor in an assigned lab during the fall semester. Students will assist the lab instructor with hands on instruction of foundation skills in five 3 hour labs;
   c) Or complete a 15 hour clinical judgment/critical reasoning program during the spring semester.
Readmission to The Department of Nursing:
   Students who withdraw from The Department or University in good standing must request readmission. Readmission depends on clinical space availability. *If it has been longer than one year, the student must reapply to the program*. Students were allowed to reenter up to two years following withdrawal.
The purpose of proposing changes, clarifications or revisions by the SPC is to ensure the achievement of expected student outcomes, and, by extension, the mission and vision of The Department.   Proposed changes, clarifications and revisions to policies are put forth by the

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> student policies committee to the faculty organization for review, discussion, further modification if required and approval. A majority vote by faculty results in the approval of a policy (Appendix IF. Revisions to Department of Nursing's Academic Policies).   Approved policies are submitted to the DON Chair and Administrative Assistant by the SPC Chair at the end of each academic year and are reflected in the UG Student Handbooks which are revised at the end of each academic year. Due to the impact of COVID-19 pandemic, faculty were unable update the RN to BS handbook for 2020/2021. Revisions to the handbook will be made available for AY 2021/2022.
>
> The SPC reviews the UG Student Policies Section of the UG Handbooks every year to determine if the policies are fair and equitable and support the mission, vision, goals, and expected student outcomes of the program. There are two UG DON Student Handbooks, the Undergraduate Nursing Handbook exists for Nursing Pre-majors, Nursing, and LPN to BS in Nursing Tracks, and the RN to BS Track Student Handbook.

Optional: **Key Element I-F**

Is there any other information that the program would like to provide related to this key element?

Key Element I-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.

I-G 1. **Identify the URL (citing a page number if appropriate) where the program defines what constitutes a formal complaint, or provide the definition below:**

> **Undergraduate Program:** The definition and process for formal complaints is located on page 18 of the student handbook, page 28 in the RN to BS in Nursing student handbook.
>
> **Graduate Program:** Graduate nursing students who have concerns about the program or personal experiences have a number of avenues by which to address their concerns. See the University Catalog for the process for filing a formal complaint. https://catalog.fitchburgstate.edu/content.php?catoid=40&navoid=2583#Student_Complaints_Policy
> In all cases of disagreement between faculty and student as, for example grading, clinical practice experience evaluation etc., the student must attempt to resolve the situation through direct communication with the faculty member involved. If still unresolved, the student may seek recourse from the Graduate Program Chair and then The Department Chairperson. If resolution is still not achieved the graduate student should refer to the graduate student's complaint policy noted above.

I-G 2. **Have there been any changes to the complaint definition and/or process since the last on-site evaluation?**

    x   Yes
           No

If yes, provide details below.

> *Formal Complaint within The Department of Nursing:*
> Changes to the formal complaint policy for the undergraduate program now include a time line for the complaint to be filed. The formal complaint now needs to be made by the end of the semester in which the complaint began (Appendix IF).

Optional: **Key Element I-G**

Is there any other information that the program would like to provide related to this key element?

Key Element I-H

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

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

If a program chooses to publicly disclose its CCNE accreditation status, the program uses <u>either</u> of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

I-H 1. **Please affirm that program's documents and publications have remained accurate since the last on-site evaluation, and that a process is in place to notify constituents about changes.**

- x   Documents are accurate
  - Date of last review to confirm accuracy: <u>4/27/20</u>
- x   Constituents have been notified of any changes

I-H 2. **Does the program publish disclosure of its CCNE accreditation?**

- x   Yes
- ☐   No

If yes, provide the URL (citing a page number if appropriate) where the disclosure statement is presented:

> https://www.fitchburgstate.edu/academics/academic-schools/school-health-and-natural-sciences/nursing-department

https://www.fitchburgstate.edu/academics/graduate-studies/nursing/

Optional: **Key Element I-H**

Is there any other information that the program would like to provide related to this key element?

Standard II

Program Quality: Institutional Commitment and Resources

Key Element II-A

Fiscal 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 supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

II-A 1. Affirm that fiscal resources are sufficient to enable the program(s) under review in this CIPR to achieve their mission, goals, and expected outcomes:

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If no to any program, identify any deficiencies, the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

The Department budget increased in 2015 & 2016, then decreased and has been level funded for 2017-2020 but remains sufficient to enable faculty to meet the mission and outcomes of the program.

Table 1. Baccalaureate Program Budget Totals 2015-2020

Fiscal Year	Budget Total (does not include faculty salaries)
2015	$71,640
2016	$72,040
2017	$68,148
2018	$67,163
2019	$67,163
2020	$67,163

These totals include monies for administrative expenses, office, lab and teaching supplies, accreditation, subscriptions, pinning, supervisory travel, and professional development; the totals do not include faculty or support staff salaries. The university also pays for subscription fees for Test Gen, the online test bank software used by The DON. The DON has consistently received support to achieve its mission and goals. In addition to needs-based budget requests, departments can also submit Strategic Funding requests (SFR) for one-time expenditures for items outside operational budget needs (Appendix IIA-1.University Funded Faculty, Supplies and Equipment). The Vice President of Academic Affairs/Provost reviews budget requests, meets with The Department chairperson and allocates resources based on priority needs for funding. The university provides sufficient staffing for administrative support. In addition to

administrative assistants The Department is provided funding for a clinical placement coordinator, lab/simulation coordinator, and a Coordinator of the LPN to BS in Nursing and the RN to BS in Nursing Tracks. During AY 2019/20 and 2020/21, the university provided course release for faculty to assist with program evaluation and for lead faculty simulation coordination. The salary of both faculty and staff are contractual. All benefits and all salary increases must be approved by the Legislature and governor. The mean salaries of the nursing faculty are consistent with the other university faculty on campus, and other state university faculties. During the fall 2019 semester, In addition to receiving $100,000 from the Alden Trust foundation, the University matched funding to develop a new Simulation Center (Appendix IIA-1).

The Graduate Nursing Program's budget is defined each fiscal year by the Dean of the School for Graduates and Continuing Education. The budget is based on the program size as determined by the number of degree seeking students. The program is currently a size 4 program. Over the past five years, the Graduate Nursing Program has been level funded and all travel and course development requests have been granted.

These budget totals include monies for annual Chair stipend, teaching materials, and supervision travel and are based on program size as defined by the University.

Table 2. Graduate Program Budget Totals 2015-2020

Fiscal year	Budget Total (does not include faculty salaries)
2015-16	$4500
2016-17	$5600
2017-18	$6250
2018-19	$6250
2019-20	$6250

II-A 2. **Have any of the program(s) under review in this CIPR experienced an increase in enrollment that has resulted in the need for additional resources?**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	☐	x
Post-Graduate APRN Certificate	☐	☐

If yes for any program, has a substantive change notification been submitted to CCNE related to either an increase in enrollment or the development of a new track or program?

x   Yes
☐   No

If yes for any program, provide documentation of the resources to support the expansion.

In AY 2016-2017, the DON revised the online RN to BS curriculum to provide a contemporary educational track for this cohort of students. New courses were added and existing courses restructured and updated. Additionally, the revision incorporates standards required by the CCNE. The RN to BS track courses are now delivered over a seven-week period. With this new format, there are six start dates each year, allowing for flexibility for practicing RNs to pursue their baccalaureate degree. The University has collaborated with the Academic Partnership organization to assist the nursing program in marketing the redesigned RN to BS program, recommending qualified faculty, and support with student advising, as the nursing program grows. A substantive change report was submitted in August 2017 and accepted by CCNE in January 2019 (Appendix IIA-2 CCNE Approval of Substantive Change). The DON has a part time RN-BS coordinator dedicated to the tract paid for through the School of Graduate, Online and

> Continuing Education. Role responsibilities include student advising, faculty assignments.
> Faculty are also hired through the SGOCE.
> There has been no increase in enrollment of graduate nursing students resulting in the need for additional resources.

II-A 3. **Have there been any changes in the review process to evaluate the adequacy of the program's fiscal resources since the last on-site evaluation?**

☐ Yes
x No

If yes, describe the change in the process and the outcomes.

> Fiscal resources for the undergraduate and graduate programs are evaluated yearly; the last evaluation occurring in summer 2020. The traditional undergraduate program is evaluated to determine adequacy of lab resources and space. The lab coordinator meets regularly with The DON chairperson to discuss equipment purchases, projected needs and replacement costs. The lab coordinator provides annual reports on lab usage, equipment and supply needs. The process for equipment replacement and purchase involves a collaboration with The DON chairperson, clinical lab/sim coordinator, faculty, and when applicable the community of interest.
> Faculty salaries for the traditional program are determined by The Agreement (2014-2017, 2017-2020). Based on data from AACN surveys, The DON's salaries are comparable to both sister institutions and like size regional institutions. All full time faculty have laptops that are replaced every three years.
> The RN-BSN and Master's programs are both offered online through the (SGOCE). Salaries for the Master's program are based on the DGCE agreement. The RN-BSN faculty salaries are based on contractual agreement with Academic Partners.

Indicate the date that each program was last evaluated for adequacy of fiscal resources, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	5/20	yearly
Master's	5/20	yearly
Post-Graduate APRN Certificate	____	____

Optional: **Key Element II-A**

Is there any other information that the program would like to provide related to this key element?

Key Element II-B

Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are 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 materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

II-B 1. **Describe how physical resources are sufficient to enable the program(s) under review in this CIPR to achieve the mission, goals, and expected outcomes:**

> **Undergraduate Program:** Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals and expected student and faculty outcomes. Equipment and supplies (e.g. computing, simulation center, and teaching-learning materials) are sufficient to achieve the mission, goals and expected student and faculty outcome. A defined process for regular reviews of the adequacy of the program's physical resources remains in place. Review of physical resources occurs and improvements are made accordingly.
> Physical space of the program increased with the acquisition of a Simulation Center. Currently The University has provided the DON with two simulation rooms, one medication room and two debriefing areas to be used for simulation with an expectation to grow into three simulation rooms. To increase access to simulation opportunities prior to development of the programs simulation center, the program was approved to rent simulation space at the Interprofessional Center for Experiential Learning and Simulation (iCELS) in Worcester, Massachusetts for the fall 2020 semester. The number of full-time faculty teaching in the program has increased and while the majority of faculty have their own offices some need to share office space. The University is working on increasing the availability of individual office space through building renovations.

If deficiencies have been identified for any program, explain the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

> Insert text here.

II-B 2. **Describe how clinical sites for the program(s) under review in this CIPR are sufficient to achieve the mission, goals, and expected outcomes:**

> **Undergraduate Program:** The program is facing the reality that it has become increasingly difficult to obtain clinical placements throughout the curriculum. Prior to the COVID 19 pandemic, the program was experiencing a reduction in the number of clinical opportunities either through the loss of sites, initiation of fees for student participation, a reduction in the number of students allowed on a unit at one time, or reduction in one to one senior practicum opportunities. The program sought out and was able to obtain new clinical settings that are sufficient to achieve the mission, goals and expected outcomes. Examples of new clinical opportunities include changes to unit accessibility to include evening and weekend rotations for NURS 3900 Pediatric Nursing and NURS 3200 Maternal Child Nursing, new mental health settings for NURS 3300 Mental Health Nursing, increased use of community organizations that provide nursing care for individuals with chronic illnesses for NURS 4750 Chronic Illness, and the use of nonprofit organizations for NURS 4400 Community Health Nursing. To meet expected outcomes for the senior level practicum experience, a new model for small group practicum placements with a full-time faculty member have been developed with our practice partners in the hospital setting. The experience will continue to be evaluated for effectiveness in meeting program outcomes.
> **Graduate Program:** Clinical sites are determined by faculty teaching the course to be sufficient in meeting learning outcomes. Each student submits a document with a description of the proposed clinical site including the specific population served. In addition, each student develops personal objectives to meet during the clinical experience. These objectives are reviewed to ensure that they meet desired outcomes. Prior to the COVID 19 pandemic, clinical

> sites were a challenge for students to secure. Since the pandemic several students were unable to secure a clinical site during the fall 2020 semester. Students in all areas of the US reported that they were denied access to agencies where they previously had agreements (Appendix IIB-2. Graduate Clinical practice Experiences).

If deficiencies have been identified for any program, explain the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

> Insert text here.

II-B 3. **Have there been any changes in the review process to evaluate the adequacy of the program's physical resources and clinical sites since the last on-site evaluation?**

☐   Yes
x   No

If yes, describe the change in the process and the outcomes.

> **Undergraduate & Graduate Program**: The program reviews the adequacy of our physical space and clinical sites on an annual basis. The last review was conducted in Spring 2020.

Indicate the date that each program was last evaluated for adequacy of physical resources and clinical sites, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	5/20	yearly
Master's	5/20	yearly
Post-Graduate APRN Certificate		

Optional: **Key Element II-B**

Is there any other information that the program would like to provide related to this key element?

> **Undergraduate Program**: The University's capital planning and management conduct program space studies looking at enrollments, employees, and changing technology. This information is used as the basis for planning and design when the program review occurs. Space renovation for the building in which the DON is housed is currently underway and slated to begin summer 2021.

Key Element II-C

Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

> *Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission, and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.*

II-C 1. **Affirm that academic support services are sufficient to meet program and student needs for program(s) under review in this CIPR:**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If no to any program, identify any deficiencies, the reason(s) these resources have not been provided, and the plan to obtain the necessary services.

> Academic support services are reviewed every four years by the Undergraduate and Graduate programs. The last review was conducted as a part of this CIPR. The following nine programs that fall under the Academic Success Center are reviewed: Tutor Center; Academic Advising and Career Services; Counseling Services; Disability Services; TRIO Student Support Services Program, International Education; Library; Informational Technology; and Research Support. Evidence that the FSU Academic support services are evaluated on a regular basis to meet program and student needs, The DON deploys a "Student Satisfaction Survey" every 4 year which includes evaluation of the University's support services. The undergraduate survey consists of 40 questions regarding student satisfaction in multiple areas including support services, advising, library services and physical facilities are included in the survey. The survey was last deployed in 2020. The Graduate program Exit survey consists of 16 questions regarding student satisfaction in multiple areas including support services, advising, and library services are included in the survey. The survey is due to be deployed in April 2021. The program meets with support service departments to review adequacy of resources. An example of a review is provided in Appendix II-C (Library Review of Support to the Nursing Department).
> The online RN to BS students have access to the same services as students in the traditional programs. When a student registers for an online course, they are provided with a welcome letter including information on how to access services.
> **Academic Advising:** All pre-nursing and nursing majors in the three UG tracks are assigned nursing faculty advisors throughout their undergraduate studies. All graduate students in the forensic nursing program are assigned nursing faculty advisors throughout their graduate studies.

Indicate the date that each program was last evaluated for adequacy of academic support services, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	12/20	Every 4 years
Master's	12/20	Every 4 years
Post-Graduate APRN Certificate	——	——

II-C 2. **Have any of the program(s) under review in this CIPR been converted to a distance education and/or hybrid format since the last on-site evaluation?**

Program(s) Under Review:	Yes	No
Baccalaureate	☐	x
Master's	☐	x
Post-Graduate APRN Certificate	☐	x

If yes for any program, has a substantive change notification been submitted to CCNE related to this change in modality?

☐ Yes
☐ No

If yes for any program, describe any additional academic support services in place to meet program and student needs.

Insert text here.

Optional: **Key Element II-C**

Is there any other information that the program would like to provide related to this key element?

Key Element II-D

The chief nurse administrator of the nursing unit:
- **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 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 an effective leader of the nursing unit.

II-D 1. Has the individual appointed as chief nurse administrator changed since the last on-site evaluation?

x Yes
☐ No

If yes, has a substantive change notification been submitted to CCNE related to this change in chief nurse administrator?

x Yes
☐ No

If the program has a new chief nurse administrator, and a substantive change notification was <u>not</u> submitted to CCNE, provide a CV, and explain how the program remains in compliance with this key element.

Since the last onsite evaluation in 2015, there have been two elected chief nurse administrators. A substantive change notification was submitted and accepted by the CCNE for both administrators. The appendix provides an example for the current administrator (Appendix IID-1. CCNE Accepted Notice of Nurse Administrator).

Does the current chief nurse administrator continue to meet all criteria required by the key element?

x   Yes

☐   No

II-D 2. **Has the role of the chief nurse administrator changed since the last on-site evaluation?**

☐   Yes

x   No

If yes, please describe how the role has changed.

> Insert text here.

Optional: **Key Element II-D**

Is there any other information that the program would like to provide related to this key element?

Key Element II-E

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 faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. 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 justification 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.*

II-E 1. **Identify how the nursing unit defines faculty workloads:**

> **Undergraduate Program:** -Full-time equivalency (FTE) faculty assignments meet the requirements in The Agreement (2014-2017, 2017-2020). The full-time faculty teaching workload is twenty-four credits. The calculation of FTE's is based on the following equivalencies:

-One hour of classroom instruction, clinical conference (seminar) and one-to-one senior practicum are equivalent to one credit
-On campus labs and clinical labs: 3 hours of lab is equivalent to 2 credits
-Off campus clinical: 1hour of clinical is equivalent to 0.67 credits

Graduate Program: Based on the DGCE contract full-time faculty from the DON are only allowed to teach one SGOCE course/semester or five SGOCE courses/year. Adjunct faculty's course load cannot exceed more than three courses total in a semester.

II-E 2. **Affirm that faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes:**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If no was selected for any program, identify the reason(s) for the insufficiency, and the plan to hire additional faculty if one exists.

Undergraduate Program: A sufficient complement of full-time, part-time and adjunct faculty are available to provide adequate instruction, supervision and evaluation of student performance. Classroom faculty-to-student ratios vary from level to level. The average classroom faculty-to-student ratio for nursing courses is 1:21. On campus lab sessions maintain a 1:10 or fewer faculty-to student ratio and a 1:8 faculty-to-student ratio is maintained in the clinical agencies. The clinical ratios are in compliance with the MA BORN regulations for instructors to foster clinical reasoning and supervise student performance of skills. Since 2015, The Department has retired 4 full time doctoral prepared faculty members. These positions were replaced with full time faculty at the same level of academic preparedness, and, in addition, increased the number of PhD prepared faculty by five for a total of 10 faculty members on the tenure track and one tenured faculty member.

Graduate Program: Courses are limited to 20 students, except for the Capstone which is limited to 15; the final practicum we allow a maximum of five.

II-E 3. **Affirm that faculty are academically and experientially prepared to accomplish the mission, goals, and expected program outcomes:**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If no was selected for any program, identify the reason(s) for the lack of academic and experiential preparation, and the plan to address this concern.

All Departmental faculty meet the Massachusetts state requirements for licensure as Registered Nurses. The MA BORN regulations require all classroom faculty members for the undergraduate program possess a minimum of a Master's Degree in Nursing. Faculty curriculum vitae provide evidence that they are prepared academically and experientially to provide expert instruction supporting the achievement of the mission, vision and expected program outcomes (Click here). Clinical instructors for the program are allowed to hold a BS degree per the MA BORN

> regulations. Clinical instructors with a BS in Nursing receive a waiver and are required to have a mentor with a graduate degree. All clinical instructors are hired based their clinical experience and the needs of the program.

II-E 4. **Affirm that faculty are appropriately credentialed for the tracks and/or programs they teach:**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	☐	x
Post-Graduate APRN Certificate	☐	x

If no to any program, identify the reason(s), and the plan to address this concern.

> **Graduate Program:** In 2012, a Portfolio Process for certification was launched by the ANCC and the International Association of Forensic Nurses (IAFN) that required graduates to submit documentation of demonstrating a minimum of 2000 hours in forensic nursing practice over the previous three years. As of November 17, 2017, the American Nurses Credentialing Center (ANCC) has retired all of its portfolio programs due to low applicant volumes and stopped accepting applications. The plan is that the Chair of the Graduate program will continue to actively engage with the International Association of Forensic Nursing and the American Academy of Forensic Sciences to advocate for the development of credentialing forensic APRN's.

*Optional***: Key Element II-E**

Is there any other information that the program would like to provide related to this key element?

Key Element II-F

Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:
- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

II-F 1. **Are preceptors used in the nursing program(s) under review in this CIPR?**

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

⚠️   *Note*: If preceptors are not used, please proceed to Key Element II-G.

II-F 2. Has the process for selection, orientation, and evaluation of preceptors changed since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	☐	x
Master's	☐	x
Post-Graduate APRN Certificate	☐	x

If yes, describe the change(s), and attach appendices as necessary.

Undergraduate Program: Preceptors are used in the undergraduate nursing program during senior year clinical experiences. Second-semester seniors in the generic and in the LPN to BS in Nursing tracks are paired with preceptors for the clinical component of the NURS 4800 Selected Practicum. Preceptor requirements are in accordance with the Guidelines for Clinical Education Experience identified by the MA BORN Regulation [244 CMR 6.04 (5) (f) IE2]. All preceptors working with nursing students hold a minimum of a BS in Nursing and a minimum of two years of nursing experience in the student's clinical setting.   Although each nursing student works with a preceptor, a faculty member is also assigned to each senior nursing student involved in practicum clinical experiences. Faculty meet with each student weekly, either on campus or at the facility, and are responsible for the overall evaluation of the student's clinical performance.

The Preceptor Orientation Packet includes the following information:
1)The Qualifications of Preceptors Form to help gather demographic, licensure, and practice experience information, 2) The Guidelines for Clinical Preceptors and Faculty Supervisors Form explains the mission, curriculum and goals of the Fitchburg State University Nursing Program. It also provides guidelines and explains expectations of the student, preceptor, and faculty supervisor; and identifies the current number of hours that students generally spend weekly in their Practicum Placement experiences sites, and 3) Suggested Timeline for Practicum Form (pink) provides the expected progression of student performance over the course of the semester. Evaluation of preceptors occurs at the end of the Spring and Fall semesters via The Student Evaluation of NURS 4800 Practicum Site and Preceptor. Survey data are reviewed by faculty as part of the annual review cycle.

Graduate Program: Preceptors are used in the graduate program to assist students in exploring alternate learning experiences. Four courses in the program utilize preceptors. Although each nursing student works with a preceptor, a faculty member is also assigned to each student involved in a clinical practice experience (CPE). Faculty meet with each student and preceptor routinely throughout the semester, and are responsible for the overall evaluation of the student's clinical performance.

The Graduate Preceptor & Student Orientation Packet is updated each AY and includes: The Clinical Policies document provides guidelines and explains expectations of the student, preceptor, faculty supervisor, DON, and agency. The Orientation Packet also includes the mission and vision, curriculum and goals of the Fitchburg State University Graduate Nursing Program. Evaluation of preceptors and the CPE occurs at the end of each course with a CPE via a DON survey called The Preceptor and Learning Experience Evaluation. Survey data are reviewed by faculty and the Graduate Committee annually.

II-F 3. Has the preceptor role changed since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	☐	x
Master's	☐	x
Post-Graduate APRN Certificate	☐	x

If yes, describe the change(s).

> Insert text here.

*Optional***: Key Element II-F**

Is there any other information that the program would like to provide related to this key elemen

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Key Element II-G

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 (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.
- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

II-G 1. Affirm that the parent institution and/or program continues to provide support for faculty teaching, scholarship, service, and practice:

Program(s) Under Review:	Yes	No
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

If no for any program, identify any deficiencies, the reason(s) support has not been provided, and the plan to provide needed support if one exists.

> The University supports the expectation of excellence in teaching and learning in several ways. The Faculty Center for Teaching and Learning promotes campus-wide awareness and discussions of effective teaching and serves as a support network for all university faculty members. The University sponsors one faculty development day per semester. The University provides money each year for all faculty members to participate in continuing scholarship activities. In 2020-21 the Continuing Scholarship Funds were $872 per faculty member. Additional monies and time off are available to support faculty members who primarily present at conferences and for the chairperson to attend the AACN conference in the spring of each year. All full time faculty receive one day per week as a research day. Faculty members enrolled in doctoral programs are

provided as much assistance as possible, via departmental scheduling, to aid in completion of their studies. All state university employees receive tuition remission at all state universities.
 A number of opportunities exist for faculty to seek additional scholarship funds and present their scholarship including: Special Project funds, MSCA Professional Development funds, The Univiersity Faculty Award for Research and Scholarship, the Ruth Butler Grants, Harrod Lecture Series and faculty development days.
 The University provides the opportunity for service to both the University and the community. Within The DON, as well as the university, faculty have the opportunity to serve on committees. Additionally, The University encourages faculty and staff to volunteer in one of the many programs to serve students of the university. Nursing faculty members attend University Open House, Future Falcon day, and summer registration. Community service is encouraged by The University. Nursing faculty members have numerous opportunities to volunteer in the external community.
 Support for practice is not addressed in the mission of The University. The DON does have a number of faculty members who are active in clinical practice. Currently four faculty members are active in various clinical practice roles. In addition, the lab coordinator also maintains clinical currency in practice.

Optional: Key Element II-G

Is there any other information that the program would like to provide related to this key element?

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

Key Element 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;**
- **are congruent with the roles for which the program is preparing its graduates; and**
- **consider the needs of the program-identified community of interest.**

> *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.*

III-A 1. **Affirm that expected student outcomes, course unit or level objectives, and/or competencies for any programs offered are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.**

The program may delete sections that for programs that are not under review at this time. The information may be adapted to include as many tracks as necessary.

Baccalaureate:

x   Track: <u>Generic BS in Nursing</u>
x   Track: <u>LPN to BS in Nursing</u>
x   Track: <u>RN to BS in Nursing</u>

Master's:

x   Track: <u>Forensics</u>
☐   Track: ____
☐   Track: ____

If no to any track, identify any deficiencies, the reason(s) for the variance, and the plan to address the concern if one exists.

Insert text here.

Indicate the date that each program was last evaluated for congruency between curriculum and mission, and the frequency with each program is evaluated.

Degree Program	Date of Last Review	Frequency of Review
Baccalaureate	<u>5/15/2020</u>	Every 2 years +/ or with substantive changes are made to any element of this Key Element.
Master's	<u>April 4, 2020</u>	Every 2 years +/ or with substantive changes are made to

<div align="right">any element of this
Key Element.</div>

Optional: **Key Element III-A**

Is there any other information that the program would like to provide related to this key element?

> **Undergraduate program**: The generic BS, the LPN to BS in Nursing and the RN to BS track prepare graduates to function as baccalaureate prepared Registered Nurses.
> The BS terminal program outcomes and student learning outcomes were reviewed and found to be congruent with the mission and revised vision statement of the DON and the university. BS terminal program outcomes; course outcomes; and sophomore, junior, and senior level outcomes are reviewed and mapped for congruence every two years.
> Both the generic BS in Nursing and the LPN to BS tracks use the same course, level and terminal outcomes. The student outcomes are clearly stated and congruent with the program's mission and vision. The terminal outcomes and level outcomes have not changed since the last review. The revised RN to BS track began during the fall 2017. The track's curriculum uses the same junior and terminal program outcomes as the generic programs curriculum as these students enter as juniors. New and revised course outcomes are congruent with the DON's mission, revised vision and with the university (Appendix IIIA RN to BS Course Outcomes).
>
> **Graduate Program**: The terminal outcomes were reviewed and revised in 2018 to improve congruence with the Master's Essentials. The program's vision and mission statements were revised in 2021to better reflect the specialization of graduate forensic nursing. Revisions resulted in clearly stated Terminal Outcomes that are congruent with the graduate program's mission and vision (Appendix IIIA-1. Graduate Course Outcomes).

Key Element III-B

Baccalaureate 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).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

⚠ For the following section, refer to the nursing standards and guidelines previously identified in Key Element I-B.

III-B 1. Is the baccalaureate degree program under review for this CIPR?

x Yes
☐ No

⚠ *Note*: If "no" was selected above, please proceed to Key Element III-C.

III-B 2. Affirm that baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines.

    x   Yes

    ☐   No

In the space below, provide examples of how the nursing standards and guidelines have been integrated into the baccalaureate curricula. Appendices may be attached as necessary.

> This Key Element is reviewed by the DON Undergraduate Curriculum Committee every 4 years or with substantial change(s). It was last reviewed in May 2018 at which time the AACN Essentials for Baccalaureate Education (2008) and the UG Program Outcomes were determined to be in alignment. Examples of how the nursing standards and guidelines have been integrated into the baccalaureate curricula can be found in Appendix IIIB (Review of Essentials Across the Curriculum).
> Every three years, the program conducts an audit in the curriculum related to the NCLEX-RN detailed test plan. Curricular gaps were last reviewed by faculty during AY 20/21- no gaps were identified in the past 5 years.

Optional: **Key Element III-B**

Is there any other information that the program would like to provide related to this key element?

Key Element III-C

Master's 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).

- **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, 2016).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (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.

Master's programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

⚠️ For the following section, refer to the nursing standards and guidelines previously identified in Key Element I-B.

III-C 1. Is the master's degree program under review for this CIPR?

    x   Yes
    ☐   No

⚠️ *Note*: If "no" was selected above, please proceed to Key Element III-D.

III-C 2. Affirm that master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines.

    x   Yes
    ☐   No

In the space below, provide examples of how the nursing standards and guidelines have been integrated into the master's curricula. Appendices may be attached as necessary.

> The Graduate curriculum is reviewed every four years by the Graduate Curriculum Committee and as needed with substantial changes. Beginning Spring 2016, the curriculum was amended to incorporate the APRN Core courses with the addition of NURS 8600 Advanced Pathopharmacology & Epigenetics in Forensic Nursing (Appendix IIIC-1a. NURS 8600 syllabus). The graduate curriculum was last reviewed in Spring 2018. During this review the committee revised the Graduate Program Terminal Outcomes for improved congruence with the Masters Essentials (2011). Some examples of how the nursing standards and guidelines have been integrated into the Masters curricula can be found in Appendix IIIC-1b (Graduate Examples of Integrating Guidelines into Program Curricula).

Does the master's degree offer APRN tracks?

    ☐   Yes
    x   No

If yes, affirm that APRN curricula have three separate comprehensive, graduate level courses in the following areas:

If the response above indicated that any coursework is lacking, describe the plan to modify the curriculum for its inclusion.

> Insert text here.

Does the master's degree offer a nurse educator track?

☐ Yes

x No

If yes, affirm that nurse educator curricula include graduate level content/coursework in the following areas:

If the response above indicated that any content/coursework is lacking, describe the plan to modify the curriculum for its inclusion.

Insert text here.

Optional: **Key Element III-C**

Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element III-D

DNP 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).

- **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, 2016).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (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 deems this necessary.

⚠ For the following section, refer to the nursing standards and guidelines previously identified in Key Element I-B.

Key Element III-E

Post-graduate APRN certificate program 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). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (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 certificate students who have already completed such courses, unless the program deems this necessary.

⚠ For the following section, refer to the nursing standards and guidelines previously identified in Key Element I-B.

III-E 1. Is the post-graduate APRN certificate program under review for this CIPR?

> x   Yes
> ☐   No

⚠️   *Note*: If "no" was selected above, please proceed to Key Element III-F.

III-E 2. Affirm that post-graduate APRN certificate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines.

> x   Yes
> ☐   No

In the space below, provide examples of how the nursing standards and guidelines have been integrated into the curriculum. Appendices may be attached as necessary.

> The Graduate <u>Certificate</u> curriculum is reviewed every four years by the Graduate Curriculum Committee and as needed with substantial changes. The graduate certificate curriculum was last reviewed in Spring 2018. During this review, the committee revised the Graduate Program Terminal Outcomes for improved congruence with the Masters Essentials (2011) (Appendix IIIC-1b. Graduate Examples of Integrating Guidelines into Program Curricula).

Affirm that post-graduate APRN certificate program:

> ☐   Requires students who have not previously completed three separate comprehensive graduate level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology to do so.

If the response above indicated that the post-graduate APRN certificate program does not have such a requirement, describe the reason(s) for the variance, and the plan to address the concern if one exists.

> The Graduate Certificate is not one of the identified APRN programs. However, as required by the Master's Essentials the 3 P's are included in two courses. NURS 7300 Advanced Clinical Concepts and NURS 8600 Advanced Pathopharmacology and Epigenetics in Forensic Nursing

Optional: **Key Element III-E**

Is there any other information that the program would like to provide related to this key element?

Key Element III-F

The curriculum is logically structured to achieve expected student outcomes.
- **Baccalaureate curricula build on 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 degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-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 nursing knowledge.*

Graduate programs 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. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the 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 the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in* The Essentials of Master's Education in Nursing *(AACN, 2011) and, if applicable,* Criteria for Evaluation of Nurse Practitioner Programs *(NTF, 2016).*

The program provides a rationale for the sequence of the curriculum for each program.

III-F 1. Affirm that curriculum remains logically structured to achieve expected student outcomes for program(s) under review in this CIPR:

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If no for any program, describe the plan to modify the curriculum to support logical sequencing.

> Insert text here.

Does the institution offer a direct-entry pathway (for programs under review in this CIPR) for students who do not have a baccalaureate degree in nursing?

x Yes
☐ No

If yes, affirm that students enrolled in those programs:

x acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education

x acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

If the response above indicated that any coursework is lacking, describe the plan to modify the curriculum for its inclusion.

> The graduate program is based on a foundation comparable to a baccalaureate degree in nursing. The program uses a portfolio process for students who do not have a baccalaureate degree in nursing to demonstrate competencies and knowledge delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). As identified in the curriculum plan, students complete 39 credit hours including 12 credit hours of core nursing courses and 6 credit hours of research, the remaining 21 credit hours focus on the specialty forensic nursing track.
> (https://catalog.fitchburgstate.edu/preview_program.php?catoid=40&poid=9265&returnto=2580)

III-F 2. Have there been any changes in the curricular foundation since the last on-site evaluation?

Program(s) Under Review:	*Yes*	*No*	*Date of Implementation*
Baccalaureate	x	☐	Fall 2017 & 2018
Master's	x	☐	Fall 2019
Post-Graduate APRN Certificate	☐	☐	

If yes for any program, describe the changes in the space below along with rationale for how the change continues to build upon the required foundation for the program. Include any changes in student outcomes if applicable.

> **Undergraduate Program:** The RN-BS program underwent a curricular change starting in the Fall 2017: Incoming students are allowed to transfer in 88 credits, of which 32 credits taken in Nursing. In addition, students are now required to take a selected philosophy course. All NURS courses are now provided in an accelerated seven week format and have been revised to reflect current topics in nursing. Starting in the Fall 2018, the two required clinical courses NURS 4410 Community Nursing and NURS 4600 Capstone, replaced direct clinical experiences with clinical practice experiences (Appendix IIIF-2a. Revisions to the RN to BS curriculum).
> **Graduate Program:** Anecdotal student feedback and *Student End of Course Survey* results identified that the Research Project course design and assignments did not facilitate accomplishment of program outcomes. Beginning in the Fall of 2019, a required two-credit course NURS 9100 *Research Project* was replaced with a required three-credit course, NURS 9600 *Forensic Nursing Capstone*. The Forensic Nursing Capstone Course (NURS 9600) allows students to develop a research proposal in an area of interest with the benefit of faculty and peer feedback to broaden student understanding. In addition, in order to keep the total required credit hours of the program at 39, the one-credit required course, NURS 7000 *Nursing with Diverse Populations* was eliminated and course content was threaded throughout the remaining courses in the curriculum.

*Optional***: Key Element III-F**

Is there any other information that the program would like to provide related to this key element?

> The BS program builds on a liberal arts education foundation. As identified in 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. See 2020-2021 undergraduate catalog:
> https://catalog.fitchburgstate.edu/preview_program.php?catoid=39&poid=8790&returnto=2427

> The LPN to BS track includes 120 credit hours with 58 credit hours from the cluster and electives. A total of 62 nursing credits must be fulfilled as part of the LPN to BS in Nursing track. Licensed Practical Nurses are awarded 18 nursing credits through the successful completion of the National League for Nursing (NLN) Acceleration Challenge Exams (ACE) I.
> 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
> https://catalog.fitchburgstate.edu/preview_program.php?catoid=39&poid=8849

Key Element III-G

Teaching-learning practices:
- **support the achievement of expected student outcomes;**
- **consider the needs and expectations of the identified community of interest; and**
- **expose students to individuals with diverse life experiences, perspectives, and backgrounds.**

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

III-G 1. Have there been any change in teaching-learning practices and environments or learning outcome attainment since last review for program(s) under review in this CIPR?

Program(s) Under Review:	Yes	No	Date of Implementation
Baccalaureate	x	☐	Fall 2018
Master's	x	☐	Fall 2017
Post-Graduate APRN Certificate	☐	☐	

If yes for any program, describe the process and result of the curriculum revision. Include a description of how the change(s) continue to support the achievement of expected student outcomes.

> **Undergraduate Programs:** In addition to the review of the UG curricula and teaching-learning practices across all Levels that occurs every 4 years during Spring Program Evaluation Workshops, Students are encouraged to provide input related to the curriculum and teaching learning practices. This can be done via the student representatives that sit on the curriculum committee or through discussions with faculty that are then brought forward to the curriculum committee. During this review period, some modifications were made to enhance the academic experience for students. The modifications did not impact the logical progression of the curricula. Examples of modifications to these practices include:
> **Changes to course content in Chem1200:** Student concerns regarding the excessive content covered in Chemistry 1200: Chemistry for Health Sciences was brought to the undergraduate curriculum committee. As part of the programs evaluation process for LAS course alignment with the Nursing program outcomes, a review of the courses detailed content outline ensued. It was identified the instructor was teaching nursing related content (ex. IV fluids, drip rates and

calculations and nursing considerations). Meetings with UGCC, the chair and the course instructor occurred throughout AY 2017/18 and concluded with revisions to course content eliminating nursing concepts.

Med calculation content and exams: Ongoing work to attain a scaffolded approach for the programs med/calc exams occurred during this review period. During AY 2015-1016 a Med Calc Ad Hoc Committee was formed out of the UGCC. All Med Calc Exams were uploaded to a secure I Drive / Med Calc folder. To start, all exams were formatted uniformly across the three levels and the process was started re: reviewing all practice and actual med calc exams for content, progression of difficulty of questions, where med content is taught in the curriculum (Appendix IIIG-1a. Table of Med Calc Exam Content Placement in Curriculum). In April 2016 the DON Rounding Rules & Guidelines were created, discussed, and accepted by the UG Program Faculty. From 2017-2020, a total of five students who failed a med calc exam (and therefore the respective NURS course) were engaged in med calc remediation 1:1 with a DON faculty to help develop their calculation skills. This was determined to be helpful to students but not sustainable. During the Fall 2018, NURS 2700 and NURS 2500 faculty added med calc time during class time to meet Sophomore students request for more help with Med Calc. In March 2019, collaborative efforts began with DON & FSU Math Department to address strategies to help students build med calc skills. During the summer 2019 and "Med Calc Map of Content and NURS Courses" was accepted by UG Program Faculty in an effort to clearly identify what med calc content is tight where in the curriculum. In Jan 2021 a BlackBoard (BB) site called Mathematics for Nurses: Preparing for Med Calc was "opened". During AY 2021-2022, the DON will obtain feedback from students about this new resource, and will track data on the students' med calc exam success.

Revisions to NURS4800 Selected Practicum: In Fall 2018 the Senior Faculty piloted a new format for the NURS 4800 Selected Nursing Practicum course which originally included a didactic portion (3 credits), clinical practicum component and seminar (6 credits). Students expressed concern about the ability to meet the requirement for practicum hours (250 hours) prior to the end of the semester. Program faculty decided to reallocate credits for the course to reduce the required clinical practicum hour's requirement (210 hours) and give credit for the practicum seminar (1 credit). The faculty also decided to standardize and streamline seminar in order to promote consistency. Student success rates in the course, Exit HESI and NCLEX first time pass rates have remained consistent with the change.

Revision to Med/Surg Course Content Across the Curriculum: During the Spring 2018 curriculum workshop, a review of detailed content outlines for all courses covering medical surgical content were examined for redundant content, gaps related to current medical and nursing interventions, and alignment with level outcomes. Topics identified by faculty, and in addition to student feedback of practicum experiences, were added. Revisions to content outlines reduced content on Diabetes, and Heart Failure, while increasing information on Autoimmune Diseases, and Angiotensin Receptor Blockers. Course content on pneumonia was moved from junior level to sophomore level. Faculty created a table to organize implementation of the changes across the curriculum (Appendix IIIG-1b. Revisions to Med/Surg content across the Curriculum).

Clarity of Grading and Course introductions: In the RN to BS online program, students identified variations in blackboard layouts, due dates for discussion questions, and grading were inconsistent and difficult to navigate. During RN to BS faculty meetings in 2019 and 2020, faculty agreed to uniform grading rubric for discussion board questions that is now incorporated into the grading section, standardized due dates for initial posts for discussions and responses, and providing students with welcome letters and videos to demonstrating how to navigate the blackboard shell for individual courses.

External Community of Interest: An example of meeting the needs of our external COI is a Guaranteed Admission Agreement that developed between local ADN programs and FSU. This agreement provides the opportunity for ADN Program graduates to further their formal education via our online BS in Nursing Track upon successful completion of the ADN Program and attainment of RN Licensure. To date, this Guaranteed Admission Agreement exists between FSU and four ADN Programs:

·Mount Wachusett Community College (2018) ·Middlesex Community College, Bristol Community College & Quinsigamond Community College (2019)
https://www.fitchburgstate.edu/admissions-aid/transfer-admissions/articulation-agreements

Graduate Program: During the Fall 2017 semester, NU 7300 Advanced Clinical Concepts changed the in-person clinical practice experience to a virtual simulation using Shadow Health. This course involves advanced health assessment content due to prior difficulties in obtaining placement, this change has allowed all students to successfully complete the course and clinical practice experience in a timely manner. As noted above there was a change in the curriculum which resulted in a change to the teaching-learning practices for the Capstone Research Project. Students are now guided to compose the first three chapters of a research proposal, with the focus on identifying evidence-based studies for a literature review. This builds on the revised assignment for the first course in the program where students are taught the components of a Literature review.
In Spring 2020: A meeting was scheduled in response to an increased number of student emails over the Spring 2020 semester requesting an extension to Clinical Practice Experiences (CPE) courses. The pandemic and subsequent closure of agencies across the country prevented students from completing required hours.
On Sunday June 28th 2020, all students were invited to join the Graduate faculty to address concerns and answer questions. The virtual meeting was recorded with permission and shared with those who were unable to attend. Students expressed concern that they would not be able to complete the required hours for CPE courses within the allowed time of two semesters. Student' concerns were acknowledged and the process for requesting an extension via student petition was explained. Students were informed that extensions of an additional two semesters would be granted and supported by the DON Chair and Dean.

III-G 2. Describe how teaching-learning practices are appropriate for the student population:

Undergraduate Programs: The programs continue to be designed to foster student success in meeting expected outcomes. The faculty continue to use multiple learning strategies with students from sophomore to senior year that demonstrate current pedagogical strategies including flipped classrooms, small group discussion, individual and group projects, clinical case studies, adaptive quizzing, oral and written assignments and portfolio construction. The program continues to incorporate multiple environments for learning including the classroom setting, laboratory experiences, experiences in community settings, and in healthcare organizations (Appendix IIIG-2.Teaching Learning Practices and Environments Supporting Student Outcomes). Students are exposed to various cultural and ethnic populations through class work, assignments, and simulation scenarios. In the clinical setting they have the opportunity to incorporate didactic learning into the care of individuals from different backgrounds. In 2018, an optional learning environment was established with the development of a study abroad opportunity in Ghana for NURS 4400 Community Health Nursing. During the summer of 2018, 12 nursing students and 2 nursing faculty visited West End University College (WEUC) in Ghana, West Africa for a cultural and academic (Community Health Nursing) faculty led exchange program. This experience is offered to students every two years. However, in 2020, this experience was cancelled due to COVID 19 and restrictions on international travels and study abroad programs. This would have been the second time nursing students at FSU would be visiting Ghana for an experiential learning program. Planning is ongoing for 2022. The aim of this is to create a therapeutic learning environment by providing an avenue for students' self-transformational experiences.

> The RN to BS track is offered online in a seven week format to provide increased opportunity for working RNs the chance to complete their BS in a timely fashion. Faculty utilize a variety of methods that include but are not limited to PowerPoint presentations, YouTube video recordings, movie clips and reading assignments all are available on Blackboard. In addition faculty provide recorded audio and visual feedback for students using Zoom or Screencast-O-Matic. The track has also revised the clinical requirement to a Clinical Practice experience (CPE). The CPE is completed as part of the course; a weekly reflective journal detailing activities and reflections is required. The student may complete the CPE on their own time; there is no need to take time off from work to complete this requirement. The new and revised course content throughout the program focuses on working with a diverse population. Examples for CPEs are provided in Key Element IIIH.
> **Graduate Program:** Teaching-learning practices in the graduate program are appropriate for adult learners. Courses are presented asynchronously to accommodate student's work and family schedules. Faculty utilize a variety of methods that include but are not limited to PowerPoint presentations, YouTube video recordings, movie clips and reading assignments all are available on Blackboard. In addition faculty provide recorded audio and visual feedback for students using Zoom or Screencast-O-Matic.

Optional: **Key Element III-G**

Is there any other information that the program would like to provide related to this key element?

Key Element III-H

The curriculum includes planned clinical practice experiences that:
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

III-H 1. Have there been any changes in the planned clinical practice experiences since the last on-site evaluation for program(s) under review in this CIPR?

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	☐	☐

If yes for any program, describe the changes and how the key element remains in compliance.

> **Undergraduate Program:** The program continues to provide planned clinical experiences for the generic and LPN to BS tracks for all courses with a clinical component. Lab and clinical opportunities continue to include face to face and simulation experiences with a student to faculty ratio of 8:1, are designed to integrate new knowledge and demonstrate attainment of terminal program outcomes with course outcomes. The simulated experiences have allowed the program to increase student exposure to diverse populations and provide experiences that are rare and inconsistent in the clinical setting. The simulations are scaffolded in complexity across the levels and incorporate the use of repetition to enforce concepts. interprofessional collaborative experiences that are scaffolded over the curriculum starting with an introduction to members of the healthcare team as sophomores, start to collaborate as juniors. And become active participants of the team as they complete senior year (Appendix IIIH-1a. Interprofessional Collaboration in clinical settings).
>
> Based on experiences learned through the spring 2020 pandemic, the program identified the value of increasing the number of hours allotted for Alternate Clinical Learning Experiences for the clinical experience. ACLEs include virtual simulation, face to face simulation and unfolding case studies. Standards developed by the International Nursing Association for Clinical Simulation and Learning (INACSL) have determined ACLE experiences could replace clinical time at a 2:1 ratio. Starting in the Fall 2020 semester, the program incorporated the use of ACLEs for 30% of clinical hours in junior through senior year courses with a clinical component. Sophomore courses with clinical components will begin incorporation of ACLEs during the Spring 2021 semester. ACLEs were added to the curriculum with each course mapping how each experience met key concepts, learning outcomes, terminal outcomes and AACN essentials (Appendix IIIH-1b. Examples of Curriculum Mapping for Alternative Clinical Learning Experiences). Faculty are responsible for evaluating students' clinical experiences and assigning a pass/fail grade for clinical practice experiences
>
> **Graduate Program:** The Clinical Practice Experiences in the graduate program provide students the opportunity to explore caring for the victims and perpetrators. Students choose (with faculty approval) the type of setting and population to focus on during their clinical practice experience. The final course NURS 9500, *Forensic Nursing Practicum* includes a clinical practice experience of the student's preference that often leads to new employment opportunities. The only change to CPE's in this program was the aforementioned change from in-person to a virtual simulation for NURS 7300 Fall 2017 (See Appendix IIb-2).

If the baccalaureate degree program is under review, and the program offers a post-licensure baccalaureate (RN-BSN) track, affirm that students enrolled in that track complete clinical practice experiences:

x   Yes
☐   No
☐   The baccalaureate program is not under review.

If the master's degree program is under review, and the institution offers an APRN preparation program, affirm that students enrolled the program complete at least 500 hours of clinical practice experiences:

☐   Yes
☐   No
☐   The master's program is not under review.

If no, please explain.

In the Fall 2018, the RN to BS online program incorporated a Clinical Practice Experience for two courses: NURS 4010 Community Based Nursing, and NURS 4600 RN to BS Capstone. Each course is 4 credits, with 3 credits allotted to the course and 1 credit allotted to the CPE. A CPE consists of 45 hours, spent in both non supervised direct and indirect experiences the Clinical Practice Experience is selected by the student. The 45 hour CPE involves a planned learning activity in which the student hones professional competencies through research, collaboration, and dissemination of information with the community of interest (Appendix IIIH-1c. Examples Clinical Practice Experiences in the RN to BS Online Program).

If the master's degree program is under review, and the institution offers a nurse educator track, please describe how students enrolled in the track complete clinical practice experiences consistent with AACN's *Master's Essentials* definition of the direct care role, including "sustained clinical experiences designed to strengthen patient care delivery skills" at the master's level (*Master's Essentials*, AACN, 2011, pp. 8-9).

Insert text here.

If the DNP degree program is under review, affirm that students enrolled in the degree complete at least 1,000 hours of clinical practice experiences:

If no was selected for any response, describe the plan to modify the curriculum for its inclusion.

Insert text here.

If the program(s) under review offer APRN preparation programs and/or tracks, please describe how the faculty/student ratio is sufficient to ensure adequate supervision and evaluation:

Insert text here.

III-H 2. Are planned clinical practice experiences evaluated by faculty?

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

If no for any program, please explain.

Undergraduate Program: Clinical practice experiences are evaluated by faculty to identify the site provides clinical practice experiences that align with student and program outcomes. Faculty evaluate clinical sites using the Faculty Evaluation of clinical site survey and share their feedback about clinical sites during their respective level meetings. Results are reviewed to determine effectiveness of the clinical site in meeting student outcomes. ACLE experiences are evaluated with the SET-M survey. Simulation survey results are collated, reviewed and used to make revisions to simulation experiences. Students evaluate their clinical experiences at the end of each course with a clinical component via the Clinical Evaluation Tool deployed via TK-20. Clinical instructors review results of these evaluations and forward findings and recommendations to the Curriculum Committee.
The CPEs in the RN to BS program are graded as satisfactory/unsatisfactory as a separate component of the course, in which the student submits reflective journals which are reviewed and feedback provided by the instructor to ensure successful progress. Projects are evaluated using a grading rubric which includes the student's rationale for topic selection, literature

> review with submission of current healthcare literature that supports the project, synthesis of healthcare literature with application to current project, proposed and developed method of dissemination of information to target audience. Three graded reflective journals chronicle the student's progress in the CPE, including time spent on research, collaboration, writing and project development. All student submit a PowerPoint Presentation with audio in which they share each stage of the project's development.
>
> **Graduate program**: The graduate nursing program faculty evaluates student's CPE using the Student Evaluation of Preceptor and Teaching and Learning Experience Survey and the Clinical Site Evaluation Survey at the end of every course to ensure that all course outcomes are successfully met. The CPE experiences provide students with opportunities for interprofessional collaboration. Some examples of collaborative relationships include the disciplines of Law Enforcement, Social work, and Counseling. Survey results are reviewed annually by the Graduate Curriculum Committee.

Optional: **Key Element III-H**

Is there any other information that the program would like to provide related to this key element?

Key Element III-I

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.

III-I 1. **Please affirm that individual student performance is evaluated by the faculty for the program(s) under review.**

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

If no for any program, please explain.

> **Undergraduate program:** Course requirements and learning activities in the undergraduate program are derived from the student learning (course) outcomes and are evaluated by the faculty. General evaluation policies are identified in The Department's Undergraduate Student Handbooks. Students are informed of course outcomes primarily through course syllabi. Course syllabi are uploaded to the university's Blackboard platform and/or provided in hard copy format to students by the course instructor. Syllabi are reviewed with the students on the first class day of each course. When applicable rubrics and grading tools used to assist in faculty evaluation of student assignments associated with the didactic component of a course. Faculty evaluation of student performance for the clinical component of the course is guided by course-

specific clinical evaluation tools, which identify course outcomes of student achievement. The clinical component of a course is graded as 'Pass' or 'Fail'.   Clinical faculty review the clinical evaluation tool with students at the start of each respective clinical rotation, at the midpoint of the semester, and once again at the end of the course. During the senior year clinical experiences, clinical portfolios are used as evaluation tools for student performance. Indicators of evidence that outcomes have been met or exceeded must be identified by each student by the end of the respective semesters. Clinical faculty also collect feedback on student performance in the clinical settings from healthcare professionals out in the community settings. Feedback from preceptors is provided to clinical faculty during the NURS 4800 Selected Practicum Clinical.   Final evaluation of the student's clinical performance rests with the clinical faculty. All completed portfolios and signed clinical evaluation tools are filed in the nursing department office.

Graduate Program: General evaluation policies are identified in The Department's Graduate Student Handbook. Students are informed of course outcomes primarily through course syllabi. Course syllabi are uploaded to the university's Blackboard platform by the course instructor. Courses including clinical experiences require students to submit an academic journal weekly as an evaluation tool for student performance. Indicators of evidence that outcomes have been met or exceeded must be identified by each student and faculty before a "passing" grade will be submitted. Clinical faculty also collect feedback on student performance in the clinical settings from professionals out in community settings. Feedback from preceptors is provided to faculty during all courses with a CPE. Final evaluation of the student's clinical performance rests with the faculty. All completed coursework and signed clinical evaluation tools are filed electronically on the nursing department I-drive.

III-I 2.   Please affirm that individual student performance reflects achievement of expected student outcomes for the program(s) under review.

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

If no for any program, please explain.

Undergraduate Program: As previously noted, all didactic, clinical learning experiences, and alternate clinical learning experiences are designed to target the respective course outcomes. Attainment of 2.5 GPA or higher in each major designation (NURS) course indicates student achievement of expected course outcomes. Students who fail a NURS course may repeat the course the next time it is offered unless they have a prior course failure or withdrawal. Achievement of expected student outcomes for the clinical component of a course is determined by the clinical faculty who use course-specific clinical evaluation tools. Faculty guidance throughout the semester aims to promote achievement of outcomes. Students must earn a "Pass" grade for clinical which indicates all outcomes were achieved. Students who are at risk for not meeting outcomes receive a clinical warning and work with their faculty to identify a plan to promote their success as the semester progresses. Students who do not meet all outcomes, fail the clinical component of the course, and therefore the course as a whole. For students who have no prior fails, a request to retake the course may be made as per the DON policy for a clinical failure.

Graduate Program: To maintain enrollment in the graduate program, students must maintain a minimum GPA of 3.0. A graduate student will be placed on probation if their overall GPA Falls below a 3.0; or if they receive a failing grade (below 2.0) in any course. Students who fail a course must retake the course the next time it is offered in order to replace the failing grade

with a passing grade. Students on probation have one year to raise their GPA to a 3.0 or better. A minimum of a 3.0 GPA is required for graduation.

Achievement of expected student outcomes for the clinical component of a course is determined by the faculty who use course-specific clinical evaluation tools to guide clinical learning experiences and to determine the extent to which the student achieves the outcomes. The tool is posted to Blackboard by faculty at the start of the semester. Faculty guidance throughout the semester aims to promote achievement of outcomes. Students must earn a "Pass" grade for clinical which indicates all outcomes were achieved. Students who are at risk for not meeting outcomes receive a clinical warning and work with their faculty to identify a plan to promote their success as the semester progresses. Students who do not meet all outcomes, fail the clinical component of the course, and therefore the course as a whole.

III-I 3. Please affirm that evaluation policies and procedures for individual student performance are defined and consistently applied for the program(s) under review.

Program(s) Under Review:	*Yes*	*No*
Baccalaureate	x	☐
Master's	x	☐
Post-Graduate APRN Certificate	x	☐

If no for any program, please explain.

Undergraduate Program: This Key Element is reviewed annually by the DON Student Policies and Program Evaluation Committees. As part of this review process, all course syllabi are reviewed to ensure course outcomes and evaluation criteria are clearly identified. All clinical evaluation tools are also reviewed every year to ensure course outcomes and evaluation criteria are clearly identified. Further, a random audit of 40 student files is conducted annually to determine if clinical evaluation tools are completed by faculty and there is evidence that students are involved in the evaluation process. Any deficits uncovered during the annual review of this Key Element are addressed at faculty and level meetings, plans are identified to improve deficits, and the process of student evaluation of expected program outcomes are reviewed during the following annual review (or interim review if needed).

An example of the most recent audit process identified compliance with all required components of the course syllabi and clinical evaluation tools. A deficit was found with 4 files missing completed clinical evaluations. This prompts inquiry within The Department to determine the reason for the missing document and a subsequent plan to address the deficit moving forward.

Graduate Program: Course syllabi are reviewed by the Graduate Curriculum Committee annually per our program evaluation map. Course syllabi are reviewed for every course to ensure course outcomes and evaluation criteria are clearly identified All clinical evaluation tools are also reviewed yearly to ensure course outcomes and evaluation criteria are clearly identified. Further, a random audit of student files is conducted annually to determine if clinical evaluation tools are completed by faculty and there is evidence that students are involved in the evaluation process. Any deficits uncovered during the annual review of this Key Element are addressed at faculty and level meetings, plans are identified to improve deficits, and the process of student evaluation of expected program outcomes are reviewed during the following annual review (or interim review if needed).

Optional: **Key Element III-I**

Is there any other information that the program would like to provide related to this key element?

Key Element III-J

The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used 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. The curriculum is regularly evaluated by faculty and revised as appropriate.*

III-J 1. Indicate the date that the curriculum and teaching-learning practices were last reviewed, and the frequency with which they are reviewed:

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	5/20	annually
Master's	5/20	annually
Post-Graduate APRN Certificate	5/20	annually

Describe the outcome of those reviews:

From 2015-2017 the Undergraduate Curriculum Committee and Program Evaluation Committees utilized the Program Evaluation Map to complete scheduled evaluation of teaching and learning practices. Some deficits were noted with regards to the consistency with deploying, compiling, reviewing, and discussing survey data across the program. Further, The Department sought to develop a more inclusive process whereby all faculty were involved in reviewing and discussing data. Starting in Fall 2017, an adhoc Survey Subcommittee was charged to review program survey instruments for accuracy, properly titled, and effectiveness of the deployment method. The committee collaborated with the University's department of institutional research and planning to develop a more effective method for the program. Results of this work include 1) Renaming surveys to accurately reflect content, 2) rewording of questions within surveys for clarity, and 3) redistribution of survey evaluations between two committees (to gather, disseminate, and analyze data for program evaluation. By the Fall 2019, the Undergraduate Nursing Program Surveys Schedule (Appendix IIIJ-1a. Table of Undergraduate Nursing Program BS and LPN- to-BS Evaluations and Surveys and Map) was created to guide this process. Survey data became a standing agenda item for each Level and some Interdepartmental Committees as of AY 2019-2020.

Student Evaluation of Course Outcomes: The End- of -Semester Course Outcomes Survey (S-1 Survey) is deployed to students electronically through the main DON office at the end of every nursing course. Data are uploaded to a shared DON drive by the start of the following semester for faculty review and discussion. From AY 2015/16 and 2017/18, the UGCC shared aggregate data for Student evaluation of course and clinical sites with faculty members asking them to reflect on the scores and provide feedback on areas of improvement to improve outcomes. Based on recommendations from the Survey Subcommittee, starting in Fall of 2019, course faculty start the evaluation process for their courses, discuss variables that may have impacted student perceptions about the extent to which Course Outcomes were met. The data are then discussed at the respective Level meetings and any modifications to curriculum teaching-learning practices are put forth at Level Coordinator's Meetings and/or the UGCC meetings. Survey evaluation is now a standing agenda item for monthly level meetings. An area that continues to be identified as a weakness in use of the data for program evaluation is poor response rate for both student evaluation of course outcomes and student evaluation of clinical sites. One recommendation to improve completion rate is to set aside time during class for

students to complete the surveys (Appendix IIIJ-1b. Examples of Undergraduate Summary of Curricular Review)

Evaluation of Clinical sites: Faculty evaluations of clinical sites are reviewed yearly and discussed at the DON UGCC. In addition, faculty share their feedback about clinical sites during their respective level meetings throughout the semester.

Evaluation results for fall 2016 identified overall satisfaction with sophomore, junior and senior level clinical sites. The adhoc survey subcommittee reviewed this survey in 2018. The survey was revised to more accurately reflect areas within the clinical setting that are necessary to meet learning outcomes. Revisions were approved by The Department 2019. The survey was redistributed in 2021 secondary to COVID19 closure of clinical sites in 2020.

Additionally, the Student Evaluation of Practicum Experiences Survey (S-5 Survey) is completed by all seniors at the end of their practicum clinical experiences and the data are reviewed by faculty. Data from the F-1 Survey and S-5 Survey are used to inform decisions about future practicum placements by the Senior Level faculty.

Simulation Evaluation: As part of the DON's ongoing evaluation it was determined a simulation committee would be beneficial to develop guidelines and shape how simulation would be incorporated into the curriculum. The committee was approved by the faculty and incorporated into the DON's bylaws during the Spring 2018 Annual meeting. Starting in the Fall 2018 revisions to the program included: Curricular revisions included incorporation of simulation as a requirement for all NURS courses with a clinical component, and all simulation will have a curriculum map that demonstrates learning outcomes for each scenario coincide with course and program outcomes. Student evaluations for simulation scenarios identified areas of inconsistency including requirements prior to participating in a simulation experience and effectiveness of the debriefing process. In November 2019, all simulation scenario development were to utilize the NLN template, the SET-M tool was approved by the Simulation Committee, and implemented in Spring 2020 as the standardized tool students would complete following each simulation experience. To ensure consistency in prebriefing and debriefing strategies, The *Debriefing for Meaningful Learning* tool was chosen as the standardized method all faculty would utilize for each scenario. The Lead Sim Educator worked with individual faculty members, training them on the method. Due to the COVID-19 pandemic, all surveys were deployed via google forms. The method was found to be very successful and incorporated as the survey deployment method for AY 2020-21.

Graduate Program: The Graduate Committee is responsible for reviewing the graduate curriculum annually as per the program evaluation map and as needed (Appendix IIIJ-1c. Graduate Summary of Curriculum Review). The Committee decided to add a standing item to the meeting agenda so that student progress and the curricular issues are brought to the table twice a month during the active academic year.

Optional: **Key Element III-J**

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

Key Element IV-A

A systematic process is used to determine program effectiveness.

> *Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:*
> - *is written, is 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; faculty outcomes; and other program outcomes);*
> - *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
> - *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
> - *is periodically reviewed and revised as appropriate.*

IV-A 1. **Include an appendix or URL of the program's current written systematic process (plan) used to determine the effectiveness of the educational program.**

Note: The process must address completion rates, licensure and/or certification pass rates, employment rates, and other program outcomes. The process must include timelines for data collection, review of expected and actual outcomes, and analysis.

Identify the appendix or URL where the systematic process is found:

> The Undergraduate Nursing Program's Program Evaluation Map (PEM) and Program Evaluation Activity Calendar (PEAC) can be found here: Assessment Documents Pathway: Under FSU Directory: Click on Offices and Services, find: Office of Assessment, Click on "in this section" , Select "undergraduate assessment documentation"

Identify the date the process was last reviewed, and how the review was conducted:

> **Undergraduate Program:** The UG Program Evaluation Committee (PEC) facilitates The Department's systematic process for program evaluation. The primary tools used to navigate this process include the Program Evaluation Map (PEM), the Program Evaluation Activity Calendar (PEAC); and Tracking Tables for follow-up items. As evidenced in the UG PEM and PEAC, every Key Element has an identified review cycle (annually, every even or odd year, every 4 years). Faculty are actively involved in the ongoing program evaluation process whereby Key Element reviews are conducted by an assigned DON intradepartmental committee and discussed during scheduled DON Program Evaluation Workshops (PEW) throughout the academic year.
> Data collection and review are key components of our program evaluation process. While the data collection is routinely good, The Department is continuously working to improve the process for data review across all Levels in the UG Program. Departmental surveys are deployed

electronically through TK-20 to assess End-of Semester Course Outcomes, clinical experiences, and the overall student satisfaction with the program (Appendix IIIJ-1a. Table of Undergraduate Nursing Program BS and LPN- to-BS Evaluations and Surveys). Google Surveys are used to collect student feedback on alternate clinical learning experiences (ACLEs). Alumni survey results, and program completion rates are obtained from the University's Department of Institutional Research & Planning (DIRP). NCLEX-RN pass rates are provided by the NCSBN. Employment data for our graduates is obtained via email, Facebook, Linked In, and Google Surveys.

The Department's program evaluation process is reviewed every 2 years with the last review taking place in the Spring of 2020. Modifications to the evaluation process are made as needed by the PEC. Exception to this process occurs when The Department's Program Evaluation Committee (PEC) is building a new Program Evaluation Map (PEM) to reflect changes to the CCNE Standards. As such, the intradepartmental committees focus on any program evaluation items that require follow-up from prior semesters. This was most recently done during the Fall 2019 and is captured in The Department's Program Evaluation Activity Calendar. An additional modification to our systematic process was prompted by the COVID-19 pandemic during the Spring 2020 semester. While all scheduled Key Elements that were scheduled for review during the SP 2020 semester were reviewed, the PEC reviewed all reports as opposed to holding scheduled PEWs.

Graduate Program: The Graduate Committee developed tools specific to the program that were modeled on the undergraduate versions. The Graduate Program Evaluation Map (PEM), Program Evaluation Activity Calendar (PEAC), and Tracking tables for follow-up items are reviewed annually by the Graduate committee. This overall process is reviewed every 2 years, the last review of the evaluation process was in Spring 2020.

Modifications to the evaluation process are made as needed. Evidence of changes are documented in the Graduate PEM and PEAC, where every Key Element has an identified review cycle (annually, every even or odd year, every 4 years). Key Element reviews are conducted by the Graduate Committee and discussed. Summaries of discussions and any resulting questions or quandaries are brought to the Nursing Department during scheduled Program Evaluation Workshops (PEW) throughout the academic year.

An additional modification to our systematic process was prompted by the COVID-19 pandemic during the Spring 2020 semester. While all scheduled Key Elements that were slated for review during the SP 2020 semester were reviewed by the Graduate Committee, the PEC scheduled two meetings to review all reports as opposed to holding scheduled PEWs (1.22.21 & 2.5.21). Link to Graduate PEM & PEAC 20-21 **https://www.fitchburgstate.edu/sites/default/files/documents/2021-05/FSU_Graduate_Nursing_PEM___PEAC_2020-21.pdf**

Optional: **Key Element IV-A**

Is there any other information that the program would like to provide related to this key element?

Key Element IV-B

Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year 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; or*
- *the completion rate is 70% or higher over the three most recent calendar years 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.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

IV-B 1. Describe the formula(e) used to determine completion rates (e.g., graduation rates). Specify the entry point and time period for completion for each program.

> The DON's working definition for the "Point of Entry in the FSU Undergraduate Nursing Program" is:
> All UG students who, in a calendar year, are enrolled in first nursing course as follows:
> -Generic Track: Students who are enrolled in NURS 2700
> -LPN to BS in Nursing Track: Students who are enrolled in NURS 2400
> -RN to BS in Nursing Track: Students who are enrolled in NURS 3500 as their first nursing course.
> The Department measures a five year completion rate for all tracks excluding students who have changed majors, those who have transferred to another institution, and those who have identified family obligations, relocation or financial barriers.

IV-B 2. Do program(s) under review in the CIPR have individuals who have completed?

    x   Yes
    ☐   No

⚠ *Note*: If "no" was selected above, please proceed to Key Element IV-C.

IV-B 3. In the following table(s), provide completion rates for each program under review for the most recent three calendar years.

⚠ *Note*: While completion rate formula(e) may vary by track, the key element requires completion rates to be provided by degree and/or certificate program. Students who have left the program due to identified factors such as family obligations, relocation, financial barriers, decision to change majors, or transfer to another institution of higher learning may be excluded.

The program may delete sections for programs that are not under review at this time.

Baccalaureate Program:

    ☐   The CIPR was submitted before the expected time period for completion concluded.

Calendar Year of Graduation	Calendar Year of Admission	# Students Admitted		# Students Completing		% Students Completing
2020	2015	*#Traditional:*	*67*	*#Traditional:*	*52*	74.3%
		# LPN to RN BS in Nursing:	*17*	*# LPN to RN*	*15*	
		# RN to BS in Nursing:	*37*	*# RN to BS*	*23*	
2019	2014	*#Traditional:*	*80*	*#Traditional:*	*64*	72.7%
		# LPN to RN BS in Nursing:	*11*	*# LPN to RN*	*7*	
		# RN to BS in Nursing:	*67*	*# RN to BS*	*41*	
2018	2013	*#Traditional:*	*74*	*#Traditional:*	*58*	77.4%
		# LPN to RN BS in Nursing:	*17*	*# LPN to RN*	*14*	
		# RN to BS in Nursing:	*42*	*# RN to BS*	*31*	

Master's Program:

☐ The CIPR was submitted before the expected time period for completion concluded.

Calendar Year of Graduation	Calendar Year of Admission	# Students Admitted	# Students Excluded	# Students Completing	% Students Completing
2020	2017	7	1	6	86%
2019	2013	4	0	1	25%
2018	2012	7	0	6	86%

Post-Graduate APRN Certificate Program:

☐ The CIPR was submitted before the expected time period for completion concluded.

Calendar Year of Graduation	Calendar Year of Admission	# Students Admitted	# Students Excluded	# Students Completing	% Students Completing
N/A					
N/A					
N/A					

If any program has a completion rate of less than 70% for the most recent calendar year, please provide an explanation/analysis with documentation for the variance in the space below:

Graduate Program: Completion rates in the Graduate program are reviewed annually by the GCC and the DON as per the PEM. The graduate program has been inconsistent in meeting the benchmark of 70% set for 6-year program completion rate. The graduate committee has carefully analyzed the data provided and reviewed individual student records to identify any patterns. Findings indicate that the benchmark could be redefined to better serve the purpose of this key element. The graduate program measured completion rates for students using the university's definition of matriculation, which indicated that students matriculated when they first registered for a course. Reviewing student records revealed that several students enroll in one or two classes and never returned. Furthermore, these students do not follow-up, nor reply to requests to provide a rationale for leaving. Therefore, the Graduate Committee decided that since this is a retrospective report, beginning with students who were admitted in 2014, completion rates will be measured from a prescribed course progression allowing students to take two courses (6 credit hours) before including them in the 6-year program completion rate.

> This will allow prospective students to explore the unique specialization of forensic nursing and decide if it works for their personal and career goals. The program had no students admitted to the certificate program from 2018-2020.

Optional: **Key Element IV-B**

Is there any other information that the program would like to provide related to this key element?

Key Element IV-C

Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in __any one__ of the following ways:

- *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 (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

IV-C 1. Does the institution offer pre-licensure tracks within program(s) under review in the CIPR?

    x   Yes
    ☐   No

⚠️   *Note*: If "no" was selected above, please proceed to Key Element IV-D.

Complete the following table for each track and/or site that offers a pre-licensure nursing track. Record the campus/site and track's NCLEX-RN pass rate for the three past calendar years. (The table may be adapted to include as many tracks/sites as necessary.)

Track and/or Site:	Calendar Year	Provide the pass rate by year. Identify the method of calculation used (from the options above) and the number of test-takers.
Traditional Baccalaureate Track Benchmark: Option 1	2020	Pass rate: 96% Number of test takers: 52 Method of calculation: 50 out of 52 first-time test taker passed Other Information (*optional*): ____
	2019	Pass rate: 94% Number of test takers: 66 Method of calculation: 62 out of 66 first- time test takers passed

		Other Information (*optional*): ____
	2018	Pass rate: 96.5% Number of test takers: 57 Method of calculation: 55 out of 57 first- time test takers passed____
		Other Information (*optional*): ____
LPN to RN-BS in Nursing Track Benchmark: Option 3 3-Year Average: 88%	2020	Pass rate: 60% Number of test takers: 5 Method of calculation: 3 out of 5 first- time test takers passed____
		Other Information (*optional*): ____
	2019	Pass rate: 100% Number of test takers: 12 Method of calculation: 12 out of 12 first-time test takers passed Other Information (*optional*): One LPN-to RN BS in Nursing Track Student who graduated in May 2018 took the exam for the first time in Feb 2019.
	2018	Pass rate: 85.7% Number of test takers: 7 Method of calculation: 6 out of 7 first- time test takers passed Other Information (*optional*): ____

For any campus/site and track where the rate reported in the table above was less than 80%, has a substantive change notification been submitted to CCNE related to this change in student achievement?

x Not applicable, each campus/site and track had a pass rate of 80% or higher.
☐ Yes
☐ No

Optional: **Key Element IV-C**

Is there any other information that the program would like to provide related to this key element?

> The DON identifies the following options for the two prelicensure tracks:
> - Traditional Track: Option 1- 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 (January 1, 2020 through December 31, 2020)
> - The LPN to RN-BS in Nursing Track: Option 3- The pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years

Key Element IV-D

Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in <u>any one</u> of the following ways:
- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

IV-D 1. Do program(s) under review in the CIPR offer tracks that prepare students for one or more certification examination(s)?

☐ Yes
x No

x

⚠ *Note*: If "no" was selected above, please proceed to Key Element IV-E.

Complete the following table for each graduate program that prepares students to sit for a certification examination. Record the certification examination pass rate for the three past calendar years. (The table may be adapted to include as many certification examinations as necessary.)

Master's Program:

If none of the following criteria apply, please provide certification pass rate data in the table below.

☐ The master's program is not under review for this CIPR.
x The master's program does not prepare individuals for certification examinations.
☐ The master's program does not yet have individuals who have taken certification examinations.

Post-Graduate APRN Certificate:

If none of the following criteria apply, please provide certification pass rate data in the table below.

☐   The post-graduate APRN certificate program is not under review for this CIPR.

x   The post-graduate APRN certificate program does not prepare individuals for certification examinations.

☐   The post-graduate APRN certificate program does not yet have individuals who have taken certification examinations.

For any certification exam where the rate reported in the table above was less than 80%, has a substantive change notification been submitted to CCNE related to this change in student achievement?

☐   Yes

☐   No

Optional: **Key Element IV-D**

Is there any other information that the program would like to provide related to this key element?

> **Graduate Program**: Currently, there is no national certification process available for the forensic nursing specialty. ANCC retired all portfolio programs as of 11.17.17.

Key Element IV-E

Employment rates demonstrate program effectiveness.

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

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

- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are 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.*

IV-E 1. Do program(s) under review in the CIPR have individuals that have completed?

x   Yes

☐   No

⚠   *Note*: If "no" was selected above, please proceed to Key Element IV-F.

IV-E 2. Complete the following employment rate table for each program offered under review in the CIPR.

⚠   *Note*: Data may reflect employment immediately following completion of the program or any time frame within 12 months of completion. Employment data collected prior to program completion does not demonstrate compliance. Graduates who elect not to seek employment

should not be included in the calculation. The institution may report employment in any field, not just nursing.

Program(s) Under Review:	Year of Completion	# Graduates	% Employed within 12 months of completion
Baccalaureate	20<u>20</u>	80	Number of completers: <u>62/80</u> % Employed: <u>78%</u> Other Information (*optional*): ____
Masters	20<u>20</u>	6	Number of completers: <u>6/6</u> % Employed: <u>100%</u> Other Information (*optional*): ____
Post-Graduate APRN Certificate	20<u>20</u>	N/A	Number of completers: ____ % Employed: ____ Other Information (*optional*): ____

For any program where the rate reported in the table above was less than 70%, has a substantive change notification been submitted to CCNE related to this change in student achievement?

☐ Yes

No

Optional: **Key Element IV-E**

Is there any other information that the program would like to provide related to this key element?

Key Element IV-F

Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

- *Faculty are engaged in the program improvement process.*

IV-F 1. Describe how data regarding completion, licensure, certification, and employment) have been used to foster ongoing improvement.

The description should reflect that any discrepancies (if applicable) resulted in changes to the program to foster improvements. The example should also demonstrate that faculty were engaged in the program improvement process.

Program Completion Rates Data :
These data have been used to identify processes that aim to improve student success and student perception of self.   For example: Prior to the Fall 2020 semester, the program collaborated with the Director of Academic Coaching and Tutoring Center to modify its Sophomore Year Remediation Process. Effective Fall 2020, students who were required to repeat a sophomore level course were assigned to assist a nursing faculty person during Foundations or Health Assessment lab sessions for a total of 15 hours. This modification aims to 1) allow students to actively engage in keeping prior-learned foundational nursing technical and assessment skills sharp while helping underclassmen develop their new skills; 2) Change the stigma that appears to be associated with being a remediator; and 3) Engage with peer tutors while retaking the course.

Intrusive Advising/ SSC Platform / Referrals to Supportive Services
In addition to offering regular weekly office hours, every full time nursing faculty person is assigned to 20-25 pre-nursing and nursing majors. The faculty advisors meet with each student advisee 1:1 at least once a semester and employs an intrusive advising approach at mid-semester. The appointments are generally initiated using a Student Success Collaborative tool that allows students to electronically sign up for advising appointments that are offered face-to-face or via remote modality. The advising appointment encompasses three main dimensions: the students' physical and mental health; the students' adjustment to the University experience and/or any concerns the student may want to discuss; and their academics and plans for the upcoming semester. Faculty Advisors connect students with support services (counseling, student health services, peer tutoring, academic coaching) if students are interested. Registration for the upcoming semester is accessed via a unique semester and student specific PIN for each student that is provided by their faculty advisor. As such, students must meet with their Academic Advisors before each registration period. During the advisement period, faculty also have the opportunity to recommend students to become FSU Peer Tutors in subjects in which they excel which benefits our freshmen pre-majors and sophomore nursing majors.

DON Academic Advising Workshops:
Since AY 2019-2020, the DON's Undergraduate Curriculum Committee has provided Advising Workshops to full- time faculty members once a semester. The purpose of these workshops is to promote a consistent approach to advising, provide guidance and helpful hints, develop familiarity with the SSC tool and new University student resources, and ultimately promote student success in the program. Additional faculty resources to guide the academic advising process are made available to all DON faculty via recorded "Advising Tutorials" created by one of the DON faculty members and posted in the DON's shared drive.

First-Time Licensure Pass Rates Data:
These data are shared by the DON Chair with faculty when they are published by NCSBN. The data for the Traditional Track over the last few years suggest that the didactic teaching/learning strategies and clinical learning experiences throughout the curriculum, the strategically placed standardized computer-based HESI exams, and the NCLEX-RN Review course are effectively preparing the students to pass the licensure exam.

While the 3-year pass rate for the LPN to RN BS in Nursing Track first- time licensure pass rate (88%) exceeds the benchmark (80%), it is noted that in 2020, among the small group of students who took the exam (n=5), there were 2 first-time fails. This dip in pass rate (60%) will be monitored over the coming year. The LPN to RN BS in Nursing Track is now 9 years old and is currently under discussion for possible modifications to the curriculum.

Employment Rates Data:

The overall employment rate (78%) for the Undergraduate Program exceeded the CCNE benchmark. While the employment data for the Traditional and LPN- to- RN BS in Nursing Track graduates exceeds the identified benchmark, the DON recognizes the need to identify a better process for more timely and efficient tracking of employment data for our graduates in the RN BS in Nursing Track. Please see key Element IV-J for the program's plans for improving employment data collection process.

Graduate Program

Graduate Program Completion Rates Data:

The Graduate Committee has analyzed and discussed the program completion rate data and determined that we were not measuring this outcome effectively for this program. Reviewing the trending data reflected inconsistencies in meeting the 70% minimum benchmark. However, further detailed investigation into the data revealed patterns suggesting that several students begin the program taking one or two courses, and without explanation do not continue or complete the program. Since response rates to surveys are small (n<9) one response carries a large percentage change. Committee members including our student representative, discussed possible reasons for students only taking one or two courses. Not wanting to discourage nursing students from exploring various specialties it was decided to restructure the beginning course progression and include a defining entry point, the third course which is NURS 7300, Advanced Clinical Concepts.

Certification Rates Data:

Unfortunately, currently, there is no national certification process available for forensic nurses. ANCC retired all portfolio programs as of 11.17.17.

Employment Rates Data:

Although survey data indicate that the vast majority of our forensic nursing program graduates are employed within 12 months after graduation, we wanted to know more about if and how their employment changed after graduation. Therefore, when the Alumni Surveys were deployed in March 2017 revisions were made to include a new item asking about the percentage of time our graduates spent with forensic patients or focused on forensic issues. Results were promising and indicate that the vast majority of graduates spend 80 to 100% of their work time focused on forensic issues and/or patients.

Faculty Involvement:

With the exception of the graduate Chair, all faculty who are currently teaching in the graduate program are of adjunct status. In the Fall of 2019, the faculty were invited to meet virtually to discuss courses, student progress, and any concerns. Fall of 2020, the graduate faculty were encouraged to join graduate committee meetings monthly to foster group discussion for overall program improvement.

Optional: **Key Element IV-F**

Is there any other information that the program would like to provide related to this key element?

Key Element IV-G

Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

⚠️ *Note*: Faculty outcomes identified in Key Element IV-G should be congruent with those previously identified in Key Element I-D.

IV-G 1. Complete the following table to demonstrate that actual faculty outcomes in the aggregate are analyzed and compared to expected outcomes. (The table may be adapted to include as many outcomes and faculty groups, if applicable, as necessary.)

Faculty Outcome	Timeframe	Expected Level of Achievement	Actual Outcome
1.Teaching Effectiveness			
Student Instructor Review II (SIR II) Aggregate Mean Score	2019—2020	The DON aggregate Mean SIR II score will meet or exceed the comparative national SIR II mean of 4.01	4.18 (FA19) No SIR II (SP20)
	2018—2019	As above	4.25 (FA18) 4.16 (SP19)
	2017-2018	As above	4.30 (FA17) 4.24 (SP18)
Academic Advising	2019-2020	100% of full -time faculty will engage in academic advising at least once each semester	100%
	2018-2019	As Above	100%
	2017-2018	As Above	100%
2. Continuing Scholarship			
Licensure in Good Standing & Attainment of Required CEU	2019-2020	A. 100 % of faculty licensure is in good standing. B. 100 % of faculty will acquire ≥ 15 CEUs every two years related to professional role(s): 2018-2020 C. ≥ 80% of full time faculty will be involved in Professional Organizations	A. 100% B. 100% C. 83%
	2018-2019	As above	A. 100%

			B. 100% C. 83%
	2017-2018	As above	A. 100% B. 100% C. 65%
Service: A. Interdepartmental Service B. University-Wide Service	2019-2020	A. 100% of full-time faculty participate in at least 2 intra-departmental committees. B. ≥90% of faculty participate in service to the University (e.g. University-Wide Committees; Open Houses and SOAR Programs;	A. 100% B. 94%
	2018-2019	As Above	A. 100% B. 89%
	2017-2018	As above	A. 100% B. 94%
Graduate Program			
1. Teaching Effectiveness			
Fitchburg State University GCE Course Exit Survey	AY 2019-2020	>70% students will agree or strongly agree on the following items: 1: course was intellectually challenging 8: course syllabus informed me of the amount of work needed 9. Course objectives were met	N=11 Overall 93% 1 (93%) 8 (98%) 9 (89%)
	AY2018-2019	As Above	N= 5 Overall 93% 1 (94%) 8 (90%) 9 (94%)
	AY 2017-2018	As Above	No data available
II. Course Advising/Other	AY 2019-2020	>70% students will agree or strongly agree on the following items: 13: the instructor encouraged me to ask questions, 14: the instructor encouraged me to seek help when necessary, 16: the instructor was adequately accessible to me through email or outside of class	N = 10 Overall 73% 13 (66%) 14 (77%) 16 (77%)
	AY 2018-2019	As Above	N= 5 Overall 94% 13 (96%) 14 (94%) 16 (92%
	2017-2018		No data available

IV-G 2. Have the expected faculty outcomes changed since the last on-site evaluation?

       ☐   Yes

    x   No

If yes, provide examples and a description of how the current expected faculty outcomes continue to reflect expectations of the faculty in their roles.

If yes, describe how the current expected faculty outcomes continue to be consistent with and contribute to the achievement of the program's mission and goals.

If yes, describe how the current expected faculty outcomes continue to be congruent with institution and program expectations.

Optional: **Key Element IV-G**

Is there any other information that the program would like to provide related to this key element?

> **Graduate Program:** The majority of faculty teaching in the Graduate program are adjunct, and are required to demonstrate teaching effectiveness and course counseling. The exit survey used by the University does not provide a national mean for comparison. Therefore the graduate committee decided to use a benchmark of 70% on key survey items thought to reflect the required categories listed above. The University designed an online module for best practices used in the online format, all graduate faculty are required to take this course by September 1, 2021. Beginning September 2021 the graduate faculty will be provided access to trending tables reflecting survey results. The graduate Chair encouraged all graduate faculty to explore using various methods of communicating with students to include visual and auditory deliveries. Google meet has provided enhanced opportunities to advise student's long distance since our faculty and student population are located across the USA and Canada.

Key Element IV-H

Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

> *Elaboration: The program uses faculty outcome data for improvement.*
> - *Faculty outcome data are used to promote ongoing program improvement.*
> - *Discrepancies between actual and expected outcomes inform areas for improvement.*
> - *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
> - *Faculty are engaged in the program improvement process.*

⚠️   *Note*: Faculty outcomes identified in Key Element IV-H should be congruent with those previously identified in Key Element I-D.

IV-H 1. Describe how faculty outcome data are used to promote ongoing program improvement:

> **I. Teaching Effectiveness**
> **Student Instructor Review-II (SIR II) Aggregate Mean**
> Benchmark Met: To ensure congruence with the Department of Nursing's mission to utilize collaborative and interactive teaching methods that foster critical thinking in order to build a strong foundation for the practice of holistic nursing, faculty must be highly effective

educators. The DON faculty's aggregate Student Instructor Review-II (SIR II) mean score has exceeded the national mean for each semester in AY 2017-2018, 2018-2019, and the Fall 2019. The University did not deploy the SIR II surveys in the SP 2020 or Fall 2020 due to COVID-19. Resumption of SIR II data collection occurred at the end of this Spring 2021 semester and the data are pending.

The DON engages in ongoing efforts to meet or exceed the Comparative National SIR II Mean Score. Examples of efforts include the University's Professional Development Workshops that are held twice each academic year; teaching sessions for faculty to develop skills with using University-wide resources such as Google Suite; faculty participation continuing education programs that target nursing education; faculty becoming Certified Nurse Educators. The DON has a process for the ongoing review of DON survey data regarding student perceptions about course and program outcomes that includes discussions about teaching/learning strategies. In addition, the DON holds annual curriculum workshops to review and revise curriculum, conduct exam audits, and provide continuing education on current pedagogical trends. Other efforts include annual evaluations of full-time faculty by the DON Chair up to the point of tenure; post-tenure, faculty are observed by peers and given constructive feedback on teaching techniques. Further, faculty narratives in their portfolios on a yearly basis in which they reflect on methods for improving teaching effectiveness. Every part-time member of the faculty is evaluated during the first semester of his/her employment and, thereafter, during (a) the sixth (6th) ensuing semester in which he/she teaches or (b) the semester in which he/she teaches the thirty-second (32nd) credit.

Academic Advising:
Benchmark Met: All full time faculty are required by "The MSCA Agreement" to engage in academic Advising. As noted in Key Element IV-F, at the start of each AY Class Lists are generated that identify every student and their respective Nursing Program Faculty Academic Advisor. Faculty "follow" their advisees from the start of Freshman year through senior year. Evidence that faculty engage in advising at least once each semester can be found in the SSC Platform and Google Meet from where appointments can be made as well as in the students' DON files or the Degree Works Program in which faculty document advising meetings before each registration period and when interim advising appointments are needed.

II. Continuing Scholarship
Licensure in Good Standing and CEU Requirements
Benchmark Met: Faculty scholarship activities are congruent with FSU's primary mission as a teaching institution. Licensure in Good Standing and CEU Requirements/Lifelong Learning Benchmark Met: 100% compliance with nursing licensure in good standing and 100% compliance with the MA BORN CEU requirements promotes program outcomes by ensuring that faculty have met all professional legal requirements and remain current in their course content areas in which they facilitate student learning. Evidence can be found in the Faculty Preparedness Tables mentioned in Key Element II -E and the Annual Faculty Data Sheets (AFDS) completed each AY and on file in the DON Administrative Office (Appendix IVH-1. UG Aggregate FSU DON Faculty Outcomes Table) [Click here](#) to see the 2020-2021 AFDS

Service:
Faculty involvement in service activities aligns with the Program's mission and vision.
Over the last three AY, all faculty were engaged in service to The DON. By way of example, during the 2019-2020 AY: 100% of faculty participated in standing formal intradepartmental committees that serve to keep program processes moving forward. Voluntary service on DON ad hoc committees (44%) helped to promote outcomes when small groups of faculty commit to explore expected or unexpected challenges and propose solutions for departmental consideration. Mentoring new faculty and/or graduate students helps develop the professional nurse educator workforce. Faculty who serve in advising roles for student activities such as UG

Research Day, Pinning, Student associations (Student Nurses' Associations) serve as role models for concepts of leadership, communication, collaboration, resource utilization, organizing, and problem-solving. Faculty involvement in service to the University (94 %) provides opportunities for the DON to have a voice within our parent institution's governance and contribute towards the professional growth and development of The University's community. Examples of such activities include participation in formal, standing University-wide committees (50%); FSU Open Houses and Future Falcons Day (50%); and Search Committees (17 %).

As per "The Agreement" faculty are not required to publish, present professional presentations, or become certified. As a result of this CIPR writing process, the DON recognizes the numerous contributions faculty have made to the discipline as per the AFDS. This has prompted some initial discussions in May 2021 about exploring future benchmarks for Continuing Scholarship that fall within the parameters of "The Agreement" but encourage ongoing scholarship (publications, presentations, mentorship, peer-review) and service to the community- at-large in which faculty engage

Graduate Program: All graduate faculty are licensed and in good standing meeting all CEU requirements in their home states or country. Graduate faculty are involved in a variety of professional activities including, but not limited to, professional presentations, continuing education, research, grant review, and community service or outreach.

IV-H 2. Describe the process in place to analyze faculty outcomes for effectiveness:

Undergraduate Program

Faculty Outcome	Tools	Data Collection Process
Teaching Effectiveness	SIR-II Surveys	Completed SIR-IIs are analyzed by an outsourced company. Each faculty member receives their individual SIR-II Scores. The DON Chair receives all scores and calculates the DON Mean Aggregate
Advising	Class Lists Student Files Degree Works SSC Platform	Random audits of files or advising notes for evidence that advising occurs at least once a semester.
Continuing Scholarship: Licensure in Good Standing & MA BORN CEU Requirements	MA BORN Website & Faculty Preparedness Sheet	Tallied by the Program Evaluation Committee and entered into reports.
Continuing Scholarship: Professional Org. Membership Service	Annual Faculty Data Sheets	Tallied by the Program Evaluation Committee and entered into Aggregate DON Faculty Data Tables

Graduate Program
Teaching Effectiveness: Data are collected per the School of Graduate, Online and Continuing and Education (SGOCE) that is completed by students at the end of every semester. This assessment survey is made available to the DON by The University, surveys are deployed to students in electronic format by someone other than the course or clinical faculty person.

> Completed Surveys are sent to SGOCE for compilation and then retired to the Graduate Chairperson who will provide individual faculty with their scores. The Aggregate Scores will be reviewed by both the Graduate Committee and faculty.
> **Academic Advising:** The graduate program does not have specific periods of advising, but instead offers year round opportunities for advising. In Fall 2020 the University started to use Google Suites, which allowed a permanent link for scheduling appointments to be inserted at the bottom of the Chairperson's email and announced to students. This has facilitated easier scheduling for faculty and students alike.
> **Lifelong Learning**: All graduate faculty not only meet the minimum CEU requirements for licensure, but the majority are active participants. For example, one faculty member is pursuing her terminal degree in Distance Education. In 2019, another faculty member was a consultant on a HRSA SANE Grant at the University of South Alabama. Our attorney faculty member has been working with forensic clients in her local community

IV-H 3. Using the data previously provided in Key Element IV-G, were there any actual faculty outcomes that did not meet the stated expected level of achievement?

x   Yes
☐   No

For any outcome where the expected level of achievement was not met, provide a written explanation/analysis with documentation for the variance in the space below.

> *Faculty Outcome*: Professional Organization Membership for 2017-2018
> *Explanation/Analysis*: The actual outcome for faculty involvement in professional organizations in AY 2071-2018 (65%) prompted discussion about this faculty outcome during a Program Evaluation Workshop (Jan 2019). The Department values membership in professional nursing organizations as opportunities to stay current in a field or specialty, promote the nursing profession, effect change, and contribute towards practice guidelines and standards. The benchmark was met for AYs 2018-2019 (83%) & again in 2019-2020 (83%).

Optional: **Key Element IV-H**

Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element IV-I

Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes <u>other than</u> those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

IV-I 1. **Complete the following table for identified program outcomes. (The table may be adapted to include as many outcomes as necessary.)**

⚠️ *Note*: Do not include outcomes related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).

Program Outcome	Timeframe	Expected Level of Achievement	Actual Outcome
Student Perception: Course Outcomes (From End -of- Semester Course Survey)	2019—2020	End of semester course evaluations: ≥ 80% of respondents indicate they agree or strongly agree that course outcomes were met.	Sophomore Level Junior Level Senior Level RN to BS Online
	2018—2019	As above	As above
	2017—2018	As above	As above
Student Perception: Program Outcomes (From Senior Exit Survey)	Calendar year 2020	≥ 80% of respondents will indicate they agree or strongly agree Program Outcomes were met.	Outcome 1:100% Outcome 2:100% Outcome 3:98% Outcome 4:100% Outcome 5: 96% Outcome 6:100% Outcome 7: 98% Outcome 8:100%
	Calendar year 2019	As above	Outcome 1: 100% Outcome 2: 100% Outcome 3: 96% Outcome 4: 92% Outcome 5: 92% Outcome 6: 100% Outcome 7: 100% Outcome 8: 96%
	Calendar year 2018	As above	Outcome 1:100% Outcome 2:100% Outcome 3:100% Outcome 4:100% Outcome 5:100% Outcome 6:100% Outcome 7:100% Outcome 8:100%
Student Satisfaction: Overall Program (From Sr. Exit Survey)	Calendar year 2020	≥ 80% of respondents will indicate they agree or strongly agree to questions related to student satisfaction with the program	Question 13: 96% Question 14: 96% Question 15: 94%
	Calendar year 2019	As above	Question 13: 88% Question 14: 96% Question 15: 88%
	Calendar year 2018	As above	Question 13:100 % Question 14:100% Question 15:100%

EXIT HESI Scores	Calendar year 2020	80% or more of test takers will earn a score of ≥ 850 on the Exit HESI by the second Exit HESI exam (after the NCLEX Review Course)	82%
	Calendar year 2019	As above	88%
	Calendar year 2018	80 % or more of first-time Exit HESI scores will be ≥ 850	69%
Aggregate HESI Scores for AACN Categories	2017-2018 2018-2019 2019-2020	Aggregate student testing data show increased HESI scores in selected areas (e.g. AACN Curriculum Categories from Sophomore to Senior years	(Appendix IVJ-1. Aggregate HESI performance)

Graduate Program: Click here to view Graduate Program Trending Tables

Program Outcome	Timeframe	Expected Level of Achievement	Actual Outcome
Student Perception: Terminal Program Outcomes (From Graduate Exit Survey)	Calendar year 2020	Benchmark: ≥ 80% of respondents will indicate they agree or strongly agree	N= 5 Outcome 1:100% Outcome 2:80% Outcome 3:80% Outcome 4:80% Outcome 5:100% Outcome 6:100% Outcome 7:100% Outcome 8:80%
	Calendar year 2019	As above	N= 4 Outcome 1:75% Outcome 2:75% Outcome 3:50% Outcome 4:75% Outcome 5:50% Outcome 6:100% Outcome 7:100% Outcome 8:75%
	Calendar year 2018	As Above	N= 4 Outcome 1:100% Outcome 2:100% Outcome 3:75% Outcome 4:100% Outcome 5:100% Outcome 6:100% Outcome 7:100% Outcome 8:75%
Student Satisfaction (Q # 11 & 16 from Graduate Exit Survey)	Calendar year 2020	Benchmark: ≥ 80% of respondents will indicate they agree or strongly agree to questions related to student satisfaction with the program.	N= 5 #11: 80% # 16: 100%

	Calendar year 2019	As above	N= 4 #11: 75% # 16: 50%
	Calendar year 2018	As above	N=4 #11: 100% #16: 100%
Graduate Alumni Survey (Q# 8 & 9)	Calendar Year 2020	Benchmark ≥ 80% of respondents indicate they are satisfied or very satisfied with their program of study.	No data available Survey not deployed in 2020 due to COVID 19
	Calendar year 2019	As above	N= 6 #8: 83% #9: 67%
	Calendar year 2018	As above	N= 2 #8: 100% #9: 100%

Optional: **Key Element IV-I**

Is there any other information that the program would like to provide related to this key element?

Key Element IV-J

Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:
- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

IV-J 1. Describe how program outcome data are used to promote ongoing program improvement:

> **Undergraduate Program**
> **Student Perceptions About Course Outcomes Data**
> The Student Evaluation of Course Outcomes Survey (S-1 Survey) is an electronic survey created and deployed through the TK-20 Assessment System. The survey uses a 5-point Likert scale (Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree). The UG Program's benchmark is ≥ 80% of respondents indicate they agree or strongly agree that Course Outcomes were met. As noted in Standards I and III, every nursing course has a unique set of 8 Course Outcomes. At the end of each course, the UG Program invites students to share their perceptions about the extent to which Course Outcomes were met via the S-1 Survey. While the data indicate that students perceive the majority of Course Outcomes are met each semester, some Course Outcomes are not consistently perceived to be met. Faculty use Trending Data Tables to monitor the data and guide discussion and decision-making about any modifications to course content and /or teaching –learning practice each semester.
> **Student Perceptions About Terminal/Program Outcomes Data**
> At the end of the spring and fall semesters graduating seniors in the UG Program are invited to complete a Senior Exit Survey (S-5 Survey) and share their perceptions about the extent to

which Terminal/Program Outcomes were met. This survey also uses a 5-Point Likert scale and is deployed through the TK-20 Assessment System. As evidenced in Table IV-I1, the 2018, 2019 & 2020 S-5 Survey data indicated that the benchmark was met over the last three calendar years. The survey results indicated 96%-100% of second-semester senior students either agreed or strongly agreed that all eight Terminal/Program Outcomes were met.

Students also have the opportunity to enter comments in the "free text" field in the same survey. While the comments largely indicate positive perspectives about our graduates' experiences in the program, sometimes students identify concerns that prompt attention and consideration by the DON as a whole or by a particular Level.

Student Satisfaction with Program Data

The Senior Exit Survey (S-5) also includes 3 questions about student satisfaction with the UG Nursing Program. The benchmark for this outcome is: ≥ 80% of respondents indicate they agree or strongly agree with survey statements about satisfaction with the program. As noted in Table IV-J1 for calendar years 2018, 2019 and 2020, the UG Program met or exceeded its benchmark for each of the three questions:

Question 13: Student responses indicated they were satisfied with methods of instruction and course content in the BS in nursing program (100%, 88% and 96% respectively).

Question 14: Student responses indicated they felt prepared to secure a position as a professional nurse after graduation (100%, 96%, 96% respectively)

Question 15: Respondents indicated they would recommend the BS in Nursing Program at Fitchburg State University (94%, 88%, and 100% respectively).

These data suggest the UG Program's current teaching/learning practices and curricula are preparing students to step into professional nursing roles upon graduation. This data is also discussed by the UG Curriculum Committee when the curriculum and teach-learning practices are reviewed every 4 years as indicated in the Standard III PEM.

Exit HESI Score Data

The Benchmark, 80% or more of second-semester senior students enrolled in NURS 4800 will score ≥ 850 on the Exit HESI Exam # 1 has been identified by the DON for several years (See Table IV-I1) this benchmark was based on data from the Elsevier Company that identified 850 as an indicator of student success on the first-time NCLEX-RN pass rates. The exam is taken a day or two after successful completion of the last clinical course, NURS 4800 Selected Practicum. The Exit HESI scores were tracked each year for 5 years and, during the AY 2016- 2017 and AY 2017-2018, extensive discussion ensued among faculty and students re: variables that might help explain why 25-35% of students did not achieve the targeted score.

HESI Performance: AACN Categories Data

Seven HESI exams are incorporated throughout the Pre-licensure Tracks in the UG Program as an external benchmark of student achievement. The exams are tied to specific courses that have a clinical component and introduce students to standardized testing in the nursing discipline.

The DON's benchmark simply looks for evidence of improved aggregate student performance in the AACN Categories from sophomore level Fundamentals HESI exam to the same cohort's senior level Exit HESI exams (Appendix IVJ-1. Comparison of Mean Aggregate HESI scores). Overall, the data suggests an objective gain of knowledge, critical thinking skills and test-taking skills as students progressed in the program. When benchmarks are not met, faculty discuss variables and any possible changes in course content that may be reflected in student performance.

Graduate Program:

Student Perceptions About Course Outcomes: The Graduate Program uses the same process identified by the UG program to assess students' perceptions of the extent to which Course Outcomes are met. The S-1 surveys are unique to each course with regards to the eight Course Outcomes. The Program's benchmark is ≥ 80% of respondents indicate they agree or strongly agree that Course Outcomes were met. Although the S-1 Surveys were deployed for AY 2018-

2019, 2019-2020, and fall 2020, the data were not useful as the Course Outcomes had not been updated in the survey. Once this error was identified all Graduate S-1 surveys were revised and deployed with the current Course Outcomes for Spring 2021.

Student Perceptions About Terminal/Program Outcomes Data: At the end of each semester graduates of the Master's Program are invited to complete an Exit Survey (S-4) and share their perceptions about the extent to which Program/Terminal Outcomes were met. The Program's benchmark is ≥ 80% of respondents indicate they agree or strongly agree that Terminal/Program Outcomes were met. The S-4 Survey Data for calendar year 2020 indicate that the benchmark of 80% was met or exceeded for all Terminal/Program Outcomes. As noted in the Trending Data Tables, in 2018, and 2019, not all Terminal/Program Outcomes were appraised by students to have been met. Please see IVJ3 for examples of how the Master's Program uses the S-4 Survey Data to promote program improvement when the identified benchmark is not met for Terminal /Program Outcomes.

Student Satisfaction with Program Data: Student satisfaction is assessed using questions from two surveys. The Program's Benchmark is identified as ≥ 80% of respondents indicate they are satisfied or very satisfied with, or agree or strongly agree as appropriate.

Two questions in The Graduate Exit Survey (S-4): 1) I am satisfied with the method of instruction and the content of the courses in the MS forensic nursing program. (#11 Exit Survey) 2) I would recommend the MS in forensic nursing program at Fitchburg State University. (#16 Exit survey). The two questions in The Graduate Alumni Survey (A-1): 1) The nursing education I received at Fitchburg State University prepared me to meet the level of competency expected of a Masters level graduate. Responses varied from strongly agree, agree, neither agree or disagree, disagree, or strongly disagree. (#8 Alumni Survey), and 2) Overall, how satisfied were you with your program of study at Fitchburg State University? Responses ranged from very satisfied, satisfied, neither satisfied or dissatisfied, dissatisfied, or very dissatisfied. (#9 Alumni Survey). Data analysis found that the benchmark was met during calendar years 2020 and 2018. This suggests that the Program's curriculum and teaching-learning practices are appropriate and we will continue to monitor and discuss survey results. In 2019, the benchmark for student satisfaction was not met.

IV-J 2. Describe the process in place to analyze program changes for effectiveness:

The Department's efforts to engage in continuous program assessment supports the UG Program's Vision to "*maintain an educational culture that fosters social responsibility, service commitment, client advocacy, and lifelong learning*". While the PEM and PEAC provide the framework for the process of looking at our curricula, teaching-learning practices, outcomes, brainstorming for solutions to expected and unexpected challenges, the faculty in both programs drive the efforts to improve process, outcomes and the overall student experience. Since our 2015 CCNE accreditation, Tracking Tables (Appendix IVJ-2. May 2020 Program Eval Meetings Tracking Table) have been created after each Program Evaluation Workshop (or as was necessary in May 2020 a Program Evaluation Meeting). The express purpose of these tables is to facilitate follow-up of unmet benchmarks, changes to curricula, individual course content and/or teaching-learning practices, action items, ad hoc committee work, and collaboration with cognate departments.

Examples provided in this CIPR of changes to curricula and teaching-learning practices will be tracked for effectiveness via DON student surveys that look at Course Outcomes, Terminal Outcomes, and Student Satisfaction. The Trending Data Tables linked in Key Element IV-I1 allow faculty to monitor change effects and trends each semester.

Formal and informal feedback from faculty and students are used to determine the effectiveness of changes in processes (e.g. communication, med calculation skill development,

> course content) and are documented in level and faculty minutes, and on program tracking tables. Throughout the most recent AY, the DON faculty from both the Undergraduate and Graduate Programs identified the need to revisit survey content in the S-1 Survey and S-5 Surveys; identify strategies to further improve response rates; documentation of survey data discussion in meeting minutes; and capturing any modifications made to course or clinical teaching/learning experiences as a result of data discussion.

IV-J 3. Using the data previously provided in Key Element IV-I, were there any actual program outcomes that did not meet the stated expected level of achievement?

⚠️   *Note*: Do not include data related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).

x   Yes
☐   No

For any outcome where the expected level of achievement was not met, provide a written explanation/analysis with documentation for the variance in the space below.

> Some examples of how the Undergraduate Program addresses actual program outcomes that did not meet the stated expected level of achievement are captured below:
> **Student Perceptions of Course Outcomes Data**
> **Example # 1: Traditional UG Track:** NURS 4750 Chronic Illness (First Semester-Seniors): The Spring 2020 S-1 Survey Data indicated that 60% of the respondents either agreed or strongly agreed that Course Outcome # 7 (Design culturally sensitive care to promote health and well-being) was met. The course faculty discussed possible variables that affected this result such as: a small number of respondents (N= 7); the pandemic's impact of reducing mid-to -end of the semester clinical experiences; and a deficit in course content that addressed culturally competent care. The faculty then identified and utilized new Chronic Illness Case Studies and V-Sims that required students to incorporate cultural awareness and sensitivity into their plans of care. The following teaching/learning strategies were implemented in the Fall 2020 to address the deficit: A case study about an Asian female client with Systemic Lupus Erythematosus (SLE), a V-Sim that focused on a LGTBQ client with lung cancer and end -of- life care, and a V-Sim on an African American client with HTN and COPD. The Fall 2020 S-1 Survey data for Outcome # 7 indicated that 89% of respondents either agreed or strongly agreed that Course Outcome # 7 was met. This suggests that the modifications were effective.
> **Example # 2: LPN to RN BS in Nursing Track:** The course NURS 2400-Transition from LPN to Professional Nursing is a 1 credit course taken by all students in the LPN to BS in nursing track. Since the course was first offered in 2014, anecdotal evidence from students indicated the coursework was deemed too heavy for a one credit course. The textbook was found not to align with course objectives and the course outcomes were unclear to students. Consequently, the course was changed in 2018 to include: detailed discussion of course outcomes with students during the first class, the use of a new textbook, and use of student feedback on how to best meet outcomes. Subsequent course surveys in the fall of 2019, and fall of 2020 indicated greater than 80% of students reported course outcomes were met. Course surveys were not completed in prior years due to failure of respondents to complete the survey.
> **Example #3: NURS 2900 Medical Surgical Nursing I:** The 2019 S-1 data indicated 69% of the respondents opined that Course Outcome # 7 was met (Role of regulatory agencies & their effects on professional nursing). The next time the course was offered in the SP 2020, the

course faculty incorporated a case study that focused on regulatory agencies. The 2020 S-1 data indicated 81% of respondents opined Outcome # 7 was met.

Terminal Outcomes/Program Outcomes Data: As noted in IVJ-1, S-5 Survey data indicated that the benchmark for meeting Terminal/Program Outcomes was met over the last three calendar years. However, in 2018 & 2019 student comments in the free text field of the same survey indicated students were concerned about poor communication between students and faculty, and also among faculty members. The Senior Level Faculty identified the following actions and, since the actions have been implemented in 2019, there have been no concerns expressed by the students regarding communication problems.

1) The development and utilization of a Senior Practicum Handbook for both students and practicum faculty, 2) A Senior Level Faculty BlackBoard site which serves as an accessible repository of commonly needed documents by full time and part-time faculty, 3) At the start-of- semester the DON Chairperson and Senior Level Coordinator hold a meeting with all senior year students to share important information and provide opportunities for students to put forth questions, 4) Frequent use of memorandums throughout the semester from the Chairperson and Senior level Coordinator aim to keep students informed of important information, and 5) The pairing of new adjunct clinical faculty with full-time faculty mentors to guide the role of clinical instructor and practicum facilitator.

Exit HESI Score Data: The initial benchmark was 80% or more of second-semester senior students enrolled in NURS 4800 will score ≥ 850 on the Exit HESI Exam # 1. This benchmark was not met for several years. During the May 2017 and May 2018 Program Evaluation Workshops faculty engaged in extensive discussions about variables that may be contributing to this unmet benchmark. Anecdotal student feedback was also gathered. The Department supported the NURS 4800 course faculty proposal make the following modifications to NURS 4800 teaching/learning practices: give course exams with cumulative course content throughout the semester; reduce the required clinical practicum hour's requirement (210 hours) and give credit for the practicum seminar (1 credit).

While the Exit HESI data for the Calendar Year 2018 indicated a nine percent increase in the number of first time-taker scores that were ≥ 850, the benchmark was still not met. For Calendar Year 2019 the DON voted to change the benchmark to read: 80% or more of test takers will earn a score of ≥ 850 on the Exit HESI by Exit HESI Exam # 2. Since that time, the benchmark has been exceeded (87% in 2019 and 82% in 2020). The above-mentioned modifications to NURS 4800 have remained in effect and the Exit HESI scores will continue to be monitored each calendar year.

HESI Performance: AACN Categories Data: As noted in Appendix IVJ-1, overall aggregate scores in the Traditional Track for AACN categories over the last several years suggest an objective gain of knowledge, critical thinking skills and test-taking skills as students progressed in the program. However, the aggregate scores for the 2016- to- 2018 and the 2017-to-2019 cohorts dipped in one AACN Category, (Member of the Profession) from sophomore year to senior year. Faculty discussion found this difficult to explain and attributed the dip to likely having only one question on this category in the Exit HESI. Interestingly, the same category for the 2018-to-2020 cohort found an increase in score by 186 points. The 2018 to-2020 cohort's slight dip in scores in two AACN Categories (Information Management & Technology and Health Care Policy) was noted and faculty will monitor the 2021 AACN scores for trends within these categories.

Graduate Program:

Some examples of how the Graduate Program addresses actual program outcomes that did not meet the stated expected level of achievement are captured below:

Student Perceptions About Course Outcomes: As of fall 2021 semester, the S-1 Survey data will be reviewed by the course faculty, Graduate Committee and Program Chair each semester.

> When a specific Course Outcome fails to reach the benchmark, discussion will ensue that includes variables that may explain the data, and if appropriate, any modifications to the teaching-learning practices that may promote the achievement of the course outcome.
> **Student Perceptions About Terminal/Program Outcomes Data:** The following two Terminal/Program Outcomes 3 and 8 fell short of the identified benchmark in 2018 and 2019: Question 3: This program helped prepare me to lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and health care services (50% in 2019; 75% in 2018). Question 8: This program prepared me to synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies (75 % in 2019; 75% in 2018).It is important to note the small number of graduates for 2018 (6) and 2019(1). That said, the Graduate Committee identifies the need to reword the above Terminal/Program Outcomes during AY 2021-2022 to better capture the AACN Essentials of Master's Education in Nursing for Quality Improvement & Safety, and Clinical Prevention & Population Health for Improving Health.
> **Student Satisfaction with Program Data:** As noted in IVJ-1, the Calendar Year 2019 data for student satisfaction with the program did not meet the identified benchmark ≥ 80%of respondents are satisfied with the program. In the S-4 Survey 75% of respondents were satisfied with methods of instruction and course content (n= 6) and 50% of respondents indicated they would recommend the MS in Forensic Nursing Program (n=6); and in the A-1 Survey 67% of respondents indicated overall satisfaction with their program of study (n=6). This does not appear to be a trend as the benchmark was met during previous and following Calendar Years. It was noted that new faculty joined the Department though the extent to which that variable impacted the survey results is not known. Faculty will monitor these data each semester.

Optional: **Key Element IV-J**

Is there any other information that the program would like to provide related to this key element?

Verification

x   The Chief Nurse Administrator, <u>Deborah Benes</u>, has approved the program information form and completed report, and confirms its contents as of <u>May 25th, 2021</u>.

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Fitchburg State University   **Department of Nursing**

MISSION & VISION MATRIX

MISSION STATEMENT ~ FSU

Fitchburg State University is committed to excellence in teaching and learning and blends liberal arts and sciences and professional programs within a small college environment. Our comprehensive public university prepares students to lead, serve, and succeed by fostering lifelong learning and civic and global responsibility. A Fitchburg State education extends beyond our classrooms to include residential, professional, and co-curricular opportunities. As a community resource, we provide leadership and support for the economic, environmental, social, and cultural needs of North Central Massachusetts and the Commonwealth.

VISION ~ FSU

Fitchburg State University will be nationally recognized for its excellence in teaching and learning in current and emergent fields, for its commitment to transforming lives through education, and for its dedication to public service. In order to achieve this we will:

-Prepare students for a global society through curricular innovation and program development

-Achieve academic excellence by investing in our faculty and librarians in their pursuit of knowledge, professional competency, and scholarship

-Employ innovative uses of technology in the library and across our campus to maximize student learning

-Create a culture of diversity to meet the needs of the region and enhance the personal and academic lives of the university community

-Build partnerships within our community to provide real-world opportunities for our students and collaborative solutions to community issues

ALIGNMENT

Committed to Excellence in Teaching /Learning
Ongoing Program Development
Collaboration & Innovation & Interactive Learning
Fostering Life Long Learning

Create and Nurture:
-A Culture of Diversity
-Public Service
-Social Responsibility
-Advocacy
-Civic & Global Responsibility

Prepare Students Who:
-Problem Solve
-Critically Think
-Use Current Evidence
-Integrate and Collaborate
-Assume Leadership Roles -
-Meet Evolving Needs of Community, Populations & Environments

MISSION STATEMENT ~ FSU DON

The mission of the Fitchburg State University Department of Nursing is to prepare professional nurses capable of meeting societal healthcare needs in a variety of settings. In their teaching, the faculty nurtures respect for diversity, social responsibility, and a commitment to excellence. Collaborative and interactive teaching methods foster the use of critical thinking to build a strong foundation for the practice of holistic nursing. Legal, ethical, and professional standards guide the faculty in teaching the art and science of nursing.

VISION~ FSU DON   (4/18/2018)

As a center of excellence in baccalaureate nursing education, the Fitchburg State University Department of Nursing prepares students to assume healthcare leadership roles in the global society of the 21st century. The Department uses continuous program evaluation and innovation to maintain an educational culture that fosters social responsibility, service commitment, client advocacy, and lifelong learning. Graduates are nurse generalists who use critical thinking and current evidence to solve problems using integrative care to meet the evolving healthcare needs of populations and environments.

Accepted 3/6/2019

Appendix IA. Congruence of University and Department of Nursing Mission and Vision Statement

MISSION & VISION MATRIX

MISSION STATEMENT ~ FSU

Fitchburg State University is committed to excellence in teaching and learning and blends liberal arts and sciences and professional programs within a small college environment. Our comprehensive public university prepares students to lead, serve, and succeed by fostering lifelong learning and civic and global responsibility. A Fitchburg State education extends beyond our classrooms to include residential, professional, and co-curricular opportunities. As a community resource, we provide leadership and support for the economic, environmental, social, and cultural needs of North Central Massachusetts and the Commonwealth.

VISION ~ FSU

Fitchburg State University will be nationally recognized for its excellence in teaching and learning in current and emergent fields, for its commitment to transforming lives through education, and for its dedication to public service. In order to achieve this we will:

-Prepare students for a global society through curricular innovation and program development

-Achieve academic excellence by investing in our faculty and librarians in their pursuit of knowledge, professional competency, and scholarship

-Employ innovative uses of technology in the library and across our campus to maximize student learning

-Create a culture of diversity to meet the needs of the region and enhance the personal and academic lives of the university community

-Build partnerships within our community to provide real-world opportunities for our students and collaborative solutions to community issues

ALIGNMENT

Committed to Excellence in Teaching /Learning
Ongoing Program Development
Collaboration & Innovation & Interactive Learning
Fostering Life Long Learning

Create and Nurture:
-A Culture of Diversity
-Public Service
-Social Responsibility
-Advocacy
-Civic & Global Responsibility

Prepare Students Who:
-Problem Solve
-Critically Think
-Use Current Evidence
-Integrate and Collaborate
-Assume Leadership Roles -
-Meet Evolving Needs of Community, Populations & Environments

MISSION STATEMENT ~ FSU DON Graduate

The mission of the Forensic Nursing Fitchburg State University program is to prepare professional forensic nurses capable of leading and meeting the evolving societal healthcare needs in a variety of settings. In their teaching, the faculty models respect for diversity, social responsibility, and a commitment to excellence. Interprofessional, collaborative, and interactive teaching methods foster the use of critical thinking to build a strong foundation for the practice of holistic forensic nursing. Legal, ethical, and professional standards guide the faculty in teaching the art and science of forensic nursing.

VISION~ FSU DON   (4.17.21)

Fitchburg State University Department of Nursing prepares students to assume healthcare leadership roles in the global society of the 21st century. The program uses continuous program evaluation and innovation to maintain an educational culture that fosters social responsibility, service commitment, client advocacy, and lifelong learning. Graduates are forensic nurse generalists who use critical thinking and current evidence to address problems using integrative, trauma-informed, patient-centered care to meet the evolving healthcare needs of populations and environments.

Accepted 3/6/2019

Appendix IB. Table of Congruency: Undergraduate Program's Terminal Outcomes with Current Professional Guidelines and Standards (2016)

Fitchburg State University Nursing Program Terminal Outcome (TO)	Essentials of Baccalaureate Education for Professional Practice (AACN, 2008)	ANA Scope and Standards of Nursing Practice (2010)	Nurse Practice Act (Massachusetts BORN Regulations) From 244 CMR 3.00
TO 1: Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care.	**Essential I:** Liberal Education for Baccalaureate Generalist Nursing Practice	Standard of Care # 8: "The registered nurse attains knowledge and competence that reflects (*sic*) current nursing practice." Standard of Care # 9 : "The registered nurse integrates evidence and research findings into practice." Standard of Care # 16: "The registered nurse practices in an environmentally safe and health manner."	"A registered nurse shall bear full and ultimate responsibility for the quality nursing care she/he provides… [including] health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort…"
TO 2: Incorporate basic organizational and systems leadership to provide quality care and patient safety.	**Essential II:** Basic Organizational and Systems Leadership for Quality Care and Patient Safety	Standard of Care # 10 : "The registered nurse contributes to quality nursing practice." Standard of Care # 11 : "The registered nurse communicates effectively in a variety of formats in all areas of practice." Standard of Care # 12 "The registered nurse demonstrates leadership in the professional practice setting and the profession." Standard of Care # 13: "The registered nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice." Standard of Care # 16: "The registered nurse practices in an environmentally safe and health manner."	"A registered nurse… may delegate activities to ther (*sic*) registered nurses and/or health care personnel provided, that the delegating nurse shall bear full and ultimate responsibility…" The nurse is responsible for management of client care

Fitchburg State University Nursing Program Terminal Outcome (TO)	Essentials of Baccalaureate Education for Professional Practice (AACN, 2008)	ANA Scope and Standards of Nursing Practice (2010)	Nurse Practice Act (Massachusetts BORN Regulations) From 244 CMR 3.00
TO 3: Incorporate evidence based practice, including research and critical thinking, in the management of client care.	Essential III: Scholarship for Evidence- Based Practice	Standard of Care # 9: "The registered nurse integrates evidence and research findings into practice." Standard of Care # 10 : "The registered nurse contributes to quality nursing practice."	"A registered nurse shall act… [to] plan and implement nursing interventions…by the particular situation, scientific principles, recent advancements and current knowledge in the field."
TO 4: Analyze information using information technology to improve patient outcomes.	Essential IV: Information Management and Application of Patient Care Technology	Standard of Care # 10 : "The registered nurse contributes to quality nursing practice." Standard of Care # 11 : "The registered nurse communicates effectively in a variety of formats in all areas of practice."	"A registered nurse shall…systematically assess health status of individuals and groups…analyze and interpret…data; and make informed judgments…and initiate change [of care] when appropriate."
TO 5: Examine the impact of health care policy, finance, and regulatory environments on nursing practice	Essential V: Health Care Policy, Finance, and Regulatory Environments	Standard of Care # 14 : "The professional nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations." Standard of Care # 15: "The registered nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible	"A registered nurse shall… serve as patient advocate, within the limits of the law." (Indirectly addressed in MA BORN regulations/Nurse Practice Act)
TO 6: Integrate principles of communication in professional practice.	Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health	Standard of Care # 10 : "The registered nurse contributes to quality nursing practice."	The registered nurse is required to "collaborate, communicate and cooperate as appropriate with other health care providers to ensure quality and continuity of care"

Fitchburg State University Nursing Program Terminal Outcome (TO)	Essentials of Baccalaureate Education for Professional Practice (AACN, 2008)	ANA Scope and Standards of Nursing Practice (2010)	Nurse Practice Act (Massachusetts BORN Regulations) From 244 CMR 3.00
	Outcomes	Standard of Care # 11 : "The registered nurse communicates effectively in a variety of formats in all areas of practice." Standard of Care # 13: "The registered nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice."	
TO 7: Synthesize knowledge of health promotion and disease prevention in designing population focused care.	**Essential 7:** Clinical Prevention and Population Health	Standard of Care # 8: "The registered nurse attains knowledge and competence that reflects (*sic*) current nursing practice." Standard of Care # 10 : "The registered nurse contributes to quality nursing practice." Standard of Care # 12" "The registered nurse demonstrates leadership in the professional practice setting and the profession." Standard of Care # 13: "The registered nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice." Standard of Care # 16: "The registered nurse practices in an environmentally safe and health manner.	"A registered nurse shall bear full and ultimate responsibility for the quality nursing care she/he provides to individuals and groups [including] health maintenance, teaching, counseling, collaborative planning and restoration of optimal functioning and comfort…"
TO 8: Integrate professional standards of moral, ethical,	**Essential VIII:** Professionalism and Professional Values	Standard of Care: # 7 "The registered nurse practices ethically."	"A registered nurse shall…serve as patient advocate, within the limits of the law"

Fitchburg State University Nursing Program Terminal Outcome (TO)	Essentials of Baccalaureate Education for Professional Practice (AACN, 2008)	ANA Scope and Standards of Nursing Practice (2010)	Nurse Practice Act (Massachusetts BORN Regulations) From 244 CMR 3.00
and legal conduct into nursing practice.		Standard of Care # 12" "The registered nurse demonstrates leadership in the professional practice setting and the profession." Standard of Care # 14 : "The professional nurse evaluates her or his own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations." Standard of Care # 16: "The registered nurse practices in an environmentally safe and health manner."	

I-B Table of Congruency AACN Masters Essentials and the FSU Graduate Program Terminal Outcomes

	AACN Master's Essentials (2011)		FSU Graduate Nursing Program Terminal Outcomes (2018)	Forensic Nursing Scope & Standards (2017)
I	Background for Practice from Sciences and Humanities.	1	Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations	1. Assessment 7. Ethics 9. Communication
II	Organizational and Systems Leadership	2	Design systems change strategies that improve the care environment.	3. Outcomes Identification 10. Collaboration 11. Leadership
III	Quality Improvement and safety	3	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	4. Planning 12. Education 14. Quality of Practice 15. Professional Practice Evaluation
IV	Translating and Integrating Scholarship into Practice	4	Integrate EB strategies and interprofessional perspectives to improve practice and associated health outcomes.	13. E-B practice 16. Resource Utilization 17. Environmental Health
V	Informatics and Healthcare Technologies	5	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.	2. Diagnosis 17. Environmental Health
VI	Health Policy and Advocacy	6	Participate in the promotion of policies to improve public health and advance the nursing profession.	17. Environmental Health 6. Evaluation 8. Culturally Congruent Practice
VII	Interprofessional Collaboration for Improving Patient and Population Health Outcomes	7	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.	8. Culturally Congruent Practice 5-A. Coordination of care
VIII	Clinical Prevention and Population Health for Improving Health	8	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.	5. Implementation 5-B Health Teaching & Health Promotion 7. Ethics

Fitchburg State University

Department of Nursing

Appendix IC. Communities of Interest Table for Program Evaluation

Internal Community of Interest	Role Description
Students faculty Administrators	Input and feedback through surveys Committee membership – departmental and University wide
External Community of Interest	
Prospective students Graduates of the nursing program Employers of nurses Clinical Agencies Clients The Advisory Committee The general public	Provide input to the DON related to current trends in nursing and healthcare. Identify the changing needs of potential students and employers in the region.
Participation on Boards for External Community	
Montachusett Vocational Technical School Associate Degree nursing program at Mount Wachusett Community College	Work collaboratively with community partners in education to develop streamlined pathways toward completion of a BS degree in nursing
Association membership	
Massachusetts Association of Colleges of Nursing (MACN)	Collaboration with Deans and Chairpersons from other BS and higher degree nursing programs in the state.

NOTE: This table should be reviewed and updated (as applicable) every two years as part of the Key Element IB.b review process to best reflect our communities of interest.

Appendix IF. Revisions to Department of Nursing's Academic Policies

Readmission to the Department of Nursing p. 20	Old Wording	New Wording
	IV. READMISSION TO THE DEPARTMENT OF NURSING	IV. READMISSION TO THE DEPARTMENT OF NURSING
	A. Students who withdraw from the Department or University in good standing may request readmission. The application first goes to the Registrar, who then consults with the Chairperson of the Department of Nursing. Readmission depends on clinical space availability. If it has been longer than two years, the student may be required to repeat courses.	A. Students who withdraw from the Department or University in good standing must request readmission. The application first goes to the Registrar, who then consults with the Chairperson of the Department of Nursing. Readmission depends on clinical space availability. *If it has been longer than one year, the student must reapply to the program.*

Formal Complaint within the Nursing Program p.40	Old Wording	New Wording
	Formal Complaint within the Nursing Program	*Formal Complaint within the Nursing Program*
	The FSU Department of Nursing defines a formal complaint as a signed letter that specifically expresses concern from any member of the program's community of interest about issues related to a student's experience in the nursing program.	The FSU Department of Nursing defines a formal complaint as a signed letter that specifically expresses concern from any member of the program's community of interest about issues related to a student's experience in the nursing program. *The formal complaint should be made by the end of the semester in which the concern began.*
	The formal complaint should include: 1. The basis of the complaint 2. The steps taken to resolve the complaint 3. The intention of the formal complaint	The formal complaint should include: 1. The basis of the complaint 2. The steps taken to resolve the complaint 3. The intention of the formal complaint

Appendix A Technical Standards for Progression and Graduation p. 48 & 49	Old Wording	New Wording
	APPENDIX A Technical Standards for Admission, Progression and Graduation	*APPENDIX A Technical Standards for Progression and Graduation*
	The mission of the university's nursing program is to prepare professional nurses capable of meeting societal healthcare needs in a variety of settings. The program fosters critical thinking to build a strong foundation for the practice of holistic nursing. Certain functional abilities are essential for the delivery of safe, efficient nursing care during clinical training activities.	*Fitchburg State University Department of Nursing has both academic and technical standards that must be met by students in order to successfully progress through the program. To assist in meeting those requirements, the department provides reasonable accommodations to all students on a nondiscriminatory basis consistent with legal requirements as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990 and the ADA Amendments Act of 2008. To be eligible*

~~The faculty of the Department of Nursing has identified a set of technical standards that we deem essential to a student's success in meeting the outcomes of the nursing program. A student who does not meet the Technical Standards, but is otherwise considered qualified for the nursing program, should contact Disability Services to see if reasonable accommodations are available and can be made. In the nursing major, a considerable amount of learning takes place outside of the classroom, in clinical settings where patient safety is paramount. Any student who seeks accommodations prior to or immediately after enrolling in the nursing program must also request an assessment of the types of reasonable accommodations needed for the clinical component of the program.~~

~~There are five domains of nursing technical standards:~~

~~1) Communication Skills: The student admitted to the nursing major must be able to communicate with accuracy, clarity and efficiency with patients, families, members of the health care team, as well as with instructors and peers. This includes both verbal and nonverbal communication. Each student must have the ability to speak, read, comprehend and write the English language.~~

~~Examples include but are not limited to:~~
~~-Maintaining accurate patient records (computer generated or written)~~
~~-Communicating patient status changes~~
~~-Providing patient teaching~~

~~2) Cognitive Abilities: The nursing student is expected to demonstrate cognitive abilities which include intellectual, conceptual, integrative, quantitative, critical thinking and comprehension skills that allow the student to carry out the nursing process in the care of patients.~~
~~Examples include but are not limited to:~~

for accommodations, a student must submit to Disability Services, evidence of a documented disability of (a) a physical or mental impairment that substantially limits one or more major life activities of such individual; (b) a record of such impairment; or, (c) be regarded as having such a condition.

(Marks, B. & Ailey, 2014. <u>White Paper on Inclusion of Students with Disabilities in Nursing Educational Programs for the California Committee on Employment of People with Disabilities</u> [CCEPD]). Doi:

Requirements	Standards	Examples
Acquiring fundamental knowledge	*1. Ability to learn in classroom and educational settings* *2. Ability to find sources of knowledge and acquire the knowledge* *3. Ability to be a life-long learner* *4. Novel and adaptive thinking*	*• Acquire, conceptualize and use evidence-based information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through online coursework, lecture, group seminar, small group activities and physical demonstrations* *• Develop health care solutions and responses beyond that which is rote or rule-based*
Developing communication skills	*1. Communication abilities for sensitive and effective interactions with patients (persons, families and/or communities)* *2. Communication abilities for effective interaction with the health care team (patients, their supports, other professional and non-*	*• Accurately elicit or interpret information: medical history and other info to adequately and effectively evaluate a client or patient's condition* *• Accurately convey information and interpretation of information using one or more means of*

2

			professional team members 3. Sense-making of information gathered from communication 4. Social intelligence	communication (verbal, written, assisted (such as TTY) and/or electronic) to patients and the health care team • Effectively communicate in teams • Determine a deeper meaning or significance in what is being expressed • Connect with others to sense and stimulate reactions and desired interactions
	~~Incorporating data from multiple patient sources (physical assessment, vital signs, lab values, interdisciplinary consults) in a prompt manner in order to provide appropriate, safe patient care.~~ ~~Recognizing urgent/emergent situations and responding appropriately.~~ ~~Demonstrating sufficient skills in problem solving (i.e. calculation, reasoning, analysis, synthesis)~~ ~~3) Visual, Auditory, and Tactile Abilities: The nursing student must have sufficient capacity to make and interpret visual, auditory, and tactile observations.~~ ~~Examples include but are not limited to:~~ ~~Visual acuity sufficient to draw up correct dose of medication in a syringe~~ ~~Auditory ability sufficient to detect sounds related to body function~~ ~~Tactile abilities sufficient to detect change in temperature, tissue injury (edema)~~ ~~4) Motor Abilities, Strength and Physical Endurance: The student must be able to perform gross and fine motor movements with sufficient coordination needed to provide comprehensive nursing care.~~ ~~Examples include but are not limited to:~~ ~~Turning, repositioning patients as well as transferring patients in and out of bed~~ ~~Administering CPR~~ ~~Standing or sitting for long periods of time (i.e. minimum of 3-4 hours)~~ ~~Conducting assessments that may require the student to bend, squat, reach, kneel, balance and or move body and extremities quickly~~ ~~Completing an assigned period of clinical practice (i.e. continuous care for 4-5 hours, as well as shifts on days, evenings, nights, or weekends between 8 and 12 hours)~~ ~~5) Behavioral and Social Attributes/Abilities: The nursing student must possess the~~	*Interpreting data*	*1. Ability to observe patient conditions and responses to health and illness* *2. Ability to assess and monitor health needs* *3. Computational thinking* *4. Cognitive load management*	• *Obtain and interpret information from assessment maneuvers such as assessing respiratory and cardiac function, blood pressure, blood sugar, neurological status, etc.* • *Obtain and interpret information from diagnostic representations of physiologic phenomena during a comprehensive assessment of patients* • *Obtain and interpret information from assessment of patient's environment and responses to health across the continuum* • *Obtain and interpret for evaluation information*

	~~emotional and mental health required for full use of their~~ ~~intellectual, communication/observation, motor and sensory~~ ~~abilities in order to exercise sound, stable judgment in~~ ~~the care of patients in a variety of settings.~~ ~~Examples include but are not limited to:~~ ~~- Ability to relate to patients, families as well as work~~ ~~cooperatively with other disciplines on the health care team and~~ ~~peers with honesty, respect, and integrity without bias or~~ ~~discrimination~~ ~~- Ability to develop mature, sensitive and effective therapeutic~~ ~~relationships with patients~~ ~~- Ability to adapt to changing and sometimes stressful~~ ~~environments~~ ~~- Ability to remain calm and focused in emergency situations~~ ~~**PLEASE NOTE:**~~ ~~As students progress through the nursing program, it is essential~~ ~~that nursing students meet the above Technical Standards~~ ~~Students will be asked to sign and submit a~~ ~~'Technical Standards Certification Statement'~~	*about responses to nursing action* • *Translate data into abstract concepts and to understand data-based reasoning* *For further information regarding services and resources to students with disabilities and/or to request accommodations, please contact the Office of Disability Services.*

I. Academic Progression Policies in the Nursing Program B. 3. p. 21	Old Wording	New Wording
	~~Traditional sophomores who fail or withdraw from one nursing course are required to participate in 30 hours of tutoring at the Fitchburg State Tutoring Center, as well as complete 15 hours of skills in the Nursing Lab during the following semester. Failure to comply will result in dismissal from the program.~~	Traditional sophomores who withdraw from one nursing course, or fail to achieve a grade of 2.5 in one nursing course are required to complete the following during the following semester: **Academic coaching and Tutor Center** 1. Take an Academic Success Workshop, take the LASSI (https://www.hhpublishing.com/ap/_assessments/LASSI-3rd-Edition.html), have a follow up meeting with an academic coach to discuss the results of the LASSI, and meet at least **two** additional times with an academic coach to discuss/ assess the effectiveness/ ineffectiveness of recommended study trategies. 2. During the following semester, the student is required to complete 15 hours of group or individual tutoring, while enrolled in the previously failed or withdrawn course. **Nursing Lab** **Fall Semester:** Students who failed or withdrew during a fall semester course will serve as a peer mentor in an assigned Foundations Nursing lab in the following fall semester. Students will assist the lab instructor with hands on instruction of foundation skills in five 3 hour labs. **Spring Semester:** Students who failed or withdrew during a spring semester course will complete a 15 hour clinical judgment/critical reasoning program during the following spring semester.

Appendix II A-1: Personnel/Faculty Positions Funded

Year	Program Needs	Requests	Status of Requests
2016-2017	DON Tenure Track Positions	Two tenure track positions were requested.	Two tenure track positions were approved for AY 2017/18 One position was filled with a start date of September 2017
2017-2018	DON Tenure Track Positions	Two tenure track positions were requested in 2016/17	The second tenure track position approved in AY 2016/17 is currently in the process of being filled, for a start date of September 2018.
2018/19	DON Tenure Track Positions	4 tenure track positions were requested to replace the 4 retired tenure track faculty in SP 2019. In May 2019, the candidates were in the interview process.	2 faculty were hired from within for tenure track positions 2 outside faculty were hired for tenure track positions All assumed their positions in Fall 2019
2018/19	2 one yr/ temp positions were requested to fill vacancies from faculties moving to TT positions	The DON received approval to hire a 2 yr. temps	1 position was filled with faculty starting in the fall 2019. The second position was filled during spring 2020 for faculty to start fall 2020
2019-2020	Lead Faculty Simulation Coordinator	For Spring 2020, the DON requested a 8.7cr course release for a lead faculty simulation coordinator	The DON was approved to have a 4.35cr. course release for a faculty member to become the Lead Simulation coordinator for the semester. Her role will be to train faculty on all components of simulation so all student experiences are provided in a consistent manner.
2019-2020	Program Evaluation Coordinator	The DON requested a 3 cr. APR to guide the efforts of the FSU Department of Nursing (DON) in conducting continuous program evaluation for its growing nursing program.	The DON received the 3cr. course release. for the AY. This person will coordinate efforts to create Trending Data Tables for course Outcome Survey Data and will seek guidance with the Director of Institutional Planning and Research re: managing DON surveys and survey data.
Fall 2020	Sim Educator	The DON was provided funding from the university to hire two sim educators for a total of 30hrs/week.	The DON hired 1 part time Sim Educator for the fall 2020 semester. The educator was later hired on as full time faculty for spring 2021.

2019-2020	Sim Technician	The DON was provided from the university to hire a Sim Technician for the AY 2020-2021	The university transferred a technician to the SimCenter from the Science labs for AY2020-21. The tech started with 2 days/week for Fall 2020, then increased to 3 ½ days/week for Spring 2021

Table IIA-1: Funded Lab and Simulation equipment

AY	Program Needs	Requests	Cost and Funding Source	Status of Requests
2015-2016	PYXIS MedStation 4000 Console component	The PYXIS med station was purchased in fiscal year 2014/15 to allow students the opportunity to administer meds using bar code technology. The console component was requested to allow for patient customization	$25,000 Strategic funding request	Approved, purchased and on campus what date?
2017-18	Simulation Educator Solutions for Nursing Assessment (SESN)	Hire a Laerdal consultant to conduct a needs assessment of the DON simulation program	$7725 Strategic Funding Request	Approved. Assessment completed Fall 2017
2018-2019	Simulation manikins	Two Juno complete medium manikins; one Lucina medium/Lenovo with system installation and instruction	$110,729.60 Requested as a Strategic Funding Request in the DON budget for equipment purchase.	Received funding for one manikin ($14,000) Purchased and on campus 5/2020
2018-2019	Patient beds for Skills/Simulation Lab	Requested to replace 4 of the eight beds in the Clinical Skills/Simulation Lab as all beds were purchased in 2007 and are now approximately 15+ years old. The beds are deteriorating and becoming unsafe for use.	$12,000 Requested as a Strategic Funding Request in the DON budget for equipment purchase/replacement.	Received funding and through the bid process we were able to purchase all 8 beds for the $12,000. On campus 2/2020
2019-2020	Rental of Simulation Space	Request for the University to rent simulation space for the 2020/21 AY. Rental of simulation space is necessary to enhance student learning opportunities given the limited space /resources	Requested $20,000 via a strategic funding request	Approved Spring 2020 The FSU Nursing Program will use the

AY	Program Needs	Requests	Cost and Funding Source	Status of Requests
		for simulation on campus currently and the challenges with finding clinical placements.		Sim Center at iCels in Worcester, MA for select simulation experiences during Fall 2020
Spring 2020	Virtual simulation packages	Due to the necessity for remote teaching and clinical instruction secondary to the COVID-19 pandemic, vsim products were required to meet clinical outcomes for the junior and seniors levels, and the summer LPN-BS med/surg and maternal child courses	Department budget $ 9723.21	All students were provided with vsim products required to meet clinical outcomes.
Fall 2020	FSU SimCenter	With the loss of clinical opportunities due to the COVID 19 pandemic, the University constructed simulation center in the vacated health services location. The sim center included three patient rooms, a med room, a control room, one conference room and a debriefing area.	$115,736.85 University/CARES funding	The SimCenter was fully operational starting October 2020.

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January 3, 2019

Nancy Duphily, DNP, RN-BC, CNS
Chair
Department of Nursing
Fitchburg State University
160 Pearl Street
Fitchburg, MA 01420-2697

Dear Dr. Duphily:

The Substantive Change Review Committee (SCRC) of the Commission on Collegiate Nursing Education (CCNE) acted to approve the substantive change notification submitted on August 31, 2017 by the nursing unit at Fitchburg State University. The substantive change notification is in regards to the implementation of curricular revisions to the RN to BSN track, effective fall 2017.

As a reminder, programs are expected to comply with the current CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change affecting the nursing program. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE procedures.

CCNE apologizes for the delay in getting this action to you. Such a delay is unacceptable and is not consistent with CCNE practices. Over the past couple of years, CCNE has experienced a significant growth in the number of programs it accredits, and this has resulted in a heavier volume of substantive change notifications being submitted. I am pleased to share with you that additional staff have been hired to support the substantive change notification process and we have recently redesigned this process to prevent such lengthy delays from occurring in the future. We appreciate your patience.

Thank you for providing CCNE with the substantive change notification. Please do not hesitate to contact Lina Trullinger, CCNE Associate Director, at 202-887-6791 x245 or ltrullinger@ccneaccreditation.org if you have questions or need assistance.

Sincerely,

Judith H. Lewis, EdD, RN
Chair, CCNE Board of Commissioners

Appendix IIB-2: Graduate Forensic Nursing Clinical Practice Experience (CPE) Sites by Course

Course	Clinical Hours	Focus	Examples of Clinical Practice Experiences	Examples of Assignments
NURS 7300 Advanced Clinical Concepts	60	Advanced clinical assessment and decision making	Utilization of Shadow Health; a virtual clinical site	Weekly assessments Focused exams Concept labs
NURS 8130 Scientific Foundations of Forensic Nursing Practice	60	Post-mortem physical assessments and autopsy findings in forensic pathology, clinical laboratory testing, and licit and illicit drug usage	Medical examiner and/or coroner offices, departments of pathology, forensic laboratories	Written summary log Autopsy Report Critical Thinking Questions Exam
NURS 8200 Forensic Nursing: Caring for Victims	60	Role of the forensic nurse caring for victims	Office of child protection, elder abuse, Attorney General Office of Medicaid Fraud	Clinical journals Exam Critical Thinking Questions
NURS 8300 Forensic Nursing: Caring for Perpetrators	60	Role of the forensic nurse caring for perpetrators	District Attorney office, criminal defense attorney office, police departments, correctional agencies, counseling centers that provide court mandated group therapy	Clinical Journals Exam Critical Thinking Questions
NURS 9500 Practicum in Forensic Nursing	180	The development of advanced practice role needed to serve a selected client population under the preceptorship of a forensic expert	Women's shelters, general shelter, drug abuse recovery programs, attorney offices.	Clinical journals Presentation Critical Thinking Questions

Appendix II-C. Library Review of Support to the Nursing Department

The Library's Nursing Program Review FY'21 report provided to the Nursing Department for this accreditation review demonstrates that the Library provides the necessary resources, services and facilities to support faculty and students in the undergraduate in-person and remote programs in Nursing as well as the remote master's and graduate certificate programs in Forensic Nursing at Fitchburg State University. In summary:

- **Resources:** The Library provides access to over 115,000 online journals in over 179 databases. Databases specific to Nursing include CINAHL Complete, Cochrane Collection Plus and Health Source: Nursing/Academic Edition.The Library's book collection related to Nursing totals 49,718 books, with about half in print and the other half in digital format. In 2018, the Library added Kanopy, an academic streaming film database with over 5,000 videos available with subjects aligned with Nursing (this does include some duplicates). In Fall 2020, the Library began a Technology Lending Library to ensure that all students, regardless of their financial means, are able to access the technology needed to do their course work, including digital cameras and camcorders.
- **Services:** The library provides a wide range of services including a liaison librarian who facilitates communication between the two departments by assisting faculty with general inquiries, developing relationships to facilitate collaboration between the faculty and the Library, and connecting faculty and students to library resources and services to support the needs of the Nursing Department. All traditional library services (borrowing library materials, interlibrary loan, library instruction, reference and research assistance, reserves, etc.) have been expanded through the use of technology and a variety of modes to meet the needs of our distance learning and extended campus' students and faculty. Last academic year, 20 information literacy classes were held for Nursing, 14 through the embedded librarian program and 6 through in-person instruction.
- **Facillity:** With the Library's recent renovation, students have access to welcoming spaces designed to support individual and group work, and is more than adequate to meet the needs of students, faculty and administration. Since 2015, the Library Instruction Lab, HA-101, has served as the testing location for the Nursing Department's HESI and NACE exams. Building information is in Library Table 8: Facilities.

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August 5, 2020

Deborah Benes, PhD, RN, PNP-R
Associate Professor
Department of Nursing - Thompson Hall
Fitchburg State University
160 Pearl Street
Fitchburg, MA 01420

Dear Dr. Benes:

The Substantive Change Review Committee (SCRC) of the Commission on Collegiate Nursing Education (CCNE) acted to accept the substantive change notification submitted on May 6, 2019 by the nursing unit at Fitchburg State University. The substantive change notification is in regards to the appointment of a new chief nurse administrator, effective June 2019.

As a reminder, all programs are expected to comply with the CCNE standards and procedures that are in effect throughout the period of accreditation. This includes advising CCNE in the event of a substantive change affecting the nursing program. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2019), available at https://www.aacnnursing.org/Portals/42/CCNE/PDF/Procedures.pdf.

CCNE apologizes for the delay in getting this action to you. Such a delay is unacceptable and is not consistent with CCNE practices. Over the past couple of years, CCNE has experienced a significant growth in the number of programs it accredits, and this has resulted in a heavier volume of substantive change notifications being submitted. I am pleased to share with you that additional staff have been hired to support the substantive change notification process and we have recently redesigned this process to prevent such lengthy delays from occurring in the future. We appreciate your patience.

Thank you for providing CCNE with the substantive change notification. Please do not hesitate to contact Lina Nandy, CCNE Associate Director, at 202-887-6791 x245 or lnandy@ccneaccreditation.org if you have questions or need assistance.

Sincerely,

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, CCNE Board of Commissioners

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Appendix IIIA. RN to BS Terminal Outcomes and Course Outcomes

Terminal Outcomes Senior level	NURS 3500 Role Transition	NURS 3600 Health Assessment	NURS 3710 Evidence Based Practice	NURS 4010 Community Based Nursing	NURS 4020 Social Justice and Advocacy	NURS 4030 Genomics for Nursing Practice
1. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care.	Incorporate knowledge from the liberal arts, humanities, sciences and nursing as a foundation for practice	Apply concepts from the liberal arts, sciences and nursing in health and physical assessment.	Incorporate intellectual inquiry and critical thinking in the critique of clinical nursing research to promote safe and effective client centered care	Incorporate knowledge from the liberal arts and sciences into the care of aggregates.	Apply knowledge from social and psychological sciences in understanding social justice.	Apply the principles of basic genetics and genomics terminology and knowledge from liberal arts and nursing as a foundation for clinical practice.
2. Incorporate basic organizational and systems leadership to provide quality care and patient safety.	Identify integral strategies in the acquisition of change agent skills	Demonstrate time management and organizational skills in health and physical assessment.	Examine role of organizational leadership from a systems perspective into the nursing research process and its relationship to providing safe and quality care to patients	Integrate systems theories in providing safe, quality care for clients in the community.	Appreciate systematic barriers and leadership challenges to social justice advocacy.	Identify the significance of genomics and genetics in improving the quality of client care.
3. Integrate evidence-based practice including current research and critical thinking in the management of client care.	Appreciate the relationship among theory, practice and research	Demonstrate critical thinking in health and physical assessment.	Examine leadership and management roles in the nursing research process and its relationship to the management of client care grounded in evidence based practice	Incorporate evidence-based-practice into the care of aggregates into the community.	Explore nursing literature for research related to intellectual diversity, social justice and tolerance.	Apply the principles of pharmacokinetics and pharmacodynamics and variations in drug responses to selected ethnic groups (African American, Asian, and Caucasian).
4. Analyze information using information technology to	Explore the impact of technology on professional practice	Use information technology in health and physical assessment.	Determine the scientific rigor and merit of electronic and non-electronic	Incorporate information technology to improve client	Use information technology to identify societal	Evaluate the concepts in genetics screening and testing.

improve patient outcomes.			information sources to improve client outcomes	outcomes in the community.	health care benefits and burdens.	
5. Examine the impact of health care policy, finance, and regulatory environments on nursing practice.	Examine the issues of cost containment and access to health care as they affect health care delivery	Examine health care initiatives.	Evaluate the role of health care policy, financial and regulatory institutions, as well as stakeholders in nursing research and its impact on improved client care	Evaluate the effects of health care policy, finance, and regulatory environments in community health practice.	Discuss the implications of healthcare policy on issues of access, equity, affordability, and social justice in healthcare delivery.	Examine the impact of healthcare policy, finance and regulatory environment on genetic information and testing.
6. Integrate principles of communication in professional practice.	Incorporate written, oral, technological and teaching skills in communicating with peers and clients.	Integrate oral and written communication skills in health and physical assessment.	Demonstrate understanding of the research process starting with identification of research problems to dissemination of findings for the improvement of evidence-based patient care	Integrate effective interprofessional and extraprofessional communication skills in community health nursing for the improvement of client outcomes.	Apply knowledge of advocacy techniques when communicating with patients.	Discuss the aspects of family history, risk assessment, decision making and gene based interventions and follow up in improving the care of the client and family.
7. Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care.	Examine the health promotion and disease/injury prevention needs of a target population	Incorporate health promotion and disease/injury prevention in client care.	Identify methods of integrating nursing research, theory, and practice to enhance wellbeing and quality of life in a culturally diverse global community	Synthesize knowledge of health promotion, disease prevention, and social justice to promote and improve the health of aggregates.	Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.	Synthesize current evidence in disease identification, prevention and management and its implication for nursing practice.
8. Integrate professional standards of moral, ethical and legal conduct into nursing practice.	Apply ethical, legal and professional standards when developing a plan of care.	Discuss ethical, legal, and professional standards in health and physical assessment.	Incorporate legal and ethical guidelines in conducting and applying nursing research for client care.	Utilize public health nursing interventions during the clinical practice experience that follow professional standards, public	Engage in ethical reasoning and actions to provide leadership in promoting advocacy and social justice.	Describe the Ethical Legal Social Implications (ELSI), and the benefits, risks and limitation of genetic information and its

				health ethics and legal regulations.		implication for nursing practice.

RN to BS Terminal Outcomes and Course Outcomes

Terminal Outcomes Senior level	NURS 4040 Healthcare Policy and Finance	NURS 4500 Nursing in a Global Community	NURS 4520 Caring for Forensic Populations	NURS 4600 RN to BS Capstone
1. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care.	Discuss and analyze health reform and its impact on delivery of healthcare.	Synthesize knowledge from the liberal arts, sciences, and nursing as a basis for Global health care.	Apply knowledge from nursing, sciences, and the humanities when caring for forensic populations.	Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for the design and delivery of safe and effective patient care.
2. Incorporate basic organizational and systems leadership to provide quality care and patient safety.	Discuss the revenue cycle process and how these affect nursing process.	Identify organizational strategies when planning care for vulnerable populations.	Use principles of management in professional practice to recognize client conditions of forensic concern.	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care and client safety.
3. Integrate evidence-based practice including current research and critical thinking in the management of client care.	Identify health care budgets as they impact the health care industry.	Examine the interrelatedness between the environment and health.	Incorporate current research and critical reasoning skills in the management of forensic populations.	Incorporate evidence based practice into the planning, development and delivery of quality client care.

4. Analyze information using information technology to improve patient outcomes.	Discuss the influence and impact of health care policy when delivering care.	Incorporate information technology into population healthcare.	Use information technology to plan care for forensic client populations.	Incorporate healthcare informatics and leadership concepts in the management of client care.
5. Examine the impact of health care policy, finance, and regulatory environments on nursing practice.	Examine the impact of health care policy, finance, and regulatory environments on nursing practice.	Examine the impact of foreign and domestic policies on global health needs.	Examine health policy in the provisions of care to forensic populations.	Employ principles of quality improvement, healthcare policy, and cost effectiveness to assist in the development of plans that promote quality and safety in nursing practice.
6. Integrate principles of communication in professional practice.	Integrate principles of communication with the development of health care policy.	Compare communication methods for the delivery of healthcare between developed and developing countries.	Integrate principles of therapeutic communication when communicating with forensic populations.	Integrate principles of communication in professional nursing practice.
7. Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care.	Recognize and describe effects of health care policy when delivering care.	Examine the use of interdisciplinary collaboration in the provision of health promotion and disease/injury prevention in global communities.	Incorporate nursing, sociological, criminological, and psychological theories in planning care for forensic populations.	Analyze cultural determinants when assessing nursing leadership problems and issues.
8. Integrate professional standards of moral, ethical and legal conduct into nursing practice.	Analyze health policy, health finances, and issues at the local, state, national, and international levels.	Employ ethical, legal, and professional standards when planning care for culturally diverse clients.	Discuss moral, legal and ethical parameters when caring for forensic populations.	Formulate strategies to address moral, ethical, and legal dilemmas related to client, nurse, and organization.

Template Created 12/22/2018 (PEC)

Appendix IIIA-1. Graduate Course Outcomes

Graduate Terminal Outcomes	NURS 7200 Theory	NURS 7300 Advanced Clinical Concepts	NURS 7400 Contexts & Role	NURS 8600 Advanced Patho-Pharm & Epi.	NURS 7700 Nursing Research	NURS 9600 Capstone
1. Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations	Synthesize knowledge and practice in conducting a critique of concept analysis.	Describe the influence of physiological, psychological, developmental, socio-cultural, and spiritual needs on the client, family, and community when planning care.	Formulate and present well-reasoned recommendations regarding selected problems in health care delivery and advanced nursing practice.	Analyze the internal and external factors that affect specific pathophysiological states on the health and illness continuum.	Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations.	Examine literature from the sciences and the humanities related to a forensic nursing concern.
2. Design systems change strategies that improve the care environment.	Examine the value of shared theories for nursing science and practice.	Demonstrate the ability to record detailed assessments pertaining to interviewing clients.	Compare and evaluate selected methods of health care financing and cost containment for effectiveness, efficiency, and ethical implications.	Evaluate the role genetic and epigenetic modification plays in common complex disease.	Design systems change strategies that improve the care environment.	Incorporate a systems change theory in the development of a research proposal.
3. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	Incorporate theoretical frameworks in advanced clinical practice and nursing knowledge development.	Demonstrate critical thinking when developing nursing diagnosis based on evidence-based practice	Design systems-change utilizing strategies that *improve* quality of care.	Assess the pathogenesis and clinical manifestations of commonly found/seen altered health states due to pharmacokinetic alteration	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
4. Integrate EB strategies and interprofessional perspectives to improve practice and associated health outcomes.	Incorporate concepts of diversity when determining suitability of theories for changes in a healthcare milieu.	Design cost effective care based on evidence-based practice.	Apply change theory to propose solutions to selected problems in health care delivery and nursing practice.	Determine the pharmacokinetic and pharmacodynamics aspects of forensically significant drugs as applied to selected forensic populations.	Integrate evidence-based strategies and interprofessional perspectives to improve practice and associated health outcomes.	Construct a research proposal that integrates evidence-based research for forensic populations
5. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.	Apply established ethical and legal guidelines when evaluating research on patient care.	Analyze client outcomes incorporating principles of performance evaluation.	Display skill in information management using computing and web browser technology.	Synthesize and apply current research-based knowledge regarding pathological and pathopharmacological changes to selected illness states.	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost effectiveness, and health outcomes.	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.

Appendix IIIA-1. Graduate Course Outcomes

6. Participate in the promotion of policies to improve public health and advance the nursing profession.	Apply a variety of nursing theories to practice, education, research, and administration.	Integrate evidenced based practice in the plan of care for clients	Analyze and discuss the effects of governmental health and social policy on advanced nursing practice roles and on outcomes in diverse client populations.	Identify the role of the forensic nurse in the application of genetically focused public health policies.	Participate in the promotion of policies to improve public health and advance the nursing profession.	Participate in the promotion of policies to improve public health and advance the nursing profession.
7. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.	Actively participate in on line discussions to determine areas of future professional development and application newly acquired knowledge.	Design a team approach plan of care for clients and families in crises.	Construct a professional curriculum vitae	Describe strategies to incorporate forensic nurses as members of legal-medical teams which have a genetic focus.	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
8. Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.	Identify discipline-specific knowledge that applies to the human-universe-health process.	Develop the plan of care utilizing nursing theory.	Utilize health status indicators to identify planning needs for the health of a selected population.	Apply diagnostic reasoning in assessing and evaluating clients with specific pathophysiologic alterations.	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.

Appendix IIIA-1. Graduate Course Outcomes

Graduate Terminal Outcomes	NURS 8000 Introduction	NURS 8130 Scientific Foundations Interventions	NURS 8200 Victims	NURS 8300 Perpetrators	NURS 8410 Criminal Law	NURS 8500 Forensic Science & Technology	NURS 9500 Practicum
1. Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations	Utilize a holistic approach to forensic nursing practice with living victims and perpetrators.	Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.	Design nursing care for clinical or community focused population based on biopsychosocial. Public health, nursing and organizational sciences.	Apply professional principles of forensic nursing terminology and practice science and knowledge from the humanities to proposed etiologies for perpetrators in professional practice.	Synthesize knowledge from nursing and the humanities in the examination of criminal law.	Assimilate knowledge from forensic science and technologies to determine appropriate application of interventions across diverse populations.	Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations.
2. Design systems change strategies that improve the care environment.	Analyze relationships between sociocultural factors and violence and their mutual influence on victims and perpetrators.	Apply leadership skills and decision-making in the provision of culturally responsive, high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes.	Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.	Apply interpersonal group and leadership skills with clients, colleagues, and other disciplines with/between the health care and legal-judicial system.	Demonstrate an understanding of the criminal justice system.	Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care.	Participate with agency administrators to design systems change strategies that improve the care environment
3. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	Recognize the complexity of medical-legal and ethical-legal issues, including expert witness activities in forensic nursing practice.	Scrutinize information about quality initiatives, recognizing the contributions of individuals and inter-professional healthcare teams across the continuum of care.	Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.	Analyze standards of advanced practice nursing care for perpetrators in psychiatric, addictions, and correctional systems and for clients who are accused of a crime and presents to emergency, crisis, trauma, and long-term settings.	Promote a professional environment that includes accountability and high-level communication skills when involved in the criminal justice system	Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.

Appendix IIIA-1. Graduate Course Outcomes

							professional writing.
4. Integrate EB strategies and interprofessional perspectives to improve practice and associated health outcomes.	Examine assessment data for the presence of etiological factors pertaining to violence and trauma.	Integrate theory, evidence, clinical judgement, research, and inter-professional perspectives using translational processes to improve practice	Articulate to a variety of audiences the evidence-base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.	Evaluate and apply professional literature related to prevention and intervention with victims, perpetrators, significant others, and the community in professional practice.	Articulate an understanding of the development of criminal law through case law, precedents and statutory laws.	Articulate to a variety of audiences the evidence-base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.	Integrate evidence-based strategies and interprofessional perspectives to improve practice and associated health outcomes.
5. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.	Explore the scope of career possibilities within forensic nursing.	Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes.	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost effectiveness, and health outcomes.	Discuss the impact of technology and informatics on legal, ethical, financial and nursing responsibilities when intervening with victims and/or perpetrators.	Apply policies that incorporate ethical principles and standards for the use of health and information technologies	Utilize information and communication technologies, resources, and principles of learning to teach patients and others.	Analyze current and emerging technologies to support safe practice environments and to optimize patient safety, cost-effectiveness, and health outcomes.
6. Participate in the promotion of policies to improve public health and advance the nursing profession.	Identify components of a high index of suspicion while performing functions of an advanced practice forensic nurse.	Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.	Advocate for policies that improve the health of the public and profession of nursing.	Participate in the interpretation and implementation of strategies to influence legislation, administrative policy, and community activism.	Examine the effect of legal and regulatory processes on forensic nursing practice.	Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.	Participate in the promotion of policies to improve public health and advance the nursing profession.

Appendix IIIA-1. Graduate Course Outcomes

7. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.	Describe strategies to incorporate forensic nurses as members of legal-medical teams.	Employ effective communication strategies to develop, participate, and lead inter-professional teams and partnerships	Advocate for the value and role of the professional nurse as member and leader of the interprofessional healthcare team.	Describe and discuss the process of assessing perpetrators for competency to stand trial.	Explore effective communication strategies when interacting with all participants of the criminal justice system.	Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
8. Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.	Formulate nursing decisions, which incorporate forensic nursing concepts, principles, and philosophies.	Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts	Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts.	Synthesize the broad social, culture, and legal paradigms of determinants of health related to perpetrators.	Demonstrate integration of legal and ethical principles in the care of vulnerable populations.	Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology & data sources.	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.

Appendix IIIB. Review of Essentials across the Curriculum

Data Table III-B(a)
AACN Essentials for Baccalaureate Education and Program Terminal Outcomes

(Spring 2014)

	AACN Essentials for Baccalaureate Education		FSU Terminal Outcomes
I	Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care	1.	Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care
II	Incorporate basic organizational and systems leadership to provide quality care and client safety	2.	Incorporate basic organizational and systems leadership to provide quality care and patient safety
III	Incorporate evidence based practice including current research and critical thinking in the management of client care	3.	Incorporate evidence based practice including current research and critical thinking in the management of client care
IV	Analyze information using information technology to improve patient outcomes	4.	Analyze information using information technology to improve patient outcomes
V	Examine the impact of health care policy, finance, and regulatory environments on nursing practice	5.	Examine the impact of health care policy, finance, and regulatory environments on nursing practice
VI	Integrate principles of communication in professional practice	6.	Integrate principles of communication in professional practice
VII	Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	7.	Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care
VIII	Integrate professional standards of moral, ethical and legal conduct into nursing practice	8.	Integrate professional standards of moral, ethical and legal conduct into nursing practice
IX	Baccalaureate generalist nursing practice	N/A	Incorporated into above eight terminal outcomes

Data Table III-B(b)
Terminal Outcome 6. Across the Curriculum

Spring 2014

	AACN Essentials		Terminal Outcome
VI	Integrate principles of communication in professional practice	6.	Integrate principles of communication in professional practice

Sophomore Level Outcome	NURS 2300	NURS 2900
Use professional communication skills in academic and clinical settings	In this course (Health Assessment) students are introduced to clinical terminology and interviewing techniques in the classroom setting and are then given the opportunity to implement the use of such in the laboratory component of the course. Under the guidance of a clinical/laboratory instructor, students practice interviewing techniques to gather subjective data. Students are introduced to physical examination techniques and terminology. In this course, students use a simulated electronic medical record to document subjective and objective findings. This course requires a poster presentation depicting the health assessment of an individual. References for this project are required in APA format.	This course (Medical Surgical Nursing I) builds on professional communication. In the classroom setting, students continue to be exposed to clinical terminology. In the clinical component of the course, students care for clients in acute care settings; communicating with clients, families, peers, the clinical instructor, as well as members of the health care team. Students begin to use SBAR communication in the clinical setting. This course requires a short paper written in APA format.
Junior Level Outcome	NURS 3300	NURS 3900
Incorporate principles of communication in	In this course (Maternal Newborn Nursing) students practice interviewing skills in the collection of	Students focus on age appropriate communication with the clients that they care for in Pediatric

academic and clinical settings	subjective data for a written care plan. All students write a scholarly paper using nursing research on current trends in maternal newborn nursing. In the clinical setting, students care for mother-newborn dyads. Much of the communication is centered on teaching new mothers how to care for their newborns and themselves. Students have the opportunity to observe principles of therapeutic communication when they are paired with an experienced nurse working with high risk teen pregnant mothers (Healthy Families, Gardner, MA VNA)	Nursing. In addition to communication with pediatric clients, students engage in communication with parents and guardians. The clinical component of this course is diverse; students care for pediatric clients in the acute care setting as well as outpatient and community settings. This requires communication with a variety of individuals. Each week, students use an on-line discussion board to reflect on clinical experience (their own and those of their peers). Students demonstrate the use of 'SBAR' in a simulation experience.
Terminal (Senior Level) Outcome	**NURS 4800**	**NURS 4850**
Integrate principles of communication in professional practice	This is the final clinical nursing course before graduation. The theory portion of this course uses a case study approach to focus on care of the client with complex illnesses. In the clinical portion of this course each student is placed in an acute care setting with an experienced baccalaureate prepared nurse preceptor (employed by the acute care setting). The student utilizes oral and written professional communication with clients, families, peers, and members of the health care team. There is continued emphasis is placed on SBAR communication in the classroom and clinical settings.	Leadership and Management students demonstrate professional communication in classroom exercises. All students participate in a group oral presentation. Topics include: delegation, quality improvement, intraprofessional conflict, and change.

Appendix IIIB. Review of Essentials across the Curriculum

Terminal Outcome 3. Across the Curriculum

	AACN Essentials		Terminal Outcome
III	Incorporate evidence based practice including current research and critical thinking in the management of client care	3.	Incorporate evidence based practice including current research and critical thinking in the management of client care

Sophomore Level Outcome	NURS 2700
Use critical thinking skills and evidence based practice in planning client care	Students in Foundations of Nursing are introduced to critical thinking skills and evidence-based practice and how nurses use these to care for clients. Students are introduced to the need for life-long learning as nursing care changes reflected through research.
Junior Level Outcome	**NURS 3710**
Demonstrate nursing care which reflects critical thinking and incorporation of current research	Students in Evidence-Based Practice in Nursing are introduced to the implementation of evidence-based strategies. By the end of this semester, students are be able to identify research processes, critique research studies and evaluate practice protocols.
Terminal (Senior Level) Outcome	**NURS 4800**
Incorporate evidence based practice including current research and critical thinking in the management of client care	In the practicum setting, students work at various acute care settings one on one with preceptors and also have a faculty preceptor who visits them weekly in the clinical setting. Weekly student-faculty seminars give students an opportunity to share and discuss current trends in nursing across a variety of acute care settings (large academic institutions, community hospitals, medical surgical units, critical care units, emergency departments).

Fitchburg State University
Department of Nursing

I. GENERAL COURSE INFORMATION

A. Title: NURS 8600 - Advanced Pathopharmacology & Epigenetics in Forensic Nursing

B. Course Description:
    This course examines the interplay of pathophysiology, pharmacology, and epigenetics
    related to advanced practice forensic nursing care. Course focus is the mechanisms
    which result in disruptions of physiological systems that immediately or ultimately
    produce disease.

C. Credit Allotment:
    3 credits

D. Placement in Curriculum:
    Core Forensic Nursing Course; Spring Semester.

E. Prerequisites:
    NURS 8000 Introduction to Forensic Nursing

F. Meeting Location and Times:
    Asynchronous classroom via BlackBoard

II. COURSE OUTCOMES

At the conclusion of this course the student will:

1. Analyze the internal and external factors that affect specific pathophysiological states on
    the health and illness continuum.
2. Evaluate the role genetic and epigenetic modification plays in common complex
    disease.
3. Assess the pathogenesis and clinical manifestations of commonly found/seen altered health
    states due to pharmacokinetic alteration.
4. Determine the pharmacokinetic and pharmacodynamics aspects of forensically significant
    drugs as applied to selected forensic populations.
5. Synthesize and apply current research-based knowledge regarding pathological and
    pathopharmacological changes to selected illness states.
6. Identify the role of the forensic nurse in the application of genetically focused public health
    policies.
7. Describe strategies to incorporate forensic nurses as members of legal-medical teams which
    have a genetic focus.
8. Apply diagnostic reasoning in assessing and evaluating clients with specific pathophysiologic
    alterations.

Department of Nursing

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III.   SUMMARY OF UNITS

Class components include:

Basic Concepts from Molecular Genetics	Sociology of Substance Use
Protein Synthesis	Drugs and Law Enforcement
Introduction to and History of Drug Use	Family History
Substance Legislation	Pedigree Construction
Gene Expression	Genetic Assessment
Epigenetics	Genetic Health Problems Across the
Biology of Psychoactive Substances	Life Span
Substances of Misuse	Genetic Influences on Selected
U.S. and Global Drug Policy	Complex Health Problems
Genomics and Disease Management	Global Genetic Issues

IV.   INSTRUCTIONAL METHODS

Case Studies	Mini Lectures
Discussion	PowerPoint(s)
Web-based Assignments	Reading Assignments
Video(s)	Audio Recordings

The instructional methods listed above are used independently by the learner.

The BB Discussion Board will be used for student questions, clarifications.

V. EVALUATION

Classroom Component

Method	Percentage of Grade
Weekly Chapter Quizzes	
(9; drop lowest grade)	25%
Exam #1	10%
Midterm exam	10%
Final Exam	20%
Paper	20%
3 Generation Pedigree	15%

Please note: All Quizzes & Exams are Cumulative

VI.   **OTHER IMPORTANT INFORMATION**

Academic Policies

The Fitchburg State University Academic Integrity Policy, and The Department's *Academic and Professional Policies* are in effect throughout this course. Students should consult the respective policies prior to the start of this course and throughout the semester.

Fitchburg State University Academic Success Center

Students are strongly encouraged to explore The University's Academic Success Center. Please consult the on-line information at: http://www.fitchburgstate.edu/offices-services-directory/academic-success-center/ or ask your faculty for more information about the services that are available through this resource.

Carnegie Unit

The Carnegie Unit refers to the unit of work expected of students for each University credit. The most common breakdown for one credit is one hour of class work and two hours of homework for fifteen weeks each semester. For example, a three-credit course will demand nine hours of work weekly (three hours of class and six hours of homework).

Disability /Accommodations

Students who require course adaptations or accommodations because of a disability, students who have emergency medical information to share, and students who require special arrangements in case the building must be evacuated, should inform the course faculty as soon as the need is identified.

Course Withdrawal

The Department of Nursing, Graduate and Continuing Education (GCE), and Fitchburg State University policies for course withdrawal are in effect for this course. Should a student wish to withdraw from the course, the withdrawal process must be done by **5:00 pm on April 7th, 2020** in order to avoid penalty (grade of 0.0). **Any withdrawals made after this time will result in a grade of 0.0 on the student's transcript.**

VII.   **COURSE-SPECIFIC POLICIES**

Students are expected to practice high standards of integrity, accountability, responsibility, and respect for others as described in The Department's Graduate Student Handbook (2019-2020). Students are expected to be respectful to each other. Students are expected to participate fully in group activities. Please also take note of the following course-specific policies:

Preparedness

BlackBoard is the learning platform utilized throughout the semester and should be checked by the student at least daily for new content and announcements. Students should also check their FSU e-mails at least daily for communication related to the course.

Students are responsible for meeting all course requirements and for keeping up with all course activities. If a student is expected to be absent for an extended amount of time due to illness, death in the family, etc., the student should contact the course instructor at the earliest possible opportunity to discuss the situation.

Assignment Deadlines

Students are expected to complete all assignments in a timely manner. Deadlines are important in the professional world; they are important in this class. Any late submission of assignments must be negotiated with faculty in advance, at least 24 hours prior to the due date. Mechanical failure and technical difficulties will not be considered sufficient grounds to waive the late paper penalty. Please plan accordingly. Late assignments will lose 10 points on a 100-point scale for each day (24 hours) they are late, commencing at 1900 on the due date. Students who have negotiated extensions will have a revised due date, after which the same policy will apply.

If a student is unable to complete an assignment on the due date due to an emergency situation or extenuating circumstance, the student is required to notify the instructor via ***email and by phone prior*** to the due date/time. Documentation of the emergency situation or extenuating circumstance may be requested by the course faculty before an "excused absence" is formally identified.

VIII.   REQUIRED RESOURCES

NOTE: Content-specific case studies, articles and web site links for videos and audio recordings will be posted in the FSU course BlackBoard throughout the semester.

Texts:

American Psychological Association. (2010). *Publication manual of the American Psychological Association. - 6th ed.* Washington, DC: American Psychological Association. (ISBN 1433805618).

Abadinsky, H. (2018). *Drug use and abuse: A comprehensive introduction* (9th ed.). Boston: Cengage Learning.

Beery, TA; Workman, ML; & Eggert, JA (2018). *Genetics and genomics in nursing and health care, (*2nd ed.). F.A. Davis: Philadelphia.

Department of Nursing

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IX.   <u>FACULTY</u>

<u>*Classroom*</u>

Carolyn J Gustason PhD, RN   E-mail: <u>cgustas2@fitchburgstate.edu</u>

Office: Thompson Hall, Rm. 322   Phone: 978-665-4653

Office Hours: Wednesdays 9-11a; Fridays 11-1p; or prn.

IIIC-1b. Examples of Integrating Guidelines into the Graduate Program Curricula

AACN Essential I (2011) Background for Practice from Sciences and Humanities	Graduate Program Terminal Outcome # 1 Integrate knowledge from the sciences and humanities into the provision of advance nursing care to diverse populations.
NURS 8000 Introduction to Forensic Nursing	**Example:** In this course students are introduced to The foundation for forensic decision making in advanced nursing practice with an emphasis on a holistic approach to living victims and perpetrators. The relationship between socio-cultural factors in violence is explored. Students choose a population of interest and are guided to explore professional literature, learning how to locate and identify trustworthy sources. A worksheet was developed to assist students in synthesizing the various study results. The final paper is a product of the semester's work.
NURS 7200 Nursing Theory	**Example:** This course will provide the opportunity for knowledge development of nursing theory, theoretical foundations, and concept development. Critical analysis and theory critiques will provide the student with an experience to link theory and practice. Each student chooses a concept of interest and progresses through a number of steps in analyzing and synthesizing the literature to arrive at a complete picture of what the concept looks like: its causes, characteristics, and consequences.
AACN Essential III (2011) Quality Improvement & Safety	**Graduate Terminal Outcome # 3** Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
NURS 8300 Forensic Nursing Caring for the Perpetrator	Example:

	Students identify the role of the forensic nurse caring for perpetrators. Attention is given to understanding the etiology and interventions in current practice. Theories, etiologies, and interventions are discussed, This course includes a clinical component of 60 hours. Students describe how their selected reading may inform how you apply standards of advanced practice nursing care for perpetrators in psychiatric, addictions, and correctional systems or for clients who are accused of a crime and presents to emergency, crisis, trauma, and long-term settings.
AACN Essential VIII (2011) Clinical Prevention and Population Health for Improving Health Course Objective #8: Synthesize the broad social, culture, and legal paradigms of determinants of health related to perpetrators.	**From a developmental/life course perspective, how might adverse childhood experiences influence criminal behavior/activity in later life?**

AACN Masters Essentials and the FSU Graduate Program Terminal Outcomes

	AACN Master's Essentials (2011)		FSU Graduate Nursing Program Terminal Outcomes (2018)
I	Background for Practice from Sciences and Humanities.	1	Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations
II	Organizational and Systems Leadership	2	Design systems change strategies that improve the care environment.
III	Quality Improvement and safety	3	Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
IV	Translating and Integrating Scholarship into Practice	4	Integrate EB strategies and interprofessional perspectives to improve practice and associated health outcomes.
V	Informatics and Healthcare Technologies	5	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.
VI	Health Policy and Advocacy	6	Participate in the promotion of policies to improve public health and advance the nursing profession.

VII	Interprofessional Collaboration for Improving Patient and Population Health Outcomes	7	Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care.
VIII	Clinical Prevention and Population Health for Improving Health	8	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.

Appendix IIIF-2a. Table of Revisions for the RN to BS curriculum

Fitchburg State University

Department of Nursing

Current Course	Title	Credits	Course in Revised Curriculum	Credits in Revised Curriculum	Summary of Changes
NURS 3500	Concepts of Nursing I	3	NURS 3500 Role Transition to Baccalaureate Nursing	3	New Title Revised course description
NURS 3600	Concepts of Nursing II	3	NURS 3600 Health and Physical Assessment	3	New Title Revised course description
NURS 3710	Evidence Based Practice	3		3	No changes
NURS 3650	Portfolio Preparation	1			Course will not be offered in this revised track
NURS 4400	Community Health Nursing	5			Course will not be offered in this revised track
NURS 4500	Nursing in a Global Community	2		3	Course description changed Number of credits increased from 2 to 3
NURS 4510	End of Life Care OR				Course will not be offered in this revised track
NURS 4520	Caring for Forensic Populations	3		3	No changes
NURS 4600	RN to BS Capstone	9		4	Course description changed Number of credits decreased from 9 to 4
NURS 4850	Leadership and Management in Nursing	3			Course will not be offered in this revised track
			NURS 4WWW Community-Based Nursing	4	NEW COURSE
			NURS 3 ZZZ Social Justice and Advocacy in Nursing	3	NEW COURSE
			NURS 4 XXX Genomics for Nursing Practice	3	NEW COURSE
			NURS 4 YYY Healthcare Policy and Finance for Nursing Practice	3	NEW COURSE
		32		32	

Appendix IIIG-1a.. Table of Med Calc Exam / Exam Content /Placement in Curriculum

Level & Semester of Med Calc Exam	Targeted Types of Math +/or Med Calculation Content on Med Calc Exam	Placement of Med Calculation Content in Curriculum
Sophomore Year: Start of Spring Semester (NURS 2900)	-Household measures -Weight Conversions -Fluid conversions -I & O tallies -Reading Labels and Orders -PO Meds (pills & liquid forms) -Ratio & Proportion -Calculating IV flow rates (mL/hr) -Hourly& 24-hour Urinary Outputs via Indwelling Cath -Shading correct dose in appropriate syringe & med cup -Calculating dosage by body weight (mg/kg/day)	During NURS 2700 (the prior Fall Semester) Skills Lab NOTE 1- Dec 2018: Instruction was formally added to 2700 & 2500 class time (1 hour in each course) due to student request for more med calc help This prompted discussion with FSU Math Dept. NOTE 2 - Spring 2019: The DON is collaborating with J. Berg from FSU Math Department to create 3 levels of med calc modules to be accessible to nursing students throughout the nursing program via BB. Targeted availability is Fall2019 or Spring 2020. T. Finn sent a sample of each level's med calculation exam, answer keys & DON Rounding Rules to J. Berg in March 2019. N Green volunteered to be the contact /liaison for this project.
1st Semester Junior: Start of Fall Semester (First Jr. Rotation)	-Carry forward the previous types of calculations -Recommended dosages/safe dosages (mg/kg/day AND in equally divided doses; safe doses)	During PathoPharm II (the prior Sophomore Spring Semester)
2nd Semester Junior: Start of Spring Semester (3rd Junior Rotation)	-Carry forward the previous types of calculations -Calculating IV drip rates (drops per minute)	During All Four Junior Level Clinical Courses (the prior Fall Semester)
LPN to RN BS Track Junior : Start of LPN Summer I Session	-Carry forward all Sophomore Level Med Calc -IV Drip Rates & -Recommended dosages/safe dosages (mg/kg/day; In equally divided doses)	During PathoPharm II (prior Spring Semester) & During the LPN Med Calc Review Session held in April (a component of the LPN Skills Day)
1st Semester Senior (NURS 4400): Start of Fall Semester for May Grads Start of Spring Semester for Dec. Grads	-Carry forward the previous types of calculations -IV heparin rates	During NURS 3400 Class time for Traditional Track (the prior semester(s)) During LPN Summer I & II Sessions for LPN to RNBS Track
2nd Semester Senior (NURS 4800): Start of Spring Semester for May Grads Start of Fall Semester for Dec. Grads	- Carry forward the previous types of calculations - Tube Feedings/ Total Daily Calories/ Flow Rate of TF	During NURS 4750 (the prior semester)

Compiled Modifications From May 23, 2019 DON Curriculum Workshop Discussion (tfinn/8/24/2019)

Appendix IIIG-1b. Revisions to Med/Surg content across the Curriculum

May 2018 Faculty Curriculum Workshop Revisions and Implementation					
	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020
Diabetes & Heart Failure	NURS 4750	n/a*	n/a*	n/a*	n/a*
Autoimmune Diseases	n/a	Yes	Yes	Yes	Yes
Angiotensin Receptor Blockers	NURS 3400	NURS 3400	NURS 3400	NURS 2600	NURS 2600
Pneumonia (pathophysiology)	NURS 3400	NURS 3400	NURS 2600 NURS 3400	NURS 2600	NURS 2600
Pneumonia (nursing management)	NURS 3400	NURS 3400	NURS 2600 NURS 3400	NURS 2600	NURS 2600

*The pathophysiology and nursing management care of the patient with diabetes and heart failure are sufficiently covered in sophomore and junior level courses.

Table III G-2. **Selected Examples of Teaching-Learning Practices and Environments Supporting Outcomes in the Undergraduate Nursing Program**

Level Outcome	Course Outcome	Teaching-Learning practices and Environments
Sophomore Level Outcome: Plan safe client centered nursing care based on key concepts from the humanities, physical and behavioral sciences	**NURS 2700 Foundations in Nursing:** Develop an understanding of basic concepts required in planning safe, client centered nursing care	*Teaching/Learning Practices*: Discussion, group work in classroom and lab settings, socrative questions, adaptive quizzing, Sherpath assignments L*ab Sessions*: Eleven formal Instructional sessions that target Communication; Hygiene; Safety/Transfers; Medication Administration and Preparation; Skin & Wound Care; Vital Signs; Facilitating Elimination and Specimen Collection *Clinical*: Two 3hr. Assisted Living Clinical Experiences; Interviews and Data Collection Using Gordon's Functional Health Patterns, reflective journaling and process recording *Assignment*: 1.) Collecting Data for a health and Medication History; 2.) Developing a Nursing Care Plan
Junior Level Outcome: Incorporate knowledge from the liberal arts, sciences, and nursing in the delivery of safe client-centered care	**NURS 3900 Pediatric Nursing**: Apply concepts of growth and development in planning and implementing safe pediatric care	*Teaching/Learning Practices:* Flipped classroom approach, discussion, student presentations, group work, concept maps *Lab sessions:* Fall – Injectable medications and Intravenous fluids; Oxygenation and Suctioning Spring – Nasogastric/Gastric Tubes and Enteral Feeds; Tracheostomy care and Chest Tubes *Clinical:* pediatric clinical experiences take place in Fitchburg and Worcester, MA. Both cities are known for their make-up of vulnerable and highly diverse ethnic populations. With the guidance of the nursing instructor the student performs pediatric assessments, safely administers medications, and assesses the effectiveness of the nursing plan of care. Health promotion and wellness are the focus of ambulatory settings (WIC, childcare, early intervention). *Simulation:* Students demonstrated knowledge of pediatric assessment, communication, collaboration, and organizational skills in three different simulations: Care of the acutely ill child with

		bronchiolitis; reactive airway disease and otitis media; and pyloric stenosis. *Assignment:* Students write and submit a paper which includes the analysis of two journal articles, one of which is evidenced based (research) knowledge on the topic of interest. Nursing care in this written assignment includes findings of current research related to pediatric health concerns
Senior Level Outcome: Integrate professional standards of moral, ethical, and legal conduct into nursing practice	**NURS 4400 Community Health Nursing:** Deliver nursing care to the community using professional standards, public health ethics and legal regulations.	**Teaching/Learning Practices:** Discussion, videos, podcasts, analysis of a community health assessment, case study, presentations **Clinical:** Students are provided with a variety of community clinical sites where they provide care for vulnerable populations (i.e., homeless shelters, soup kitchens, schools). Clinical opportunities include health fairs, asset mapping, healthy eating cooking demonstrations, civic engagement in homeless shelters, food pantries, and outreach organizations, In conference settings, they discuss the needs of the population and the importance of conducting oneself in a professional manner to protect the rights of these clients **Assignment:** Advocacy letters, PhotoVoice, Windshield surveys ***Alternative learning Environment:*** 2 week faculty lead clinical experience in Ghana. Students have the opportunity to work with vulnerable populations conducting health fairs, working in community based hospital settings, and traveling with community health nurses. Assignments include reflective journaling. Photo assignments reflecting determinants of health, and a written assignment related to a Public Health topic

Table III G-2. **Selected Examples of Teaching Learning Practices and Environments Supporting Outcomes in the RN to BS in Nursing Track**

Level Outcome	Course Outcome	Teaching-Learning practices and Environments
Junior Level Outcome: Incorporate knowledge from the liberal arts, sciences, and nursing in the delivery of safe client-centered care	**NURS 3500 Role Transition to Baccalaureate Nursing** Incorporate knowledge from the liberal arts, humanities, sciences, and nursing as a foundation for practice	**Teaching/Learning Practices***:* Reading assignments guide the asynchronous discussion board in the exploration of professional nursing practice and the baccalaureate nurse's scope of practice. The ANA Code of Ethics with Interpretive Statements and the Essentials of Baccalaureate Education serve as a guide for teaching and learning. **Assignment:** Students develop a PICOT question, and review, critique, and summarize current nursing literature as it relates to their question**.**
Senior Level Outcome: Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	**NURS 4500 Nursing in a Global Community** Examine the use of interdisciplinary collaboration in the provision of health promotion and disease/injury prevention in global communities.	**Teaching/Learning Practices:** Readings, YouTube videos, blackboard discussion questions, PowerPoint presentations, Screen-Cast-o-Matic **Assignment:** PowerPoint presentation focusing on a NGO**,** global health modules, M&M case study on global infectious diseases
Senior Level Outcome: Integrate professional standards of moral, ethical, and legal conduct into nursing practice	**NURS 4600 Capstone** Formulate strategies to address moral, ethical, and legal dilemmas related to client, nurse, and organization.	**Teaching/Learning Practices** **Clinical**: Students select a focused Clinical Practice Experience which examines the role of the professional nurse in the provision of safe, ethical, or quality patient care. **Assignment:** The CDC Workplace Violence Modules, ANA Code of Ethics with Interpretive Statements, and current civility in nursing literature serve as a guide for an asynchronous discussion board. Students

		examine violence and incivility through a legal and ethical lens, sharing personal experiences and suggestions to promote civility and safety.

Appendix IIIH-1a. Examples of Interprofessional Collaboration in Clinical settings

Course name/number	Examples
NURS 4800 : Selected Nursing Practicum	All 4800 seniors are tasked with completing a portfolio based on the 8 course outcomes with corresponding indicators. Multiple indicators reflect interprofessional collaboration. Examples: ***Outcome 7G Collaborates with other healthcare professionals, the client and family to develop an intervention plan that takes into account determinants of health, available resources, and range of activities that contribute to health and the prevention of illness, injury, disability and premature death.*** *4/16/2021 Heywood Hospital Maternity Unit* *On this clinical day I was assigned to care for a new mother and her first baby. Throughout the beginning of the shift she was struggling to get the baby to latch in order to breastfeed. This was her second day postpartum and she hadn't had much success with breastfeeding. This resulted in the baby becoming a bit jaundice (because he wasn't hydrated and putting out bilirubin through stool) and mom was feeling very frustrated. After I identified this problem with my preceptor we reached out for assistance from other members of the health care team. We were able to set our patient up with the lactation consultant who taught her several different positions she could try and tips to get the baby to latch. This intervention speaks to the social determinant of health: education. Giving mom more education about breastfeeding will help her better take control over her decision to breastfeed her baby. We also informed mom about supplementing with formula. We then asked her if she has the finances to afford the formula. Fortunately she did. This addresses another determinant of health; economic stability. Having access to health care itself is also a social determinant to health. Because she was in our facility and had insurance, she was able to receive care and education for herself and her baby.* **Outcome 1H Assists physicians and other healthcare professionals competently with procedures** 1h. 3/10/2021 Heywood Hospital Maternity Unit *On this clinical day I evaluated and assisted Dr. F in performing a circumcision on a newborn. Before he arrived to perform the procedure I went over it and the nursing considerations with my preceptor. We also set up all the supplies that would be needed. My preceptor remained with me through the entire procedure but allowed me to act as the assisting nurse for Doctor F. I was tasked with holding the babies arms down, soothing the baby, and retrieving anything that did not need to remain sterile. I was able to assess the procedure fully and Dr. F explained each step and questioned me throughout. I felt competent in my ability to answer questions about sterile technique and pain management. He asked questions about STIs, anatomical reasons to/ not to perform a circumcision, and implications later in life. Although it had been a while since I had learned this material (some never learned) I felt confident in my ability to think through the question to come up with some answers but also to acknowledge that I did not know the answer but was thankful to learn.*

Standard III H Collaboration in clinical settings

NURS 4400: Community Health Nursing	**Portfolio Examples:**
	
	Outcome 6a Collaborate with professionals from nursing and other disciplines to plan effective care for aggregates
	We worked with Covid-19 Surveillance Project Director, Director of Environmental Health, Safety and Risk Management, and our clinical instructor who is a Registered Nurse. This project was run through the collaboration of FSU and The Broad Institute. I worked a four hour shift with the above and three other nursing students to check people in and observe their self testing. It is essential to be able to collaborate with others in order to get things done correctly and efficiently. In order to do this you must be able to communicate and be reliable in completing your portion of the project at hand.
	
	Outcome 6a-Collaborate with professionals from nursing and other disciplines to plan effective care for aggregates
	
	<u>**Evidence for course outcome #6a**</u>**Collaborate with professionals from nursing and other disciplines to plan effective care for aggregates**
	11/5/20- *While participating in the flu clinic at Northbridge High School, I collaborated with the VNA nurse, the local public health department, my clinical instructor, and my peers to plan effective care of aggregates. We planned to administer vaccines to everyone over 12 and to notify the VNA nurse when someone under 12 needed to get a vaccine. I assessed my peers and the VNA nurse, by holding their supplies on handing them needed supplies while they administered the flu vaccine.*
	
	Outcome 6e. Refer clients to appropriate services as needed
	10/15/2020 VSim: Family as a Client: Public Health Clinic
	During this simulation, I was tasked to meet with a young expecting mother and discuss her financial limitations. Following this interview it was apparent that she was struggling to afford healthy food options. I then made the referral for her to connect with WIC services. WIC stands for Women, Infant and Children services. WIC provides those eligible with nutritional assistance including money for food, health care referrals, and nutrition education.
	Eligibility for WIC services are:
	  • *women who are pregnant, post natal (for 6 months) or breastfeeding (for up to one year)*
	  • *infants (up to 1 year)*
	  • *children (till 5 years old)*
	  • *must live in the state they are applying for services in*
	  • *at or below the income level set by the state*
	  • *must be determined by a health care professional to be at a nutritional risk*

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	The patient in our simulation fit this criteria as a pregnant woman who has a low income living in the community. This patient fits under the category of young single mothers which is a vulnerable population. By making a referral to WIC services I advocated for her needs for food security and financial assistance.
Junior Level Courses	Junior level uses a clinical evaluation tool which contains terminal outcomes, junior level outcomes and course outcomes. One of the junior level outcomes stipulates that *Students will employ collaboration and prioritization when managing client care*. The following examples present how students in various specialties are meeting this outcome.
NURS 3300 Maternal Newborn Nursing	"In the nursery the nurses were discussing how far away the bassinet has to be from the direct phototherapy machine. While they were discussing I made sure to jump into the conversation and ask questions about the length and why?" Another example is when a student collaborated with a team of anesthesiologists, physicians and nurses. An obstetrical woman happened to be groaning with pain when a group of students began their shift. The patient was Spanish speaking only and the student nurse is bilingual; she can fluently speak both Spanish and English. Upon recognizing her own potential for contribution to this situation, she assisted the team with translation. Not only that but she also provided education to this obstetrical patient on various topics such as breastfeeding, and newborn care to promote quality patient care. This demonstrates commitment to interprofessional collaboration by communicating with team members based on the needs of the situation.
NURS 3900 Pediatric Nursing	Students work with disciplines outside of nursing during their clinical rotations, including physicians, mid-level providers, ancillary services and family members. This collaboration allows for continuity throughout the patient's care. *"During nurse physician rounds, I was present in the room. When asked questions about the patient I was able to tell them how my patient was doing."* *The nursing student identified an unsafe medication dose for a pediatric patient and reported this information to the resident using SBAR format.* *"In the clinical setting I was able to participate in a code practice with medical students. It was interesting as we were working as a collaborative team and I was receiving recommendations for care".* *"I was able to be present during rounds on my patient and experienced family center care through both doctors and nurses"* *"The patient has questions/ concerns of his pigtail procedure so he asked for more information on it, which I relayed to the doctor"*

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NURS 3400 Medical Surgical Nursing II	Students work with disciplines outside of nursing during their clinical rotations, including physicians, mid-level providers, ancillary services and family members. This collaboration allows for continuity throughout the patient's care.
	Course Outcome #2:Practice safe nursing care drawing on principles of collaboration and organization *-In clinical we utilize this with a pre-conference before going in to see our patient.* *-Working at the vaccine clinic was another activity to make sure we can safely practice nursing skills in a collaborative community environment with a Professor.* Course Outcome #6: Incorporate effective communication techniques when interacting with clients and health professionals Student responses when asked how this is met: *-We give a report to our nurses before leaving the floor at clinical.* *-When working in the clinical setting we maintain proper communication with the patient's healthcare team to make sure all of our assigned patients receive adequate care.*
NURS 3200 Mental Health Nursing	Course outcome 1: Apply cognitive-behavioral, psychoeducational and psychobiological treatments in the care of mental health clients. Course outcome 2: Demonstrate organization and prioritization when planning and delivering care in a mental health setting. Course outcome 3: Analyze and incorporate current research and principles of evidenced based practice in the care of mental health clients. Course outcome 7: Apply concepts of health promotion and disease prevention that include cultural consideration in the care of mental health clients. Students are exposed to interprofessional meetings called "Multidisciplinary team meetings" on the unit. During such meetings, the psychiatrist, social worker, case manager, nurse and the mental health counselor meet with the patient to discuss care and after care planning. This is done on a daily basis. Students are made aware of how integrative and most importantly patient centered care is as it relates to psychiatry treatment. Evidence has shown the importance of social support in treatment hence the need to involve families and any person the patient sees as a support which may be a case manager, an advocate etc. These concepts are stressed in the classroom and clinical which are easily observable in the clinical setting. Students also have opportunities to attend and observe groups that are run by social workers, occupational therapists, mental health counselors etc. This experience enables students to understand the role of each discipline in the care of the client in emotional distress and how each discipline is interdependent. *"At Tara Vista, I had the opportunity to go over a discharge with a patient and her nurse. The patient was going to a rehab program in Worcester. I am happy for this patient having the opportunity to go to this rehab center, as it will*

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	allow to have more sober time under her belt. The discharge summary had a list of several services that the social worker put together for her. Having those resources available at her finger tips hopefully will encourage her to reach out for help if she needs it." *"One patient we met on the floor was very manic. It was interesting to see how the staff interacted with her. Everyone was very supportive and attempted to help her get through the emotions she was feeling. The psychiatrist was very accessible to the patients. I believe that is important to a lot of patients, to have the provider readily available."* *"Attending the psychoeducation group was very interesting because the group therapist was able to redirect his focus to meeting the needs of the patients and their specific anxieties and PTSD. Hearing the patients discuss and bring a lot of peer knowledge was effective. I could see some of the patients genuinely evaluating what they could use in the future, particularly explaining their mental illnesses to their families."*
NURS 2900 Medical Surgical Nursing I	Sophomore nursing students are introduced to the healthcare team in this first course with a clinical learning experience. Student begin to understand the role of the professional nurse as a member of the team, and recognize the value of professional communication and teamwork. Student examples of outcome #2 and #6 are identified below.
	Course Outcome #2: Discuss the role of the professional nurse and other disciplines in patient care. *"My instructor identified the members of the healthcare team when we were getting report. I met my nurse, the charge nurse, and a few of the PCAs on the floor."* *"...we had to use a lot of communication in order to work well together and accomplish more than one task at the same time, we ... communicated with each other in order to do that. I also had gone up to one of the nurse's aides because our patient was not working with us and was weary of us because of her paranoia and if she had any tips. She was so nice and understanding and even came back to the room with us and made our patient feel more comfortable which allowed us to complete our task and gain trust with our patient."*
	Course Outcome #6: Demonstrate basic professional communication skills. *"In meeting my patient I made sure I introduced myself as a student nurse, and spoke clearly."* *"After taking vital signs I reported them to my assigned nurse.* *"I prepared an SBAR report on paper before I gave sign off report to my nurse."*

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Appendix IIIH-1b: Table of Examples of Curriculum Mapping for Alternative Clinical Learning Experiences

AACN Essentials (2008)	Program Outcome / Terminal Outcomes (TO)	Sophomore Course Outcome (CO)	Concept/Thread	Learning Outcomes for Patient with CVA Low Fidelity Simulation
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety **Essential VI**: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes **Essential VII**: Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	**TO2:** Incorporate basic organizational and systems leadership to provide quality care and patient safety. **TO 6:** Integrate principles of communication in professional practice	**CO1:** Apply knowledge from the arts, sciences, and humanities in the development and implementation of safe, client-centered nursing care **CO6:** Demonstrate basic professional communication skills. **CO7:** Identify strategies for health promotion and disease/injury prevention when caring for individual clients	Patient Safety Basic Communication Principles Basic Patient Assessment Vital Signs Reflection: Thinking In Action, Thinking On Action, and Thinking Beyond Action	1 .Prioritize nursing care based on the patient's current condition and healthcare provider orders. 2.Discuss connections between patient's PMH, presenting symptoms, assessment data,labs, and diagnostic tests 3.Incorporate effective communication and collaboration skills to provide safe and appropriate patient care (nurse to nurse and nurse to patient) 4. Implement direct communication with healthcare providers using SBAR format. 5. Engage in Debriefing for Meaningful Learning(DML)

AACN Essentials (2008)	Program Outcome / Terminal Outcomes (TO)	Junior Course Outcome (CO)	Concept/Thread	Learning Outcomes for Pyloric Stenosis High Fidelity Simulation
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety **Essential III**: Scholarship for Evidence Based Practice **Essential VI**: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes **Essential IX**: Baccalaureate Generalist Nursing Practice	**TO 1:** Synthesize knowledge from liberal arts, sciences, and nursing as a foundation for safe, client centered care. **TO 2:** Incorporate basic organizational and systems leadership to provide quality care and patient safety. **TO 4:**. Analyze information using information technology to improve patient outcomes **TO 6.** Integrate principles of communication in professional practice	**CO 1:** Apply concepts of growth and development in planning and implementing safe pediatric care **CO 2:** Demonstrate organization and prioritization when planning and delivering client care. **CO 4:** Utilize patient care technologies and technological resources to provide nursing care to the pediatric population **CO 6:** Implement age appropriate communication when interacting with clients, families and professionals	Pre-operative and post-operative care of an infant Growth and development Age appropriate physical assessment Age appropriate pain assessment Medication safety Communication Collaboration and teamwork Reflection: Thinking In Action, Thinking On Action, and Thinking Beyond Action	1. Demonstrate effective communication skills with parent and infant 2. Use age appropriate technique to assess infant 3. Administer prescribed medications and IVF or other treatments 4. Provide accurate handoff report to receiving nurse 5. Demonstrate appropriate patient education 6. Demonstrate teamwork, collaboration and problem-solving skills in the provision of care 7. Actively participate in a debriefing session following the simulation

AACN Essentials (2008)	Program Outcome / Terminal Outcomes (TO)	NURS 4800 Course Outcome (CO)	Concept/Thread	Learning Outcomes for Cardiac Event High Fidelity Simulation
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety **Essential III**: Scholarship for Evidence-Based Practice **Essential VI:** Interprofessional Communication and Collaboration for Improving Patient Health Outcomes **Essential VIII:** Professionalism and Professional Values	**TO 2**: Incorporate basic organizational and systems leadership to provide quality care and patient safety. **TO 3**: Incorporate evidence based practice, including research and critical thinking, in the management of client care. **TO 6:** Integrate principles of communication in professional practice. **TO 8:** Integrate professional standards of moral, ethical, and legal conduct into nursing practice	**CO 2:** Incorporate basic organizational and systems leadership to provide quality care and client safety. **CO 3:** Integrate evidence-based practice including current research and critical thinking in the management of client care **CO 6:** Integrate principles of communication in professional practice **CO 8:** Integrate professional standards of moral, ethical and legal conduct into nursing practice.	Patient Safety Focused Assessments Analysis of Assessment Data Prioritization of Care Needs Interpersonal Communication - Closed-Loop Communication -Patient Communication - SBAR Technique Nursing Interventions / Evidence Based Practice for Cardiac event care/ BLS Reflection: Thinking In Action, Thinking On Action, and Thinking Beyond Action	1. Prioritize nursing care based on patient assessment and healthcare provider orders. 2. Identify connections between patient's PMH, presenting symptoms, assessment data, labs diagnostic tests 3. Incorporate effective interpersonal communication and collaboration skills to promote patient outcomes 4. Implement evidence-based interventions to promote patient outcomes 5. Engage in Debriefing for Meaningful Learning(DML) Format: I. Pre Brief (Synchronous) II. Simulation (F2F) III. Debrief (Synchronous)

Appendix IIIH-1c. Examples of Clinical Practice Experiences in the RN to BS Online Program

NURS 4600 Capstone Examples:

(1) In order to provide a complete orientation for newly hired nurses in an ambulatory dermatology clinic, one student researched and designed an orientation program to this specialty clinic. The orientation checklist was designed by the student, in collaboration with the ambulatory care nurse manager. The orientation checklist was piloted with new nursing staff.

(2) During the Covid-19 pandemic a student recognized that many of her friends were experiencing elevated levels of stress due to teaching children from home, feeling isolated from support services and professional educators, and lacking community support. The student explored the support services provided in the area, and created a resource list including websites and phone numbers linking parents to teaching tips, parent support, child mental health resources, social supports, and community based interventions. The student shared the resources with local school nurses, community programs, churches and her personal FaceBook page.

(3) A neonatal nurse conducted a review of an existing Neonatal Abstinence Syndrome (NAS) score, and a proposed change to utilize a newer scoring tool currently used at other large medical centers caring for NAS. The student collaborated with the neonatal nurse specialist, educators, and neonatologists and implemented a change in the NAS instrument. This project had been a personal goal for the student, who had conducted much research on the topic prior to this course.

(4) A student had conducted a community assessment in a previous Community Nursing course, and had begun to receive feedback (completed postcards identifying the needs of community individuals) and chose to continue this project. The student met with the Board of Health, and reported the individual responses and needs ranging from computer classes, strength and balance exercises, nutrition, and transportation to medical appointments. The student then collaborated with other agencies within her small town to devise and implement a plan to meet the needs of these community members. She also collaborated with the Council on Aging to continue to assess the needs of the elders in her community.

(5) An adult foster care nurse recognized that many of her clients lacked an understanding of nutrition, and many were overweight and had cardiovascular disease. During the weekly meetings with the client and caregiver, the nurse evaluated their knowledge of health food choices, and developed an education program that incorporated food preferences and healthy choices. The education was program was implemented by the nurse, shared with other nurses, and reinforced and assessed at each meeting.

(6) A student was asked by the nurse manager of perioperative services to engage in a multidisciplinary collaboration with the scheduling department, union representatives and managers in the development of a survey to explore 'self-scheduling in the operating room'. The student was charged with designing a survey to administer to surgical RNs and Surgical Technicians to evaluate their perceptions and preferences surrounding scheduling. The student conducted a literature review of scheduling methods in healthcare settings, and worked with the nurse manager to develop a survey. The survey was deployed electronically and survey findings were integrated into a PowerPoint Presentation and synthesized with the current self-scheduling literature and shared with nurses and surgical technicians. The PP presentation was viewed by nurses and surgical technicians with the nurse and nurse manger present to facilitate discussion. This feedback would be used to develop guidelines for self-scheduling.

NURS 4010 Community Nursing Examples:

(1) Intentional Rounds:
One student worked with the quality improvement department of her hospital to implement an Intentional Rounds initiative (also known as bedside rounds, hourly rounds, etc.). She completed the initial training then served as a coach to others who were implementing this on several floors. She developed a second round of training materials including videotaped exemplary rounds. Her written paper described the need for and benefits of Intentional Rounds using evidence-based literature. She also discussed the barriers and resistance she met and how she worked to overcome these. In her professional reflections she noted the importance of coaching and mentoring in nursing.

*(2) School Health Parent Education***:** In one practice experience, a student developed teaching materials for parents and teachers using current national asthma guidelines, an asthma action plan, and related information to the role of the school nurse. The parent information included questions to ask the primary provider, the importance of having reliever medication at school, and a tool for parent-provider-nurse communication. For teachers the information included observations of the child and when to contact the school nurse. The information was given to parents and teachers who provided feedback on its usefulness.

(3) Infection Prevention: A student became interested in a new evidence-based ventilator associated pneumonia (VAP) protocol being implemented. The student understood that evidence must now be gathered to verify that expected outcomes are demonstrated. The student, in collaboration with several nurse managers and the Infection Preventionist, helped develop, implement, and coordinate a process for monitoring outcomes and providing focus for revisions in the protocol.

(4) Evidence-based Protocol: A student wished to develop a protocol for use of Kangaroo Care (placing baby skin-to-skin after birth) on a busy mother-baby unit. The evidence supported its use to maintain temperature, increase breastfeeding and bonding. In addition, studies showed the use of Kangaroo Care also decreased crying in newborns. The student worked with the nurse manager to draft the protocol, link to evidence, and develop a temperature monitoring plan to assure that the newborn did not become hypothermic. Then the student worked to get staff feedback and initiated the approval process by taking it through the hospital clinical review committee. Throughout this process she acquired both the skills and communication techniques to effectively implement change.

*(5) Community-Based Activity***:** In one community-based experience, a student worked with a volunteer organization to create a database for its referrals and follow up plans. This led to creation of an evaluation plan that was later used as part of a grant proposal for the agency. The student provided a key service and collaboration with the agency that furthered its mission and outreach. In addition, patient follow-up was more effective with fewer dropped referrals.

Fitchburg State University Department of Nursing Survey Data Review Process Map

Appendix IIIJ-1a. Undergraduate Nursing Program Evaluations and Surveys: Traditional Track & and the LPN- to-BS in Nursing Track

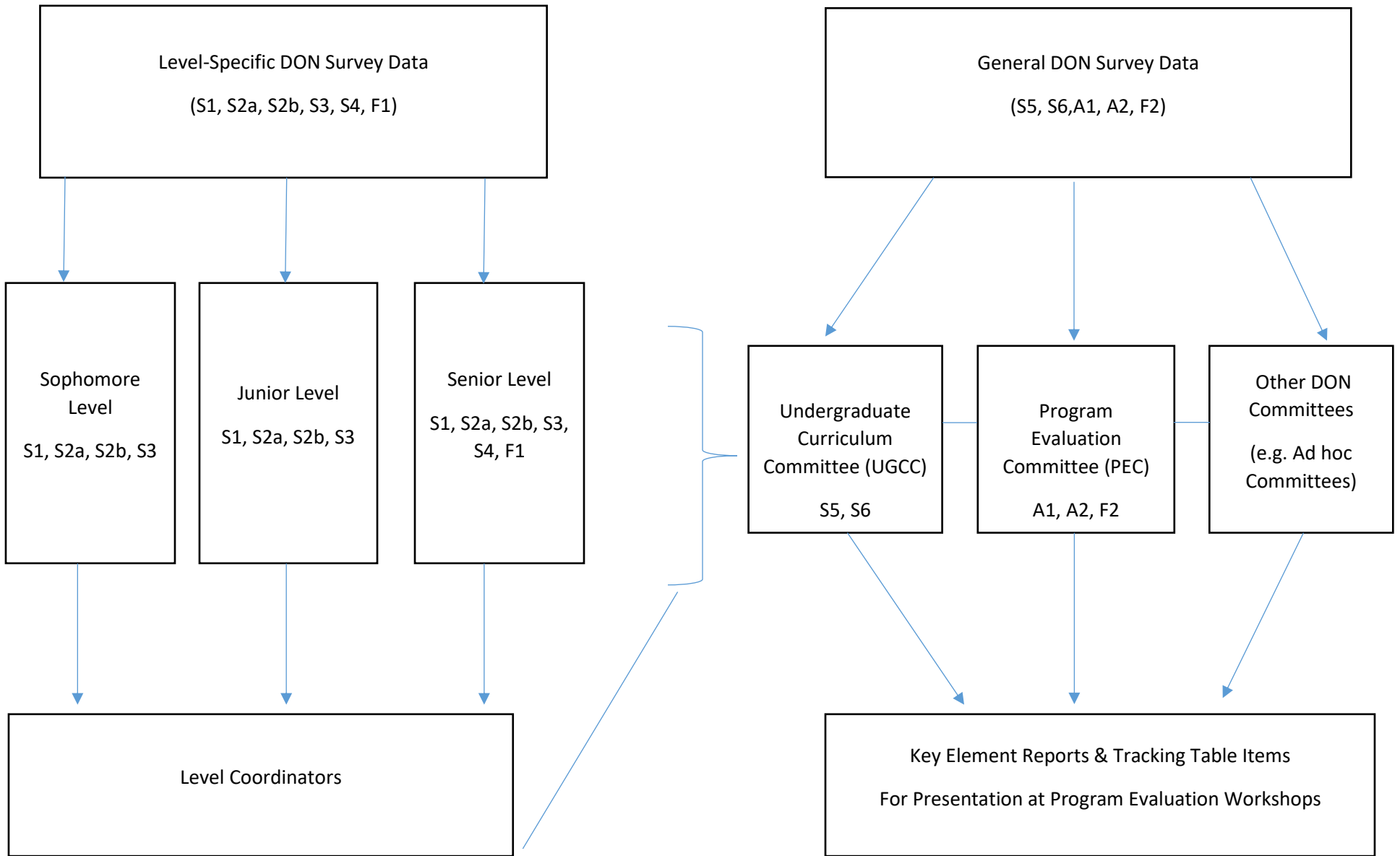| Tool Code	Evaluation or Survey	Audience	Deployment/Distribution Process Location of Survey	Frequency	Last Deployed /Distributed	Location of Data
S1	Student Evaluation of NURS XXXX Course Outcomes	Students enrolled in each course	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	End of every semester a NURS course is taught --------------------------- At end of every 7-week rotation for Junior Level Specialty Courses	Fall 2018 -----------------March 2019	I Drive/ Rhonda/Surveys/TK20/ filed by Semester
S2a	Student Evaluation of NURS XXXX Clinical Site	Students enrolled in each course with a clinical component	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	End of each semester a NURS course is taught --------------------------- At end of each 7-week Jr Level Specialty Courses rotation	Fall 2018 ------------------ March 2019	I Drive/Rhonda/Surveys/ TK20 /filed by semester
S2b	Student Evaluation of NURS XXXX Instructional Lab (On campus)	Students attending on-campus labs	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	Every Semester	Fall 2019 (NURS 2700)	I Drive/ Rhonda/Surveys/ TK20//filed by semester
S3	Student Evaluation of NURS XXXX Simulation	Students attending simulation sessions	Paper Document I Drive/ Rhonda/Surveys/S3 Sim Hardcopy of survey is printed out by C. McKew or Level Coordinator and handed to Update May 29, 2020: Sim Committee identified a new tool: SET-M. It was used inconsistently in Fall 2019. The SET-M was converted to a Google Survey in May 2020 for use during COVID-19. The Ad hoc Survey Committee & Sim Committee need to decide if the tool and the Google Survey format will be used for AY 2020-2021	At end of each simulation	Soph: SP 2019 Jr: SP 2019 Sr: Dec grads SP 2019	Surveys are collected by McKew & tallied by a Work Study Student. C. Mckew provides Level Coordinators with tallied data. Update May 29, 2020: Each Level was provided an e-copy of the SET-M data for review during the End-of Year Workshops.

Fitchburg State University Department of Nursing Survey Data Review Process Map

Tool Code	Evaluation or Survey	Audience	Deployment/Distribution Process Location of Survey	Frequency	Last Deployed /Distributed	Location of Data
S4	Student Evaluation of NURS 4800 Practicum Site and Preceptor	Senior Students	==Paper Document== in I Drive / Rhonda/Surveys Distributed in Class by NURS 4850 Leadership & Management Faculty Update May 29, 2020: C. Devine and R. Kronziah-Seme converted the paper format to a Google Survey. Results were forwarded to T. Finn for Senior Level review. The Ad Hoc Survey Committee needs to decide if we will continue using the Google Survey format for this tool for AY 2020-2021.	End of Spring Semester & End of Fall Semester (When NURS 4850 is taught)	April /May 2019 during Seminar	Completed documents go to Rhonda. Work Study compiles data. Rhonda places data in I Drive/ Rhonda/Surveys/S4 folder NOTE: S-4 Survey results will need to be forwarded to Senior Level Faculty for review and discussion.
S5	Student Exit Evaluation of Program at Completion	Senior Nursing Students	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	End of Spring (May Grads) & Fall (December Grads)	Fall 2019 & Spring 2020	I Drive/ Rhonda/Surveys/ TK20/Aggregate/Semester/ Exit
S6	Student Evaluation	All current undergraduate students	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	Every 4 years	Spring 2016	I Drive/Rhonda/Surveys/ TK20/Student Survey
A1	FSU Alumni Survey	Alumni	As of Spring 2018: FSU DIRP deploys the survey electronically DIRP Contact: Merri Incitti	1st, 3rd & 5th years Post-Graduation for both May and December Grads	May 2018 Dec 2019	Data forwarded from FSU DIRP to DON Chair and placed in I-Drive /Rhonda/Surveys/ FSU Alumni Survey
A-2	FSU Advising Questionnaire (Appendix H) NOTE: Document Originates from The University. This is not a Don Survey	Student Advisees	==Paper Document== in I-Drive/ Rhonda/Surveys/Appendix H Hardcopies placed on top pf Advising files. Completed by advisees at end of advising meeting	Fall & Spring semesters during advising weeks	Spring 2019 Not distributed in SP 2020 due to COVID and the all remote modality	Rhonda calls across campus (Rita Jeffries) for the data. Placed in I-Drive/ Rhonda/ Surveys/Appendix H

I/Surveys   Revised 10.23.17, 5.8.18; 4/19/2019 ; 5/9/2019; 5/16/2019 Ad Hoc Survey Committee; 5/29/2020 AHSC

Fitchburg State University Department of Nursing Survey Data Review Process Map

Tool Code	Evaluation or Survey	Audience	Current Deployment/Distribution Process & Location of Survey	Frequency	Last Deployed /Administered	Location of Data
E1	Employer Survey	Employers of our graduates	I Drive /Rhonda/Surveys / Select Survey/ Employer Link is e-mailed to Employers by D. Gifford	Every 2 years	2014 This survey needs to be updated	I Drive / Rhonda/Surveys / Select Survey/ Employer
F1	Faculty Evaluation of Clinical Site	All Faculty	Paper Survey located in I Drive /Rhonda/Surveys/F1 Faculty Eval of Clinical Site Update May 29, 2020: This document was distributed to faculty via e-mail to be completed electronically, and then sent to R. Burgess by May 31, 2020	Q SPRING	SP 2020	I Drive/ Survey folder / F1 Survey
F2	Faculty Survey	All Faculty	Electronic Survey deployed by R. Burgess via e-mail to students with link to survey via TK20	Every 4 years	Spring 2016	I Drive / Rhonda/Surveys / TK 20/ Faculty Survey

Fitchburg State University Department of Nursing Survey Data Review Process Map

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┌─────────────────────────────────────┐        ┌─────────────────────────────────────┐
│   Level-Specific DON Survey Data     │        │      General DON Survey Data         │
│                                      │        │                                      │
│     (S1, S2a, S2b, S3, S4, F1)       │        │        (S5, S6, A1, A2, F2)          │
└─────────────────────────────────────┘        └─────────────────────────────────────┘
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Sophomore Level S1, S2a, S2b, S3	Junior Level S1, S2a, S2b, S3	Senior Level S1, S2a, S2b, S3, S4, F1

Undergraduate Curriculum Committee (UGCC) S5, S6	Program Evaluation Committee (PEC) A1, A2, F2	Other DON Committees (e.g. Ad hoc Committees)

Level Coordinators

Key Element Reports & Tracking Table Items

For Presentation at Program Evaluation Workshops

I/Surveys   Revised 10.23.17, 5.8.18; 4/19/2019 ; 5/9/2019; 5/16/2019 Ad Hoc Survey Committee; 5/29/2020 AHSC

Appendix IIIJ-1b. Examples of Undergraduate Summary of Curricular Review

The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used 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. The curriculum is regularly evaluated by faculty and revised as appropriate.

Date and report	Topic	Action
5/4/2016 UGCC report to Faculty (Informal Feedback)	Students and faculty engaged in the NURS 2700 Foundations of Nursing Skills Lab faculty was that the Lab was packed with content and students felt rushed. The Sophomore Level Foundations faculty engaged in discussion with the UGCC (a committee upon which students serve as student representatives), the Health Assessment Lab faculty, and the Med Surg I (NURS 2900) course faculty to explore content areas that could be moved to Health Assessment Lab.	Effective FA 2016, Medical terminology and VS Checkpoints were moved from the Foundations Lab to HA Lab and care of complicated wounds was moved to the second-semester sophomore year skills session. Over the last four years, there have been no expressed concerns about overload or rushing in NURS 2700 Lab nor have there been concerns about adding the respective skills to NURS 2300 or the second-semester sophomore skills sessions.
5/20/17 UCGG Workshop	Junior level review of Student Evaluation of course outcomes demonstrated fluctuations in student's perception of meeting course outcomes. Junior level faculty believed students were having difficulty integrating knowledge from clinical learning with course content. During the Spring 2017 Curriculum workshop, a review of how all levels had students complete the clinical evaluation tool demonstrated senior level had student reflect on their clinical experiences based on course outcomes.	Starting in Spring of 2018, pediatrics and maternity clinical instructors began piloting a change in student clinical evaluation practice. The students collaborate with instructors on the documentation of clinical evaluation forms. Student reflection on how they meet course outcomes allows for their better understanding of outcomes and provides an opportunity for instructors to provide weekly feedback and ensure that outcomes are met by the end of the semester. Faculty will continue to monitor survey results for effectiveness of the change in practice.
Fall 2018 Sophomores	Sophomore students enrolled in NURS 2700 during Fall 2018 admitted they were not prepared for medication calculation, but were embarrassed to speak up in Foundations Lab.	T. Finn and A. Arsenault collaborated to provide two formal med calc sessions for all sophomore nursing students in December 2018 for a total of 2.5 hours.

Date and report	Topic	Action
		Two math worksheets were created and used for these sessions. The students verbalized appreciation for the sessions and expressed increased confidence with taking their first graded med calc exam. In January 2019, 100% of the sophomores who took the med calc exam passed with a grade of ≥90%.
Sophomore 11/6/19	Based on UGCC workshop in Spring 2018 and the piloted efforts of Junior level student reflections on clinical evaluation forms. UGCC put forth a request for NURS 2900 to incorporate regular reflection activities into the clinical experiences as of Spring 2020.	Sophomore faculty will build reflection and formative student evaluations into NURS 2900 for the Spring 2020. Due to the COVID-19 pandemic, reflection journals were no implemented until Spring 2021.
End of Year Spring 2017 LPN-BS Program Focus Group	During the spring 2017 semester, a faculty member from the department conducted a focus group with students from the LPN to BS program to gain feedback on their experiences progressing through the plan of study. The aim of the focus group was to determine "what was working" and "what did not work," evaluate the extent to which course outcomes had been met and identify areas for improvement. Seven (7) LPN-BS students in their final semester participated. Data was recorded and transcribed by a licensed transcriptionist. Three main themes emerged from this focus group. **Progression of courses** Students discussed a preference to have the program restructure the need to restructure the LPN-BS curriculum course sequence especially related to the summer courses (medical/surgical II and maternal/child health), and fall courses (mental health and community health). They expressed a wish to take mental health during the summer semester and medical/surgical II) during the fall semester. They reported such a change will give them longer exposure to the concepts, skills and experience lacking in their LPN programs. They especially underscored a desire for a change in the medical surgical nursing course.	The concerns were brought forth to faculty and a meeting was held with the faculty who teach in the LPN to BS program in the spring 2018. The consensus was that it was presently not feasible to move medical surgical nursing to the fall semester due to lack of clinical placements. Also, the program was too "new" to make significant changes in the curricula. Two faculty agreed to increase contact with the LPN to BS students during classes to improve communication. It was determined that we should reevaluate the LPN to BS program in a couple of years again to evaluate if communication had improved.

Date and report	Topic	Action
	Faculty Contact They reported the need to have an assigned faculty dedicated to addressing the needs of students in the program. In addition, important concerns and students need in the program could be communicated to the chair and faculty through this individual. They felt this was a necessary change to prevent communication lags especially given the accelerated nature of this program. This individual could be an academic advisor/program coordinator. **Diversity** Students reported the need for faculty to understand the varied needs of students enrolled in this program (more flexible deadlines, understanding that these students have jobs and families). A considerable number of students enrolled in this program are either second degree students or students who have English as a second language.	
RN to BS Coordinator Annual Report 18/19 & 19/20	During the Fall 2018 RN to BS faculty meeting, the guest speaker from SOCGE reviewed the online learning modules for best practice in teaching online. RN to BS online meeting 12/2019 discussed standardized grading rubric for DB, with standardized post and response deadlines.	It was recommended for all current RN to BS faculty complete the Online Education Standards and Practices faculty development modules. All new faculty would be required to complete the modules prior to course instruction. Beginning in January 2020, All courses utilized standardized DB grading rubric. At April 23, 2020 meeting "Evaluation of DB Grading Rubric was positive" and will continued to be used.

Appendix IIIJ-1c. Overview of Results from Graduate Curricular Review

Date	Topic	Outcome
5.10.2017	Difficulty obtaining CPE for NU 7300 Advanced Clinical Concepts.	Summer 2017-Piloted use of *Shadow Health* simulated advanced clinical assessment. Adopted Fall 2017
	In-Progress for CPE classes – some students are not completing an outstanding IP before registering for another CPE class.	Academic Policy changed to only allow students to take one CPE course/semester. Students are required to complete IP prior to registering for another CPE course.
4.11.2018	Discussed changing NURS 9100 and 9101 to a 3-credit capstone course. D. Stone presented findings from Education Department for comparison.	D. Stone to work on submitting this to Graduate Council.
11.14.2018	Revisions of Program Terminal Outcomes Discussed to better align with the Master's Essentials (2011)	11.28.2018 revisions formalized with vote which was supported unanimously.
12.12.2018	NURS 9100 *Nursing Research* 2-credits revised and changed to 3-credits.	D. Stone to present requested change to Graduate Council 2.5.2019
2.27.2019	New Course Proposal NURS 9600 Course Removal NURS 7000	Approved by Graduate Council May 2019, for use beginning Fall 2019.
4.24.2019	Substantial Change Process to MA BORN notification of alternate entry pathway *Portfolio Process*	Submitted by D. Stone June 21, 2019 Accepted by CCNE August 25, 2020
12.11.2019	Syllabi revisions completed	Revised syllabi uploaded to the i-drive and shared with faculty assigned to the course.
11.18.2020	D. Stone working with 3 graduate students from UMass Framingham to develop 3 case studies using new platform 4-D Anatomy for NURS 8130 to help augment CPE since students have greatest difficulty securing this placement.	12.9.20 Received 3 case studies for NURS 8130 - plan to pilot use in Spring 2021.
2.10.21	Faculty teaching NURS 8130 reports did not begin piloting use of case studies-miscommunication.	Plan to pilot use of case studies (4-D Anatomy) for NURS 8130 in Fall 2021. D. Stone to review with Faculty integration of case studies into course.
3.10.2021	Discussion of *Re-envisioned Essentials* and the possible implications for this program	
3.24.21	D. Stone working with graduate student from UMass Framingham to create learning modules for the independent nurse consultant to be used in NURS 7400 *Contexts and Role for Advanced Practice.*	Plan to pilot using this in the Fall 2021.

Appendix IVH-1. Aggregate FSU DON Faculty Outcomes Table (Data from June 1st- May 31st of Each Year)

Faculty Outcomes	AY 2017-2018 N=17 Faculty	AY 2018-2019 N=18 Faculty	AY 2019-2020 N= 17	AY 2020-2021 N=
Teaching Effectiveness				Data Collection Ends 5/31/2021
SIR II Mean (Comparative National Mean = 4.01)	4.30 (FA 17) 4.24 (SP 18)	4.25 (FA 18) 4.16 (SP 19)	4.18(FA 2019) N/D- COVID (SP20)	N/D-COVID (FA20) Pending (SP 21)
Teaching/Learning Abroad				In April 2021
Costa Rica	(2) 12% (SP '18)	(2) 11% (SP '19)	N/A	The DON started
Ghana	(2) 12% (SU '18)	N/A	N/A	Using a Google
				Shared Sheet
Civic Engagement/ Learning	Not captured	Not captured	(3) 17%	To Compile
				Annual Faculty Data
Continuing Scholarship				
Research	(2) 12%	(5) 28%	(8) 44%	
Professional Presentations	(8) 47%	(3) 17%	(8) 44%	
Professional Peer-Reviewed Articles	(1) 5% & 1 in-progress	(2)11%	(4) 22%	
University Courses Towards Terminal Degree	(4) 24%	(3) 17%	(5) 28%	
Discipline- Related CEU Courses/ Programs	(16) 94%	(18) 100%	(18) 100%	
Certifications	(9) 53%	(10) 56%	(12) 67%	
Professional Org/Assoc. Membership	(11) 65%	(15) 83%	(15) 83%	
Attendance at Non-CEU Awarding Conferences	(2) 12%	(0) 0%	(10) 56%	
Peer Reviewer for Scholarly Journals	(3) 18%	(0) 0%	(3) 17%	
Honors/Awards/Recognitions/Grants	(1) 5%	(2) 11%	(4) 22%	
Clinical Practice	(2) 12%	(3) 17%	(4) 2%	
Department and University Engagement /Service				
Departmental Standing Committees	(17) 100%	(18) 100%	(18) 100%	
Departmental Ad Hoc Committees	Not captured on AFDS	(5) 28%	(8) 44%	
Departmental Volunteer Service	(6) 35%	(0) 0%	(5) 28%	
Departmental Activities	(1) 5%	(18) 100%	(10) 56%	
University Committees	(7) 41%	(6) 33%	(9) 50%	
University Volunteer Service	(5) 29%	(14) 78%	(9) 50%	
Other University Activities	(7) 41%	(18) 100%	(15) 83%	
Community Service / Outreach				
Popular Writing for Public Ed	(0) 0%	(0) 0%	(0) 0%	
Community Programs & Publ. Presentations	(2) 12%	(0) 0%	(5) 28%	
Professional Advocacy /Lobbying	(7) 41%	(0) 0%	(2) 11%	
Other Volunteer Work	(3) 18%	(17) 94%	(4) 22%	

N/D= Not Done   Updated 4/8/2021

Appendix IVJ-1.   Mean Aggregate Sophomore <u>Fundamentals</u> HESI scores Compared to Mean Aggregate <u>Exit</u> HESI Scores for Traditional Track By AACN Curriculum Categories

AACN Curriculum Category	2015 Sophomore Fundamentals HESI Mean Score	2017 Senior Exit HESI Mean Score	2016 Sophomore Fundamentals HESI Mean Score	2018 Senior Exit HESI Mean Score	2017 Sophomore Fundamentals HESI Mean Score	2019 Senior Exit HESI Exam Mean Score	2018 Sophomore Fundamentals HESI Mean Score	2020 Senior Exit HESI Exam Mean Score
Scholarship for Evidence Based Practice	759 (13 Q)	902 (65 Q)	808 (10 Q)	935 (59 Q)	749 (10 Q)	930 (59 Q)	812 (12 Q)	868 (65 Q)
Liberal Education for BSN Generalist	782 (50 Q)	903 (150 Q)	797 (49 Q)	905 (46 Q)	790 (49 Q)	894 (46 Q)	769 (49 Q)	826 (43 Q)
Interprofessional Communication	802 (7 Q)	950 (14 Q)	775 (19 Q)	984 (24 Q)	661(8 Q)	962 (24 Q)	709 (8 Q)	842 (16)
BSN Generalist Nursing Practice	782 (50 Q)	908 (147 Q)	797 (49 Q)	913 (149 Q)	790 (49 Q)	907 (149 Q)	769 (49 Q)	884 (147 Q)
Professionalism and Professional Values	981 (2 Q)	1005 (3 Q)	786 (2 Q)	894 (2 Q)	774 (3Q)	884 (2 Q)	822 (3 Q)	985 (8 Q)
Clinical Prevention and Population Health	751 (40 Q)	910 (116 Q)	804 (40 Q)	900 (125 Q)	792 (42 Q)	893 (125 Q)	763 (41 Q)	889 (121 Q)
Leadership for Quality Care and Patient Safety	799 (16 Q)	919 (88 Q)	842 (16 Q)	923 (97 Q)	762 (17 Q)	914 (97 Q)	795 (23 Q)	900 (104 Q)
Information Management and Patient Care Technology	993 (2 Q)	921 (17 Q)	831 (4 Q)	911 (13 Q)	744 (2 Q)	899 (13 Q)	835 (4 Q)	==780 (11 Q)==
Health Care Policy	695 (6 Q)	927 (15 Q)	932 (4 Q)	950 (29 Q)	754 (9 Q)	944 (29 Q)	886 (8 Q)	==871 (14 Q)==
Designer/Manager/ Coordinator of Care	770 (7 Q)	971 (28 Q)	824 (9 Q)	914 (30 Q)	755 (10 Q)	912 (30 Q)	794 (14 Q)	884 (38 Q)
Provider of Care	782 (48 Q)	899 (134 Q)	737 (45 Q)	917 (137 Q)	797 (49 Q)	910 (137 Q)	762 (43 Q)	888 (141 q)
Member of Profession	717 (1 Q)	828 (2 Q)	796 (2 Q)	==636== (1 Q)	739 (2 Q)	==648 (1 Q)==	744 (2 Q)	925 (3 Q)

Q= Number of Questions for the item

Post-May 2020 Program Evaluation Meetings with the PEC & DON Chair

Tracking Table for Undergraduate Program "In Progress" Follow-Up Items

Standard	I				
Key Element	Committee/ Staff Responsible for Review	Date of Review at Program Evaluation Workshop	Benchmark(s) Met Y /N	Post-Workshop Action (Follow-up vs. Action Plan) & Responsible Person/Committee	Status of Post- Workshop Action: Confirmation of Follow-Up or Outcome of Action Plan (To be Presented at the following Program Evaluation Workshop)
I A	N. Green	4/19/2019 & 5/4/2020	Yes. Some Follow-Up is Needed	Add Color to the Approved Matrix of Mission & Vision Statements (N. Green). Once completed send to D. Benes. Copies will be made for DON admin. offices and Faculty offices **May 2020 Report Recommendation #3:** Update the FSU DON Website to reflect the current DON Vision Statement accepted on 4/18/18 (DON Chair) **May 2020 Report Recommendation #4:** Include the Mission & Vision Matrix in DON Webpage and in student handbooks (SPC Chair & DON Chair)	Update 12/18/2019: In Progress (N. Green) **Update 5/29/2020: Completed by D. Benes** **Recommendation #3** **Update May 29, 2020 Completed** **Recommendation # 4** **May 29, 2020: In Progress** (SPC Chair & DON Chair)

Standard	II				
Key Element	Committee/ Staff Responsible for Review	Date of Review at Program Evaluation Workshop	Benchmark(s) Met Y /N	Post-Workshop Action (Follow-up vs. Action Plan) & Responsible Person/Committee	Status of Post- Workshop Action: Confirmation of Follow-Up or Outcome of Action Plan (To be Presented at the following Program Evaluation Workshop)
II A	DON Chair & Lab/Sim Coordinator	April 17, 2019 & May 4, 2020	Yes	**Follow-Up Item # 1** **Per Recommendation # 2 in Report:** 2A. Continue work on plan/process for formally incorporating /linking simulation into the UG Program course outcomes and teaching/learning practices (Simulation Committee) **2B. Follow up on the petition for strategic funding** FY 2019-2020 request for lab/sim needs (Lab/Sim Coordinator)	**2A Update May 20, 2019:** In Progress**.** C. McKew & R. KS will present Simulation info to faculty during the End-of-Year Workshop on May 23, 2019. **2A Update 12/18/2019**: **In Progress.** A "Simulation Check Point" will occur in Feb-Mar 2020. See narrative follow-up note in I Drive/Program Eval/ AY 2019-2020/ UG FA/Standard II folder. (Sim Committee) **2A: Update 5/29/2020: Modified Plan:** "The Mid-Spring 2020 Simulation Checkpoint" did not occur as planned due COVID-19 pandemic. The Sim Committee provided suggestions of Alternate Clinical Learning Experiences (ACLEs) a Curriculum Map for ACLEs for each Level to map out the selected ACLEs to the AACN Categories and NURS Course Objectives for the Mid-SP20 and FA 20 semesters. **Future Sim Plans:** Pending University's parameters for COVID. **2B Update 12/18/2019:** **In Progress.** Equipment Status Updated Needed.

					See narrative follow-up note in Drive/Program Eval/ AY 2019-2020/ UG FA/Standard II folder. (Lab/Sim Coordinator) **Update 5/29/2020: Completed** -Manikins & beds received.
Standard	**III**				
Key Element	**Committee/ Staff Responsible for Review**	**Date of Review at Program Evaluation Workshop**	**Benchmark(s) Met Y /N**	**Post-Workshop Action (Follow-up vs. Action Plan) & Responsible Person/Committee**	**Status of Post- Workshop Action: Confirmation of Follow-Up or Outcome of Action Plan (To be Presented at the following Program Evaluation Workshop)**
III-F (Formerly III C)	UGCC	April 17, 2019 (Reviewed QOY)	Yes… Though Follow-Up is Needed	**Follow-Up Item # 1** **Per Recommendation # 2 in Report:** Follow-up with CHEM 1200 faculty re: if suggested changes from May 2017 meeting were successfully implemented since Fall 2017 (UGCC)	**Follow-Up Item # 1** Update May 20, 2019: Pending (UGCC) **Update Dec. 18, 2019**: **In Progress** (UGCC) See narrative follow-up note in Drive/Program Eval/ AY 2019-2020/ UG FA/Standard III folder **Update May 29, 2020: Completed** D. Benes, Chairperson DON confirmed implementation of suggested changes with CHEM 1200 faculty
				Follow-Up Item #3 **Per Recommendation # 4 in Report:** **Cognate Department Collaboration** Follow-up on Med Calculation Skill Development and remediation process (T. Finn N. Green & D. Benes)	**Follow-Up Item # 3** **Update May 19, 2019**: In Progress. See Key Element IV-H report SP 2019 for status (T. Finn) **Update Dec. 18, 2019**: **In Progress**. The Black Board site is in the proofreading process. See narrative follow-up note in I Drive/ Program Evaluation/AY 2019-2020/UG FA 2019/Standard III folder. (T. Finn & N. Green & D. Benes)
III-F					

(Formerly III C)					**Update May 29, 2020: In Progress** The initial review of sophomore & junior level practice questions in the BB Site found several unrealistic med calculation problems with regards to all the randomizations the program created. Over SU 2020 the committee will send realistic randomizations for the drug labels that are used by C. Buell. IV orders will also be reviewed for realistic volumes and flow rates. Feedback will be provided. Targeted time for opening the Bb Site to students is end of Fall 2020. **(T. Finn & N. Green & D. Benes)**
				Follow-Up Item # 4 **Per Recommendation #6 in Report:** Follow-up the piloted NURS 4800 reallocation of credits during AY 2018-2019 (UGCC/C. Devine)	**Follow-Up Item # 4** **Update May 20, 2019:** In Progress Need to identify if reallocation of credits needs to be approved by AUC (UGCC) **Update Dec. 18, 2019: In Progress**. Please see narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard III folder. (UGCC/C. Devine) **Update May 29, 2020: On Hold** Deferred due the anticipated changes to the curriculum stemming from the AACN New Essentials. Need to revisit the AUC process for course credit re-allocation when the new Essentials are worked into the curriculum. **(UGCC/C. Devine/Sr. Level)**
III-F					

| (Formerly III C) | | | | **Follow-Up Item # 5**
Per Recommendation #7 in Report:
Explore course name change for NURS 4800 Selected Practicum (UGCC / C. Devine/ Senior Level) | **Follow-Up # 5**
Update May 20, 2019: In Progress.
Sr. Level identified a new course name for NURS 4800. That name change should be put forth to UGCC in early Fall 2019 and then to DON Faculty for vote of approval before it goes to AUC (C. Devine & Sr. Level Coordinators)

Update Dec. 18, 2019: In Progress. Please see narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard III folder. (UGCC/C. Devine/Sr. Level)

Update May 29, 2020: On Hold
The process for changing the new course name for NURS 4800 from *Selected Practicum* to *Advanced Med Surgical Nursing* was deferred due the anticipated changes to the curriculum stemming from the AACN New Essentials. Need to revisit the AUC process for course name change when the new Essentials are worked into the curriculum. **(UGCC/C. Devine / Sr. Level)** |
| III-J (Formerly III- H) | UGCC | Jan 30, 2019 | Yes | **Follow-Up Item # 1**
Per Recommendation #2 in Full Report
Continue to collaborate with Director of Assessment (Cate Kaluzny)) to explore strategies for improve the DON UG evaluative process, data management, and the tracking of changes to our teaching/learning practices (PEC & UGCC) | **Follow-Up Item # 1:**
Update 5/1/2019: This item is In-Progress: DON Ad hoc Survey Committee met on 4/10/2019 and 4/24/2019

Update May 20, 2019: In Progress. Please see the Ad hoc DON Survey Committee Report and Key Element IV –H Spring 2019 Report and IV-H in this Tracking Table.

Update Dec. 18, 2019: **In Progress.** Actively exploring our data assessment process with C. |

III-J (Formerly III- H)					Kaluzny. See narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard III folder. (PEC/T. Finn/Ad Hoc DON Survey Committee) **Update May 29, 2020: In Progress**. C. Devine & UGCC working on process for tracking changes to teaching/learning practices. The F-1, S-3 and S-4 Surveys were reviewed and survey questions were updated by the Ad Hoc DON Survey Committee pre-COVID. Further efforts to covert surveys to electronic format to occur during AY 2020-2021 **(PEC/ T. Finn/Ad Hoc DON Survey Committee**)
Standard	**IV**				
Key Element	**Committee/ Staff Responsible for Review**	**Date of Review at Program Evaluation Workshop**	**Benchmark(s) Met Y /N**	**Post-Workshop Action (Follow-up vs. Action Plan) & Responsible Person/Committee**	**Status of Post- Workshop Action Confirmation of Follow-Up or Outcome of Action Plan (To be Presented at the following Program Evaluation Workshop)**
IV- E (Formerly IV- D)	PEC	Jan 30, 2019	Follow-Up Needed	**Follow-Up Item # 1 (per Recommendation # 2 in Full Report)** Continue networking with the Office of Institutional Research and Planning to revise the FSU First Year Alumni Feedback Survey used to collect employment data for future reports and to improve response rate. (PEC)	**Item # 1: Recommendation # 2 in Full Report:** Status 4/1/2019: In Progress (PEC) Status: 5/17/2019: In Progress (PEC) **Update 12/18/2019: In Progress** See narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder. (PEC) **Update 5/29/2020: In Progress** The FSU Alumni Surveys will be deployed through DON Admin. Assistant (R. Burgess) in an effort to improve the response rate. Eemployment data continues to be collected

					via e-mail & phone correspondence and other other social media correspondence between faculty and graduates and entered in to a shared Google Employment Sheet **(PEC)**
IV-I (Formerly IV-E)	PEC	Jan 30, 2019 & 12/19/2019	Follow-Up Needed	**Follow-Up Item # 2 (per Recommendation # 3):** 1.) Discuss how the DON wants to use the HESI AACN, QSEN, Nursing Process category data? (PEC & UGCC) 2.) How are we using the May grad vs. LPN to RN BS in Nursing vs. Dec. Grad HESI data?	**Item # 2:** As of 5/20/2019: In Progress. Please see IV-H Key Element Report & the Ad hoc DON Survey Committee Report. **Update 12/19/2019: In Progress.** C. Devine & T. Finn will work on a project on the HESI Data. See narrative follow-up note for Key Element IV-E located in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder **Update May 29, 2020: In Progress** Item #1: Target the AACN Categories when looking at the HESI data as the curriculum is based on AACN categories (PEC) Item #2: Under discussion (PEC/ UGCC/DON Chair)
				Follow-Up Item # 3 (per Recommendation #4): Discuss surveys: deployment process, time line table, data analysis, etc.(PEC & Ad hoc Survey Committee)	**Item # 3:** **As of 5/20/2019: In Progress.** Please see IV-H Key Element Report & the Ad hoc DON Survey Committee Report. **Update 12/19/2019: In Progress** See narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder. (Ad hoc Survey Committee)

					Update May 29, 2020: In Progress Resume Ad hoc DON Survey work in 2020-2021 **(Ad Hoc DON Survey Committee)**
IV-J (Formerly IV-H)				**Follow-Up Item #2:** Distribute/Deploy the *Evaluation of Preceptor / Evaluation of Learning Experience Survey* to students during the NURS 4850 Leadership course in Dec. for Dec. Grads and in May for May Grads. NOTE: Until an electronic version of the survey is available, NURS 4850 faculty will submit completed surveys to R. Burgess **(Sr. Level)**	**Item # 2:** **Update Dec 13, 2019:** Survey was deployed as planned in Fall 2019. See narrative note in in I-Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder. (C. Gustason) **In Progress:** Need to look at survey data from May 2019 & Dec 2019 grads and capture discussion of survey data in Sr. Level meeting minutes**. (Sr. Level/C. Gustason)** **Update May 29, 2020**: **Completed** (But not documented in Senior Level meeting minutes)
				Follow-Up Item # 4 in IV-H Report Junior students who consistently score < 850 on HESI exams will be identified at end of year and given a remediation/resource plan to improve HESI outcomes in Senior year. **(Junior Level & Senior Level)**	**Item # 4:** **Update 12/18/2019: In Progress**. Junior Level to identify plan over Spring 2020 and share info with Senior Level. Senior Level to follow-up in Fall 2020 with first semester seniors. See narrative follow-up note for Key Element IV-E located in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder (Junior Level & Senior Level Minutes should reflect this topic) **Update May 29, 2020 In Progress** As Above **(Junior & Senior Level Faculty)**

| | | | | **Follow-Up Item # 6 in IV-H Report**
Sophomore Remediation Program: See the minutes from the DON/Faculty Wed May 22, 2019 meeting for information on this item (<mark>DON Chair, Sophomore Level Coordinator & Lab Coordinator</mark>) | **Item # 6**
Update 12/18/2019: In Progress.
DON is in active discussion with Tutor Center. See narrative follow-up note located in I Drive/ Program Evaluation/AY 2019-2020/UG FA 2019/Standard IV folder. (DON Chair, Sophomore Level Coordinator & Lab/Sim Coordinator)
Update May 29, 2020: <mark>In Progress</mark>
The new Sophomore Remediation Process will be implemented in FA 2020
(<mark>DON Chair, Sophomore Level Coordinator & Lab/Sim Coordinator</mark>) |
| | | | | **Follow-Up Item # 8**
 D. Ad hoc DON Survey Committee to resume work in Fall 2019 (<mark>Ad hoc DON Survey Committee</mark>) | **Item # 8**
D. Update 12/18/2019: In Progress.
Ad hoc Survey Committee to reconvene during Spring 2020 semester. See narrative follow-up note in I Drive/ Program Eval/AY 2019-2020/UG FA 2019/Standard IV folder.

Update: May 29, 2020: <mark>In Progress.</mark>
Plan to convert the remaining surveys to electronic format in AY 2020-2021 (<mark>Ad hoc DON Survey Committee</mark>) |