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Introduction

Fitchburg State University, located in Fitchburg, Massachusetts, is a public institution dedicated to integrating high-quality professional programs with strong liberal arts and sciences studies. Founded in 1894 by an act of the Massachusetts Legislature, the university now has more than 30 undergraduate programs and 22 master's degree programs, and 7,000 full and part-time students.

Established in 1894, the State Normal School in Fitchburg opened in temporary quarters in the old high school building on Academy Street. Principal John G. Thompson, aided by a teaching staff of three, implemented a two-year teacher training program for women that had forty-six participants. In December 1896, the school expanded into a new building, known as Thompson Hall, and set up the State Schools of Observation and Practice in city buildings on Day Street and Highland Avenue. In the next decade the school was a trendsetter for programs in Education. The Edgerly School opened, originally as an eighth-grade model and practice school, and then in 1910, it became one of the first junior high schools in the United States. The following year the school initiated the first practical arts teacher training course in the country for men.

 In 1930, the State Normal School was authorized to offer a bachelor's degree in practical arts, and in 1932, when it became the State Teachers College at Fitchburg; four-year degrees were offered in all areas of education. Under the auspices of the State Division of University Extension summer courses were first offered in 1915, marking the beginning of the college's commitment to Continuing Education programs. In 1935, the college was also authorized to establish graduate programs and in 1954 the first evening courses were offered.

In 1960, the college changed its name and expanded its mission. The State College at Fitchburg diversified its programs to include degrees in disciplines other than education. In 1965, its name was officially changed to Fitchburg State College, and on July 28, 2010, Gov. Deval L. Patrick signed legislation establishing a State University system in Massachusetts. At that time, the institution's current name - Fitchburg State University - was enacted. Today the university offers forty-nine undergraduate degree programs in eighteen academic departments, twenty Master's Degree programs, five Certificate of Advanced Graduate Study programs, and seven Graduate Certificate programs. Enrollment is up to 3,100 full-time and 4,000 part-time students which include 1,100 matriculated graduate students. The campus has expanded from a single structure on High Street to thirty-two buildings on ninety acres, becoming the educational center for the Montachusett region. The university proudly offers traditional and nontraditional programs to serve the educational needs of its undergraduate, graduate, and continuing education students.

In 1943, the State Teachers College and the Burbank Hospital School of Nursing initiated a program that combined two-and-one half academic years of courses at the College with two-and-one half calendar years (including eight week summer sessions in the first two years) at the Burbank Hospital School of Nursing. Students who completed this program were initially awarded a Bachelor of Science in Education degree by the College - the only type of degree that it was authorized to grant at that time. These students, however, did not complete courses that would fulfill the requirements for a major in Education. The Burbank Hospital School of Nursing awarded the diploma in Nursing for the courses that were completed at the institution under this arrangement with the College. This portion of the program was accepted by the College as partial fulfillment of its requirements for the degree that it granted. In succeeding years, several modifications were made to the courses taken at the College and to the time plan at the Burbank Hospital School of Nursing.

In 1954, a consultation visit was completed to determine measures that might be taken to develop the program in nursing at the college so that it could eventually secure accreditation by the National League for Nursing. Subsequent to this visit, the Burbank Hospital School of Nursing conducted a diploma program and a separate program for students who were enrolled at the College under the combined plan. Both the diploma program and the hospital-based portion of the combined program received accreditation from the National League for Nursing at the first possible opportunity.

The program for the college-enrolled students featured a separate faculty roster, the necessity for students to meet admission requirements for both Burbank Hospital School of Nursing and Fitchburg State College, and additional clinical experiences in community health nursing and leadership. In 1960, the College changed the degree to Bachelor of Science in Nursing Education.

This collaboration lasted until 1964, when the Fitchburg State College degree was changed to a Bachelor of Science, major in nursing. The program initially admitted only freshmen and transfer students with no previous preparation in nursing. In 1968, at the first possible opportunity, the program was reviewed by the National League for Nursing Council of Baccalaureate and Higher Degree Programs and granted initial accreditation. Since that time, continuous accreditation has been maintained, with the Department changing accrediting agencies to the Commission on Collegiate Nursing Education (CCNE) in 2000.

In 1970, the program began admitting its first registered nurse students. These nurses came as full-time students or, if part-time, started their baccalaureate studies through the Division of Graduate and Continuing Education until ready for their senior year. In 1984, following a change in state regulations that permitted part-time study in state colleges, a part-time track on campus for registered nurse students was initiated with the assistance of an Area Health Education Council (AHEC) grant to publicize its initiation.

In 1979, the Department established a chapter of Sigma Theta Tau, the International Honor Society of Nursing named Epsilon Beta. The chapter continues to induct an average of twenty student and community nurse candidates as members per year. Programs and work meetings are offered locally.

In 1984, following a change in state regulations that permitted part-time study in state colleges, a part-time track on campus for registered nurse students was initiated with the assistance of an Area Health Education Council (AHEC) grant to publicize its initiation.

In response to graduates, as well as community nurses and faculty members' interest in the establishment of a graduate program in nursing, a feasibility study was conducted via a survey to potential students and prospective employers in the region. The need for a program preparing advanced practice nurses was established and, after further study and Advisory Committee input, a Master's of Science degree with a major in nursing (forensic nursing) was chosen for further proposal development. This focus was seen as particularly suited to the College, with its new master's program in Criminal Justice and its Forensic Case Work program in conjunction with the masters in Counseling. Additional consultation was obtained from the President of the International Association of Forensic Nurses and support from nursing, health and criminal justice leaders in the Montachusett region was forthcoming. After further deliberation by the College administration and its Board of Trustees, the proposal was forwarded to the Higher Education Coordinating Council and approved in March 1996. The first class was admitted into the two-year part-time program in the summer of 1996. A certificate program in Forensic nursing for registered nurses with an earned master's degree in nursing was started shortly thereafter.

In 2006, a new Clinical Skills Lab was built on the third floor of Thompson Hall. The old clinical skills lab was renovated, and became the Jane Minasian Health Assessment Lab. In the summer of 2008, the Nursing Department moved to the renovated third floor of Thompson Hall. A new nursing office and new faculty offices were created.

In June 2008, the Department of Nursing was awarded a Fairlawn Foundation Grant to convert the RN to BS in Nursing program to an on-line format, and to develop a method to evaluate RNs with a Bachelor's degree in a related field for bridging and placement into the Master's Program. The grant lasted eighteen months, and the RN to BS in nursing track changed to an online delivery in 2009. The grant, along with the university, also allowed the department to build and equip a Control Room for the Clinical Skills Lab.

In March of 2010, the department, in collaboration with Worcester State University, Montachusett Regional Vocational Technical School, Assabet Valley Regional Technical High School and Bay Path Regional Vocational Technical High School

applied for and received a grant from the Fairlawn Foundation to assess the need for an LPN to BS in Nursing option. The focus of the grant was to develop a seamless academic progression, and to award advanced placement credit to LPNs interested in pursuing a bachelor's degree in nursing. Once the need for this option was established, additional grants from the Fairlawn Foundation and the Massachusetts Department of Higher Education allowed for each university to establish and LPN to BS in Nursing track. Fifteen students were admitted into this track in the fall of 2012.

In 2012, the department celebrated its fiftieth anniversary. Over 150 alumni joined faculty members in a celebration which featured a CEU program on global health nursing by Dr. Patrice Nicholas, class of '77, and a luncheon reception.

In January of 2014, the department, in collaboration with Montachusett Regional Vocational Technical School, received a grant to create a seamless pathway for veterans to achieve a bachelor of science in nursing. The grant will allow Fitchburg State to develop and implement a method to seamlessly admit LPNs trained in the military into the existing LPN to BS in nursing track. The grant also provides for the development and implementation of advanced placement credit for military health care professionals to in the LPN program at Montachusett Regional Vocational Technical High School.

Notification to Constituents of the Opportunity to Submit Third Party Comments to CCNE

The community of interest was informed of the CCNE reaccreditation process and site visit and was invited to send written comments to CCNE on the quality of the programs, students, faculty and/or graduates. Notification was placed on the University website and emails were sent to current students, faculty, advisory board members and members of Epsilon Beta Chapter, Sigma theta Tau International. Nursing programs in Massachusetts, the Board of Trustees, and affiliating healthcare agencies were notified via postcards.

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

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

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

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

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

A program may select additional standards and guidelines.

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

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

Program Response: This Key Element is reviewed every 4 years as per the Department's Program Evaluation Map (PEM) (See Appendix I A-1). The last review took place in spring 2012 for the Undergraduate Nursing Program and in fall 2012 for the Graduate Nursing Program (see respective Program Evaluation Workshop Reports in Resource Room)

Mission & Vision
In 2008, Fitchburg State University (hereafter referred to as the University) began a review and revision of the mission and vision statements. This process was initiated by the Futures Advising Committee, composed of faculty, administrators, staff, students, and alumni. Once drafts were developed, six campus-wide open discussions on the statements were held, where comments and questions by the University's community were solicited. The committee synthesized this content and produced the current mission and vision statements that were approved and accepted by the All College Committee (now the All University Committee), the University's President, and Board of Trustees in December 2009. The University's current mission and vision statements were updated in 2012 to reflect the

institution's change to university status. The University's mission statement defines the University's commitment to teaching, learning, and service:

"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" (FSU website, 2015).

The University's vision statement is driven by its mission statement and indicates:

"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 "*

The mission and vision are electronically available to the public and the university community on the About Us webpage ([FSU Mission, Vision and Values](#)) and in *the Catalog.*

The Fitchburg State University Department of Nursing (hereafter referred to as the Department) utilized the University's mission and vision to guide the development of the Department's mission and vision statements:

"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" ([FSU Department of Nursing website, 2015](#)).

Development of the Department's vision statement began in 2008 and was finalized and adopted by the nursing faculty in February 2011. The Department's vision is:

"As a center of excellence in baccalaureate nursing education, the Fitchburg State University Department of Nursing graduates students who are prepared to assume healthcare leadership roles in the global society of the 21st century. The Department uses continuous programmatic evaluation and innovation to maintain an educational culture that fosters social responsibility, service commitment, client advocacy and lifelong learning. Graduates are nurse generalists who are system sensitive problem solvers and critical thinkers. The graduate is committed to evidence-based practice and to recognize financial and regulatory mandates which govern health care practices. Graduates are capable of meshing technological innovations with holistic nursing measures to provide integrative care that meets the diverse needs of changing healthcare populations and environments" ([FSU Department of Nursing website, 2015](#)).

Both the mission and vision were developed by the Department faculty based on their beliefs, as noted in all Student Handbooks (see Resource Room for all handbooks). A *Mission and Vision Matrix* (Figure I A.1) was created by members

of the nursing faculty and adopted by the Department in spring 2012 to affirm the congruency between the mission and vision statements of the University and the Department. Bolded phrases within the statements demonstrate the congruency.   Five common underpinnings between the two sets of statements are identified as:

- *Providing Academic Excellence/ Commitment to Excellence / Blending of Arts & Sciences*
- *Collaboration and Innovation in Teaching and Learning / Ongoing Program Development /Lifelong Learning*
- *Fostering Leadership Skills / Assuming Leadership Roles / Social Responsibility / Service /Problem Solving/Critical Thinking*
- *Forming Community Partnerships/ Meeting Community Needs/ Meeting Healthcare Needs/Advocacy*
- *Creating culture of diversity/ Recognizing Diverse Needs/ Enhancing Lives/ Holistic Nursing*

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.

Mission and Vision Matrix

Providing Academic Excellence/ Commitment to Excellence / Blending Arts & Sciences

Collaboration and Innovation in Teaching and Learning / Ongoing Program Development /Lifelong Learning

Fostering Leadership Skills / Assuming Leadership Roles / Social Responsibility / Service /Problem Solving/Critical Thinking

Forming Community Partnerships/ Meeting Community Needs/ Meeting Healthcare Needs /Advocacy

Creating culture of diversity/ Recognizing Diverse Needs/ Enhancing Lives/ /Holistic Nursing

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 responsibilit**y, 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

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**

VISION~ FSU DON (2/28/2011)

As a center of excellence in baccalaureate nursing education, the Fitchburg State University Department of Nursing graduates students who are prepared to **assume healthcare leadership roles** in the global society of the 21st century. The Department **uses continuous programmatic evaluation and innovation** to maintain an educational culture that **fosters social responsibility, service commitment, client advocacy and lifelong learning**. Graduates are nurse generalists who are system sensitive **problem solvers and critical thinkers**. The graduate is committed to evidence-based practice and to recognize financial and regulatory mandates which govern health care practices. Graduates are capable of meshing **technological innovations** with **holistic nursing measures to provide integrative care** that meets the **diverse needs of changing healthcare populations and environments**.

4

Program Outcomes

The Department identifies three categories of program outcomes: Terminal Outcomes (Expected Student Outcomes), Faculty Outcomes and additional Program Outcomes.

Terminal Outcomes

Terminal Outcomes are the Department's expected student outcomes and are identified for both the undergraduate and graduate nursing programs. Pulling forward the congruencies previously demonstrated in the *Mission and Vision Matrix* (Figure 1 A-1) and the common underpinnings of the mission and vision statements, the Terminal (Student) Outcomes are linked with the Department's mission and vision. Table I A-1, demonstrates the linkage of each Undergraduate Terminal Outcome (Expected Student Outcome) with at least one phrase within the mission and vision statements.

Table I A-1: Congruence of Undergraduate Terminal Outcomes with the Department's Mission & Vision Statements

(NOTE: Footnotes among the phrasing in the left column represent the correlating Terminal Outcome # in the right column)

NURSING DEPARTMENT MISSION STATEMENT	UNDERGRADUATE NURSING PROGRAM TERMINAL OUTCOMES
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,[1,7]. In their teaching, the faculty nurtures respect for diversity, social responsibility, and a commitment to excellence[1,7]. Collaborative and interactive teaching methods foster the use of critical thinking to build a strong foundation for the practice of holistic nursing[3,4]. Legal, ethical, and professional standards guide the faculty in teaching the art and science of nursing[1,6,8]. **NURSING DEPARTMENT VISION STATEMENT** As a center of excellence in baccalaureate nursing education, the Fitchburg State University Department of Nursing graduates students who are prepared to assume healthcare leadership roles in the global society of the 21st century[2]. The Department uses continuous programmatic evaluation and innovation to maintain an educational culture that fosters social responsibility, service commitment, client advocacy and lifelong learning[1,7]. Graduates are nurse generalists who are system sensitive problem solvers and critical thinkers.[2] The graduate is committed to evidence-based practice[3,4] and to recognize financial and regulatory mandates which govern health care practices[5]. Graduates are capable of meshing technological innovations with holistic nursing measures to provide integrative care that meets the diverse needs of changing healthcare populations and environments[1,7].	Upon completion of the nursing program, the graduate will: 1. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care 2. Incorporate basic organizational and systems leadership to provide quality care and patient safety 3. Incorporate evidence based practice including current research and critical thinking in the management of client care 4. Analyze information using information technology to improve patient outcomes 5. Examine the impact of health care policy, finance, and regulatory environments on nursing practice 6. Integrate principles of communication in professional practice 7. Synthesize knowledge of health promotion and disease/injury prevention in designing population-focused care 8. Integrate professional standards of moral, ethical and legal conduct into nursing practice

The Graduate Nursing Program

The Terminal Outcomes for the Graduate Nursing Program are congruent with both the mission and vision of the Department. Table I A-2, demonstrates the relationship of the Graduate Terminal Outcomes (Expected Student Outcomes) with at least one phrase within the mission and vision statements.

Table I A-2: Congruence of Graduate Nursing Program Terminal Outcomes with the Department Mission & Vision Statements

 (NOTE: Footnotes among the phrasing in the left column represent the correlating Terminal Outcome # in the right column)

NURSING DEPARTMENT MISSION STATEMENT	GRADUATE NURSING PROGRAM TERMINAL OUTCOMES
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 [2, 6]. In their teaching, the faculty nurtures respect for diversity, social responsibility, and a commitment to excellence [1, 8]. Collaborative and interactive teaching methods foster the use of critical thinking to build a strong foundation for the practice of holistic nursing [7]. Legal, ethical, and professional standards guide the faculty in teaching the art and science of nursing[5].	Upon completion of the MSN program, the graduate will:
	1. Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations.
	2. Be proficient in organizing and planning programs which bring together clients, patients, providers, and the communities, with an emphasis on ethical and critical decision making.
<u>NURSING DEPARTMENT VISION STATEMENT</u>	3. Design systems-change strategies that maintain and improve the quality of care.
As a center of excellence in baccalaureate nursing education, the Fitchburg State University Department of Nursing graduates students who are prepared to assume healthcare leadership roles in the global society of the 21st century [4,6,7]. The Department uses continuous programmatic evaluation and innovation to maintain an educational culture that fosters social responsibility, service commitment, client advocacy and lifelong learning [1, 3, 6]. Graduates are nurse generalists who are system sensitive problem solvers and critical thinkers [3, 6]. The graduate is committed to evidence-based practice and to recognize financial and regulatory mandates which govern health care practices [2, 4, 8]. Graduates are capable of meshing technological innovations with holistic nursing measures to provide integrative care that meets the diverse needs of changing healthcare populations and environments [2,3,5,8]	4. As change agents apply relevant research in the evolving healthcare environment.
	5. Use technology guided by ethical and legal principles for the improvement of patient-care.
	6. Identify, formulate, and promote policies to improve public health and advance the nursing profession.
	7. Use effective communication strategies to develop, participate, and lead inter-professional teams.
	8. Integrate equitable and evidenced based prevention services for individuals and groups with forensic needs.

Faculty Outcomes

Faculty outcomes are determined by *The Agreement Between the Department of Higher Education (DHE) and The Massachusetts Teachers Association Massachusetts/ NEA and the Massachusetts State College Association (MSCA)* 2014-2017 (hereafter referred to as *The Agreement*). A copy of *The Agreement* is located in the Resource Room.   The outcomes, which apply to all faculty within the University are: teaching effectiveness, academic advising, continuing scholarship, and other professional activities. Further discussion of the faculty outcomes is provided under Key Element I-C and Key Element IV-F.

Additional Program Outcomes

Additional program outcomes identified by the Department are: program completion rates, first –time NCLEX-RN pass rates, employment rates, and student, alumni and employer satisfaction rates. The Department identifies benchmarks for each of these additional program outcomes as evident in the PEM. The benchmarks reflect the Department's commitment to graduate nurses ready to meet client healthcare needs as nurse generalists with a strong foundation in the sciences and liberal arts. Further discussion of these outcomes is provided throughout the Standard IV Key Elements.

Mission and Vision Statements & Professional Nursing Standards

Undergraduate Nursing Program

The Undergraduate Nursing Program's curriculum is built upon a liberal arts education and is guided by the current editions of:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
- The Massachusetts Board of Registration in Nursing regulations *Nurse Practice Act*.
- The American Nurses Association's *Scope and Standards of Nursing Practice (2010 Edition), Code of Ethics for Nurses (2010 Reissue), and Nursing's Social Policy Statement (2010 Edition)*

The program's Terminal Outcomes reflect the Department's expectations of students upon graduation and as they enter professional practice.   The curriculum incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), Massachusetts Board of Registration in Nursing (MA BORN) guidelines and Nurse Practice Act, and the American Nurses Association (ANA) professional guidelines/standards (all documents are located in Resource Room).   The ANA's *Nursing Social Policy Statement* is used as an umbrella professional guideline to introduce the *Scope and Standards of Nursing Practice* and the *Code of Ethics* in the curriculum.   Table I A-3 demonstrates how the program's Terminal Outcomes align with *The Baccalaureate Essentials* (AACN, 2008), the MA BORN Nurse Practice Act, and the ANA *Scope and Standards of Practice (2010 Edition).*

Table I A-3:   Congruence of Undergraduate Terminal Outcomes with Current Professional Guidelines and Standards

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..."

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)
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
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."

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)
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 Outcomes	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 # 13: "The registered nurse collaborates with the healthcare consumer, family, and others in the conduct of 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"
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…"

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)
TO 8: Integrate professional standards of moral, ethical, and legal conduct into nursing practice.	**Essential VIII:** Professionalism and Professional Values	Standard of Care: # 7 "The registered nurse practices ethically." 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."	"A registered nurse shall…serve as patient advocate, within the limits of the law"

The ninth Essential, "Baccalaureate Generalist Nursing Practice," is subsumed in the eight terminal outcomes of the nursing program

The Graduate Program

The purpose of the Graduate Program is to prepare professional nurses for advanced practice roles with specialized client populations. In addition, the graduate is prepared to assume leadership positions and to pursue doctoral study. The Graduate Nursing Program's curriculum builds on the knowledge and competencies acquired in baccalaureate nursing education, and incorporates the following professional standards and guidelines:

- *The Essentials of Master's Education in Nursing* (AACN, 2011)
- The American Nurses Association's/ IAFN *Scope and Standards of Practice: Forensic Nursing (2009)*

Evidence that the Graduate Program's Terminal (Student) Outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals can be found in Table I A-4.

Table I A-4 Congruence of Graduate Program Terminal Outcomes with Professional Standards

Graduate Program Terminal Outcomes The graduate will:	Essentials of Master's Education in Nursing (AACN, 2011)	(IAFN & ANA) Scope and Standards of Practice: Forensic Nursing (2009)
1.Integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations.	**Essential I**: Background for Practice from Sciences and Humanities Recognizes that the master's-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.	**Assessment:** The forensic nurse collects comprehensive data pertinent to the patient's health or the situation.

Graduate Program Terminal Outcomes The graduate will:	Essentials of Master's Education in Nursing (AACN, 2011)	(IAFN & ANA) Scope and Standards of Practice: Forensic Nursing (2009)
2. Be proficient in organizing and planning programs which bring together clients, patients, providers, and the communities, with an emphasis on ethical and critical decision-making.	**Essential II:** Organizational and Systems Leadership: Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.	**Diagnosis:** The forensic nurse analyzes the assessment data to determine the diagnoses or issues. **Collaboration-** The forensic nurse collaborates with patient, family, and others in the conduct of nursing practice. Coordination of care-the forensic nurse coordinates care delivery. Health Teaching and Health Promotion-the forensic nurse employs strategies to promote health and a safe environment.
3. Design systems-change strategies that maintain and improve the quality of care.	**Essential III:** Quality Improvement and Safety: Recognizes that a master's-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.	**Outcomes Identification** The forensic nurse identifies expected outcomes for a plan individualized to the patient or the situation. **Evaluation:** The forensic nurse evaluates progress towards attainment of outcomes. **Resource Utilization:** the forensic nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of nursing services.
4. As change agents apply relevant research in the evolving healthcare environment.	**Essential IV**: Translating and Integrating Scholarship into Practice Recognizes that the master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.	**Planning:** The forensic nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes. **Consultation:** The Forensic Advanced Practice Registered Nurse and the nursing role specialists provide consultation to influence the identified plan, enhance the ability of others and effect change **Leadership:** the forensic nurse provides leadership in the professional practice setting and the profession.
5. Use technology guided by ethical and legal principles for the improvement of patient-care.	**Essential V:** Informatics and Healthcare Technologies Recognizes that the master's-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.	**Implementation:** The forensic nurse implements the identified plan. The Forensic Advanced Practice Registered Nurse uses prescriptive authority, procedures, referrals, treatments and therapies in accordance with state and federal laws and regulations. **Ethics:** the forensic nurse integrates provisions into all areas of practice.

Graduate Program Terminal Outcomes The graduate will:	Essentials of Master's Education in Nursing (AACN, 2011)	(IAFN & ANA) Scope and Standards of Practice: Forensic Nursing (2009)
6. Identify, formulate, and promote policies to improve public health and advance the nursing profession.	**Essential VI**: Health Policy and Advocacy Recognizes that the master's-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.	Professional Practice Evaluation The forensic nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.
7. Use effective communication strategies to develop, participate, and lead inter-professional teams.	**Essential VII:** Inter-professional Collaboration for Improving Patient and Population Health Outcomes Recognizes that the master's-prepared nurse, as a member and leader of inter-professional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.	**Collegiality:** The forensic interacts with and contributes to the professional development of, peers, and colleagues.
8.Integrate equitable and evidenced based prevention services for individuals and groups with forensic needs.	**Essential VIII:** Clinical Prevention and Population Health for Improving Health Recognizes that the master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.	Education The forensic nurse attains knowledge and competency that reflect current nursing practice. **Research:** the forensic nurse integrates research findings into practice.
Terminal outcomes 1,2,6,8 apply here.	**Essential IX:** Master's-Level Nursing Practice: Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.	Professional Practice Evaluation The forensic nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Availability of Information About The Department's Mission, Vison, and Terminal Outcomes

The Department's Mission, Vision and Terminal Outcomes (Expected Student Outcomes) for both the undergraduate and graduate programs are written in the Student Handbooks. Students in each track/program receive a handbook which covers information specific to their track. The mission, vision and outcomes are available to the university community and the public on the Department web page.

Undergraduate Nursing Program

All students in the generic BS in Nursing and the LPN to BS in Nursing Track receive a copy of the Student Handbook at program orientation. The handbooks are also available on line via a link on the Department of Nursing website. The Student Handbook for the RN to BS in Nursing Track is available on the Departmental webpage and, as of the September 2015, the handbook will also be distributed via e-mail to all students enrolled in their first nursing course.

Graduate Nursing Program

The Graduate Student Handbook is also distributed via e-mail upon matriculation into the program. Additionally, a hard copy of the *American Nurses Association/IAFN Scope and Standards of Practice: Forensic Nursing (2009)* is mailed to each student upon matriculation. Current and prospective students can access the program mission, vision and expected student outcomes on the Department's web page.

Key Element I-B   The mission, goals, and expected program outcomes are reviewed periodically and revised as appropriate, to reflect:

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

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

Program Response:

Review of the Program Mission, Vision and Program Outcomes

The Department's mission, vision, and terminal (student) outcomes are reviewed every 2 years as per the PEM. The last review was completed in spring 2014. (See Spring 2012 and 2014 Program Evaluation Workshop Reports in the Resource Room).

Any changes to *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), MA BORN regulations, the ANA documents, or the University's mission and vision statements prompts an additional review of the Department's mission, vision, and student outcomes. It is noted that the Department last revised its mission, vision and all terminal outcomes when *The Essentials* (AACN, 2008) were released. (this is discussed further in Standard III).

In May 2013, as part of the Department's Annual Curriculum Development Workshop, the nursing faculty collectively explored the mission and vision statements with regards to identifying definitions of terms such as *social responsibility, diversity, societal health care needs, holistic nursing, and lifelong learning.* During the workshop faculty also identified course activities in which these terms were incorporated. While much discussion was held about the term *system-sensitive problem solvers* in the vision statement, *a* definition was not readily identified at that time. Discussion of this term resumed in fall 2014 and eventually the faculty voted to accept the definition of system-sensitive problem solvers as: *"Nursing graduates who respond to a rapidly changing health care environment and apply knowledge in a variety of clinical situations"* (see Faculty meeting minutes from May 6, 2015 located in the Resource Room).

The Community of Interest

Drawing upon the CCNE definition of Community of Interest, The Department identifies two communities of interest: the internal community of interest and the external 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, and through the Student Nurses Association.

The Undergraduate Nursing Program's external community of interest is comprised of prospective students, graduates of the nursing program, employers of nurses, clients, the Advisory Committee, members of Epsilon Beta Chapter of Sigma Theta Tau International, (STTI) and the general public.

The Department's Advisory Committee meets twice a year. The committee is composed of community members such as hospital CNOs, clinical agencies liaison staff, alumni, Deans from programs with articulation agreements with the Department, community at large members, and representatives from the Department of Nursing (See Advisory Committee Membership List located in the Resource Room).   In addition to the Advisory Committee's input, faculty members solicit information regarding the needs and expectations of clinical agencies during meetings and conferences. Recommendations from the external community of interest are reviewed on an on-going basis during departmental meetings for possible incorporation into the program. Examples are discussed in Key Element III-F.

The Epsilon Beta Chapter of STTI was charted in 1981, and remains an active chapter, whose members are very supportive of the Department. Two faculty members of the Department serve as Faculty Counselors to the chapter, and many faculty are members of this chapter. Each year, the Chapter holds two meetings with educational presentations, which are open to all nursing students and members of the community.   Each spring, qualified undergraduate nursing students and nurse leaders from the community are invited to become members. An induction ceremony is held in April.

To further seek input from the external community of interest, the Department Chairperson serves on the Advisory boards of the licensed practical nursing program at Montachusett Vocational Technical School and the Associate Degree nursing program at Mount Wachusett Community College. The Department is a member of Massachusetts Association of Colleges of Nursing (MACN). This association offers the opportunity for discussion and collaboration with Deans and Chairpersons from other BS and higher degree nursing programs in the state. Chairperson McKay also serves as treasurer for MACN, and attends monthly meetings of this organization.   Information about MACN discussion content and recommendations are then discussed in the monthly chair's report and during the monthly departmental faculty meetings. This is discussed further in Key Element I D.

Graduate Nursing Program's Community of Interest

The Department's MS in Forensic Nursing Program's internal community of interest includes current students, faculty, and the University. The external community of interest incudes potential students, alumni, the professional nursing community, health care agencies, and the medical-legal entities. The Graduate Committee, which includes representatives from the internal and external community of interest, provides monthly input regarding all aspects of the Graduate program. During the Department of Nursing Advisory Committee meetings, members are solicited for input regarding the Graduate program and are updated with any changes to the program.

Key Element I-C: Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

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

Program Response: This Key Element is reviewed every 2 years as per the PEM. The last review was conducted in spring 2014 (see Spring 2014 Program Evaluation Workshop Report in Resource Room). As noted in Key Element I A, the contractual faculty outcomes as defined by, and communicated in *The Agreement* are teaching effectiveness, advising, continuing scholarship and other professional activities. These outcomes apply to all faculty at the University.

Teaching Effectiveness
The core mission of the parent institution emphasizes excellence in teaching and learning in a liberal arts setting. Teaching effectiveness is one of the criteria used in evaluating faculty.   As described in *The Agreement*, Article VIII, (Evaluations) Section A (1)(a)(i): Teaching Effectiveness includes "… pedagogical experimentation, as exhibited in lectures, seminars, internships, independent studies, and other instructional settings."

Academic Advising
As noted in *The Agreement,* Article XII (Workload, Scheduling and Course Assignments), Section A (3) (Academic Advising and Student Assistance): During the academic year, every faculty member shall provide academic advising to students enrolled at the University as provided below:
> the giving of academic advice and assistance to students enrolled in the faculty member's own courses and the giving of such advice and assistance to students enrolled as majors in the Department, including the giving of such advice and assistance on an individualized or group basis;

Continuing Scholarship
 The Agreement defines continuing scholarship in Article VIII, Section 3, Paragraph B I, as:
 (A) contributions to the content of the discipline;
 (B) participation in or contributions to professional societies and organizations;
 (C) research as demonstrated by published or unpublished work (or, where applicable, artistic or other creative activities); or
 (D) work toward the terminal degree or relevant post-graduate study.

Other Professional Activities
The Agreement, defines other professional activities in Article VIII, Section A-1 as:
ii.   public service, and contributions to the professional growth and development of the university community (which contributions may include (x) service on inter-institutional and system-wide committees, (y) service as a program area chair without a reduction of workload pursuant to Article XII, Section D, and (z) academic advising of students in excess of thirty (30) assigned at the beginning of the semester), which contributions are not to be ignored or discounted on the basis that the faculty member received compensation for that work.

Other Communication of Faculty Outcomes

Orientation of New Faculty
Newly hired full-time faculty members attend a multi-day orientation program hosted by the University. The program includes presentations by the President, Vice-Presidents, representatives from the MSCA Fitchburg Chapter, and representatives of academic and support services departments. During this program, new faculty are afforded opportunities to network learn more about the university, faculty resources, and the faculty outcomes identified in *The Agreement*.   A copy of the *New Faculty Orientation* for August 2014 and August 2015 is in the Resource Room.

Promotion/Tenure/Reappointment/Post-Tenure Review
Each spring the Academic Vice President and the President of the University MSCA chapter jointly hold workshops on Promotion, Tenure, Reappointment, and Post-Tenure Review which focus on clarifying the administrative and

contractual processes related to these personnel actions. A Personnel Calendar with deadlines for these actions is posted by the Associate Vice President for Academic Affairs via email and on the Fitchburg State University MSCA website.

The Faculty and Academic Handbook, available on line provides a valuable resource for faculty members. Information about grants, teaching and advising is also included in the handbook. (See Resource Room for the Handbook)

<u>Key Element I-D:</u> Faculty and students participate in program governance.

CCNE 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.

Program Response: This Key Element is reviewed every other year as per the PEM. The last reviews were done in spring 2012 and again as part of this self-study process.

<u>General Organizational Structure: The University</u>

The Department of Higher Education (DHE) is responsible for Massachusetts State University system. Fitchburg is one of nine state universities.   Each university has its own Board of Trustees. Members are appointed by the governor of Massachusetts for five year terms, renewable once. No member may serve for more than two consecutive terms. One trustee slot is reserved for an alumni member of the school and one slot is elected annually by the students at each school.   The University's Board of Trustees is responsible for approval of the University's core values, mission, and vision statements as identified in Key Element I-A. The University's administration includes the President, the Provost/ Vice President for Academic Affairs, and members of the Executive Cabinet. In July of 2014, the University instituted the positions of Academic Deans and divided academic department into divisions. The Department of Nursing became a member of the Division of Health and Natural Sciences. Each academic department is headed by a Chairperson that reports directly to the respective Academic Dean. The University's Organizational Chart is located in Appendix I D-1.

The University is a member of the Massachusetts State University system, which is governed by the Massachusetts Board of Higher Education (BHE) (http://www.mass.edu). Governance at the University is based on two separate but overlapping collective bargaining agreements: *The Agreement* and *The Agreement between The Board of Higher Education and The Massachusetts Teachers Association/NEA MSCA Division of Graduate and Continuing Education* (henceforth referred to as *The GCE Agreement)*. In accordance with *The Agreements*   faculty, administrators, and students participate in the governance of the University.

Faculty members within each University department elect a Department Chairperson for a three- year term with a maximum incumbency of three 3-year terms, or a total of nine years.   Department Chairpersons work closely with their respective deans related to all departmental matters. Monthly meetings chaired by the Dean are held with all department chairs of their respective academic division. All Department Chairpersons and Deans meet with the Provost and Vice President for Academic Affairs each semester. The purpose of these meetings is to promote communication between the administrative and academic units of the University. Additionally, individual meetings are held between each Department Chair and Provost and Vice President for Academic Affairs each semester.

The Agreement specifies the duties and responsibilities of the All University Committee (AUC), which is comprised of eight faculty representatives who are members of the bargaining unit, three student representatives and three administrative representatives. All University faculty members are eligible to run for a faculty seat. The AUC coordinates the activities of three undergraduate standing committees of the University:

- *Curriculum*: composed of sixteen members of the bargaining unit, three students, and three administrators.
- *Academic Policies*: composed of sixteen members of the bargaining unit, at least one of whom shall be a librarian, three students and three administrators
- *Student Affairs*: composed of five members of the bargaining unit, nine students, and five administrators.

As per Article VII in *The Agreement* (located in Resource Room), faculty volunteer to serve on the committees and they are appointed by the President of the MSCA. Student members are selected under the auspices of the Student Government Association (SGA). Administrators are appointed by the University's President.

The Agreement also provides for ad hoc, special and college-wide committees when needed. Currently, the Strategic Planning Committee for the University and the Technology Committee are important permanent special committees at the University. In addition, a sub-committee of the Curriculum Committee entitled the Liberal Arts and Sciences Council is undertaking a review of the Liberal Arts and Sciences (general education) requirements.

Graduate programs are overseen by the Graduate Education Council, comprised of three administrators appointed by the president, ten members of the graduate faculty, and one student enrolled in two or more graduate courses in a semester. The council makes recommendations regarding graduate program curricula.

The Department of Nursing Faculty Organization

The Department provides many opportunities for faculty and student participation in governance of the program. The Department's Faculty Organization operates under Bylaws which were developed by nursing faculty at the inception of the Department (see Appendix I D-2 Bylaws). The Bylaws clearly define the organization and operation of the Department and delineate participation parameters for both faculty and students. Seven standing committees are delineated by the Bylaws, including the curriculum committees which is required by *The Agreement*. The Bylaws are reviewed annually by each standing committee and any changes are submitted to the Bylaws Committee who presents them to the faculty organization for approval.

Every nursing faculty member is required to serve on one major committee and one minor committee as defined by the Department's Bylaws. Committee members are elected annually at the start of each academic year (see minutes from Nominations Committee and the September Faculty meeting). One hundred percent of the Department's full-time faculty members serve on one major and one minor committee (see the Annual Intradepartmental Committee Lists in the Resource Room).

As per *The Agreement* and the Department's Bylaws, nursing students are members of two departmental committees: the Undergraduate Curriculum Committee and the Graduate Curriculum Committee. Every year, students are informed of the opportunity to serve on the committees and are encouraged to volunteer as a representative of the student body. Faculty solicit students if no volunteers come forward. Currently, students sit on each of these committees and are voting members (see Undergraduate Curriculum Committee minutes in Resource Room). The student representative to the Graduate Curriculum Committee attends meetings in person or participates via Skype (see Graduate Committee minutes in Resource Room). Nursing majors also participate in the local Student Nurses Association; a faculty member is a representative for this group and shares information from this group as applicable. Students also provide input via the Student Survey (see Resource Room for a copy of the survey and collated results), and via meetings with their advisor, course instructor or the Department chair.

The Department's Student Policies Committee is comprised of faculty members who conduct annual reviews of departmental student policies. Any faculty member of the Department, as well as any committee, may propose changes to existing student policies. Discussion of proposed changes and rationales for those changes are discussed at monthly faculty meetings. A majority vote by the Department's faculty organization in favor of all proposed change is required before any policy is enacted. While Key Element I-F provides some examples of additions and modifications to the Department's Student Policies, minutes from the Faculty Meetings indicate the process of this majority vote on policy changes (see Faculty Meeting minutes in Resource Room). The Student Policy Committee is also responsible for

reviewing all student petitions for waiver of departmental policies. After a recommendation from the student's academic advisor, the committee engages in discussion of the petition and then submits its written recommendation(s) to the Department Chairperson.

<u>Departmental Faculty Meetings</u>

Monthly Faculty Meetings

The Department holds monthly meetings on the first Wednesday of each month during the academic year when classes are in session and once at the end of the academic year.   No classes, labs or clinicals are scheduled during this meeting time so that all full-time and part-time permanent faculty, and ancillary personnel are available to attend. The meetings take place on the University's campus in one of the large conference rooms.   In May 2014, the Department changed the format of the meetings; the first hour targets items directly related to all departmental personnel and all department personnel attend. The second hour targets items directly related to faculty, and is attended by faculty and the Lab and Simulation Coordinator only (see Faculty Minutes in Resource Room).   The intention of this modification is to use time and resources more efficiently.

Prior to the monthly meetings the Chairperson prepares an agenda and a report that are distributed to all members of the Department (see Monthly Faculty Meeting Agendas in Resource Room).

During the meeting the Department Chairperson shares relevant information gained through meetings with the Dean, University administrators, and MACN, as well as pertinent issues related to nursing at state and national levels. Members of the Department share information across programs and levels. Faculty voting occurs related to any changes in program governance. For example, during the May 22, 2015 Faculty meeting, the Admissions Committee proposed a change to the Bylaws that involved adding the Clinical Lab & Simulation Coordinator as a member of the Admissions Committee. This proposal was supported by the fact that the coordinator historically attends all University Open Houses and provides weekly lab tours to prospective students. The faculty voted in favor of this change to the Bylaws (see Annual Department Minutes of May 22, 2015 in Resource Room).

Special Faculty Meetings

In addition to the monthly meetings, "Special Faculty Meetings" may be held during the academic year to address items that require a greater amount of time for discussion and focus than is available during monthly faculty meetings. Faculty agree upon a date, time, and come to the meeting prepared to discuss the identified topic. Some examples of Special Faculty Meetings include:

- October 29, 2014 from 1100 -1200: Self-Study Planning
- January 14, 2015 from 1130-1330: Comparison of Bylaws to Departmental Procedures

Conduct and Documentation of Meetings

Per the bylaws, <u>Robert's Rules of Order Newly Revised</u> serve as the parliamentary authority of the Organization. The Department's Administrative Assistant takes minutes of the monthly meetings, seeks clarifications from those who provided reports, distributes the minutes to faculty via e-mail, and posts them to the Department's shared network drive/ Minutes folder.   (Access to the shared network drive will be available during the visit). Minutes of intradepartmental committees are taken by committee members who forward them to the Administrative Assistant for distribution and posting into the Department's shared network drive/Minutes folder.

<u>Key Element 1-E:</u>   Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

CCNE Elaboration*: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is*

accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2]

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

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

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

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

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

Program Response: This Key Element is reviewed every two years as per the PEM. The last reviews took place in spring 2013 and again as part of this self -study process. For the past two review cycles, the University and Department web sites were found to be consistent with all written and advertised information. The Department's Nursing Student Handbooks were consistent with all written and advertised information. (See Program Evaluation Workshop Spring 2013 report and 2015 audit results in Resource Room)

The Department's documents and publications include references to:

- program offerings
- program outcomes
- approval / accreditation status
- academic calendar
- recruitment and admission policies
- grading policies
- degree/certificate completion requirements
- tuition and fees
- information related to licensure and / or certification examinations for which graduates will be eligible.

When changes in documents or publications are made, the Department's Chairperson works closely with the Administrative Assistant to ensure that the changes are reflected in every applicable document or publication. The Department notifies students in writing of any changes in policy, procedural documents, and/or publications. Students are then required to sign a notice of acknowledgement, indicating that such change in policy, procedural document and/or publication was received and read. The signed notice of acknowledgement is then placed in each student file. For example, when the Department initiated the Social Media Policy, all students were required to acknowledge receipt of this change. (See sample sign off sheet in Resource Room.)

While reviewing this Key Element for the self-study, it was noted that an every other year review cycle of documents and publications may not be adequate due to the increase in complexity and the number of sites where this information is available. It will therefore be recommended that the Program Evaluation Committee consider changing the frequency of the review for this outcome to annual review cycle.

Key Element 1-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of mission, goals, and expected student outcomes. These policies are:

- fair and equitable
- published and accessible; and
- reviewed and revised as necessary to foster program improvement

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

Program Response: This Key Element is reviewed annually as per the PEM. The last review was conducted in spring 2014. Annual reviews of this Key Element find the policies supportive of the mission, goals, and expected student outcomes.   Further, the reviews find the policies to be fair and equitable as they apply to all nursing students across all nursing programs (see Program Evaluation Workshop Reports (2014) and Student Policies Committee minutes in Resource Room).

Current editions of the University's academic policies are included in the University's Catalog published in an on-line format every year. The Department's academic polices are published annually in the Student Handbooks in both hard copy and online formats. (FSU Department of Nursing website, 2015)

The Department's academic policies are approved by the Department's Student Policies Committee and the faculty organization. Approval is sought by the University's governance (AUC) when Departmental policies differ from that of the University.   Some salient examples of departmental policies that differ from the University include:

- students in the nursing programs must achieve a minimum grade of 2.5 in all pre-requisite science courses as well as in all nursing courses;
- nursing majors may fail a nursing course only once with the option of repeating the course; a subsequent failure in a nursing course will result in dismissal from the program;
- students may either fail one course one time or withdraw from one course once throughout the entire program;
- sophomore students who fail a nursing course must participate in a Remediation Program that involves a combination of 30 hours of tutoring in the failed course content and 15 hours of clinical skills practice sessions (the evolution of the remediation program is discussed in detail in Key Element IV-H).

Such policies were approved by all applicable committees with the expressed purpose of promoting achievement of the expected student outcomes, and, by extension, the mission and vision of the Department (see documentation in Resource Room).

Over the last three academic years, other modifications have been made to student policies. For example, revisions were made to the existing Dress Code Policy (2013); Tuberculin Skin Test Policy (2014); and Avenues for Addressing Concerns (2013).   New policies that were adopted by the Department include Social Media Policy (2012); Technical Standards and Drug Testing (2012); and the definition of Formal Complaint (2013). Details of each revision or addition to the student policies can be found in the respective Student Policies Committee minutes and Faculty Meeting minutes located in the Resource Room.

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

<u>Key Element II-A</u>:

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

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

Program Response: This Key Element is reviewed annually as per the Program Evaluation Map (PEM). It was last reviewed in spring 2014 (see the Spring 2014 Program Evaluation Workshop Report in the Resource Room).

University Funding
As cited in the University's 2012 NEASC Report, "The University receives funds as appropriated by the state legislature and approved by the governor on an annual basis. Since 2004, the Commonwealth has utilized a comprehensive budget formula for the state universities. The formula was developed collaboratively by the Board of Higher Education and the universities to determine total resource requirements and the appropriate allocation of state support to individual institutions. The formula reflects targets based on national standards and peer comparisons, as well as policy goals articulated by the Board of Higher Education."

Non-appropriated funds (often referred to as trust funds) play an ever-increasing role in financing the educational needs of students at the university. Trust fund revenues augment state appropriations in order to sufficiently fund University operations. Massachusetts General Laws give statutory authority to the Board of Higher Education and institutional Boards of Trustees to establish and administer local trust funds for campus projects, programs and activities. The most significant of the trust fund revenue streams is tuition and fee revenue which amounts to approximately 37% of total revenue, and does not include day tuition reverted to the Commonwealth. Included in this revenue stream are funds generated by Graduate and Continuing Education (GCE), which is a self-funded operation administered by the University. The revenue is unrestricted and supports GCE programs, as well as general university operations, including academic, administrative and student services, and facilities. Tuition and fee rates are evaluated annually to ensure that the institution can fund its operating needs while maintaining the public's access to higher education. Annual fee increases in recent years have helped bridge the gap between reduced appropriations, increased costs, and increased demand for services due to expanding enrollments.
Other revenue streams include federal, state and private grants, auxiliary revenue and fundraising.
The Fitchburg State University Foundation, Inc. was established in 1978 to raise and manage private gifts on behalf of the University. Fundraising programs seek gifts for capital initiatives, scholarship support, visiting artists and lecturers, equipment, teaching grants and faculty research.

University Budget Process Timeline
The budget process begins in mid-fall for the next fiscal year and continues throughout the spring. Presidential budget forums, campus-wide workshops and training sessions are held, and Vice Presidents meet with their staff to discuss budget priorities as they relate to the strategic plan and performance standards. Budgets are developed using a zero-based approach. During the process, new one-time initiatives are also evaluated. These requests are funded through an annual request process, known as an extraordinary budget request (EBRQ). The one-time requests are approved as revenues permit and provided that the requests are in line with the University's strategic plan. Early each spring, draft

budget proposals, suggested fee increases and extraordinary budget requests go before the Executive Committee for review and discussion. Multi-year budget projections are formulated and reviewed at the executive level as part of the overall budget process. The President then submits a balanced budget to the Board of Trustees detailing expected revenues and expenditures. Tuition and fees rates are evaluated at this time based on expected enrollment. Various fee levels are presented in order to assess the impact on the student population. Proposed fee increases are then put before the Board of Trustees for formal vote.

The Department of Nursing Budget
The Department Chairperson follows the University's process and timeline for submission of budget request. The Department's budget for the current and previous two fiscal years are located in the Resource Room. The Department consistently receives financial support to achieve its mission, vision and expected student outcomes. Evidence of this support is noted in the following paragraphs.

Base Budget
The Department's budget totals for the current and past two fiscal years are noted in the table below.

Table II A-1: Department Operating Budgets FY 2014 -2016

Fiscal Year	Budget Total (does not include faculty salaries)
2014	$62,177
2015	$71,640
2016	$72,040

As stated above, these totals do not include faculty or support staff salaries. They include monies for administrative expenses, office, lab and teaching supplies, accreditation, subscriptions, pinning, supervisory travel, and professional development.

In addition to these totals, the university pays for subscription fees for Test Gen, the online test bank software used by the Department, and ACTability, the software program used to track health information of all students.

EBRQ Purchases
Each year the Department identifies needs based on alignment of the Department's mission, vision and expected student outcomes. The Chairperson, in conjunction with the Lab and Simulation Coordinator and faculty, submits an extraordinary budget request (EBRQ). The table below summaries The EBRQ requests of the Department for the past six years. (See Table II A-2 below)

Table II A-2: Extraordinary Budget Requests AY 2009-2010 through AY 2014 -2015

Fiscal Year	Item	Cost
2016	Nursing Kelly Vital Simulation Manikin with Sim Pad	$ 10,347
2015	Pyxis MedStation 4000 4-Drawer Main Training Unit (Medication Administration Cart)	$28,999
2015	Construction of a Home Care Setting within the Health Assessment Lab (THOM-306) furnishings)	$1500
2013	Computer Intelligent Laptop Cart with 30 i-Pads	$25,500
2012	The Nursing Anne VitalSim manikin VitalSim Control Unit for Nursing Anne	$3,784 $2,083

Fiscal Year	Item	Cost
	SimMan 3G	$66,500
2011	Nursing Anne VitalSim manikin with pre-programmed NLN scenarios and educational services. VitalSim Control Unit for Nursing Anne	$4,240 $2,315
2010	Nursing Anne VitalSim manikin with pre-programmed NLN scenarios and educational services. NLN Scenarios for Nursing Anne	$6,577 $2,970
2009	Laerdal Simbaby SimBaby infant simulator; peripheral kit with linkbox and laptop computer; compressor and 2 day training class 2 year Platinum Service Program: Installation, extended warranty, preventative maintenance complete and loaner	$33,965 $10,450
2009	SimMan Peripheral Kit Complete includes: 17" monitor, web cam, PDA, SimMan Laptop/preloaded with SimMan software, link box cables, and directions for use.	$7,195

Foundation Funds
The University's Foundation accepts monetary gifts from alumni and friends of the university. Funds given by nursing alumni are often designated for use by the Department of Nursing. These monies have been used for supplemental needs of the Department. For example, the walls needed for the Home Care Lab came from a combination of alumni funds and funding from Academic Affairs.

Grants
The Department has been awarded several grants to help to develop and enhance its undergraduate nursing program. The grants have allowed the Department to expand its offerings, purchase physical resources, and enhance curricular offerings for students and faculty. Table II A-3 summarizes the grants awarded to the Department.

Table II A-3: Grants Received by the Department 2007-2015

Year	Grants	Purpose	Funding
2014-15	The Department of Higher Education: Pathway to LPN and to BS in Nursing for Veterans	In collaboration with Montachusett Regional Technical Vocational School, development of an accelerated pathway for veteran health care specialists to become LPNs, and development of an accelerated pathway for Army LPNs to be eligible for the LPN to BS in Nursing track	$50,000
2011-13	Fairlawn Grant: Educational Advancements for LPNs: A Seamless Transition	In collaboration with Worcester State University, launch and institutionalization of the LPN to BS in Nursing Track	$150,000
2011-12	Massachusetts Department of Higher Education: Educational Innovation for LPN to BS in Nursing	DHE supplement of funds to launch the LPN to BS Nursing Track	$50,000

Year	Grants	Purpose	Funding
2010-11	Fairlawn Grant: Developing a Seamless LPN to BS Pathway in Nursing	In collaboration with Worcester State University and 3 regional vocational technical high schools, to create a LPN to BS in Nursing curriculum	$19,700
2010-11	Fairlawn Grant: Developing a Seamless LPN to BS Pathway in Nursing	In collaboration with Worcester State University and 3 regional vocational technical high schools, to create a LPN to BS in Nursing curriculum	$19,700
2009	Massachusetts Department of Higher Education: Nursing Initiative-Simulation Technology in Nursing Education and Practice- Pain assessment utilizing FLACC scale	Design a simulation scenario using the FLACC pain assessment scale	$10,000
2008-09	Massachusetts Department of Higher Education Nurse of the Future Grant Competencies for Education Practice: GAP Analysis of the Curriculum (Collaboration with Salem State, Worcester State & clinical partners)	In partnership with Emerson Hospital , examine nursing curriculum for commonalities with the MA Nurse of the Future Competencies	$50,000
2007-08	Fairlawn Grant: Increasing the Number of Advanced Practice Nurses in Worcester County	Conversion of RN to BS program to an online delivery format Develop and pilot an RN to MS track for RNs with a non-nursing BS degree	$82,725

Nursing Faculty
Current Positions
The Department's core faculty is currently comprised of five tenured faculty, two tenure-track faculty, seven full- time temporary faculty, one 11-credit clinical instructor, and two part-time permanent faculty. Additional one-semester temporary instructors are hired to meet the Department's needs on a semester–to–semester basis.   Three years ago, the University granted the Department two additional tenure- track positions. While the positions were appropriately advertised, no qualified candidates applied for two years. During the third year, two candidates were identified and offers were made, however, one candidate withdrew and the other declined. In the spring 2015, at the request of the Department Chair, the two tenure track positions were offered to two of the Department's full-time temporary faculty. One of these faculty members completed a doctoral program in April 2015; the other is due to complete a doctoral program in December 2015. Faculty information is expanded upon in Key Element IID.

Faculty Salaries
Faculty salaries are determined by *The Agreement* (2014-2017)*.* Table II A-4 provides a comparison of the Department's mean salaries for each faculty title with those at another nursing program at a public university in the region, and with the salaries identified by AACN for similar faculty titles. Based on these data, the Department's faculty salaries are comparable to both their sister institution and AACN salaries.

Table II A-4: Comparison of 2014 -2015 Mean Nursing Faculty Salaries

Title	Full time Tenured and Non-tenured Faculty Salaries 2014 (mean)		
	Fitchburg State University (Public)	Worcester State University (Public)	AACN Salaries for Full-Time Nurse Faculty in Public Institutions with a Master's Program*
Professor	91,689	99,003	91,008
Associate Professor	82,121	76,665	78,120
Assistant Professor	75,621	73,736	70,782
Instructor (Non-Doctorate)	57,774	62,119	55,237

*Source: *AACN Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing* (2014-2015; p 32).

Administrative Assistants
Fostering the Department's achievement of the mission, vision and program outcomes, the University provides funding for a full time Administrative Assistant and a ten-month Administrative Assistant. These positions support the faculty and administrative needs of the Department. The Administrative Assistants are members of The American Federation of State, County and Municipal Employees (AFSCME), and their salaries are determined by their Contract (June 2014). (see job descriptions and contract in Resource Room).

Coordinators

Lab & Simulation Coordinator
After the new Skills Lab was completed in 2006, a request for a ten-month Lab Coordinator position was submitted. This request was granted in 2008. The Nursing Clinical Lab Coordinator is a ten month benefitted position. The Lab Coordinator is primarily responsible for supervising the day-to-day operations of the nursing clinical laboratories, collaborating with faculty to develop simulation scenarios, reinforcing student development of clinical skills, and remediation. In spring 2015 the title of the position was changed to Lab and Simulation Coordinator to reflect the incorporation of simulation experiences into the curriculum.   This is an Association of Professional Administrators (APA) position. The job description and the APA contract are located in the Resource Room

Clinical Placement Coordinator
Due to growth in the number of clinical placements and the increasing demands of documentation required by health care agencies, as well as the increase in students in the RN to BS in Nursing track, the Chairperson requested and received approval for a 20 hour/week benefitted Clinical Placement Coordinator position in AY 2013-2014. General responsibilities for this coordinator include management of the clinical placement website and tracking of all student health and regulatory documents. This APA position was filled January 2014. The job description is located in the Resource Room.

Coordinator of the LPN to BS in Nursing and the RN to BS in Nursing Tracks
The grant which funded implementation of the LPN to BS in Nursing track provided for a half- time coordinator, whose role was to provide information and to assist potential applicants to this track. Upon completion of the grant, this role was combined with the RN to BS in Nursing track to create a 20-hour/week position to coordinate both the LPN to BS and the RN to BS in Nursing tracks.   This non-union position was filled in June 2014.   This job description is located in the Resource Room.

Work Study
The Department hires two work study students each year. One works in the nursing office to assist the Administrative Assistants with various office tasks. The second work study student is hired to assist the Clinical Lab/Simulation Coordinator with the set-up, break down, and/or clean-up of the nursing labs. Each student works approximately 5-10 hrs. /wk.

<u>Physical Space</u>
General Department Layout and Meeting Space
The Department is located in Thompson Hall, a historic three-story building on the University's campus. The close proximity of the Department's administrative offices, faculty offices, the coordinators' offices, and nursing labs facilitates interaction among the students, faculty, coordinators, and administrative assistants. The nursing administrative suite is located on the 3rd floor in Thompson Hall. The Department Chairperson's office is located within the suite space. All full-time faculty members are provided with individual offices located on the second and third floors of the Thompson Hall. The Nursing Skills Lab and the Health Assessment Lab are located on the third floor in Thompson Hall as is the clinical lab/simulation coordinator's office. The clinical placement coordinator office and the LPN and RN to BS in Nursing tracks coordinator office are located on the second floor of the same building. The University equips all offices with a lap top and docking station, a phone, file cabinets, desks and book cases. Further, University- issued computers are on a three-year replacement cycle by the University. The conference room in the Department's administrative suite is available for small-group meetings, while the University provides several other venues on campus in which the Department conducts its monthly faculty meetings and biannual Program Evaluation Workshops.

<u>Lab Resources</u>
Overview
The Lab/Simulation Coordinator monitors clinical trends and ensures that supplies and equipment are consistent with clinical practice. To ensure there is an adequate budget to support the lab, the Lab/ Simulation Coordinator meets with the Department Chairperson regularly to discuss equipment purchases, projected needs and replacement costs. The process for equipment change/purchase involves a collaborative interaction with the Department Chairperson, Clinical lab/Simulation Coordinator, faculty, and, when applicable the community of interest.

Skills/Simulation Lab (THOM – 302)
The Nursing Skills/Simulation Lab is a large (53'L x 36'W) open area that houses 8 electronic hospital beds with accompanying over bed tables and nightstands. Equipment includes 12 manikins and several task trainers. The manikins are a combination of low, mid and high fidelity that are used in skills training and simulation for students in the sophomore through senior level. For example, three static or low fidelity manikins are used primarily for skills training; five mid-level and four high fidelity manikins are used for patient assessment and simulation experiences; and two high fidelity manikins have a wall mounted monitor that displays the simulators' vital signs during simulations. Task trainers are models that are available to help develop the students' general skills such as injections, wound care, enema administration, and peripheral and intravenous access and care.

All bed stations have a headwall unit with an oxygen flow meter and suction equipment, a sphygmomanometer, and hand sanitizers affixed to the wall at each station. A control room for operating, recording and viewing simulations is located at the far end of the lab. As of May 2015, a Pyxis Med station and Tower are now located in a separate room inside the lab. Other equipment used and stored in the lab includes 1 standard stretcher, 1 hydraulic stretcher, an emergency cart with defibrillator, 3 EKG machines, treatment cabinet, hydraulic lift with sling, transfer board, several IV poles and IV pumps, feeding pump, crib, bassinet, infant scale, maternity/childbirth cart, varied electronic and scan thermometers, Doppler, and 3 electronic vital sign monitors. A large conference table that seats up to 12 is located in the front of the lab and two white boards are in the lab space.

Health Assessment Lab (THOM – 306)
The Health Assessment lab is a large open space of 46'L x 24'W. The room currently contains five exam tables / stations that accommodate the maximum of 10 students allowed in a lab/clinical experience per instructor as identified by the MA BORN. Each station contains necessary tools to conduct a physical examination including wall diagnostic set with an ophthalmoscope and otoscope and a wall-mounted sphygmomanometer. Exam table drawers contain specula, reflex hammer and tuning fork, penlight, tongue depressor, and alcohol prep pads. A conference table, AV equipment and a Smart Board are available in this lab space.

Cultivating a more realistic experience for senior year students who are involved in home care clinical experiences, a home care simulation was moved from the Skills Lab to a corner of the Health Assessment Lab in spring 2014. At that

time the need to create a dedicated home care setting was realized and the Department requested and received extraordinary budgetary (EBRQ) funding to begin the process of constructing such a setting in the Health Assessment Lab. The wall construction took place in spring 2015 and furnishings/finish work will be completed prior to the start of the fall 2015 semester.

Supply Room (THOM – 302b) / Equipment/Supplies
Between the two lab spaces is a supply room that provides additional storage for much of the inventory, task trainers and supplies that are used by the students in the lab. The clinical lab coordinator maintains records of the lab-specific equipment and supplies for both nursing labs. The record includes such information as an inventory of equipment and supplies, date of purchases, warranty, use, vendor contact information, and maintenance recommendations (see lab equipment spreadsheet in the Resource Room). All items in the lab with a value in excess of $1000.00 are assigned an "asset" tag through the University and inventoried annually.

Scheduling /Coordinating Lab Activities
Using a shared calendar in "Outlook", the scheduling of activities in both lab spaces is orchestrated by the Clinical Lab/Simulation Coordinator who works with the level coordinators and individual course instructors to meet clinical skills /simulation needs throughout the undergraduate curriculum.   Lab Manuals for the sophomore level lab experiences, scenarios and plans for junior and senior level skills sessions, and any simulation experiences are shared with the Lab/Simulation Coordinator and often developed with the coordinator (see copies of each in the Resource Room). As both the RN to BS in Nursing track and the graduate nursing program are online, these students do not participate in on campus lab activities.

IT Resources
The University provides updated information technology training and equipment for all permanent part-time and full-time faculty members in both programs. All classrooms and offices throughout the campus are wired for Internet access. All classrooms have audiovisual (AV) equipment that include, a PC, a lap top and ATV connections, CD / DVD players, overhead projectors, and viewing screens. A 24 –hour IT help-line exists for students and faculty to call when technology issues arise. In addition, an emergency line is available to faculty when classroom AV equipment problems arise.   Students and faculty may bring laptops to the IT department for technical support.

The Graduate Nursing Program

Program Budget
The Graduate Nursing Program's budget is defined each fiscal year by the Dean of Graduate and Continuing Education (see budget memos in Resource Room). The Program's budget is based on program size as determined by the number of degree- seeking students. The Program is currently a Size 3 program which refers to having 25-50 degree- seeking students. The budget includes a Program Chairperson stipend, teaching materials and travel supervision. Some flexibility for transferring funds between teaching materials and travel are at the discretion of the Graduate Program Chairperson and the Department Chairperson. A separate GCE pool for conferences and conference travel is available for that which directly benefits a GCE program. There is also a stipend available for developing new distance learning courses.   Over the past five years, the Graduate Nursing Program has been level-funded and all travel and course development requests have been granted as noted in Table II A-5.

Table II A-5: GCE Graduate Nursing Program Budget (2012-2015)

	Program Size	Budget Total	Annual Chair stipend	Teaching Materials	Supervision Travel	GCE Conference / Travel	Course Development
2013	3 (between 25-50 degree seeking students)	4500	3000	500			
2014	3 (between 25-50 degree seeking students)	4500	3000	1000	500		500* additional funding
2015	3 (between 25-50 degree seeking students)	4500	3000	1000	500	400* Additional funding	
2016	3 (between 25-50 degree seeking students)	Not available					

Graduate Program Faculty and Personnel
The Graduate Program's faculty salaries are determined by *The GCE Agreement*.   Tables II A-6 and II A-7 capture the salaries for the Program's Chairperson and Visiting Staff respectively. A more detailed table that compares the different GCE program sizes and Chairperson salaries is located in the Resource Room.

In addition to the above compensation, the Graduate Nursing Program Chair receives 3 workload credits from the Department workload assignments.

Table II A-6: Graduate Program Chairperson Compensation

Program Size	GCE Chairperson Compensation
Size 3: Small Program *(25 - 50 degree seeking students)*	-Chair stipend: $3,000 per calendar year -Travel for supervision/extended campus, if needed: $500 -Teaching materials: $1,000 -Approval of Undergraduate or Graduate Courses offered through GCE : $600 per year

Table II A-7: Compensation for Graduate Program Visiting Instructors

The GCE Agreement Graduate Faculty Compensation	1 credit	3 credits
Visiting Instructor	$1,324.00	$3,972.00
Visiting Senior Instructor	$1,346.00	$4,038.00
Visiting Assistant Professor	$1,393.00	$4,179.00
Visiting Associate Professor	$1,465.00	$4,395.00
Visiting Professor	$1,529.00	$4,587.00

Full time nursing faculty may teach in the graduate program for pay or as part of their full-time workload. Faculty receive 4 credits of workload for teaching a three credit graduate course, and three credits for teaching an undergraduate course.

One of the Department's Administrative Assistants provides support for the Graduate Nursing Program in addition to the Undergraduate Nursing Program (see job description for the 10-month Administrative Assistant in Resource Room). Further, while not used over the past three academic years, two additional University-wide "Floater" Graduate Assistant positions are available upon request annually (see *The GCE Agreement*)

<u>Key Element II-B:</u>

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

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

Program Response: This Key Element is reviewed annually as per the PEM. The last review was conducted in spring 2014 (see Program Evaluation Workshop Report in Resource Room).

<u>Library Resources</u>
Over the past five years, the Gallucci-Cirio Library has expanded services to provide a comprehensive approach to support the academic needs of both undergraduate and graduate students (see Resource Room for a complete report on the library). The library houses published nursing resources within the general Library collections. These nursing resources include books, periodicals, pamphlets, and reports. In addition to being a repository, the Gallucci-Cirio Library provides other services designed to offer comprehensive coverage of nursing library needs. These include a Reference Department staffed Monday-Thursday 8:00am-9:00pm, Friday 8:00am-5:00pm, Saturday 12 noon to 6:00pm, and Sunday 1:00-9:00pm; a print reserve service from the Circulation Desk area, an E-Reserves, an electronic reserves service available from any internet connection; and the University Archives holding official University records and Departmental records. The Library maintains its own website http://www.fitchburgstate.edu/academics/library/ to facilitate access to resources, provide timely information/updates, and provide information about Library staff, services, and materials. The Library is part of the campus network; therefore, the Library website is accessible from any computer on or off-campus. To improve access to journals not available from in this institution, the library has adopted the interlibrary loan and document delivery service (ILLIAD) for interlibrary loans. These services have significantly reduced wait time for journal articles and books.

Library holdings and search engine usage are evaluated on a yearly basis by the library and results are shared with academic departments. (See Resource Room). Monograph holdings are thinned to keep the collection current. Nursing faculty members have been active in improving library holdings. Titles for accession are drawn from established lists such as the *American Journal of Nursing* annual list of recommended titles and the Rittenhouse key title list. Within the limits of the library budget, faculty are encouraged to submit book and journal requests, which the library tries to honor. In addition to the normal funds for purchasing monographs, during AY 2014 and 2015 an additional $5,000 was spent each year specifically on eBooks to support the online programs.

The library provides online subject guides, which list print and electronic resources. Print resources include dictionaries, encyclopedias, handbooks/manuals, drug and chemical guides, and medical and allied health journals and nursing journals. Electronic resources provide links to appropriate indexes/abstracts/full-text databases, and websites such as organizations, university sites, clinical guidelines, and consumer health sites. Current database additions include CINAHL Complete, and the Cochrane database. A Journal Locator service from Serials Solutions, which identifies where journals are available full-text in the various online databases, is provided by the library. Students and faculty can search for

journals by *Title begins with, Title equals, Title contains all words, ISBN equals,* or by using the *subject category Health Sciences.* Retrieved results link to FSU's on-line Public Access Catalogue (PAC).

The library staff provides library instruction sessions so that students and faculty are aware of what is available to support nursing research. Access is available from off-campus. Linda LeBlanc is the E-Learning & Instruction Librarian and the Coordinator of Distance Learning Library Services, and also serves as the Department of Nursing Librarian Liaison for the Undergraduate, and Graduate Nursing Programs. As liaison, she meets with nursing faculty regarding collection development and curricula changes. In addition, she provides research assistance, teaches library instruction sessions, and develops new services to better support the needs of the Department and students.

The Department's library liaison provides research assistance through email, phone, Blackboard (at the professor's request), IM chat, Skype and in-person. Additionally, Reference Librarians are always available during their hours of operation to provide basic reference and research help through in-person, phone, email, and IM chat as well. To support students in the Undergraduate and Graduate Distance Learning Nursing programs, the nursing liaison librarian provides flexible scheduling to meet with students and faculty during the evening and on weekends. As the Coordinator of Distance Learning Library Services she has created and implemented a range of continually evolving services designed to "bring" the Library and its resources to the Distance Learning students and faculty. The goal of the Distance Learning and Extended Campus Library Services is to ensure that everyone at Fitchburg State, whether enrolled in a distance-learning course or at an extended campus site, has complete access to the Library's resources and services without having to come on-campus unless they elect to do so. This is particularly valuable to distance students in the RN to BS in Nursing track and the forensic program.

Academic Advising

As discussed in Standard I (Key Element I-C),   *The Agreement* identifies academic advising as a faculty outcome. Each full-time nursing faculty assumes the role of advisor for approximately 20-25 nursing students who are enrolled in all tracks of the undergraduate nursing program.   Each semester, the undergraduate advisee list is updated and distributed to the nursing faculty. Whenever possible, students are paired with the same faculty advisor throughout their program. Students may request a change in advisor through the Department Chairperson.   All nursing students are required to meet with their advisor each semester during the university-specified 'Advising Period' which occurs prior to course registration. During these one-on-one meetings with students, nursing faculty advisors provide academic advising, discuss course selection for the following semester, career and volunteer opportunities/options, and, when applicable, offer referrals to counseling services and/or financial aid services. Additionally, students are encouraged to contact their advisors throughout the semester for advising-related needs. Faculty are required to be available for at least three hours over two days each week, and to post office hours outside office doors or electronically to facilitate student awareness of advisor availability.   Advising for students in the RN to BS in Nursing on-line track is offered to students in person, through e-mail correspondence, or by phone appointment.

Graduate Program: Advising

The Graduate Program Chair serves as the academic advisor for each matriculated student.   Advising begins with a welcoming email and an attached letter which identifies the Program Chairperson as the student advisor. The letter also requests that the student contact the Chairperson for an electronically- mediated meeting to develop an initial plan of study and to discuss strategies for successful program completion such as early identification of clinical sites, preceptor qualifications, and timely initiation of clinical contracting. Along with the welcome letter students are provided with an E-copy of the Graduate Student Handbook which details course content, requirements, progression, academic policies, and complaint procedures. The other graduate faculty provide periodic advising when asked by students or the Program Chair, especially when selecting clinical sites, preceptors, and employment opportunities.

University Support Services

In keeping with the University's and Department's mission to provide excellence in teaching and learning, and collaborative teaching /learning methods, faculty encourage students in the nursing major to take advantage of the University's Academic Success Center. The Academic Success Center includes many services designed to support undergraduate and graduate students. Thomas Rousseau, Assistant Dean of the Center has a close working relationship with the Department. The programs available to assist undergraduate and/or graduate students are listed below.

Further information on these extensive services can be found on the University's website
http://www.fitchburgstate.edu/academics/academic-support/academic-success-center/

Academic Advising Center: Additional advising support is available for undergraduate students who have not declared a major, students who are on probation and students who are Interdisciplinary majors. Nursing students employ this center if withdrawing or transferring from the nursing major.

Counseling Services: Counseling services are provided for undergraduate and graduate students who are in need of short term, confidential counseling. Students who may benefit form emotional support or counseling are referred to Counseling Services.

Disability Services: The Department works closely with Disability Services to provide support services for undergraduate and graduate students with disabilities enrolled in the day or evening division. An example of their service includes provision of a proctored testing environment for nursing students that require extended test time in a quiet setting.

Career Center: The University's Career Center assists students with job placement following graduation. In the past, there have been a limited number of nursing students who have utilized the service (N= 48) (See Resource Room). In an effort to increase this number, the director of the Career Center will be invited to a fall faculty meeting to inform faculty of the services offered. Many nursing students discuss career options with faculty advisors who are knowledgeable about graduate nurse residency programs located throughout the Northeast. Senior level-nursing faculty members also assist students with resume and cover letter development throughout their senior year. The Department offers the opportunity for students to experience a mock interview to build student interviewing skills

Expanding Horizons (EHP): This federally funded program targets first generation college students, low-income students and students with disabilities. Students who qualify for the program are provided with developmental courses in reading, writing and math to aid them in the transition to college courses. EHP endeavors to create a smaller learning community within the larger campus environment. EHP staff works with students to facilitate adjustment to college and to enhance their ability to attain their fullest academic potential and propensity for personal growth. Since AY 12-13, a total of 12 nursing students have utilized EHP services (See EHP document in Resource Room).

International Education Office: This office exists for study abroad opportunities, to support undergraduate and graduate international students, and to provide cultural awareness programs.

Mathematics Center: This center exists for students who need peer tutors who specialize in one-on-one tutoring.

Writing Center: This center exists for professional and peer tutors who work with students to improve their writing skills. Currently, students need to call and schedule an appointment for assistance.

Tutor Center: Since 2013, nursing students have the highest percent of tutor requests (30%) within the University. (See Resource Room). There are a limited number of nursing tutors available secondary to job qualifications. Tutors must earn a 3.3 in the course and have a 3.0 overall GPA. To attract more tutors the University increased the student employee pay rate beginning fall semester 2014; tutors now have the highest pay rate of student employees. The number of nursing tutors increased from 10 in AY 13-14 to 16 in AY 14/15. In 2013, the center started an e-tutor program to accommodate students who cannot find an on-site tutor.

Technology

In addition to the IT Resources discussed under Key Element II-A, the University's library provides students with access to PCs and wireless Internet access. Four computers labs are also available for the computer-based testing that is widely used by the Department. The Clinical Lab/Simulation Coordinator and the University's IT department developed a two-year program to update computer needs for all simulation manikins.

Distance Education Support

The University is dedicated to active participation in the field of on-line learning through work with various associations and committees including Massachusetts Colleges On-line (MCO), University Professional & Continuing Education Association (UPCEA), and the United States Distance Learning Association. Technical assistance and training for students and faculty support the quality of distance education offerings.   To insure that on-line students had access to the same

academic support services, the University created an On-line Student Resource Center
http://www.fitchburgstate.edu/academics/online-learning/online-student-resource-center/

Technical assistance and training for students and faculty support the quality of distance education offerings. The University offers 24/7 technical support for students and faculty. There is a physical helpdesk on campus with normal operating hours and an additional outsourced system to ensure that all campus users have access to support through the dedicated support line. This 24/7 support system was implemented in 2008 to support the launch of our first two fully online degree programs. To ensure online students had access to the same academic support services, the university created an Online Student Resource Center. Below is a link to that center.
http://www.fitchburgstate.edu/academics/online-learning/online-student-resource-center/

Every student that registers for an online course is automatically enrolled in Fitchburg State University's Blackboard student introductory course. Students learn how to navigate Blackboard with the goal of becoming familiar with the technology, allowing them to focus on the academic content once enrolled in an online course. Prospective students are able to test an online course before committing to the new modality of learning through the university's "Demo" course. This is available to anyone that is interested.

Research Support

Since AY 2011-2012, the University's Academic Affairs department and the Student Government Association have sponsored the Fitchburg State University Undergraduate Conference on Research and Creative Practice. This event offers an opportunity for students to showcase their academic achievements for each other, the faculty, families and friends. Students present their work via posters, oral presentations, media showings, or performances. The University's faculty may serve as both sponsors and judges of the work. Examples of research and presentations conducted by nursing students over the last two academic years are located in the Resource Room.

The University supports faculty research and grant development through internal funding sources and assistance in finding external sources. The Grant Center holds numerous forums throughout the year for faculty research development.   The link to the University's Grant Center is   http://www.fitchburgstate.edu/offices/grants-research/grant-center/. The types of grants received by the Department are captured in Table II A-3 (under Key Element II A). In addition, each faculty member receives contractual professional development funds annually (equal to 1% of the payroll). The office of the Provost/ Vice President for Academic Affairs also provides travel monies annually, which may be used to support research activities.

Nursing student satisfaction with academic support services is evaluated via a Departmental *Student Survey* which is deployed every four years. Questions on the survey include student assessments of the library, advising, and other university services. (See Resource Room for the student survey and results). Results of the May 2012 *Student Survey* indicated that seventy percent of respondents answered "very much so" when asked if the "The University provides support services for students to facilitate their progression to graduation" (response rate 25% (76/302)).

Admissions

Undergraduate Nursing Program
The Department's Admissions Committee works closely with the University's Admissions Office throughout the year. Nursing faculty volunteer to represent the Department for all University Open Houses as well as the President's Receptions for accepted students. The University's Admissions counselors attend college information sessions at high schools and community colleges throughout the state to inform students interested in nursing about the nursing program offerings. The University's GCE sponsors three open houses throughout the year to market the LPN to BS in Nursing and RN to BS in Nursing tracks. Additionally, the LPN/ RN coordinator visits LPN and Associate RN programs to provide information about these undergraduate program tracks.

Graduate Nursing Program: Admissions

The University employs a full-time graduate recruiter who works closely with the Program chairperson on a regular basis to advise potential students about the MS in Forensic Nursing program. The Program Chairperson attends all GCE informational sessions to provide attendees an overview of the program goals, practices, and outcomes. The program is hyperlinked on the International Association of Forensic Nurses (IAFN) website and is regularly advertised in the ANA Massachusetts Report on Nursing. All admission applications are initiated on-line, reviewed by the graduate admissions coordinator for completeness, and forwarded to the Program Chair for review and action.

Key Element II-C: The chief nurse administrator:

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

CCNE Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response: This Key Element is reviewed at appointment as per the PEM. The chief nursing administrator is the Department's Chairperson, Linda McKay.   Chairperson McKay meets the academic and experiential qualifications of the MA BORN and those identified in *The Agreement (see Resource Room).*

Chairperson McKay has held a valid RN license in Massachusetts since 1975. She holds an MS in Nursing with a concentration in nursing education and she possesses an additional thirty graduate credits in Leadership and Management. Chairperson McKay has taught at the University for over 30 years, beginning as an instructor in 1981. As per *The Agreement* that was in effect at the start of her employment at The University, a terminal degree was defined 75 credits post- baccalaureate or 30 credits post-masters Professor McKay met these qualifications. In keeping with this version of *The Agreement*, Chairperson McKay then received tenure and was promoted to Assistant Professor (1986), Associate Professor (1995), and, in 2012, she was promoted to Full Professor.

Chairperson McKay continues to apply her expertise in teaching and medical-surgical nursing by providing didactic instruction in Medical Surgical Nursing II (NURS 3400). She served as chairperson of the undergraduate curriculum committee from 1992 to 1998, and has served as Program Chair for the RN to BS in Nursing Track since 2003. Chairperson McKay is currently a member of various professional organizations that include: the American Nurses Association, the Massachusetts Association of Registered Nurses, the National League of Nursing, the American Association of Critical Care Nurses, and Sigma Theta Tau International, Epsilon Beta Chapter. She is also the treasurer of Massachusetts Association of Colleges in Nursing (MACN). Chairperson McKay's curriculum vitae can be found in the Resource Room.

Under *The Agreement*, it was determined that she was qualified to serve as Acting Chair of The Department in spring 2005 and throughout the AY 2006-2007.   In spring 2007, she was elected as the Department Chairperson and is currently serving her third and final term as Chair. Her re-election and the University's Presidential re-appointments confirm and reaffirm that Chairperson McKay is qualified to meet the leadership responsibilities of a chief nursing administrator.

The Department Chairperson, as delineated in *The Agreement* (Article VI A), shall "exercise professional leadership in the Department, shall conduct the routine operation of departmental affairs and shall take appropriate initiative in recommending the development of the curricular and resource requirements of the Department."   The Department

Chair position per *The Agreement* is a faculty member who has release time for chair responsibilities and has the vested authority to accomplish the missions, goal and outcomes of the Nursing Department. As per *The Agreement*, department chairpersons receive a reduction in semester hours of credits of instruction based on the number of faculty members in the Department. Chairperson McKay currently receives a reduction of fifteen credits per year. All university department chairpersons receive a $3000 stipend to work a total of fifteen days outside of the academic year. In addition, as of the summer of 2006, in an effort to ensure continuity and achievement of program and department outcomes, the University administration agreed to employ the Department Chairperson for an additional fifteen hours per week during the months of June, July and August.

Chairperson McKay is a standing member of the Department's Undergraduate Curriculum and Program Evaluation Committees (see Undergraduate Curriculum Committee and Program Evaluation Committee minutes in Resource Room). Chairperson McKay works directly with the University's administration and has been an active voice for the Department by submitting fiscal budgets, advocating for supplemental funding, writing requests for grants, and facilitating special projects.   Some recent examples of Chairperson McKay's leadership efforts to help the undergraduate program meet or exceed its outcomes include:

- The Department's transition of traditional paper and pencil bubble sheet testing to computer-based testing (CBT) for 95% of all nursing courses. CBT was incorporated with the intention of promoting the preparedness of graduates for the computer-based NCLEX-RN exam. Importantly, CBT assists the Department in the evaluation of course, level and terminal student outcomes.
- The incorporation of geriatric content into the curriculum after attending the Geriatric Nursing Education Consortium (GNEC) faculty training.
- The facilitation of the purchase of various Simulation manikins to enhance student learning throughout all levels in the curriculum by engaging students in simulation experiences that challenge their knowledge and skill levels.
- The procurement of funding for the construction of a "home setting" within the Health Assessment Lab to provide a learning experience where students can prioritize and practice a variety of skills using simulated case scenarios.
- The writing and securing of several grants leading to the conversion of the RN to BS in Nursing track to an on-line format, and the development and implementation of the LPN to BS in Nursing track.
- The ongoing support of faculty professional development by encouraging the implementation of new teaching methodologies and by supporting faculty attendance at faculty selected continuing education conferences.

- The piloting of the i-Pad initiative in Fall 2014 where all sophomore students were given an i-pad to house e-textbooks and resources to use throughout the program with the intent that the student would be given the i-Pad upon graduation.

Further evidence that Chairperson McKay provides effective leadership to the nursing unit in achieving its mission, goals, and expected outcomes is visible in department growth, student success on NCLEX and student employment opportunities in highly respected acute and long-term care facilities as discussed throughout Standard IV. Chairperson McKay's tenure as Department Chairperson expires on June 30, 2016.

With changes to the CCNE Standards and Key Elements in 2013 requiring that the "chief nursing administrator holds a doctoral degree if the nursing unit offers a graduate program in nursing", there will be an election for a new chair who will hold that credential in March of 2016.

Graduate Nursing Program: Chairperson
The chairperson of the Department's Forensic Nursing Graduate Program is Robert Dumas, PhD. Dr. Dumas was appointed as Interim Chairperson for the Program in spring 2011, following the unexpected retirement of the prior chairperson. Dr. Dumas was appointed Program Chairperson in fall 2011. Chairperson Dumas received his BSN from Salem State University, earned a Post-Masters Certificate in psychiatric nursing, and PhD in Nursing from the University of Arizona. Chairperson Dumas has held a Massachusetts RN   license since 1979 and, until April 1, 2015, he also held a Psychiatric Nurse Practitioner license in Arizona. He has been a member of Sigma Theta Tau for 15 years and is a

founding and current member of the American Psychiatric Nursing Association. Dr. Dumas's curriculum vita is located in the Resource Room.

Key Element II-D: Faculty are:

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

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

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

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response: This Key Element is reviewed annually as per the PEM. The last review was conducted in fall 2013 (see Program Evaluation Workshop Report in Resource Room). All Departmental faculty meet the Massachusetts state requirements for licensure as Registered Nurses. The MA BORN regulations require all classroom faculty members to possess a minimum of a Master's Degree in Nursing (see MA BORN documents in Resource Room).   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 (see curriculum vitae in Resource Room). A compilation of all full-time and part-time faculty, educational backgrounds, degrees earned, certifications, areas of expertise, and courses taught/assignments for AY 2014-2015 in table format can be found in Appendix II D-1. Similar tables for AY 2013-2014 and AY 2012-2013 are located in the Resource Room.

FTE and The Agreement

Full-time equivalency (FTE) faculty assignments meet the requirements in *The Agreement* (2014-2017). 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 or clinical conference (seminar) is equivalent to one credit

On campus labs and clinical labs: 3 hours of lab is equivalent to 2 credits

At the graduate level: a three credit course equivocates to 4 credits of workload.

Although the teaching of graduate courses is not technically unit work, when any member of the bargaining unit is assigned to teach a graduate course, such unit member shall be credited with four (4) semester hours of credit, as a part of his/her regular teaching workload, for each three (3) contact hours of graduate teaching.

Ratios for Classroom, Clinical, and On-Campus Labs

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 varies from level to level. The average classroom faculty: student ratio for nursing courses is 1: 21. On campus lab sessions maintain a 1:10 or fewer faculty: student ratio and a 1: 8 faculty: 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.

Key Element II-E: Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

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

Program Response: This Key Element is reviewed annually as per the PEM. The last review was conducted in the spring of 2014 (see Program Evaluation Workshop Report in Resource Room).

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. Seniors in the RN to BS in Nursing track are paired with preceptors for the clinical components of both NURS 4400 Community Health Nursing and NURS 4600 RN to BS in Nursing Capstone.

All preceptors working with nursing students hold a minimum of a BS in Nursing (with a preference for a Master's of Science in Nursing) and a minimum of two years of nursing experience in the clinical setting where the student has been placed. 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] (See the MA BORN document in Resource Room).

Preceptor Orientation Packets

A Preceptor Orientation Packet is used by the Department to ensure consistent delivery of information among the Department, senior faculty, and clinical preceptors (see Resource Room for a copy of the packet). This color-coded packet includes the following documents:

- *The Qualifications of Preceptors Form* (green) is filled out by each Preceptor to help gather demographic, licensure, and practice experience information. Nursing faculty collect completed documents from each Preceptor and return them to the nursing department. A Departmental Administrative Assistant checks the MA BORN website to ensure an active MA RN license status for each Preceptor. Data from the *Qualifications of Preceptors* documents are transferred to the MA BORN Annual Report submitted by the Department Chairperson.
- *The Guidelines for Clinical Preceptors and Faculty Supervisors Form* (blue) 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.
- *Suggested Timeline for Practicum Form* (pink) provides the expected progression of student performance over the course of the semester.

Recent Modifications to Preceptor Packets:

The Preceptor Packets are reviewed annually as per the PEM and are revised as necessary (see Program Evaluation reports in Resource Room). Some recent modifications include:

- In 2013 and 2014 editorial changes were made to the documents to include current dates, headers, page numbers, and a receipt of information check box.   These revisions were made to promote the use of the most current version of the document and to indicate Preceptor receipt of the packet.
- In the Spring of 2015, the *Guidelines for Clinical Preceptors* handout was revised to reflect the current number of hours that students generally spend weekly in their Practicum Placement experiences sites.

In the RN to BS in Nursing track, students select areas of interest for their clinical experiences. The faculty member, clinical placement coordinator and RN/ LPN coordinator work with the student to select appropriate placements, and to confirm the preceptors are educationally and experientially qualified.

A Collaborative Preceptor Orientation Program

In the fall of 2014, the Fitchburg State University Department of Nursing and the Worcester State University Department of Nursing were invited by UMass Memorial Medical Center, in Worcester, MA, to participate in a collaborative student/ preceptor program. One of the Medical Center's Nursing Administrators came to the University to speak with the students about this opportunity. Senior nursing students with a cumulative GPA greater than 3.0 were eligible to apply to this program and request preferred clinical practice areas. A 'match day' was held, where students were interviewed by nurse managers from various units. Thirteen Fitchburg State nursing students were selected for this spring 2015 Practicum. A *Preceptor Orientation Session* was provided by Fitchburg State University Nursing faculty to define and review preceptor performance expectations. An exciting potential benefit of this new program is that nursing students who were part of this program may be offered employment at this facility after passing their NCLEX-RN exams (see documentation of this program in Resource Room).

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. In the RN to BS in Nursing track, a faculty member is also assigned to each student. The faculty member establishes contact with the preceptor, provides an orientation to the role and expectations, and checks in with the preceptor during the semester. As in the generic track, the faculty member is ultimately responsible for the clinical evaluation of the student.

Review of Preceptor Performance

In fall 2013, the curriculum committee developed a *Student Evaluation of Preceptor Form* to gather data related to the perceived effectiveness of preceptors by students (see copy of evaluation form in Resource Room). This hardcopy evaluation form was piloted with a small cohort of students in the practicum during fall 2013. Upon review of the data by the Undergraduate Curriculum Committee, the evaluation tool was fully deployed in spring 2014 and again in Spring 2015 (see Undergraduate Curriculum Committee minutes in Resource Room). This form also allows the program to track individual preceptor performance over time, and solicits student perceptions of strengths and weaknesses of the experience, as well as suggestions for improvement. Data analysis indicate that for the classes of 2014 and 2015, seventy-nine percent and eighty-nine percent of students agreed that their preceptor was always a nursing practice role model. Seventy-nine percent and eighty-one percent agreed that the preceptor "always modeled for me, coached my performance or facilitated my independence work as appropriate." Eighty-eight percent and ninety-six percent ranked as consistently true the statement that "this learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients." Sixty-eight percent and sixty-two percent of students agreed that their "preceptor asked questions that caused me to do my own thinking.' Seventy-one and seventy percent of students indicated that their preceptor always gave them feedback on a regular basis. (See Resource Room for complete results). The curriculum committee will discuss these results and their implications in the fall, 2015 semester.

The RN to BS in Nursing track does not currently use this tool to evaluate preceptors. Modification of the tool for this population will also be addressed by the curriculum committee in the fall, 2015 semester, with the goal of piloting the tool in spring 2016.

Graduate Nursing Program: Preceptors

Students identify preceptors at contracted clinical sites and develop clinical objectives which are commensurable with: 1) the preceptor's qualifications or experience, 2) course, or terminal program outcomes, and submit them to the course visiting instructor for approval. Preceptor candidates for the Graduate Program provide their curriculum vita or resume to the respective Visiting Instructor for review of preceptor qualifications (see Preceptor CVs in Resource Room). If required, the Visiting Instructor will discuss a preceptor candidate's qualifications with the Program Chairperson to decide if the candidate is appropriate for the preceptor role.

The role of forensic nurse is still in a nascent stage; consequently, the number of masters or doctoral prepared forensic nurses is very limited and requires students and faculty to frequently look outside of the nursing world for professionals to serve as preceptors. However, students must demonstrate through individual journals and collaborative discussion boards how the course's theoretical content from a nursing perspective is applied to the clinical experience. This is a requirement of each course with a clinical component. As in the undergraduate program, a faculty member is assigned to each student in a clinical placement, and is ultimately responsible for student clinical evaluation. Preceptors in the Graduate Nursing Program are used for clinical experiences in five courses as identified in Table II E-1 below.

Table II E-1: Graduate Program Precepted Courses & Preceptor Qualifications

Course	Course Description	Preceptor Qualifications	Clinical
NURS 7300 Advanced Clinical Concepts	Validate current clinical skills, and develop advanced professional decision-making regarding clinical issues, performance evaluation, collaboration, physical assessment and ethical practice.	One of the following credentials: APRN, CNS, MD, or PA.	60 hrs.
NURS 8130 Scientific Foundations of Forensic Nursing Practice	Foundational overview of specialized topics in clinical forensic practice including physical assessments, autopsy findings in forensic pathology, clinical laboratory tests, and pharmacological uses. The complimentary roles of different professions in medical-legal investigative systems in relation to trauma and causes of death are identified.	Preferably an APRN, or MD, however, professionals with a Bachelor's degree who demonstrate expertise in these content areas may serve as preceptors (e.g. a coroner, medical or death investigator).	60 hrs.
NURS 8200 Care of Victims	Defines the forensic nurse role in the care of victims and significant others. Focus is on understanding the assault and trauma victim experience. Interventions used to treat victims and minimize sequellae are examined. Legal, ethical, clinical, and advocacy responsibilities of the advanced practitioner are emphasized.	Preferably an APRN, CNS, MSW, Masters or PhD prepared Psychologist, or an MD. Professionals with a Bachelor's degree who demonstrate expertise in this content area may also qualify (e.g. certified Sexual Assault Nurse Examiner (SANE) Department of Corrections RN, Lawyer, LICSW, or MSW.	60 hrs.
NURS 8300	Defines the forensic nurse role in the care of perpetrators. Focus is on understanding perpetrator etiology and current evidenced-based interventions. Legal, ethical, clinical and advocacy responsibilities of the advanced practitioner are emphasized.	Preceptors would ideally be an APRN, CNS, MSW, Masters or PhD prepared Psychologist, or an MD. Professionals with a Bachelor's degree who demonstrate expertise in this content area may also qualify (e.g. certified Sexual Assault Nurse Examiner (SANE), DOC Nurse, Lawyer, LICSW, or MSW).	60 hrs.
NURS 9500 Practicum in Forensic Nursing	In consultation with faculty, students select one or more areas of forensic nursing practice to pursue in depth. Students find a clinical placement that gives them the opportunity for role negotiation and role development in the forensic nursing practicum. During the practicum, priority is placed on the development of leadership roles, and interpersonal and psycho-motor skills needed to serve a selected client population under a qualified appropriate preceptor.	Advanced practice nurse or related qualified professional.	180 hrs.

Students are encouraged to provide feedback about their preceptor and precepted experience to the course instructor and/or the Graduate Program Chairperson. The Program does not currently have a formal process identified to evaluate preceptors but will build upon the undergraduate preceptor rating scale and pilot it with modifications for deployment in FA 2015.

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

> *CCNE Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:*
>
> - *Faculty have opportunities for ongoing development in the scholarship of teaching.*
> - *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
> - *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*
> - *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Program Response: This Key Element is reviewed every two years as per the PEM. The last reviews were conducted in fall 2012 (see Program Evaluation Workshop Report in Resource Room) and again as part of this self-study process.

Development in the Scholarship of Teaching
Funding
The University Continuing Scholarship Fund allocates funding for full-time faculty member to engage in continuing scholarship. Part-time permanent faculty members receive a portion of that money depending on the number of credits that they teach. During the fall semester, faculty receive an e-mail notification of available funds and must submit an application to receive funds by December 31st (see application in Resource Room). Early in the spring semester, faculty are notified of the allocated funds. Table II F-1 indicates the funding allocated per full-time faculty for the last three years.

Table II F-1: Allocated Continuing Scholarship Funds (AY 12-13, 13-14, 14-15)

Academic Year	Allocated Continuing Scholarship Funds per Full-Time Faculty Member
2014-2015	$773.00
2013-2014	$866.00
2012-2013	$703.00

Nursing faculty members have used these funds to participate in different professional development activities including specialty-oriented conferences, nursing education conferences, research conferences and purchase of subscriptions to professional journals.

Additional Funding
Every year the Department Chairperson receives a pool of money based on the number of faculty to support continuing scholarship. Monies are used to support faculty who are presenting at conferences, to provide program development, and for the Department Chair to attend the AACN Spring meeting. When grants are written, monies for faculty development are included. For example, the LPN to BS in Nursing Grant included a day-long Cultural Competence Workshop in May of 2014 for nursing faculty at both universities. In May 2015, faculty were provided the opportunity to attend a CEU Program on Methodology to Enhance Veterans Student Success in Professional Nursing Programs, which was funded through the Veteran LPN Grant.

Nursing faculty members enrolled in Doctoral Programs receive tuition remission if attending a public university in Massachusetts per *The Agreement*. Although they are not provided a reduction in load, the Department Chairperson works closely with faculty to identify a schedule that makes their doctoral course attendance possible.

Additional Opportunities
A number of opportunities exist for faculty to seek additional scholarship assistance in the form of monies, recognition, or mentoring at Fitchburg State University. Opportunities include: Academic Scholarship/Creative Activity Awards, Graduate and Undergraduate Research Fellows and Associates Awards, Faculty Awards for Research and Scholarship, Graduate Research Proposals, a Vincent J. Mara Excellence in Teaching Award, the Ruth Butler Grants and either attendance at or presenting at the Harrod Lecture Series (See the Faculty Handbook 2014-2015 in the Resource Room).

In 2013 Tara Mariolis (a nursing faculty member), Carol McKew (Laboratory Skills Coordinator) and Kelly Morgan (a Theatre Department faculty member) received an Academic Scholarship and Creative Activity Award to create and deliver a live Simulated Mental Health Case Study in the Nursing Skills Laboratory (see the professional poster in the Lab). The simulation involved using actors as patients and family members.

In keeping with the mission of the University where teaching is a primary focus, the University's *Faculty Center for Teaching and Learning* is an established forum that promotes the development of faculty teaching. The Center promotes a campus-wide awareness and discussion of effective teaching, and, serves as a support network for all University faculty members. Contemporary topics are presented and educational sharing occurs. The web site is: http://www.fitchburgstate.edu/offices/academic-offices/academic-affairs/center-for-teaching-learning/.

Support for Service
As discussed in Standard I, service is an expected faculty outcome as identified in *The Agreement.* University support of faculty attainment of this outcome includes a variety of service opportunities at the Department and university levels.

Department of Nursing Service
All full-time and permanent part-time nursing faculty serve on Department of Nursing Committees. Nursing faculty members serve on at least one major and one minor committee, which are identified in the Department Bylaws. (See appendix I D-2).   In addition, faculty volunteer for ad hoc committees as needed, and participate in department activities such as end of semester celebrations with students. Some nursing faculty participate in the Epsilon Beta Chapter of Sigma Theta Tau, International as members, counselors or officers.

University Service
There are a number of university committees which exist per *The Agreement 2014-2017*. Faculty can self-nominate for those committees which are elected and/or can submit their names for those committees which are filled by the MSCA Union Chapter. The chapter strives for representation form all departments on university committees. The University identifies an "All- University Time" on Tuesdays and Thursdays from 3:30- 5:00 pm during which faculty may attend University-wide Committees meetings.

Community Service
The Agreement and the University support community service.   Many nursing faculty members volunteer individually in various community settings or involve their students in community activities (such as Influenza Clinics and Health Fairs).

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

<u>Key Element III-A:</u> The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.

CCNE 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.

Program Response: Key Element III A is reviewed every two years per the PEM. The last review was conducted in the spring 2014 (see Program Evaluation Workshop Report). The Department has both an Undergraduate and Graduate Curriculum Committee that are responsible for planning and recommending relevant changes to their respective curriculum with regards to content currency, relevancy to professional nursing standards and guidelines, congruency with mission and vision, outcomes and course content (see Appendix I D-2 Departmental Bylaws).

Undergraduate Nursing Program Curriculum

The Undergraduate Curriculum Committee oversees the curriculum in three Undergraduate Nursing Program tracks: the generic BS in Nursing track, the LPN to BS in Nursing track and the RN to BS in Nursing track. Each track prepares graduates to function as baccalaureate prepared Registered Nurses. While all three Tracks share the same Level and Terminal Outcomes, the RN to BS in Nursing track starts with the Junior Level outcomes. (see Appendix III A-1, III A-2 and III A-3 for Tables of Terminal, Level and Course Outcomes for all tracks)

The Department responded to the release of *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) by initiating a curriculum revision which included revisions to the program's mission, vision and expected student outcomes.   Throughout AY 2009-2010 the Undergraduate Curriculum Committee examined and revised the program's terminal and level outcomes which were accepted in April 2010. Individual course outcomes were revised during end of the year Curriculum Workshops, level meetings, and Curriculum Committee meetings. All course outcomes were finalized by January 2013 (see UGC minutes in Resource Room April 2011, May 2011, November 2012 and January 2013).

Alignment of the Undergraduate program's terminal, level and course outcomes for each of the sophomore, junior and senior levels is demonstrated in Appendix III A-1.   Selected examples of congruency throughout the Department's mission and vision statements and all student outcomes (terminal, level and course outcomes) can be found in Table III A-1 below.

Table III A-1: Congruence of Department of Nursing Mission, Vision and Student Outcomes

Program Mission (Adopted Spring 2006)	Program Vision (Adopted 2/28/2011)	Terminal Outcome (Adopted Spring 2010)	Current Level Outcome Example	Current Course Outcome Example
prepare professional nurses capable of meeting societal healthcare needs in a variety of settings	provide integrative care that meets the diverse needs of changing healthcare populations and environments	synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	**Sophomore:** identify strategies for health promotion and disease/injury prevention when planning care	**NURS 2600 Pathopharmacology II** describe the role of pharmacological therapies in the prevention of disease
foster the use of critical thinking	system sensitive problem solvers and critical thinkers.	incorporate evidenced based practice including current research and critical thinking in the management of client care	**Junior:** demonstrate nursing care which reflects critical thinking and incorporation of current research	**NURS 3400 Medical Surgical Nursing II** integrate nursing research and critical thinking skills in delivery of individualized nursing care
legal, ethical and professional standards guide the faculty in teaching the art and science of nursing.	the graduate is committed to evidence based practice, and recognizes financial and regulatory mandates which govern health care practices.	examine the impact of health care policy, finance, and regulatory environments on nursing practice	**Senior:** examine the impact of healthcare policy, finance, and regulatory environments on nursing practice.	**NURS 4400 Community Health Nursing** evaluate the effects of health care policy, finance, regulatory environments in community health practice.

The LPN to BS in Nursing curriculum uses the same course, level and terminal outcomes as the generic undergraduate curriculum, since students meld into that curriculum. Three bridge courses specific to the LPN track were developed to ensure a seamless transition into the curriculum. These include a one credit course NURS 2400 Transition from LPN to Professional Nursing, which is taken in the first semester of sophomore year. Outcomes for this course link to the sophomore level outcomes. Two other bridging courses are offered during the junior year; NURS 3101 Nursing Care of the Medical Surgical Patient and NURS 3501 Nursing Care of the Family have course outcomes which build to the junior level outcomes (See Appendix III A-2).

The RN to BS in Nursing track curriculum uses the same junior and terminal outcomes as the generic curriculum, since these students enter as juniors. Courses specific to this track have course outcomes which build to the specific level outcomes. (See Appendix III A-3)

Graduate Nursing Program Curriculum:

The Graduate Curriculum Committee (GCC) is a permanent subcommittee of the Graduate Committee. Responsibilities of the committee include review and recommendations relative to all aspects of the graduate curriculum.

The committee responded to the release of *The Essentials of Masters Education for Professional Nursing Practice* (AACN, 2011) by initiating a curriculum review which included revisions to the program's expected student outcomes.   Terminal outcomes and course outcomes were revised and/ or rewritten for congruency with the department's mission and vision, as well as *the Essentials (AACN, 2011)*

Selected examples of congruency throughout the Department's mission and vision statements and with terminal and course outcomes can be found in Table III A-2 below.

Table III A-2: Department's Mission and Vision Statements and all Student Outcomes

Program Mission (Adopted Spring 2006)	Program Vision (Adopted December 2008)	Terminal Outcome	Current Course Outcome Example
…prepare professional nurses capable of meeting societal healthcare needs in a variety of settings	…provide integrative care that meets the diverse needs of changing healthcare populations and environments	..assume leadership roles with health consumers and providers to improve the planning and delivery of health care	**NURS 7300 Advanced Clinical Concepts** Plan and implement care with consideration of cost-containment, organizational policies, and ethical principles.
Legal, ethical and professional standards guide the faculty in teaching the art and science of nursing.	…recognize financial and regulatory mandates which govern health care practices.	..actively promote professional standards, ethics and legal principles in nursing and health care	**NURS 8000 Introduction to Forensic Nursing** Recognize the complexity of medical-legal and ethical-legal issues, including expert witness activities in forensic nursing practice.

<u>Key Element III-B</u>: Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

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

- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

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

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

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

Program Response: Key Element IIIB is reviewed every four years per the PEM. The last review was conducted in April 2014 (see Program Evaluation Workshop report in Resource Room).   As noted in Key Element III-A, during AY 2009 - 2010 the Undergraduate Curriculum Committee examined how the then-established curriculum addressed the revised *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The committee determined that the curriculum was in need of revision in order to incorporate the revised *Essentials.* This finding was brought forward to the faculty. Through a series of faculty workshops, course content was mapped to course outcomes (see minutes from

End-of-Year Curriculum Workshops May 2011 & 2012 and UGCC meeting minutes in Resource Room). The revised curriculum, with complete incorporation of *The Essentials* (AACN, 2008) was in effect for all tracks for the Class of 2014.

Changes to the curriculum driven by incorporation of *The Essentials (AACN, 2008)* included a redistribution of nursing credits. NURS 4850 Nursing Leadership and Management was increased to three credits and content was realigned. NURS 4000 Nursing Research was increased to three credits. Content was revised, and the course was renamed NURS 3710 Evidence Based Practice. The placement of the course in the curriculum was moved from first semester senior year to first semester junior year, to allow students to apply this knowledge of research and evidence based practice to their course content and clinical placements.

To further ensure incorporation of *The Essentials* (2008), in AY 2012-2013, all faculty participated in a Gap Analysis comparing *The Essentials* (2008) with the revised undergraduate curriculum. While a few gaps in concepts were identified initially, upon further examination, it was found that that these concepts were indeed incorporated into the curriculum. (See Appendix III B-1 *Congruence of AACN Essentials with Nursing Curriculum*).

In AY 2013-2014, faculty also conducted an audit to identify gaps in the curriculum related to the NCLEX-RN Detailed Test Plan. This audit takes place every three years, upon release of the NCLEX-RN Detailed Test Plan. (see Resource Room)

Graduate Nursing Curriculum

CCNE Elaboration: Master's program curricula incorporate professional standards and guidelines as appropriate.

> c. *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.*
> d. *All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).*

The graduate curriculum incorporates the AACN *Essentials of Masters Education* (2011). Upon release of *The Masters' Essentials (AACN, 2011*), the Graduate Curriculum Committee reviewed the current curriculum and determined that a revision to the graduate curriculum was required. A revision of the program's terminal outcomes was conducted, followed by revisions to the actual curriculum. Table III B-1 demonstrates an example of the revisions made to the curriculum.

Table III B-1: Curriculum Revisions to the Graduate Nursing Program

Semester	Revision	Rationale
Spring 2014	New course developed Advanced Patho-Pharmacology and Epigenetics in Forensic Nursing NURS 8600	"All master's degree programs that prepare graduates for roles that have a component of direct care practice are required to have graduate level content/coursework in the following three areas: •physiology/pathophysiology •health assessment •pharmacology The master's degree program prepares the graduate to incorporate current emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment. Content should include genetics, genomics, and pharmacogenomics." (p.8). *The Essentials of Master's Education in Nursing* American Association of Colleges of Nursing March 21, 2011 This increased the total credits required by 3 credits.
Spring 2012	Deletion of the thesis option	The Essentials do not require a thesis, and students unanimously chose the research project option rather than the research thesis. This reduced the program credits by 1 credit.

<u>Key Element III-C:</u> The curriculum is logically structured to achieve expected student outcomes.

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

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

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Program Response: Key Element III-C is reviewed every two years per the PEM. The last review took place in April 2013 (see 2013 Program Evaluation Workshop report).

The importance and value of the Liberal Arts and Sciences (LA & S) component of the Baccalaureate Degree in Nursing is captured in the undergraduate program's Terminal Outcome # 1: Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care.

Overview of the Liberal Arts and Science Curriculum for Nursing Students
In 2008, the university adopted a 48 credit LA & S Curriculum divided into four clusters. The following clusters govern the LA & S requirements for all students:

The Arts Cluster
Students are required to earn a minimum of 15 credits from 5 courses in the *Arts Cluster*. This cluster is comprised of 6 credits of college writing, at least 3 credits from literature, at least 3 credits from an art or music course, and 3 credits from any course designated as one that meets the "Arts" requirement.

The Citizenship and the World Cluster
Students are required to earn a minimum of 9 credits from 3 courses in the *Citizenship Cluster*. Nursing pre-major students are required to take SOC 1100 Introduction to Sociology and PSY 1100 General Psychology, which meet 6 of the 9 required *Citizenship* credits. The final 3 credits for this cluster must come from a history course.

The Science, Math, and Technology Cluster
Students are required to earn a minimum of 12 credits from 4 courses in *the Science, Math, and Technology Cluster*. For nursing majors, these courses include MATH 1700 Applied Statistics, BIOL 1650 Nutrition, BIOL 1200 Anatomy and Physiology I, and CHEM 1100 Chemistry for Health Sciences.

Option C
All Nursing students are required to take 4 courses in the cluster designated in *Option C:*
BIOL 1300 Anatomy and Physiology II, BIOL 2700 Survey of Microorganisms, and PSY 1200 Human Growth and Development.   The last course in *Option C* for nursing majors is a 3- credit *Selected Elective* course in Philosophy. Students may select one of the following approved courses: PHIL 2600 Philosophy of Human Nature, PHIL 2500 Contemporary Ethical Problems*, PHIL 3610 World Religions*, or PHIL 2001 Medical Ethics.

Global Diversity
All undergraduates must satisfy the global diversity requirement.   This requires students to select two courses with a global diversity designation, at least one of which must be designated as non-western (includes content from non-western societies).   Each course must be from a different cluster. SOC 1100 Introduction to Sociology is designated as a global diversity western course; therefore students in the nursing major must take their second course with a global diversity non-western designation in one of the other clusters.

Free Electives
Nursing majors are required to earn six credits of free electives which may be chosen from any course except those courses restricted to majors only.

Integration of LA&S into Curriculum

The undergraduate curriculum plan illustrates how the undergraduate program strategically integrates the required LA& S courses into each of the three undergraduate nursing tracks. (See Appendix III C-1, C-2, and C-3 for a detailed outline of the four year plan of study for all tracks.)   The undergraduate program threads the arts, sciences, and humanities requirements through the progression of the program's four-year program as follows:

The Pre-Nursing (freshman) student builds a foundation in the sciences, humanities and arts in preparation for nursing courses. A&P I & II and Chemistry for Health Sciences provide a foundation for understanding the normal patterns of human organic systems in their diversity, complexity and synergy. Writing I & II prepare students for effective written communication. Additionally, knowledge gained through the social sciences (General Psych and Intro to Sociology) provide a foundation for students to address the multidimensional aspects of patient care. Applied Statistics provides the student with foundational knowledge for understanding and applying scientific evidence from the liberal arts, physical sciences and nursing.

Additional LA& S courses (Nutrition, Human Growth & Development, and Survey of Microorganisms) taken during the sophomore year, provide further knowledge and perspectives regarding health and illness for students to integrate into core junior and senior level nursing courses. Other Arts and Selective Electives category courses are integrated throughout the nursing program. Students select from a variety of Arts, Music, History, Literature, and Philosophy courses to further develop the skills of communication, collaboration, information gathering /synthesis, and consideration of the perspectives of others.

The 14 nursing courses (62 credits) and their associated clinical components also build upon one another in a logical progression starting in the sophomore year. Students are engaged in a semester of assessment and skill development through formal laboratory sessions associated with two courses in the first semester of the sophomore year, NURS 2700 *Foundations* and NURS 2300 *Health Assessment*. Students then advance into a basic medical surgical clinical setting during the second semester of the sophomore year, where the clinical focus is on care of the adult.   During the junior year, students expand their knowledge of care of the adult, care of the child, care of the childbearing family and care of the person in emotional distress.   First semester senior year courses focus on community as client, as well as aggregate concepts of chronic illness across the lifespan.   The final semester focuses on transition into practice and complex client care, while being initially exposed to the critical concepts of leadership and management.

The University

The university values diversity and, as previously indicated, all students are required to enroll in two global diversity courses. One of the courses is found in the *Arts* category (art, music, literature courses), while another course is incorporated into the *Citizenship and the World* category (history, sociology, psychology). The nursing curriculum builds upon the knowledge gained through courses taken to fulfill this requirement.

Graduate Nursing Program

The curriculum is logically structured to achieve expected student outcomes.

Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.

CCNE Elaboration: *Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

Graduate Program: Entry requirements

> To apply for enrollment in the Master of Science in Nursing Program, a student must submit an official transcript demonstrating graduation from an accredited baccalaureate nursing program with a GPA of 2.8. In addition students must submit the following:

- Three letters of recommendation which document a minimum of one year of recent successful clinical practice or part-time equivalent.
- A current US or Canadian RN license.
- A written two-part essay to include Part I (no more than 300 words): Applicant's reasons for wishing to attend graduate school or for pursuing a post-master's certificate in a specialty area.
  Part II (at least 1200 words): Applicant's specific interests, the type of work he/she would like to pursue in the field of forensic nursing, and how he/she intends to pursue employment or volunteer work in this area.
- A score from a Graduate Record Examination (GRE) or Millers Analogies Test (MAT) taken within the last five years.
- An alternative portfolio entry pathway is available to a RN, with non-nursing but related BA/BS/MS degree. (Please see Pre-Matriculation Professional Portfolio Demonstrating Bachelor of Science in Nursing Terminal Outcome Competencies for RN Applicants with Non-Nursing Bachelor or Other Advanced Level Degrees). This entry pathway is being piloted; to date two students have completed portfolios and have been accepted.

Graduate Curriculum Program of Study
The Master of Science in Forensic Nursing program is comprised of 14 courses (39 credits), offered completely online, and currently planned on a part-time, 6-7 credits per semester, with each course offered at least once over a two year cycle. The course sequence is designed so that students complete a majority of core nursing courses with the exception of the scholarly inquiry requirement prior to or concurrent with any clinical specialty nursing course. The sequence ends with a research project, and a student selected precepted practicum experience in an area of forensic nursing practice. (See suggested plan of study Appendix III C-4).

The formal recognition of forensic nursing as a discrete discipline was initiated at the 1991 Annual meeting of the American Academy of Forensic Sciences (February 1991, Anaheim, CA). Forensic nursing is the application of nursing science to public or legal proceedings, and the integration of the forensic aspects of health care with the bio-psycho-

social education of the professional nurse. Students are prepared to deal with the prevention, scientific investigation and treatment of victims of trauma and/or death, as well as the investigation and treatment of perpetrators of abuse, violence, criminal activity and traumatic accidents. The American Nurses Association accepted forensic nursing as a specialty in 1995. The Fitchburg State University graduate program offers preparation for forensic nurse specialists whose role includes:

- applying the knowledge and skills of nursing and forensic science to the investigation of trauma concurrently with emergency care and emotional support for victims of violent crime
- the application of nursing process to public or legal proceedings;
- the application of aspects of health care to the scientific investigation and treatment of trauma.

In April 2008, the university received approval for the establishment of or transition to a completely an online Master's Program in Forensic Nursing from the New England Association of Schools & Colleges, Inc. – Commission on Institutions of Higher Education (NEASC). Beginning in the fall semester of 2008, all coursework and requirements were offered on a part-time basis via the WWW and state of the art delivery software including Blackboard and Collaborate (formerly Elluminate). There are 12 asynchronous and 2 synchronous classes. Synchronous classes have live online meetings during early afternoon/early evening hours. Nursing courses and required cognates may have prerequisite undergraduate or graduate coursework requirements. The course sequence is flexible, but is designed to: support professional advanced practice role development by sequencing course work each semester; support clinical forensic nursing courses through prerequisite cognate courses; provide a capstone practicum course where students synthesize all program components.

Core Nursing Courses
NURS 7000 Nursing With Diverse Populations
NURS 7200 Nursing Theory   .
NURS 7300 Advanced Clinical Concepts (Clinical 60 hrs.)
NURS 7400 Contexts and Roles for Advanced Practice
NURS 8600 Advanced Pathopharmacology and Epigenetics in Forensic Nursing (new course)

Scholarly Inquiry
NURS 7700 Nursing Research
NURS 9100 Research Project

Specialty Track: Forensic Nursing
NURS 8000 Introduction to Forensic Nursing
NURS 8130 Scientific Foundations for Forensic Nursing Interventions (Clinical 60 hrs.)
NURS 8200 Forensic Nursing: Caring for Victims (Clinical 60 hrs.)
NURS 8300 Forensic Nursing: Caring for Perpetrators (Clinical 60 hrs.)
NURS 9500 Practicum in Forensic Nursing (Clinical 180 hrs.)

Cognates
NURS 8410 Criminal Law: Substantive and Procedural
NURS 8500 Forensic Science and Technology

Forensic Nursing Certificate Program
The Forensic Nursing Certificate Program provides an opportunity for advanced practice nurses who hold masters' degrees in nursing from accredited institutions to acquire forensic nursing specialization.

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

Program Response: Key Element III-D is reviewed every 4 years per the PEM. The last review was conducted in fall 2013 and presented in the spring 2014 (see Spring 2014 Program Evaluation Workshop minutes in the Resource Room). Current, appropriate teaching-learning practices and environments are incorporated into both undergraduate and graduate nursing programs to support the achievement of expected student outcomes. Course syllabi describe course-specific practices and environments and are located in the Resource Room.

Consistent with the mission, vision and goals of the Department of Nursing, teaching learning practices are designed to foster student development for becoming life-long scholars, expert clinicians, and leaders in the profession of nursing. The baccalaureate program places emphasis on skills necessary for: engaging in scholarship, evidenced -based clinical practice, demonstrating leadership and acquiring the ability to think critically and reason soundly. The faculty use multiple learning strategies with students from sophomore to senior year to develop these skills. These strategies include: small group discussion, individual and group projects, clinical case studies, oral and written assignments, and portfolio construction.

Because students use multiple ways of knowing to acquire knowledge, attitudes and skills, different environments are employed to assure knowledge acquisition.

- **The environment for the didactic component of each course** takes place in the classroom setting. The Teaching Learning Strategies in this setting incorporate discussion, lecture, flipped classrooms, active web searches, small group work, case studies, presentations, writing assignments, and guest speakers. In the classroom, learning is enhanced with the use of technology.
- **The environment for laboratory experiences** involves Skills Lab and/or Health Assessment Lab. The Teaching Learning Strategies in this setting include a 1:10 (or less) instructor: student ratio for formal lab sessions during which the following are presented: introduction of new skills; formal sessions, where concepts are illustrated in role play and simulation exercises; and Open Lab experiences, during which students are engaged in practicing and refining previously-learned skills (see Resource Room for examples of each).
- **The environment for clinical experiences** takes place in Assisted Living facilities in the fall semester of the sophomore year, and progresses into various hospital and rehabilitation units, outpatient clinics, home care, school, and community settings relevant to the level of skill and knowledge of the student learner. The Teaching Learning Strategies in this environment involve a 1:10 (or less) instructor: student ratio, patient assignments, pre and post- conferences, reflective journaling, nursing care plans, process recordings, and teaching projects.

Drawing upon the expected student outcomes of each course, tables of the undergraduate program's teaching-learning practices and environments for each course (by level) are found in the Resource Room.

Selected examples that demonstrate how Level Outcomes and Course Outcomes are supported /prompted by Teaching –Learning Practices and Environments at each level in the undergraduate nursing program are identified in Table III D-1 below.

Table III D-1: 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 : Develop an understanding of basic concepts required in planning safe, client centered nursing care	**Teaching/Learning Practices**: Discussion, group work, *Lab Sessions*: Hygiene, Elimination, Medication, Safety, Skin & Wounds Med Prep & Admins. Labs *Clinical*: Assisted Living Clinical Experiences; Data Collection Using Gordon's Functional Health Patterns *Assignment*: Developing a Nursing Care Plan (Examples of student work located in Resource Room)

Level Outcome	Course Outcome	Teaching –Learning Practices and Environments
Junior Level Outcome: Demonstrate nursing care which reflects critical thinking and incorporation of current research.	NURS 3200 Course Outcome Analyze and incorporate current research and principles of evidenced based practice in the care of mental health clients.	*Teaching/Learning Practices:* Discussion, presentations *Clinical:* Students are asked to design and implement a teaching project with mental health clients based on the results of current research. *Simulation:* Students participate in simulation involving restraints *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
Senior Level Outcome Integrate principles of communication in professional practice.	NURS 4800 Clinical Portfolio Outcome Adapts communication techniques considering the client's age, sensory/perceptual deficits, primary language and educational level.	*Teaching/Learning Practices:* Discussion, case study presentations *Clinical:* As part of their portfolio which is generated during the Senior Practicum, the students are asked to give an example of how they care for a patient with perceptual/sensory communicated deficits. They discuss how they met standards of care in the acute setting despite these deficits. *Assignment:* As part of the class assignments students complete HESI Evolve Case Studies in which they answer communication questions about the clients

Environment in the online RN to BS in Nursing Track

The RN to BS in nursing track is taught online. Course content in this program is presented in a variety of formats including: word documents, streaming videos, web sites, and threaded discussions. The online environment promotes accountability and independence for students. Every course utilizes a discussion board, which promotes intraprofessional sharing and communication skills. Clinical courses provide the RN to BS student the ability to combine strengths from practice and apply new knowledge and skills learned in the classroom to the clinical setting. Clinical settings provide a variety of experiences appropriate for the needs of the practicing RN returning to academia for a baccalaureate degree in nursing.

Table III D-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 principles of communication in academic and clinical settings	NURS 3600 Concepts of Nursing II Integrate oral and written communication skills in health and physical assessment	Teaching/Learning Practices: reading assignment; discussion board *Assignment:* Students must demonstrate integration of communication skills when interviewing a client, during which they do a health history (must submit a tape of the interview)
Level Outcome	Course Outcome	Teaching –Learning Practices and Environments

Senior Level Outcome Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care	NURS 4600: RN to BS Capstone (online) Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe client-centered care.	**Teaching/Learning Practices**: Reading assignments guide the weekly discussion board which focusses on current trends and challenges in nursing. QSEN Competencies and Nurse of the Future (NOF) competencies are discussed in depth. *Clinical*: On average each student completes 60-75 hours over the course of the semester. In the clinical setting students examine and report via the discussion board on best practices compared to the QSEN and NOF competencies. *Assignment*: Students complete a paper on a National Patient Safety Goal.

The Graduate Program Teaching-Learning Practices and Environments

All courses employ a combination of the following to deliver course content: discussion boards threaded and generated by critical thinking questions from assigned content with student and instructor comments and interaction; instructor and student PowerPoint presentations on selected course topics; interactive website modules; streaming videos; analysis of case studies, and structured application of course content to current practice.

Commensurate with the expected student course outcomes, tables of the program's teaching-learning practices and environments for each course are in the Resource Room.

Selected examples below demonstrate how Terminal Outcomes and Course Outcomes are supported by Teaching – Learning Practices and Environments at three points (Beginning, Intermediate, Capstone) in the graduate program.

Table III D-3: Selected Examples of Teaching –Learning Practices and Environments Supporting Outcomes in the Graduate Nursing Program

Graduate Terminal Outcome Graduates will:	Course Outcome	Teaching –Learning Practices and Environments
#1.integrate knowledge from the sciences and the humanities into the provision of advanced nursing care to diverse populations.	*Beginning course* **NURS 8000 Introduction to Forensic Nursing** #1 Utilize a holistic approach to forensic nursing practice with living victims and perpetrators.	**Teaching/Learning Practices**: Collective discussion via written responses to posted critical thinking questions addressing lecture content, selected reading assignments and student professional presentation. *Assignment*: Read all of the other students' primary postings to the critical thinking question(s) and comment on at least two postings. Postings' grades are based on the level of comprehensive content and supporting citations. Choose a course topical area and using a comprehensive review of the current professional literature describe the significance of your selected topic for a forensic nurse and develop a job description for a forensic nurse interested in this area. Topics are approved by the faculty prior to commencing work.

Graduate Terminal Outcome Graduates will:	Course Outcome	Teaching –Learning Practices and Environments
# 2. be proficient in organizing and planning programs which bring together clients, patients, providers, and the communities, with an emphasis on ethical and critical decision making.	*Intermediate course* NURS8300: Forensic Nursing: Caring for Victims and Perpetrators, II Utilize professional literature related to prevention and intervention with victims, perpetrators, significant others, and the community in professional practice.	*Teaching/Learning Practices:* Discussion, Written assignments, Guest lectures, Student presentations, Small group activity, *Clinical:* Clinical Agency (60 hours) related to the care of victims or perpetrators: preceptor, clinical objectives, and site approved by instructor. *Assignment:* Read all students' primary postings to the critical thinking question(s) and comment on at least two postings. Postings' grades are based on the level of comprehensive content and supporting citations. The clinical journal is intended to foster clinical thinking skills about forensic clinical nursing practice.
# 5. use technology guided by ethical and legal principles for the improvement of patient-care.	Capstone Course NURS9500: Practicum in Forensic Nursing Participate with agency administrators in the planning and delivery of forensic nursing care within the agency.	*Teaching/Learning Practices:* Discussion, case study presentations, Faculty supervision of clinical practice via reflective journals **Clinical:** The capstone course (180 hrs) in which students select one (or more) area(s) of nursing practice to pursue in greater depth. In consultation with faculty, the student will identify a clinical placement with the opportunity for role negotiation and role development in a forensic nursing practicum. Nursing competence in primary, secondary and tertiary prevention activities is a required outcome: preceptor, clinical objectives, and site are approved by course faculty. **Assignments**: Journal entries showing substantial review of professional research in practice area; Student presentation Participation in Discussion Board per guidelines incorporated within this syllabus

Online Environments

Classes are delivered in asynchronous and synchronous mode. The two synchronous on-line classes use the Collaborate feature of Blackboard to meet "live" during late afternoon/early evening hours and attempt to adjust for student attendance across four North American time zones. Each class session is automatically recorded for replay for student review, or viewing if unable to attend the live session. Class schedules are distributed two weeks prior to the first class so that students can adjust their work schedules as needed.

In sequence, the first synchronous class, NURS 7400 Contexts and Role for Advanced Practice uses this format to begin student socialization to the advanced practice role early in his/her course of study. It is taught by faculty with a terminal nursing degree who is in active practice and has formal forensic nursing training and experience. This helps vivify the course content related to the still nascent and evolving practice of forensic nursing. Course content is delivered by live interactive discussion of assigned critical thinking questions posed in advance by the instructor which derive from the class topic and the students' everyday experience of the ideal versus the real nature of the professional issue underlying the class discussion. These discussions allow students to develop a personal- individual voice and help the group begin a bonding which is an important component for a shared professional growth and confidence in assuming an advanced understanding of their nursing practice.

The second synchronous class, NURS 7700 Nursing Research uses this mode to allow students to discuss in depth the concepts related to developing a meaningful clinically-related forensic research question and project. This course is taught by faculty with a terminal degree with recent research experience who uses that to model the importance of evidence in practice. Past experience of faculty teaching this course indicates that students benefit from real time discussion of class content and process research concepts more fully when they have live coaching rather than written

feedback alone. Also, the immediate reaction of classmates to student comments generates a shared experience and allows for the development of an authentic collegial relationship among students in that class.
Courses with a clinical component environment are addressed in Standard III-E.

<u>Key Element III-E</u>: The curriculum includes planned clinical practice experiences that:
- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

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

Program Response: Key Element III-E is reviewed every 2 years per the PEM. The last review took place in April 2014 (see the Spring 2014 Program Evaluation Worksheet Report in Resource Room).   The undergraduate and graduate nursing programs provide students with planned and supervised clinical learning experiences that afford opportunities for students to integrate previous and current knowledge and skills in the achievement of expected student outcomes. All tracks in both programs provide students the opportunity to develop professional competencies in practice settings aligned with their educational preparation.

The Undergraduate Curriculum

Laboratory and clinical experiences prepare graduates for the professional role of the registered nurse.   The identification of clinical learning experiences throughout the curriculum across each track are designed to meet course, level and terminal outcomes.

Generic/LPN to BS in Nursing Track
The Department participates in the Massachusetts Centralized Clinical Placement (MCCP) system to secure acute care clinical experiences throughout the program. As participants in this system, all student nurses are required to complete a series of CCP on-line orientation modules annually (See Resource Room). The modules include tutorials and quizzes for four focus areas: Basics of Student Placements Nurse Core Competencies; Infection Control and Prevention; and Environment of Care. This requirement aligns with and reinforces several core concepts threaded throughout the curriculum. The Department maintains yearly contracts with all clinical agencies /sites and these documents are kept in the Department of Nursing administrative files.

Students meet with their instructors prior to the clinical experience, where they are given an on-site orientation to the setting as well as a detailed overview as to the organization and daily schedule of the unit/agency to which they are assigned. Both formal and informal technology instruction (EHR documentation) specific to the clinical agency setting are provided to faculty and students through the particular organization itself. Orientation to the EHR documentation system is typically scheduled and/or carried out by the agencies' nursing staff educators.

During the first semester of the sophomore year, students are primarily involved in formal laboratory sessions to develop their fundamental assessment and technical skills. NURS 2300 Health Assessment includes a three hour per week on campus lab, where students learn and practice how to perform a complete health assessment. NURS 2700 Foundations of Nursing includes a three hour per week on campus lab, where students are introduced to nursing skills. (see NURS 2300 and NURS 2700 Lab Manuals in Resource Room). These lab sessions occur in the Health Assessment and Clinical Skills Labs respectively. For two NURS 2700 Foundations labs, students interact with residents in local Assisted Living Residences to practice and refine therapeutic communication and data collection skills. Here, students conduct a basic Health History and collect Functional Health Pattern data to develop their first nursing care plan. The Assisted Living sites are contacted by the NURS 2700 *Foundations* course instructor or Level Coordinator at the start of the semester to assess the feasibility of using each facility each year.

During the second semester of the sophomore year, students enter into their first acute in-patient clinical facility, where they carry out the fundamental assessment and patient care skills acquired during the prior semester. Here, clinical instructors identify patient assignments to meet students' knowledge and skill level. Following each clinical experience, students participate in formal face- to face post-conferences with their peers and clinical instructor. Table III E-1 illustrates efforts by sophomore faculty to continuously assess and revise clinical /lab experiences.

Table III E-1: Sophomore Clinical/Lab Experiences with Modifications (AYs 12-15)

Clinical/Lab Experience	Examples of Experiences and Modifications Based on Faculty Feedback
NURS 2300 Health Assessment Lab Experiences Fall 2012 Fall 2013 Fall 2014	Formal, planned lab experiences develop basic health assessment skills. Instructor Manuals promote consistency of content across all 9 lab sections. Students also receive a lab manual at the start of the semester. Lab modifications stem from feedback provided by NURS 2300 lab instructors Fall 2012: Students explore different cultures; cultural handbook created Fall 2013: SimChart (EHR) introduced; promotes electronic documentation of assessment data
NURS 2700 Foundations Skills Lab Experiences Fall 2012 Fall 2013 Fall 2014	Formal lab experiences promote fundamental nursing skills, dosage calculations and developing the student repertoire of medical terminology. Fall 2012: Student visits to local Assisted Living facilities develop communication, interviewing, and data collection skills used to create a patient centered plan of care. Instructor Manuals created to promote consistency of content across all lab sections. Students were provided with Student Prep documents posted to BB at least 1 week prior to lab. Foundations Skills Labs evolved based on NURS2700 instructor and student feedback Fall 2013: Piloted an 'Vital Signs Check Point' lab session to work 2:1 or 3:1 with students and identify strengths and areas that require more practice SimChart (EHR) used for care planning skill development, exposure to EHR Moved open wound care and wound irrigation skills to Spring semester; affords time provided for practicing clean and sterile technique for closed wounds, DSD, drains. Fall 2014: Formal VS Check Point Lab incorporated into 12 Lab Sessions Assisted Living Visits were decreased from 3 to 2 visits.
NURS 2900 Med- Surg I Clinical & Lab Experiences Spring 2012 Spring 2013, Spring 2014	Clinical experiences involve weekly Med-Surg Clinical experiences in acute care settings and post-conferences on each clinical day. A 'Clinical instructor Resource/Guidelines Folder' is provided to each clinical instructor at the start of the semester. A 'Skills Check Day' starts off the semester for students to demonstrate previously-learned skills. An Instructional Lab session is scheduled for Foley catheter insertion. Open Lab time was optional for all students in Fall 2012 and 2013. Modifications to these experiences stem from feedback provided by the NURS 2700 lab instructors, NURS 2900 clinical instructors, and students include: Spring 2013: Added post-mortem care to instructional lab Spring 2014: Open Lab minimum number of hours = 2 in the Spring semester to practice development of skills learned to date -Added a Basic Safety Simulation exercise at start of semester -Added open wound care and irrigation to instructional lab -Added fracture care and safety simulation experience -Added Sim Chart (EHR) to document patient assessment and care -Implemented a formal evaluation of clinical sites

During the junior year, clinical/lab experiences are focused on four specialty areas: Maternity, Pediatrics, Mental Health and Medical Surgical. Skills labs and simulation labs are also provided throughout each semester and modified based on student and instructor feedback. Table III E-2 illustrates these experiences and modifications made for the past four years.

Table III E-2:   Junior Clinical/Lab Experiences with Modifications (AYs 11-14)

Clinical/Lab Experience	Examples of Experiences and Modifications Based on Faculty Feedback
Fall 2011 Spring 2012 *All junior courses* NURS 3200 NURS 3300 NURS 3400 NURS 3900	A lab/clinical skills survey was completed by all junior level students at the end of the Spring Semester 2011. Based on these results and concerns identified by clinical instructors over the past years a recommendation to develop mandatory lab time for juniors was developed. All junior nursing students participated in two hours of skills lab in fall 2011 and spring 2012 to assess skill needs and to provide practice for clinical. This change was permanently added to the curriculum.
NURS 3200 Mental Health Nursing Clinical Experiences *AY 2011-2012* *AY 2012-2013* *AY 2013-2014*	Clinical experiences promote care of the client experiencing an acute mental health issue in the hospital setting. *AY 2011-2012*: Added simulation of patient withdrawing from alcohol (both rotations, fall); Added patient safety and restraint practice (both rotations, spring 2012). *AY 2012-2013*: Added a Mental Health Scenario on End-of-Life Care for a patient with End Stage Liver Disease using actors Spring 2013). *AY 2013-2014*: Added Three Mental Health scenarios using 9 actors during spring 2014.
NURS 3300 Maternal-Newborn Nursing Clinical Experiences *AY 2011-2012* *AY 2012-2013* *AY 2013-2014*	Clinical experiences involve weekly in patient clinical on a maternity floor. Experiences include labor and delivery, post-partum care, and care of the newborn, with post-conferences on each clinical day. *AY 2011-2012*: Adapted a Postpartum hemorrhage simulation (adapted each rotation based on student feedback in debriefing, fall 2011 and spring 2012) *AY 2012-2013*: Added a Postpartum hemorrhage simulation (adapted each rotation based on student feedback in De-briefing, fall 2012 and spring 2013). AY 2013-2014: Added Maternity "Boot Camp" to prepare nursing students for Maternity clinical (each rotation, fall 2013 and spring 2014). A Postpartum hemorrhage simulation (adapted each rotation based on student feedback in De-briefing, fall 2013 and spring 2014).
NURS 3400 Medical-Surgical Nursing II Clinical Experiences *AY 2011-2012* *AY 2012-2013* *AY 2013-2014*	Clinical experiences involve weekly in patient clinical on a medical-surgical floor. Experiences include care of the client with an acute illness, with post-conferences on each clinical day. *AY 2011-2012:* Added Continuous Bladder Irrigation; Added a Simulation of a diabetic patient with medication administration (Fall 2011); Added a Simulation of assessment and medication administration of the post-operative appendectomy patient (Spring 2012). *AY 2012-2013*: Care of ostomy patient moved from classroom content to lab; wound care and bandaging practice (each rotation, fall 2012 and spring 2013). *AY 2013-2014*: Continuous Bladder Irrigation, Ostomy care).
NURS 3900 Pediatric Nursing Clinical Experiences *AY 2011-2012* *AY 2012-2013* *AY 2013-2014*	Experiences include care of the pediatric client with an acute illness, care of pediatric clients in ambulatory settings. A post-conferences is held on each clinical day. *AY 2011-2012:* A Simulation of Pain Assessment in the six-month old using FLACC scale (each rotation, Fall 2011 and Spring 2012); Immunization administration lab (each rotation, Fall 2011 and Spring 2012); Added a Simulation of patient safety and medication administration (PO, GT) with pediatric patient (each rotation spring 2012). *AY 2012-2013:* Adapted the Immunization lab to prepare students for Pediatric Nursing *AY 2013-2014:* Immunization administration lab to prepare students for Pediatric Nursing (each rotation, fall 2013 and Spring 2014); Simulation of admission from Pedi ED to the Pedi unit using SBAR communication (each rotation, Spring 2014).

During the senior year, students are engaged in clinical experiences that build upon previous experiences, affording them the ability to practice, refine and add to their existing skill set. See Table III E-3 below for examples in the assessment and revision of clinical/lab experiences.

Table III E-3: Senior Clinical/Lab Experiences with Modifications (AYs 12-15)

Clinical/Lab Experience	Examples of Experiences and Modifications Based on Faculty Feedback
NURS 4400 Community Health Nursing Lab and Clinical Experiences AY 2011-2012 AY 2012-2013 AY 2013-2014	Schools within a 50 mile radius of Fitchburg have been used for the clinical experience. A clinical skills lab at the beginning of the semester to practice previously learned skills adapted to the community. Since 2012, experiences have evolved based upon feedback from faculty: Fall 2013: In place of the traditional skills lab, a more hands- on lab based on scenarios was instituted (See Resource Room for Lab Plan)
NURS 4750 Chronic Illness lab and Clinical Experiences AY 2011-2012 AY 2012-2013 AY 2013-2014	Visiting Nurse agencies, public health agencies and hospice have been used for these clinical experiences. A clinical skills lab at the beginning of the semester to practice previously learned skills adapted to home care. Since 2012 these experiences have evolved based upon feedback from faculty: Fall 2013: In place of the traditional skills lab, a more hands-on lab based on scenarios was initiated. (See Resource Room for Lab Plan) Spring 2013, 2014 and AY 2014- 2015: A Home Care Scenario was piloted and refined to prepare students for their home care clinical experiences. Details of the scenario are located in the Resource Room.
NURS 4800 Selected Practicum Lab and Clinical Experiences AY 2011-2012 AY 2012-2013 AY 2013-2014	Clinical Experiences: Hospital agencies are used for a seventeen hour a week precepted experience. Lab Experiences: A clinical skills lab at the beginning of the semester to practice skills for the capstone experience. Since 2012, experiences have evolved based upon faculty and student feedback: -Spring 2013: The comprehensive simulation of VF cardiac arrest was streamed to a university classroom for the non-active participants. -Spring 2014: the comprehensive simulation of VF cardiac arrest was streamed to the HA classroom within the nursing department

RN to BS in Nursing Track:

There are two courses with a clinical component in the RN to BS in Nursing track. Clinical courses provide the RN to BS student the ability to combine strengths from practice and apply new knowledge and skills obtained through the teaching-learning process in the online course to the clinical setting. Clinical settings provide a variety of experiences appropriate for the needs of the practicing RN returning to academia for a baccalaureate degree in nursing.

Students in the RN to BS in Nursing track complete a one credit course NURS 3650 Portfolio Preparation, which enables the student to assemble a portfolio based upon the outcomes of the two clinical courses in the track. (See Resource Room for examples of completed portfolios). The completed portfolio is evaluated by the course instructor, and clinical hours for each course are determined based on this review.

Clinical placements for each course with a clinical component are determined by the student, in close collaboration with course/clinical faculty and the RN to BS coordinator, with assistance from the Clinical Placement Coordinator. Clinical sites must align with course outcomes. Table III E-4 delineates acceptable clinical sites for each course as well as learning activities. Each student is paired with a baccalaureate or higher prepared registered nurse. The faculty member oversees the clinical experience, orients the preceptor and ultimately evaluates the student's performance. A weekly discussion board provides students with the opportunity to reflect on their clinical experiences in relation to class content, and to respond to others. Faculty respond to each student and to the group to promote a robust discussion.

Table III E-4: RN to BS in Nursing Clinical Course Learning Activities

Clinical/Lab Experience	Settings for Clinical Experience	Learning Activities
NURS 4400 Community Health Nursing Clinical Experiences	Any outpatient or community setting, such as school nursing, home care, clinics, hospice, etc.	***Discussion Board***: Students have a discussion board as part of their weekly clinical assignment, where they share experiences and respond to others enrolled in the class ***Portfolio:*** All students complete a portfolio, in which they demonstrate how they have achieved the clinical course outcomes. This portfolio is reviewed by the clinical instructor and becomes part of their evaluation. **Assignment:** A Teaching Plan must be completed in the setting
NURS 4600 RN to BS Capstone Clinical Experiences	Any inpatient or outpatient setting	***Discussion Board***: Students have a discussion board as part of their weekly clinical assignment, where they share experiences and respond to others enrolled in the class ***Portfolio:*** All students complete a portfolio, in which they demonstrate how they have achieved the clinical course outcomes. This portfolio is reviewed by the clinical instructor and becomes part of their evaluation. **Assignment:** A quality improvement project mutually identified by the student and preceptor is completed. This project is submitted to the faculty for approval and grading, and once approved, is presented to the clinical agency by the student.

Evaluation of Clinical Sites

At all levels of the program, faculty share their feedback about clinical sites during their respective level meetings throughout the semester (see level meeting minutes in Resource Room).   Students evaluate their clinical experiences at the end of each course with a clinical component via the Clinical Evaluation Tool deployed via TK-20 (see Resource Room for the tool and results). Results of these student evaluations are reviewed by the Curriculum Committee.

In the past, clinical faculty also filled out the Clinical Evaluation Tool. This practice has not been in place over the last several years; faculty evaluation of the clinical site occurs only in level meetings, and tends to be discussed only when a problem with the site develops. The Curriculum Committee is developing a Clinical Evaluation Tool to be filled out by each clinical faculty. A draft of this tool will be presented to the faculty at a faculty meeting in fall 2015, and the tool will be piloted with clinical faulty in spring 2016.

<u>Graduate Nursing Program: Clinical Experiences:</u>

The Graduate Program's curriculum includes five courses with a clinical component:
1. NURS 7300 – Advanced Clinical Concepts – 60 hours
2. NURS 8130 – Scientific Foundations for Forensic Nursing Interventions – 60 hours
3. NURS 8200 – Forensic Nursing Victims- 60 hours
4. NURS 8300 – Forensic Nursing Perpetrators – 60 hours
5. NURS 9500 – Practicum in Forensic Nursing – 180 hours

Each course has published clinical objectives and activities specific to assisting students to achieve expected course outcomes (See course syllabi in Resource Room). Likewise, students in collaboration with their preceptor develop personal clinical objectives and site appropriate activities designed to meet those outcomes; the personal objectives are reviewed and approved by the course faculty before implementation. Each clinical site and preceptor is selected by the student and approved by the course instructor, and, when indicated, in consultation with the Program Chair. Prior to a student initiating his/her clinical hours, either a clinical contract or memorandum of understanding is executed between the university and the clinical agency, and all university and agency health, CORI, HIPPA, and orientation requirements are met and documented. Students must possess an unrestricted RN license for the state or province in which the clinical activities occur.

Each clinical course (1-4 above) is asynchronous and requires students to provide weekly participation including posting of clinical journal entries and reviewing other students' posting to: promote a collegial shared experience, gain exposure to practice areas others are pursuing, to provide peer support and encouragement, and hone critical thinking ability. Student journal entries are due within one week of the experience. Responses and discussion by other students are due one week after posting of the original entry. Journal entry topics are specified in the course clinical guidelines and journal responses by other students are evaluated based on the response's level of comprehensive content and supporting citations.

Nursing 9500 is a capstone clinical experience in which the student selects one (or more) area(s) of forensic nursing practice to pursue in greater depth. After consultation with the program faculty, the student locates a clinical placement that affords the opportunity for role negotiation and role development in a forensic nursing practicum. Priority is placed on development of advanced practice roles needed to serve a selected client population under the preceptorship of a forensic expert. It is preferred that the forensic expert is an advanced practice nurse, but other forensic experts may be considered. Nursing competence in primary, secondary and tertiary prevention activities is a required outcome.

The student's journal entries address the following topics: activities indicating student's progress on or achievement of: personal objectives, course objectives, standards of advanced practice registered nursing, standards of forensic nursing practice, synthesis of research articles and/or professional literature relevant to the student's journal entries, and reflections on the process of new learning. Also required is a summary section identifying: contributions to the agency, conclusion regarding meeting of objectives and standards of practice, recommendations for the advancing the forensic nursing specialty role. Detailed examples of student journals for each course are available in the Resource Room.

<u>Key Element III-F</u>: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

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

Program Response: This Key element is reviewed every 2 years per the PEM map. The last review took place in the fall of 2013. The undergraduate and graduate nursing programs are focused on student success. Some examples of how the Department considers the needs of its communities of interest include student evaluations of simulation experiences, test reviews and class discussion.

Needs of Internal Community of Interest

Students who serve on the undergraduate Curriculum Committee are encouraged to provide input related to curriculum and teaching learning practices, and are voting members of the committee. An example of student input which resulted in the modification of teaching-learning practices can be seen in the remediation process. Since 2012, sophomore remediation students were required to participate in an established remediation program after failing the spring semester course NURS 2600 Pathopharmacology II. Students were enrolled in a tutoring sequence and participated in a

series of skill lab experiences the following semester. An inquiry by a student member of the Curriculum Committee regarding the timing of tutoring and skills components of the remediation program resulted in the skills component being moved out one semester. In this way, the review of clinical skills would take place just prior to their junior year, when more intense clinical experiences are introduced. This modification was implemented in 2013 by the Clinical Lab/ Simulation Coordinator after receiving positive feedback from students.

Sophomore students in NURS 2700 Foundations of Nursing , when asked to provide feedback about the piloted Vital Signs Check Point session (fall 2013), unanimously agreed that the 20-30 minute focused sessions of a 1:2-3 student instructor VS checkpoint was 'invaluable', recommending its inclusion as one of the 12 formal NURS 2700 Lab experiences. The students further indicated that 2 rather than 3 visits to the Assisted Living sites would be ample to collect data for their care plan assignment. A review of the actual experience indicated that students were able to collect the required health history and Functional Health Pattern data with 2 visits to the Assisted Living sites. This plan will be applied for the fall 2015 semester.

Students in the LPN to BS in Nursing track take some courses integrated with generic students and some courses in separate sections. For example, since the majority of LPN students have functioned in management roles in their practice areas, a separate section of NURS 4850 Leadership and Management is offered for LPN students to better help them transition to the leadership and management role of the registered nurse. LPN students are integrated in other courses, such as NURS 4400 Community Health Nursing and NURS 4800 Selected Practicum, which provide opportunities for both generic and LPN students to process information and concepts together.

Needs of External Community of Interest

The Department holds biannual meetings with its Advisory Committee, during which members are asked for input about actual or projected needs for the department to consider when reviewing the curriculum.   Similarly, the Chairperson and faculty inform committee members about new departmental and curricular activities (see Advisory Committee minutes in Resource Room). For example, in a meeting of the Advisory Committee on May 1, 2014, a community member suggested that medication reconciliation be considered for incorporation in the electronic medical record. Faculty plan to further investigate Sim Chart, which the department uses to see if this is a possibility to include as a future simulation experience.

Other examples of this collaborative effort to prepare graduates include:

-introduction of an Electronic Health Record, "SimChart" to the Health Assessment and Foundations courses and labs (since fall 2013);

-Nursing faculty collaborated in conjunction with nursing staff educators from UMass Memorial Medical Center in the development of a Clinical Practice Guideline Project to demonstrate the importance of actively linking research to practice in nursing education. Nursing student competencies for EBP, national health care improvement priorities, evidence rating systems, and a model of knowledge transformation for EBP provided the impetus for the establishment of such a venture.

The Department also recognizes the unique challenges of adults returning to academia. Accordingly, faculty have explored, developed and implemented revisions to its RN to BS in Nursing track and the creation of an LPN to BS in Nursing track. The conversion of the RN to BS in Nursing track to an online delivery (supported by a Fairlawn Grant) demonstrates the effort by the Department to meet the needs of registered nurses seeking a Baccalaureate Degree in Nursing in a more flexible format.   Since the conversion of this track to an on-line format through Graduate and Continuing Education in 2009, enrollment in the program has increased to over 100 students.

A 'Needs Assessment' (Fairlawn Grant) conducted in 2010- 2011 enabled the Department to assess the community's interest in an accelerated LPN to BS in Nursing track. The Department collaborated with three LPN programs from the community in partnership with another regional state university in this process, and   the group moved forward with

developing such a program at each university. In fall 2012, the LPN to BS in Nursing track was established, with an initial enrollment of 17 LPNs who began the process of furthering their education as adults returning to academia.

Graduate Nursing Program

Constituents of this program are solicited for input regarding the curriculum and teaching learning practices in several ways. For example, for the past three years the Graduate Committee has had a criminal defense lawyer and a matriculated student as active graduate committee members. Two faculty members who are members and past officers of the local chapter of the International Association of Forensic Nurses (IAFN) regularly solicit their organization regarding forensic curriculum needs.   Current employers of graduates are surveyed regarding graduate attainment of terminal objectives. Curriculum changes are generated by evolving national standards for advanced nursing practice and attendant course content requirements to meet those standards.

Key Element III-G: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

CCNE 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.*

Program Response: Key Element III-G is reviewed annually per the PEM. The last review took place in spring 2014, with a report presented during the spring 2014 workshop.

Expected course outcomes (identified in Key Element III A) are used to guide faculty evaluation of individual student performance.   As noted in Key Element III D, student achievement of course outcomes is based on a combination of case studies, exams, quizzes, presentations, group work, written assignments, research assignments, portfolio work, and when applicable, clinical performance and clinical assignments.

Undergraduate Nursing Program

Outcomes and Criterion

Course requirements and learning activities in both the undergraduate and graduate programs 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 (see Resource Room). 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.

In fall 2014, the undergraduate Curriculum Committee reviewed all nursing course syllabi to ensure inclusion of eight course outcomes as well as grading criteria. All syllabi were found to have clearly defined rubrics and grading policies. Courses with a clinical component were also reviewed for, and found to in compliance with, the inclusion of a phrase indicating that a passing grade in clinical is required to pass the course. These findings demonstrate the evaluation of student performance is consistent with expected student outcomes. (see Curriculum Committee Minutes Fall, 2014 in Resource Room).

Evaluation Tools

Examples of rubrics and grading tools used to assist in faculty evaluation of student assignments associated with the didactic component of a course are located in the Resource Room. Samples of student work for each course for the past three years are also located in the Resource Room. Courses employ computer based testing and written assignments which derive from course outcomes. Furthermore, seven Health Education Systems, Inc. (HESI) exams are strategically placed throughout the curriculum to evaluate students' achievement of expected student outcomes, culminating with a comprehensive HESI exit exam.

Faculty evaluation of student performance for the clinical component of the course is guided by course specific clinical evaluation tools, which identify course indicators and outcomes of student achievement (see Resource Room for copies of all clinical evaluation tools). Bondy's (1983) criterion-referenced definitions for rating scales in clinical evaluation are used in sophomore and junior clinical evaluation tools. 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, and complete and review the tool with each student 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 fall and spring semesters. Clinical faculty also collect feedback on student performance in the clinical settings from community health and school nurses (NURS 4750 & NURS 4400) in the fall semester. As alluded to in Key Element II E, preceptors provide feedback to clinical faculty during the capstone clinical experience, NURS 4800 Selected Practicum, in the spring semester of the senior year.   Final evaluation of the student's clinical performance rests with the clinical faculty. All completed and signed clinical evaluation tools are submitted to the nursing department office, where they are placed in student files.

As part of the Department's annual review of this Key Element, an audit of clinical evaluation tools was conducted in spring 2014. Ten student files from each level of the curriculum, as well as the immediate past graduating class, were randomly selected to assess for the presence of completed and signed clinical evaluation tools from the prior two semesters, as well as inclusion of course outcomes on the evaluation tools. This audit process identified that some student files did not contain signed and /or completed clinical evaluation documents (see Program Evaluation report Spring 2014). This information was shared with faculty during the Program Evaluation Workshop in an effort to allow respective 'Levels' to construct a process to ensure all clinical evaluation tools are appropriately filed. Level Coordinators now prompt all clinical faculty to submit signed and completed clinical evaluations to the nursing department office prior to the submission of final grades each semester.

As part of this Self-Study Process, another random audit of student files was conducted in June 2015. Results indicated that the department still has not reached 100% compliance in the filing of clinical evaluation tools. This will be addressed in a fall, 2015 faculty meeting.

In online courses in both the RN to BS in Nursing track and Forensic graduate programs, course syllabi are uploaded to the university's Blackboard platform by the course instructor. All syllabi clearly define expected student outcomes and the specific evaluation criteria for both successful didactic and clinical performance. These findings demonstrate consistency in informing students about expected outcomes and grading criteria throughout the curriculum. Ultimately, faculty are responsible for the evaluation of individual outcomes which may be accomplished through a variety of mechanisms including the completion of preceptor evaluation tools (see Resource Room).

<u>Key Element III-H</u>: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

CCNE Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or

summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Program Response: Key Element III-H is reviewed every 2 years per the PEM map. The last review took place in 10/2013, with a report presented during the spring 2014 workshop (see the Program Evaluation Workshop report in Resource Room).

Faculty Evaluations

Student Instructional Reports II (SIR II) and C-4 Assessment for Non-Lecture Evaluation are used to evaluate teacher performance for each course. These evaluations are mandated by *the Agreement* and provide student feedback to the individual faculty member about their teaching performance. Faculty use this data to evaluate and adjust their teaching practices as indicated. (see Key Element IV-F for details about this process).

Course Surveys

The Curriculum Committee evaluates every nursing course each time it is offered. (See *End- of- Semester Course Survey* in Resource Room). This optional survey is electronically deployed at the end of every semester via the university's software program (TK20).   The Department's Administrative Assistant forwards the link to the survey to all students via e-mail.   Students may access and complete the survey from any electronic device over the course of one month. Survey data are compiled into an Excel Spreadsheet and uploaded to the Department's shared network drive (see Resource Room). A subcommittee of the undergraduate Curriculum Committee reviews the data and shares its analysis with members of the faculty.

For those courses with a clinical component, a separate evaluation tool is also administered to elicit student feedback regarding the clinical site and its appropriateness and ability to assist in achieving course outcomes.

Other surveys include the Senior Exit Survey, which is deployed annually to seniors a month before program completion. This survey is administered electronically. The survey provides feedback for the attainment of the program's terminal outcomes from the student's perspective, and is very helpful in guiding curriculum discussions. In past surveys, ethics has been scored lower than other terminal outcomes; this prompted a more concentrated effort to engage the students in content related to ethics.

Some examples of how this has been incorporated are provided below.

> -Throughout NURS 2700 *Foundations of Nursing*, sophomore nursing students begin to explore professional values and principles and professional organizations, with a focus on the American Nurses Association (ANA). Basic concepts related to professional nursing values and principles of responsibility, accountability, advocacy confidentiality, fidelity, veracity, beneficence and nonmaleficance are studied.
> - In NURS 2400 *Transition from LPN to Professional Nurse* (LPN to BS in Nursing track) students integrate the ANA *Code of Ethics, Social Policy Statement*, and the *Scope and Standards of Practice* into a case study and discussion board assignment.
> -In NURS 3710 *Evidence Based Practice*, junior nursing students complete a certificate program offered by The National Institutes of Health (NIH) entitled *"Required Education in the Protection of Human Research Participants".* This tutorial focuses on respect for others, beneficence, and justice.
> -In NURS 3500 *Concepts of Nursing I* (Online RN to BS in Nursing track), students explore ethics in a BlackBoard assignment called "*The Critical Incident"* where they present and process an ethical dilemma encountered in practice. Throughout their postings, students incorporate concepts from the ANA *Code of Ethics, Social Policy Statement* and *Scope and Standards of Practice.*
> -In NURS 4750 *Chronic Illness*, senior nursing students apply ethical values and principles and select ANA Position Statements to End of Life content through case studies, portfolio work and journaling.

In addition to the formal surveys discussed above, evidence of informal formative and/or summative assessment of curriculum and teaching-learning practices to foster program improvements include: on-going discussions by faculty in forums and monthly faculty meetings, departmental committee meetings, Advisory Committee meetings, and meetings with clinical agencies.

Graduate Nursing Program

The last review of this key element took place in fall of 2013, with a report presented during the spring 2014 workshop.

The Department uses various tools to collect data that evaluate the teaching-learning practices. As previously stated in Key Element III-A, the Graduate Curriculum Committee is a permanent subcommittee of the Graduate Committee. This committee is responsible for reviewing and making recommendations relative to all aspects of the Graduate curriculum for the graduate and certificate programs.   Ongoing monitoring of, and revisions to, the graduate curriculum intends to prepare its graduates to assume leadership positions and to pursue doctoral study.

Examples of changes made to the graduate curriculum include the elimination of scheduling courses with a clinical in the summer. This change was made in response to faculty and students' written concerns regarding the stress and difficulty in obtaining and completing clinical placements within a five week course. Students frequently informed faculty and the chair that because of the unique clinical settings associated with forensic course content there were relatively few clinical choices and that identifying preceptors was a very time consuming process which was often extended by the clinical contracting process.

Standard IV- Program Evaluation: Assessment and Achievement of Program Outcomes

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

Key Element IV-A: A systematic process is used to determine program effectiveness.
CCNE Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:
- *is written, ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response: This Key Element is reviewed every two years as per the PEM. The last review was conducted in spring 2014 (see Program Evaluation Workshop Report in Resource Room).   The Department utilizes a systematic process to determine program effectiveness. This process is guided by a Department's PEM and has encompassed the undergraduate and graduate nursing programs for over a decade. The PEM is based upon CCNE accreditation standards and regulations set forth by the Massachusetts Board of Registration in Nursing.

The Department's PEM is designed to facilitate a comprehensive process for review of each CCNE Key Element and MA BORN Regulations. The plan identifies a specified time and plan for review, potential resources to be used, and who is responsible for completing the review. Quantitative and/or qualitative measures/ benchmarks are paired with each identified measure of program effectiveness. The Department's current PEM can be found in Appendix I A-1. Copies of each PEM used by the program over the last three years are located in the Resource Room.

Program Evaluation Committee (PEC) and Program Evaluation Process
The Department's Program Evaluation Committee (PEC) is a major intradepartmental committee comprised of four nursing faculty members whose purpose is to guide the Department through the program evaluation process. The committee meets at least monthly throughout the academic year for various program evaluation activities (see PEC minutes in Resource Room).

The PEC incorporated the *2009 CCNE Standards for Accreditation* into the PEM which was then shared with the nursing faculty for review, discussion, and feedback.   Feedback was incorporated and the document was accepted in February, 2012. The *2013 CCNE Standards for Accreditation* were incorporated into the PEM in spring 2014 and a similar process of review, discussion and acceptance took place by the faculty. Accepted PEMs are posted in the Department's shared network drive/ Program Evaluation Folder by the PEC chairperson to facilitate access to the document by all faculty members.

Activities of the PEC include revising the PEM to incorporate new CCNE Standards and /or MA BORN Regulations, and making other revisions that include changes to the cycle for review, grammatical revisions, modifications to potential resources/report plan and changes in assigned reviewer as per the Program Evaluation Workshop Report approved recommendations (PEC meeting minutes are located in the Resource Room).

Program Evaluation Activity Calendar and Other Tools
The PEC develops an Activity Calendar from the PEM that outlines when Key Elements are up for review. 'Copy and Paste Tools' such as Report Templates, List of Key Elements, Departmental Benchmarks, Mission and Vision and Cross Walk tables are uploaded into the Department's shared network drive/ Program Evaluation Folder/AY each semester and are accessible to all nursing faculty.

<u>Program Evaluation Workshops</u>
Program Evaluation Workshops (PEWs), attended by all faculty members were held annually until 2012. At that time, the Department decided to hold workshops each spring and fall to allow for more time to review the Key Elements and to discuss the reports as a group. Each CCNE 'Standard' is assigned to one PEC member who serves as the 'resource person' for the respective Standard while the reviews are being conducted. The PEWs are formally planned meetings during the academic year. Key Element Reports are presented to nursing faculty as a group by a member of the responsible review committee, and after discussion, a vote is taken to accept the report and any associated recommendations. Department decisions are directly entered electronically into each report by a member of the PEC (see Resource Room for PEW reports).

<u>Post-Workshop Follow-Up</u>
The PEC meets after the PEW to create an 'At-A-Glance Post Workshop Table' which assists in the tracking of actions determined at the PEW by the nursing faculty. These tables can be found in the Resource Room. This document is uploaded to the Department's shared network drive/ Program Evaluation Folder /AY each semester.

Key Element IV-B: Program completion rates demonstrate program effectiveness.

> **CCNE Elaboration:** *The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:*
>
> ▪ The completion rate for each of the three most recent calendar years is provided.
> ▪ The program specifies the entry point and defines the time period to completion.
> ▪ The program describes the formula it uses to calculate the completion rate.
> ▪ The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.
>
> A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.
>
> This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response: This Key Element is reviewed annually as per the PEM. The last review was conducted in spring 2014 (see Program Evaluation Workshop Report in Resource Room).

<u>Undergraduate Nursing Program</u>

As previously identified, the undergraduate nursing program is comprised of three tracks: the generic BS in Nursing Track, the LPN to BS in nursing track; and the RN to BS in Nursing track. The Department measures a five year completion rate for all tracks. The entry point for the generic and LPN to BS in nursing tracks is the first semester sophomore year, when nursing students take their first courses in the major. As identified in Table IV B-1, completion rates for the undergraduate generic and LPN to BS in nursing tracks have met or exceeded benchmarks set forth by CCNE.

Table IV B-1: Completion Rates for Undergraduate Program (Generic & LPN to BS in nursing tracks)

Year of Admission into Nursing Track	# Students Admitted	Year of Graduation	Number of Graduates	Completion Rate
2007*	53	2012	38	72%
2008*	71	2013	53	75%
2009*	67	2014	50	75%
2010*	84	2015	Pending: December Grads	Pending

*does not include data from LPN to BS in Nursing Program, as it was begun in 2012

While the undergraduate program's completion rates are higher than the CCNE benchmark, the Department monitors the data continuously and, when applicable, takes steps to address trends such as sophomore attrition rates (discussed in Key Element IV-H).

As mentioned above, the undergraduate program identifies a five year completion rate for the RN to BS in Nursing track. The entry point into the track is identified by the Department as the year of student matriculation into the track. The completion rates for this track are identified in Table IV B-2.

Table IV B-2:   Completion Rates for the Undergraduate RN to BS in Nursing Track

Year of Admission/matriculation into Nursing Track	# Students Admitted/Matriculated	Year of Graduation	Number of Graduates	Completion Rate
2008	5	2013	5	100%
2009 (first year track was online)	23	2014	19	83%
2010	23	2015	Pending: December Grads	Pending: December Grads

Graduate Nursing Program

The graduate nursing program is a part-time program with six credits of semester enrollment defined as full-time status. The program has a rolling admissions procedure for matriculation, and therefore does not have defined admission cohorts. The program defines completion rate as graduation within six years from a student's first course start date; this is consistent with the university's academic policy.

Between 2012 and 2015, sixteen students graduated with a MS and one with a post-masters certificate; all these students completed the program in six years or less. One student was dismissed for course work below a 2.0 which results in a program completion rate of 94% for the review period. The average time for program completion was 3.3 years. There are two students scheduled to graduate in December 2015 with a MS degree, both will graduate within six years since their first course.

<u>Key Element IV-C</u>: Licensure and certification pass rates demonstrate program effectiveness.

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

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

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

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

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

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

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

Program Response: This Key Element is reviewed every year as per the PEM. The last review was conducted in spring 2014 (see Program Evaluation Workshop Report in Resource Room). As Table IV C-1 demonstrates, the NCLEX-RN® first-time pass rates of graduates from the undergraduate generic BS in nursing track exceeds the identified requirement by the MA BORN (≥80 %) and the benchmark identified by the nursing department (≥90%) for the past four years. The National Council of State Boards of Nursing Performance Summaries are in the Resource Room.

Table IV C-1: NCLEX-RN® first-time pass rate for Undergraduate Nursing Tracks**

Calendar Year	NCLEX 1st Time Pass Rate
2011	97%
2012	98%
2013	94%
2014	93 %
2015	Data Pending

*The NCLEX-RN® first-time pass rates do not include graduates from the undergraduate LPN to BS in Nursing track as the first graduating group from this track are due to take their NCLEX-RN® exam during 2015.

Graduate Nursing Program

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

▪ *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
▪ *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
▪ *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*
A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

There is currently no certification exam for forensic nursing. The American Nurses Association in conjunction with the International Association of Forensic Nurses has recently announced a portfolio process to receive certification as a forensic nurse. All students are notified of this information.

Key Element IV-D: Employment rates demonstrate program effectiveness.

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

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

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

Program Response: This Key Element is reviewed annually as per the PEM and was last reviewed as part of this self-study process. The Department started collecting data on employment rates in 2013. The data represent percent employed for the calendar year within 12 months of graduation. Prior to this the Department relied on data from the University's Alumni Survey,   however this data was not specific to majors. Employment rates for the baccalaureate program graduates exceed the 70% benchmark identified by CCNE as demonstrated in Table IV D-1.

Table IV D-1: FSU Undergraduate Nursing Program Employment Data for Last 2 Years

Calendar Year	% Employed
2013	77.5%
2014	76%

One means of collecting employment data is through the Department's *Alumni Survey*. (See Resource Room for copy of Alumni Survey). This survey requests graduate employment information via the Fitchburg State University email. The results of the *Alumni Survey* are reviewed by Undergraduate Curriculum Committee and these data are recorded in the Department's shared network drive by the Department's Administrative Assistant.

Faculty are also involved in the process of collecting and reporting graduate employment information. Employment is reported to faculty from graduates through encounters at clinical agencies and email communications that report job attainment. During monthly Faculty Meetings, a list of the most recent graduates is circulated for faculty to provide updated employment information. Throughout the semester, faculty report additional findings to the Department's Administrative Assistant who then updates the information on an Excel spreadsheet located on the Department's shared network drive (see hardcopy of Excel document in Resource Room). The Department is currently exploring strategies to improve data collection on employment rates of its graduates (See Key Element IV-H).

Graduate Nursing Program: Employment Data
All graduates from the Graduate Nursing Program were employed as a registered nurse.

Key Element IV-E: Program outcomes demonstrate program effectiveness.

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

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

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

Program Response: This Key Element is reviewed annually as per the PEM.   The last review occurred in May 2014 (see Program Evaluation Report in Resource Room). The Department identifies Undergraduate Program Outcomes for this Key Element as 1) aggregate student performance on HESI exams related to *The Essentials (AACN, 2008)* which mirror the program's terminal outcomes, and 2) level of satisfaction with the program.

Aggregate Student Performance on HESI Exams Related to The Essentials (AACN, 2008)

As discussed in Key Element III G, the Department utilizes the HESI exam as an external benchmark of student achievement. The first HESI Exam is administered in the second semester of sophomore year during NURS 2900 *Medical Surgical Nursing I*, so that students have the opportunity to test, review and apply *Foundations* content to their first clinical experience. Junior level HESI exams are administered in specialty courses. Senior nursing students take a Pharmacology HESI exam during the first semester of the senior year and take an exit HESI exam at the end of their last semester in the program to evaluate achievement of student outcomes and to assess readiness for the NCLEX-RN exam.

The Fundamentals, Specialty and Pharmacology HESI exam conversion scores are counted towards the respective course final grade. However, a benchmark score of 850 on the Exit HESI exam is required by the Department in order to successfully complete the clinical component of NURS 4800 *Selected Practicum*. HESI identifies a score range of 850-899 as acceptable performance on this exit HESI Exam and correlates this range with an average probability of passing the NCLEX- RN exam.

Individual and aggregate HESI Exit exam results are provided to the Department. Data reports include individual and aggregate student performance reports related to AACN Essentials, Quality and Safety Education (QSEN) Categories and the Nursing Process. When benchmark scores are not met in categories, course content is reviewed by the course faculty and Curriculum Committee to ensure content is delivered in a variety of methods and is linked to the course outcomes. The committee also examines data in relation to prior years' scores to identify trends.

AACN Curriculum Categories: Looking at Growth from Sophomore to Senior Year

For three years, students achieved an increased score in ten of the eleven AACN categories. This suggests an objective gain of knowledge, critical thinking skills, and test-taking skills as the student progresses from sophomore year to the end of their senior year in this program. Table IV E-1 compares the mean Sophomore Fundamentals HESI Exam scores with the mean Senior Exit HESI exam scores in the aggregate for the class of 2014. In addition to the expectation that scores will rise significantly from sophomore to senior year in all categories, the expected benchmark is an 850 or better in the senior exit HESI scores in each category, as well as in the total score. Similar data tables for the classes of 2012 and 2013 are located in the Resource Room.

Table IV E-1: 2012 Mean Sophomore Fundamentals HESI scores compared to 2014 Mean Exit HESI Scores with regards to AACN Curriculum Categories (Class of 2014)

AACN Curriculum Category	2012 Sophomore Fundamentals HESI Mean Score	2014 Senior Exit HESI Exam Mean Score
Scholarship for Evidence Based Practice	752	916
Liberal Education for BSN Generalist	749	880
Interprofessional Communication	797	860
BSN Generalist Nursing Practice	749	891
Professionalism and Professional Values	909	882
Clinical Prevention and Population Health	740	891
Leadership for Quality Care and Patient Safety	803	879
Information Management and Patient Care Technology	666	949
Health Care Policy	778	923
Designer/Manager/ Coordinator of Care	836	904
Provider of Care	744	890

For the AACN Curriculum Category, Professionalism and Professional Values, the 2014 aggregate mean score (882) met the benchmark, but was slightly less than the sophomore year mean score.   The Department will continue to monitor these data.   The NURS 4850 Leadership and Management course that is required in the second semester senior year was increased from 2 to 3 credits in spring 2013 to incorporate the change in leadership and management content in *The Essentials (AACN, 2008*). The impact of this change will be evaluated through AACN and QSEN Professionalism category scores on the class of 2015 exit HESI exam.

First-Time Exit HESI Scores Related to AACN Categories for Last Three Years

The Department compiled and reviewed three-years of data related to the AACN categories from first-time Exit HESI exams taken by senior nursing students. The mean first time aggregate Exit HESI scores related to the AACN Curriculum Categories are displayed in Table IV E-2.

Table IV E-2: Aggregate Mean First-Time Exit HESI Scores for AACN Curriculum Categories (2012, 2013, 2014)

AACN Curriculum Categories	Mean first-time Exit HESI Score 2012	Mean first-time Exit HESI Score 2013	Mean first-time Exit HESI Score 2014
Scholarship for Evidence Based Practice	907	895	916
Liberal Education for BSN Generalist	932	909	880
Interprofessional Communication	885	925	860
BSN Generalist Nursing Practice	932	910	891
Professionalism and Professional Values	1062	628	882
Clinical Prevention and Population Health	933	927	891
Leadership for Quality Care and Patient Safety	924	918	879
Information Management and Patient Care Technology	816	1019	949
Health Care Policy	975	904	923
Designer/Manager/ Coordinator of Care	1004	933	904
Provider of Care	924	925	890

The benchmark for these scores is an aggregate mean of 850 in each category. A review of aggregate senior nursing student mean scores consistently indicated a mean score of 850 or higher in each AACN curriculum category with the exception of Professionalism and Professional Values in 2013.   The curriculum committee continues to monitor these scores as one aggregate indicator of attainment of student outcomes. Trends in the data are also monitored; the slight downward shift of scores in 2014 mirrors the increased difficulty of the NCLEX-RN exam, and was to be expected. However, the curriculum committee will be examining results from the class of 2015 in the fall semester. If the downward trend continues, the committee will be examining the curriculum in relation to areas of concern.

QSEN Categories and First-Time Exit HESI Scores

Two faculty members represented the Department at a QSEN conference in 2011. They then worked with the Curriculum Committee and faculty to infuse QSEN competencies into the curriculum. The Department therefore also compiled and reviewed the aggregate mean first-time Exit HESI scores related to the QSEN Categories. As indicated in Table IV E-3 below, the aggregate senior nursing student mean scores consistently exceeded 850 (benchmark) in each QSEN Category over the last three years with the exception of the Legal/Ethical QSEN Category in 2013 and 2014.   This decline in scores is concerning. As discussed in Standard III H, efforts to increase content related to ethics in the curriculum have been completed. The curriculum committee will evaluate the 2015 scores in this category during AY 2015-2016, and will also examine the curriculum for all ethical/legal content.

Table IV E-3: Aggregate Mean Exit HESI Exam Scores for 2012, 2013 and 2014 Related to Quality and Safety Education (QSEN) Categories

QSEN Categories	Mean Exit HESI Exam Scores 2012	Mean Exit HESI Exam Scores 2013	Mean Exit HESI Exam Scores 2014
Patient Centered Care			
1)Dimensions of Patient Care	930	914	892
2) Pain and Suffering	937	911	907
3) Safety and Quality	923	910	889
4) Ethical Legal	996	601	797
5) Effective Communication	913	889	875
Teamwork and Collaboration			
6) Member of Team	929	914	892
7) Scope of Practice	1054	920	923
8) Communication	970	913	894
9) Systems/Team Functions	956	910	872
Evidence-based Practice (EBP)			
10) Research and EBP	930	910	893
11) Quality Improvement (QI)	931	910	861
Safety			
12) Basic Safety Design Principles	934	915	895
13) Culture of Safety and Safety Monitoring	924	917	896
14) National Patient Safety Resources	935	906	890
15) Informatics	831	953	945

The Nursing Process & First-Time Exit HESI Scores

The Department also complied and reviewed the aggregate mean first–time Exit HESI exam scores related to components of the Nursing Process. As indicated in Table IV E-4, over the last three years, the aggregate senior nursing student mean score consistently met or exceeded the aggregate mean score of 850 (benchmark) in all but one component of the Nursing Process (2013 data for Assessment).

Table IV E-4: Aggregate Mean HESI Exit Exam Scores for 2012, 2013 and 2014   Related to the Nursing Process

Nursing Process Component	Mean HESI Exit Exam Scores 2012	Mean HESI Exit Exam Scores 2013	Mean HESI Exit Exam Scores 2014
Assessment	929	822	952
Analysis	938	989	899
Planning	969	931	912
Implementation	897	925	861
Evaluation	968	899	895

End -of -Semester Course Evaluations are completed by students to evaluate their perception of how well they have met course outcomes. The undergraduate Curriculum Committee reviews the results and identifies trends in achievement and failure to meet the course outcome as measured by an achievement (benchmark) of 80%, that is 80% will agree or strongly agree that they have met each course outcome. Faculty are informed of these results and efforts are made to address deficiencies.

The senior exit survey also asks students to evaluate their degree of achievement of the program's terminal outcomes. Results for the classes of 2014 and 2015 indicate that on average, 98% and 96% of seniors strongly agree or agree that the program has prepared them to meet all outcomes. See Resource Room for complete results of this survey for the past two years.

Level of Satisfaction with Program

Another outcome identified by the Department for this Key Element is the level of satisfaction with the program from the Department's communities of interest. The _Senior Exit Survey_ (see Resource Room) is deployed each spring to first and second semester seniors. The survey was completely revised during AY 13-14 to reflect the program's new terminal outcomes.   Questions related to access to library and support services, as well as satisfaction with clinical sites, instructional methods, and the overall program were added. Results from this survey for the past two years indicate that an average of 94% of graduating seniors would recommend the BS in nursing program. See Resource Room for aggregate results of this survey for the classes of 2014 and 2015. In previous PEMs (most recently 2013-2014), a benchmark of 80% of students expressed satisfaction with the program was in place. This benchmark was inadvertently left out of the 2014-2015 PEM. This omission will be addressed at the first PEM Meeting of the fall 2015 semester

Employer Surveys
The _Employer Survey_ was revised by the Curriculum Committee in 2014 and was deployed electronically in November of 2014 to nurse educators and nurse contacts from the CCP website where graduates of the program are employed. Two surveys were returned. Both respondents indicated that they would hire another Fitchburg State nursing graduate and both indicated they were satisfied with the professional practice of their employees. The curriculum and program evaluation committees plan to redeploy this survey in the fall, 2015 semester, once strategies to improve the response rate have been identified. However, repeated attempts have been made to increase the response rate from this constituency. Past attempts have involved mailing an employer survey and self-addressed-stamped-envelope to alumni along with the alumni survey, with a request to give the employer survey to their nurse manager or supervisor. Another distribution involved sending the link to alumni with requests to forward it to their manager. Neither of these methods produced a usable number of results.

Graduate Nursing Program
Expected program outcomes during the review period derive from three sources the: program purpose statement, program objectives, and program terminal objectives. Data related to the purpose statement and program objectives are addressed first, followed by terminal objective data regarding the review period.
Purpose Statement
The purpose of the graduate program is to prepare professional nurses for advanced practice roles with specialized client populations. In addition, the graduate is prepared to assume leadership positions and to pursue doctoral study.
Advanced Practice Roles by Graduate Program Graduates
During the review period, all graduates have assumed practice roles with specialized client populations. However, because there is no national certification examination for the advanced practice role in forensic nursing and no state board of registration in nursing has yet granted an advanced practice specialty licensure in forensic nursing, the program cannot claim program graduates are in an accepted advanced practice role.

Higher Educational Pursuit by Graduate Program Graduates
Three graduates completed a PhD program (UCLA, Boston College, UMass, Worcester), one completed a DNP program (Quinnipiac University), one is a PhD candidate (UMass Lowell), and one received a Post Masters Certificate in Informatics (Duke University).

Graduate Program: Graduate Leadership Positions, Activities, and Awards
- Established a nationally recognized and awarded Pediatric-SANE role in the Massachusetts Department of Public Health.
- Received the highly competitive Fitchburg State University Graduate Student Leadership Award.
- Coordinated statewide SANE recertification training (120 SANEs).
- Coordinated regional sexual assault training program for non-SANE health care providers.
- Coordinated initial certification program for 26 SANE candidates.
- Created a SANE training module specific for the education of Massachusetts law enforcement professionals.
- Elected President of Federal Bureau of Prisons American Federation of Government Employees for Federal Medical Center (Devens, MA).
- Co-founded the Child Protection Program at UMASS, Worcester.
- Three graduates served as president of the Greater New England Chapter of International Association of Forensic Nurses (IAFN), two served twice, one was a charter member of IAFN and one founded the Greater New England Chapter.
- Developed and conducted BORN sponsored and required a DNR training program for nursing home administrators and staff in MA.
- Initiated and implemented a No Bullying program in a MA school district.
- Initiated and implemented an anti-Lateral Violence program at Mass General Hospital, Boston MA.
- Consulted on development of two other master level forensic nursing programs.
- Initiated and implemented an anti-bullying curriculum for school nurses and health educators in NYC.
- Developed, for Partners Healthcare, a policy and procedures compendium for the education of new hires and competencies for hospital staff regarding lateral violence and violence towards nurses.
- Developed with the Massachusetts Nurses Association (MNA) an education program for nurses regarding lateral violence in the hospital setting and was instrumental in writing the MNA's policy regarding lateral violence in the workplace.
- Established the first completely online MSN in forensic nursing, which is now international in scope.
- Initiated five free standing Forensic Nursing Consultation agencies.
- Received the Alumni Leadership Award, Fitchburg State University Alumni Association.
- Contributed to the documentary film, Refuge: Caring for Victims of Torture, Fanlight Productions, Boston MA.
- Education Chair – Greater New England Chapter of the International Association of Forensic Nurses.(2 terms)
- Three are current members of The American College of Forensic Examiners International.
- Received the Polly Gagnon Award for Distinguished Service in Healthcare Risk Management
- Issue Editor for Critical Care Quarterly Jan-March Issue, 2015
- Yearly guest lecturer at the annual Greater New England Chapter of the International Association of Forensic Nurses since 2002
- Fellow, American Board of Forensic Nursing of the American College of Forensic Examiners
- Recipient of the Journal of Forensic Nursing Writing Award for Excellence in Education for 2011.

Contributions to the Discipline by Graduate Program Graduates
- Presentation to regional IAFN conference on state of the science on female sex offenders
- Presentation to regional IAFN conference on performing recidivism assessments
- Presentation to national IAFN conference on "Nursing Care – Victims of Torture"
- Presentation to Boston College graduate program on Forensic Risk Management
- "Forensic Patients Hiding in Full View" and "The relationship Between the Forensic Nurse in the Emergency Department and Law Enforcement Officials" published in Critical Care Quarterly, Jan-March Volume 38 - Issue 1 2015
- Research on being a family member of violent person with mental illness
- Research on School Shootings, Media Attention, and a Culture of Violence: Analysis of an International Phenomenon.
- Ten graduates are certified SANE nurses in five states.
- Three graduates teach in both the graduate and undergraduate programs at FSU. Two graduates teach in the graduate program.

Textbook Chapters by Graduate Program Graduates
- Family mental health nursing, In *Family Health Care Nursing: Theory, Practice and Research 4th ed*.
- Forensic Science Basic Laboratory Manual, Jones and Bartlett Publishers, Sudbury, MA
- Forensic Photography: Book Chapter 7, Virginia Lynch and Janet Barber Duval (Eds.). Forensic Nursing Science, 2nd Edition.
- Forensic Lab Manual, written to accompany Criminalistics, Forensic Science and Crime, by James E. Girard
- Nursing Management and Forensic Practice

In April 2015, a telephone survey regarding employer satisfaction was conducted by the Graduate Nursing Program Chairperson to evaluate employer satisfaction and assess graduate performance. Table IV E-5 captures these results.

Table IV E-5: Graduate Employer Survey

Employers N=7	Graduates N=10
1. Employment environment of graduates.	Hospital=5 Education or Academic=5
2. How satisfied are you with the professional practice of FSU graduates?	Very Satisfied=10
3. How would you rate the preparation of FSU graduates for advanced nursing professional practice?	Excellent=10
4. Would you hire another graduate of the FSU graduate Nursing Program?	Yes=10

The ten students evaluated below graduated under our previous Graduate Terminal Outcomes (GTOs) which were revised in Spring 2012 in response to the revised *Essentials of Masters Education in Nursing (AACN,2011).* In that revision the Graduate Terminal Outcomes (GTO) were reduced from the nine below to the eight terminal outcomes reviewed in Standard I.

Table IV E-6: Employer Survey (2015) Results Related to GTO Achievement

N=10 Graduates:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Base their advanced professional practice on the concept that humans are unique interacting multidimensional beings.	10				
2. Use the nursing process to guide care for specialized patient populations.	10				
3. Demonstrate competence in the advance practice role.	10				
4. Actively promote professional standards, ethics, and legal principles in nursing and health care.	10				
5. Use a variety of strategies to influence policy-making relating to societal health needs.	6	2	2		

N=10 Graduates:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Assume leadership roles with health consumers and providers to improve the planning and delivery of health care.	6	1	3		
7. Demonstrate a new application of ideas related to research evaluation, problem identification, practice outcomes or research application.	8	2			
8. Integrate and use theoretical and empirical knowledge from the sciences, humanities, and nursing as a basis of advanced clinical practice and professional decision-making.	8	2			
9. Demonstrate commitment to the evolving profession of nursing.	9	1			

Key Element IV-F: Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

CCNE Elaboration: *The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:*
- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals; and*
- *are congruent with institution and program expectations.*
Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response: This Key Element is reviewed every year as per the PEM. The last review was conducted in spring 2014 (see the 2014 Program Evaluation Report in Resource Room). Faculty members complete an *Annual Faculty Data Sheet* to collect and track faculty data related to several components of this Key Element (see sample in Resource Room). The data sheets are completed by each faculty member at the end of every spring semester. Data from the completed sheets are compiled and reviewed by the Department Chairperson. The document includes the following elements:

-Teaching: Courses Taught
-Scholarship: Education and CEU
-Professional Activities and Service
-Clinical Practice
-Professional Presentations
-Publications
-Research
-Department Committees /Activities
-University-Wide Committees / Activities
-Community Services

As noted in Key Element I-C, faculty outcomes are identified as *Teaching Effectiveness, Continuing Scholarship, Academic Advising, and Other Professional Activities.* Table IV F-1 defines each faculty outcome and identifies the Department's measurement sources for each faculty outcome.

Table IV F-1:   Measurement Sources for Undergraduate Faculty Outcomes

Faculty Outcomes	Definition of Faculty Outcomes (as per *The Agreement*)	Measurement Sources
Teaching Effectiveness	"teaching effectiveness, including pedagogical experimentation, as exhibited in lectures, seminars, internships, independent studies, and other instructional settings."	SIR-IIs C4s
Continuing Scholarship	"contribution to the content of the discipline, participation in or contribution to professional organizations and societies, research as demonstrated by published or unpublished work, artistic or other creative activities (where applicable), and work toward the terminal degree or relevant postgraduate study."	-Good standing with licensure - CEU programs -Nursing Education-Specific CEU programs -Advanced graduate study -Faculty publications -Faculty presentations -Grant development work -Active engagement in clinical practice -Certifications
Academic Advising	"the giving of academic advice and assistance to students enrolled in the faculty member's own courses and the giving of such advice and assistance to students enrolled as majors in the Department, including the giving of such advice and assistance on an individualized or group basis."	-FSU Advising Questionnaires -Student Survey
Other Professional Activities	Service, Contribution to Growth & Development of University and community	-Intradepartmental Committees -University Committees -SOAR Program -Open House -Community Volunteer Work

<u>Departmental Elaboration</u>

Measures of Teaching Effectiveness
As per *The Agreement,* Student Instruction Report II (SIR II) evaluations are conducted in every class at the conclusion of every semester. Students evaluate the effectiveness of faculty teaching related to course organization and planning, communication, assignments and grading, course outcomes and the amount of student effort required. Faculty are not allowed to be present when the SIR IIs are filled out, and faculty do not receive results of the evaluations until the following semester. Eight evaluative categories in this tool include: Course Organization and Planning; Communication; Faculty /Student Interaction; Assignments, Exams, Grading; Supplementary Instructional Methods; Course Outcomes; Student Effort and Involvement; Course Difficulty, Workload & Pace. A sample of the SIR II evaluation tool is located in the Resource Room.

As per Table IV F-2, the Undergraduate Program's aggregate SIR II Mean Overall Evaluation ratings exceed the National SIR II Comparative Mean Overall Evaluation Rating for AYs 12-13, 13-14; AY 14-15. A folder of original individual SIR II Reports by semester are located in the Department Chairperson's office.

Table IV F-2: Aggregate Results of the SIR II Evaluation Ratings for Last Six Semesters

Semester	National SIR II Comparative Mean Overall Evaluation Rating	FSU Department of Nursing SIR II Mean Overall Evaluation Rating
Spring 2013	4.01	4.14
Fall 2013	4.01	4.06
Spring 2014	4.01	4.04
Fall 2014	4.01	4.02
Spring 2015	4.01	4.16

Faculty who teach in the clinical area are also evaluated each semester using the *C-4 Evaluation Tool* (see sample in the Resource Room). This tool is designed for a non-lecture course and contains questions such as:

- You have become more competent in this area due to this experience
- Your college supervisor was concerned with making your experience a meaningful one
- Suggestions made by your college supervisor were helpful and constructive
- The written assignments required by your college supervisor were helpful ad relevant

The process for student completion of the C-4 evaluations is the same as that for the SIR II evaluations. Questions on the evaluation relate to instructor contact, facilitation of the clinical experience, effective communication and increase in competence related to the experience.   The Department Chair and each faculty member receives and reviews the evaluation results. When needed, the Chairperson discusses the results with the respective family member. In the aggregate, a majority of students responded 'Strongly Agree or Agree" to all statements for all faculty.   Actual survey data are located in the Department Chairperson's office.

Non-tenured faculty members and those in a tenure-track are evaluated by the Chairperson through classroom visitations and submission of materials as prescribed by *The Agreement*.   The frequency of these evaluations is identified in *The Agreement* (see document in Resource Room).   The Department Chairperson provides a written evaluation to the faculty member after the classroom visitation is conducted, as well as an overall evaluation when required by *The Agreement*. Faculty review the evaluation and have the opportunity to discuss the evaluation with the Chairperson. The completed and signed evaluations are then forwarded to the Dean. For those faculty in a tenure track position, the evaluations become part of the annual review for reappointment, or for promotion and tenure.

Measures of Continuing Scholarship

Nursing faculty, as stated in the Department's mission, have a commitment to effective teaching as they prepare professional nurses. Nursing faculty members are committed to academic excellence with 100% of faculty attending continuing education programs to remain current in clinical and classroom teaching/learning strategies. Faculty members also share information from these conferences with their peer faculty members in an effort to enhance teaching /learning strategies.   Faculty engagement in activities related to scholarship is identified in Table IV F-3. Complete lists of faculty publications and presentations are located in the Resource Room.

Table IV F-3: Examples of Continuing Scholarships Activities Among Nursing Faculty (Data from Annual Faculty Data Sheets)

Scholarship Category	AY 2011-2012	AY 2012-2013	AY 2013-2014	AY 2014-2015
Membership/ Office holder in Professional Organizations	ANA (2) MNA (1) MARILN (1) STTI (9)	ANA (1) MNA (1) MARILN (1) STTI (8)	ANA (1) MNA (1) MARILN (2) STTI (8) CCRN (1)	ANA(1) MARN (1) MARILN (2) STTI CCRN (1) WOCNS (1) NLN (1)
Research	Published (1) Unpublished	Published Unpublished	Published (1) Unpublished	Published Unpublished (1)
Prof. Presentations	3	3	4	1
Continuing Ed Specific to Nursing Education	St Anselm's (8)	QSEN (2) GNEC (1) MA NOF (6) MACN (5) St. Anselm's (8)	MARILN (8) MACN (5)	St. Anselm's (6)
Certifications			CCCRN (1)	CWOCN (1) CCCRN (1)
Clinical Practice	NP Peds (1) NP Family Practice (1) ER (1) Lactation Consult (1)	NP Peds (1) NP Family Practice (1) ER (1) Lactation Consult (1)	NP Peds (1) NP Family Practice (1) ER (1) Acute Care Supv (1) Lactation Consult (1)	NP Peds (1) NP Family Practice (1) ER (1) WOC (1)

Measure of Academic Advising

During the Advising Period (described in Key Element II-B) students are asked to complete the university's *Student Informational Questionnaire on Departmental Academic Advising* (see Resource Room). The completed questionnaires are given to the Department's Administrative Assistant who forwards them to the Dean of Student and Academic Life. Results were not available at the time of this report; the Department will explore options in the fall to ensure that results will be available in future semesters.

As noted in Key Element II B, the Department's *Student Survey* also evaluates students' measures of advising. This electronic survey is deployed every 4 years to all nursing majors.   The last survey was deployed in 2012.   Two questions related specifically to academic advising are:
- Do you have adequate access to your Academic Advisor?
- Do you receive adequate advisement as to course needs and scheduling?

Review of the data found that 62% percent of the respondents indicated a response of "very much so" for both questions (see survey and data in Resource Room).

Measure of Other Professional Activities

Service and Contributions to Growth and Development of the Department

In keeping with the program's mission, faculty engage in service to the university, the Department, and the community at large. As discussed in Standard I, all full-time nursing faculty serve on a minimum of two departmental committees (one major and one minor committee). Lists of intradepartmental committee members for the past three years and minutes from intradepartmental committee meetings are located in the Resource Room. In addition to the intradepartmental committees, ninety-four percent of all full and part time permanent faculty members have provided

service to the university. (Please see Resource Room for faculty service and contributions for the last four academic years).   Some specific examples include:

- Twenty percent of faculty served on university committees
- Sixty-five percent of faculty volunteered for open houses for prospective students
- Fifty-nine percent of full and part time permanent nursing faculty provided advising services for the incoming freshmen during the annual Student Orientation, Advising & Registration (SOAR) program
- Thirty percent of faculty members have represented the Department of Nursing on university committees
- Thirty percent of faculty participated in the Undergraduate Research Day, either as a sponsor or a judge
- Twenty percent of faculty served on committees for the NEASC Self Study in 2012

Faculty members also demonstrate social responsibility through volunteer efforts with diverse populations such as school health coalitions, flu clinics, senior centers, boards of health, and through the university's Crocker Center for Civic Engagement. Students are often involved in these efforts. For example, as part of the pediatric learning experience, a community partnership with the Cleghorn Community Center afterschool program was piloted. To meet clinical objectives, students were expected to participate in one planned afterschool program. The goal of the program was to introduce healthy, affordable snacks and simple physical activity games that can be performed in small spaces. Nursing students participated in two, three hours sessions during the spring semester of 2013, under the guidance of the pediatric faculty member, who initiated this effort.   A complete list of individual faculty and their community outreach and volunteerism can be found in the Resource Room.

GCE Faculty Evaluation
The frequency of faculty evaluation for those faculty teaching a course offered through GCE is determined by *The GCE Agreement* (see document in Resource Room). Any faculty teaching a course offered through GCE   (e.g. summer LPN to BS in Nursing track, on-line RN to BS in Nursing track, and the graduate MS in Forensic Nursing Program) are evaluated at prescribed intervals. Faculty are evaluated on organization of the course, engagement with subject matter, communication, etc. A copy of the evaluation form is available in the Resource Room.   The Graduate Program Chair evaluates faculty teaching in the graduate program; the Department Chair evaluates faculty teaching in the undergraduate tracks.

Individual faculty results are forwarded to the Dean of GCE; copies of undergraduate faculty evaluations are located in the Department of Nursing office in faculty folders. Copies of individual graduate faculty evaluations are filed in a locked cabinet in the Program Chairperson's Office. Four faculty evaluations are available as examples.

Key Element IV-G: The program defines and reviews formal complaints according to established policies.

CCNE 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.

Program Response: This Key Element is reviewed every year as per the PEM. The last review was conducted in spring 2014 and again as part of this self-study process (see Program Evaluation Workshop Reports in Resource Room).   While reviewing this Key Element in the spring 2012, the Student Policies Committee discovered that the Department did not have a specific definition for formal complaint.   Subsequently, the program's Student Policy Committee (SPC) was tasked to draft a proposal for an explicit definition of 'formal complaints', as well as a process for the review of such complaints.

Minutes from the SPC meetings in 2013 provide evidence of progress made with this task (see Resource Room).   On May 1, 2013, the following proposed definition of 'formal complaint', a process by which a formal complaint will be reviewed, and the proposed revisions to the *Avenues for Addressing Concerns* component of the *Undergraduate Student Handbook for Nursing Majors and Pre-Major* were accepted:

"Formal Complaint within the Nursing Program (Adopted May 2013)

The FSU Nursing Department defines a formal complaint as a signed letter that specifically expresses concern from the program's community of interest about issues related to a student's experience in this nursing program. A formal complaint does <u>not</u> replace the processes mentioned above for 'Addressing Issues with Faculty' and 'Petition for Waiver of Departmental Policies'.

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*

Once a signed formal complaint letter is received in the Department of Nursing, the Department Chairperson forwards the formal complaint documentation to the appropriate committee or person(s) for review. The review committee's comments/recommendations are forwarded to the Department Chairperson who then provides a response to the originator of the written formal complaint.

Formal Complaints are tracked via a Formal Complaint Log that includes:

- *Tracking number designated by year and complaint # for that year (i.e. 2013-1)*
- *Date the letter was received by department*
- *Reviewing committee or person(s) conducting review*
- *Date formal complaint was 'closed'*

Source documentation for each formal complaint is kept on file in the Department of Nursing Administrative Office."

Recent reviews of this Key Element find:

- The Formal Complaint Log is maintained by The Department Chairperson and is filed in a locked cabinet in the nursing administration office.

- No formal complaints were made for the AYs 2013-2014 and AY 2014-2015.

- A policy entitled *Avenues for Addressing Concerns* now defines and identifies the process for addressing formal complaints and it can be found in the Undergraduate *Student Handbooks for Nursing Majors and the Student Handbook for Nursing Pre-Majors*.

- The 2013-2014 and 2014-2015 NURL Handbook (LPN-BS in Nursing Track) did not include the current wording for this policy. Subsequently, the current wording for this policy wording will be added to 2015-2016 NURL Student Handbook by the Departmental Chairperson.

Graduate Nursing Program: Formal Complaint Process

Written instructions are provided in the Graduate Student Handbook (pgs. 26-28) which detail and guide a student through a formal complaint process. If there is an unresolved disagreement between faculty and a student, the student may pursue resolution at the institutional lever via Graduate Student Complaint Policy available at: http://www.fitchburgstate.edu/gce/policies.cfm
To date no formal complaints have been filed by students in the graduate program.

Key Element IV-H: Data analysis is used to foster ongoing program improvement.
CCNE Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*

- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response: This Key Element is reviewed annually per the PEM. The last review was conducted in 2013 (see Program Evaluation Workshop Report in Resource Room). Evidence that faculty are involved in program improvement activities can be found in the minutes from monthly faculty meetings, intradepartmental committee meetings, AUC documents, and program evaluation reports presented at Program Evaluation Workshops.

Use of Data to Foster Undergraduate Program Improvement

Attrition Rates at Sophomore Level

In the Fall 2013 nursing students at the sophomore level were identified as the group with the highest rate of attrition from the major. In an effort to increase retention of sophomore nursing students, the following initiatives were developed:

Correlation Studies: During Fall 2013, the Department worked with the Director of Assessment of the university to run a number of correlation studies to identify predictors of at risk status of students, or conversely, what factors were predictors of student success.   Sophomore data were collected and analyzed to identify predictors of attrition. For example, the Department was looking for possible correlation(s) between sophomore failures and SAT scores, grades in Anatomy and Physiology courses, fall versus spring semester courses, etc. The data analysis concluded:

- Students with a High School GPA ≥ 3.6 successfully completed the program
- Students with higher mean SAT scores (1057, n=108) were predictive of success, relative to those who did not succeed (1007, n=30) (T = -3.4, df = 76, p=0.0004)
- Final grade for A&P I: Students who are successful have higher grades in A&P I (mean = 3.5, n=112) than those who are not successful (mean = 2.9, n=45)   *The Department has a minimum grade requirement of 2.5 in this course

These results were presented to the Department. The information related to GPA and SAT scores was shared with the Dean of Enrollment Management for consideration when reviewing high school applicants.

During the fall 2014 semester, sophomore nursing students with freshmen A&P I grades of < 3.0 were identified and urged to seek tutoring at the beginning of the year. A comparison of sophomore attrition rates for the past two years indicates that the attrition rate decreased from thirty-one to fourteen percent at the end of the fall semester.

The Starfish Program: Beginning in the fall (2013) sophomore nursing faculty used the Starfish program purchased by the university to improve retention. Sophomore instructors were oriented to the program, which is linked to the grade book feature in Blackboard and offers a number of email alerts that can be sent to students whose nursing course grades and Microbiology course grade were < 77 percent. The alert asks students to contact their instructors or advisors for suggestions for improvement.

The sophomore level faculty found the program somewhat cumbersome with regards to the timing of the alerts and entry of grades into Blackboard, and the benefits of the program were not obvious. Anecdotal feedback from students included several unnecessary 'Starfish alerts' in their already- high volume e-mail inboxes. Subsequently, the sophomore level returned to the prior practice of tracking student NURS course grades and added a further action of sending an e-mail to the advisor of any student whose course average was < 77%.   The sophomore level coordinator is responsible for this action. Throughout AY 2014-2015, advisors indicate that receiving the e-mail notices about their at-risk advisees was helpful and enabled them to explore strategies to improve student performance (i.e. referral to tutoring or counseling services, etc.).

Remediation Program

From 2003- 2008, the Department of Nursing offered a course NURS 4730 *Strategies for Success*. This remedial course was approved by departmental and university governance to be offered to sophomore, junior and senior nursing students who failed one nursing course. The course was developed in conjunction with the policy of allowing only one failure of a nursing course. Students were required to take this course prior to repeating the failed course. As the course was delivered each semester, students expressed concerns about being in class with other levels, as the knowledge base of seniors and juniors was very different from sophomores. Faculty teaching the course struggled with how to maintain interest with different levels of students. An analysis of the subsequent success of students who took this course indicated that 63% of sophomore nursing students went on to fail a second nursing course, and thus failed out of the program. In contrast, 36% of juniors and 0% of seniors went on to fail a second nursing course.

In March of 2008, in response to the data, the Department of Nursing voted to change the remediation policy as follows:

> 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.
> Juniors and seniors who fail or withdraw from one nursing course will be allowed to repeat the failed course during the following semester. Failure to achieve a grade of 2.5 or better when the course is repeated will result in dismissal from the major.

This policy was passed by Department and University governance, and was first in effect in the fall of 2008. To date 57 sophomores have completed remediation. Four subsequently decided to change majors. Of the 53 remaining sophomores, 45% have gone on to fail a second nursing course. This yields a 55% success rate for those who chose to complete remediation and continue in the program.

- Separated by semester, those students (56%) who fail their first course during the fall (first semester of nursing courses) have a program completion rate of 38%.
- Those students (44%) who fail their first nursing course during the spring (second semester of nursing courses) have a completion rate of 68%.

While the new remediation policy has increased retention for sophomores by 18%, the Department clearly has more work to do. The data related to first versus second semester success will be the next target for action as the Department moves forward (see Resource Room for Data Table and complete analysis).

Tracking Employment Data

As part of the Self-Study process, the Department identified the current practice of gathering this data as less than optimal. Subsequently, the Department will be exploring additional means for gathering employment data from its graduates such as partnering with the university's Alumni Association, using social media to access this information, or obtaining information from recent graduates when they contact faculty members.

Review of Departmental Surveys

Historically, the Curriculum Committee has been in charge of deploying all departmental surveys, with the exception of the Faculty and Student surveys. This practice dates back to before the Department formed a PEC. As part of this self-study process, the curriculum committee began a discussion about all surveys, and postulated that some surveys asked questions more closely aligned with the PEC. Subsequently, a meeting was held with both committees, where a proposal to divide the surveys among both committees was developed and accepted. Program Evaluation tools are identified in Tables IV H-1 and IV H-2. In addition, the timetable for deployment and analysis of these tools was accepted.

Also at this meeting, the committees began a process of exploring strategies to improve response rates to some electronic surveys, in particular the Employer Survey. Response rates to course and clinical evaluations improved when faculty brought IPADS to the classroom, and asked students to fill out the surveys during class. Unfortunately this strategy is not applicable to the Employer Survey. An idea from one faculty member was to invite known employers to a reception, and ask them to fill out the survey during that time. Another suggestion was to ask the Advisory Committee to fill out the surveys during the meeting, but some of the members do not have graduates as employees.

Table IV H-1: Program Evaluation Tools - Timeline and Responsibility Table (2/2015)

Responsible Committee	Evaluation or Survey	Frequency	Last Administered
Curriculum	Preceptor Evaluation	Every Semester	Spring '15
Curriculum	Course / Clinical	Every Semester	Spring '15
PEC	Employer	Every 2 years	Dec. '14 and Spring '15
PEC	Alumni	1st and 3rd years Post Graduation	Spring '15
Curriculum	Senior Exit	Every Spring	Spring '15
PEC	Faculty Survey	Every 4 years	Spring '12
PEC	Student Survey	Every 4 years	Spring '12

Table IV H-2: Alumni Survey Timeline (2/2015)

1st Year Post Graduation	3rd Year Post Graduation	Date to be administered
2014	2012	Spring 2015
2016	2014	Spring 2017
2018	2016	Spring 2019

Undergraduate Program Curriculum Modifications
In addition to the curriculum modifications identified throughout this Self-Study Report, the following modification have been made to the undergraduate nursing program. A complete list of all program changes is available in the Resource Room.
Generic and LPN to BS in Nursing tracks
Formal Math and Dosage Calculations
Prior to Fall 2011, all students were not successful with meeting the Department's Med Calculation Policy as cited below:
Drug Calculation Testing Policy (from Student Handbook)
   a. *Students are tested on drug calculations at the beginning of each semester staring with the Spring semester of the Sophomore year:*
   b. *Students must achieve a 90 percent on each test to pass the clinical component of the course in which they are enrolled.*
   c. *One 'retake' of the drug calculation test is offered within two weeks of the first test for students who fail the Drug Calculation test.*
   d. *Students who do not obtain at least a 90% on the 'retake' will fail the clinical component of the course and, therefore, fail the entire course.*

In response to this concern, an ad hoc Med Calculation Committee (out of UGC) was tasked to examine process, preparation, and exams (for content and consistency). The committee identified one textbook (Booth's *Math & Dosage*

Calculations for Health Care Professionals) for use by all levels of the curriculum, and developed a plan for incorporating content on drug calculations in NURS 2700 Foundations. Additionally, beginning in fall 2011, students had mandatory conversions and drug dosage calculations practice incorporated into NURS 2700 skills lab (see Lab Manuals in Resource Room).   Since spring 2012, 100% of students at each level have met the required math and dosage requirement. During the spring 2015 semester, another Ad Hoc Committee (out of UGC) was formed to re-assess the exams across the levels for consistency in format and progression of difficulty, in response to concerns raised by LPN students and senior nursing students about the consistency of exam formats across levels. This committee will present their findings in fall 2015. Evidence of the committee work is located in the Resource Room.

Timing of Exit HESI:
In 2005, the undergraduate program incorporated the use of HESI exams throughout the curriculum. The HESI exam scores comprise a small percentage of course grades (see respective course syllabi in the Resource Room).   The Exit HESI, which students take in the final week of their last semester, does not count towards a percentage of the course grade. Instead, students are required to achieve a score of 850 in order to pass the clinical component of the course. Students may repeat the exam until the required score is met.

Exit HESI exams were initially administered immediately after Spring break, however, some students were not achieving the required score of 850 on the first time Exit HESI exam. Since 2012, the Department moved the timing of the Exit HESI to the end of the spring semester when content in NURS 4800 was completed (early May), in an effort to better prepare students to attain the required score, and to better evaluate achievement. Additionally the Department identified that all re-takes of the Exit HESI were to take place after the student(s) completed the Don Anderson NCLEX Review Course. During the review period for the self-study, all graduates have achieved the required score and graduated.

RN- BS in Nursing Track
In 2013, the curriculum committee developed a new course NURS 4600 RN to BS in Nursing track Capstone for registered nurse students. This new capstone course provides registered nurse students the opportunity to examine nursing trends in their practicum placement to gain insight into their clinical practice. Through weekly discussion and written reflection, students engage in critical thinking necessary for practice.

Rationale for modification: Students in the RN to BS in Nursing track curriculum were taking NURS 4800 Selected Practicum, the same course required for students in the generic curriculum. After reviewing the RN to BS in Nursing track curriculum, the *Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)*, and the *Massachusetts Nurse of the Future Competencies,* the curriculum committee identified the need to develop a different course for RN students, which better addresses their unique theoretical and practice learning needs, and affords them the opportunity to experience a practicum which will build on their skill level. This course was approved by the Department and University governance, and was initially offered in fall, 2014.

Use of Data to Foster Graduate Program Improvement

During the review period, the number of students with an in-progress grade was tracked and reduced through intensive faculty advising and aggregate student program progress and course needs were analyzed; these two activities resulted in adjusted course scheduling which provided maximum course availability so that students could achieve program completion in the timeliest manner. Additionally, in response to the AACN (2011) requirement for a three "P" component as part of the Essentials of Masters of Nursing Education NURS 8600 Advanced Patho-Pharmacology and Epigenetics in Forensic Nursing was added to the curriculum, to be coordinated by the nursing faculty, and taught in collaboration with a FSU biology department neuroscientist who specializes in genetics.