Bachelor of Science in Nursing

Mesa State College

Grand Junction, Colorado

BSN Nursing Program

Self Study Report

Commission on Collegiate Nursing Education

MESA STATE COLLEGE

Submitted By

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Introduction

Mesa State College (MSC) is a comprehensive public college whose purpose is to promote the acquisition of skills as well as the discovery and application of knowledge. This encourages students to develop the intellectual, ethical, and aesthetic sensibilities enabling an individual to pursue a rewarding career and assume a responsible and productive role in society. The college seeks to liberate persons from their narrow interests and prejudices, help them observe reality precisely, judge opinions and events critically, think logically, and communicate effectively. MSC offers programs of value in the areas of civic and cultural life, research, and recreation. The institution desires to play a constructive role in improving the quality of human life and the environment. The college extends its services to anyone regardless of age, race, color, national origin, religion, sex, disability, veteran status, or sexual orientation.

The founding of Grand Junction Junior College in 1925 marked the beginning of post-secondary education on Colorado's Western slope. The range of community college classes expanded and an area vocational school was added in 1967. By 1974, the college had evolved into a baccalaureate-granting educational institution. In 1994, the Colorado legislature authorized MSC to offer selected graduate degrees in response to regional needs. Most recently, the college formally created a two-year, open admission division in 2005: Western Colorado Community College. With MSC's designation by the legislature in 2003 as a regional education provider the institution was assigned the responsibility of meeting the educational needs for 14 Western Slope counties. Currently MSC offers programs leading to awards in four levels: technical certificates, associate degrees, baccalaureate degrees, and at the graduate level, the master's degree.

MSC values teaching and student-faculty interaction and offers small classes and opportunities for applied learning that supplement classroom instruction. It recognizes outstanding teaching as its primary responsibility where instruction is delivered by a highly-qualified faculty to academically-prepared students. At the same time, implicit in the college's two-year role and mission is the expectation that MSC offers programs and services that support those less prepared for postsecondary education. Meeting this diversity of needs requires the college to deliver programs using a combination of site-based and distance-delivery modes. Additionally, courses are offered at various times and locations. As part of its evolving role as a regional education provider, MSC strives to achieve the highest degree of academic quality, affordability, and accessibility in the state, adapting as its opportunities and strengths change.

MSC is accredited by The Higher Learning Commission of the North Central Association of Colleges and Schools which places the college on a par with those earned at other similarly accredited institutions throughout the United States. The next accreditation site visit is scheduled for 2013-2014. Various programs at MSC are approved by appropriate state and national agencies, including the Colorado Board of Nursing, and the American Association of Colleges of Nursing. The college is designated as Baccalaureate-Arts and Sciences as part of the Carnegie classification of higher education institutions.

MSC is comprised of 12 departments: Art; Biological Sciences; Business; Computer Science, Mathematics, and Statistics; Health Sciences; Kinesiology; Languages, Literature, and Mass Communication; Music; Physical and Environmental Sciences; Social and Behavioral Sciences; Teacher Education; and Theatre. The baccalaureate nursing program (BSN) is one of seven programs, representing various health disciplines, in the Department of Health Sciences

The department head oversees administrative responsibilities related to program planning in relation to college mission and goals, budgeting, course scheduling, faculty recruitment and evaluation, and student concerns. The program director works closely with the department head in day-to-day program management, curriculum development, clinical scheduling, and student advising.   Fall 2008 MSC had 225 full-time faculty members and approximately 6100 students. The student body is relatively homogeneous in comparison to national demographic data. Undergraduate students (6111) comprised 98.5% and graduate students (94) comprised 1.5% of the full time equivalent of total credit hour production in fall 2008.

The Colorado Commission on Higher Education (CCHE) is the policy and coordinating board for the state's higher education system including Mesa State College. This is an 11-member lay board, appointed by the Governor and confirmed by the Colorado State Senate; acts as the central policy and coordinating board for Colorado public higher education; and implements the directives of the General Assembly.

 CCHE grants full authority and responsibility for the control and governance of the college to the college's Board of Trustees (BOT). This is a nine-member lay board, appointed by the governor and confirmed by the Colorado State Senate; and serves as the policy-making board for the college. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and role and mission. To exercise their authority appropriately, the trustees regularly establish policies designed to enable the college to perform its statutory functions in a rational and systematic manner. To assist them in meeting their responsibilities, the trustees delegate to the president of the college the authority to interpret and administer their policies in all areas of operations

and, as such, the president is responsible to the BOT. Within the policies and regulations of the trustees and of other state and federal authorities, the president of the college, as chief executive officer, has general authority and responsibility for the college and for keeping the board informed regarding the college in a timely and appropriate manner.

The BOT expects that the president will be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student trustee and faculty trustee, each elected by their constituents. Faculty input is a vital component of informed decision-making at MSC. The BOT recognizes the faculty senate as a formal, direct, two-way communication link between the board and the faculty. Thus, the president of the senate has an opportunity to address the Board at each public session.

The campus is located in Grand Junction, Colorado, a city of over 46,000 serving as the cultural, educational, and commercial center for a region which includes 14 counties in Western Colorado. MSC is situated on 77 acres and consists of nine residence halls, six classroom buildings, Saunders Field House, Elliott Tennis Complex, Bergman Practice Field, Moss Performing Arts Center, Tomlinson Library, Early Childhood Education Center; the college center is currently being remodeled with an expected completion date of summer 2010.   In July 2009 the Department of Health Sciences faculty moved to a newly remodeled area in Saunders Field House.

History of the Nursing Program

The BSN program began in 1998 and the first students completed the program in 2000. Consistent with the institutional mission, the baccalaureate nursing (BSN) program is designed to respond to the emerging health care needs of individuals, families, groups, and communities and provide a foundation for excellence in nursing practice. This foundation enables the graduate to assume the role of a nurse generalist when delivering culturally competent care in a wide-range of health care settings with diverse populations. The utilization of critical thinking, leadership, and management skills, founded on evidence-based practice, is essential. The importance of engaging in lifelong learning and community service is valued. Graduates are encouraged to return to higher educational programs to obtain advanced degrees.

Western Colorado is experiencing a health care workforce shortage exceeding the national average. Concurrently, there is a growth in population (with particular emphasis on adults age 65+) that exceeds the national average. The Colorado Center for Nursing Education was commissioned to study the nursing workforce shortage. They issued a statement identifying that "Concerted, collaborative and strategic efforts must be undertaken to at least double the number of new graduate registered nurses

and to enhance the level of preparation and ongoing, workplace supports required to sustain a qualified and satisfied nursing workforce."

In September 2004, the position of dean was eliminated at this college, and the role of department chair (now called department head) was expanded to include greater responsibility for budget and programmatic decision making. A revised organizational chart will be available in the resource room.   A new strategic plan was created for the BSN program including expansion of the RN-BSN track to rural communities in our designated region, increased use of distance and online learning methodologies, and an aggressive fund-raising initiative.   Minor changes have occurred in our BSN curriculum over the past five years based on evaluation of aggregate data. These revisions will be discussed throughout the self-study.

In response to the nursing shortage, nursing faculty increased the number of students admitted into the program (beginning fall 2009) each semester from thirty to forty. Our applicant pool has consistently been twice the number admitted, and the admission index has continued to increase over the past two years. Currently there are 155 students enrolled in the BSN program.

This self-study represents the program's dedication to promoting theory-based practice, the commitment to its communities of interest, and ongoing support for its students. The primary mission of the faculty is to graduate professional nurses who will provide safe competent care. The BSN faculty looks forward to the upcoming accreditation site visit scheduled for November 2009.

STANDARD I. PROGRAM QUALITY: MISSION AND GOVERNANCE

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

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

The mission, philosophy, goals, and expected student outcomes of Mesa State College's (MSC) baccalaureate nursing program (BSN) are congruent with those of the college, reflect professional nursing standards and guidelines, and consider the needs and expectations of specific communities of interest (each of the program elements is included in Appendix I.A.1). MSC is a comprehensive public college whose purpose is to promote the acquisition of skills, as well as the discovery and application of the knowledge. This encourages students to develop the intellectual, ethical, and aesthetic sensibilities enabling them to pursue a rewarding career and assume a responsible and productive role in society. Graduates of the BSN program will practice as a professional nurse, pursue graduate education, assume leadership roles, and participate in learning as a lifelong process. The program's mission, philosophy, and goals are included in faculty and student handbooks; the program's goals and expected student outcomes are included in course syllabi and are in agreement with the institution's goals of a baccalaureate education (*MSC catalog*, 2009-2010, p. 45). Please see Appendix 1.A.2 for delineation of congruency among these elements.

BSN faculty has identified seven expected student outcomes which are aligned with those of the college. The BSN expected student outcomes are derived from the program's mission, philosophy, goals, and current professional standards and guidelines for baccalaureate nursing education. The college, as an institution of higher learning, seeks to liberate persons from their narrow interests and prejudices, observe reality precisely, judge opinions and events critically, think logically, and communicate effectively (*MSC catalog*, 2009-2010, p. 7). MSC offers programs of value in areas of civic and cultural life, research, and recreation, and desires to play a constructive role in improving the quality of human life and the environment. The college extends its services to anyone regardless of age,

race, color, national origin, religion, sex, disability, veteran status, or sexual orientation. Please see Table 1.A.1 for delineation of congruency among these elements.

Table 1-A.1 Alignment of MSC Baccalaureate Goals and BSN Expected Student Outcomes

MSC Baccalaureate Goal Upon completion of a baccalaureate curriculum a graduate should:	BSN Student Outcome Upon completion of the program, students will have demonstrated the ability to apply the following attributes:
• Be able to communicate effectively in the English language.	**Collaborative Communication:** manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.
• Be aware of the great moral, ethical, and philosophical issues which have endured through the ages. • Have an understanding of the multicultural nature of our world. • Appreciate the aesthetic spirit of humanity through the arts.	**Professionalism:** practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety.
• Be able to think critically and creatively. • Understand the structure and discipline of mathematic thought and its use in problem- solving.	**Critical Thinking:** demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another. **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.
• Have an understanding of the complexities of social, economic, and political systems.	**Coordination of Care:** facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters. **Leadership:** directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
• Have knowledge of the natural world and an understanding of scientific methods. • Appreciate the contributions of literature to our perception of ourselves and the world. • Possess the knowledge and skills necessary to achieve a healthy lifestyle.	**Evidence-Based Practice:** provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.

Faculty utilizes professional standards and guidelines as a basis for curriculum development and program evaluation. The rationale for choosing these guidelines is that they are the most comprehensive

and widely used in the United States. Currently the following nursing standards and guidelines are incorporated into each course:

ANA: *Principles for practice* (2005); *The nurse's role in promoting a culture of patient safety* (2005); *Nursing: Scope and standards of practice* (2004); *Nursing's social policy statement* (2003).

CCNE: *The essentials of baccalaureate education for professional nursing practice* (2008).

Fowler, M.D.M. (2008). *Guide to the code of ethics for nurses: Interpretation and application*. American Nurse's Association: Silver Springs, MD.

State of Colorado. Colorado Nurse Practice Act: Title 12 Professions and Occupations, Article 38 Nurses (2007).

Additional standards and guidelines are integrated into specific courses in relation to content, identified learning objectives, and outcomes. These are identified in course syllabi.

The curriculum incorporates and is congruent with The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). Please see Appendix I.A.3 for delineation of congruency. Faculty has adopted definitions for specific terminology used in the document and includes these in faculty and student handbooks. A summary of these definitions can be found in Appendix I.A.4.

Further evidence of the alignment of the college's mission and goals with that of the BSN program is evidenced by a recent institutional-wide evaluative process completed May 2008. The Trustees of MSC requested representatives from the faculty and administration undertake a review of the institution's academic and technical programs' quality, priorities, and productivity in the context of the college's role and mission. The questions underlying the charge are summarized as:

1) How does each academic program fit within the college's four- and two-year role and mission?

2) To what programs should the college's resources continue to be allocated?

A 22-member, Academic Program Quality, Priorities, and Productivity (APQPP) Working Group briefly convened in early June 2009 for a general discussion, with regular meetings scheduled during the fall semester. Ultimately, the initial 13 measures were grouped into five broad categories: program centrality, student demand, program characteristics, cost, and faculty. The working group discussed ways in which the criteria could be summarized to serve as the initial basis for a program's recommendation. The group then reviewed the results of three models where the five indicator categories had different weights. Subsequently, the group voted on each program, evaluated the results, and discussed those programs warranting reconsideration before making its final recommendation. Sixteen meetings were held leading up to release of the draft recommendations to the campus for review and comment. A summary of the ADQPP will be available in the resource room.

The working group's program recommendations fell into one of five categories:

A. Program of Distinction

B. Program of Promise

C. Program of Achievement

D. Program for Further Study

E. Program to be Phased Out.

The APQPP Working Group focused its attention on an assessment of program mix and its relationship to the institution's two- and four-year role and mission. The report was designed as a guide for prioritizing resource allocation, a practice necessary by any institution on a periodic basis, but particularly in an environment of economic uncertainty. The BSN program was identified as one of three Programs of Distinction. BSN faculty met in May 2009 to develop a proposal for use of potential administrative resources to be made available to Programs of Distinction. Minutes from this meeting will be available in the resource room.

Key Element I-B: The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines; and the needs and expectations of the community of interest.

The mission, goals, philosophy, and expected student outcomes of the BSN program are reviewed according to the Systematic Evaluation Plan (SEP). The SEP can be found in Appendix 1.B.1: Systematic Evaluation Plan. The SEP specifies faculty review each element informally on an ongoing basis. Additionally the mission, goals, philosophy, and expected student outcomes are formally evaluated at the end of each semester, upon conclusion of the academic year, and when new versions of professional guidelines or standards are published.

The SEP is used as a guide when assessing for congruence with professional standards and guidelines, the needs of communities of interest, and congruence with parent institution mission and goals. The purpose of all forms of feedback is program improvement through curricular revision by faculty. Formal feedback is obtained during a semi-annual meeting between faculty and the Nursing Education Advisory Committee (NEAC). Additionally, data collected from institutional or program surveys, Educational Benchmarking (EBI), Assessment Technologies Institute (ATI) scores, formal student evaluations (program, instructor, course, clinical site) are used when identifying needs for modification. For example, data evaluating the program's mission, philosophy, goals, and expected student outcomes were reviewed in fall 2008; each component was subsequently revised. Table 1.B.1 presents the revision plan for program components. Further evaluation of the presence of and adherence to professional standards and guidelines in the curriculum is included in Standard III of this self-study.

Table 1.B.1 Revision Plan for Program Components

Component	Assessment	Responsibility	Time Frame
Mission, Philosophy, and Goals	Congruent with MSC Consistent with professional nursing standards and guidelines Consistent with internal and external communities of interest	**Internal communities of interest:** faculty, current students, and college administration **External communities of interest:** clinical staff and management, employers, other health care professionals, alumni, consumers of health care services	**Formal**: Annually at faculty meeting according to SEP **Informal:** Ongoing (i.e. during clinical experiences; faculty meetings; feedback from agency personnel; meetings with communities of interest). **Annual**: at conclusion of academic year.
Expected Student Outcomes	**Formal surveys**: continuing students (I-clicker); ATI testing; employers; graduating students (EBI), alumni (EBI) **Student Evaluations**: course, faculty, clinical sites Meets needs of internal and external communities of interest	Department and college administration, faculty, current students, graduates, NEAC, alumni, employers, clinical agency personnel Clinical personnel and nurse managers (ongoing and annually) meet with faculty to review needs and concerns of agency	**Formal:** Ongoing each semester (i.e. students at completion of each semester) **Informal:** Ongoing (i.e. during clinical experiences; faculty meetings; feedback from agency personnel; meetings with communities of interest). **Annual**: graduates at completion of program; alumni and employers every two-three years.

Curricular revisions also reflect the changes in population demographics, together with the continued advancements in the delivery of health care. The population in the United States, and across the Western slope of Colorado, has become increasingly older and more chronically ill. Although hospital care is more complex, hospital stays have become shorter. There is an increased emphasis on providing cost effective, high quality care using efficient coordination and management skills. Interdisciplinary collaboration, bridging the gap between the hospital and home, and effective use of information systems are requisite for the provision of effective care. When CCNE placed an emphasis on the geriatric core curriculum faculty responded by adding content throughout their syllabi reflective of those concepts. For example, in Nursing Fundamentals (NURS 201), there is an enhanced focus on

caring for the elderly. Concurrently in Nursing Fundamentals Lab (NURS 201L), students care for the older adult in a variety of clinical settings.   In addition, the textbook used in Advanced Medical Surgical Nursing (NURS 406/406L) was chosen as it includes geriatric specific content. Recent faculty discussion included returning to geriatric care facilities during Level V to improve skills in complex care needs related to co-morbidities of geriatric patients, such as wound care and diabetes.

The communities of interest for the nursing program include both internal and external groups. Students, faculty, and college administration represent the internal group. The college expects each program to review and revise its own mission, philosophy, goals, and expected student outcomes to maintain consistency with those of the institution. College administration and department faculty welcome direct student input into the mission, philosophy, goals, expected outcomes, and curricular revisions. The last revision of these components occurred spring 2009

The external community of interest includes health care facilities used as clinical sites for student learning, employers, other health care professionals, alumni, and consumers of health care services. Additionally the NEAC, comprised of health care agency personnel and community leaders, provides valuable feedback regarding curricular revisions and program effectiveness. As of fall 2008 committee members are asked annually to complete a survey affording faculty the ability to aggregate evaluative data. Results of this survey will be discussed in Standard IV of this self-study. A list of current NEAC members will be available in the resource room.

Input is received from these communities of interest in several ways. For example, recent curricular changes, accreditation activities, and expansion of admission number (an increase from 30 to 40 students per semester) were made available to representatives from health care agencies, NEAC members, and current students. A more complete summary of data collection processes and utilization is discussed in Standard IV and will be available in the resource room. While these processes have been in place since the program's inception, many have been extensively revised.

In addition to formal feedback obtained by the BSN faculty, the largest clinical site, St. Mary's Hospital (SMH), holds a Student Clinical Enhancement Meeting at the end of each semester. Representatives from all nursing programs using this facility, of which MSC is the largest, attend this meeting, as do clinical managers and education department staff of the hospital. The BSN faculty and hospital staff exchange feedback on student learning experiences, needs for change, and both positive and negative experiences with students, faculty, and nursing staff. SMH education department is developing an evaluation tool for both students and nurses to complete on a weekly basis. This tool will afford individual students and nurses an opportunity to obtain timely feedback on the learning process, environment, and learning outcomes. In addition, faculty meets informally with unit managers in the

various health care organizations where students have clinical experiences. Information from these important informal processes is shared with other faculty members at program meetings.

Students receive feedback, in a variety of clinical settings, from professional nurses other than individual faculty. The faculty has outlined a preceptor policy (please see Appendix 1.B.2: Preceptor Policy). For example, BSN students, in their final semester, receive a written evaluation from their clinical site preceptor which is part of their Leadership (NURS 411L) and Senior Specialty (NURS 412L) final grades. Each student also evaluates his/her preceptor in order to determine appropriateness of the various preceptors. Data from the preceptor evaluations will be discussed in Standard IV of this self-study.

College administration, state, and regional representatives of higher education, faculty, and students comprise the internal groups that significantly influence all aspects of the nursing program. The faculty meets each semester with the president and vice president of academic affairs of MSC for an exchange of information about the nursing program and general college affairs. BSN faculty actively participates in all college-wide planning initiatives and nursing faculty is represented on several college-wide committees. College committee membership allows faculty to assess congruence of the mission, goals, expected outcomes, and policies of the college in general with those of the BSN program. Campus-wide and departmental issues are reported at each BSN meeting at which time feedback is solicited. Faculty routinely provides reports of current campus committee activities at each faculty meeting and collect input related to various action items. For example, faculty was recently encouraged to submit an evaluation survey of campus-wide distance learning technology services. A current listing of committee assignments will be available in the resource room.

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

Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes (please see Appendix I.C.1 for delineation of congruency). Faculty roles and evaluation processes are initially identified when an individual applies for a teaching position. Broad roles are described in advertisements; they are more clearly defined as an applicant proceeds with the hiring process. The MSC faculty handbook (on the college's website and in the resource room) defines the faculty role and evaluation criteria/procedures in relation to tenure, promotion, and retention. All tenured and tenure-track faculty are made aware of retention, tenure, and promotion criteria and processes upon hire, through formal orientation processes, and mentoring

with department faculty. A written record of evaluation results is maintained in the faculty member's file (within the department and in the office of Academic Affairs).

Campus policy mandates end-of-semester course and faculty evaluations (please see Appendix I.C.2: Faculty Evaluation Plan). Part-time faculty is evaluated in accordance with MSC periodic evaluation procedures. These evaluations include student evaluations of teaching performance, peer review of teaching duties, and appraisal by appropriate program administrators. All evaluation materials are reviewed by the faculty member, program administration, and academic administration. Evaluation processes and integration of aggregate data is further discussed in Standard IV. Summary data of faculty evaluation processes will be available in the resource room.

Full-time faculty teaches 12 units per semester. Five office hours are scheduled each week; they are available at additional times as needed. Teaching is the central mission at MSC and is given priority in the evaluation process. Effective teaching is a major criterion in the review process for all faculty and is conducted at the end of each semester (informally) and upon conclusion of the academic year (formally). Effective teaching includes use of current theory, appropriate teaching-learning methods, efficient integration of evidence-based practice, assessment of student outcomes, participation in curriculum and program development, and student advising.

The interaction of BSN faculty with various health care providers provides a basis for influencing and gathering input from the community, which is reflected in the program's mission, philosophy, goals, and expected student outcomes. The BSN faculty and students maintain an integral role in the development of nursing knowledge and practice throughout the region. The program embraces this responsibility by focusing its mission on excellence in education, use of evidence-based practice, nurturing personal attributes of the students, promoting critical thinking, and an appreciation of lifelong learning. The mission, philosophy, goals, and expected student learning outcomes of the BSN program at MSC emphasize the promotion of professional nursing while respecting the cultural diversity of each population being served.

Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the BSN mission, philosophy, goals, and expected student learning outcomes. These outcomes are aligned with the National League of Nursing's educator competencies (please see Appendix I.C.3). Faculty has identified the following outcomes:

- Modify teaching strategies based on evaluation of outcomes of teaching/learning activities.
- Implement changes in the curriculum to advance student learning, as needed.
- Encourage students to participate in service learning.

- Improve transition of new students from the community, including those from diverse cultures, into the nursing program through a planned orientation program.
- Continue to meet accreditation standards.
- Utilize outcome data from standardized testing and program evaluation to enhance curriculum.
- Utilize advisory board to provide ongoing feedback for continuous improvement.
- Modify curriculum as needed to achieve program benchmarks.
- Evaluate effectiveness of technology used in the education setting.
- Collaborate with other schools to implement graduate education in Western Colorado.
- Use Boyer's model of scholarship to assist faculty in advancing their professional growth.
- Continue to act as a change agent promoting professionalism among faculty and students.
- Continue to advance nursing alumna support and activities.
- Continue multi-disciplinary health education through collaborative efforts on campus and in the community.
- Provide career ladder options for students on the Western slope to become nurses.

Scholarship is an essential component of faculty evaluation for retention, tenure, and promotion. At the beginning of fall semester 2008 BSN faculty explored integrating *Boyer's Model of Scholarship* to assist in clarifying faculty achievements; formal implementation of this process awaits further refinement and then will need administrative approval. For example, scholarship activities may include participation in traditional research, publication and peer-review, development of teaching materials, professional presentations, maintaining clinical competence, academic coursework, and professional development activities such as national certification. Faculty teaching in the other programs included in the Department of Health Sciences will determine if Boyer's model is applicable to their mission(s).

Service is included in the evaluation process and is defined as leadership or active participation in activities related to the college, department, program, local/regional communities, statewide, and national activities. Additionally participation in professional organizations is encouraged. Advising of potential and ongoing students is a separate component of the evaluation process. For example, faculty is expected to participate in campus and community orientation and recruitment activities.

BSN faculty is active nationally, regionally, throughout the state, and locally keeping updated on nursing trends affecting the delivery of care. For example, faculty participates in: Governor's Task Force on Nursing Shortages, National Association of Occupational Health Nurses, Mesa County Board of

Health, local health fairs and screenings, Sexual Assault Nurse Examiners, and the community-wide suicide task force. A complete listing of faculty service activities will be available in the resource room.

Key Element I-D: Faculty and students participate in program governance.

MSC and the BSN faculty handbooks delineate the role of each faculty and the governance of the department through its committee-structure and program bylaws. The college handbook, faculty handbook, and program bylaws will be available in the resource room. The department head is responsible for the overall operation of the department and reports to the academic vice-presidents. Each program director reports to the department head. The BSN program director assists the department head with issues of student recruitment, admission, advising, progression, grievance, and evaluation of the program.

The program's bylaws provide for the involvement of all BSN faculty members in governing the program. Faculty meetings are held a minimum of once a month. Tenured and tenure-track faculty are required to attend; part-time faculty are encouraged to participate but are not required to do so. The agenda for faculty meetings is available at least 48 hours before each meeting. Faculty are expected to add their concerns to the agenda prior to the meetings, discuss all agenda items as needed, and vote on motions originated at the meeting or from committee reports. Each faculty has voting rights. Faculty minutes are distributed to all full-time faculty and are made available to others though the program's administrative assistant. All faculty members express satisfaction with their participation in governance of the program as reflected in the meeting minutes of March 27, 2009.

Faculty members are appointed to program committees by the program director, in accordance with the faculty handbook and program by-laws. Each faculty participates in committee membership and may request to serve on specific committees. These committees provide a mechanism for implementing the program goals. Program committee reports are presented at faculty meetings, and any recommendations are acted upon at that time by a vote of the faculty in attendance. Program by-laws and minutes from program committees will be available in the resource room.

Faculty have opportunities for and are very active on college committees (an updated list of committee appointments will be available in the resource room). Most college committee meetings are open so any faculty member or student may attend. Members of each committee are chosen in accordance with faculty senate by-laws. Within the past five years BSN faculty members have served on a variety of college committees including: Faculty Senate, Curriculum, Institutional Review Board, Distance Learning Handbook, Assessment, and Academic Policy. Two nursing faculty have served as president of the faculty senate.

The college mandates students have the opportunity to participate in the formation of policies, rules, and sanctions pertaining to them. Student representation to college councils and committees occurs through the Associated Student Government, Cultural Diversity Board, Fine Arts Organizations, Programming Activities Council, Media Organizations, and Outdoor Program.

Student participation in the governance of the BSN program is clearly outlined in the BSN faculty and student handbooks. Student representatives are ex-officio members of the MSC BSN Faculty Organization. One student representative is elected by each class, and from the Student Nurses' Association (SNA). These student representatives are encouraged to attend and participate in faculty meetings. The students are asked to leave the meetings only when individual student concerns are discussed to assure confidentiality. Student representatives are asked for feedback from their classes, as well as for their opinions on matters discussed in the meetings. For example, credit hours for Mental Health lecture (NURS 313) increased from two to three after several students recommended this during a faculty meeting. Faculty supported the suggestion recognizing that mental health content is separate, unfamiliar, and distinct from other theory course content. A similar change was implemented in The Childbearing Family (NURS 314); the increase in hours for this course allows faculty to address women's health care issues in more depth. Students appear comfortable and willing to bring positive as well as negative feedback to the attention of the faculty. A faculty representative is also chosen to attend SNA meetings, and is active in the sharing of information between students and faculty.

In addition to the formal process of representation of students, many students meet informally with the faculty, program director, and department head to discuss concerns. Often the department head avails her self to students for informal meetings. In all of these situations students are willing to discuss issues related to the program and their education.

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

The mission, goals, philosophy, and expected student outcomes of the BSN program are accurately reflected in all documents and publications**.** Program brochures, faculty and student handbooks, and course syllabi reflect the most recent version of these elements. New policies are published in a timely manner for all students in their handbook and course syllabi (when appropriate for a specific course). If a policy is to be implemented immediately, copies of the new or revised policy are emailed to all students, distributed in classes, and posted on bulletin boards throughout the

department. Program policies are reviewed on a regular basis according to the SEP. Faculty and student handbooks will be available in the resource room.

Additionally, the department maintains a website providing updated information to those individuals seeking relevant details about the program. The college catalog is revised each year; any department or program revisions are added at that time. The academic calendar and the tuition and fees schedules are updated by the college and are included in the catalog, registration materials, and on the college's website. These documents and publications will be made available for review in the resource room**.**

The following information is included in the MSC catalog and/or program publications: accreditation status, admission policies, degree completion requirements, and details regarding financial aid and scholarships. Tuition, student fees, and course specific fees are accurately published in the course schedule booklet and on the MSC website. The accuracy of information is the responsibility of the program faculty and college administration.

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

Program policies support the mission, goals, and expected student outcomes of the program. Each policy is fair and equitable; policies are reviewed and revised, as needed, to maintain this integrity. All pertinent policies are included in the faculty and student handbooks. Additionally, policies may be found in the college catalog. Promotional materials for the program, including admission policies, degree completion requirements, and accreditation status are included in the college catalog, informational brochure, and on the department's website. Recruitment to the BSN program includes distributing brochures to local and regional high schools, meeting with prospective students during campus visitation events, hospital and nursing administrators, employed nurses, and other institutions of higher learning. Informal open houses and information sessions are held where brochures are distributed and questions are answered. In accordance with its equal opportunity policy, the college recruits and admits students regardless of race, color, religion, gender, disability, or national origin. This practice is in line with the mission statements of the college and the BSN program, which include respect for the diversity of individuals.

Admission to the college is processed through the college's admissions office. Admission to the college does not guarantee admission into the nursing program, which requires a separate application. It is recommended that all non-nursing college courses be completed before a student is admitted to the nursing program. An admission committee selects students from applicants who best meet requirements. All admission materials must be on file in the Department of Health Sciences office prior to deadlines established for each program. Please see Appendix I.F.1 for current application forms. The BSN program has established two deadlines: October 1 for spring entrance; March 1 for fall entrance.

Admission to the BSN program requires applicants to meet the standards specified by MSC's admissions office. The application process to the BSN program is as follows:

1. Submission of a completed Mesa State College application and fee through the Admissions Office, or a reactivated application file if the student has missed one semester at Mesa State College, declaring Baccalaureate Nursing as the chosen area of emphasis.

2. Completion or be in process of completing non-nursing program requirements, and completion or be in process of completing pre-requisite classes.

3. Students applying to the BSN program will take a standardized admission test at an approximate cost of $30.

4. Submission of a separate nursing application. The following items must be in the Nursing Application File prior to the deadlines: (a) current nursing application; (b) copies of all college transcripts, with MSC registrar evaluations from other colleges; (c) proof of professional caregiver level CPR certification (the college's CPR class meets this requirement); and (d) results of the standardized admission test, Test of Essential Academic Skills (TEAS).

In addition, potential students must complete the following process submitting information as indicated:

- Cumulative Grade Point Average (GPA) for the past five years. The average GPA for this element is 3.5.

- GPA for Anatomy and Physiology, Anatomy and Physiology II, and Pathophysiology; these biology pre-requisites must have been taken within five years prior to application or applicant must have been using content. The average GPA for this element has been 3.52.

- CPR for the Professional Caregiver certification

- Standardized Admission Test (TEAS) (approximate cost $30)

- Successful completion of a criminal background investigation taken at applicant's expense after conditional admittance.

- Upon acceptance a student must submit evidence of current immunizations, physical examination, and professional liability insurance.

BSN faculty make decisions regarding admission to the program, student transfers, and special students requests. Policies regarding probation, removal of probation, and promotion are found in the college catalogue, websites, and in the faculty and student handbooks. A BSN student must obtain a "C" or above in non-nursing, pre- or co-requisite, and all nursing courses. In July 1985, Article XII of House Bill 1187, enacted by the Colorado General Assembly, mandated institutions of higher education in Colorado demonstrate student's improvement in knowledge, capacities and skills between entrance and graduation. Thus, prior to graduation nursing students must successfully pass an ATI exit exam. Students are also required to successfully complete a critical thinking examination (Level I and Level V) and specific ATI tests for each nursing theory course. These testing requirements are included in the faculty and student handbooks and course syllabus.

Faculty utilizes clinical evaluations forms when assessing a student's ability to provide safe competent care. They have developed standardized definitions of numerical descriptors included in the evaluation process. Further, faculty provides students with a test plan for distribution of program content; the plan corresponds with that of the NCLEX-RN® (National Council of State Boards of Nursing, 2007). Students understand the licensing examination is organized into four major patient/client needs categories: Safe and Effective Care Environment; Health Promotion and Maintenance; Psychosocial Integrity; Physiological Integrity. These processes are described in Appendix I.F.5. Students who demonstrate behaviors in need of improvement, either in theory or clinical coursework, are required to complete a performance improvement contract (Appendix I.F.6). The contract stipulates specific behaviors in need of modification and provides a plan for such modification. Resources useful in meeting the contract are identified and a complete date is negotiated. Both parties sign the form and it is placed in the student's file. Other faculty is notified when a performance contract is instituted.

In nursing courses, both components (didactic and clinical) must be repeated if the student receives a grade of less than "C" based on the program's grading scale. The BSN program employs a more stringent grading scale (as reflected in the table below) than other programs on campus. Faculty believes this scale is appropriate when considering the expected behaviors required of a student enrolled in a professional nursing program.

Table I.F.1: BSN Grading Scale

Grade	MSC Percentile	BSN Program Percentile
A	90 -100	93 - 100
B	80 - 89	85 - 92
C	70 - 79	76-84
D	60 - 69	70-75
F	0 -59	0-69

Regarding progression in the program, the student may not progress to the next nursing course and has to retake both components the next semester the course is offered (dependent on available clinical space. If a student fails a second nursing course (below a "C") he/she must withdraw from the program and can not be readmitted. If a student fails more than one course in a semester, the situation is reviewed by faculty and treated on an individual basis. A student may not obtain credit by examination for a failed course. Faculty may withdraw a student due to unsafe clinical practice or behavior jeopardizing professional practice at any time during the semester. If a student fails a course due to unsafe physical or emotional care of patients, faculty may decide to not allow the student to repeat the course.

Faculty believes math competency is inherent when providing safe competent patient care. Students applying to the program must complete the TEAS test; a segment of this standardized test evaluates math skills. Further, faculty have determined math competencies for levels I-IV of the curriculum (please see Appendix I.F.3). Students are responsible for meeting math competencies and must verify tutoring and/or remedial studies to continue participating in the program.

All nursing courses must be completed or revalidated within five years from the semester the first nursing course was taken. This includes transfer of nursing course(s) from other institutions. Students who have been out of the program for at least a year must apply for re-admission (please see Appendix I.F.2; forms are secured from the administrative assistant). The number of spaces for returning students is limited and varies from semester-to-semester. Students seeking re-admission to the program must submit an application for fall semester prior to March 1 and for spring semester prior to October 1. Students will be admitted to the program only twice regardless of reason for leaving. Attendance in any nursing class or portion of nursing classes is considered admittance to the program.

Faculty has established a benchmark stipulating 90% of students enrolled in a particular semester will complete the program within the expected five-semester period of time. Program

retention rates (percentage of students enrolled who remain in the program) for the BSN program are as follows:

Table I.F.2: BSN Retention Rates

Year	Retention Rate
2004	92%
2005	92.5%
2006	90%
2007 (Spring)	100%

Overall, these retention rates indicate students are able to succeed; therefore policies are fair and are conducive to the program's goals and expected student outcomes. However, faculty continues to assess methods of selecting those individuals for admission who are most likely to accomplish the program's requirements.

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

Students have the right to petition the department head when they think they have been unfairly treated in any way. It is expected the student will, within five working days following the grade or decision of dispute, schedule a meeting with the clinical preceptor, instructor, or faculty member. If the problem is resolved no further action is indicated. Failing successful resolution, the student may wish to appeal, doing so within five working days by filing a written appeal with the program director. The program director renders a decision (in writing) within ten days. If dissatisfied with the decision of the program director, within five working days, the student may file a written appeal with the department head. The department head investigates and renders a decision (in writing) within ten days.

If the student still does not believe the conflict has been resolved, he/she is directed to the MSC student handbook for further steps in the grievance process. Complaint records are maintained in a file in the department head's office. The record includes the written complaint, all documents filed in connection with the complaint, and the concluding disposition of the complaint. One student filed a complaint fall 2008 in relation to dismissal from the program; administration supported the faculty decision and the student was formally dismissed from the program. Review of the complaint process is included in the SEP and is to be done every year, or as needed.

Standard I Summary

Strengths:

- The program's mission, philosophy, goals, and expected student outcomes are congruent with the parent institution and reflect professional standards and guidelines.
- The program's mission, philosophy, goals, and expected student outcomes are systematically reviewed in their entirety.
- Expected student learning outcomes reflect the needs and expectations of the communities of interest.
- The program has defined roles of students and faculty allowing for meaningful participation in program governance and quality improvement.
- The program maintains continuing national accreditation and state board approval.
- Documents and publications are accurate and readily available through multiple sources.

Areas for Improvement:

- Refine the data collection processes used for evaluating program and expected student outcomes.
- Formalize the mechanisms used for summarizing and evaluating aggregated data obtained from communities of interest.
- Publish minutes (without confidential information) from faculty meetings for students on the program website.
- Assist current faculty to obtain doctoral degrees; recruit doctoral prepared faculty as current full-time tenured faculty retire.

Strategies for Improvement:

- The program's mission statement, philosophy, goals, and expected student learning outcomes will continue to be revised and reflect changes in health care delivery systems.
- Implementation of the revised SEP is anticipated to afford a more comprehensive systematic review of the program's mission, philosophy, goals, expected student and faculty outcomes, and the needs and expectations of the communities of interest.
- Formalizing a faculty orientation and mentoring program may assist with faculty recruitment and retention.

STANDARD II. PROGRAM QUALITY:

INSTITUTIONAL COMMITMENT AND RESOURCES

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

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

Fiscal and physical resources are sufficient to enable the BSN program to fulfill its mission, goals, and expected outcomes. A variety of fiscal and physical resources is available to faculty and the Department of Health Sciences (DHS). Available resources include, but are not limited to: allocated monies, Tomlinson Library, newly renovated and expanded classroom and office space in Saunders Field House, and Auto-Tutorial Laboratory (ATL) space with standard check-off materials, simulation equipment, supportive Department of Human Resources personnel, and fiscal support.

The Colorado Commission on Higher Education (CCHE) is the policy and coordinating board for the state's higher education system including MSC. This is an 11-member lay board, appointed by the Governor and confirmed by the Colorado State Senate. CCHE acts as the central policy and coordinating board for Colorado public higher education. Additionally this board implements the directives of the General Assembly.

CCHE grants full authority and responsibility for the control and governance of the college to the college's Board of Trustees (BOT). This is a nine-member lay board, appointed by the governor and confirmed by the Colorado State Senate. The trustees serve as the policy-making board for the college. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and role and mission. To exercise their authority appropriately, the trustees regularly establish policies designed to enable the college to perform its statutory functions in a rational and systematic manner. To assist in the meeting of their responsibilities, the trustees delegate to the president of the college the authority to interpret and administer policies in all areas of operations and, as such, the president is responsible to the BOT. Within the policies and regulations of the trustees and of other state and federal authorities, the president of the college, as chief executive officer, has general

authority and responsibility for the college and for keeping the board informed regarding the college in a timely and appropriate manner.

The BOT expects the president to be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student and faculty trustees, each elected by their constituents. Faculty input is a vital component of informed decision-making at MSC. The BOT recognizes the Faculty Senate as a formal, direct, two-way communication link between the board and the faculty. Thus, the president of the senate has an opportunity to address the BOT at each public session.

Income for the MSC budget comes from the college's general fund and student fees. Funding from the general fund is based on full time equivalent students (FTES). The president allocates funds to the office of academic affairs, who then distributes the funds among department heads. There are 12 departments located at MSC. The BSN program is one of seven programs within the Department of Health Sciences (DHS). The department head allocates monies to each program based on fiscal projections of the program's needs. This budget may be further augmented by special initiative funds and grant dollars.

FISCAL RESOURCES: MSC is a state supported institution which receives funding through the state legislature. Monies are allotted to the college from the state legislature. Monies are then appropriated to the departments from the academic affairs office (please see Appendix II.A.1). Subsequently, fiscal resources for the BSN program are allocated and managed as a component of the DHS. Faculty identifies items needed within the department and submits these requests to the department head. The department head then presents funding requests to the college administration.

Budgetary review occurs annually at MSC and employs direct input from department heads including the head of the DHS, the vice president of academic affairs, the president of MSC, the BOT, and the CCHE. As a rapidly expanding department, support has been increasingly forthcoming as evidenced by enhanced supply and operating budgets, adequate support services (currently including two full-time administrative assistants), and increasing faculty salaries. Annual budget materials will be available in the resource room.

Salary ranges are included in the annual budget review and are evaluated in depth every three years. Sufficient salary levels have not historically been the case for nursing faculty at MSC. However during the period of 2004-2006 much information sharing and negotiating occurred resulting in the implementation of a range of salary increases announced in 2007 and fully implemented in 2008. The salary increases were specifically designed to improve recruitment and retention of younger faculty and part-time, adjunct faculty needed to teach clinical rotations. The increases in salaries ranged from 5%

for the more seasoned, higher ranking professors to 18% for newly hired adjunct faculty. These raises were fully supported by the administration of MSC, the BOT, and the CCHE. In addition to the previously outlined nursing faculty raises, all faculty members at MSC have received annual cost of living raises ranging from 2-8% for academic years 2003-2009.

PHYSICAL RESOURCES: The current physical space allocated for the BSN program is adequate for teaching purposes. The BSN program, within the DHS, moved into the newly renovated and expanded Saunders Field House in the summer of 2009. The renovated space is designated specifically for those programs within the department. The new facility includes faculty offices, several conference rooms, and five dedicated classrooms accommodating between 30-50 students. All classrooms are "smart" classrooms with networked computers, document readers, video projector, TV/VCR, and video-taping capabilities. There are three skills labs with five beds each, one skills lab with four beds designed as a home-based location, and a two-bed high fidelity critical care simulation suite. All labs are "smart" labs with video demonstration links.

CLINICAL PLACEMENT: Coordination of clinical placements at Western Healthcare Alliance facilities is being expedited with the use of the Colorado Clinical Placement Platform project (http://www.coloradonursingcenter.org/placement/index.htm). Coordinating multiple clinical rotations for all their students challenges every school of nursing, especially as growing enrollments have strained the capacity of previously existing arrangements between schools and clinical sites. Over the past two years, the Colorado Center for Nursing Excellence has utilized funding from The Colorado Health Foundation in partnership with a Robert Wood Johnson Foundation "Partners Investing in Nursing" grant to pilot implementation of the Colorado Clinical Placement Platform project.

The Clinical Placement Platform is a searchable, web-based database, which includes information about both participating clinical agencies (i.e. unit descriptions, student requirements for each facility) and nursing schools (i.e. course requirements, clinical objectives). MSC was an educational partner for the pilot project, and one healthcare facility in Western Colorado, St. Mary's Regional Medical Center, was enrolled as a healthcare agency partner during the pilot project. Benefits of the platform include:

- Nursing Students: Improved access to information about clinical coursework and agency expectations.
- Nursing Schools: Easier placements; enhanced relationships with existing clinical partners and opportunities to build new relationships; improved communication with clinical sites to ensure placements meet student needs and course objectives.

- Clinical settings: Less hassle and paperwork to coordinate placements; improved communication with schools to enhance preparation of clinical faculty and students.
- State: Better information about capacity of the nursing education system; improved collaboration between practice and education to enhance the quality of the nursing workforce.

GRANT PROCUREMENT SUPPORT: The office of Sponsored Programs has provided significant support in the writing of and procurement of several recent, large grants allowing for expansion of the BSN program. The process for grant writing and procurement is that the DHS department head composes the initial draft of the grant, including the inclusion of pertinent details. The Office of Sponsored Programs provides editing, compilation, and oversight grant writing services. Please see the table below for a summary of external grant funding received for the BSN program. All grant materials will be available for review in the resource room.

Table I.A.1 Grant Monies

Academic Year	Wagner-Peyer Workforce Development (Department of Labor)	The Colorado Trust (Health Professions Initiative)	Caring for Colorado	Western Healthcare Alliance
2009-10				$48,375
2008-09				$12,000
2007-06		$28,390	$19,500	
2006-07		$28,576		
2005-06	$16,184	$47,181		
2004-05	$ 1,398	$ 9,165		

NOTE: The BSN program benefitted from the Department of Labor grant which helped establish the nursing career ladder (2004-2006). Funding helped purchase updated equipment and supplies for the ATL. A portion of the grant funding was allotted to each health science program – the table includes the BSN portion of these grant monies.

- Funding from The Colorado Trust (2005-2008) helped to fund portions of two faculty salaries, equipment, supplies, travel and professional development activities, and costs associated with the Introduction to Clinical Education course. A portion of the grant funding was allotted to each health science program - the table includes the BSN portion of these grant monies.
- The Caring for Colorado grant helped establish our critical care nursing course, which can be taken as a non-credit continuing education course or for credit (upper division BSN elective).

The funding helped purchase a new Sim-Man manikin. A portion of the grant funding was allotted to each health science program - the table includes the BSN portion of these grant monies.

- Grant monies received in the fall of 2008 allowed the BSN program to expand its admissions by 125%, enlarging each entering class from 30 to 40 students. During fall 2008 admission process 68 students applied to the program and 36 were selected to begin coursework January 2009. During spring 2009 admission process 82 students applied to the program and 40 individuals were accepted into Level I coursework for fall 2009. The program director and department head are working with college administration to secure permanent faculty lines to cover the additional enrollment. With an increase in number of students, faculty is challenged to identify additional options regarding clinical placements.   Plans to address this situation include incorporating evening and weekend placements, summer offerings, and securing rural clinical rotations.

EBI ASSESSMENT PROCESS: The administration of MSC supported the hiring of an assessment company to assist the BSN program in the gathering of aggregate outcome data. This instrument, written, administrated and analyzed by Educational Benchmarking, Inc. (EBI), surveys each BSN student upon graduation and alumni at designated intervals. Reports generated from this survey have allowed the faculty to analyze and improve curriculum effectiveness and have provided the department head and college administrators with specific information regarding the program's effectiveness.   Findings from the EBI process will be further addressed in Standard IV of this self-study. The executive reports from this comparison benchmark survey tool will available in the resource room.

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

Academic support services for the BSN program are available and sufficient to meet the needs of a growing program; they are evaluated on a regular basis according to the SEP (please see Appendix I.B.1). The department is supported by one full-time administrative assistant, one full-time professional staff assistant, and several work study/student assistants. The administrative assistant is responsible for the clerical operation of the PN, LPN-AAS, and EMT programs. The professional staff assistant is responsible for the clerical operation of the BSN and Radiologic Technology programs. Acting independently, they provide a central source of information and referral for faculty, students, staff, and community members regarding the programs, departmental policies, and procedures. They make certain personnel, budget, and curriculum items are submitted to the appropriate campus department.

Additionally, they are responsible for professional correspondence and support of department administration and faculty related to departmental issues. They handle the clerical portion of the admission processes for the students each semester and maintain student records related to clinical requirements (i.e. immunizations, CPR certification).

In spring 2006 faculty initiated a "Welcome Back" involving all students in each nursing program (BSN, RN-BSN, AAS, LPN).   Students from the Student Nurse's Association (SNA) usually present a fashion show with appropriate and non-appropriate professional dress. Students are also apprised of new program requirements, if applicable, and introduced to all faculty members and staff. The SNA president informs students about association details, including an introduction of the student mentoring program. Vendors from local uniform shops are in attendance and students may investigate options and/or purchase uniforms and supplies for a discount. At this time students are also informed about the AmeriCorps Program which provides service scholarship monies. The events last about one hour and then students are able to socialize, shop, and get reacquainted with each other.

Beginning fall 2007 faculty implemented a Level I orientation which all incoming students are required to attend. Faculty believes an orientation (prior to the beginning of classes) about program expectations would be helpful for the incoming students. The orientation consists of the following:

> Introduction of department administration, faculty, and advisors
> Getting to know each other
> Myths and realities of requirements
> Introduction to syllabi and accessing information within the shared college network
> Orientation to college email and APA writing style
> Orientation to BSN Student Handbook (policies and procedures)
> Study habits, change, learning strengths, testing strategies, procrastination, boundaries
> Getting feedback and goal setting
> ATI testing and NCLEX-RN®
> Stress management
> Student Nurses' Association (SNA)
> Orientation to ATL (learning lab)

The orientation culminates with a pizza lunch and socialization. A majority of students have voiced positive responses to this required function.

Other academic support services include (but are not limited to) the following:

ADMISSIONS OFFICE: The Admissions Office serves as the initial point of contact for prospective students and their families. Among the staff's responsibility is the recruitment of students and the processing of admissions applications and petitions for changes to residency classification for tuition purposes.   Activities of the college's student ambassadors are also coordinated through this office.

ACADEMIC ADVISING AND CAREER SERVICES: Advising is available from two sources: the Advising and Career Center staff and the faculty. MSC has a department of Advising and Academic Services. All students have access to the services provided by this department including: testing support, tutoring, writing support, educational access, career assessment, career advising, employment preparedness workshops, internship information, and academic advising. In addition, MSC maintains an Early Alert Service to assist faculty in identifying students in need of additional support and advising. This unique system is integrated with the college's admission services. Faculty can access student files and photographs to insure accurate and complete student identification processes are utilized. Once faculty has accessed the Early Alert Roster, available using MAVzone, he/she will find two lists of students : 1) those who are first-time and full-time this semester, and 2) students who entered last semester and currently are enrolled full-time but on academic probation. Faculty then determines if the student's performance is satisfactory or unsatisfactory and provides the appropriate feedback. This early intervention effort has contributed significantly to the improvement of MSC's retention efforts.

CAMPUS RECREATION SERVICES: Students, staff, administration, and faculty have access to the health facilities located at Saunders Field House. Facilities and opportunities include use of the pool, weight training equipment, aerobic equipment and classes, yoga and Pilates classes, personal trainers, and access to a wide variety of physical education classes. In addition students, staff, administration, and faculty are encouraged to participate in community wide health promotion endeavors such as the annual LiveWell Challenge. During academic year 2008-2009 the challenge focused on the seven components of wellness: financial (how well one manages money, and belongings); social (maintaining nourishing, encouraging, and satisfying relationships); occupational (finding rewards/enjoyment in one's work); environmental (realizing and accepting the impact one has on our world and doing something about it); spiritual (finding meaning and purpose in one's life); emotional (recognizing, accepting, and taking responsibility for one's feelings); physical (maintaining a healthy body with good nutrition, physical activity, adequate rest, and medical care). All LiveWell participants received a 2009 calendar designed to challenge and guide him/her to improve wellness throughout the year. The calendar includes helpful tips on how to set and reach personal goals, inspiring quotes, and dates for local activities. Participants also received discounts on healthy purchases, monthly newsletters, updates on local activities and events, and the opportunity to earn prizes (i.e., current fit disks, journals, gym memberships, MSC gear and tickets to campus events). Additionally, faculty and staff have access to a health risk appraisal service on an annual basis called "My Health IQ" which includes health testing, feedback reports, progress monitoring, and health education.

EDUCATIONAL ACCESS SERVICES: Support services for students with documented disabilities are available through Educational Access Services (EAS), a division of Academic Services. Several services are available: volunteer note takers, testing accommodations, and textbooks in alternate formats. Prospective students are encouraged to contact the Coordinator of Educational Access Services to discuss accommodations. Students must initiate a request for accommodations by contacting the EAS office; a new request must be made each semester.

FINANCIAL AID AND PLANNING: The Financial Aid Office works with students to meet educational expenses through various monetary resources.   Depending on a student's qualifications, aid is available in the form of scholarships and grants that do not need to be repaid. Additionally, students can apply for loans on a need or non-need basis, as well as work-study employment. If students need assistance with payment arrangements, financial planning, and financial management they may contact the Student Financial Counselor.

HEALTH CENTER: Student health services are available on an outpatient basis to all registered students, regardless of the number of credit hours carried, at a minimal financial cost. Outpatient health services provided include: first aid, dispensing of simple medications, assessment and referral to specialty physicians and dentists, providing counsel for personal health problems, simple physical examinations, and limited laboratory testing. Services include a full-time RN with a part-time physician and practitioner providing a complement of health care, Monday through Friday. For emergency illness or accidents occurring after the center's hours, or on weekends, students can access the Med-X Urgent Care Clinic. Immediate emergency help is obtained by dialing 911.

- **Alcohol/Drug Education:** This program is designed for alcohol and drug abuse intervention and prevention. Group classes are offered consisting of understanding the effects of binge drinking, drinking and driving, and the use of marijuana, methamphetamine, club drugs (GHB, ecstasy), and tobacco.

- **Behavioral Clinical Services:** Counseling services are available and free for all students. Students dealing with personal problems affecting their academic life are encouraged to seek professional counseling services though this agency.

INFORMATION TECHNOLOGY: MSC's information technology (IT) assistance department provides much needed support to faculty, staff, and students. The purpose of information technology (IT) at the college is to enhance the teaching and learning process that has become the hallmark of the institution's role and mission. IT provides support and operation for the Banner administrative computing system, as well as for all academic systems and software. The department maintains and

operates all telephone and telecommunication needs, and operates the classroom audiovisual and distance learning operations of the institution.

MSC's attitude toward the use of technology had changed from a "tool" to a "utility." This service is now an essential part of the institution's operational capability, requiring an increasingly larger part of the institution's limited resources. The IT department supports WebCT (a network based educational course management system); Document Imaging – a project to provide storage, indexing, management, and retrieval of the voluminous quantity of paper documents in the Enrollment Management Department; and technology operations maintenance – a life cycle project to provide replacement of IT equipment and components on a four-year basis.

- **Banner:** Banner modules (a set of integrated database systems that has been configured to allow the college to perform its administrative functions in an efficient and manner). Enhancement of student services through a single campus-wide solution of integrated databases allows automation of the college's administrative services; efficient dissemination of accurate and consistent information to faculty, staff, and students; uniform application of college policies and procedures, and support of all administrative requirements by the technical support team.

- **MAVzone:** Students may access MAVzone, a newly formulated computerized system. A student signs in to the site and accesses the following information and services: campus announcements, campus web services (i.e. Admissions, Financial Aid, Housing, program sheets, registration worksheet, tuition and fees schedule), register for classes, check his/her email, join groups. They have personalized access to their information and may communicate with faculty, staff, and other students. Once a student has logged into MAVzone there is an online course search system allowing them to access an up-to-date list of courses and view the number of seats available in a particular class. Prospective students may also use the online search system to assess course availability.

- **Novell GroupWise:** This is the campus-wide communications tool. In addition to email it provides shared calendaring, contact management, integrated web page viewing, and Really Simple Syndication (RSS) feeds used when publishing frequently updated works. GroupWise allows for one or more customized home screens. A home screen provides an overview of some or all of the components of GroupWise. They can include recent items from inboxes, newsfeeds, as well as a browser window (highlighting upcoming calendar events or current tasks). Additional screen tabs provide details of email, calendar, contacts, tasks, and newsfeeds.

- **WebCT:** MSC uses the enterprise-level Campus Edition of WebCT as the course management system. This network-based software allows faculty and students to better communicate and enhance course work, and to more efficiently deal with the structural necessities of enrollment and grading, allowing more time for other activities. By using WebCT, faculty have an easy way to communicate with students, provide online assignments, to facilitate learning through discussion boards and chat rooms, to make use of the various resources available on the World Wide Web, and to provide regular student feedback through usage of WebCT's online grade book tool.

LIBRARY SERVICES: The library was founded in 1925 and initially located in an abandoned school building in the city's downtown area and the college's original book collection numbered under 2,000 volumes. It was housed in locked cases in the dean's office. There was no librarian. Upon receiving a generous federal library construction grant, MSC got a new $846,000 library facility in 1966, the Lowell Heiny Library. With 21,000 square feet of useable floor space, this modern facility quickly grew to over 71,000 volumes in 1976. In 1976 the junior college district was dissolved and MSC became a baccalaureate degree granting state college. The collection reached over 126,000 volumes by 1984.

With the Lowell Heiny Library overcrowded, construction of a new 68,000 square foot facility costing over $6,000,000 began in 1984. Recognized as an architectural gem in *American School and University* magazine, the new library was dedicated in 1986 and in 1988 named for outgoing college president John U. Tomlinson to honor his commitment to improved library services at the college. Tomlinson Library's mission is to support the information, instructional, and research needs of the MSC community; provide services to meet those needs; serve as a resource for the citizens of Western Colorado; and share its resources with others. It is equipped with state-of-the-art computer technology and is considered one of the finest small college libraries in the state. The library contains over 300,000 items, including books, periodicals, maps, newspapers, audio and visual media, a large government documents collection, and a world class geology library. The services of Tomlinson Library are readily available to student, faculty, and staff to support the information, instructional, and research needs of the college community.

More than 70 online databases are available for faculty and student use through the library's website. Nursing students have access to CINAHL which includes more than 600 research and medical journals. Also available electronically are other databases such as Academic Search Premier, Omni File Select, Lexis-Nexis, EBSCO HostWeb, and Business Source Premier. When materials are unavailable locally, the Interlibrary Loan Department and Prospector Program is used to obtain needed materials for students and faculty from other libraries. Additionally, faculty can request materials for the library to

purchase that will enhance student learning. A DHS faculty member serves on the Library Committee who oversees and evaluates the inventory of available resources. New resource acquisition is updated on an annual basis. Library reference staff has been instrumental in orienting nursing students to the use of the library, conducting effective database searches, and accessing interlibrary loan materials. Library and informational resources are available via the Web at www.mesastate.edu/msclibrary.

MOSS PERFORMING ARTS CENTER: The Moss Performing Arts Center, named for local Mesa State College supporters John and Angie Moss, provides music, dance and theatre students with the facilities needed to let their creativity shine.   The Center, which recently underwent a $5.1 million renovation and expansion, is home to the 600-seat William S. Robinson Theatre, a 300-seat recital hall, the Walter Walker Reception Area, an experimental theatre, a design studio, numerous music practice rooms, smart technology classrooms, faculty offices and much more.

Additional renovations to the structure, adding dance studios and expanding practice area for theatre performances, are scheduled to begin this fall. This expansion project will provide even more opportunities for Mesa State students and the community. Moss is the home to the Theatre and Music Departments which offer a variety of entertainment for the campus and local community throughout the year.

REGISTRAR'S OFFICE: The Registrar's Office provides a variety of services that include registering students into classes, maintaining academic records, and certifying degree requirements for graduation. The office is responsible for processing applications for readmission to the college, as well as forms to add/drop a class, holds on registration, change of address, non-release of directory information protected by federal law, and enrollment verification for loan or insurance purposes. The office also prepares transcripts and evaluates transcripts from other institutions to determine the number of credits that will apply toward a particular degree.

TESTING CENTER: The Testing Center services include, but are not limited to, examinations required for admission to graduate and professional schools, examinations for proficiency and certification in nursing and teaching, and the credit by examination program. Assessment of academic skills in college level English and mathematics are provided through the center for potential students as well as those who already have been admitted to the college.

TUTORIAL SERVICES: The Tutorial Learning Center (TLC) provides free walk-in tutoring for a variety of courses and subjects, including writing. Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors. The primary goals of peer tutors are to create opportunities for student success.

Key Element II-C. The chief nurse administrator is academically and experientially qualified and is vested with the authority required to accomplish the mission, goals, and expected outcomes. The chief nurse administrator provides effective leadership to the nursing unit in achieving its mission, goals, and expected outcomes.

Kristine Reuss, PhD, RN is Department Head of the MSC Department of Health Sciences. Dr. Reuss has been in this position for seven years of her 32 years of experience in the field of nursing. She has held an RN License in the state of Colorado since 1977. Her academic qualifications include a BSN and MS from the University of Colorado, with a focus area of study in Community Health. Dr. Reuss earned her doctorate from the University of Colorado.

Dr. Reuss's professional experience includes nursing practice and education. After graduating with a BSN she practiced as a community health nurse. She served as a staff nurse in pediatrics, telemetry, and as a discharge planner for St. Mary's Hospital, Grand Junction, CO. Dr. Reuss's additional clinical experience includes home health, wellness coordinator, cardiac rehabilitation coordinator, and diabetes educator. She was research assistant on a nurses touch study at University of Colorado Health Sciences Center in the Bone Marrow Transplant Unit. Prior to becoming the department head of DHS she was a tenured nursing faculty member at this same institution.

Her teaching experience includes topic specialization in public health, home health, health promotion, alternative and complementary healing, spirituality, wellness, pediatrics, advanced medical surgical nursing, and psychiatric nursing. Her major accomplishments include initiating MASH Camp to recruit middle school students into health careers and pioneering the Nursing Career Ladder, development of LPN, LPN-AAS, EMT-Basic and EMT-Paramedic programs at MSC. Dr. Reuss maintains current membership in numerous local, state, and national professional organizations. A current curriculum vita for Dr. Reuss will be available in the resource room.

Key Element II-D. Faculty members are sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.

All full time, tenure track BSN faculty are either masters or doctoral preparation and are licensed to practice nursing in the state of Colorado (please see faculty profile in Appendix II-D.1). Of the twelve full time tenure or tenured track faculty, four have their PhD (nursing or education). Six have masters degrees in nursing; one individual is currently completing doctoral course work; the individual assigned to the Auto-Tutorial lab has a bachelors degree in biology and is a registered nurse. All adjunct and

part-time faculty have at least a BSN degree. An updated list of faculty (with academic preparation and continuing education activities) and current curriculum vitae will be available in the resource room.

In addition, several full- and part-time faculty members are certified in specialty areas or are advanced practice nurse practitioners. Many faculty members continue clinical practice in their specific areas of specialization. Faculty is generally able to teach in his/her areas of specialization. For example, faculty with medical-surgical and/or critical care backgrounds teaches Medical Surgical Nursing (NURS 301/301L) and Advanced Medical-Surgical Nursing (NURS 406/406L) courses; a family nurse practitioner teaches Pediatrics Nursing (NURS 315/315L); a clinical nurse specialist teaches Mental Health Nursing (NURS 313/313L).

Faculty are evaluated on an annual basis including input from the faculty member, program director, department head, and the vice president of academic affairs (please see faculty evaluation plan in Appendix I.C.2). Faculty develops a performance plan (for the upcoming academic year) each spring semester. The plan is reviewed and approved by the program director, department head, and vice president of academic affairs. Faculty evaluations and performance plans are based on scholarly activities, teaching performance, service, and student advising. Faculty has established a benchmark related to faculty evaluations: 90% of full-time faculty will receive a rating of Highly Proficient or above on their annual review. Aggregate data related to faculty evaluations will be further discussed in Standard IV and available for review in the resource room.

During the academic year several faculty provides advising to students seeking admission into the BSN program; during the summer advising is available with an appointment. Upon admission to the BSN program, each student is assigned to one of the full-time faculty who is his/her advisor throughout the curriculum. Faculty maintains a minimum of five office hours per week and tends to adopt an open door policy for additional times students have any learning needs. In addition, faculty and students frequently use the campus wide email network for enhanced and readily available communication.

Faculty remains concerned about future availability of instructors. Consequently, faculty developed an evidence-based course titled "Introduction to Clinical Education" designed to prepare individuals to become clinical nursing faculty. The program consists of a three day workshop (at no cost to the participant) providing information and skills required of an effective clinical instructor. Topics include innovative methods of teaching, learning strategies fostering critical thinking, legal and ethical issues, and approaches used when evaluating student performance. This course was developed after the program director attended an international conference to prepare nursing educators and a course in Denver to prepare clinical scholars. The MSC course was taught in summer of 2006 and 2007 with approximately 36 nurses in attendance. The overall evaluation of the workshop was very positive. The

course may be repeated if there is sufficient community interest. Workshop information will be available in the resource room.

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

Preceptors are defined as registered nurses who work with students over an extended period of time. These individuals are utilized in the final semester of the program. Preceptors must be licensed as an RN in the state of Colorado (preferably with a BSN degree), have at least one year of experience as an RN, and at least six months experience in their present position. The preceptor's role includes those of coach, teacher, facilitator, resource person and evaluator. Nurse preceptors are provided with the course syllabus including program and course objectives and outcome expectations. Preceptors begin the evaluation process with his/her assigned students; faculty contributes to the evaluation in an ongoing manner; faculty assigns final course grades based upon the evaluative process. Each preceptor receives feedback from the student and faculty member.

Use of preceptors aligns with the guidelines set forth in the Clinical Preceptor Policy. Each preceptor is evaluated by students using the Preceptor Evaluation Tool (please see Appendix I.B.2). Feedback relative to the use of preceptors will be further discussed in Standard IV. Recent preceptor evaluations will be available for review in the resource room.

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.

The college supports teaching scholarship, service, and practice within the BSN program. The *Professional Personnel Employment Handbook*, serving as the faculty handbook, specifies a normal teaching load for full-time faculty of 24 semester hours per academic year. This is usually divided equally between fall and spring semesters to equal 12 hours per semester.

In addition faculty is expected to: prepare for classes; evaluate student performance; participate in professional, community-based, campus, or program activities; advise students; complete scholarly activities; and other professional activities. Full-time faculty is expected to devote at least 40 hours per week during the academic year to meet their teaching, advising, scholarship, and service obligations.

Formal evaluation of faculty performance occurs annually and is based on four elements: teaching effectiveness, student advising, scholarly activity, and service (please see Appendix I.C.2). Faculty is encouraged to participate in each area as outlined in his/her annual professional plan. Clinical practice is encouraged and is reflected in the four elements (teaching, advising, scholarship, and service) of the performance evaluation.

Professional development monies are made available to faculty at both the college and departmental level. College level funds are available via proposal submission through the Academic Affairs office. Full-time and adjunct (.8) faculty are eligible to apply, with selection criteria based on potential professional benefits to both the individual and to MSC. In addition, faculty may request funds from the DHS budget through the department head. These funds are distributed based on the potential benefit of the activity to further develop faculty and to the department as a whole. Professional development funds may be used for professional projects, professional travel, or for tuition reimbursement. A summary file explaining the use of professional development monies will be available for review in the resource room.

The Center for Teaching and Learning offers classes supporting faculty development focusing on advancing computer technology skills to enhance teaching-learning practices. Topics include using: distance teaching platforms (Web CT, and Respondis), in-class technology (I-Clickers), plagiarism detection software (Turnitin); and Microsoft programs including Word, Power Point, and Excel. These classes are advertised through the campus email and are offered at a variety of times.

Students are admitted to the BSN program each fall and spring semester. The program has expanded significantly over the past several years. In 2002 the size of each admitted class was increased from 20-30 students. In spring 2009 36 students were accepted into Level I courses. By fall semester 2009 the size of each admitting class is expected to increase to 40 students. The volume of applications tends to approximate two applicants for every admission spot. The application process is described in detail in Appendix I.F.1.

Class sizes average between 28-40 students per lecture class and ten students per clinical group, allowing faculty to provide individualized academic support, attention, and advising to students (please see table detailing use of clinical facilities and ratios in Appendix II.F.1). Faculty allocates and spends considerable time each week providing out-of-classroom support for students through advising, tutoring, career counseling, and mentoring activities.

Faculty is encouraged and supported in participating in a variety of professional organizations and community activities including serving on advisory boards, facilitating local and regional health fairs, speaking at nursing and multidisciplinary conferences and conventions, and being actively involved in a

wide variety of professional organizations. The BSN faculty is active in membership, leadership, and support of both Nu Kappa (our local chapter) and Sigma Theta Tau International; additionally faculty is active in the Colorado Nurse's Association. For the past several summers department faculty has hosted a Mesa Academy Summer Health (MASH) camp in June. This is a fun action-packed week (cost of $50) during which local middle school students are introduced to health careers. Additionally they are able to develop basic skills common to all health careers. There are three levels of skills and activities; each incorporates new information and skills to prepare students for entering a health care field.

During June 2009 nursing faculty will offer an Intensive Care Specialty Practice Preparedness course. The course provides an overview of the collaborative and independent nature of nursing practice within critical care and emergency nursing. Commonalities of these practice areas are explored. Participants have the option of completing the course for college credit or for MSC CEUs. A summary of recent professional activities will be available for review in the resource room.

There is a college based orientation program offered each fall (prior to the beginning of the academic year) for new faculty. Each new faculty is offered the opportunity to be exposed to campus and academic resources, meet key individuals, learn communication strategies within the college, and become oriented to the physical layout of the campus. The DHS, and particularly the BSN program, supports the attendance of new faculty at a variety of educational opportunities for novice nurse educators. Recently hired faculty has attended the "Boot Camp for New Educators", the Clinical Scholars program sponsored by CCNE. Additionally, BSN faculty developed an evidence-based nurse educator orientation opportunity entitled "Nursing Introduction to Clinical Education" (NICE). This multi-day, seminar includes support for clinical teachers (includes individuals in other disciplines) has been offered several times. Topics included innovative methods of teaching, learning strategies that foster critical thinking, legal and ethical issues, and strategies for effective student evaluation. The Boot Camp and NICE have both received positive evaluations. Details of these orientation programs will be available for review in the resource room.

Standard II Summary

Strengths:
- The faculty is academically and experientially qualified; currently there are four PhD full-time faculty teaching within the program; one full-time faculty is completing her doctorate in nursing and expects to graduate in 2011.
- Currently, there is sufficient number of full-time tenured or tenure-track positions allocated to the program.

- A newly renovated and expanded teaching-learning facility with designated classrooms, learning labs, and simulation lab.

- The institution provides strong academic support services including Information Technology, Library, Academic Advising, and health/ wellness facilities.

- The program benefits from strong and consistent grant writing support and grant acquisition history.

- Monies are available for acquisition of EBI outcome assessment processes.

- There is a strong advisory board and community support in place.

- Departmental and institutional leadership are visionary.

Areas for Improvement:
- The program has experienced difficulty in recruiting and retaining doctoral prepared faculty for tenure track positions.

- With the" graying" of several nursing faculty, there exists a need for continued mentoring of younger and new faculty.

- The increase in student admission rate (Fall 2009) poses a challenge for the current number of full- and part-time faculty.

- Salaries need adjusting to attract qualified tenure track and part-time faculty.

- The increased number of part-time faculty requires ongoing mentoring for effective use of available resources.

- Faculty will need to adapt to changes brought on by budgetary restraints during current economic downturn (local, statewide, and national).

Strategies for Improvement:
- Continue educating college administration regarding faculty needs.

- Enhance recruitment, retention, and mentoring efforts of faculty.

- Evaluate measures to preserve quality of educational offerings, despite economic restraints.

- Develop flexible system for monitoring of outcomes, including, but not limited to EBI results.

- Develop effective measures to solicit donations through nursing alumni or community representatives.

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

The curriculum is developed in accordance with the mission goals, and expected outcomes of the program and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. There is congruence between teaching-learning experiences and expected outcomes. The environment for teaching, learning and evaluation of student performance fosters achievement of expected outcomes.

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

The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission, philosophy, goals, and expected student outcomes. The curriculum undergoes continuous revision (as outlined in the SEP) based on analysis of evaluation data, including Assessment Technologies Incorporated (ATI) and Educational Benchmarking (EBI) surveys. Curriculum revision involves recognition of the forces influencing professional nursing including scientific and technological advances, changing population demographics, and economic and political climates.

In fall 2003, faculty engaged in a review of the existing curriculum to determine its appropriateness for the demands of the professional nurse in a managed-care clinical environment. The impetus for this review was to reply to a state mandate limiting baccalaureate degree programs to 120 credit hours for graduation. Professional nursing programs, however, were allowed to remain above the 120 credit hour limits; thus, MSC's BSN program requires 126 credit hours (five semesters of full-time enrollment) for completion. While some courses were only slightly restructured, more significant changes occurred with the integration of geriatric nursing content and safety throughout the curriculum. In addition, a review of existing individual course content and outcome data was completed. This review revealed a gap in specific content areas students need to be successful with the state licensing examination. Thus, faculty developed Nursing Therapeutics (NURS 416) as a final semester capstone course. The purpose of this course is to summarize nursing content from the curriculum, prepare students for NCLEX-RN®, and provide a transition for entry into practice. Appendix III.A.1 describes curricular changes implemented from 2003-2008.

This self-study discusses the current curriculum and incorporates plans for future curricular revisions. The most recent review of the curriculum, as outlined in the SPE, was completed spring 2008; additional revisions were implemented during spring 2009 as faculty prepared for the upcoming

accreditation site visit. At that time the mission, philosophy, goals, and expected student learning outcomes were examined and minor revisions were completed. The Colorado State Board of Nursing requires an annual report in which curriculum revisions are noted; the board recognizes national accreditation and does not require an additional self-study or site visit for ongoing approval.   A letter from the board in September 2009 indicates the program has continuous Full Approval. Correspondence between program administration and the state board will be available for review in the resource room.

The current curriculum is innovative, progressive, and holistic. It culminates in seven expected student learning outcomes that are congruent with the programs mission, philosophy, and goals (please see Appendix I.A.1). Individual course objectives are aligned with the expected student learning outcomes. Faculty develop teaching and learning activities specific to course objectives. For example, in Advanced Medical Surgical Nursing Lab (NURS 406L) faculty includes a half-day "Student Selected Activity" where the student selects a shadowing opportunity based on individual preferences.   Students have chosen to spend clinical time with nurses involved with wound care, cardiac rehabilitation, rapid response team, infection control and acute dialysis. Students shadow these nurses, reflect upon their experience, and submit a write-up of this learning opportunity.

The mission of the BSN program is to provide a foundation for excellence in professional nursing practice. Graduates of the MSC BSN program are prepared for entry into practice to function in a caring manner within a diversity of populations in increasingly complex healthcare settings. The mission and philosophy are used to support the program's curriculum which includes upholding *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).   Additional professional nursing standards and guidelines provide a foundation for the content of each course (as described in Key Element I-A.1).

Expected student outcomes guide the curriculum enabling graduates to assume specific roles inherent in professional nursing. These roles include Provider of Care; Designer/Manager/Coordinator of care; and Member of a Profession. Faculty has accepted definitions for specific attributes inherent in each of these roles (please see Appendix I.A.4). Care is to be provided in a professional manner using compassion, critical thinking, effective communication, and assessment skills. Students are expected to incorporate ethics and patient advocacy into their evidence-based plan of care leading to improved patient status. These expectations are reflected in the faculty and student handbook, course syllabi, course objectives, and evaluation processes.

Graduates are prepared to meet the requirements for an entry-level registered professional nurse. They demonstrate cultural sensitivity and incorporate a global perspective when meeting the

needs of diverse populations. Additionally, faculty encourages graduates to appreciate the need for life-long learning. Goals and expected student learning outcomes are reviewed by the faculty to ensure consistency throughout the five semester program.   The program's goals are met through the accomplishment of expected student outcomes which include demonstrating and valuing the attributes of critical thinking, coordination of care, collaborative communication, evidence-based practice, professionalism, leadership, and professional development. Course objectives are developed and reviewed to validate congruence with overall student learning outcomes.   All course syllabi will be available for review in the resource room.

Each semester of the BSN program is referred to as a level. As students advance through the five levels, individual learning outcomes sequentially become more complex, and content increases in depth, breadth, and difficulty (please see Appendix III.A.2 for a description of courses by level). The concepts of caring, leadership, communication, critical thinking, evidence-based practice, professionalism, and life-long learning are the foundation for the curriculum. Theoretical courses focus on the development of the professional roles in nursing. Clinical courses enable students to apply theoretical content, incorporate critical thinking skills, and employ leadership and management skills while providing holistic care for individuals, families, and communities across various environments.

LEVEL I: Students begin the process of understanding professional nursing in Fundamentals of Nursing (NURS 201/201L), Health Assessment/Promotion (NURS 202/202L), Pharmacology I (NURS 203), and Nursing Theory/Foundations (NURS 204). Students are expected to acquire basic nursing knowledge and appreciate the various roles assumed by a professional nurse. Example course objectives for this semester include having the student examine the professional nurse's potential strength in various roles within the health care delivery system (Fundamentals of Nursing); identify the advocate role in assisting patients to assume greater self-care responsibility (Health Assessment/Promotion); recognize that medication safety is a complex system issue, which involves individuals, families, communities, and members of the health care team (Pharmacology I); and develop an appreciation of different types of reasoning (Nursing Theory/Foundation).

LEVEL II: Students progress to the second semester with a basic framework utilized for incorporating their evolving knowledge in Medical/Surgical Nursing (NURS 301/301L), Family Nursing (NURS 302), and Pharmacology II (NURS 304). Learners are expected to apply the nursing process with patients in acute care settings. During this semester students are also introduced to the role of a leader in Professional Development (NURS 303). Example course objectives for this semester include having the student function as a patient advocate through interaction with all health team members in the delivery of nursing care (Medical/Surgical Nursing); identify cultural considerations addressed in

administration of medications to all patients (Pharmacology II); explain how family assessment and corresponding interventions fit into the nursing process (Family Nursing); evaluate nursing practice within the domain of the ANA *Code of Ethics* (Professional Development).

LEVEL III: The third semester fosters growth toward analysis and synthesis of the elements of the nursing process, while caring for individuals dealing with issues related to Mental Health (NURS 313/313L), The Childbearing Family (NURS 314/314L), and Pediatrics (NURS 315/315L; includes children from neonates through adolescents). Example course objectives for this semester include having the student analyze the impact of psychosocial stressors affecting patient and family systems' stability throughout the lifespan (Mental Health); understand methods of enhancing the physical, psychological, social, and spiritual well-being of the childbearing family (The Childbearing Family); and identify legal, moral, and ethical issues related to the care of the child (Pediatrics).

LEVEL IV: In Community Health Nursing (NURS 403/403L) and Advanced Medical-Surgical Nursing (NURS 406/406L) students continue developing critical thinking skills; this is accomplished while they provide competent and professional care independently within complex settings. For example, students enrolled in Community Health demonstrate understanding of appropriate assessment and interventions for risk reduction from environmental health hazards and disasters in global community settings. Students in Advanced Medical-Surgical Nursing analyze the impact of stressors, which effect patient and family system's stability in complex acute care situations.

LEVEL V: Students complete the nursing program with a focus on Leadership (NURS 411/411L), Business of Health Care (NURS 415), and Nursing Therapeutics (NURS 416). Example course objectives for this level include having the student assess leadership and management concepts that are a foundation for nursing management (Leadership); investigate trends in utilization of outpatient settings for delivery of patient care (Business of Health Care); and explore and integrate transitional competencies toward becoming a competent nurse in today's society (Professional Therapeutics). Additionally, Senior Specialty (NURS 412L) affords students an opportunity to demonstrate advanced knowledge, comprehension, application, analysis, synthesis, and evaluation of requisite care. Students choose a specific setting and population for their clinical experience. Successful completion of the experience requires the student to integrate knowledge and skills from prior coursework (general education and nursing). This experience enables students to demonstrate their ability to assume increasingly complex roles while delivering safe competent nursing care.   In Nursing Research (NURS 407) the breadth of evidence-based practice is expanded through development of a research proposal. Collaborative communication is enhanced as students work together in small groups to complete all

aspects of the proposal.   Additionally growth in leadership and professional development is enhanced through presentation of a research poster presentation to community members of Sigma Theta Tau.

Note: All students must complete one nursing elective; it can be taken during Levels II-V. The faculty has developed several electives based on a careful analysis of relevant topics that maybe of interest to students. For example, Basic Concepts in Palliative Care and Forensic Science has been taught in previous semesters. Future courses being considered are Informatics, Pastoral Care, and Care of the Diabetic Patient.

Key Element III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduate. Curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes. Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduate. The curriculum incorporates knowledge and skills identified in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). This document identifies as essential for nursing liberal education, professional values, core competencies, and core knowledge to assist in professional role development. These roles include: Provider of Care, Designer/Manager/Coordinator of Care, and Professionalism and are reflected in the student learning outcomes (please see Appendix I.A.3). Faculty integrates other professional nursing standards and guidelines into specific courses (as discussed in Key Element I.A) in relation to content, identified learning objectives, and outcomes; these are identified in each course syllabus.

The components essential for a BSN curriculum are distributed within a five-semester program. The program is developed, implemented, and revised to reflect professional standards and guidelines as delineated in the SEP (please see Appendix I.B.1). Expected student outcomes reflect the AACN *Essentials* (2008) as described in Key Element I.A. The course objectives are in line with the expected student outcomes and, therefore, with the AACN *Essentials* (2008). Course content is reflective of relevant ANA *Principles for practice* (2005), *Scope and standards of practice* (2004) and *The nurse's role in promoting a culture of patient safety* (2005). All courses are taught based on the nursing process, which is in line with the ANA *Scope and standards of practice* (2004); this professional standard stresses the use of assessment, diagnosis, outcome identification, planning, implementation, and evaluation in the provision of nursing care. In addition, most nursing courses emphasize evidence-based practice and the value of knowledge derived from sound research. The Colorado Nurse Practice Act (2007), *Social*

policy statement (ANA, 2003) and *Code of ethics* (ANA, 2008) are incorporated throughout the curriculum.

The following narrative provides examples of the integration of professional nursing standards and guidelines into the expected student learning outcomes:

Liberal Education: Liberal education is gained through programmatic requirements for the BSN program (please see Appendix I.F.1). The program is community-focused with an integration of knowledge from the humanities, arts, mathematics (college algebra and statistics) social, behavioral, and basic sciences (anatomy and physiology, pathophysiology) into the nursing curriculum providing a solid foundation for the development of clinical judgment skills. This foundation provides the impetus for students to enter into caring relationships designed to enhance the integrity, dignity, and worth of individuals. These relationships are characterized by nurse-patient interactions grounded upon ethical, moral, legal, and humanistic principles. Acceptance into the program is accomplished only after the student completes the general education requirements (34 credits), kinesiology (3 credits) and prerequisite, core, and degree distinction credits (19 credits).

Upon admission into the program students begin five semesters of nursing theory and clinical course work. The program's mission, philosophy, goals, and expected student learning outcomes are evident in didactic and clinical objectives. Each nursing course incorporates one or more of the components emphasized in professional nursing standards and guidelines in a sequential, simple to complex fashion. Thus, concepts are initially presented at a basic level; as the student progresses through the curriculum the required depth of analysis is enhanced.   Appendix III.B.1 illustrates the progression of content (enhancing depth of analysis with each subsequent level of coursework) with use of the concept of "safety".

Students enter the program in their sophomore year and complete four introductory nursing courses. They learn about theory and professional ethics, physical assessment, pharmacology, and how to provide basic nursing care to individuals using the nursing process. A liberal education background is needed to facilitate the development of cultural sensitivity and compassion in the students, as well as to promote critical thinking and sound decision-making skills. As students progress through the curriculum they continue to learn about ethics as applied to practice, about relating findings of nursing research to nursing practice, and about providing comprehensive holistic care to individual patients across the life span. Experience is gained in inpatient and outpatient settings using the nursing process. In the junior year the student's array of nursing care is broadened to include mental health, obstetrics, and pediatric experiences. During their senior year students gain experiences in critical care and community settings. They learn to demonstrate responsibility and accountability to individuals, families, and society at large.

In addition, they are expected to exhibit leadership skills in planning, managing, and evaluating the care of patients. Ethical, social, and political issues affecting the healthcare system in the United States are integrated into Business of Health Care (NURS 415). Nursing Research (NURS 407) prepares students to appraise and use appropriate evidence-based practice research findings from nursing and related fields in nursing practice. Graduates are expected to function as nurse generalists who provide professional safe care in a variety of health care settings.

PROFESSIONAL VALUES: Professional values such as **caring**, **altruism**, **autonomy**, **human dignity**, **integrity**, and **social justice** are presented and discussed throughout the curriculum; these values are included in the mission, philosophy, goals, and expected student outcomes. Individual course objectives related to professional values are introduced in the first level courses and are evaluated throughout the five semesters of didactic and clinical coursework. For example, in Theoretical Foundations (NURS 204) students are provided with an opportunity to transfer their knowledge from general education courses to a study of the foundations of nursing practice. Students research various nurse theorists and apply the theories to their clinical practice area while in Fundamentals of Nursing (NURS 201/201L). Subsequently, in Senior Specialty (NURS 412L) students present (to faculty and peers) a detailed case study describing a clinical experience; a required component of the presentation is the integration of nursing theory as support for the nursing interventions provided to this individual and/or family.

CORE COMPETENCIES: The core competencies of critical thinking, communication, assessment and technical skills are taught and evaluated throughout all five levels of the curriculum. They are evident in expected student learning outcomes, course syllabi, and clinical evaluation processes.

Critical thinking is evaluated through the use of case studies, simulation scenarios, and journaling. For example, in Pharmacology II (NURS 304) students assess their ability to teach patients about therapeutic actions and potential side-effects of commonly prescribed medications. In The Childbearing Family (NURS 314/314L) students discuss the expected normal adjustments of the woman, newborn, and family to pregnancy. During Business of Health Care (NURS 415) students examine American health care delivery systems as they impact safe delivery and practice patterns.

Communication is taught beginning in Level I and is systematically enhanced and evaluated in all subsequent levels. It is stressed with individual and group presentations occurring in didactic and clinical experiences. For example, during Professional Development (NURS 303) students discuss communication barriers within the nursing team, including the impact of nurse hostility on patient and nurse safety. While in Mental Health (NURS 313/313L) students collaborate with patient, families, and interdisciplinary health teams to provide continuity of care. Subsequently in Nursing Therapeutics

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(NURS 416) students enhance their understanding of communication skills (i.e. delivering bad news, critical incident debriefing, and the organ donation process at end-of-life).

Assessment of individuals, families, communities, and groups is incorporated throughout the curriculum.   While in Pharmacology II (NURS 304) students relate significant patient assessments with specific medication regimens.   Subsequently in Pediatrics (NURS 315/315L) students correlate pathophysiology with evidence of dysfunction, assessment, and nursing management of the more common health related problems of infants, toddlers, school-age children, and adolescents. While completing Advanced Medical-Surgical Nursing (NURS 406/406L) students assess patients to determine the appropriate interventions needed for stabilization of acute and critical health care issues.

Technical skills are taught beginning in Level I in the Auto-Tutorial Lab (ATL) and are integrated into each clinical course. Course specific skills are taught and evaluated, both in the ATL and in the external clinical placements. For example, Health Assessment (NURS 202/202L) focuses on the synthesis of nursing, biological, psychological, and socio-cultural knowledge and theories as they apply to the findings obtained in the comprehensive health assessment of individuals of various ages. During Advanced Medical/Surgical Nursing (NURS 406/406L) students are expected to appreciate the complexity involved when providing safe proficient care to patients in critical care settings.

CORE KNOWLEDGE: Core knowledge includes Health Promotion, Risk Reduction, Disease Prevention, Illness and Disease Management, Information and Health Care Technologies, Global Health Care, Health Care Systems and Policy, and Ethics and Human Diversity. Students enhance their level of analysis for each element as they progress through the curriculum. The elements are evident in expected student learning outcomes, course syllabi, and clinical evaluation processes.

Health Promotion: During the first semester in Health Assessment (NURS 202/202L) students focus on the assessment of health and illness in adults of all ages.   In Community Health Nursing (NURS 403/403L) student examine protective and predictive factors influencing the health status of individuals, families, groups, communities, and populations. In Nursing Research (NURS 407) students analyze examples of outcomes research to assess health promotion, health care delivery, and therapeutic nursing interventions. Students are divided into groups based on research topics; they write a research proposal and develop a poster depicting their findings and present them to faculty and peers.

Risk Reduction: While in Nursing Fundamentals (NURS 201/201L) students examine the professional nurse's potential impact upon a patient's level of well-being. During Level III students in The Childbearing Family (NURS 314/314L) examine the impact of stressors effecting the stability and well-being of the mother, father, and infant. While completing Community Health (NURS 403/403L)

students identify selected high-risk populations within the community and appropriate community/public health nursing interventions directed at these groups.

Disease Prevention across the lifespan is discussed in each theory course with a laboratory/clinical component.   For example, in Nursing Fundamentals (NURS 201/201L) students relate the impact of selected experiences to the individual's level of health. During Community Health Nursing (NURS 403/403L) students develop an intervention plan taking into account determinants of health, available resources, and activities contributing to health, and the prevention of illness, injury, disability, and premature death for an assigned population.

Illness and Disease Management is taught in each semester of the program. During clinical experiences students explore illness and disease management provided in hospitals, clinics, and community settings. In Level I the student's explore the delivery of nursing care in acute and long-term care settings. In Level II the students' clinical focus is acute care and the integration of family concepts across the life span. Additionally students learn about nursing as a profession. In Level III, students are taught the specialties of Mental Health (NURS 313/313L), Childbearing Family (NURS 314/314L), and Pediatrics (NURS 315/315L). During Level IV, students return to the acute care arena in Advanced Medical Surgical Nursing (NURS 406/406L) with a focal point of caring for patients in critical care areas. During Level V students complete Senior Specialty (NURS 412L; this course provides an extended clinical experience (in an area of one's own choosing). The rotation mirrors the requirements of a graduate nurse's work experience. A student must complete a thorough assessment of a patient's illness and disease management needs, deliver nursing care as indicated, and evaluate the overall effectiveness of the plan of care. Typically the student meets with family members and collaborates with other health care providers.

Information and Health Care Technologies, **Global Health Care**, **Health Care Systems and Policy** are taught throughout the levels. For example, in Leadership (NURS 411/411L) students focus on the role of the nurse as a leader and manager. In Business of Health Care (NURS 415) students appraise socio-economic factors as they challenge the health care professional's ability to provide quality care. Additionally, throughout the program faculty incorporates a variety of simulation experiences allowing students opportunities to enhance their clinical skills and to encounter patient situations they might not necessarily get otherwise. Further, students are exposed to electronic charting in various health care settings throughout their clinical rotations.

Ethics and Human Diversity is incorporated throughout the curriculum, both in didactic and clinical courses. *The Code of Ethics for Nurses with Interpretive Statements* (ANA, 2005) is the basis for lecture, discussion, and analysis regarding these concepts.   Cultural awareness is infused in all course

materials. Discussion of case studies is included in theory courses. For example, in Foundations of Professional Nursing (NURS 204) students explore ethics and values as they relate to professional nursing. Students become aware of the stigma surrounding mental illness in Mental Health (NURS 313/313L). Clinical experiences, as available, are designed to provide the opportunity for caring for a diversity of patients.

PROVIDER OF CARE, DESIGNER/MANAGER/COORDINATOR OF CARE, and MEMBER OF A PROFESSION: Role development is conceptualized as a process.   In each level of coursework student behaviors consistent with the roles inherent in professional nursing standards are identified. Evaluation criteria for these behaviors are incorporated into written assignments, examinations, critical thinking scenarios, clinical practice experience, and clinical evaluation processes. Students are encouraged to consider the roles of other health care providers and to work in a collaborative manner with these individuals. The insight and value of this understanding influences students' perceptions of and appreciation for emerging interdisciplinary health care systems.

ANA's *Principles for Practice* (2005); ANA's *Nursing: Scope and Standards of Practice* (2004), the ANA's *Nursing's Social Policy Statement* (2003), and the Colorado Board of Nursing's Nurse Practice Act are incorporated throughout the program. These professional standards are represented in the program's description of professional nursing roles:

Provider of care: directs nursing care for patients at various developmental levels in a variety of settings. The provider of care role incorporates the nursing process, therapeutic communication, and the establishment of caring relationships; involves attending to the physical, psychosocial, cultural, and spiritual needs of the patient.

Designer/manager/coordinator of care: involves planning nursing care for a group of patients by prioritizing care, and through the delegation and supervision of other nursing personnel. The manager of care role necessitates provision of care to a group of patients through planning, prioritizing, and offering cost effective quality care implemented directly by an individual, or through delegation to other health care personnel. This role includes client advocacy and collaboration with other health professionals.

Member of a profession: As a member of the nursing profession, the individual demonstrates professional, ethical, and legal nursing practice. Transcultural sensitivity and the ability to communicate effectively are inherent in the roles.

NOTE: Throughout the curriculum students have opportunities to incorporate professional standards in their clinical experiences and are encouraged to be life-long learners. Clearly stated role development expectations communicated through course objectives directs the students' activities and behavior. For

example, during Level V students complete Senior Specialty (NURS 412L). This is a precepted clinical course in which students are able to become designers, managers, and coordinators of nursing care within designated clinical environments. They are encouraged to consider the roles of other health care providers and to work collaboratively with them.

Key Element III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes. The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.

The BSN curriculum builds upon a foundation of the arts, sciences, and humanities (*MSC Catalog*, 2009-2010, p. 141-144). It is logically structured affording students opportunities to meet expected individual and aggregate student outcomes. MSC's general education requirements and program specific requirements are designed to promote the students' intellectual, personal, ethical, cultural, and professional development. These requirements provide a broad base of knowledge to support the nursing curriculum. Several of these courses (i.e. General Psychology, Human Growth and Development, Anatomy and Physiology, Pathophysiology) provide the necessary foundation for assessing a patient's health care needs.

Content objectives become increasingly complex as the student moves through individual courses and to subsequent semesters (please see Appendix III.A.2 for a description of each nursing course). Throughout the program students are expected to integrate what they are learning about professional nursing with a solid foundation of science, mathematics, arts, and humanities. The curriculum begins with assessment of the individual, expands to care of the family, and in the senior year encompasses care of the community. During level I nursing concepts are introduced at a basic (simple) level of knowledge emphasizing health and wellness concepts. Students are expected to comprehend the basic concepts, principles, and theories of professional nursing, health assessment and promotion, as well as an introduction to pharmacology; this is accomplished while working with relatively stable patients in acute and long-term care settings. Subsequent courses focus on the illness and restorative aspects of nursing care within acute care and community-based settings. In addition, students are provided opportunities to examine ethical, political, and economic factors influencing the discipline of nursing. In their senior year students take Nursing Research (NURS 407). This course encourages them to appreciate research as a foundation for evidence-based practice. In Leadership (NURS 411/411L) students analyze various clinical management issues common in health care environments. Senior Specialty (NURS 412L) and Nursing Therapeutics (NURS 416) allows faculty to evaluate a student's ability to synthesize previous concepts within the curriculum.

Faculty utilizes ATI standardized examinations as a comprehensive assessment of a student's abilities to accomplish course objectives. This process is utilized to enhance student's understanding of program content and ability to successfully pass NCLEX-RN®. Students are introduced to ATI through use of the Test of Essential Academic Skills (TEAS) exam which is used to predict the academic readiness of applicants prior to admission into the program. Additionally, at each level students complete one or more of the Content Mastery Series. This process provides an assessment and review of nursing specialty areas: Fundamentals, Nutrition, Critical Thinking, Medical-Surgical, Pharmacology, Maternal-Newborn, Nursing Care of Children, Mental Health, Community Health, Leadership and Management. Proctored exams are administered toward the end of the semester in each content mastery area; faculty has determined the amount of credit to be awarded in a theory course for completing the ATI examination at the designated benchmark. Students who do not meet the designated benchmark must take the non-proctored examination after remediation until they achieve the designated benchmark. At the completion of their final semester of coursework students must successfully pass the ATI RN Comprehensive Predictor. Outcome data related to the use of ATI testing will be available in the resource room and is further discussed in Standard IV.

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

Teaching learning practices and environments of the program continue to optimally support the achievement of expected individual student learning outcomes. They are congruent with the program's mission, philosophy, goals, and expected student outcomes. Faculty believes learning is a continuous process involving development of new insights. It is hoped that with an enhanced understanding behavioral changes will occur. Didactic courses are conducted in environments supporting the successful achievement of expected student learning outcomes. Theory courses are taught in newly remodeled smart classrooms where technology and media capabilities enhance the delivery of lecture and group discussion. Most theory-based courses include a maximum of 30-40 students. This is dependent on which semester a student enrolled in the program; students move as a cohort though the curricula contributing toward opportunities to enhance peer support.

Clinical environments are selected, and evaluated, for their ability to foster the students' understanding of professional standards and guidelines relevant to each area of nursing specialty practice. Enrollments in clinical nursing labs are small with faculty-student ratios of 1:10. This ratio is supported by the Colorado State Board of Nursing. The program maintains contracts with 79 agencies providing opportunities for a variety of learning experiences. These agencies are diverse in scope and

complexity and cover the spectrum of available health care practice environments. Clinical agencies generally welcome students and are supportive of their learning requirements. MSC graduates comprise a high percentage of health care staff throughout the area and, as such, are familiar with the curriculum and faculty; their knowledge of student learning needs strengthens student clinical experiences. Clinical contracts will be available for review in the resource room.

Learning is sequenced allowing students opportunities to grasp concepts in the classroom setting and apply them when providing care in the clinical setting. For example, students in Nursing Fundamentals (NURS 201/201L) demonstrate use of the nursing process in providing care to assist a diverse group of individuals with their basic needs. During Medical-Surgical Nursing (NURS 301/301L) students are expected to demonstrate basic nursing care skills, including history taking, physical examination, and drug administration in the care of the adult patient. Subsequently in Advanced Medical-Surgical Nursing (NURS 406/406L) students analyze the impact of stressors affecting patients and participate in the delivery of care to patients and their families.

Faculty is sensitive to the varied learning styles and needs of students and utilizes multimodal teaching-learning strategies in an assortment of environments. These multimodal strategies include traditional lecture, case study, small group and large group activities, online exercises, Web CT classes, guest lecturers, student presentations, journaling, and poster presentations. Additionally faculty uses I-Clickers to promote dialog in the classroom setting. During each BSN faculty meeting a specified period of time is allotted for discussion of teaching-learning practices. Faculty provides input to one another and student issues are examined when necessary. Minutes from all faculty meetings will be available in the resource room.

All faculty offices have desktop computers, and several laptops are available for faculty to check out. Faculty who chooses to use a Portable Digital Assistance (PDA) device is provided with one to facilitate student learning. Common software is available on the computer network for faculty and student use. In addition, software specific to the nursing program is available on nursing lab computers in the ATL. An assessment of the current library holdings (books, journals, DVD, video, databases) reveals adequate reference materials are available for use by students and faculty. The library staff has been instrumental in orienting nursing students to the use of the library. The staff is also available to assist with completing effective database searches and accessing interlibrary loan materials. Additional learning resources are available to students in the three local medical libraries.

The newly remodeled ATL-Simulation Lab is an exceptional environment in which to achieve expected individual student learning outcomes as it provides opportunities to engage in realistic patient scenarios. These simulation experiences require students to develop critical thinking skills used during

application of the nursing process. For example, in Medical-Surgical Nursing (NURS 301/301L) faculty incorporates a day where three students attend a clinical in the Simulation lab. They receive a scenario in conjunction with the theory class integrating fundamentals procedures and skills with an emphasis on patient safety. Using a rubric form specific for the scenario, the students are evaluated on their skills, knowledge, and communication during the simulation. Students must formulate a nursing diagnosis, complete a concept map, focus charting, and graphically chart vital signs. Students complete an evaluation of their experience. Additionally, beginning the sixth week of clinical ten students per rotation attend a "rodeo" where, with the use of high and low fidelity manikins, they are presented with different clinical scenarios. They are to manage the clinical situation under the observation of clinical faculty.   Students are expected to develop a plan of care (including math computations, documentation, and emergency protocols) for a variety of patients. Scenarios include management of a patient with respiratory distress, tracheotomy, insulin shock, NG medication administration, urinary cauterization (male and female), and CPR.   Faculty concludes this experience with a discussion of the correct plan of care so students can evaluate their level of understanding. Examples of simulation experiences and corresponding evaluative processes will be available in the resource room.

Teaching-learning practices are evaluated according to the SEP; further discussion of outcome data is included in Standard IV. For example, students provide feedback using short questionnaires assessing teaching practices, course materials, and clinical experiences; an individual's responses remain anonymous as students use I-clickers to input their data. During this process students are afforded an opportunity to offer written comments; the comments are compiled by administrative assistants and a summary provided to the appropriate faculty. Additionally, the EBI Undergraduate Nursing Education Exit Assessment is given to students who are completing their nursing courses. This assessment tool asks students to rate their classroom and practicum experiences (instructor and facility). Various aspects of teaching (i.e. feedback on assignments, accessibility of faculty, faculty responsiveness to student concerns, and the extent to which their senior practicum experience is built upon the foundation laid in previous courses) are appraised. Data from all assessment processes is discussed during various faculty meetings. Evaluative data and minutes from faculty meetings will be available in the resource room.

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

The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest. The program's community of interest encompasses the residents of

Colorado (specifically the Western slope), individuals involved with the MSC campus, regional employers and health care affiliates, professional organizations, students, and faculty. The interests of the state and general populace are implemented through curricular components mandated by statute and monitored by the Colorado State Board of Nursing; the program maintains ongoing approval by the board. Continued approval is contingent upon ongoing accreditation through the Commission on Collegiate Nursing Education accreditation processes.

Consideration of the needs and expectations of the citizens of the Western slope is evidenced most readily in the external clinical placement assignments. The health care needs of area residents impacted by the college are diverse. Grand Junction, which is surrounded by a vast rural area, has a relatively mild climate which is attractive to many retirees. The area in-patient hospital settings reflect higher acuity levels than in the past, thus requiring nurses to assume greater clinical responsibilities. There is an increased emphasis placed on meeting the health care needs of individuals outside of the acute care setting. This is a result of an increasingly informed public seeking other health promotion knowledge focusing on prevention of illness and/or injury.

Expected student outcomes are achieved through a variety of clinical experiences allowing students to apply the nursing process in the care of their patients across the lifespan. The program enjoys a beneficial relationship with its clinical agencies providing for an ongoing informal flow of information between faculty and agency personnel. Students are generally well received in agency clinical settings. The faculty seeks input from the clinical agencies in a variety of ways, both formal and informal. Feedback from local acute care agencies that employ MSC graduates is generally very positive. In addition, skilled nursing facilities, public health care agencies, and other clinical facilities support students by hiring them as nursing aides or externs while in the program. A number of graduates remain on the Western slope and find employment within these clinical settings. As mentioned earlier, numerous staff members with whom current students interact are themselves graduates of the program.

Students are involved in assessing needs, formulating nursing care plans, and implementing such plans in a variety of settings, including on-campus activities. Unique opportunities are made available for students to achieve a professional level of understanding of the nursing roles. For example, students participate in health fairs, prostate screening, and flu clinics. They serve meals and complete health examinations at the local soup kitchen, Catholic Outreach, Well-oldster clinics at senior resident homes, and Livewell, a county wide health promotion/disease prevention program. Additionally, each fall students in Community Health (NURS 403/403L) assist the school district in completing audio-visual screenings for students throughout the valley. Working in collaboration with

the district nurses, students have efficiently and effectively completed the mandated screening within the allotted time frame. Based on student feedback, it is evident these opportunities provide a meaningful opportunity to meet the health care needs for residents in Western Colorado.

The program fosters excellence in nursing scholarship and practice through its Sigma Theta Tau International, Nu Kappa chapter activities. The Student Nurses Association (guided by a faculty advisor) has been regularly involved with numerous service activities such as providing blood pressure screenings and blood draws at area health fairs and during on-campus events. The program's advisory committee (NEAC) includes representatives in health care, business, and other professional entities. The committee meets each semester to discuss current program issues and items of interest occurring within the state or on the Western slope. The ability of the program to consider the needs of the community of interest is discussed during each meeting. A formal survey is distributed each spring. This tool affords committee members an opportunity to express their views regarding the program's ability to meet the needs of the community of interest. Feedback from the committee and minutes from NEAC meetings will be available in the resource room.

The ability of the program to meet the needs of faculty and students is evaluated informally on an ongoing basis. For example, the president of the college maintains an office hour each week during which any faculty or student can introduce a topic of concern or interest. Further, faculty senate meetings are open to any faculty member who, at that time, can introduce a topic for exploration and subsequent discussion. Across campus, within the department, and as a program faculty are collegial with one another and remain supportive of each individual's professional goals and aspirations. Students express they are comfortable approaching the faculty should a need arise. They may voice their teaching-learning needs and concerns formally to faculty during faculty meetings and informally through one-on-one faculty-student discussions. In addition, students are provided with access to a variety of support services should they experience academic difficulties.

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

Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. The program uses numerous methods of evaluation that provide information on individual student performance. Evaluation policies and procedures for individual student performance are defined and consistently applied. Students are aware of these expectations as they are explained in the Grading Policy included in the Student Handbook and course syllabi (please see

Appendix I.F.5). The policy reviews grading for both clinical performance as well as didactic work. Each level of courses builds on the achievement of knowledge gained during the previous semester's experiences. Students are required to apply the knowledge gained at one level to subsequent levels.

Faculty annually review grading criteria to ensure they are clearly defined for each course, communicated to students, and applied consistently and in compliance with college policy. Grading criteria differs from other programs on campus (please see Key Element I-F); it is noted in all course syllabi. Students much achieve a C or higher in each nursing course. Faculty believes a more stringent grading criterion is needed to assess proficiency in providing safe competent nursing care to a diversity of patients. Additionally, faculty is cognizant of the relationship between course grades and a student's success in passing NCLEX-RN®.

Students in clinical receive ongoing formative feedback and are summatively evaluated formally at the end of each semester. There is a generic clinical evaluation template that can be customized to various clinical settings.   For example, students are expected to perform with a certain level of independence relative to their level of progression in the program; thus their ability to perform care in an independent manner will change (as will the corresponding numerical indicator) as the student progresses through the program levels.   Additionally, certain clinical experiences are preceptored and in these instances different forms are used to evaluate student performance. For example, students in Leadership (NURS 411/411L) and Senior Specialty (NURS 412L) work one-on-one with a preceptor. Preceptors responsible for a particular student complete a faculty-developed evaluation tool for each student. The information provided by each preceptor is incorporated into the final course grade. Beginning spring 2009 students complete an evaluation of his/her preceptor at the end of the clinical experience. The evaluations are reviewed by faculty, feedback is provided to the preceptor, and a decision is made whether or not to continue assigning students to that particular individual. A file containing the preceptor evaluations and summary data will be available in the resource room.

At each level of the program, students take an appropriate ATI test for that level content. Benchmarks for each test are established and a percentage of the course grade reflects the ATI test results. Students have the opportunity to practice with online tests during the course prior to taking the proctored test. At Level V, students must achieve a passing score on the final Comprehensive Predictor Test.

Additionally, in 2008 the program began utilizing the AACN/EBI Undergraduate Nursing Education Exit Assessment survey. This survey enables all criteria from the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) to be evaluated by exiting seniors and alumni. Six comparable nursing programs were selected for comparisons. These schools included five schools in

Colorado (Colorado State University in Pueblo, Metropolitan State College, Platte College, University of Colorado, and Regis University) and Northern Arizona University.   Results have been evaluated by the faculty and specific items from the report will be targeted over the academic next year.

Overall program effectiveness, facilities and administration, technical skills, and core knowledge was consistently ranked higher than the mean when compared to the six comparison schools, the Carnegie Class, and comparison to all other institutions. Role development and professional values were consistently below the mean in all the above comparisons. These areas continue to be formally reviewed by faculty in a desire to incorporate needed content to meet the identified student learning outcomes. These items and the corresponding aggregate data are further reviewed in Standard IV.

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

Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.   This is completed according to the SEP. During faculty meetings there is time set aside to discuss the curriculum; any items regarding the program are brought forward at that time. These discussions ensure consistency among faculty regarding teaching-learning practices. Evaluation processes and collected data are also reviewed at these meetings. Subsequent curricular changes are explored and implemented when deemed appropriate. Examples of changes that have been implemented to foster ongoing improvement can be found in Appendix III.A.1.

Standard III Summary

Strengths:
- The curriculum is logically organized. The program prepares competent nurse generalists in accordance with the program's mission, philosophy, goals, expected student outcomes, and professional nursing standards and guidelines.
- Faculty utilizes a variety of teaching-learning strategies. An active learning environment is created to address multiple learning styles.
- Faculty is involved in the development, evaluation, and revision of the curriculum. They are committed to assuring that changes are relevant and appropriate for student learning.
- Clear statements of expected student learning outcomes are found in the course syllabi. These outcomes are formally evaluated (according to the SEP) for relevancy and fit with national standards and current nursing practice.
- Students are afforded excellent opportunities to develop clinical skills.

- There are adequate clinical sites for the program providing a variety of learning experiences.
- Simulation equipment is available to assist students in gaining the experience necessary for providing safe competent nursing care.

Areas for Improvement:

- Faculty currency regarding the use of evidence-based teaching practices is an assumption needing formal assessment.
- Faculty needs to formally examine each course in relation to *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

Strategies for Improvement:

- Implement Boyer's model of scholarship; this will afford faculty increased opportunities to assess their teaching-learning practices.
- Map course content in relation to *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

STANDARD IV. PROGRAM EFFECTIVENSS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

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

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

Surveys and other data sources are used to collect information about student, alumni and employer satisfaction, and demonstrated achievements of graduates. By including multiple assessment mechanisms, evaluation processes, and various data sources faculty has a comprehensive systematic method for evaluating the program. Faculty continues to explore additional methods of collecting evaluative data affording opportunities for curricular revision.

Knowledge regarding the effectiveness of the BSN program is derived from the program's evaluation plan or SEP (please see Appendix I.B.1). The SEP facilitates the systematic review of all aspects of the curriculum. Since the last major curriculum revision (spring 2003) surveys and other data sources have been used to collect information from ongoing students, graduating seniors, and other communities of interest regarding program satisfaction. Additionally, alumni share their thoughts regarding current professional roles and desire to enroll in advanced education offerings.

Each survey or data collection tool includes common response questions allowing for the tracking of trends and patterns. Additionally, the processes incorporate an open-ended comment section; written comments are summarized by administrative assistants to protect student confidentiality. Aggregate data is summarized and used to evaluate program effectiveness (see Table IV.A.1). Summaries of the aggregate and narrative data are reviewed by faculty and become a base for curriculum revision. Further, summaries are reported college-wide and incorporated into various enhancement activities through MSC's institutional effectiveness plan. Faculty is exploring current evaluation procedures to streamline the processes.

Table IV.A.1 Formal Data Collection Processes

DATA	PROCESSES	TIME FRAME
Current Students	• Course Evaluation (includes instructor) • Clinical Instructor • Clinical Facility • ATI testing	Courses/faculty are evaluated at the conclusion of each semester Clinical facilities are evaluated on a rotating basis ATI testing is incorporated into each course
Graduating Seniors	• Senior Exit Satisfaction Survey (EBI) • ATI NCLEX©-RN Comprehensive Predictor • Graduation rates	Conclusion of each semester
NCLEX-RN® Pass Rates	• First time writers	Upon receipt of report from Colorado State Board of Nursing
Graduate Employment Rate	• Ongoing	Upon hearing of employment; Survey Monkey and Face Book are used to locate and obtain data from graduates
Alumni Satisfaction	• EBI Survey	Initially this was done annually using EBI; as of fall 2009 data will be collected every two-three years
Employer Satisfaction	• EBI Survey • NEAC	Annually

NOTE: Aggregate data and corresponding summaries for each process will be available in the resource room.

STUDENT SATISFACTION DATA:

Students respond to a standardized campus-wide evaluation form. This form, comprised of common response questions, assesses teaching-learning practices for each course. Additionally, students provide feedback related to clinical agencies and their clinical experiences using a department specific form.   Summaries of data collected prior to fall 2008 will be available in the resource room; corresponding curricular revisions will also be provided.

Current students are surveyed at several points during their enrollment in the program. In addition to campus-wide evaluation forms a short questionnaire was implemented beginning fall 2008. This form was developed specifically to obtain quality data that reflects student's perception of self-growth in relation to the expected student outcomes. This survey consists of seven questions (please see Appendix IV.A.1). An administrative assistant visits each class and completes the survey process. Items are posted on a screen in the form of a PowerPoint slide presentation; students indicate their response using I-clicker computerized software. The program director and administrative assistant compile the results and share these with each faculty. Additionally, the program director and department head discuss the results of student feedback with faculty during his/her annual performance evaluation. Results of evaluative processes are shared and discussed, as deemed appropriate, in faculty meetings. All survey forms will be available in the resource room.

Midway through a semester faculty encourages students to provide feedback using personalized tools. For example in Mental Health (NURS 313/313L) students are asked to identify what is working, what is not working, and what could be implemented to improve their learning experience. Data collection is completed midway into each semester using a faculty-developed course evaluation questionnaire and open-ended comment formatting. Further, ongoing feedback is obtained during clinical post-conferences as faculty invites students to evaluate their current experiences in various mental health clinical settings.

Simulation Lab: At various points throughout the program faculty utilize simulation equipment as a method of assessing student comprehension of theory and/or skills. Faculty is aware students wish to utilize simulation equipment more frequently. The Colorado State Board of Nursing recently approved an increase in simulation experiences from 15% to 25% of the clinical hours for each clinical course. The recent move to Saunders Field House affords additional laboratory space allowing this request to be addressed (within State Board stipulations). In Medical Surgical Nursing (NURS 301/301L) specific critical outcomes are documented and students are evaluated by faculty on their performance in meeting these outcomes. In Pediatric Nursing (NURS 315/315L) faculty uses simulation equipment to assess student achievement when the student has received a one (indicating a need for performance improvement) in his/her current pediatric clinical. Currently, the emphasis is on meningitis and asthma; further scenarios are being developed. Written feedback is provided and placed in the student's file. In Advanced Medical Surgical Nursing (NURS 406/406L) faculty utilizes simulation equipment for experiential learning. For example, students participate in a simulated cardiac arrest situation with the goal of enhancing knowledge and skills. Appropriate feedback is provided after the experience.

PROGRAM GRADUATE SATISFACTION DATA:

Prior to 2007-2008 graduates were surveyed at the completion of their final semester of coursework using department specific evaluation forms; data were summarized by the Institutional Research department.   Satisfaction of program graduates is also now being obtained with the AACN/EBI Undergraduate Nursing Education Exit Satisfaction Survey (EBI). This tool is administered each year to students who have completed all nursing courses.   Data from schools using EBI suggest this methodology reveals absolute and relative strengths and potential weaknesses of a nursing program, and helps to define ways to improve on the issues highlighted in the data analysis. During faculty meetings, faculty review exit assessment responses and identify areas for program improvement. This assessment is also used to collect feedback from program alumni. Aggregate data from all EBI survey processes and corresponding curricular modifications will be available in the resource room.

ALUMNI SATISFACTION DATA:

The office of Alumni Relations obtains satisfaction data using online surveys. Questionnaires address personal and professional growth, future educational goals, changes in job responsibilities and compensation, professional achievements, and overall program satisfaction. Alumni are also requested to complete the EBI assessment tool; initially this was done annually but now will be utilized every two-three years. A summary of collected data will be available in the resource room.

DEMONSTRATED ACHIEVEMENT OF GRADUATES:

The graduate surveys mentioned previously provide a mechanism for tracking demonstrated achievement of graduates. Media Relations also tracks notices of student and graduate achievements in area publications. Additionally faculty has access to numerous program graduates who work in local clinical facilities; thus, there is an ongoing source for learning of graduate achievements. A summary of collected data will be available in the resource room.

EMPLOYER SATISFACTION DATA:

Feedback from employers is collected both formally and informally. At each advisory committee meeting, members are invited to provide comments on graduates working at his/her clinical facility. As many committee members represent employers or have other community contacts this is a valuable source of ongoing feedback.   A formal survey is distributed to committee members annually at the spring meeting. Additionally, faculty solicits feedback from clinical agency staff while supervising students in the various facilities. Follow-up phone calls and emails are used to maximize the response rate from employers. The department head recently utilized Survey Monkey to obtain formal feedback

from several employers. In general, feedback demonstrates employers are very satisfied with graduates of the program. A summary of collected data will be available in the resource room.

NCLEX-RN® PASS RATE:

NCLEX-RN® pass rates are reviewed when they are distributed from the Colorado State Board of Nursing. Additionally, faculty uses ATI standardized exams to retrieve student performance evaluation information. The rationale for utilizing these tests is they are predictive of one's likelihood of passing the state board examination. Faculty attended ATI work sessions to increase the effective use of this testing program within each course. A decision was made to incorporate formal testing within each course where a relevant ATI test is available. The student's ATI score is included in the final didactic course grade. Required ATI achievement scores are based on national norms and communicate to students their comprehension of nursing knowledge and ability to successfully pass the licensure exam. For example, in Leadership (NURS 411) ATI test results account for 10% of the student's final course grade. A file containing NCLEX-RN® results will be available in the resource room.

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

Aggregate student outcome data are analyzed and compared with expected student outcomes. Faculty has determined benchmarks for each method of assessment (please see the program SEP included in Appendix I.B.1). After data are gathered and analyzed, faculty discusses the results in faculty meetings. Discussions focus on program strengths, perceived weaknesses in meeting expected student outcomes, and strategies to improve program effectiveness. Faculty recognizes evaluation is a continuous process which results in program improvement.

As previously noted, course evaluations are given to students at the conclusion of each semester. These evaluations assess student achievement of objectives and provide valuable information regarding the effectiveness of current teaching/learning practices and satisfaction with course materials. Faculty meets at the beginning and conclusion of each semester to discuss the course evaluations, note positive and negative comments, and develop strategies for improvement in each course. Course evaluation materials and data from all assessment tools will be available in the resource room.

ATI TESTING:

One method of student outcomes assessment includes formative and summative evaluations of students through the use of Assessment Technologies Institute, LLC (ATI). Students initially take the Test

of Essential Academic Skills (TEAS) as part of their application to the nursing program. Once the student is admitted, the progression of testing includes entrance screening, critical thinking, clinical content mastery, and NCLEX-RN® preparation.

Tests are administered at each level with the purpose of preparing students for the licensing exam by systematically and progressively strengthening their knowledge throughout the program (please see Table IV.B.1). The formative exams have been designed to increase pass scores on NCLEX-RN® and lower program attrition rates by early identification of students at risk. The Comprehensive Predictor is a summative diagnostic assessment that provides an overall evaluation of the students' potential success in passing the state board examination.

Exam results are reviewed by individual faculty members. In those courses including ATI subject content, students receive class credit for successful completion of the exam. Students are identified who need remediation and those materials are provided to the student with an identified plan for improvement. Results are also reviewed at faculty meetings for discussion on student outcomes, course content, and test progression. It was recently identified that Level I is not conducive to achieving benchmark standards in nutrition as the student's have had little preparation in this content area. After reviewing the results for the nutrition exam spring 2009, it was decided to move the nutrition mastery examination to Level Five. A summary of the ATI Content Mastery Scores with corresponding curricular revisions will be available in the resource room.

TABLE IV.B.1: Scheduling of ATI Testing

	Exam	**Description**
Level I	Self-Assessment Inventory	Descriptive data identifying students' learning styles, critical-thinking skills, professional characteristics, and work values.
	Critical Thinking	Identifies the students' level of critical thinking. This is administered at the beginning and end of the nursing program to document student's improvement in this skill.
Level II	Fundamentals of Nursing Pharmacology	Content Mastery Series
Level III	Maternal newborn Nursing care of children Mental health	Content Mastery Series
Level IV	Adult medical-surgical Community health	Content Mastery Series
Level V	Leadership/management Nutrition	Content Mastery Series
	Critical Thinking Exit	Comparison of students' level of critical thinking since admission in to the program.
	Comprehensive Predictor	Provides diagnostic assessment at the completion of the

		program to determine the student's preparedness for the NCLEX-RN®.

GRADUATION RATES:

Benchmark: 90% of enrolled students in a cohort to complete course work within 5 semesters.

Table IV.B.2 Graduation Rates

Semester Admitted	Number Admitted	Graduation Rate
Spring 2003	29	79% *
Fall 2003	30	93%
Spring 2004	34	91%
Fall 2004	28	93%
Spring 2005	28	95%
Fall 2005	31	90%
Spring 2006	31	90%
Fall 2006	29	90%
Spring 2007	30	73% ***
Fall 2007	27	Fall 2009

*Spring 2003: two students dismissed from program due to academic reasons; two students withdrew for personal reasons.

** Spring 2007: two students were dismissed from the program due to academic failure; four students continued in the program but slowed their educational progress; one student left the program for personal reasons.

Note: Upon reviewing this data faculty implemented additional criteria included in the admission process. Further, changes were made to specific course syllabi to better evaluate ongoing student progress in meeting program objectives. These actions will be discussed in Element IV-C.

NCLEX-RN® PASS RATE: 90% of enrolled students in a cohort to pass NCLEX-RN® on the first attempt.

Table IV.B.3: NCLEX®-RN Pass Rate

Testing Period	Number of Graduates Taking NCLEX©-RN	Number of Candidates Passing	Percent Passing
Apr – Sep 2003	11	11	100%
Apr – Sep 2004	14	11	79%*
Oct – Mar 2004	20	19	95%
Apr – Sep 2005	21	18	86%*

Oct – Mar 2005	25	25	100%
Apr – Sep 2006	28	23	82%*
Oct – Mar 2006	29	26	90%
Apr – Sep 2007	28	21	75%*
Oct – Mar 2007	32	32	100%
Jan – Mar 2008	19	17	89%*
Apr – Sept 2008	32	28	88%*
Oct - Mar 2009	30	27	90%

Note: Upon reviewing this data faculty implemented additional criteria included in the admission process. Further, changes were made to specific course syllabi to better evaluate ongoing student progress in meeting program objectives.

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

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

ATI Testing: Students are expected to perform at appropriate proficiency levels. A plan of remediation is completed as necessary. Student progress is monitored and/or evaluated until successful completion of the Comprehensive Predictor. This item will be discussed further in key element IV-D.

NCLEX Pass Rates: the Colorado State Board of Nursing expects a first time pass rate of 75% for a program to be in good standing. Faculty utilizes ATI, critical thinking, and predictor examinations to assess student learning. This item will be discussed further in key element IV-D.

Employment Rates: for the past several years employment rates have averaged between 87-100%. The current health care environment suggests jobs are not as readily available as in previous years. In Nursing Therapeutics (NURS 416) students practice the interviewing process with representatives from local clinical agencies; further they submit a formal resume for faculty review. During this final semester students solicit letters of reference from faculty. Faculty recognizes in the current employment market this outcome maybe difficult to evaluate in a concrete manner.

Program Satisfaction: faculty currently utilize end-of-semester and exit evaluations to assess student's satisfaction with the program. Overall, a majority of students and graduates indicate they are satisfied with the curriculum, faculty, and clinical experiences.   This item will be further discussed in key element IV-D.

Employer Satisfaction: feedback from clinical agency representatives is sought by faculty on a continuous basis. Overall, a majority of employers indicate they are satisfied with the curriculum, faculty, and clinical experiences. This item will be further discussed in key element IV-D.

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

Aggregate student outcome data is utilized for program improvement when actual outcomes are inconsistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, philosophy, goals, and expected student outcomes. All program evaluation processes are reviewed and revised as described in the SEP (please see Appendix I.B.1).

ATI TESTING: Faculty is beginning to review the program's ATI data available on the company's website. These reports maybe used to identify program strengths and weaknesses and adjust curriculum accordingly. Beginning fall 2009 a review of ATI reports will be added to the Curriculum Evaluation sub-committee's duties. The committee meets one time per semester and will bring forth to the BSN faculty specific recommendations and concerns. At a recent faculty meeting the committee's initial review of ATI data led to a decision to administer the Nutrition Content Mastery examination during Level V (previously given during Level I). The rationale for this change is the student's will have had more exposure to this content at this time. A file of summarized ATI data with corresponding curricular changes will be available in the resource room.

STUDENT SATISFACTION:

Benchmark: 90% of ongoing students will indicate satisfaction with the curriculum. The method of data collection was modified fall 2008; students now respond to campus-wide surveys and a brief survey using I-clicker technology. The results (using the campus-wide form) for academic year 2005-2009 are summarized in Appendix IV.D.1. The results (using the shortened form) for academic year 2008-2009 are summarized below (please see Table IV.D.1). The table presents average aggregate data of student satisfaction of classroom and clinical faculty behaviors.

Table IV.D.1: Course Evaluation Data

Course	Fall 2008	Spring 2009
Nursing Fundaments (NURS 201/201L)	87%	93%
Health Assessment/Promotion (NURS 202/202L)	96%	100%
Pharmacology I (NURS 202)	67%	79%

Nursing Theory/Foundations (NURS 204)	85%	100%
Medical-Surgical Process (NURS 301/301L)	71%	80%
Family Nursing Through the Life Span (NURS 302)	75%	72%
Professional Development (NURS 303)	92%	92%
Pharmacology II (NURS 304)	71%	76%
Mental Health Nursing (NURS 313/313L)	94%	74%
The Child Bearing Family (NURS 314/314L)	80%	78%
Pediatrics (NURS 315/315L)	72%	89%
Community Health Nursing (NURS 403/403L)	88%	87%
Advanced Medical Surgical Nursing (NURS 406/406L)	93%	95%
Nursing Research (NURS 407)	98%	97%
NURS 411 Leadership (NURS 411/411L)	95%	91%
Senior Specialty (NURS 412L)	77%	79%
Business of Health Care (NURS 415)	95%	98%
Nursing Therapeutics (NURS 416)	94%	78%

Note: Examples of course specific revisions based on the above data are included in Appendix IV.B.1. Additionally a file containing further details of faculty responses (i.e. course modifications) to outcome data will be available for review in the resource room.

Strengths include: Faculty note upon reviewing this data there is a consistency regarding areas of strength and concern across courses. Noted strengths include demonstration of comprehensive knowledge of clinical procedures, effective communication of expected student behaviors, and evaluation of students' clinical behavior based on objective criteria, and provides appropriate clinical learning experience which assists students to move towards increasing levels of independence.

Concerns include:

- Faculty perceived as unavailable (provision of individual clinical guidance as necessary) - upon review faculty recognizes the ratio of 1:10 (faculty to student) may impact availability for one-to-one interaction. Although students are providing care under the supervision of an RN staff member, faculty may not always be immediately available to observe clinical performance. Faculty carries beepers and they make themselves available as situations permit.

- Faculty perceived as having limited control of student-staff interactions and supervision: upon review faculty recognize the importance of promoting effective student relationships with clinical staff. Faculty recognizes clinical staff schedules vary markedly. Thus, some students may be assigned to a variety of staff members who may be non-supportive in their interactions. Faculty meets with specific staff members to discuss effective methods of interacting students. Beginning spring 2009 students completed preceptor evaluations. This feedback affords faculty the opportunity to share student comments with the staff nurse in the hope that ineffective behaviors can be modified.

- Faculty perceived as having lack of respect for student privacy when providing feedback: upon review faculty recognize the importance of maintaining (whenever possible) confidentiality between instructor and student.

PROGRAM GRADUATE SATISFACTION:

Benchmark: 90% of program graduates will indicate satisfaction with their educational experience. Prior to fall 2008 students completed an online campus-wide survey. Summaries of this outcome data and corresponding curricular revisions will be available in the evidence room. Currently, graduates are surveyed using EBI exit assessment. Based on data from 2007-2009 graduates and alumni, the faculty notes the following areas of strength and concern:

    Strengths:

- **Technical skills:** Administering medications by all routes, assessing vital signs, and providing pain reduction measures are recognized by graduates.

- **Core knowledge:** Apply an ethical decision-making framework to clinical situations, assess predictive factors that influence the health of patients, and assist patients to achieve a peaceful end of life.

- **Core competencies:** Apply research based knowledge as a basis for practice and assist patients to interpret the meaning of health information.

- **Overall program effectiveness:** Graduates indicate their learning experiences support their expectation that the program fulfilled their professional goals.

    Concerns:

- Quality of nursing instruction: Graduates express limited faculty response to student concerns, accessibility to students outside of class, and the desire for enhanced feedback on assignments other than grades in clinical. Upon review, faculty note the need to clearly communicate to students specific office hours, administrative assistant availability, use of email, and opportunities for scheduling time outside of class which are identified in each course syllabus/orientation. Students are encouraged to seek appointments with faculty for feedback regarding achievements including written assignments, clinical expectations, and examinations.

- Role development: Delegate nursing care while maintaining accountability and integrate theory to develop a foundation for practice. During Senior Specialty (NURS 412L), students are required to complete a reflective paper on their clinical experience. A component of this assignment includes students' integration of a nursing theory they believe supports their delivery of care.

- Course lecture and interaction: Engage students in group discussions, relate concepts to the real world, and draw on experience of students. Faculty has attended a training session on the use of I-clicker as a tool to promote interactive discussions. Also, in Mental Health (NURS 313/313L), drama students portray clinical experiences to help course content come alive and provide the connection between lecture and patient interactions.

- Professional values: Support fairness in the delivery of care, act as an advocate for vulnerable patients, and provide culturally competent care. In Community Health (NURS 403/403L), student's clinical opportunities include Marillac Clinic, a clinic for the non-insured multi-cultural indigent populations, guest lecture from the Colorado Department of Public Health and Environment to present current data and strategies related to multi-cultural health care.

ALUMNI SATISFACTION:

Benchmark: 90% of alumni will indicate satisfaction with the educational experience. Prior to fall 2008 students completed an online campus-wide survey. Summaries of this outcome data and corresponding curricular revisions will be available in the resource room. Beginning fall 2008 alumni completed the EBI assessment tool. Based on data from 2007-2008 alumni faculty have identified specific curricular issues in need of further exploration.

Strengths:

- Nursing program promoted successful career: Specific courses emphasize the recognition of health care as a business and provide opportunities for students to engage with nursing leaders in a variety of professional settings.

- Importance of management skills: Students take theory in their first semester and learn to appreciate the need for collaboration with other health care providers. Concepts continue to be emphasized throughout the curriculum with culmination of course work focused on the role of a nurse leader the last semester.

- The school activities contributed to success: The BSN program provides opportunities for informal faculty contact, participation in volunteer activities, and student organization participation throughout the five semesters.

- Importance of professional relationships: During clinical experiences, students are able to note the need for the ability to supervise nursing care given by others while maintaining accountability for care. Students are encouraged to form partnerships to manage interdisciplinary care and coordinate care across settings.

- Overall program effectiveness: The BSN program's prepares graduates in his/her first position after graduation. Although the majority of graduates remain in the geographical area in which their education occurred, a number of individuals report success in practicing nursing and assuming leadership roles after moving to different locales.

Concerns:

- Enhanced community health care: The need for strategies to promote healthy communities, provide culturally competent care, understand the effects of health policy on diverse populations, and understand the global health care environment is recognized. One example of faculty's response to this concern has been the addition of a guest lecture on the culture of poverty during Family Nursing Through the Lifespan (NURS 302); students from each level attend this presentation.

- Enhanced professional skills: Specific needs include the ability to articulate the values of the profession as they relate to patient welfare and demonstrate accountability for one's own actions. During Nursing Theory/Foundations (NURS 204), students are introduced to *The Code of Ethics for Nurses*, (ANA, 2008) and required to identify specific behaviors that reflect caring in nursing.

- Enhanced patient relationship and care: The ability to assess a patient's ability to assume responsibility for self care, act as an advocate for vulnerable patients, and assist patients to achieve a peaceful end-of-life are specific areas to pursue. One response has been the addition of clinical experiences at Grand Valley Hospice and Palliative Care in Advanced Medical/Surgical Nursing (NURS 406L).

- Need for enhanced problem solving: This includes applying research based knowledge as a basis for practice, therapeutically intervene to solve patient problems, and apply an ethical decision-making framework to clinical situations. During Nursing Research (NURS 407), students select a topic to explore, review the current research, develop a proposal, and present their findings during a poster presentation session attended by all nursing students and health care community members.

- Enhanced management skills: understand how health care delivery systems are organized and incorporate knowledge of cost factors when delivering care. In Nursing Leadership (NURS 411L), students complete a quality improvement project that requires them to identify a problem area needing revision. They gather information and present findings to their preceptor for review and discussion.

Note: Upon review of the above findings, faculty believes some of the identified concerns of alumni are being addressed with the curriculum modifications.

EMPLOYER SATISFACTION:

Benchmark: 90% of employers will indicate satisfaction with program graduates. The department head recently utilized Survey Monkey to obtain formal feedback from several employers. This process will be utilized again in an effort to collect more extensive data.

NOTE: While the actual response rate for alumni and employers has been consistently low, the overall feedback remains favorable regarding program graduates' work ethic, pursuit of advanced degrees, clinical knowledge, and ability to provide care utilizing evidence-based practice.

NCLEX-RN® PASS RATE: Beginning in fall, 2003-spring-2004 the NCLEX-RN® pass rate fell to 79%, not meeting the expected pass rate of 90%. Curriculum changes being reviewed at this time included requiring Anatomy and Physiology I and II, rather than Microbiology and increasing the Fundamentals of Nursing course from three credit hours to four credit hours. It is interesting to note faculty is not always surprised at some of the graduates who fail the NCLEX-RN®. Faculty began tracking pre-requisite science GPAs and grades obtained in the medical/surgical and advanced medical surgical classes to determine if there was a correlation between these scores and NCLEX-RN® pass rates. To date, there has not been a significant correlation. However, faculty continues to believe a firm foundation in these pre-requisite sciences provides for a more successful pathway for students in the program.

Failures on the NCLEX-RN® have not always been attributed to a student's lack of knowledge, but rather test-taking anxiety and other situational factors. To address the failure rate, the ATI testing program was instituted fall 2005. Students are introduced to this program before entry by taking the TEAS entrance test (implemented spring 2006). This test assesses the students abilities in those areas considered essential for success in the nursing program. Areas of testing include reading, math, science, English, and language usage; based on their test score, students earn points that are calculated into their total admission score.

In addition, a math score for each student is noted and for those students who achieve below an 80%, it is highly encouraged that they take a Pharmacology Calculation course which is offered in the

summer semester and in the J-term (a mini-term held before spring semester begins). Faculty just began tracking the TEAS math scores and student's abilities with math computational problems in various levels of the program. Examples of ongoing program improvement over the past five years include and are not limited to the following: in 2004, the natural sciences department changed anatomy and physiology to a two semester sequenced class. The limitation for credit hours and the necessity of all students having a complete understanding of the anatomy and physiology of the human body in order to practice nursing led to the change of prerequisite requirements. The two semester course of Anatomy and Physiology was added and Microbiology was removed; faculty incorporated microbiology content into nursing courses throughout the program.

Beginning fall 2008, Nursing Therapeutics (NURS 416) was added to level V course work. In spring 2008, faculty met and reviewed course competencies and experiences for all five levels of nursing courses. Recognition of the need for inclusion of nursing knowledge and concepts not included led to the development of the nursing therapeutics course for level five.

- **Math Competency:** Concern regarding math competency in nursing students identified in 2003-2004 has been addressed through a multifaceted approach. A math competency test was given to all students applying to the BSN program in 2004-2005; those with high scores were given an extra point on their admission score, those with weak computational skills were thus identified early and were provided remediation. In addition, a peer tutoring session using fifth level students as tutors was implemented during fall 2004 as an intervention research project by three senior students. In 2005, the ATI TEAS exam was initiated to test students' math skills prior to admission to the program. Since these changes have been made, student's math scores in Pharmacology I (NURS 203) and II (NURS 303), Pediatrics (NURS 315), and Advanced Medical Surgical Nursing (NURS 4056) have improved.

- **Graduation Rate:** Since 2000, students have been admitted based on a point system, with the average GPA achieved on Anatomy and Physiology I and II and Pathophysiology warranting the highest points for admission. In addition, the student's overall GPA for the last five years is calculated into the total points for admission. In general, faculty believes the criteria for admission is the best guarantee for success in the program.

- **Employment Rate:** while it may be safe to assume graduates are able to secure a clinical position post graduation faculty continue to track employment rates. **Benchmark:** Faculty has established that of students actively pursuing employment 90% will be employed within six months after graduation.

Table IV.D.2: Employment Rate

Admission Date	Number of Graduates	Percentage Employed in Nursing
Fall 2002	27	96%
Spring 2003	22	95%
Fall 2003	28	100%
Spring 2004	31	87%*
Fall 2004	26	100%
Spring 2005	27	89%
Fall 2005	28	96%
Spring 2006	28	93%
Fall 2006	26	88%*
Fall 2007	Will graduate Spring 2009	

***Note:** Data include seven individuals faculty have been unable to locate to determine employment status

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

Aggregate faculty outcomes are consistent with the BSN program's mission, goals, and expected outcomes (please see discussion in Key Element I-C). The BSN faculty has varied backgrounds in nursing practice, as well as different specialty certifications. The diversity in faculty experiences is complementary and allows faculty to provide students with unique descriptive examples in the classroom and practicum settings. The nursing faculty evaluation process is consistent with the institutional evaluation and illustrates the expertise of faculty in the categories of teaching, scholarship, and service. Notable faculty accomplishments over the past five years include an increasing number of faculty members who are engaged in doctoral studies, leadership positions in professional organizations and private practices. A summary of faculty accomplishments will be available in the resource room.

Teaching includes the broad categories of improving students' knowledge of subject matter, the faculty member's knowledge of the subject, student feedback and evaluation, organization of instruction, and curriculum evaluation and revision. Teaching is the primary focus at MSC with an expectation that faculty devote at least 60% of their time each year to their teaching. Nursing faculty members are evaluated on teaching by students at the end of each semester using campus-wide and department specific forms. Nursing faculty typically receives median rating s of 4-5 (5 point scale). In addition, the department head or a program director evaluates classroom teaching by observing each faculty member in the course room on an annual basis; tenure-track faculty and full-time temporary faculty are evaluated each semester. It is expected that 90% of faculty will receive an overall rating of Highly Proficient or above for each evaluation cycle.

Teaching innovation is evident in the nursing department with achievements noted in the use of web-based technology, group learning activities and critical thinking activities. Several faculty attended national conferences to advance their teaching skills. Faculty also developed a Clinical Nursing Educators' conference in 2006 to educate new clinical educators and clinical scholars in the region to assume a clinical teaching role. Other nursing schools in the region utilize this summer conference to prepare their clinical nursing educators. Approximately 20 individuals have attended this conference since its inception and MSC has recruited several new clinical faculty from the attendees. Further, **a** BSN faculty mentoring program has been implemented. Newly hired faculty is partnered with a "seasoned" member of the department. This program involves classroom observation and coaching by the mentor, and an opportunity for the new faculty member to observe other faculty during classes.

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

While infrequent, there have been formal complaints filed by students. These have involved classroom and clinical issues. The process, as outlined in student and faculty handbooks, course syllabi, and MSC catalogue, was followed. Based on these complaints faculty have implemented the following policies:

- Faculty expectation of a student achieving a 76% passing average for tests in any particular course has to be detailed in any course module at the beginning of the semester.
- Faculty will request students use the bathroom prior to beginning any examination.
- Students are to place all personal items at the front of the classroom prior to beginning an examination. This includes any electronic device.
- Faculty will include feedback about boundary issues and safety when completing students' clinical evaluations.
- Students are to understand that confidentiality includes clinical as well as classroom discussions of clinical situations. This should be stated in course syllabi.
- Faculty will have disruptive students leave in the classroom; he/she will not receive credit for that day's activities.

Standard IV Summary

Strengths:

- Clearly stated expected student outcomes, which are assessed at multiple points in the curriculum, at both the individual and aggregate levels.

- Incorporation of multiple methods of assessing student progress (faculty developed and standardized tools).
- Aggregate data which serve as the base for program/curriculum development and improvement.
- Clearly established faculty outcomes which contribute to program effectiveness and ongoing improvement.
- Recognized commitment by faculty to use aggregate data to improve program quality and effectiveness.

Areas for Improvement:

- Limited tracking of aggregate and longitudinal data enabling use of results for program improvement.
- Have program evaluation committee (as established by current program by-laws) summarize and analyze yearly evaluation data.
- Partial incorporation of Boyer's model within faculty evaluation process.

Strategies for Improvement:

- Evaluate assessment processes and procedures (i.e. instruments, timelines, data analysis techniques) to determine methods of improving processes and analysis.
- Formalize comprehensive faculty evaluation plan incorporating Boyer's model of scholarship.