NORTHWESTERN STATE
UNIVERSITY OF LOUISIANA

COLLEGE OF NURSING
BSN, MSN, PMC and DNP Programs

CCNE
COMMISSION ON
COLLEGIATE NURSING
EDUCATION

Northwestern State University College of Nursing

Self-Study Document for Commission on Collegiate Nursing Education

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Northwestern State University of Louisiana
College of Nursing

University Overview

Northwestern State University of Louisiana (NSU), formerly called the *Louisiana State Normal School*, was established in 1884 in Natchitoches, Louisiana. In 1921, the *Louisiana State Normal School,* began offering baccalaureate programs and the school was renamed by the State Constitution to *Louisiana Normal College*. In 1944, further expansion of degree offerings and statewide recognition as a quality institution of higher education led the state Legislature to change the school's name to *Northwestern State College*. In 1970, after the college began offering master's degrees and achieved University status, the Governor changed the name from *Northwestern State College* to its current name: *Northwestern State University of Louisiana.*

Since 1995 NSU has been a member institution of the University of Louisiana System (ULS) and is governed at the state level by two boards: the Louisiana Board of Regents and the Board of Supervisors for the University of Louisiana System. Prior to 2001 NSU was an open admission University. In Fall 2001 the Board of Regents established minimum ACT scores for admission to all of Louisiana's 4-year universities, including NSU.

Today, 136 years after the *Louisiana State Normal School* began offering courses in higher education, Northwestern State University: (a) is a Carnegie Master's L university, (b) is regionally accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), (c) offers over 71 degree programs and 24 certificate programs, (d) employs 322 full-time faculty and over 233 part-time/adjunct faculty, (e) enrolled over 10,000 students in Fall 2019, and (f) awarded over 1800 degrees and certificates in the 2019-2020 academic year (NSU Factbook, 2018- 2019; IPEDS 2019-2020).

NSU's exponential program growth led to an expansion of the original campus footprint from a single building, located in Natchitoches Louisiana, the oldest permanent settlement in the Louisiana purchase, to today's 900-acre Natchitoches campus and three off- campus learning sites. The three off-campus learning sites are located 80 miles North of Natchitoches in Shreveport, Louisiana; 55 miles south of Natchitoches in Alexandria, Louisiana; and 50 miles southwest of Natchitoches in Leesville, Louisiana. The main campus which remains located in Natchitoches, is the oldest continually functioning higher education campus in Louisiana.

College of Nursing Overview

In the mid 1940's the visionary nursing community in Shreveport Louisiana recognized the need for a collegiate-based nursing program. Following the recommendations of a national consultant, five hospitals in the Shreveport region agreed to phase-out their diploma nursing programs in preparation for nursing being offered at the collegiate level. This opened the door for NSU to create a Bachelor of Science in Nursing (BSN) program. In 1949, the first baccalaureate nursing students were admitted to NSU, making it the oldest state supported baccalaureate nursing program in Louisiana. In 2019, the College of Nursing (CON) celebrated 70 years of nursing education and the creation of more than ten-thousand registered nurses!

During the early years NSU's CON students were given two program options. They could exit the program at the end of three years of study with a diploma or complete a fourth year and earn a baccalaureate degree. Both options allowed graduates to sit for the national registry examination. The diploma option was phased out in the late 1950's. Today, the CON has expanded from two to four-degree programs and 3 post master's certificate concentrations. These five programs have various routes or tracks which facilitate students seamlessly entering the desired program and obtaining their degree. Each program is described below:

1. The Associate of Science in Nursing (ASN) program was initiated in 1972. The program is offered on the Shreveport, Alexandria, and Leesville off-campus learning sites and is accredited by the

Accreditation Commission for Education in Nursing (ACEN), 3343 Peachtree Road NE, Suite 850, Atlanta, Georgia 30326 phone number 404.975.5000 fax number 404.975.5020, www.ACEN.org . The ASN program has three routes to the degree: traditional, LPN to ASN, and Paramedic/Military Medic to ASN. A large portion of the ASN program is offered via a compressed video distance learning system.

2. The Baccalaureate of Science in Nursing (BSN) program was initiated in 1949 and is offered through three pre-licensure routes and one post-licensure route. Two pre-licensure routes (traditional, LPN to BSN) are offered to students on the university's main campus in Natchitoches and the Alexandria off-campus learning site, and three pre-licensure routes are offered in Shreveport (traditional, LPN to BSN and BS to BSN). A large portion of the BSN didactic courses are offered via a compressed video distance learning system, and/or on-line. The post-licensure baccalaureate nursing route, RN to BSN, is offered entirely online.

3. The Master of Science in Nursing (MSN) program was implemented in 1972 and has numerous roles from which students choose (Educator, Administrator, or APRN-Nurse Practitioner). Each Educator/Administrator student must choose a population focus of either Adult-Gerontology or Maternal-Child/Family. Each APRN-NP student also chooses a population focus in either Adult Gerontology Acute Care (AGACNP), Adult Gerontology Primary Care (AGPCNP), Family (FNP), Primary Care Pediatric (PCPNP), Psychiatric Mental Health Across the Lifespan (PMHNP), or Women's Health (WHNP). The FNP concentration was initiated in 1982. The WHNP and PCPNP concentrations were initiated in 1997. The AGACNP concentration began in 1998, and the AGPCNP concentration began in 2013. The PMHNP concentration began in 2017. All roles and concentrations of the MSN program are offered online.

4. The Post-Master's Certificate in Nursing (PMC) program has been offered by NSU since the onset of the MSN NP programs in 1972. However, in 2014 CCNE began accrediting PMC programs and the Louisiana Board of Regents and ULS Board both began requiring program approval prior to provision of specific PMC degree codes. These changes prompted NSU to evaluate which PMC programs enrolled enough students to meet PMC program criteria and to seek PMC program approval from the BOR and the ULS board in addition to CCNE accreditation. When CCNE accredited the BSN, MSN and DNP programs, PMC accreditation was not offered. Upon contacting CCNE regarding program accreditation, NSU was told to apply for PMC program accreditation at the next accreditation cycle. Currently, the PMC program is composed of a single APRN role: Nurse Practitioner. Students must choose from the Adult Gerontology Acute Care, Family, or Psychiatric Mental Health Across the Lifespan Concentrations/Populations. All role and concentration courses of the PMC program are offered online.

5. The Doctor of Nursing Practice (DNP) program began in 2014 and received initial CCNE accreditation status in 2015. The DNP program offers a single Organizational-Systems Leadership concentration for students through two routes for students who have earned a master's degree: APRN to DNP and non-APRN to DNP. The DNP program is offered entirely online.

The BSN, MSN, and DNP programs are accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org). The PMC program is under initial accreditation review. All nursing programs, and program concentrations are approved by the Louisiana State Board of Nursing (LSBN). All program/concentration approval documents can be found in the resource room (RR Introduction).

The CON's Expansion into the CONSAH

Following many successful years of offering nursing courses over a large geographic area, in 1970, the College of Nursing consolidated its clinical campuses located in Baton Rouge, Alexandria and Shreveport to a single site: the Shreveport Nursing Education Center. Two years later the college initiated two new programs, ASN and MSN. In 1968 the Bachelor of Science in Radiologic Technology (BSRT) program was implemented and in 1994 it was placed within the College of Nursing's program offerings. The BSRT program was changed to Bachelor of Science in Radiologic Sciences (BSRS) in 2008. The Master of Science in Radiologic Sciences (MSRS) was added in 2009, and the Bachelor of Applied Science in Allied Health (BASAH) was started in 2012. These radiologic science programs are currently housed under the College of Nursing and School of Allied Health (CONSAH) and are offered either online or at two off-campus learning sites, Shreveport and Alexandria.

Dedicated to fulfilling a statewide need for academic learning opportunities in nursing, NSU offers undergraduate nursing programs on the Alexandria, Leesville, and Shreveport off-campus learning sites, in addition to the main campus learning site in Natchitoches. In 1996, NSU became Louisiana's first university to use compressed video, synchronous, distance learning technology, and NSU's CON was the university's leader in compressed video distance education offerings. Today the CON delivers over 10 undergraduate nursing courses each semester via compressed video technology. The use of compressed video provides synchronous distance education opportunities to students from rural areas who cannot attend a 4-year college to enroll in a nursing program.

The use of compressed video distance education and the increase in program offerings/routes/concentrations has created slow, steady growth within the CON. Today, CONSAH enrollment is 29% of the University's total enrollment. In the 2019-2020 academic year the CONSAH awarded 486 undergraduate degrees and 101 graduate degrees. Accompanying the increase in enrollment has been a growth in full-time and adjunct faculty as well a growth in full-time staff. Ongoing analysis of faculty, staff, and students' needs, satisfaction, and outcomes has facilitated the CON fulfilling its vision of being an innovator and pacesetter in the educational preparation of nurses.

The Spring 2020 semester demonstrated that no matter what challenges the CON faces, if we embrace our core values of *Respect, Caring, Innovation, Excellence, Professionalism* and *Teamwork* we will not only survive, but thrive! This past semester faculty and staff rallied to transform quality learning from the in-class to online learning environments, within a few days! The result of this rapid transformation was nothing short of remarkable, as the COVID crisis created a period of controlled chaos followed by the development of the most creative active-teaching and learning the CON has ever experienced.

During the upcoming 2020-2021 Academic year, the CON will continue to produce healthcare heroes who are empathetic, value diversity, treat people fairly, embrace free-expression, communicate effectively, challenge ideas with respect, promote inclusion, empathize, exhibit openness and sensitivity, are future-thinkers who exceed challenging goals, demonstrate integrity in professional behaviors, act ethically, maintain professional expertise, persevere when challenged and see themselves as integral members of an interprofessional healthcare team. In essence, we will continue to produce nurses, healthcare heroes, who exhibit the CON's core values!

Standard I
Program Quality: Mission and Governance

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

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

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

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response:

Mission and Goals. All academic programs housed in the College of Nursing and School of Allied Health (CONSAH) share a single mission statement that is congruent with the mission statement of CONSAH's parent institution, Northwestern State University (NSU). NSU's vision, mission, values, goals, and objectives are described in NSU's Strategic Plan 2016-2023 (RR I.A.1 - 2019-2020 University Assessment Committee's Report on NSU's 2016-2023 Strategic Plan) located online at NSU Institutional Effectiveness Website . The CONSAH's vision, mission, and values, as well as each nursing program's goals and objectives, also termed student learning outcomes (SLOs), are described in the CONSAH 2018-2023 Strategic Plan (RR I.A.2) which is located on CONSAH website.

The University Mission statement is:

> Northwestern State University is a responsive, student-oriented institution committed to acquiring, creating, and disseminating knowledge through innovative teaching, research, and service. With its certificate, undergraduate, and graduate programs, Northwestern State University prepares its increasingly diverse student population to contribute to an inclusive global community with a steadfast dedication to improving our region, state, and nation (RR I.A.1).

The CONSAH Mission statement is:

> Northwestern State University College of Nursing and School of Allied Health (CONSAH) serves an increasingly diverse student population while advancing the mission of the University by offering excellent and innovative undergraduate, graduate, certificate, and continuing education programs that are designed to assist individuals in achieving their goals to become responsible and contributing members of an interprofessional global community that improves the health of our region, state, and nation (CONSAH 2018-2023 Strategic Plan). Table I.A.1 Demonstrates congruency between the University and the CONSAH mission statement.

Table I.A.1. Congruence of University and CONSAH Mission Statements

University Mission	CONSAH Mission
Northwestern State University is a responsive, student-oriented institution committed to acquiring, creating, and disseminating knowledge through innovative teaching, research, and service. …With its certificate, undergraduate, and graduate programs,	Northwestern State University College of Nursing and School of Allied Health serves …while advancing the mission of the University by offering excellent and innovative undergraduate, graduate, certificate, and continuing education programs
…Northwestern State University prepares its increasingly diverse student population …	Northwestern State University College of Nursing and School of Allied Health serves an increasingly diverse student population…
…to contribute to an inclusive global community with a steadfast dedication to improving our region, state, and nation.	…that are designed to assist individuals in achieving their goals to become responsible and contributing members of an interprofessional global community that improves the health of our region, state, and nation.

All academic programs housed in the CONSAH share five (5) common goals that were derived from the CONSAH mission to be congruent with the University's mission and goals. Table I.A.2 demonstrates congruency between the goals of the University and the CONSAH goals; and Table I.A.3 demonstrates congruency between the CONSAH mission and goals.

Table I.A.2. Congruence of University Goals and the CONSAH Goals

University Goals	CONSAH Goals
Goal 1: Re-define and strengthen the student experience	Goal 1: Create on-campus and online environments that support nursing and allied health students' achievement of academic, career, social and civic success.
Goal 2: Support academic excellence	Goal 2: Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates that bring regional imminence to the CONSAH.
Goal 3: Respond to market needs	Goal 3: Ensure programs and curricula produce graduates that meet current and future workforce needs.
Goal 4: Gain and retain athletic prominence	Goal 4: Enhance the University's ability to recruit student athletes who choose a nursing or allied health major.
Goal 5: Support community enrichment	Goal 5: Develop and enrich relationships between the CONSAH and community stakeholders

Table I.A.3. Congruence of the CONSAH Mission and Goals

CONSAH Mission	CONSAH Goals
Northwestern State University College of Nursing and School of Allied Health (CONSAH) serves an increasingly diverse student population… by offering … programs that are designed to assist individuals in achieving their goals to become responsible and contributing members of an interprofessional global community…	Goal 1: Create on-campus and online environments that support nursing and allied health students' achievement of academic, career, social and civic success. Goal 2: Provide academic programs and learning experiences that...produce exemplary graduates that bring regional imminence to the CONSAH. Goal 4: Enhance the University's ability to recruit student athletes who choose a nursing or allied health major.
…while advancing the mission of the University by offering excellent and innovative undergraduate, graduate, certificate, and continuing education programs	Goal 2: Provide academic programs and learning experiences produce exemplary graduates that bring regional imminence to the CONSAH. Goal 3: Ensure programs and curricula produce graduates that meet current and future workforce needs

CONSAH Mission	CONSAH Goals
that are designed to assist individuals in achieving their goals to become responsible and contributing members of an interprofessional global community that improves the health of our region, state, and nation.	Goal 3: Ensure programs and curricula produce graduates that meet current and future workforce needs Goal 4: Enhance the University's ability to recruit student athletes who choose a nursing or allied health major. Goal 5: Develop and enrich relationships between the CONSAH and community stakeholders.

The CON offers four academic programs: Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Post-Master's Certificate in Nursing (PMC) and Doctor of Nursing Practice (DNP). A defined, systematic process for review and revision of the CONSAH mission and goals, as well as each nursing program's mission, goals, and program outcomes are outlined in the CON Master Evaluation Plan (MEP) (Appendix I.A.1). The ongoing review process outlined in the MEP ensures the University and the CONSAH have intrinsically linked missions and goals while also ensuring maintenance of congruency between the CONSAH mission and goals and each CON program's goals and objectives (SLOs). An example of congruency between a CONSAH goal and goals from each of the four CON programs is demonstrated in Table I.A.4. Congruence between all CONSAH goals and all CON programs goals can be found in Appendix I.A.2.

Table I.A.4. Example of Congruence Between a CONSAH Goal and all Nursing Programs' Goals

CONSAH GOAL 2: Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates who bring regional imminence to the CONSAH.			
BSN Program Goals	MSN Program Goals	PMC Program Goals	DNP Program Goals
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations. 2. Prepare beginner, professional nurses who design, manage and coordinate care. 3. Prepare beginner, professional nurses to become members of the nursing profession. 4. Provide a foundation for graduate education.	1. Prepare graduates with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator or nurse practitioner. 2. Prepare graduates to function and excel in various advanced nursing roles. 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice. 4. Provide a foundation for doctoral study.	1. Prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner. 2. Prepare graduates to function and excel in the advanced practice registered nurse (APRN) role of nurse practitioner (NP). 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice. 4. Provide a foundation for doctoral study.	1. Provide advanced practice nurse leaders with expertise, specialized competences, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing. 2. Prepare advanced practice nurse leaders to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable populations. 3. Develop advanced practice nurse leaders who contribute to nursing's body of knowledge through professional development, scholarly inquiry into practice, processes, or outcomes which affect morbidity and mortality in vulnerable populations.

Each year, per the MEP, an evaluation of congruency between the University and CONSAH mission and goals is performed by the CONSAH Administrative Council (AC). However, each CON Program and Curriculum Committee (PCC) evaluates the congruency between the CONSAH mission and goals and their specific nursing program goals. The MEP also outlines the responsibilities of each of the four CON PCCs to clearly demonstrate the linkages between specific program goals and program objectives (SLOs). Table I.A.5 demonstrates an example of congruence between a

single CONSAH goal and a single CON program goal and program objectives (SLOs). Tables demonstrating the linkages between each program's goals and objectives (SLOs) can be found in Appendices I.A.3 (BSN); I.A.4 (MSN); I.A.5 (PMC); and, I.A.6 (DNP).

Table I.A.5. Example of Congruence between a CONSAH Goal, a Program Goal and Objectives

CONSAH GOAL 2: Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates who bring regional imminence to the CONSAH.	
DNP Program Goal	DNP Program Objectives (SLOs)
1. Provide advanced practice nurse leaders with expertise, specialized competences, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing.	1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice. 3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes. 4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions. 6. Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes. 7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice. 8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.

Program Outcomes. Each nursing program's goals, objectives, and expected program outcomes are leveled according to the degree or certificate the student will receive upon program completion. Evaluation of congruency between program outcomes and the CONSAH mission is achieved by the ongoing, systematic, periodic reviews outlined in the MEP (Appendix I.A.1). Expected program outcomes are evaluated for each nursing program and include: (a) required United States Department of Education (USDE) outcomes, (b) student outcomes, (c) faculty outcomes, and (d) other outcomes that the CON identifies as indicative of program success.

Required USDE outcomes are evaluated for each program and include: (a) completion rates, (b) licensure/ certification examination pass rates, and (c) employment rates. *Student outcomes* specifically expected *student learning outcomes* (SLOs), both individual and aggregate, are also evaluated for each program. *Faculty outcomes* are aggregated annually and evaluated by program, college, and CONSAH. Expected faculty outcomes are differentiated into two categories of faculty: full time (tenured, tenure track, and non-tenure track) and adjunct. The CON does not employ part-time faculty other than the Director of Grants and Planning, who does not function as a faculty member. *Other outcomes* identified by the CON as indicators of program success include: (a) student satisfaction, (b) undergraduate employer satisfaction, and (c) alumni satisfaction.

Required USDE program outcomes (completion rates, licensure/certification examination pass rates, employment rates) are written and accessible to current and prospective students through publication on the CON website at https://nursing.nsula.edu/program-outcomes/ . Each program's objectives also termed student learning outcomes (SLOs) have pre-established expected levels of achievement (ELA) which the Assessment Committee and Program and Curriculum Committee (PCC) annually compare to actual levels of achievement (ALA). The analysis of SLO ELA and ALA, as well as action plans to ensure each SLO is met, are then compiled into five comprehensive reports which are shared with the University Assessment Committee (UAC) as part of the University Annual Assessment Report. The Annual University Assessment Report containing each program's SLOs is accessible to the public at

https://www.nsula.edu/instutitonaleffectiveness/ Expected faculty outcomes are located in the CONSAH faculty Moodle shell. Other program outcomes (student satisfaction, undergraduate employer satisfaction and alumni satisfaction) are located on the CONSAH web site at https://nursing.nsula.edu/program-outcomes/.

Defined Process for Review and Revision of Program Mission, Goals and Expected Program Outcomes. The mission, goals, and expected program outcomes are reviewed periodically and revised as appropriate and according to the timelines published in the MEP (Appendix I.A.1). The MEP provides the structure for review of the mission, goals, and program outcomes. As described in the MEP, the CONSAH Administrative Council (AC) periodically and systematically review congruency between the CONSAH and the University mission, goals, and expected outcomes, as well as congruency between the CONSAH mission and goals. The MEP also provides the structure, assignment of responsibility, and timeline for review of nursing programs goals, objectives, and expected program outcomes by each PCC (BSN, RN-BSN, MSN/PMC, DNP). Program outcomes are aggregated and analyzed by the CON Assessment Committee, who compare each outcome's ELA to its ALA. The analysis of program specific outcome data is then shared with each PCC who use the results from program outcome data analysis to develop and implement action plans which foster ongoing programmatic improvement.

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

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008];*
- The Essentials of Master's Education in Nursing *(AACN, 2011);*
- The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006); and*
- Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016].*

A program may select additional standards and guidelines that are current and relevant to program offerings.

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

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

Program Response:

The CONSAH mission and goals as well as the CON program goals, objectives and expected program outcomes are centered around excellence. In fact, the CONSAH mission explicitly states that the CONSAH offers "...***excellent*** and ***innovative*** undergraduate, graduate, certificate, and continuing education programs..." The CON adheres to the belief that excellence in the educational preparation of nurses is achieved through use of professional nursing standards and guidelines.

The BSN program uses *The Essentials of Baccalaureate Education for Professional Nursing Practice* (Baccalaureate Essentials AACN, 2008, http://www.aacnnursing.org/portals/42/publications/baccessentials08.pdf) as the framework which ensures each BSN graduate is prepared to be a provider of direct and indirect care; designer, manager and coordinator of care; a member of the health profession; and prepared for graduate level education (BSN Program Goals located at https://www.nsula.edu/documentprovider/docs/90/BSN%20GOALS.pdf) . Additionally, the BSN program incorporates *Quality and Safety Education for Nursing* (QSEN) Competencies (www.qsen.org, 2020) throughout the baccalaureate curriculum to better prepare each BSN graduate to provide quality, safe, nursing care.

Each BSN course syllabus lists course objectives that are specific to the content BSN students are expected to learn in the course. A table which succinctly describes the linkages between the *BSN Essentials* and *QSEN competencies* to the BSN program objectives (SLOs) and each pre and post-licensure BSN course, is presented in Appendix I.B.1.

The MSN program uses the *Essentials of Master's Education in Nursing* (Master's Essentials AACN, 2011, https://www.aacnnursing.org/portals/42/publications/mastersessentials11.pdf as the foundation that supports all MSN students obtaining the necessary knowledge, skills and attitudes to excel in various advanced nursing roles and to make significant contributions to the improvement of healthcare and the advancement of nursing knowledge and practice (MSN Program Goals located at https://www.nsula.edu/documentprovider/docs/96/MSN%20GOALS%20and%20OBJECTIVES.pdf).The MSN program also uses these educational guidelines and standards to ensure graduates are prepared for doctoral education. Each MSN student chooses a role, i.e. educator, administrator or APRN-Nurse Practitioner, and a population focus.

Educators and administrators choose either the adult-gerontology or maternal-child/family population. Nurse Practitioners choose one of the following populations: (a) Adult-Gerontology Acute Care, (b) Adult-Gerontology Primary Care, (c) Family, (d) Primary Care Pediatric, (e) Psychiatric-Mental Health Across the Lifespan, or (f) Women's Health. Additionally, because the MSN program prepares Nurse Practitioners (NPs)*, The Criteria for Evaluation of Nurse Practitioner Program*s (National Task Force on Quality Nurse Practitioner Education (NTF), 2016, https://www.aacnnursing.org/portals/42/AcademicNursing/CurriculumGuidelines/Criteria-Evaluation-NP-2016.pdf) are also used to support the Nurse Practitioner courses.

The MSN program also uses professional standards and guidelines specific to the selected role and population which include: (a) *Adult Gerontology Acute Care and Primary Care Nurse Practitioner Competencies* (AACN, 2016); (b) *American Association of Critical Care Nurses Scope and Standards for Acute Care Nurse Practitioner Practice* (2017); (c) Consensus Model for APRN: Licensure, Accreditation, Certification, and Education (NCSBN, 2008); (d) *National Organization of Nurse Practitioner* Faculty (*NONPF) Nurse Practitioner Core Competencies* (2017); (e) *Pediatric Nursing: Scope and Standards of Practice* (ANA, 2015); (f) *Psychiatric Mental Health Nursing: Scope and Standards of Practice* (ANA, 2014); (g) Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators (NLN, 2020); (h) *Scope and Standards for Nurse Administrators* (ANA, 2016); (i) *Standards of Practice for Nurse Practitioners* (AANP, 2019); and, (j) *Women's Health Nurse Practitioner: Guidelines for Practice and Education* (NPWH, 2020); (RR I.B.1). A table which succinctly describes which professional nursing standards and guidelines are used in each MSN course, and the linkages of the standards and guidelines to the program's SLOs is presented in Appendix I.B.2.

The PMC program uses the *Master's Essentials (*AACN, 2011) as the foundation that supports PMC students obtaining the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner, to function and excel in the advanced practice registered nurse role of nurse practitioner, to make significant contributions to the improvement of healthcare and the advancement of nursing knowledge and practice, and as a foundation for future doctoral study (PMC Program Goals located at https://www.nsula.edu/documentprovider/docs/566/PMC%20Goals%20and%20Objectives%20%20(1).pdf). In the PMC program students do not chose a role because they are only prepared in the single advanced practice registered nurse role of Nurse Practitioner. However, each student must choose a population focus within the Nurse Practitioner role. Currently the CON has three PMC population concentration options for PMC students: (a) Adult-Gerontology Acute Care, (b) Family, and (c) Psychiatric-Mental Health.

Additionally, because the PMC program prepares Nurse Practitioners (NPs), the program uses *the National Organization of Nurse Practitioner* Faculty (*NONPF) Nurse Practitioner Core Competencies* (2017) and *The Criteria for*

Evaluation of Nurse Practitioner Program (National Task *Force on Quality Nurse Practitioner Education* (NTF), 2016, https://www.aacnnursing.org/portals/42/AcademicNursing/CurriculumGuidelines/Criteria-Evaluation-NP-2016.pdf) to support the Nurse Practitioner courses. Further, to support role and population specific curriculum content, the Family Nurse Practitioner (FNP) population concentration uses the *Standards of Practice for Nurse Practitioners* (AANP, 2019). The Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) concentration uses *Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies* (AACN, 2016) and *American Association of Critical Care Nurses Scope and Standards for Acute Care Nurse Practitioner Practice* (2017) to undergird population specific curricular content. The Psychiatric Mental Health Nurse Practitioner concentration utilizes the *Psychiatric Mental Health Nursing: Scope and Standards of Practice* (ANA, 2014) to support population specific curriculum content (RR I.B.2). Appendix I.B.3 depicts which professional nursing standards and guidelines are used in each PMC course and the linkages of those professional standards and guidelines to the program's SLOs.

The DNP program uses *The Essentials of Doctoral Education for Advanced Nursing Practice* (*DNP Essentials*, AACN, 2006, https://www.aacnnursing.org/portals/42/publications/dnpessentials.pdf) to develop advanced practice nurse leaders who are equipped with the expertise, specialized competencies, and knowledge to influence, design, direct and implement collaborative changes in healthcare practice, education, and policy. Additionally, the *DNP Essentials* (AACN, 2006) support program curriculum development and revision to ensure that DNP graduates are nurse leaders who achieve all expected DNP competencies and contribute to nursing's body of knowledge through scholarly inquiry into practice, processes, or outcomes which affect vulnerable populations' morbidity and mortality (DNP Program Goals which are located at https://www.nsula.edu/documentprovider/docs/99/DNP%20GOALS%20and%20OBJECTIVES.pdf).Within each DNP course syllabus, course objectives are listed. Each course objective is followed by a parenthetical citation of the corresponding DNP essential and program objective (SLO) that students must meet. Currently, the DNP program is a post-master's DNP program that enrolls both advanced practice registered nurses and non-advanced practice registered nurses. The program does not prepare students for any advanced practice registered nurse role. A table which succinctly depicts the linkages between the *DNP Essentials* to each DNP course and the DNP program's SLOs is provided in Appendix I.B.4.

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

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

Program Response:

The CON defines all nursing programs communities of interest (COI) as internal and external groups that share a common passion or concern for the NSU CON. Internal COI are comprised of (a) current students, (b) faculty, (c) staff, (d) CONSAH administrators, and (e) university administrators/committees/teams. External COI include: (a) advisory councils that are composed of healthcare agencies' nursing administrators, recruiters, and consumers of healthcare (b) accreditation, legislative, regulatory agencies, (c) external fiscal supporters, (d) alumni, (e) employers, (f) other universities, colleges and schools of higher education, and (g) prospective students.

According to the MEP, input from multiple internal and external COIs are considered in the periodic review of the mission, goals and expected program outcomes. Examples of COI input into the CONSAH Mission, Goals and Expected Program Outcomes are presented in Table I.C.1

Table I.C.1. Examples of COI Input into CONSAH Mission and Goals and Expected Program Outcomes

Community of Interest		Item Which COI Gave Input	Evidence of Consideration
INTERNAL	CONSAH Administration	1. Input into annual Revisions of the CONSAH Strategic Plan 2019, 2020	1. **Summer 2019 Retreat Minutes** (RR I.C.1) (07.21.19 p. 3; 07.22.19 p.1) and **Summer 2020 Retreat Minutes** (07.20.20 p. 1-4.; 07.22.20 p. 1,2,6,7)
		2. Input into CONSAH Mission change to be congruent with University Mission Change	1. **Emails of Mission Draft**s, **Revisions** (RR I.C.2) 2. **CONSAH AC Meeting Minutes** (RR I.C.3) (07.21.19 p. 3; 06.09.20 p.2; 04.15.20, p.2; 05.7.20 p.1)
	Faculty	1. Input into Strategic Plan and Values Updates and Revisions	1. **Fall 2018 CONSAH Faculty Meeting Minutes** and **Fall 2019 CONSAH Faculty Meeting Minutes** 2. **E-mails to Faculty of Strategic Plan and Values Changes** (RR I.C.4)
		2. Input into CONSAH Mission change to be congruent with University Mission Change	1. **Emails to Faculty of Mission Value Changes with Attachments** (RR I.C.5) 2. **CONSAH Final Spring 2020 Faculty Meeting Minutes** (RR.I.C.6) 3. **Email to Faculty to Vote on Revised Mission via Survey Monkey** and **Survey Monkey Results** (RR I.C.7)
		3. Input into NCLEX, Certification, Employment and Completion Rates	1. **Assessment Committee Meeting Minutes** (RR.I.C.8) 2. **Emails to Faculty with NCLEX rates Improvement in Updates from the Dean** (RR I.C.9)
		4. Input into PMC Program's Goals and Objectives and Expected SLO measures	1. **MSN PMC Program and Assessment Committee Meetings Minutes** (RR.I.C.10)
		5. Input into Expected Aggregate Faculty Outcomes	1. **CONSAH Fall 2019 Faculty Meeting Agenda & Faculty Meeting PowerPoint Slides** (slides 39-40) (RR.I.C.11) 2. **CONSAH Dean Emails** (two that ask faculty to participate in preparation, etc. for **CNE exam which is a Faculty outcome** and one email sharing **Completion Rates** (RR I.C.12) 3. **Expected Aggregate & Individual Faculty Outcomes are Posted in CONSAH Faculty Moodle Shell as seen in Screenshot** (RR I.C.13) which can be found @ https://my.nsula.edu/course/view.php?id=3128
		6. Input into Evaluation of Expected and Actual Program Outcomes	1. **MSN/PMC PCC Meeting Minutes** with Faculty Contributing to Alumni Satisfaction Outcome, Faculty Outcomes, etc. (RR I.C.14)
		7. Input into annual evaluations of CON administrators' ability to share program vision and create realistic goals	1. **2019 Faculty Input into a University Administered Evaluation of CON Administrator** (RR I.C.15)
	University Administration/ Committees/ Teams	1. Input into University Mission Change	1. **Emails to and from President and University Assessment regarding University and CONSAH Mission Revisions** (RR I.C.16) 2. **Minutes from President's Leadership Team Meeting where CONSAH Mission Changes Shared for Input** (RR I.C.17). 3. **Minutes from Strategic Plan Meeting** (RR I.C.18).
		2. Input into Strategic Plan Revision in 2018 and 2019	1. **Emails to President and University Strategic Plan Committee Chair** (RR I.C.19)

Community of Interest		Item Which COI Gave Input	Evidence of Consideration
EXTERNAL	**Students**	1. Students participate in program PCC meetings and advisory council meetings where they give input into program goals, outcomes, mission	1. **BSN, MSN/PMC and DNP PCC Minutes** showing student participation (RR I.C.20) 2.**Advisory Council Minutes (Shreveport 2020)** showing student participation (RR I.C.21)
		2. Students (SGA) give input into CONSAH Mission revisions and asked for any suggestions on revision	1. **Minutes from Shreveport SGA meeting** (RR I.C.22)
		3. DNP Students give input, via faculty-administered course surveys on how well the course met each specific program objective (SLO).	1. **DNP End of Course Survey** (RR I.C.23)
		4. Students evaluations of program's ability to prepare them to take licensure and certification exams….	1. **Skyfactor Survey Results** (RR I.C.24)
	Advisory Councils	1. Program Outcomes are shared at each advisory council meeting (NCLEX and Certification Pass Rates, Completion Rates, etc.) and they provide input into how well our students/graduates achieve program outcomes (SLOs)	1. **CENLA Advisory Council Minutes** (RR I.C.25) 2. **Shreveport Advisory Council Minutes** (RR I.C.26)
		2. Hospital CNOs/VPs give input into nursing students' needs (examples given of e-charting and COVID return to agencies)	1. **Email to/from hospital CNO/VP of Nursing** regarding students' access and needs related to e-charting. 2. **Email to/from hospital CCNO/VP of Nursing** regarding students return to hospital in summer 2020 after their removal due to COVID (RR I.C.27)
	Employers	1. Employers give input their employees, (NSU pre-licensure and post-licensure BSN students) ability to achieve the programs' SLOs.	1. **Undergraduate BSN and RN to BSN Employer Survey** (RR I.C.28)
	Accreditation/ Legislative/ Regulatory Boards and Agencies	1. Faculty encouraged to give input into upcoming revisions to AACN BSN Essentials (meeting held in which proposed Essential changes were discussed) 2. Faculty encouraged to attend CCNE self-study workshop and then give input into self-study processes and construction of report.	1. **Email regarding AACN BSN Essential revisions discussion/meeting**. Handouts also provided Sent faculty to 2. **CCNE self-study workshop attendance email** (RR I.C.29)
		1. Louisiana State Board of Nursing (LSBN) and CCNE gave input into the University and CONSAH mission revisions being substantive changes.	1. **Email to LSBN** (RR I.C.30) 2. **Email to CCNE Substantive Change Report** (RR I.C.31)

Community of Interest		Item Which COI Gave Input	Evidence of Consideration
	Professional Nursing Organizations	1. WHNP Coordinator revising WHNP program clinical hours based upon NCC clinical hour distribution changes.	1. **MSN PCC Minutes** (RR I.C.32)
	Alumni	1. Student and Faculty Outcomes, new programs, events are published in each edition of Alumni Columns. Alumni encouraged to provide feedback and connect.	1. **Nursing Columns Alumni Newsletter Annual Publications from 2018, 2019, and 2020**. (RR I.C.33).
		1. Alumni are asked to evaluate the program's ability to prepare them to meet program's SLOs.	1. **Alumni Survey** (RR I.C.34)
	Potential Students	1. Program Outcomes 2. Mission, Vision, Values	1. **CONSAH Mission, Vision, Values and each CON program's student outcomes are published on the CON website** @ https://nursing.nsula.edu/program-outcomes/

An Example of COI Consideration into the revision of CONSAH Mission and Goals. A recent example of both internal and external COI being considered in the review of the mission, goals and expected program outcomes was the 2020 change in the CONSAH Mission statement. The NSU mission statement was revised in the 2019-2020 Academic Year to better align with new higher education goals as set forth by the Louisiana Board of Regents. The primary revisions to the University mission included the addition of statements that clearly demonstrate the university's consideration of its increasingly diverse student population and the incorporation of language which describes the university's focus on meeting future workforce needs. The University of Louisiana Systems (ULS) Board of Supervisors approved NSU's revised mission on February 28, 2020 and it became effective July 1, 2020 (mission approval). In March 2020, the CONSAH administrative council began revising the CONSAH mission to be congruent with the University's revised mission.

An initial draft of the revised CONSAH mission statement was then shared with faculty and staff to garner input. The CONSAH administrative council used the input to formulate a second draft of the mission statement which the Dean presented at the Final Spring 2020 CONSAH meeting. During the meeting faculty made additional revision suggestions, specifically: (a) to incorporate the concept of our graduates being members of an "interprofessional" community, and (b) to add "state" to the list of areas CONSAH graduates will impact (RR I.C.35 - CONSAH Final Spring Faculty Meeting Minutes). These revisions were incorporated into a final draft of the mission statement that was then sent to all CONSAH full-time faculty members for a vote on acceptance or rejection. On May 22, 2020 100% (n=50) of all CONSAH full time faculty unanimously voted to approve the revised CONSAH mission statement. The new mission statement was shared with the President's Leadership Team at the June 1, 2020 Leadership Team meeting, and initially with the University Strategic Planning Team at the February 12, 2020 meeting. The new CONSAH mission statement became effective the same date as the University's new mission statement, July 1, 2020. The new mission statement was shared with CONSAH student leadership in the monthly student leadership meeting and on July 1, 2020 it was posted on the CONSAH website for all stakeholders to view. Regional and National accreditation bodies as well as State regulatory agencies for all CON programs were notified of the Mission change as instructed in accreditation requirements. Alumni will be notified of the change of mission in the Summer 2020 edition of NSU's Nursing Alumni Columns.

Examples of COI Input into Program Outcomes. Program outcomes are shared with COI through many venues and methods. For example, each year the CON shares program outcomes with external clinical agency partners in advisory council meetings held in northern and central Louisiana. Program outcomes are also shared with University administration in annual assessment reports, at President Leadership meetings, at Strategic Planning Committee meetings, and University Assessment Committee meetings. Additionally, program outcomes are shared with nursing alumni annually via the Nursing Alumni Columns publication. Communication of program outcomes to faculty and nursing administration by the Director of Assessment, Evaluation and Planning (Director of Assessment) occurs at

every Administrative Council (AC) meeting, at every Assessment Committee meeting, and at the majority of PCC meetings.

The Director of Assessment presents a summary of CONSAH's achievement of various program outcomes at the AC meetings. If issues with achievement of program outcomes appears to be related to a specific nursing program, then the results are discussed with both the program's assessment team members and the program's director/coordinator to develop program specific action plans.

All CON faculty, as well as student representatives from each program, actively participate in monthly PCC meetings. Selected members of each degree program also actively participate in the CON Assessment Committee. The CON Assessment Committee continually evaluates each program's achievement of their program's outcomes (student, faculty and other), and present their program's outcomes throughout the year at monthly PCC meetings. The Director of Assessment reports all program assessment data, including employer, student and alumni satisfaction survey results to the Assessment Committee for a comparison of those results to pre-established benchmarks. Then, each program's assessment committee members bring the program specific findings to the PCC meetings where actions plans are developed and then presented to the CON Administrative Sub-Council. Each PCC records the discussions and action plans in PCC minutes. For example, the DNP PCC reviewed the mission and goals for congruency with the CON mission and goals (RR I.C.36 - DNP PCC Retreat Minutes) and the BSN PCC reviewed the BSN program's mission and goals for congruency with the CON mission and goals at the annual BSN PCC retreat (RR I.C.37 - BSN PCC Retreat Agenda).

However, one assessment, the student satisfaction evaluation of support services, is reported directly to the CONSAH AC in addition to the Assessment Committee. This process ensures that campus coordinators and program directors/coordinators can expedite needed changes in student support services that need to be made by other University departments. Finally, although the CON Assessment Committee, in coordination with the PCC, can make changes to specific outcomes measures or benchmarks, changes to CON programs' goals or objectives (SLOs) do not occur without the changes being thoroughly evaluated by the respective PCC, Program Assessment Committee, and CON Administrative Sub-Council.

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

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

Program Response:

University expectations for faculty are clearly defined in the NSU Faculty Handbook (2017) in Chapter 4*: Faculty Personnel and Employment Policies* (RR I.D.1); Chapter 5: *Academic Faculty* (RR I.D.2); and particularly, Chapter 6: *Evaluation, Retention, Tenure, and Promotion of Faculty* (RR I.D.3). Expected faculty outcomes related to teaching, scholarship, and service and required by the University are delineated in Chapter 6. The CON has delineated expectations for nursing faculty that are in addition to those expected by the university; however, all CON faculty expectations remain congruent with University expectations. Those policies are located in the resource room (RR I.D.4 – Adjunct Faculty Evaluation Policy; RR I.D.5 – Advising; RR I.D.6 – Faculty Practice; RR I.D.7 – Faculty Responsibilities; RR I.D.8a – Faculty Workload and RR I.D.8b FAQ; RR I.D.9 – Licensure; RR I.D.10 – Adjunct Evaluation Form; RR I.D.11 – Faculty Evaluation Form; RR I.D.12 – Faculty Evaluation Policy; and RR I.D.13 – Attendance and Faculty Office Hour Requirements).

Expected faculty outcomes are clearly communicated to the faculty via several mechanisms. First, the appointment letter received by full-time faculty at the beginning of each academic year identifies expected behaviors (RR I.D.14 Faculty Appointment Letters). Secondly, the NSU Faculty Handbook (2017) is reviewed during University and CON new faculty orientations and clearly identifies the various expectations for each faculty role. Adjunct faculty

expectations are communicated in the written contract (RR I.D.15 – Adjunct Contract). Additionally, coordinators communicate detailed teaching responsibilities with each adjunct faculty. Assigned faculty mentors for adjunct and full-time faculty provide ongoing support and guidance for role development.

Both full-time and adjunct faculty complete an annual self-evaluation. Additionally, full-time faculty complete an annual faculty activity report (FAR). The self-evaluation and FAR are used by the supervisor to conduct the annual formal evaluation (RR I.D.10 – Adjunct evaluation tool; RR I.D.11 – Faculty Evaluation Form; RR I.D.16 – CON ASC July 21, 2019 Minutes). During CY 2019, administrators noted that some faculty did not fully complete the FAR, making it difficult for supervisors to conduct an effective evaluation. Therefore, the self-evaluation process was initiated. In performing the self-evaluation, faculty were much more cognizant of the need to provide evidence which supported the evaluation criteria.

In addition to the annual faculty evaluation, full-time faculty who have not achieved tenure must also submit a portfolio documenting achievement of expectations for retention and/or tenure. Portfolios are also submitted by tenured faculty when applying for promotion. Portfolios are reviewed by the CONSAH Retention, Tenure and Promotion Committee. Graduate faculty must also submit an additional portfolio which is reviewed by the Graduate Council in order to obtain graduate faculty status. The frequency of the graduate portfolio submission is based upon graduate faculty status—member (every five years), associate member (every three years), or limited (annually) (Graduate Faculty Handbook, 2016, p. 2-3 at https://www.nsula.edu/documentprovider/docs/567/GraduateFaculty-Policy-Procedures-6-2016.pdf).

Aggregate faculty outcomes for the CON include: (1) teaching effectiveness, (2) scholarship/professional activity, (3) departmental/university/community service, (4) civility and professional behaviors, (5) advising. Two additional outcomes that faculty are encouraged to achieve are obtainment of Certified Nurse Educator (CNE) status and earning a terminal degree. Aggregate faculty outcomes are derived from individual faculty expectations as delineated on the Faculty Evaluation Form (RR I.D.11). Aggregated faculty outcomes are written and communicated to faculty in CONSAH faculty meetings, emails, and in the CONSAH Moodle shell. CON faculty outcomes are congruent with University expectations of faculty (Table I.D.1). A congruency chart demonstrating congruency between university and CON faculty expectations is presented in Appendix I.D.1.

Table I.D.1 - Congruency between University and CON Faculty Expectations related to Teaching Effectiveness

EVALUATION CRITERIA	UNIVERSITY EXPECTATION	COLLEGE OF NURSING
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	CONSAH FACULTY EVALUATION FORM (2019) RR I.D.11 - Faculty Evaluation Form
TEACHING EFFECTIVENESS	• academically demanding in classes; • fully prepared, well-organized, informative, and intellectually stimulating in teaching; • open to trying new teaching techniques; • conscientious and prompt in evaluations of assigned student work during the term;	• Prepared and made available course syllabi/ resource packets on the first day of classes. • Followed the syllabus and applied it fairly • Demonstrated excellent knowledge of the course content. • Stimulated critical thinking and analysis among students in class and/or clinical. • Used evidence-based information to develop course content. • Presented course content and materials clearly and in a well- organized manner.

EVALUATION CRITERIA	UNIVERSITY EXPECTATION	COLLEGE OF NURSING
	• prompt in reporting of grades for students at the end of the term; • willing, outside of class, to discuss the special academic interests and problems that students present; and • accessible, helpful, and responsible academic advisor. (Faculty Handbook 2017, Chapter Six, p. 44)	• Encouraged students to conduct library searches, use online resources and read extra materials in preparation for class and clinical. • Encouraged students to ask questions and express their viewpoints. • Used a variety of education aids, materials, activities and/or technologies to help clarify course content. • Was consistently available as a resource to students during posted office hours. • Arrived (or posted) to class on time and completed class on time. • Consistently responded to students in a respectful manner in class and clinical. • Submits mid-semester/final grades and end of semester course reports on time.

I-E. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response:

According to the University Faculty Handbook

> *"Governance is the shared responsibility of all members of the University Community. To fulfill this responsibility, faculty, staff, and administration agree to establish collaborative bodies known as University Standing committees and councils, which are charged to perform specific governance duties requiring faculty, staff, administrative, and student involvement as well as conducting other University activities. The faculty will also establish its own governance bodies known as Faculty Senate Standing Committees. Student Standing Committees many times also include faculty, staff, and administrative participation; a list of these committees is in the Student Handbook"* (RR I.E.1 Chapter 2, NSU Faculty Handbook, 2017).

Similarly, CONSAH governance is the shared responsibility of all CONSAH members. To fulfill this responsibility, faculty, staff, and administration have established collaborative bodies known as Councils, Standing Committees, Sub-Committees, and Ad-Hoc Committees which are charged to perform specific governance duties requiring faculty, staff, administrative, student, and COI involvement (RR I.E.2 CONSAH Bylaws).

The CON faculty and students are actively engaged in university and CON committees. Twenty-eight CON faculty members participated on 23 university committees (RR I.E.3 – Faculty Organization 2019-2020) double check source). Additionally, the CON has five University Faculty Senate representatives who participate in monthly Faculty Senate meetings (RR I.D.3 – Faculty Organization 2019-2020, p. 18). All full-time nursing faculty members, except first year faculty, participate on at least two CONSAH committees, i.e., a program and curriculum committee (PCC) and a standing committee. First year faculty members are only required to participate in their respective PCC. Faculty may request specific committee assignments. Adjunct faculty and students are invited and

encouraged to attend PCC meetings as non-voting members. To facilitate meeting attendance by all faculty and students, regardless of location, all CON committee meeting dates are published on the CONSAH Committee Meeting Calendar (RR I.E.4 – CONSAH Committee Meeting Calendar), occur over WebEx or compressed video, and may be recorded for later viewing. The RN-BSN concentration schedules evening meetings to accommodate adjunct faculty and adult student learners' work schedules.

Students have several opportunities for participation in governance: (a) Shreveport Student Government Association (SSGA), (b) Student Nurses Association (SNA), (c) PCCs, (d) Learning Resources, Information Technology, and Simulation Committee (LRITSC), and (e) Student Support Committee (RR I.E.2 CONSAH Bylaws). The SSGA has been instrumental in enhancing the student environment on the Shreveport campus by means of purchasing new furniture for the atrium, providing monthly lunches for students, and providing paper for the student computer laboratories. The SSGA works collaboratively with the NSU SGA for the awarding of student technology grants. Several SNA representatives present program information to incoming students at clinical orientation meetings and to high school students at *Area Health Education Center (AHEC) Day with the Nurses*. In addition, student course representatives participate in course and PCC meetings, providing opportunities to discuss student-related program issues and agenda items (RR I.E.5 – Sample BSN Course Level Minutes; RR I.E.6 – MSN PMC PCC Meeting Minutes). Challenges exist for engaging online students in program governance; however, the DNP program has improved student engagement by creating a DNP Program Moodle shell containing a student forum. Examples of student participation in governance are presented in Table I.E.1.

Table I.E.1 Examples of CON Student Participation in Governance

Student Participation in NSU CON Governance				
Program	Venue	Mode	Frequency	Result/Evidence
Pre-licensure BSN	BSN PCC Meetings	WebEx & In Person	Monthly	BSN PCC Meeting Minutes
	Student Support Committee	WebEx & Face-to Face	Monthly	Student Support Meeting Minutes
Post-Licensure BSN	RN-BSN PCC Meetings	WebEx	Monthly	RN-BSN PCC Meeting Minutes
MSN/PMC	MSN/PMC PCC Meetings	WebEx	Monthly	MSN/PMC PCC Meeting Minutes
DNP	DNP PCC Meetings	WebEx	Monthly	DNP PCC Meeting Minutes
	DNP Online Forum	Moodle	Perpetual	Moodle Shell

In summary, CONSAH governance is the shared responsibility of all CONSAH members, with specific governance duties requiring faculty, staff, administrative, student, and COI involvement (RR I.E.2 CONSAH Bylaws).

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

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the

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

Program Response:

The academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. University and CON academic policies are the same for all CON students who are enrolled in non-nursing courses. Each CON program has additional policies for admission, progression, dismissal, and graduation (APDG). APDG policies are consistently applied and published in a number of venues (CON Undergraduate Student Handbook, course syllabi, and website). The process by which APDG policies are reviewed is specified in the MEP. Policies are revised as necessary to foster program improvement. Revisions to APDG policies follow CON and University procedures. For example, a change in the Undergraduate APDG Policy, suggested from COI, would be brought to the BSN PCC for discussion. Once the PCC discusses and approves the proposed APDG change, it is brought to the CON Program Coordinators Committee, then the CONSAH Administrative Council (AC). Once the CONSAH AC reviews, discusses and approves the change, it is presented at the University's Registration, Credits, and Graduation Council (RCGC) and the University's Curriculum Review Committee (CRC). Once RCGC approves the policy, the registrar initiates the changes in admission and updates the next edition of the university catalog to reflect the approved changes. The CON informs all COI of the changes and projected date of implementation. The PCC chair who provides updates on the adoption of the proposed change in PCC meetings and/or via email announcements.

Current and potential students are informed of APDG policy changes through various routes, such as email, the CON website, Moodle course postings, and/or through Student Messenger (daily University electronic messenger system for all students). Student recruitment materials are updated per the MEP and/or each time a program change is made, to ensure ongoing consistency of recruitment materials to program specific admission policies.

CON students have the right to appeal through the same channels afforded to all University students, including grade, policy, and discrimination appeals. Examples of differences between MSN/PMC/DNP graduate programs and university APDG policies can be found in Tables I.F.1. Examples of differences between selected undergraduate program and university APDG policies can be found in Appendix I.F.1.

Table I.F.1. Differences between Selected Graduate School, MSN/PMC, and DNP Program APDG Policies

POLICY	Graduate School	MSN/PMC Programs	DNP Program	Rationale for Difference
	NSU 2019-220 Catalog, p. 135	NSU 2019-2020 Catalog, p. 111	NSU 2019-2020 Catalog, p. 113	
Admission	Provisional, conditional, or regular admission status is granted.	Only regular admission status is granted.	Only regular admission status is granted.	Students in the DNP program are held to a higher admission standard in order to retain students with greatest potential for success.

POLICY	Graduate School	MSN/PMC Programs	DNP Program	Rationale for Difference
	NSU 2019-220 Catalog, p. 135	NSU 2019-2020 Catalog, p. 111	NSU 2019-2020 Catalog, p. 113	
	GRE 280 or higher	No GRE required if UG GPA met minimum requirements (new in 2019)	GRE waived with MSN degree and Emotional Quotient (EQ) Assessment Results	To make graduate education more accessible to UG students who have other strengths and solid UG GPAs. DNP students have demonstrated success in graduate school by obtaining their MSN degree. EQ exams measure emotional intelligence, which has been tied to effective leadership and success.
	Two letters of recommendation required	Two letters of recommendation required	Three letters of recommendation required one each from: a former faculty member, a clinical reference, and a character reference.	To evaluate students' potential ability to achieve DNP program objectives and become advanced practice nursing leaders.
	License not required	Unencumbered, unrestricted nursing license required	Unencumbered, unrestricted nursing license required	An active license is required for nursing practice.
Progression	Students can earn credit for up to two courses with a final grade of "C".	Students must earn a final grade of "B" or higher to earn credit in clinical courses.	Students must earn a final grade of "B" or higher to earn credit in all courses.	MSN/PMC students are held to a higher educational standard for clinical related courses. DNP students are held to higher educational standards for all coursework.
Graduation	Must graduate with a cumulative program GPA of 3.0	Requirement same as the Graduate School	Requirement same as the Graduate School	NA
Dismissal	Students are not immediately dismissed if the academic honor code is violated; licensure not required	Any violation of academic honor code leads to immediate dismissal; any loss of unrestricted, unencumbered license leads to immediate dismissal	Any violation of academic honor code leads to immediate dismissal; any loss of unrestricted, unencumbered license leads to immediate dismissal	Nursing is a profession that is held to a higher ethical standard, and the DNP graduate, who is considered an expert practice leader is held to this standard.

I-G. The program defines and reviews formal complaints according to established policies.

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

Program Response:

There are established policies by which the University and CON define and review student complaints (http://studentaffairs.nsula.edu/complaints-2/). Complaints may be formal (written grievances) or informal (RR University Student Handbook 2019-2020, p.78-79). The student is encouraged to express the complaint or concern by the Informal Complaint Resolution process first. If unable to resolve the informal complaint at the program or college level, the student may file a formal complaint as published (RR I.G.1 University Student Handbook, p. 78-79). Student appeals for grade or waiver of policy are not considered complaints. Assistance is available to students through the Student Accountability and Advocacy Offices and the Dean of Students.

Once a formal complaint is received by the CON administration, the Dean of Students is notified so that the appropriate committee can be convened. The Dean of Students or the Student Accountability and Advocacy Offices communicates directly with the student regarding committee meetings and decisions and maintains documentation. According to the Dean of Students, as of July 1, 2020 the CON had zero formal complaints filed in the past three years (RR I.G.2 Email from Frances Conine).

An undergraduate grade appeal, although not considered a formal complaint, can be filed with the Registrar's Office (nsula.edu/documentprovider/docs/2/grade-appeal-procedure-form.pdf- check link.) The graduate grade appeal resides with the Graduate School Office and may be found at graduateschool.nsula.edu/wp-content/uploads/sites/21/graduate-school-form-appeal-of-reported-grade.pdf. Grade appeal procedures are published in the University Catalog 2019-2020, p. 33.

The undergraduate students are first introduced to policies, including those related to formal complaints, during University 1000 (a one-hour credit orientation course for entering freshmen). Students are tested on this material during the midterm and final exam to ensure they understand the importance of this material. In addition, clinical students have a detailed orientation given by the program coordinator addressing various policies and procedures during the first week of all clinical courses. RN to BSN and graduate students are referred to university and CON policies in each course syllabi and in the Student Handbook. Additionally, MSN students are alerted to the various policies during NURG 5000 Orientation to Graduate Studies. Beginning Spring 2020, PMC students were invited to attend the on-line Orientation to Graduate Studies session and/or review the recording of the orientation.

The mechanism by which faculty complaints are handled is discussed in Chapter 8 of the Faculty Handbook (RR I.G.3 Ch 8, p. 53-55). Complaints must be filed within 30 days and routed to the appropriate committee or department for discussion and decision. Documentation of formal faculty complaints is maintained per University policy (RR I.G.3 Ch 8, p. 53-55).

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

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification

examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2]

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

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

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

Program Response:

The CON strives to ensure documents and publications are accurate, particularly those relating to the more essential elements of the programs: such as program offerings, outcomes, accreditation/approval status, academic calendar, curriculum patterns, recruitment and admission policies, licensure and/or certification examinations for which graduates will be eligible, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees. These documents and publications are reviewed annually, as described in the MEP, and as needed by each PCC. In addition, directors, program coordinators and faculty work closely with appropriate departments (e.g., Registrar's Office, Graduate School, etc.) and Information Technology (IT) to make necessary revisions.

Designated faculty members can upload revised documents on the CON website immediately. However, if other types of changes are needed on another department's page, actions are taken to process the correct information through that department, along with the assistance of the IT department. In addition, the CON sends program announcements to the News Bureau on campus http://news.nsula.edu/about-us/ to showcase faculty and programs.. To communicate important programmatic information to students, announcements are posted in course Moodle shells, which also sends a concurrent email to each student.

University and CON websites are updated when noteworthy information is received. In addition, the CON sends publications such as brochures to the News Bureau on campus http://news.nsula.edu/about-us/ for advice on strategies to showcase the information, accurately and clearly. For example, the BS to BSN brochure was developed and uploaded to the site indicating the new offering, admission policies, curriculum, process for enrollment and accreditation status (RR I.H.1 BS to BSN Brochures). The process to notify constituents of updated information includes dissemination through University Messenger, course announcements, emails, PCC meetings, advisory council meetings, and CON publications and websites (RR I.C.33 Nursing Columns). CCNE accreditation status statements are accurately disclosed in CON publications and on the website under each program's link (https://nursing.nsula.edu/nursing-programs/. For APRN education programs, transcripts specify the APRN role and population focus of the graduate (RR I.H.3 Sample Transcripts). Links to other sample documents and publications are provided in Table I.H.1.

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

[2] *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

Table I.H.1. Links to Sample Documents and Publications

Published Document	Web Link
CON Program Offerings	https://www.nsula.edu/academics/nursing-allied-health/nursing- program/
CON Programs' Objectives	BSN: https://www.nsula.edu/documentprovider/docs/90/BSN%20GOALS.pdf MSN:https://www.nsula.edu/documentprovider/docs/96/MSN%20GOALS%20and%20OBJECTIVES.pdf PMC:https://www.nsula.edu/documentprovider/docs/566/PMC%20Goals%20and%20Objectives%20%20(1).pdf DNP: https://nursing.nsula.edu/nursing-programs/ and click DNP
Accreditation Status & Admission, Progression, Dismissal, Graduation Policies	University Admissions: https://www.nsula.edu/admissions/ University Graduate School Admissions: https://graduateschool.nsula.edu/admissions/ Accreditation Status and Program Specific Admission, Progression, Dismissal, Graduation Policies/Criteria https://nursing.nsula.edu/nursing-programs/ and click on each program and student handbooks.
Grading Policies	BSN: https://www.nsula.edu/documentprovider/docs/95/Nursing-UndergraduateStudentHandbook-3.19.2020.pdf MSN & PMC: https://www.nsula.edu/documentprovider/docs/96/2019-2020%20MSN%20Handbook%20updated%2006.27.2020.pdf DNP: https://www.nsula.edu/documentprovider/docs/99/DNP-Handbook-REV-3.2020.pdf
Tuition and Fees	https://www.nsula.edu/futurestudents/nsu-tuition-and-fees/
Academic Calendar	https://www.nsula.edu/registrar/
Licensure & Certification Exams for Which Graduates are Eligible	BSN: https://nursing.nsula.edu/nursing-programs/ Click BSN MSN and PMC AGACNP: https://www.nsula.edu/documentprovider/docs/97/ACNP-Concentration-Description-revised-11-29.pdf MSN AGPCNP: https://www.nsula.edu/documentprovider/docs/97/AGPCNP-Concentration-Description-5-14.pdf MSN and PMC FNP: https://www.nsula.edu/documentprovider/docs/97/FNPConcentrationDescriptionrevised11-12.pdf MSN PCPNP: https://www.nsula.edu/documentprovider/docs/97/PCPNP-ConcentrationDescriptionrevised4-18-12-1.pdf MSN and PMC PMHNP: https://www.nsula.edu/documentprovider/docs/97/PMHNPConcentrationDescription4-17.pdf MSN WHNP: https://www.nsula.edu/documentprovider/docs/97/WHNPConcentrationDescriptionrevised11-12.pdf DNP: not eligible for licensure or certification stated on program link
Program Outcomes	https://nursing.nsula.edu/program-outcomes/

Standard II
Program Quality: Institutional Commitment and Resources

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

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

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

Program Response:

The CON fiscal and physical resources are sufficient to meet the needs of its nursing programs and said resources are reviewed periodically and adjusted accordingly to ensure faculty and students are able to achieve the mission, goals and expected faculty and student outcomes. The CONSAH strategic plan addresses the mission, goals, and expected program, faculty, and student outcomes (RR II.A.1 - CONSAH Strategic Plan).

Fiscal Resources: The CON operating budget supports achievement of program mission goals and expected outcomes and is supplemented by grants, partnerships, endowed professorships, and professional degree fees. The budget is developed annually by the dean with input from department heads and submitted to the provost and then the president for approval. Faculty are provided the opportunity to offer recommendations for equipment, facility improvements and other resources throughout the academic year.

Fiscal resources are sufficient to provide adequate faculty coverage, including full time and adjunct faculty. CON faculty salaries are in line with faculty salaries in other University departments and enough to entice prospective faculty to submit applications when vacancies arise. Table II.A.1 compares CON faculty salaries to those of other Louisiana universities as reported by the LSBN, and AACN averages for public institutions in the south.

Table II.A.1. Comparison of CON Faculty Salaries (2018) to AACN Salaries for the 5oth Percentile in Public Institutions for the Southern Region (2018)

RANK	CON[1]	NSU	LSBN (2018)[2]	AACN (2018)[3]
Assistant Professor	$55,055	$53,604	$61,087	$76,091
Associate Professor	$60,588	$57,424	$68,372	$88,831
Professor	$90,262	$73,082	$83,314	$103,080

[1] Based on a 9-month salary

[2] LSBN Annual Report (https://www.lsbn.state.la.us/Portals/1/Documents/AnnualReport/AnnualReport2018.pdf), pg. 47

[3] AACN 2017-2018 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing Public Agency Table 63 Public Institution Academic Year: Salaries for Full-Time Instructional Nurse Faculty in the Southern Region by Rank, Type of Institution, and Degree.

Program Resources: Funding is sufficient to provide for program resources. The CON has enhanced student and faculty resources by transitioning from paper and pencil/computer lab testing to iPads with ExamSoft®, purchasing new clinical lab beds and anatomical equipment, including an Anatomage® table. In addition, Medatrax® is being used for graduate student documentation of e-portfolios. Shadow Health® software is available for the graduate and undergraduate student assessment courses.

Program resources are changed based on input from students and faculty. Based on a faculty survey, 82% of faculty were in favor of students using iPads to facilitate active learning assignments, group projects, clinical paperwork, and testing (RR II.A.2a - 2019 Faculty Survey). Prior to implementing the use of iPad's students were asked to complete the Survey for Clinical Apps so that the apps that they wanted could be installed on the iPads (RR II.A.2b - Survey for Clinical Apps Sept 2017). The 2018 LRITS Committee end of year report states that the results of the Survey for Clinical Apps was given to IT for installation of student requested apps on the first 40 iPads (RR II.A.2c - LRITSC 2018 End of Year Report).

As faculty are key program resources, other benefits are provided to support faculty retention, such as endowed professorships, free continuing education, and faculty development opportunities. CON leadership is responsive to retention issues, for example, an increase in undergraduate program workload was impacting faculty retention. A proposal was submitted to the dean by senior leadership requesting to reorganize the structure of undergraduate programs. The proposal was approved resulting in a new organizational chart and job descriptions, stabilizing the faculty (RR II.A.3a Prior Org. Chart 4-18-19; RR II.A.3.b CONSAH Org Chart 7-20-20

Additionally, during the past three years, positions have increased across programs to fulfill current and new program needs. The dean aggressively worked to get the following program positions: Coordinator for the BS to BSN Program, Coordinator for the Paramedic/Military Medic to RN Program, DNP Program Director, DNP facilitator, DNP Assistant Coordinator, Psychiatric Mental Health Clinical Coordinator, Undergraduate Facilitator, and a Student Health Nurse.

Table II.A.2 provides an overview of the CON budget for the past three years. Copies of the university budgets for the current and last two years are found in the resource room RR II.A.4a-cFY, 19,20 NSU Operating Budgets). The overall budget inclusive of operation and other sources covers the programming for the CON. The CON operating budget is supplemented by federal and private funds. To date, the CON has several partnerships with community agencies that fund faculty positions: The Rapides Regional Medical Center, Christus – Louisiana and Cabrini Medical Center, Rapides Foundation, Willis Knighton Health System in northwest Louisiana, and Natchitoches Regional Medical Center and Foundation. In addition to operating funds, clinical students are assessed laboratory and assessment fees for the purchase of laboratory supplies and standardized tests; professional degree fees are assessed to assist with purchase of equipment, software, faculty development, and travel.

Table II.A.2 – CON Budgets for the BSN/MSN/DNP Programs for the Most Recent Academic Years

Source of funding		2017 - 2018	2018 - 2019	2019 - 2020
State Funds[1]	BSN	$2,002,892	2,398,662	2,783,141
	MSN/PMC	1,001,446	1, 262,455	1,259,141
	DNP	111,272	189,368	198,796
RRMC[2]	BSN	150,000	150,000	150,000
CHRISTUS/Cabrini[3]	BSN	85,000	87,550	90,177
	MSN/PMC	120,932	123,308	63,546*
Rapides Foundation	BSN	143,610	82,543**	126,630
	MSN/PMC	147,500	147,500	147,500
WKHS[4]	BSN	120,000	120,000	135,000
	DNP	0	0	205,666
NRMC/F[5]	BSN	0	74,250	75,735
BoR Capitation[6]	BSN	0	0	112,000
TOTAL		$3,882,652	$4,635,636	$5,347,332

[1]Operating; [2]Rapides Regional Medical Center; [3]Christus-Louisiana & Cabrini Medical Center; [4]Willis Knighton Health System; [5]Natchitoches Regional Medical Center/Foundation; [6] Louisiana Board of Regents *To be transitioned to undergraduate position; this represents one semester of 2019-2020 AY. ** Faculty and Student Success Coordinator for one semester only, due to resignations.

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

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

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

Program Response:

Physical resources and clinical sites are sufficient to enable nursing programs to fulfill the mission, goals, and expected outcomes and are reviewed periodically. CON operates on three off campus learning sites (Shreveport, Alexandria, and Leesville) and the main campus (Natchitoches). None of the programs under review utilize the Leesville site.

The College of Nursing Education Center, located at 1800 Line Avenue in Shreveport, Louisiana (RR II.B.1 - Map of Shreveport off-campus learning site), provides the educational environment for Nursing Sciences majors enrolled in general academic or clinical courses. The Center consists of the Line Avenue School (listed in the National Register of Historic places), the Warrington Building, the Library Building, and the Faculty Tower. The Warrington Building has two classrooms, two simulation labs, and three computer labs. The Library Building houses the library, computer center, multimedia center, nursing skills labs, classrooms and a large lecture hall which can be divided into two large rooms and used for workshops, seminars, and conferences. A total of five classrooms are equipped with send/receive compressed video capability. The Faculty Tower has four stories and contains the nursing administrative and faculty offices, as well as offices for student organizations and support staff. Student, faculty and staff parking are located around the Nursing Education Center Complex. Handicapped parking and faculty/staff parking are designated. Clinical facilities utilized in Shreveport include various hospitals, medical centers, clinics, nursing homes, public health agencies, home health agencies and other community-based agencies.

The College of Nursing on Main campus (Natchitoches) is in Fournet Hall with two faculty offices, two classrooms and one computer lab with 28 desktop computers. In the Family and Consumer Sciences building, there is a nursing skills lab, three faculty offices, and one adjunct faculty office. There are four full time faculty available for advising and instruction, with one full-time facilitator available for providing advising materials, and assisting students and faculty, in addition to office management. Also available is a 150-seat classroom in Russell Hall that has been remodeled to include updated compressed video equipment.

The Central Louisiana (CENLA) College of Nursing is composed of two locations in Alexandria. One is located at England Air Park and the other is Rapides Regional Medical Center. CENLA sites serve Central Louisiana and contribute to the overall education, development, and experiences of students by offering local support services, as well as courses through various delivery methods which contribute to the workforce needs of employers and community.

The site at England Airpark has a total of 20 dedicated classrooms, two computer labs with forty-five computers, two nursing labs, a student study area, a student lounge, access to library services on-line, six classrooms that are send/receive sites for compressed video, and four classrooms that are receive only compressed video sites. The compressed video rooms are equipped with a podium, computer, display screen, and high-speed internet. The site at Rapides Regional Medical Center has ten faculty offices, two dedicated classrooms with compressed videos which are

send/receive, a nursing lab, a faculty lounge, a student lounge, and a student computer lab. Both sites offer student support services including admission assistance, advising, entrance exams, financial aid, proctoring, and tutoring.

Table II.B.1 shows physical space, facilities, and resources available for faculty and students on each CON site. The physical space and facilities are sufficient and configured so that the program can achieve its mission, goals, and expected outcomes. The equipment and supplies are also sufficient so that the programs can achieve the mission, goals, and expected outcomes.

Table II.B.1 - Physical space and facilities at Shreveport, Alexandria, and Natchitoches

RESOURCES	SHREVEPORT	ALEXANDRIA	NATCHITOCHES
PHYSICAL SPACE AND FACILITIES			
FURNISHED OFFICES WITH ACCESS TO COMPUTERS, SCANNERS, COPIERS, PHONES, NETWORK PRINTERS AND OFFICE SUPPLIES.	YES	YES	YES
CLASSROOMS	YES	YES	YES
CONFERENCE ROOMS	YES	YES	YES
EQUIPMENT AND SUPPLIES			
LABS (CLINICAL)	YES	YES	YES
LABS (COMPUTER)	YES	YES	YES
CLINICAL SIMULATION LAB @ WILLIS KNIGHTON & CHRISTUS CABRINI (HIGH FIDELITY)	YES	YES	No*
CLINICAL SIMULATION LAB (LOW FIDELITY)	YES	YES	YES
LIBRARY (PHYSICAL)	YES	NO	YES
LIBRARY (ELECTRONIC ACCESS)	YES	YES	YES
DISTANCE ED/COMPRESSED VIDEO ROOMS	YES	YES	YES
STUDENT LOUNGE AREA	YES	YES	YES
AUDITORIUMS	YES	NO	YES
IPADS	YES	YES	YES
ANATOMAGE	YES	NO	NO
CLINICAL SKILLS LAB (S)	YES	YES	YES

*Students have access but must travel to Shreveport or Alexandria.

There is an impressive high-fidelity simulation lab at Willis Knighton Innovation Center that is available to clinical students regardless of learning site. This unique facility is one of the largest virtual hospitals in the nation complete with 22 patient rooms, two operating suites, recovery, and a labor and delivery suite. This state-of-the-art virtual hospital uses the latest high-fidelity simulators to recreate real-life situations for nursing students to hone their skills.

The Learning Resources Information Technology and Simulation Committee (LRITSC) meets monthly and is responsible for developing, reviewing, coordinating, evaluating, and making recommendations related to learning resources, library holdings and materials, instructional support services, and physical facilities. Annually, the LRITSC develops, distributes and summarizes a Faculty Survey asking for input and satisfaction related to resources of the CON, to include, library, computer labs, computer resources, technological support, nursing labs, supplies, technology education, simulation, Moodle learning platform, distance learning, and classrooms (RR II.B.2 – LRITSC 2019 Faculty Survey). Recommendations for additional teaching and technology resources are brought to the committee by faculty and students. The committee then investigates the feasibility and sets priorities which are then submitted to Nursing Administration. Emphasis over the past few years has been placed on expanding the capacity for student testing. As an example of this, the committee implemented a project to administer student testing on iPads in 2018. This was initiated due to increasing conflicts for scheduling computer labs for testing. Additionally, to meet the needs of increasing enrollment, more computer labs were needed for general student use. To meet the emerging technology needs of the CON, a proposal was written to begin using iPads for testing, note taking, and for resource applications, such as Stat Ref. In Fall of 2018, iPad testing was implemented with the entering BSN class and continued with each subsequent cohort. By summer 2020 all clinical BSN students were utilizing iPads.

The CON utilizes approximately 200 clinical sites throughout the state of Louisiana. Each of these clinical sites has a current affiliation agreement or MOU (RR II.B. 3 - Clinical Sites). BSN students are generally assigned to clinical sites located near their geographic region and preferred learning site. MSN and PMC students use clinical sites throughout Louisiana. Post-licensure BSN, MSN Administration and Education, and DNP students may use clinical sites throughout the United States and obtain the appropriate agency permission. Post-licensure BSN, MSN, PMC, and DNP students participate in the selection of clinical sites; however, if a student is unable to find an appropriate clinical site, the faculty will assume responsibility for obtaining an appropriate clinical site in a timely manner. The available site may require students to travel outside their immediate geographic area. Faculty understand that it is their responsibility to ensure proper clinical facilities. Clinical sites are evaluated by student and faculty (RR II.B.4a-f) – Sample Clinical Site Evaluations).

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

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

Program Response:

NSULA academic support services are sufficient to meet program and student needs and are evaluated on a regular basis as outlined in the MEP.

Libraries: Students and faculty at all sites have access to books, eBooks, journals and all manner of materials to support their educational or teaching careers. Northwestern State University has the largest nursing library in the state of Louisiana. The Eugene P. Watson Memorial Library, located on the Main Campus, and the Nursing Library, housed at the Shreveport site, provide information literacy instructional support for CON students and faculty. The Watson library is a three-story modular 95,000 square foot building containing facilities for group and individual study and research. Professional librarians are available to assist with research both face-to-face and remotely. The Shreveport library houses the Learning Resource Center (a computer lab with printers), the Testing Lab (exam proctoring) and physical books and journals. All students, faculty, and staff can access this library electronically from off-site or from the Learning Resource Center. The Shreveport Nursing Library is a member of the National Library of Medicine (NLM) DOCLINE and may borrow journal articles from NLM Libraries.

Shreveport Learning Site Library: Staff provide support via one-on-one consulting sessions, in-class trainings, online WebEx instruction, and small study groups. Additionally, the library staff serve as guest speakers in nursing classes. The Shreveport head librarian assists students and faculty when requested via email, phone, or instructional WebEx sessions. Vendor recorded sessions are also available. The Shreveport head librarian is also a member of the Medical Library Association, Health Sciences Libraries of Louisiana (HSLA), a regional medical library association, and the Special Libraries Association.

In addition to instructional support, the library maintains print and electronic collections to support the nursing curricula. The library's resources are available in a variety of formats, including 4,138 electronic books, over 168 non-historical books in print, 82 online and print reference books, 5,600 electronic journals and 180 bound journal titles. Database subscriptions include CINAHL Complete, OVID, MEDLINE, ProQuest Nursing & Allied Health Source, JBI Database, STAT! Ref, Gale Reference, Cochrane Library, TRIP Resources for Evidence Based Practice, Salem Science e-Books, Health Source Nursing Academic Edition, AHFS Consumer Medication Information, ALT Healthwatch, and PSYCH Info. These databases allow students and faculty access to over 5,600 journals, many providing full text format.   Faculty and students also have access to several additional scientific databases: Academic Search Complete, Biological Abstracts, Science Direct, and LexisNexis Academic Universe. In recent years, the Nursing Library added several non-subscription online databases, including ADAM Medical Encyclopedia, ClinicalTrials.gov., Drug

Information Portal, Medline Plus Drugs & Supplements, Merck Manual, PillBox, and Up-To-Date Journal Index. All faculty and nursing students, regardless of location, have off-campus proxy access to the electronic databases.

NSU Main Campus Watson Library is part of a larger network of 47 member libraries called The Louisiana Library Network (LOUIS). "Established in 1992, LOUIS has 47 members and is funded by the Louisiana Academic Libraries Information Network Consortium members and the Board of Regents" (https://sites01.lsu.edu/wp/louis/). LOUIS represents a "partnership with Academic Libraries, State and Private Libraries, Museums and Archives. It provides information technology solutions to consortium members in a cloud computing environment: an integrated library system (ILS), a digital library ILLIAD (InterLibrary Loan Internet Accessible Database), electronic scholarly resources, consulting, authentication, training, communication, and operational support. Established in 1992, LOUIS has 47 members and is funded by the Louisiana Academic Libraries Information Network Consortium members and the Board of Regents." Instructors and students may borrow medical or nursing books through the ILLIAD system. The above demonstrate that library resources are sufficient to meet program and student needs. The LRITSC committee annually evaluates sufficiency of library resources for all programs via the Faculty LRITSC and the Student Evaluation of Support Services surveys (RR II.C.1a - Student Evaluation of Support Services Forms; and, RR.II.C.1b - Results of Student Evaluations for 2017, 2018, 2019).

Academic Success Center: The Director of Nursing and Allied Health Student Academic Success ensures CONSAH students can successfully navigate the collegiate experience from pre-admission to graduation. The Director is the first contact many students have with CONSAH. The Director's responsibilities include: managing registration, pre-registration, admission activities and processes for CONSAH students; conducting advising seminars and gathering up-to-date advising materials for CONSAH faculty and support staff; supervising CONSAH students' admission, progression, and dismissal processes and issues, including bankruptcies and suspensions; coordinating annual freshman connection events for CONSAH on the Shreveport campus and CONSAH events on the Natchitoches campus; supervising and coordination of CONSAH student tutoring; coordinating general education courses offered on the Shreveport, Alexandria and Leesville nursing and allied health campuses that meet student learning needs; establishing professional working relationship with registration and financial aid departments to aid students' navigation through these processes; ensuring that five-week, 10-week, midterm, senior, and end-of-semester grades are posted in a timely manner; and ensuring all confirmation of grade forms are completed in a timely manner to the university and LSBN. Although the Academic Success Center is located on the main campus, Academic Success services are available to all students. The department builds one-on-one relationships between students and tutors thereby ensuring students are academically prepared to earn a college degree. The Center's environment encourages good study habits and learning across all disciplines, especially the humanities and STEAM subjects. Students may request help with papers, submit papers for edits or proof reading and request tutoring help through the Academic Success Center website. Tutoring may be done via WebEx, https://www.nsula.edu/academicsuccess/

Counseling Services: The CONSAH Counselor is a professionally licensed (LPC, LCSW, LMFT) individual with knowledge of the principles, theories, and practices of counseling. The Counselor is qualified to administer standardized and career diagnostic tests and interpret results and is characterized by a genuine desire to work with college students in an effort to assist them in reaching healthy resolutions to various problems and concerns which directly impact the personal and academic success and development of the student.

Student Proctoring: The CONSAH employs a student advisor/proctor, who assists with proctoring examinations administered on the Shreveport campus, communicates the proctoring policy to all students, while securing and reserving testing locations one week prior to examinations. Additionally, the proctor assists with maintenance of online and paper advising folders, students' records and files pertinent to advising.

Technology Support: The CONSAH has two Technology Support Specialists positions, one of which is unfilled due to the ULS hiring freeze. The specialists provide support to University computing environments by installing, configuring, and maintaining hardware and software in the campus environment. Additionally, the Specialists provide application support, such as Microsoft Office, Internet browsers, email, and other office productivity packages; provide

consultation to faculty and staff when making technology purchases; evaluate and recommend hardware and software solutions when applicable; provide necessary support for video conferencing and lecture capture classrooms; and provide necessary support for the University Learning Management System (LMS).

Research Support Services: The University is committed to support of Research services as evidenced by the hiring of research related personnel and resources specific to Research Support. The CONSAH has several personnel dedicated to support research: a Statistician, the Coordinator of Interprofessional Research and Instructional Technology, and the Director of Grants and Planning. These positions work in tandem within the CONSAH to support research services for students and faculty.

The CON statistician is the "research-statistics" expert on graduate nursing and allied health students' research projects; develops research/statistics courses across undergraduate and graduate student curricula in nursing and allied health; and ensures faculty have ample resources and opportunities to participate in scholarly activities. The statistician also advises and counsels students regarding statistics, as established by the Dean, Department Head, and Program Director while maintaining collegial relationships with peers and colleagues throughout the University.

The Coordinator of Interprofessional Research and Instructional Technology coordinates interprofessional research and instructional technology implementation between all CONSAH graduate programs (BSN, MSN, PMC, MSRS, DNP). The Coordinator also provides research and instructional technology mentorship and direction for CONSAH faculty, while articulating and executing a strategic plan to expand faculty and student interprofessional research and instructional technology use across all programs. The coordinator engages in discussions with workforce partners, as directed, to develop interprofessional research and technology partnerships which are mutually beneficial to healthcare communities of interest and academe. The coordinator develops and teaches interprofessional graduate research courses (according to CONSAH workload policy) in accordance with current pedagogy, and best-evidence, in a manner that promotes academic excellence and ensures that research course offerings housed within the CONSAH are leveled according to educational programs and appropriate to achieve program learning outcomes.

The Director of Grants and Planning provides leadership and guidance to faculty and administration regarding grant-funding opportunities appropriate to fulfilling the goals and strategic plans of the CONSAH. More specifically, the Director of Grants and Planning searches for grant opportunities, prepares and submits grant proposals, and assist Project Directors/Primarily Investigators with grant management, grant reporting, budget management, complying with grant-specific guidelines, and required report preparation.

Office of Instructional Technology and Student Support: Northwestern is at the forefront of using a variety of technology modalities in all programs. The Office of Student Technology is dedicated solely for the purpose of supporting and improving student life and learning at NSU. The office is dedicated to the acquisition, installation, maintenance, and efficient use of state-of-the-art technology and prepares students for the workplace. The office provides technology support for all sites including the following services: 42 student technology computer labs in addition to 26 student computer labs purchased by departments, 58 research workstations across three NSU library sites including 18 workstations for library instruction, student checkout (laptops, projectors), resource center (binding, faxing, laminating), assisting students with web design, related coursework software, and provides technology training to students (https://www.nsula.edu/studenttech/).

Office of Electronic and Continuing Education (**ECE**), located on the main campus, offers faculty development opportunities to engage in professional educational programs that meet the learning needs of a diverse adult population https://www.nsula.edu/ece/ . These programs are offered to off-campus learning sites when requested or online by means of WebEx and communicated to faculty on Daily Messenger e-mails (RR II.C.2 - ECE Professional Development). All faculty are afforded the ability to participate in ECE programs at no cost. These educational programs allow faculty to support students with program software and technology. ECE evaluates each program offering upon completion.

Nursing Continuing Education at the Shreveport site provides numerous continuing education programs annually for faculty and students. Selected examples include: Team STEPPS Master Training Course: Interprofessional Healthcare Integration, LGBT+ Advocacy Training, Quality Improvement: A Standard of Excellence, and Creative Ways to Teach Diverse Learners (RR II.C.3 - CE brochures (1-10) and 2019 CE Offering List (11). Each continuing education course is evaluated by the attendee and an aggregate evaluation is done. Evaluations are used to improve future educational offerings (RR II.C.4 - LGBTQ 2019 CE Evaluation).

Distance Education and Technology Support, Asynchronous and synchronous online and compressed video learning are teaching-learning modalities for delivering course content. The teaching platform used by NSU CON is Moodle. Technology support for both faculty and students is essential to having a successful online program. The online Student Helpdesk (https://www.nsula.edu/its/student-helpdesk/) is available to all students to help facilitate students' use of Moodle and email. Students are oriented to the library and Moodle. Moodle tutorials are available for orientation to this learning system. Student Online Support services also offers aid in resetting passwords and preventing virus exposure. Further, Student Online Support services answers, "Frequently Asked Questions" and provides contact information for individualized help. Students have access to download free Microsoft Office® software. Faculty who teach online courses complete an "Online Boot Camp" to ensure current knowledge of online teaching-learning. Faculty are introduced to Quality Matters criteria for developing and evaluating online courses through the Online Boot Camp. Additionally, the Online Boot Camp provides faculty information for utilization of WebEx (synchronous video conferencing), Debut (video recording), VIC (software to integrated video content into online courses), and the actual Moodle Learning Management System (LMS). Other topics discussed within the Boot Camp modules include copyright guidelines, rubric development, and engaging students in online learning. When faculty are utilizing compressed video technology, IT phone numbers are available for immediate support at each site.

TRIO Student Support Services (**SSS**), first generation low income students or students with disabilities may apply for and receive admission to programming that includes intensive engagement directed towards "academic and career advising, instruction in academic skills and financial education, peer tutoring, fitness support programs, and other assistance systems designed to maximize students' chance at success in college."   The TRIO grant is funded by the U.S. Department of Education (USDE) and is a selective-admissions program dedicated to bridging the connection between high school and college. TRIO SSS services include many other unique services to help students progress and successfully graduate from Northwestern State University within four to six years. Students, including nursing majors, participating in the program are asked to complete an Individual Success Plan (ISP) each semester and must meet with their advisor at least three times per semester to assess their progress in meeting the goals outlined in the ISP. Students benefit from tutoring services, counseling, development of test-taking skills, and time and stress management http://studentsupportservices.nsula.edu/ TRIO application (RR II.C.5a) and e-mail (RR.II.C.5b)to inform faculty about what is available for students..

In summary, many NSU and CON student resources are available including counseling, financial aid, health services, tutoring, academic advising, library, research support, technology support, and more (RR II.C.6 - CON Student Resources). Nursing specific student resources include the Student Support Committee, comprised of faculty and student representatives focusing on and responding to student needs (RR II.C.7 - Student Support Committee Bylaws, p. 12). Students representing the SGA and SNA work to improve the student experience. Some examples include, providing support dogs during finals week and hosting a Wellness Wednesday event each week via WebEx, allowing students, faculty, and staff to participate in an activity (Yoga, Zumba, Pilates, etc.). This is meant to be a fun, stress-free activity to encourage self-care (RR II.C.8 - Wellness Wednesday Flyers).

Student and faculty satisfaction with academic support services, including library, technology, distance education support, research support, and admission and advising services are assessed at least annually as indicated in the MEP by LRITSC (Faculty Survey each spring) and the Director of Assessment (Student Evaluation of Support Services each fall) via online surveys. Data from each survey are reviewed and shared with various programs, faculty, and administrative committees for action as needed (RR II.C.9 - LRITSC 2019 Faculty Survey; and, RR II.C.1b - 2017–2019 Results of Students' Evaluations of Support Services).

II-D. The chief nurse administrator of the nursing unit:
- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.**

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response:

Dr. Dana Clawson, DNS, WHNP-BC, CNE is the chief nurse administrator, or Dean of the CONSAH. She was appointed to the position of Dean in Spring 2014. As chief nurse administrator, she has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units at the University (RR II.D.1 - NSU Organizational Chart). Dr. Clawson earned an ASN, BSN, and MSN from Northwestern State. She earned a Doctor of Nursing Science from Louisiana State University Health Sciences Center in New Orleans, Louisiana in 2009. Her doctoral dissertation was entitled The Relationship between Pre-Licensure Baccalaureate Nursing Students' Stress and Their Perceptions of Clinical Nurse Educator Caring. Dr. Clawson has significant nursing education, administration, practice, and research experience. She joined the NSU faculty in 2000 and served as Undergraduate coordinator in both associate and baccalaureate nursing programs from 2002 to 2007, Women's Health Nurse Practitioner program coordinator from 2007 to 2011, and Director of Graduate Studies in Nursing and Research from 2010 to 2014. Dr. Clawson is published and speaks at local, state, national, and international professional meetings. Dr. Clawson is active in professional organizations such as Beta Chi Chapter of Sigma Theta Tau International, National League of Nursing, Louisiana Associate of Nurse Practitioners, Nurse Practitioners in Women's Health, and the Louisiana Council of Administrators in Nursing Education (LACANE).

Dr. Clawson is heavily involved in promotion of the CONSAH and in developing collaborative relationships with external communities of interest. For example, Dr. Clawson has met with Rotary Clubs, state legislators, and educational committees such as Shreveport-Bossier Business Alliance for Education (SBBA), Committee of One-Hundred, and CEOs of health care systems throughout the state to garner fiscal and community support for nursing. Dr. Clawson garnered political support for state approval of the DNP program at NSU. Dr. Clawson meets with faculty members to elicit input regarding workloads, program needs, and individual goals. Additionally, Dr. Clawson sends a college-wide e-mail called "Updates" to all CON faculty and staff, to ensure valuable information regarding the CONSAH is effectively communicated (RR.II.D.2).

Under Dr. Clawson's leadership, the CON has experienced substantial growth in programs, students, faculty and support staff. She has been effective in developing innovative programs and improving established programs, examples include: (1) transitioning graduate nursing programs from face-to-face to online course delivery; (2) working with the Rapides Foundation to fund student stipends and a full-time graduate faculty member to grow the MSN/PMC program at the CENLA site from ten to thirty students; (3) working with the Rapides Foundation to fund a faculty position and student stipends for the Psychiatric Mental Health Nurse Practitioner concentration of the MSN/PMC programs; (4) working with the state department of health and LSBN to develop the Medic/Military Medic to ASN tract, (5) working with a local private college to establish the BS to BSN tract; (6) working with HRSA grant agencies, (7) integrate genomics into MSN curriculum, (8) developing the MSN (APRN) to DNP track of the DNP program, (9) developing the AGPCNP concentration of the MSN/PMC program, and (10) developing the AGACNP concentration of the PMC program. Since 2014 Dr. Clawson has procured initial or secured pre-established external funding for 14 full-time faculty positions. In collaboration with the Director of Grants and planning Dr. Clawson has

procured over 6 million dollars in external funding for students and programs. Dr. Clawson's was recently promoted to Full Professor within the CON. Dr. Clawson's CV may be viewed in (Appendix II.C.1. – Dean's CV).

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

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

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

Program Response:

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach (RR II.E.1 - Faculty Qualification Chart; RR.II.E.2 - Adjunct Qualification Chart). Faculty that teach in all nursing programs have a minimum of a BSN and master's degree. Table II.E.1 describes the composition of faculty in the CON.

Table II.E.1. Full-Time and Adjunct Faculty Rank and Tenure Status (AY 2019-20)

	N=116	Master's Prepared	Doctoral Prepared	Tenured	Tenure Track	Non-tenure Track
Adjunct	53	36	17	0	0	53
Assistant Professor	51	40	11	18	24	9
Associate Professor	9	0	9	7		2
FProfessor	3		3	3		
Total	116	77	39	28	24	64

The majority of faculty are registered nurses and hold current Louisiana RN/APRN licensure as appropriate; faculty who are not nurses are content experts in their field. Faculty teaching in clinical/practicum courses have the appropriate clinical expertise, which is maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Each nurse practitioner concentration has a lead faculty who is certified and licensed in the same population.

Nursing faculty who teach in any CON program are licensed as a registered nurse within the state of Louisiana (RR II.E.3 - Licensure policy). Faculty who teach in the advanced practice clinical courses have the appropriate APRN licensure as required by the LSBN. To meet regulatory requirements, the APRN faculty maintain active clinical practice sufficient to meet requirements of respective certifying bodies. To assist with maintenance of clinical skills, faculty

may apply for and receive approval to conduct faculty practice four (4) hours per week for undergraduate faculty or eight (8) hours per week for graduate faculty (RR II.E.4 - CON Faculty Practice Policy). Additionally, faculty are sufficient to maintain graduate and undergraduate faculty to clinical student ratios as specified by regulatory bodies (1:9 and 1:10, respectively). Students engaged in LSBN approved preceptor experiences may have a maximum of 1:15 faculty to student ratio (RR II.E.5 - Title 46 Professional and Occupational Standards, Faculty Student Clinical Ratio). Examples of clinical assignments for BSN and MSN (RR II.E.6a-e).

The goal of the CON is to provide full-time faculty for the major portion of the curriculum within each program, using adjunct faculty to assist with clinical courses and courses where additional expertise is warranted. Faculty members complete the LSBN Faculty Qualification form prior to hire (RR II.E.7 - Nurse Faculty Qualification Form). Faculty workloads are clearly stated in the faculty workload policies (RR II.E.8 - Faculty Workload Policy; and, RR II.E.9 - Attendance and Faculty Office Requirements) to ensure the CON meets university faculty workload requirements and regulatory guidelines and are equitably distributed.

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

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

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

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

Program Response:

The role of preceptors within the CON in regard to clinical supervision and student evaluation is clearly defined and is congruent with program mission, goals, and expected student outcomes. These roles and performance expectations are reviewed periodically per the MEP and revised as appropriate. The preceptors also meet relevant professional nursing standards and guidelines. Preceptors are used to expand the students' perspective, meet program objectives, and allow students the opportunity to interact in a collegial manner with those within the nursing profession, as well as other professions. Preceptors must meet specific criteria that are documented and on file for each program. Preceptor packets, which include program specific preceptor role expectations, are located in the Resource Room [RR II.F.1 a) RN to BSN Mentor Packet, b) BSN Preceptor Packet, c) MSN/PMC Preceptor and Orientation Packet (FNP), d) DNP Clinical Advisor Packet, e) DNP Clinical Agency Approval Form, f) DNP Clinical Site Evaluation]. Faculty are ultimately responsible for evaluation of all nursing students but share clinical teaching responsibilities with qualified preceptors.

BSN Program Response: Pre-licensure BSN students participate in preceptorship clinical and community experiences that provide opportunities to facilitate transition from the role of student to that of professional nurse during the final clinical semester, immediately prior to graduation. Pre-licensure BSN preceptors are required to complete the LSBN Preceptor Qualification Form located at
https://www.lsbn.state.la.us/Portals/1/Documents/Forms/PreceptorQualificationForm.pdf.

Faculty guide, direct, and evaluate students. A copy of the *LSBN Guidelines for the use of Preceptors in the Clinical Setting* is in the resource room (RR II.F.2 - Required Preceptor Qualifications). The program coordinator provides an orientation for preceptors to discuss the preceptor role and expectations, student assignments, review the syllabus, and answer questions. Preceptor evaluations from the previous semester are reviewed and analyzed at each

orientation, and recommendations are made for improvement. For example, in response to student feedback, clinical days were changed from Thursday/Friday to Wed/Th to ensure consistency in preceptor assignment. Preceptor orientation to both preceptor and student expectations during the clinical preceptorship experience, and the role of adjunct faculty were discussed at the Fall 2019 Preceptor Tea (RR II.F.3 - Preceptor Tea Agenda).

Post-licensure students participate in mentorship clinical experiences that provide opportunities to facilitate transition from associate to baccalaureate level. Students select mentors in their work settings who meet the qualifications as outlined in the mentor packet (RR II.F.1a - Example RN to BSN Mentor Packet). The completed forms are submitted to the respective course faculty and kept on file. Mentors are provided written orientation regarding the role and course expectations and how to provide input into the student evaluation. However, faculty are responsible for the final evaluation and grading for post-licensure BSN students. Faculty are accessible by phone and email to answer questions and provide guidance.

MSN and PMC Response: MSN/PMC preceptors are required for each student accepted into clinical courses. Students have the option to locate the preceptors with whom they will work. Preceptors for the APRN student must be a nurse practitioner or physician and must meet certain criteria, including applicable specialty, a minimum of one year of clinical experience, and an unencumbered license verified at the primary source, either the state nursing or medical board. Additionally, for PMHNP students, the preceptor may be a Licensed Professional Counselor (LPC) or Licensed Clinical Social Worker (LCSW) for a limited number of hours. For non-APRN students, the preceptor must be a graduate prepared registered nurse or other faculty approved health professional. If a student is unable to secure an appropriate preceptor, the faculty is responsible to collaborate with the student to provide viable options. Preceptors are oriented to program/concentration/semester requirements and expectations for oversight of students by means of the MSN preceptor packet (RR II.F.1b – MSN/PMC Preceptor Packet). Faculty are frequently in contact with preceptors by phone, email, or in person. Students may not begin clinical until the preceptor application, biographical data sheet, and proof of current licensure have been submitted to the respective clinical coordinator. An updated CV may be submitted in lieu of the biographical data sheet. This documentation is uploaded to Medatrax by the students and approved by faculty for all concentrations. For all NP concentrations, preceptors are evaluated by students and faculty each semester. Additionally, for all MSN/PMC roles, including nurse administration and nurse educator, preceptors are evaluated by faculty review of student logs and preceptor adjustments may be made if students are not achieving expectations.

DNP Response: The clinical advisor for the MSN-DNP student is preferably doctorly prepared or educationally prepared at a level appropriate with their clinical role and is an expert in the student's scholarly project field of interest. The clinical advisor helps the student to accomplish clinical practice/program objectives and/or completion of the scholarly project. Before beginning clinical practicum experiences, students must: (1) Identify a clinical advisor who is willing to serve as the student's clinical advisor and meets clinical advisor expectations, and (2) ensure that an Affiliation Agreement (AA)/MOU is in place. Students review the AA/MOU status to determine if an agreement between NSU CON and the anticipated agency already exists. If no agreement is in place, a new AA/MOU is obtained. Prior to engaging in clinical practicum experiences, both the clinical agency approval form and the clinical advisor agreement form must be completed (RR II.F.1d - DNP Clinical Advisor Form; and, RR II.F.1e - Clinical Agency Form). The DNP project team, including the student's clinical advisor(s), the student's major professor/faculty advisor, and the student, each have specific roles which are explicated in the Clinical Advisor Agreement Form. The DNP clinical advisor is evaluated by the student and faculty each semester via the Clinical Site Evaluation Form.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.
- *Faculty have opportunities for ongoing development in teaching.*

- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Program Response:

Faculty role expectations are clearly delineated in the annual appointment letter (RR II.G.1 - Faculty Appointment Letter). Upon hire, each faculty member is assigned a level coordinator and/or a faculty mentor to complete an outcome-based orientation (RR II.G.2 - Faculty Orientation Policy). The CON embraces life-long learning and it is an expectation that faculty remain competent in their area of expertise by means of clinical practice, continuing or formal education, and/or by other means, such as independent research or discovery. Faculty development is supported through a variety of mechanisms including offering eighteen endowed professorships (RR II.G.3 – List of Endowed Professorships). Professorships are awarded to faculty on a competitive basis for terms of one year or more. Eligible recipients are those whose accomplishments will potentially result in significantly improving university development in the areas of research, scholarship, teaching, or service. Endowed professorships are available for amounts from approximately $5,000 to more than $10,000 per year. These funds may be used for the conduct or dissemination of research, attending or presenting at conferences, and paying for other expenses. Scholarship is seen in a broad sense and can include publications, podium or poster presentations, developing teaching strategies based on evidence, and participating in continuing education. Additionally, faculty have access to a research statistician, a spring research day on main campus for faculty and students, and the Beta Chi Chapter of Sigma Theta Tau Research Day.

Faculty have ongoing opportunities to develop expertise in teaching. The CON continuing education committee plans, implements and evaluates continuing education programs for faculty and the community. Examples of conferences over the past two years include: NSU Faculty Development "Leading Innovation: Implications for Health Professionals", NSU DNP presentations "Quality Improvement A Standard of Excellence Implications for Health Professionals", and the Louisiana League for Nursing Summer Conference "Creative Ways to Teach Diverse Learners: It's All About Engagement" (RR II.C.4 CE - Offerings 1-10).

Another avenue available to faculty to maintain clinical competence is the use of faculty practice. All faculty members may apply for and receive faculty practice time. As part of the process and to ensure appropriate use and documentation of release time dedicated to faculty practice, an application is completed by faculty and submitted to the respective program director for approval (RR II .G.4 – Faculty Practice Policy). Undergraduate faculty are allowed four faculty practice hours per week and graduate faculty are allowed eight faculty practice hours per week. Faculty practice hours may be used for direct clinical practice or other scholarly activities (publishing, research, and/or working on a doctoral degree). Graduate faculty members are expected to conduct faculty practice sufficient in hours to satisfy certification/recertification requirements.

Faculty are expected to perform satisfactorily in three categories: teaching, scholarship, and service (- Faculty Handbook pgs. 44 and 45) and are evaluated annually based on those categories (https://www.nsula.edu/wp-content/uploads/FacultyHandbook2017.pdf Faculty Handbook, pg. 51) (RR II.G.5 - Faculty Evaluation Policy). Because the university is primarily a *teaching,* rather than a *research* institution, emphasis is placed on the teaching aspect of faculty productivity. Additionally, within the CON, scholarship is defined more broadly than research activities alone and is based on the work of Boyer's (1990) *Scholarship Revisited: Priorities of the Professoriate*. Faculty scholarship is inclusive of research activities but also includes presentations (podium and poster), publications, and pursuing continuing and formal education. Faculty are granted release time to pursue clinical and scholarly activities. This time may be used to: https://www.nsula.edu/wp-content/uploads/FacultyHandbook2017.pdf - Faculty Handbook pgs. 44 and 45) and are evaluated annually based on those categories (https://www.nsula.edu/wp-content/uploads/FacultyHandbook2017.pdf Faculty Handbook, pg. 51)

(RR II.G.5 - Faculty Evaluation Policy). Because the university is primarily a *teaching,* rather than a *research* institution, emphasis is placed on the teaching aspect of faculty productivity. Additionally, within the CON, scholarship is defined more broadly than research activities alone and is based on the work of Boyer's (1990) *Scholarship Revisited: Priorities of the Professoriate*. Faculty scholarship is inclusive of research activities but also includes presentations (podium and poster), publications, and pursuing continuing and formal education. Faculty are granted release time to pursue clinical and scholarly activities. This time may be used to:

- pursue clinical practice in order to maintain clinical competence,
- attend faculty development offerings that can improve their teaching skill and/or increase their knowledge base (e.g., subscription to Nurse Tim, NexGen Conference),
- present at local, state, national or international arenas; or
- conduct research.

Adjunct faculty are invited to many of the professional development events, as appropriate and at the same fee, if any, charged to full-time faculty.

Service to the CON and University is generally accomplished through participation in committees, special projects, and contributions of expertise, and other such activities, although service to the profession and/or community is also encouraged. Pronounced emphasis is placed on service learning and faculty are encouraged to incorporate service-learning activities in courses where appropriate and engage students in those activities. The Beta Chi Chapter of Sigma Theta Tau hosts an annual research conference (RR II.G.6 – Beta Chi 2020 Conference Agenda). This year the conference had several sessions and poster presentations focused on nurses serving the community. Due to COVID-19, the Beta Chi Research Conference was presented virtually (https://nursing.nsula.edu/interprofessionalresearch/).

Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:
- **are congruent with the program's mission and goals;**
- **are congruent with the roles for which the program is preparing its graduates; and**
- **consider the needs of the program-identified community of interest.**

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

Program Response:

The curricula for the undergraduate and graduate programs are developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission and goals, congruent with the roles for which the program is preparing its graduates, and consider the needs of the program-identified COI.

BSN Program: The BSN curriculum is congruent with the CONSAH mission and is designed as "a four year professional nursing education program that includes liberal arts education preparing graduates for beginning nursing practice in a wide variety of settings, including acute and long term care, community and school health, and critical care." (*nursing.nsula.edu/nursing-programs/*).

The BSN program's curricula, both pre-licensure (BSN, LPN to BSN, BS to BSN) and post-licensure (RN to BSN), are congruent with the CONSAH mission and the role for which BSN students are being prepared (entry-level generalist registered nurses). The BSN program's nine SLOs are congruent with the CONSAH mission and goals, and the BSN program goals. The undergraduate BSN program has four overarching goals, to: (1) prepare beginner professional nurses who provide direct and indirect care to individuals, families, groups, communities, and populations; (2) prepare beginner professional nurses who design, manage, and coordinate care; (3) prepare beginner professional nurses to become productive members of the nursing profession; and (4) provide a foundation for graduate education. An example of the congruency between CONSAH goals, BSN program goals, SLOs, and course objectives are presented in Table III. A.1. The entire pre-licensure BSN congruency table is presented in Appendix III. A.1.

Table III.A.1 Congruency between CONSAH Mission & Goal, BSN Program Goals, SLOs and Select Course Objectives

CONSAH Mission	CONSAH Goal	BSN Program Goals	BSN SLOs	Select BSN Course Objectives
NSU CONSAH serves an increasingly diverse student population…by offering….programs that are designed to assist individuals in achieving their goals to become	2. Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates that bring regional imminence to the CONSAH.	1.Prepare beginner professional nurses who provide direct and indirect care to individuals, families, groups,	1.Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the	Pre-licensure BSN NURB 4220 (Community Health Nursing): 1. Synthesize theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care to aggregates and communities. Post-licensure BSN

CONSAH Mission	CONSAH Goal	BSN Program Goals	BSN SLOs	Select BSN Course Objectives
responsible and contributing members of an interprofessional global community...		communities, and populations.	global community.	NURB 4291 (Leadership and Management Practicum for Registered Nurses): 1. Integrate theories and principles from the arts, humanities, and sciences to provide culturally sensitive health care through leadership and management strategies.

The BSN program curricula are comprised of 120 credit hours (Appendix III.A.2). Of the 120 credit hours, 54 are general education hours and 66 are nursing hours. The program curricula are evaluated at least annually, as designated in the MEP. BSN faculty participate in monthly PCC meetings and in an annual BSN faculty retreat. During the BSN PCC meetings, curricula are evaluated, and revisions are made when needed (RR III.A.1 BSN PCC Minutes).

The BSN program goals and program objectives (SLOs) are congruent. Every SLO has two assessment measures, each with an established ELA, which are compared annually to actual levels of achievement (RR III.A.2 BSN SLOs/measures/ELA) and (RR III.A.3 RN/BSN SLOs/measures/ELA). Student achievement of SLOs are analyzed on an annual basis by the BSN PCC and the RN to BSN PCC to foster ongoing program improvement. An example of BSN SLO Assessment Measures and Expected Outcomes is presented in Table III.A.2. A table demonstrating assessment methods and ELAs for each BSN program objective is presented in Appendix III.A.3

Table III.A.2 Excerpt of SLO Table Demonstrating Assessment Measure and Expected Outcome

BSN Student Learning Outcomes (SLO's)	Track	Assessment Method	Expected Outcome
1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	Pre-Licensure BSN	1.1 Cultural Competency Skills component of the Clinical Evaluation Tool in NURB 4221 (Community Health Nursing Practicum)	90% of the students will achieve a score of 3 or higher.
		1.2 Implementation component of the Clinical Evaluation Tool in NURB 4231 (Transition to Professional Practice)	90% of the students will achieve a score of 3 or higher.
	Post-Licensure BSN	1.1 Home Visit Assignment completed in NURB 4191 (Community Based Nursing Practicum for Registered Nurses)	75% of students will score 80% or higher
		1.2 Cultural Competence Assignment in Geriatric Care in NURB 3142 (Gerontology for RNs)	75% of students will score 80% or higher

Additionally, curricular revisions are informed by evaluation of program outcomes such as: (a) completion rates, (b) licensure examination pass rates, (c) employment rates, and (d) satisfaction data.

The pre- and post-licensure BSN program curricula teaching-learning practices consider the needs of the program-identified community of interest. For example, in response to an identified need by Centenary College, an external COI, a BS to BSN program track was developed to meet the needs of students who had already achieved a BS degree but desired to obtain a BSN degree. An additional example of external COI consideration involves the BSN program maintaining sufficient faculty to adhere to the Louisiana State Board of Nursing (LSBN) regulatory mandate of faculty to student ratio of 1:10 in the clinical setting. Finally, a third example of external COI consideration involves the BSN program ensuring curriculum credit hours are 120, as mandated by the Louisiana Board of Regents (BOR). An example of the post-licensure BSN program considering the needs of an internal COI, employed registered nurses (adult-learners), is offering all RN to BSN courses in an online, asynchronous learning environment which integrates innovative technologies, such as WebEx, VIC, Stream, and Moodle. An example of the pre-licensure BSN program considering the needs of the internal COI was the change of clinical days in NURG 4231 (Transition to Professional Practice Practicum) from Thursday/Friday to Wednesday/Thursday to ensure the same clinical preceptor was available to work with the student. The requested scheduling change was discussed with adjunct faculty, who work with agency preceptors, at the annual Preceptor Tea (RR III.A.4 Preceptor Tea Agenda). Further examples of the BSN program's consideration of COI input is presented in the resource room (RR III.A.5a-e BSN – Examples Demonstrating COI Input).

MSN Program Response: The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission and goals, congruent with the roles for which the program is preparing its graduates, and considers the needs of the program-identified COI. The MSN curriculum is congruent with the CONSAH mission and is designed to "build upon the base of baccalaureate education in nursing and upon experiential professional knowledge, attitudes, and skills, and is concerned with the educational preparation of nurses in advanced roles who can make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice" (*University Catalog*, 2019-2020, p. 112). The MSN program's six program objectives (student learning outcomes [SLOs]) are congruent with CONSAH goals and the MSN program goals. Table III.A.3 illustrates an example of congruency between the CONSAH goals, MSN program goals, SLOs, and selected course objectives. The complete example of one CONSAH goal, the corresponding four MSN goals, objectives (SLOs), courses, and course objectives is presented in Appendix III.A.4.

Table III.A.3 Congruency Between CONSAH Mission & Goal, MSN Program Goal, SLO, and Select MSN Course Objectives.

CONSAH Mission	CONSAH Goal	MSN Program Goals	MSN Program SLOs	Select MSN Course Objectives
…while advancing the mission of the university by offering excellent and innovative undergraduate, graduate, certificate, and continuing education programs…	2. Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates that bring regional imminence to the CONSAH.	1. Prepare graduates with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator, or nurse practitioner.	1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families and communities within the professional scope and standards of advanced practice in nursing.	8. NURG 5700: Examination of health beliefs and diverse cultural concepts in the delivery of primary health care (NURG 5700). 4. Synthesize scientific foundations and theoretical concepts from nursing and other fields to formulate a framework to guide clinical practice (NURG 5830).

The six MSN SLOs are encompassed in: (a) graduate core courses (12 credit hours), (b) area of clinical concentration courses (6 to 9 credit hours), (c) functional role area courses (9 to 20 credit hours), (d) support courses (0 to 6 credit hours), and (e) research courses (3 credit hours). Consistency between the six SLOs and each course offered in the MSN program is documented in Course Congruency Chart (RR. III.A.6). The total required credit hours for matriculation from the MSN program ranges from 39 to 44 semester credit hours. MSN students may enroll in a part-time or full-time program of study. Areas of clinical concentration available to MSN students include: (a) Adult-Gerontology Nursing (NURG 5040, 5050, 5700); (b) Maternal-Child and Family Nursing (NURG 5310, 5320, 5700); (c) Adult-Gerontology Acute Care Nurse Practitioner (NURG 5410, 5420, 5430, 5700); (d) Adult-Gerontology Primary Care Nurse Practitioner (NURG 5530, 5540, 5550, 5700); (e) Family Nurse Practitioner (NURG 5770, 5780, 5790, 5700); (f) Primary Care Pediatric Nurse Practitioner (NURG 5850, 5860, 5870, 5700); (g) Women's Health Nurse Practitioner (NURG 5330, 5340, 5350, 5700); and (h) Psychiatric Mental Health Nurse Practitioner-Lifespan (NURG 5910, 5920, 5930, 5940, 5960).

The MSN program curriculum overview is presented in Appendix III.A.5. All MSN program curriculum patterns are available in the Resource Room (RR III.A.7 MSN Curriculum Patterns). Functional role concentrations offered in the MSN program include: (a) administration, (b) education, and (c) nurse practitioner. All advanced practice students (nurse practitioner) and students involved in direct care practice (Education students) complete the three "P" courses: (1) Advanced Physiology/Pathophysiology (NURG 5280 Advanced Human Physiology and Pathology for Advanced Practice Nurses), (2) Advanced Health Assessment (NURG 5700 Methods of Clinical Nursing Assessment), and (3) Advanced Pharmacology (NURG 5710 Pharmacotherapeutics). The administration role is not considered a direct care role; therefore, administration students are not required to take Pharmacotherapeutics. However, all administration role students are required to take physical assessment (NURG 5700 Methods of Clinical Nursing Assessment) and advanced pathophysiology (NURG 5280 Advanced Human Physiology and Pathology for Advanced Practice Nurses). Additionally, all students, regardless of clinical concentration, are required to complete a professional paper in lieu of thesis (PILT). Research course offerings are Research in Nursing (NURG 5010), Research Seminar I (NURG 5995), and Research Seminar II (NURG 5996).

The MSN program goals and program objectives (SLOs) are congruent. Every SLO has two assessment measures, each with an established ELA, which are compared annually to actual levels of achievement (MSN/PMC Program Objectives (SLOs), Assessment Measures, and Expected Outcomes (ELAs) in Appendix III.A.6). A table demonstrating congruence of MSN/PMC goals, program objectives (SLOs), assessment measures, and expected outcomes is in RR III.A.8. Student achievement of SLOs are analyzed on an annual basis by the MSN/PMC PCC to foster ongoing program improvement.

Recommendations to revise the curriculum, courses, or teaching-learning practices are based on assessment of students' achievement of SLOs and actions taken by MSN/PMC faculty to foster ongoing program improvement are submitted to the University Assessment Committee (RR III.A.9 MSN Annual Program Assessment) . Additional program outcome data such as (a) completion rates, (b) certification examination pass rates, (c) employment rates, and (d) satisfaction data are also used to foster ongoing program improvement (Program Outcome Data). The MSN curricula are evaluated annually as specified in the MEP. Curriculum revisions occur in response to faculty evaluation of curricula and/or student success in achieving identified measures of program effectiveness. Monthly MSN/PMC PCC meetings are held to discuss program changes, integration of program changes, course issues, and students' progression through the program. MSN/PMC faculty participate in an annual MSN/PMC faculty retreat where program outcomes are evaluated, and integration of program changes are discussed. When MSN curriculum revisions are warranted, the revisions are approved by MSN/PMC faculty, then submitted to the AC, the University Graduate Council, and University CRC for approval at each level. Table III.A.4 describes the MSN/PMC program's consideration of the COI needs and expectations.

Table III.A.4. Examples of MSN/PMC Curriculum Changes based on Communities of Interest Needs and Expectations

Community of Interest	Mechanism of Input	Needs/Expectations	Curriculum Changes
Advisory Council BSN/MSN prepared RNs throughout Louisiana Students; Alumni	Face to face meetings Surveys	Increase in the mental health needs of the community/lack of expert health care providers in psychiatric mental health.	Development of a new concentration: PMHNP Across the Lifespan. (RR III.A.10a Advisory Council Minutes) and (RR III.A.10b CCNE Sub-change)
Professional organizations	Websites/Updates	Updated professional nursing standards and guidelines	All MSN concentrations incorporate current PNSGs into curricula (ongoing)
Accrediting Bodies/ National Taskforce	Websites/Updates	CCNE Standards for Accreditation (2018) NTF Criteria (2016)	MSN/PMC PCC revised curricula as needed to meet updated versions of professional nursing standards and guidelines, such as adding emphasis on diversity and interprofessional collaboration.
Students; Alumni; Faculty	Surveys; Student participation on PCC committees; Course Evaluations	Re-sequencing of WHNP curriculum	WHNP curriculum re-sequenced in response to COI input requesting that the primary/ preventative care course follow immediately after NURG 5700 so that they could use the recently learned skills right away before focusing on knowledge and skills related to specifically to the WH population (e.g., study hypertension and diabetes before studying pre-eclampsia and gestational diabetes).
Faculty Students	PCC Meetings	Steady increase in the geriatric population. Need for cost effective and accessible primary care.	Development of the Adult-Gerontology Primary Care Nurse Practitioner (AGPCNP) program. (RR III.A.11 New Concentration)
Students	Course Evaluations	More online courses	NURG 5700 Methods of Clinical Nursing Assessment moved to an online format.
Students and faculty	Course evaluations; faculty discussions in PCC	Difficulty getting pediatric clinical experiences in the Spring; student discomfort starting with a population most were uncomfortable with while learning new role and skills. Additionally, access to a *sick* pediatric population tend to be easier in the fall and winter months.	Re-sequencing clinical courses, i.e., moving FNP I (pediatrics/women's health) to the third clinical semester (Fall) rather than teaching it in the first clinical semester (Spring).

Community of Interest	Mechanism of Input	Needs/Expectations	Curriculum Changes
Potential and current students	PCC	Increasing requests for more sections of core courses NURG 5120 (*Theory Oriented Nursing*), NURG 5010 (*Research in Nursing*), NURG 5280 (*Advanced Human Physiology and Pathology for Advanced Practice Nurses*), and NURG 5710(*Pharmacotherapeutics*)	Added an additional section of each course for a total of three to four sections of each.
Professional guidelines, MSN/PMC PCC	PCC	Updated curriculum to include more pertinent content related to genomics/genetics and informatics.	Added two new one credit hour courses to introduce students to content in genomics and informatics: NURG (5370) (*Genomics for Nursing Practice*) and NURG 5690 (*Informatics for Nursing Practice*) (RR III.A.12 Sample Curriculum Pattern)
Students and faculty	PCC	COVID-19, travel ban, and need to social distance.	Moved NURG 5000 from face to face to an online WebEx student-faculty meeting. (RR III.A.13a COVID State Declaration) and (RR III.A.13b MSN PMC Minutes 5.18.20, Item 4)

PMC Program Response: The PMC curricula are congruent with the CONSAH mission, PMC program goals, program objectives (SLOs), and the NP role as defined in the APRN Consensus Model (AACN, 2011). Additionally, the PMC curricula are based on the MSN program curricula. Therefore, a determination of which courses are required for each PMC student is based on an individualized student gap analysis (Appendix III.A.7 Sample Gap Analysis). The MSN/PMC PCC is responsible for all aspects of the curriculum, which includes the same underpinnings, core, role, and population-focused courses for the relevant NP concentration.

DNP Program Response: The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the CONSAH mission and goals, as well as the DNP Program Goals, and is designed to "provide a clinical doctorate for master's prepared registered nurses who desire to practice at the highest level and significantly impact health care outcomes for vulnerable populations. Graduates of this DNP program have the potential to transform health care by utilizing advanced clinical skills, translating evidence into practice, implementing systems changes, establishing standards and policies, and acting as organizational leaders" (*University Catalog*, 2019-2020, p. 113). DNP Program goals are congruent with the roles for which the program is preparing its graduates and considers the needs of the program-identified COI. The DNP program's three goals and eight SLOs, are congruent with the CONSAH mission and goals. An example of congruency between CONSAH goals and DNP program goals, SLOs, and selected DNP course objectives are presented in Table III.A.5. A table showing congruency between the CONSAH Mission & goal, DNP program goals, SLOs, and Courses and objectives are found in Appendix III.A.8.

Table III.A.5. Example of Congruency Between a CONSAH Goal, a DNP Program Goal, SLO, and a Course Objective

CONSAH Mission	CONSAH Goal	DNP Program Goal	DNP SLO	Selected DNP Course Objective
…while advancing the mission of the university by offering excellent and innovative undergraduate, graduate, certification, and continuing education programs….	3. Ensure programs and curriculum produce graduates that meet current and future workforce needs.	2. Prepare advance practice nurse leaders to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable populations.	6. Employ consultative and leadership skills to function on inter- and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	3. Institute leadership qualities used in team building, complex practice and organizational issues, management of ethical dilemmas, incorporation of sensitivity to diverse cultures, and elimination of health disparities, while demonstrating sensitivity to diverse organizational cultures and populations including both patients and providers. (NURG 7004: Organizational Theory and Systems Leadership)

The DNP program does not prepare students for additional licensure or certification. The program's curriculum is derived from *The Essentials of Doctoral Education for Advanced Nursing Practice (*AACN, 2006). The DNP program curriculum is comprised of 39 hours and is evaluated at least annually as designated in the MEP (Appendix III.A.9. DNP Program OSL Curriculum Pattern). DNP faculty participate in monthly PCC meetings and in an annual DNP faculty retreat. During the DNP PCC meetings, the curriculum is evaluated, and revisions are made when needed (RR III.A.14 DNP PCC Minutes).

The DNP program goals and SLOs are congruent. Every SLO has two assessment measures, each with an established ELA, which are compared annually to actual levels of achievement. Student achievement of SLOs are analyzed on an annual basis by the DNP PCC to foster ongoing program improvement. Additionally, achievement of USDE required program outcomes, including completion rates and employment rates, are assessed annually. An example of DNP SLO Assessment Measures and Expected outcomes is presented in Table III.A.6. A table demonstrating assessment methods and ELAs for all DNP SLOs is presented in Appendix III.A.10.

Table III.A.6. Example of DNP SLO, Assessment Measures, and Expected Outcomes

DNP Student Learning Outcome	Assessment Method	Expected Outcome
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	7.1 *Population Focused Prevention Project* in NURG 7001 (Clinical Prevention and Population Health)	80% of students will score 80% or higher.
	7.2 *Infectious Disease Research Paper* in NURG 7006 (Epidemiology)	80% of students will score 80% or higher.

The DNP program was initially developed to provide a practice-focused doctorate for licensed, master's prepared advanced practice registered nurses (APRNs) who desire to practice at the highest educational level and significantly impact health care outcomes for vulnerable populations. In response to discussion with community stakeholders during the annual spring CON advisory council meeting in March 2015, an additional curriculum pattern was developed to provide doctoral education to master's prepared, non-APRN registered nurses (RR III.A.15 DNP PCC Minutes. Examples of DNP Program curriculum changes based on input from COI are presented in Table III.A.7.

Table III.A.7. Examples of DNP Curriculum Changes based on COI Input

Community of Interest		Mechanism of Input	Needs/ Expectations	Curriculum Revision
Internal	Students	Student Course Evaluations	Student Learning Course Re-sequencing to improve flow of coursework.	Recommended changes were: a) move NURG 7004 and NURG 7006 to the semester two to better prepare OSL students for NURG 7013; b) move NURG 7002 Clinical Scholarship to semester three to allow students to prepare for NURG 7010; c) move Biostatistics to semester four to make the information more meaningful, as the student will be using the information in concurrent courses and SPSS licensure will be good the duration of scholarly project courses. These changes went through appropriate college and University approvals and was instituted Fall 2017. (RR III.A.16 CRC Minutes)
	Faculty	PCC Meetings (2016)		
	Potential students, Students, Faculty	Face to Face Meetings; Phone Calls	GRE Admission Requirements	The graduate nursing program previously required a minimal GRE score of 284 for all students enrolled in graduate nursing school. DNP program students have already demonstrated success in graduate school by obtaining their master's degree. GRE score was replaced with Emotional Intelligence (EI) exam. The DNP PCC opted to use an Emotional Intelligence (EI) exam to measure emotional intelligence, which has been tied to effective leadership and success. Additionally, steps can be taken to improve EI scores, thereby producing better leaders. This change was approved by the Graduate Council and RCGC November 10, 2015. (RR III.A.17 RCGC minutes)
External	Advisory Council	Face to Face Meeting	DNP concentration that focuses on organizational and systems changes	Development of Organizational Systems Leadership Concentration in 2016. (RR III.A.18 minutes from advisory council).

In summary program curricula and SLOs have been developed, implemented, and revised to clearly reflect each program's goals and objectives to be congruent with the CONSAH mission and goals and to prepare graduates for their respective nursing role. Program curricula are developed, implemented, and revised with consideration of program identified COI.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

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

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

Program Response:

The baccalaureate curricula incorporate professional nursing standards and guidelines relevant to each track. Professional standards and guidelines are regularly reviewed in accordance with the MEP for integration into program curricula. BSN program curricula incorporate *The BSN Essentials* (AACN, 2008) and *Quality and Safety Education for Nursing* (QSEN) *Competencies* (QSEN, 2020) throughout the BSN curricula. Use of these standards and competencies allows students to acquire the knowledge and skills necessary to function as entry-level professional nurse generalists. An example demonstrating incorporation of professional standards and guidelines into the BSN curriculum is presented in Table III.B.1. Demonstration of incorporation of professional standards and guidelines into all BSN courses is in the Resource Room (RR III.B.1 Incorporation of BSN Essentials and QSEN Competencies into the BSN Curriculum).

Table III.B.1 Example of Incorporation of BSN Essentials and QSEN into BSN Curriculum

Professional Standards	BSN Program Goal	BSN SLO	Select BSN Courses	Select BSN Course Objectives
BSN Essentials (2008) 3. Scholarship for Evidence Based Practice ***QSEN*** (2020) Evidence-based Practice: *Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.*	2. To prepare beginner, professional nurses who design, manage, and coordinate care.	5. Integrate research findings to promote evidence-based nursing practice.	Pre-Licensure: NURB 3160 (Research in Nursing)	5. Apply evidence-based nursing practice in the care of patients and families.
			Post-licensure: NURB 3224 (Introduction Nursing Research for Registered Nurses)	1. Explain the links between nursing theory, nursing research, and evidence-based practice. 2. Analyze and describe the components of the research process 3. Critically analyze research studies for application to evidence-based practice.

Following the MEP, and as professional standards and guidelines are revised, faculty consider needed BSN curricula revisions.

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
  - **All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
  - **All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

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

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

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

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

Program Response: The MSN curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines. These standards are clearly defined within the expected student learning outcomes (individual and aggregate) and are evident throughout the curricula. Table III.C.1 demonstrates alignment of MSN Program Objectives (SLOs) to MSN Essentials (2011). An example of congruency between MSN Essentials, MSN courses, and SLOs can be found in the Appendix III.A.4.

Table III.C.1. Alignment of MSN/PMC Program Objectives (SLOs) to *MSN Essentials* (2011).

MSN/PMC Program Objectives (SLOs)	Essential I: Background for Practice from Sciences and Humanities	Essential II: Organizational and Systems Leadership	Essential III: Quality Improvement and Safety	Essential IV: Translating and Integrating Scholarship into Practice	Essential V: Informatics and Healthcare Technologies	Essential VI: Health Policy and Advocacy	Essential VII: Inter-professional Collaboration for Improving Patient and Population Health Outcomes	Essential VIII: Clinical Prevention and Population Health for Improving Health	Essential IX: Master's Level Nursing Practice
1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing.	X							X	X
2. Demonstrate responsibility and accountability as practitioner of advanced nursing and consumer advocate to effect relevant change that will improve the health of citizens at a local, state, and national level.			X			X	X		
3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of				X	X				X

MSN/PMC Program Objectives (SLOs)	Essential I: Background for Practice from Sciences and Humanities	Essential II: Organizational and Systems Leadership	Essential III: Quality Improvement and Safety	Essential IV: Translating and Integrating Scholarship into Practice	Essential V: Informatics and Healthcare Technologies	Essential VI: Health Policy and Advocacy	Essential VII: Inter-professional Collaboration for Improving Patient and Population Health Outcomes	Essential VIII: Clinical Prevention and Population Health for Improving Health	Essential IX: Master's Level Nursing Practice
research evidence which contributes to the development and improvement of nursing theory, nursing practice, and ultimately, client and healthcare outcomes.									
4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and healthcare delivery.		X			X	X			
5. Manage resources within a health care delivery system through collaboration with other health care providers, communities, and clients.		X	X				X	X	
6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.			X	X			X		X

Table III.C.2 provides an example which demonstrates the Family Nurse Practitioner Role/Concentration's integration of professional nursing standards and guidelines (*MSN Essentials* (2011); *NONPF NP Core Competencies* (2017); *NTF Criteria* (2016); and, *AANP Standards of Practice for Nurse Practitioners* (2019)) into a Family Nurse Practitioner Role Course, NURG 5800 (FNP IV: Clinical Preceptorship).

Table III.C.2 Integration of MSN Essentials, NTF Criteria, NONPF NP Core Competencies (2017) and Population Specific Professional Guidelines (AANP Standards of Practice for Nurse Practitioners, 2019).

MSN Essentials (AACN, 2011)	NTF Criteria (2016)	FNP Role/Population Specific Standards (AANP Standards of Practice for Nurse Practitioners, 2019)	NONPF NP Core Competencies (2017)*	MSN Program Objectives (1, 3,6)	FNP Course Course Objectives
IX. Master's-Level Nursing Practice	III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and	I. Qualifications: NPs are registered nurses with specialized, advanced education and clinical practice competency to provide health care for diverse populations in a variety of primary care, acute, and long-term care settings.	1, 4, 9	1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of advanced nursing practice.	**NURG 5800** (FNP IV Clinical Preceptorship) 1. Demonstrate competency in clinical judgment and management in the delivery of primary care. 3. Evidence competency in the provider role in rural and urban sites. 6. Evidence clinical competency in formulating a strategic plan for delivering services to rural and urban health underserved areas.

MSN Essentials (AACN, 2011)	NTF Criteria (2016)	FNP Role/Population Specific Standards (AANP Standards of Practice for Nurse Practitioners, 2019)	NONPF NP Core Competencies (2017)*	MSN Program Objectives (1, 3,6)	FNP Course Course Objectives
	is consistent with nationally recognized core role and population-focused NP educational standards and competencies.				7. Evidence competency and refinement in the role component of the family nurse practitioner, reflecting integration of health promotion, disease prevention, and illness care in assessing, planning, managing, and evaluating health care.
			1,3,4,5	3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes	8. Applies research findings relative to the delivery of primary health care of families.
			1,3,9	6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.	2. Evidence of self-evaluation of clinical practice from a theoretical base

*NONPF Competencies: 1, Scientific Foundations; 2, Leadership; 3, Quality; 4, Practice Inquiry; 5, Technology and Information Literacy, 6, Policy; 7, Health Delivery System; 8, Ethics; 9, Independent Practice

Table III.C.3 provides an example demonstrating integration of professional standards and guidelines for the Primary Care Pediatric Nurse Practitioner (PCPNP) role and concentration of the MSN program. A complete table demonstrating professional standards and guidelines, except for *NONPF NP Core Competencies* (2017) which can be found in Table III.C.4) for all roles and concentrations of the MSN program is found in Appendix I.B.2.

Table III.C.3. Integration of Professional Standards and Guidelines for PCPNP Role and Concentration of MSN Program

Professional Standards & Guidelines	Non-Population Specific NP Courses (Non-Clinical)										NP Population Specific Clinical/ Didactic Courses	NP Role Courses
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	PCPNP 1-4 (5850, 5860, 5870, 5880)	Role 1 (5830) & Role 2 (5840)
The Essentials of Master's Education in Nursing (AACN, 2011)	X	X	X	X	X	X	X	X	X	X	X	X
Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)		X		X			X			X	X	X
Pediatric Nursing: Scope and Standards of Practice (ANA, 2008)											X	X
NONPF Core Competencies (2017)	X	X	X	X	X	X	X	X	X	X	X	X

Alignment of *NONPF NP Core Competencies* (2017) and all MSN Program Objectives (SLOs) are found in Table III.C.4. All MSN population/role specific courses, as well as MSN core courses integrate NONPF competencies.

Table III.C.4. Congruence between *NONPF NP Core Competencies* (2017) and MSN Program Objectives

MSN Program Objectives (SLOs)	1. Scientific Foundation	2. Leadership	3. Quality	4. Practice Inquiry	5. Technology and Information Literacy	6. Policy	7. Health Delivery System	8. Ethics	9. Independent Practice
1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing.	X			X					X
2. Demonstrate responsibility and accountability as practitioner of advanced nursing and consumer advocate to effect relevant change		X				X		X	X

Outcome									
that will improve the health of citizens at a local, state, and national level.									
3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes.	X		X	X	X				
4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and healthcare delivery.						X		X	
5. Manage resources within a health care delivery system through collaboration with other health care providers, communities, and clients.		X				X	X		
6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.	X		X						X

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

- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
    - a. **All DNP programs incorporate** *The Essentials of Doctoral Education for Advanced Nursing Practice* **(AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**

    - b. **All DNP programs that prepare nurse practitioners incorporate** *Criteria for Evaluation of Nurse Practitioner Programs* **(NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate** *The Essentials of Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008) and appropriate graduate program standards and guidelines.**

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

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

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

Program Response:

The DNP program curriculum was developed, implemented, and revised to reflect the *DNP Essentials* (2006). Incorporation of the DNP Essentials into the DNP curriculum is regularly reviewed in accordance with the MEP. The *DNP Essentials (*AACN, 2006) are integrated into all DNP courses. Incorporation of the DNP Essentials into DNP courses is demonstrated in Appendix III.D.1 (Appendix III.D.1 - DNP Essentials Mapped to Each Course). Congruency between the *DNP Essentials* (AACN, 2006), DNP Program Goals, SLOs, and course objectives for all courses can be found in the Appendix III.A.8. An example of integration of the DNP Essentials into a DNP Program Goal/Objective (SLO), Courses, and Course Objectives is provided in Table III.D.1.

Table III.D.1. Example of Integration of *DNP Essentials* (2006) into a DNP Program Goal, SLO, Selected Courses and Course Objectives.

DNP Essentials (AACN, 2006)	DNP Program Purposes (Goals)	DNP Program Objectives (SLOs)	Select DNP Courses	Select DNP Course Objectives
Essential I: Scientific Underpinnings for Practice 1. Integrate nursing science with knowledge from ethics, the bio-physical, psychosocial, analytical and organizational sciences as the basis for the highest level of nursing practice	1. Prepare advanced practice nurse leaders with expertise, specialized competencies, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing.	1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice.	NURG 7000: Scientific Underpinnings for Practice	4. Critically appraise theoretical foundations from human biology, genomics, the science of therapeutics, and the psychosocial sciences, as well as the science of complex organizational structures, to develop new practice approaches.
			NURG 7006: Epidemiology	1. Describe the historical evolution of the science of epidemiology, and current applications of epidemiology.

After the DNP program objectives (SLOs) and courses were developed, DNP course objectives were linked to the DNP Essentials and the program objectives (SLOs). Specific teaching-learning activities and assignments were developed to assess if the individual student achieved the course objectives (individual SLOs). Advanced pathophysiology, health assessment, and pharmacology courses were not incorporated into the DNP Curriculum because students are not being educationally prepared for certification or licensure as an APRN.

The initial DNP program curriculum was developed for master's prepared advanced practice registered nurses (APRNs). An additional curriculum pattern was developed in 2015 to provide doctoral education to master's prepared, non-APRN registered nurses (Appendix III.D.2 DNP OSL Curriculum Pattern and DNP APRN Curriculum Pattern). The non-APRN curriculum pattern, Organizational Systems Leadership concentration, eliminated the NURG 7008 Genetics Course and incorporated two additional courses, NURG 7013 Organizational Systems Practice I and

NURG 7014 Organizational Systems Practice II, to solely facilitate additional clinical hour obtainment for the non-APRN student. During the DNP Annual retreat held in December 2019, DNP faculty proposed the two curriculum patterns be combined into an Organizational Systems Leadership Concentration for all master's prepared registered nurses, eliminating the necessity for two DNP program curriculum patterns. The revised combined curriculum pattern requires all DNP students to take the NURG 7008 *Genetics* course and eliminates the previously created Organizational Systems Practice Courses (NURG 7013 and NURG 7014). In the event students need additional clinical hours to complete the program, they can repeat NURG 7012 (*Scholarly Project Practicum III*) until they achieve 1000 post-baccalaureate clinical hours.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

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

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

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

The PMC program is organized around the MSN Essentials, the Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016), and Family Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner and Psychiatric Mental Health Nurse Practitioner professional standards. Per the MEP, PMC curricula are evaluated and revised to ensure relevant and current professional nursing standards and guidelines are reflected in PMC curricula and within the expected SLOs (individual and aggregate).

The PMC students follow the same curricula as the MSN degree-seeking NP students. Advanced physical assessment, pathophysiology, and pharmacology are offered at the graduate level in three separate comprehensive courses as a requirement for each NP student regardless of concentration. PMC students follow a prepared plan of study based on individualized gap analysis. All students who complete the PMC NP program are eligible to take national certification examinations. Table III.C.1 demonstrates alignment of MSN/PMC program objectives (SLOs) and MSN Essentials (2011).

Table III.E.1 demonstrates incorporation of professional standards and guidelines (*MSN Essentials* (2011); *NTF Criteria* (2016); *NONPF NP Core Competencies* (2017); and Population Specific Professional Standards) into all MSN/PMC NP concentration courses.

Table III.E.1. Incorporation of Professional Standards and Guidelines into PMC Program Courses

Standards	Non-Clinical Courses									Clinical and Role Courses				
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I, II	Patho (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1, 2 (5830, 5840)
The Essentials of Master's Education in Nursing (AACN, 2011)	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Standards of Practice for Nurse Practitioners (AANP, 2019)		X					X			X		X		X
Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)		X	X				X			X	X	X	X	X
Consensus Model for APRN: Licensure, Accreditation, Certification and Education (NCSBN, 2008)		X					X			X	X	X	X	X
Adult Gerontology Acute Care and Primary Care NP Competencies (AACN, 2016)		X					X			X	X			X
American Association of Critical Care Nurses Scope and Standards for Acute Care NP Practice (2017)		X					X			X	X			X
Psychiatric Mental Health Nursing: Scope and Standards Practice (ANA, 2014)		X					X			X			x	x
NONPF NP Core Competencies (2017)	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Table III.E.2. provides an example of Incorporation and alignment of an MSN Essential (2011), NTF Criterion (2016), NONPF NP Core Competencies (2017), and Psychiatric Mental Health Nurse Practitioner (PMHNP) Specific Professional Guidelines into PMC PMHNP Program/Concentration and Course Objectives.

Table III.E.2 Example of Incorporation and Alignment of an MSN Essential (2011), NTF Criterion (2016), NONPF NP Core Competencies (2017), and PMHNP Specific Professional Guidelines into PMC Program Objectives and Course Objectives.

MSN Essentials (AACN, 2011)	NTF Criteria (2016)	Psychiatric Mental Health Nursing Scope and Standards of Practice (ANA, 2014)	NONPF NP Core Competencies (2017)*	PMC Program Objectives (SLOs) 1,3,6	PMC Course Course Objectives
IX. Master's Level Nursing Practice	III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies.	5A Coordination of Care	1,4,9	1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of advanced nursing practice.	**NURG 5910** (Assessment and Diagnostic Reasoning Across the Lifespan) 1. Demonstrate competence in diagnostic interviewing skills to perform an initial psychiatric assessment and differential diagnosis. 4. Utilize evidence-based screening tools to guide clinical decision-making. 7. Identify indicators of potential psychiatric emergencies and intervention strategies 4. Utilize evidence-based screening tools to guide clinical decision-making.
		Standard 5H Psychotherapy	1,3,4,5	3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes.	
		Standard 5D Prescriptive authority and treatment Standard 5E Pharmacological, biological, and	1,3,9	6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.	9. Demonstrates self-awareness using reflective practice.

MSN Essentials (AACN, 2011)	NTF Criteria (2016)	Psychiatric Mental Health Nursing Scope and Standards of Practice (ANA, 2014)	NONPF NP Core Competencies (2017)*	PMC Program Objectives (SLOs) 1,3,6	PMC Course Course Objectives
		integrative therapies			

*NONPF Competencies: 1, Scientific Foundations; 2, Leadership; 3, Quality; 4, Practice Inquiry; 5, Technology and Information Literacy, 6, Policy; 7, Health Delivery System; 8, Ethics; 9, Independent Practice

The PMC Program has been approved by the Louisiana Board of Regents, the University of Louisiana Systems Board, and the Louisiana State Board of Nursing, but has not been presented for CCNE accreditation until now.

III-F. The curriculum is logically structured to achieve expected student outcomes.
- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008) as well as advanced nursing knowledge.*

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in* The Essentials of Master's Education in Nursing *(AACN, 2011) and, if applicable,* Criteria for Evaluation of Nurse Practitioner Programs *(NTF, 2016).*

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

Program Response:

All CON program curricula are logically structured to achieve expected student outcomes.

BSN Program Response: The BSN curricula build upon a foundation of arts, sciences, and humanities. The curricula are consistent with the core courses mandated by the Louisiana Board of Regents (BOR) for all Louisiana

baccalaureate programs. University core requirements include six credit hours in English, six credit hours in mathematics, nine credit hours in natural sciences, nine credit hours in humanities, three credit hours in fine arts, and six credit hours in social/behavioral sciences. *"The core encompasses the knowledge and abilities that Northwestern believes are essential to the college graduate. Its requirements are designed to improve student's writing and speaking, to develop an appreciation and knowledge of the arts and humanities, to equip students with mathematical skills at the level of college algebra and above, and to strengthen student understanding of biological, physical, social, and behavioral sciences"* (University Catalog, 2019-20, p. 23).

General education and nursing courses prepare the learner for baccalaureate level nursing practice and provide a foundation for graduate level education (Appendix III.F.1). All BSN programs require a grade of "C" or better in all mathematics, English, science, and nursing courses. These requirements (RR III.F.1 UG APDG policies) stem from the faculty's belief that a strong foundation in the natural, social and behavioral sciences is necessary for the student to develop an understanding of the art and science of nursing. Students will be able to apply this knowledge in a variety of settings to meet the program purpose of providing direct and indirect care to individuals, families, groups, communities, and populations. Table III.F.1 illustrates an example of how the BSN program incorporates knowledge from a general education course within the BSN curricula. A table with that maps all general education courses to BSN curricula is provided in the resource room (Appendix III.F.2 General Education Courses Mapped to BSN Curricula)

Table III.F.1 Example of General Education Courses Supporting BSN Curricula

General Education Course	Pre-licensure BSN Courses and Selected Assignment	Post-licensure BSN Courses and Selected Assignment
Biology 2240 Introduction to Human Genetics	1. NURB 3050 Pathophysiology: Multiple Choice Examinations 2. NURB 3060 Health Assessment: Health Assessment with 3-Generation Genogram	1. NURB 3110 Pathophysiology for RNs: Multiple Choice Examinations 2. NURB 3223 Health Assessment for Registered Nurses: Genetic Risk Assessment and Physical Examination

The Louisiana Board of Regents dictates core knowledge expected of all students graduating with a bachelor's degree, therefore, the first year of the BSN program provides students with the core knowledge essential to any collegiate student obtaining a bachelor's degree. During the sophomore year, pre-licensure BSN students begin taking courses which prepare them for a career in nursing, such as: Human Genetics (BIOL 2240), Pathophysiology (NURB 3050), Introduction to Nursing as a Profession (NURB 3030), Health Assessment/Practicum (NURB 3060/3061), Foundations of Nursing Practice/Practicum (NURB 3040/3041), and Dosage Calculation (NURB 2170). All post-licensure BSN students receive individualized advising which determines the courses needed for degree completion. A recommended sequencing of nursing courses is advised for post-licensure BSN students, however because these students are working RNs flexibility of course sequencing is supported. Most post-licensure BSN students receive credit for the majority of nursing courses taken during the pre-licensure BSN students sophomore year, because they are licensed registered nurses who have previously received academic credit for these courses or equivalent courses.

During the pre-licensure BSN students' junior year, population specific courses, such as Adult Health Nursing/Practicum (NURB 3130/3141), Child Health Nursing/Practicum (NURB 3220/3221), and Care of Women and the Childbearing Family/Practicum (NURB 3230/3231), are included in the curriculum. These courses build upon the foundational courses taught in the sophomore year. In addition, Pharmacology in Nursing (NURB 3150) and Research in Nursing (NURB 3160) are taught in the junior year, to provide students with an understanding of the importance of evidence-based practice and a foundation for understanding pharmacologic therapies used in nursing practice.
The post-licensure BSN students begin their professional baccalaureate nursing courses by taking Informatics for RNs (NURB 3140), Dimensions of Professional Nursing (NURB 3122), and Pathophysiology for RNs (NURB 3110) in addition to any needed general education courses.

During the senior year, pre-licensure BSN students apply the knowledge, skills, and attitudes (KSA) learned in previous semesters to new situations and environments; specifically, medically complex patient populations (NURB 4120/4121: Complex Nursing Care/Practicum), psychiatric mental health populations (NURB 4130/4131 Psych-Mental Health Nursing/Practicum), community settings (NURB 4220/4221: Community Health Nursing/Practicum and), and leadership (NURB 4230/4231: Healthcare Management/Transition to Professional Practice). The Transition to Professional Practice Practicum (NURB 4231) is an immersion course which allows the pre-licensure BSN student to refine and practice what they have learned in the previous four nursing semesters, semi-autonomously, under the direction of a faculty member and preceptor in preparation for their role as a beginner professional nurse. The BSN program curricula are logically sequenced to build upon the foundation of the arts, sciences, and humanities, the knowledge acquired in previous nursing courses, and are aligned with the *BSN Essentials* (RR III.F.2 BSN Curriculum Patterns).

Gerontology for Registered Nurses (NURB 3142), Health Assessment for Registered Nurses (NURB 3223), and Introduction to Nursing Research for Registered Nurses (NURB 3224) are taken in the first semester of the post-licensure BSN students' senior year. These courses provide post-licensure BSN students the KSAs needed for the final semester of their senior year. During the final semester of the post-licensure BSN students' senior year, students enroll in Community-Based Nursing Practicum for Registered Nurses (NURB 4191), and Leadership and Management Practicum for Registered Nurses (NURB 4291). Both courses require students to provide direct or indirect care to improve patient, community, and population health.

Both the pre-licensure and post-licensure BSN curricula are comprised of 120 credit hours. The pre-licensure track of the BSN program has 54 general education credit hours and 66 nursing credit hours. The post-licensure track of the BSN program has 52 general education credit hours and 68 nursing credit hours. Of the 68 nursing hours in the post-licensure curriculum, 38 hours of credit are awarded for previous education and experience. These 38 hours of credit are awarded after the student has successfully completed either NURB 4191 or NURB 4291. Pre- and post-licensure BSN curricula are logically sequenced and build upon the foundation of arts, science, and humanities to achieve expected student outcomes.

MSN Program Response: MSN program objectives build upon the baccalaureate generalist preparation and upon the BSN Essentials (AACN, 2008) to provide the baccalaureate nursing student an expanded understanding of the art and science of nursing, promoting higher level (advanced) nursing practice and leadership in various healthcare settings. MSN program curricula also prepare MSN graduates to pursue doctorate level education. Table III.F.2 provides an example of how the MSN curriculum builds on the BSN Essentials. A table which demonstrates how each MSN program objective (SLO) builds upon the BSN Essentials (AACN 2008) can be found in the resource room (RR III.F.3 Correlation Between BSN Essentials (AACN 2008) and MSN/PMC Program Objectives).

Table III.F.2 Example of how MSN/PMC curricula build on BSN Essentials (AACN, 2008) and MSN Program Objectives

	Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice	Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety	Essential III: Scholarship for Evidence Based Practice	Essential IV: Information Management and Application of Patient Care Technology	Essential V: Healthcare Policy, Finance, and Regulatory Environments	Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	Essential VII: Clinical Prevention and Population Health	Essential VIII: Professionalism and Professional Values	Essential IX: Baccalaureate Generalist Nursing Practice
MSN/PMC SLO #1: Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing.	X	X						X	X

Organization of the MSN curricula is designed to accommodate both part-time and full-time students. All MSN degree-seeking students are required to take NURG 5000 (*Orientation to Graduate Nursing*) in the initial semester of the MSN program. The orientation course provides graduate nursing students with a broad overview of the graduate program, introduces them to graduate nursing faculty, and ensures all students have face-to-face advising at program initiation. The curriculum is structured so that specific courses [Theory Oriented Nursing Practice (NURG 5120), Advanced Human Physiology and Pathology for Advanced Practice Nurses (NURG 5280), and Methods of Clinical Nursing Assessment (NURG 5700)] are completed prior to enrollment in the clinical concentration courses (FNP I, AGPCNP I, etc.). This sequencing is in part due to the *MSN Essentials* (2011) recommendation that theory and research serve as the foundation for advanced nursing practice.

Pharmacotherapeutics (NURG 5710) and Research in Nursing (NURG 5010) are scheduled so students may enroll prior to or concurrent with their second clinical concentration specific course (FNP II, AGPCNP II, etc.). Although the initial research course (NURG 5010) is offered early in the curriculum, students incorporate evidence-based practice into each clinical course in both judgment of differential diagnoses, and more importantly, discernment of interventions based on quality research evidence. In the summer, prior to spring graduation, MSN students have the opportunity to take Research Seminar I (NURG 5995) which more clearly explicates concepts of evidenced-based practice, including the development of information literacy skills, such as executing comprehensive literature searches. In the fall semester prior to spring graduation, and following Research Seminar I (NURG 5995), students can enroll in Research Seminar II (NURG 5996) in which they complete a PILT as a group project.

Advanced Human Physiology and Pathology for Advanced Practice Nurses (NURG 5280) is completed prior to, or concurrent with, the Methods of Clinical Nursing Assessment (NURG 5700). Acceptance into NURG 5700 constitutes acceptance into MSN clinical courses. Once students have successfully completed advanced physical assessment, pathophysiology, and theory, they enroll in the first population specific clinical course.

Clinical courses and role courses are sequenced in a manner that supports student transition from novice to advanced beginning level practitioners. The NP role courses begin with students being introduced to the nurse practitioner role in *Role of the Nurse Practitioner in Clinical Practice* (NURG 5830). These students analyze the role of the nurse practitioner in clinical practice during their first clinical concentration/clinical practice course. This first role course is taken simultaneously with the first two NP population/concentration specific clinical courses. The second role course *Role of the Nurse Practitioner in Business* (NURG 5840) is taken together with the third NP population/concentration specific clinical course. During the second role course students build upon all prior role and clinical course knowledge to construct a business plan for anticipated future practice.

The MSN curricula reflect the *MSN Essentials* (2011) clinical/practice learning expectations for master's programs by providing students with a clearly defined, logically sequenced set of courses with enough supervised clinical experiences to ensure applied learning occurs. In clinical learning environments, students integrate didactic and cognitive learning with affective and psychomotor clinical learning to demonstrate competence in the delivery of services in a wide variety of healthcare settings. Both functional role courses and the final NP clinical concentration/population courses (FNP IV, AGPCNP IV, Adult Gerontology II, etc.) provide MSN students with "immersion experiences" (*MSN Essentials*, AACN, 2011, p. 30) and ensure students have "focused and sustained" (MSN Essentials, AACN, 2011, p. 30) clinical experiences to practice in master's degree roles (MSN Essentials AACN, 2011,). In summary, MSN curricula build on baccalaureate level nursing knowledge and are logically structured to facilitate achievement of expected student outcomes.

All NP population concentration students exceed the minimum requirement of 500 clinical hours (NTF, 2016) as demonstrated in the MSN/PMC FNP part-time and full-time curriculum pattern RR III.F.4. The final clinical semester experience in Spring of 2020 was shortened for many MSN students due to the COVID-19 pandemic. Consequently, attainment of all clinical immersion hours may not have occurred; however, all students, without exception, met the national professional requirements for clinical hours and end of program expected student outcomes as evidenced by successful completion of the required Role Comprehensive Examination and demonstration of an appropriate Final Clinical Practicum Check Off.

PMC Program Response: The PMC program builds on master's education to prepare graduates with advanced practice registered nurse knowledge of the nurse practitioner role in a specific population. PMC curricula are organized around the *MSN Essentials* (2011), *NONPF Nurse Practitioner Core Competencies* (2017) and *the Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Additionally, students obtain knowledge related to the specific population they will be providing care for after program completion. This population-specific knowledge is derived from national professional population-specific competencies and standards. All standards and competencies are reflected in the SLOs, course outcomes, and evaluation strategies. The PMC concentrations sequencing of courses is identical to the MSN concentrations sequencing of courses. Nurse Practitioner courses are arranged in logical order so that foundational and core courses prepare students for acquisition of more advanced, applied knowledge and skills in diagnosis and management of patients in a specific population and role. PMC students follow the same curriculum plan as MSN NP students. Faculty perform a gap analysis for all PMC students to validate which program course requirements have been met and which program course requirements are required for program completion. The gap analysis is used for all PMC students seeking a transfer of coursework toward completion of a PMC. The gap analysis form is completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national NP competencies necessary for certification in the desired NP population-focused area of practice (Appendix III.A.7 Sample Gap Analysis). Students are required to maintain proper sequential enrollment in pre- and co-requisite courses as outlined in the MSN curricula. All PMC students must meet the minimum requirement of 500 clinical hours in their population of study as required by *NTF Criteria* (2016). However,

similar to the MSN students, the final clinical experiences in Spring of 2020 may have been shortened for PMC students due to the COVID-19 pandemic. Consequently, attainment of all clinical immersion hours may not have occurred; however, all students, without exception, met the national professional requirements for clinical hours and end of program expected student outcomes as evidenced by successful completion of the required Role Comprehensive Examination and demonstration of an appropriate Final Clinical Practicum Check off.

DNP Program Response: The DNP program curriculum is logically structured to achieve the DNP program's objectives (SLOs) and consists of a total of 38 credit hours, delivered over six semesters. The DNP program curriculum is built upon the foundation of master's nursing education with experiential professional knowledge and skills obtained during degree completion. To ensure the DNP curriculum and SLOs were built on a master's foundation, an MSN to DNP Crosswalk was developed, which links each DNP SLO to corresponding *MSN Essentials* (Appendix III.F.2 MSN to DNP Crosswalk). Students enrolled in the DNP program are not educationally prepared for additional licensure or certification upon degree completion.

During initial program development, faculty used course descriptions and congruency tables to facilitate creation of course objectives. DNP course objectives were developed, reviewed and revised by all DNP PCC faculty members. The numerous reviews and edits of curriculum content, courses, course objectives and teaching-learning modalities ensured that the DNP curriculum was logically sequenced, and clearly demonstrated a pathway for DNP students to acquire doctoral level competencies while achieving DNP SLOs (Appendix III.F.3 DNP Course Sequencing). At program completion, DNP graduates have acquired doctoral level competencies as delineated in *The DNP Essentials (*AACN, 2006).

In summary, all CON Program curricula (BSN, MSN, PMC, and DNP) are built on requisite competencies and are logically sequenced to achieve program-specific expected student outcomes.

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

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

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

Program Response:

Achievement of program specific student learning outcomes that are appropriate to each student population, and are reflective of changes in teaching-learning practices, can be found on the University website at https://www.nsula.edu/institutionaleffectiveness/ .

BSN Program Response:

The BSN program curricula's teaching-learning practices support the achievement of expected student outcomes, consider the needs and expectations of the identified COI and expose students to individuals with diverse life experiences.

Pre-licensure BSN Response: Most pre-licensure BSN students are *traditional* college students ranging in age from 18-25 years. As novice adult learners, they require more direction and structure than a typical adult learner. To accommodate the learning needs of this population, the pre-licensure BSN program uses a variety of teaching-learning practices in a variety of environments, such as face-to-face teaching, demonstration, instruction via

compressed video, structured case studies, interprofessional simulation, virtual simulations (V-sims), low and high fidelity labs, clinical experiences, and reflective practice. Online discussion forums, quizzes, and testing are additional teaching-learning practices employed in BSN courses. Most instruction is delivered synchronously, although asynchronous instruction also occurs.

The use of face-to-face and compressed video instruction allows the novice adult learner to transition from the highly structured high school environment to the semi-autonomous college structure. In addition, using compressed video for instruction allows students in off-site locations to receive the same instruction as those receiving face-to-face instruction. To promote student engagement, faculty from off-campus learning sites share responsibility for presenting face-to-face sessions. Using structured case studies, BSN students work collaboratively with faculty to address complex clinical scenarios allowing them to safely explore different viewpoints before reaching a consensus regarding complex cases they may encounter in practice. The use of Interprofessional simulation allows novice BSN students to experience and practice high-risk, low-volume clinical situations in a safe environment. Clinical labs and practicums enable students to learn, practice, and hone their patient care skills in a face-to-face simulated clinical environment prior to entering the actual clinical environment. Reflective activities are designed to assist the student to examine their thoughts and feelings and to self-assess areas for future growth. These teaching-learning strategies, provided in a large variety of learning environments, support the achievement of expected student outcomes by providing structure and guidance, consistent with the needs of a novice adult learner. Teaching-learning practices specific to each course objectives are described in each pre-licensure BSN course report (Appendix III.G.1 Pre-Licensure BSN Program Sample Course Report). An example of pre-licensure BSN course assignment and corresponding grading rubric can be found in Appendix III.G.2 Pre-licensure BSN Student Assignment and Grading Rubric).

Many pre-licensure BSN students have limited life experiences; exposing them to diverse populations and viewpoints allows them to broaden their perspectives. Examples of activities that were designed to expose students to different perspectives include two campus-wide CE presentations. One campus-wide educational opportunity provided to all BSN students and faculty was related to understanding the impact of poverty and providing health care to lower socio-economic groups. Another campus-wide educational opportunity provided to all BSN students and faculty was related to providing LGBTQ+ advocacy in healthcare (RR III.G.1 Poverty by Ann Springer, MD and LGBTQ+ presentations). In addition, several senior-level BSN students accompanied the CONSAH Dean to Washington, D.C. to participate in policy meetings related to nursing practice (RR III.G.2 Evidence of Student Trip to Washington).

Post-licensure BSN Response: The majority of post-licensure BSN students are non-traditional college students. As adult learners, they require less direction but need more flexibility in teaching-learning practices to achieve a better work-life-school balance. To accommodate the learning needs of this population, the post-licensure BSN program uses a variety of teaching-learning practices in synchronous and asynchronous formats. Virtual meeting room environments (WebEx, FaceTime, etc.) are used for synchronous advising and teaching. Additional teaching and learning practices used in clinical and on-line learning environments include pre-recorded lectures, voice over PowerPoint presentations, structured case studies, V-sims, indirect and direct care experiences, and reflective practice.

The use of asynchronous teaching-learning practices allows the adult learner the flexibility to engage with the learning environment according to their own life schedules. In addition, using synchronous virtual meeting rooms for teaching and advising allows students the opportunity to clarify information, and ask questions while also promoting collaboration with their peers and faculty. Using structured case studies and virtual simulations (V-sims), post-licensure BSN students work collaboratively with faculty to hone their assessment and leadership skills. Reflective activities guide students to examine their thoughts regarding their educational experiences and needs for current and future growth. Each teaching and learning practice, especially program flexibility, supports achievement of expected student outcomes

Post-licensure BSN students typically have more life experiences and exposure to diverse populations and viewpoints. However, increased exposure to new experiences and differing perspectives is necessary in the pursuit of lifelong

learning. Exposure to diverse populations and interprofessional collaboration experiences are embedded throughout the program. For example, students research a culture, other than their own, to share with their peers in a discussion forum. Another discussion forum allows the students to explore the viewpoint of interprofessional disciplines in the collaboration of patient care.

An example of the relationship between pre-and post-licensure BSN program objectives, course objectives, course content, teaching strategies and expected student outcomes is presented in Table III.G.1 and in a sample course report Appendix III.G.1 Post-licensure BSN Sample Course Report. An example of a post-licensure BSN course assignment and corresponding grading rubric can be found in Appendix III.G.2 Post-licensure BSN Student Assignment and Grading Rubric).

Table III.G.1 Example Relationship of Pre-and Post-Licensure BSN Program Objectives, Course Objectives, Course Content, Teaching-Learning Practices and Expected Student Outcomes

Program Objective	Course Objective	Course Content	Teaching-Learning Practices	Expected Outcomes
1.Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	**NURB 4220 Community Health Nursing** 1.Demonstrate integration of theory from nursing and liberal arts education to provide culturally sensitive care to aggregates and communities. (BSN PO 1, 2. BSN Essentials I VII, IX; QSEN: Safety)	**NURB 4220 Community Health Nursing** Community as Client, Standards in Community Health, Roles & Functions, Levels of Health Care Delivery, Influences on Community Health, Epidemiology, Environment, Vulnerable Populations, Emergency Preparedness	**NURB 4220 Community Health Nursing** Online lecture material, videos, and reading materials, group discussion. Links to external content, Group Projects (Political and Service Learning)	**NURB 4220 Community Health Nursing** 100% of students achieving 80% on midterm and final exams
	NURB 4191 Community Based Nursing for RNs 1.Provide comprehensive nursing care to culturally diverse individuals, families, groups and communities to promote health, reduce risk, prevent disease and manage health care (BSN PO 1, Essentials I, III, VII, IX, QSEN: PCC, EBP)	**NURB 4191 Community Based Nursing for RNs** Perspectives in Health Care Delivery and Nursing in the Community; Issues and Approaches in Community as Client; Caring for Vulnerable Populations	**NURB 4191 Community Based Nursing for RNs** Online lecture material, videos, reading materials, & group discussion forums. Links to external content. Community and home visit assessments. Service-learning project.	**NURB 4191 Community Based Nursing for RNs.** 75% of students will score 80% or higher on the Home Visit Assignment

Table III.G.2 gives examples of teaching -learning practices and how these practices support achievement of expected student outcomes, considers the needs and expectations of the identified communities of interest. In addition, the table demonstrates how the teaching learning practices broaden student perspectives.

Table III.G.2 Example Teaching-Learning Practices that support achievement Pre-Licensure BSN and RN to BSN Program Objectives, Considers Need of COI and Broaden Student Perspectives.

Track	Teaching-Learning Practices	Environment	Program Outcome (SLO) #1	COI (Needs & Expectations)	Diverse and Interprofessional Experiences
Pre-Licensure BSN	Lecture	Face-to Face or Compressed Video (Synchronous)	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	Novice adult learners Multiple off-site learning locations to provide face-to-face learning and structured guidance.	Verbal discussions with and between diverse faculty and learners; sharing perspectives, backgrounds and life experiences in class and clinical settings.
Post-Licensure BSN	Discussion Forums	Online (Asynchronous)	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	Employed adult learners Flexibility due to professional & family obligations and/or living in different time zones.	Written, and on-line discussions with and between diverse faculty and learners; sharing perspectives, backgrounds, and life experiences.

MSN and PMC Program Response: A variety of teaching-learning practices are utilized in the MSN/PMC program to support the achievement of expected student outcomes. Course objectives and teaching-learning strategies are described in each course syllabus. Table III.G.3 provides examples of the relationship of MSN/PMC program objectives (SLOs), course objectives, course content, teaching-learning practices, and expected student outcomes (individual). All MSN/PMC courses are offered primarily through an asynchronous, online teaching modality. The online teaching environment is supportive of students who are employed during enrollment and who otherwise lack the availability to participate in a face-to-face classroom environment. The MSN/PMC programs teaching-learning practices are appropriate for adult learners who are baccalaureate prepared registered nurses (MSN) or masters prepared registered nurses (PMC). MSN/PMC faculty recognize that adult learners often have employment and family obligations; therefore, faculty work diligently to be considerate of MSN/PMC student's time and individual teaching-learning needs.

Table III.G.3 Examples of relationship between MSN/PMC Program Objectives (SLOs), Course Objectives, Course Content, Teaching-Learning Practices, and Expected Student Outcomes (Individual)

Program Objective (SLO)	Course Objective	Course Content	Learning Environment	Teaching-Learning Practices	Expected Student Outcome
3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development	**NURG 5010** Course Obj. #8. Integrate elements of the research process into a proposal addressing a selected nursing problem.	**NURG 5010** Approaches to Research, Quantitative and Qualitative. Library search strategies. Ethics, Human Subjects, and IRB Committees. Research questions and hypotheses. Evidenced-based	**Online (Moodle & WebEx)**	**NURG 5010** Lecture, videos, and reading materials; writing assignments, and group discussions via Discussion	**NURG 5010** 80% of students will score 80% or higher on the *Mini Research Proposal Research Assignment.*

Program Objective (SLO)	Course Objective	Course Content	Learning Environment	Teaching-Learning Practices	Expected Student Outcome
and improvement of nursing theory, nursing practice, and ultimately, client and healthcare outcomes.		practice. Research designs, control, reliability, validity, trustworthiness of data, Sampling Data Collection and Analysis, Dissemination of Research		Boards and Flipgrid	
	NURG 5995 Course Obj. #5. Identify, access and retrieve or collect current and relevant data through various research methodologies to answer research questions identified in advanced nursing practice.	**NURG 5995** Designed to extend the graduate student's ability to utilize methods of inquiry for the purpose of identifying, retrieving and appraising evidence from which conclusions and recommendations relevant to nursing practice are drawn.	**Online (Moodle & WebEx)**	**NURG 5995** Reading materials; group work via virtual forums; literature searches; PILT Process; written instructions for each PILT type	**NURG 5995** 80% of students will score 80% or higher on the *PILT Mini Proposal Project.*

Additionally, MSN/PMC faculty strive to provide students access to a variety of quality clinical learning environments to obtain clinical practice experiences that facilitate achievement of specific *MSN Essentials* (AACN, 2011), SLOs, and course objectives. Clinical environments include a variety of patient care settings (profit and not-for-profit hospitals, indigent clinics, federally funded health care agencies, community health, psychiatric mental health facilities, long term care, urgent care, and outpatient clinics). In other courses, such as *Social Forces* (NURG 5100) or *Leadership Role Development* (NURG 5140), non-patient care settings (legislative offices, professional organizational meetings, and healthcare business conferences/meetings) allow students opportunities to interact with individuals with diverse backgrounds and perspectives.

Teaching-learning practices used by MSN/PMC faculty support the achievement of expected student outcomes. An example of this practice is: a non-credit Orientation to Graduate Nursing (NURG 5000) is provided to prepare the incoming MSN students with resources and support to successfully complete the program. The course includes one on-campus or virtual meeting at the beginning of the semester and prior to the start of courses. This course facilitates transition into the role of the MSN student by providing an opportunity for face-to-face advising and relationship-building between students and faculty. Throughout the semester, the orientation course provides Moodle modules and learning activities that orient students to the online learning environment, commonly utilized teaching modalities, and the APA writing style. Most recently, due to the COVID-19 pandemic and phase one restrictions, the initial course meeting for the summer 2020 session was held virtually due to the restrictions of "non-essential" in person meetings/events.

Other ways faculty support students' achievement of expected outcomes includes the use of a variety of teaching-learning practices and learning environments. Didactic content is primarily delivered through Moodle, the University's

learning management system (LMS). Information technology services and support are provided to the student by the University. Some of the services provided include WebEx, Office 365, and access to multiple online applications including Microsoft Word, PowerPoint, Adobe Reader, etc. Utilization of applications, such as Microsoft Groups, enable faculty to utilize shared emails, calendars, and files to encourage student communication, participation, and organization. Examples of teaching-learning practices used across the curriculum are delineated in Table III.G.4. MSN/PMC students obtain clinical learning experiences and volunteer at the Martin Luther King Health Center in Shreveport and HealthWorx in Alexandria, where primary healthcare and pharmacy services are provided at no cost to uninsured patients with chronic illness who otherwise often forgo routine medical care because of a lack of resources. These excellent and very valuable experiences allow students to recognize and better realize the socioeconomics impact of health on populations and communities. Furthermore, students gain insight into the healthcare delivery of patients and communities with limited financial and healthcare resources. Teaching-learning practices specific to each course objectives are described in each pre-licensure MSN course report (Appendix III.G.1 MSN/PMC Program Sample Course Report). An example of a MSN course assignment and corresponding grading rubric can be found in Appendix III.G.2 MSN/PMC Student Assignment and Grading Rubric).

Table III.G.4 Examples of Teaching-Learning Practices that Support Achievement of MSN/PMC Program Objectives and Considers the Needs of the COI.

Teaching-Learning Practices	Environment	Student Learning Outcome	COI	Needs of COI	Broaden Prospective
Discussion Forums Testing Written Assignments Group work Flip-Grid and WebEx Presentations/ Discussions Case Studies	Online (Synchronous and Asynchronous)	1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families and communities within the professional scope and standards of the advanced practice of nursing.	Students who are employed adult learners with family and employment obligations who reside across the state.	Flexibility of content delivery; timing of delivery;	Awareness of diverse perspectives, backgrounds, and life experiences. Aware of gaps in knowledge Promotes student recognition of how illness impacts patients and caregivers enduring specific disease conditions from the perspective of the patient.
Preceptorship SOAP Notes Reflection Differential Dx Self-evaluations Cultural Sensitivity & Interprofessional Collaboration Assessments Clinical Logs Return Demonstration	Healthcare Agencies Faculty-led Open Skills Lab	5. Manage resources within a health care delivery system through collaboration with other health care providers, communities, and clients. 2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to affect relevant change that will improve the	Students who are employed adult learners with family and employment obligations who reside across the state.	Ability to engage in clinical learning experiences close to home and in a variety of clinical settings to practice skills Allows for learning in a supported and safe	Interprofessional collaboration and communication with peers and other health care providers, while collaborating and sharing the responsibility and accountability for the care of diverse populations. Encourages broadened perspectives regarding patient financial and

Teaching-Learning Practices	Environment	Student Learning Outcome	COI	Needs of COI	Broaden Prospective
		health of citizens at a local, state, and national level. 4. Analyze the effect of historical, cultural, economic, ethical, legal, and political influence on nursing and healthcare delivery.		environment; promotes competence proficiency in KSA	health disparities by working in a variety of underserved clinical settings. Allows students to practice advanced assessment skill with peers and faculty support

PMC Program Response: The same teaching-learning practices and environments described for the degree-seeking MSN students are used for PMC program students. The teaching-learning practices support student outcomes which are described in each course syllabi. The PMC program parallels the MSN curriculum for the concentrations of Adult Gerontological Acute Care Nurse Practitioner, Family Nurse Practitioner, and Psychiatric Mental Health Nurse Practitioner across the lifespan. Teaching-learning practices in the MSN/PMC programs support achievement of expected student outcomes, consider the needs and expectations of the identified communities of interest, expose students to diverse populations, and provide interprofessional collaborative experiences, particularly, in clinical learning environments.

DNP Response: A variety of teaching and learning practices are utilized within the DNP program to support the achievement of expected student outcomes, consider the needs and expectations of identified COI, and expose DNP students to individuals with diverse life experiences. Aligned with the *DNP Essentials* (AACN, 2006), DNP program outcomes (SLOs) parallel with courses objectives and delivered course content as documented in course congruency reports. Course objectives are achieved through teaching-learning strategies as demonstrated in the course syllabi and as documented in end of semester course reports (Appendix III.G.1. DNP Sample Course Report). An example of the relationship of DNP program objectives (SLOs), course objectives, course content, teaching-learning practices and expected student outcomes is presented in Table III.G.5.

Table III.G.5 Example Relationship between a DNP Program Objective, Course Objective, Course Content, Teaching-Learning Practices, and Expected Student Outcomes

Program Objective (SLO)	Course Objectives	Course Content	Learning Environment	Teaching-Learning Practices	Expected Outcomes
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	**NURG 7001** 2. Critically analyze current literature and information systems technologies to support development of quality improvement and practice initiatives to address clinical prevention and promote optimal health in vulnerable populations.	**NURG 7001** Community Health; Levels of Health Care Delivery; Environment; Vulnerable Populations; Population Health Outcomes	**Online**	**NURG 7001** Lecture, videos, and reading materials; writing assignments, and group discussion via virtual forums.	**NURG 7001** 80% of students will score 80% or higher on the *Population Focused Prevention Project.*
	NURG 7006	**NURG 7006**	**Online**	**NURG 7006**	**NURG 7006**

Program Objective (SLO)	Course Objectives	Course Content	Learning Environment	Teaching-Learning Practices	Expected Outcomes
	7. Discuss application of epidemiologic investigations to evaluate health care delivery models and affect public policy to improve health outcomes for populations	Community Health; Levels of Health Care Delivery; Epidemiology; Environment; Vulnerable Populations; Population Health Outcomes		Lecture material, videos, and reading materials; examinations, community needs health assessment, and group discussion via virtual forums.	80% of students score 80% or higher on the *Infectious Disease Research Paper.*

All DNP courses are offered primarily through an asynchronous, online, teaching modality. The online teaching environment is supportive of students who are employed during enrollment and otherwise lack the availability to participate in a face-to-face classroom environment. The DNP program teaching-learning practices are appropriate for adult learners who are master's prepared registered nurses or advanced practice registered nurses. DNP faculty members are aware of adult learners' time constraints and family obligations and work diligently to be considerate of DNP student's individual teaching-learning needs.

Additionally, DNP faculty members strive to provide access to a variety of quality clinical learning environments to obtain practice experiences that facilitate achievement of specific *DNP Essentials* (AACN, 2006), SLOs, and course objectives. Scholarly practicum learning environments include a variety of patient care settings (hospitals, community health, long term care, and outpatient clinics) and non-patient care settings (legislative offices, professional organizational meetings, and healthcare business conferences) that allow students opportunities to interact with individuals with diverse backgrounds, professions, and perspectives. Students rate their perceived DNP competency level, including interprofessional collaboration, by completing a self-assessment and then subsequently planning practicum hours each semester to facilitate competency achievement (Appendix III.G.2 - DNP Student Self-Competency Assessment Assignment and Grading Rubric).

Within the NURG 7009 course (*Global Healthcare Advocacy and Transformation*), students and faculty have the opportunity to travel abroad for planned academic activities in line with course objectives and program SLOs, while exposing them to diverse individuals and cultures. Previously, students and faculty have traveled abroad to Panama and Cuba. The 2020 travel abroad experience was to entail a visit to the United Kingdom during the "Year of the Nurse" (RR III.G.3 - London Itinerary), however, the trip was cancelled due to the COVID-19 Pandemic and travel restrictions. The trip has been tentatively rescheduled for Summer 2021, with a total of 11 students and faculty members committed to attending. Additional examples of teaching-learning practices that support achievement of student outcomes, consider the needs and expectations of the COI and expose students to individuals with diverse life experiences, perspectives, and backgrounds are found in Table III.G.6.

Table III.G.6 Example DNP Teaching-Learning Practices that Support Achievement of Student Outcomes, Consider Need of COI and Broaden Student Perspectives

Teaching-Learning Practices/Course(s)	Environment	Student Outcome	COI	Needs of COI	Broaden Prospective
Discussion Forums (NURG 7000-7009)	Online	2. Critically analyze health care delivery models based on contemporary	Autonomous Master's Prepared RNs or APRNs who	Flexibility of content and timing of course delivery.	Discussion with and between diverse faculty and learners;

Teaching-Learning Practices/Course(s)	Environment	Student Outcome	COI	Needs of COI	Broaden Prospective
		nursing science and organizational and systems perspectives to eliminate health disparities and promote patient safety and excellence in practice.	are adult Learners with employment and Family obligations from different time zones	Ability to engage in clinical learning experiences close to home and in a variety of clinical practice settings.	sharing perspectives, backgrounds and life experiences.
Clinical Practice (NURG 7010-7012)	Patient Care; Non-Patient Care	7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates and populations to guide implementation of the highest level of nursing practice.	Autonomous Master's Prepared RNs or APRNs who are adult Learners with employment and Family obligations from different time zones	Flexibility of content and timing of course delivery.

Ability to engage in clinical learning experiences close to home and in a variety of clinical practice settings. | Interprofessional collaboration between diverse populations and students; sharing perspectives, backgrounds and life experiences. |

In summary, all CON programs use teaching-learning practices that support the achievement of expected student outcomes, consider the needs and expectations of the identified COI and expose students to individuals with diverse life experiences, perspectives, and backgrounds.

III-H. The curriculum includes planned clinical practice experiences that:

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

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

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

Program Response:

All program curricula include planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes and foster interprofessional collaborative practice. Planned clinical practice experiences are evaluated by faculty in each respective program.

Pre-licensure BSN Response: In the pre-licensure BSN track planned clinical experiences are designed to ensure that students integrate attainment of program objectives by participating in five semesters of structured clinical activities. Clinical experiences occur in a variety of settings such as: (a) long-term care facilities; (b) acute care facilities, including private, state, and federal facilities; (c) long-term acute care facilities; (d) psychiatric facilities; (e) community health settings, such as public health units and home health agencies; and (f) local and state agencies such as the Council on Aging and Martin Luther King, Jr. (MLK) Clinic (a local clinic that serves the health care needs of uninsured and under-insured populations). First level students participate in structured lab activities designed to teach them the fundamentals of a comprehensive health assessment and basic skills. In addition, they participate in structured clinical activities in long term care facilities, long-term acute care facilities, and acute care facilities. The faculty to student ratio in lab and clinical is 1:10 in accordance with LSBN guidelines. Clinical practice experiences align with student and program outcomes. The course syllabi clearly outline planned clinical experiences and how those experiences will be implemented and evaluated. Planned clinical activities in levels one through five consist of between 90 and 180 clinical hours (depending upon the course level). Syllabi and clinical evaluations clearly state course objectives and the criteria for attainment of each. The standardized BSN numeric grading scale is used to assign a course grade in first level BSN. All other clinical courses assign a Pass or Fail grade, with a Pass equating to a grade of 80% or higher. Complexity of clinical assignments progresses throughout the semester and from level to level as new knowledge and skills are attained and mastered (RR III.H.1 Progression of Clinical Complexity). Interprofessional collaboration is fostered in all pre-licensure BSN clinical settings in the following ways: (a) reflective observation activities, (b) interprofessional education (IPE) simulations, and (c) IPE events. An example of the reflective observational activity involves adult health medical-surgical students (second level) rotating to other departments and interacting with other members of the health care team, such as surgery, physical and occupational therapy, and endoscopy (RR III.H.2 IPE Clinical Reflection Activity). Students are then asked to write a reflective journal discussing how each member of the team contributes to the overall functioning and success of the health care team. Fourth level students attend interprofessional simulation events at Willis-Knighton Innovation Center where they are engaged in unfolding case study simulations with other disciplines and learners, such as Occupational Therapy (OT), Physical Therapy (PT), and Respiratory Therapy (RT) students. These experiences allow students to practice participating in high-risk, low volume scenarios, such as a Code Blue, in a safe environment. Fifth level students can engage in day-long interprofessional simulation exercises in collaboration with Louisiana State University Health Sciences Center (LSUHSC), collaborating with public health, OT, PT, RT, and pharmacy students, as well as other available disciplines. Examples of IPE events (RR III.H.3.) Initially, the CON IPE event scheduled for March 2020 was delayed until Summer 2020 due to COVID restrictions; however, the summer event was cancelled (RR III.H.4).

The pre-licensure curriculum includes planned clinical activities that are evaluated by faculty on an ongoing basis. First through fourth level students participate in planned clinical experiences under the supervision of a faculty member. Fifth level clinical students attend clinical under the supervision of a preceptor and a faculty member. Evaluation criteria are evaluated based on clinical level and use a standardized set of expectations for clinical performance. The fifth level community health course also incorporates competencies specific to community/public health in the clinical performance evaluation. Twice each semester, once at midterm and again at the end of the semester, faculty evaluate students on their ability to demonstrate competency in each of the clinical domains, some of which are considered critical elements. At midterm, faculty evaluate students, and students are apprised of their proficiency level. Students must achieve a minimal level of proficiency in each critical element to successfully complete the course (RR III.H.5 Clinical Evaluation Tools).

Post-licensure BSN Response: In the post-licensure BSN track, clinical experiences are incorporated into three courses: NURB 3223 (*Health Assessment for RNs*), NURB 4191 (*Community Based Nursing Practicum for Registered Nurses),* and NURB 4291 (*Leadership and Management Practicum for Registered Nurses*). In NURB 3223, students utilize a virtual simulation program (Shadow Health) to hone their assessment and documentation skills. In NURB 4191 and 4291, students work with RN mentors and course faculty to meet course objectives defined in the syllabi. Students must earn a minimum of 15 hours of direct/indirect care in each clinical course (45 hours total) to augment knowledge obtained in prior educational and work experience (RR III.H.6 BSN Post-licensure Evaluation Tools). Examples of direct care experiences include performing a community needs assessment, engaging in program

planning, and then implementing the plan in the form of a community service project addressing the identified need. Examples of indirect care experiences include staff development projects or development and implementation of new policies which are based on identified needs. This promotes integration of new knowledge into nursing practice.

Interprofessional collaboration is fostered in the post-licensure BSN track via the Environmental Health Plan of Action assignment in the community practicum and a Leadership Analysis assignment and Healthy Work Environment project in the leadership practicum. In the Environmental Health Plan of Action assignment, students must describe how they collaborate with political and community leaders to improve their home community. In the Leadership Analysis assignment, students work with their RN mentor to ascertain which leadership skills the mentor is using to promote interprofessional collaboration. In the Healthy Work Environment assignment, students describe how they incorporate interprofessional collaboration to improve work environments (RR III.H.7 Rubrics for RN-BSN Clinical Projects).

In the post-licensure BSN track, the curriculum includes clinical activities that are evaluated by faculty on an ongoing basis. Faculty pre-approve clinical activities utilized to fulfill requirements, frequently communicate with students and RN mentors to determine completion of requirements and provide feedback to students. Clinical activities are evaluated by faculty using rubrics, with evaluation input from the mentor (RR III H.8 Mentor Evaluation of Student Tool)

MSN and PMC Program Response: The MSN/PMC curriculum incorporates planned clinical practice experiences that enable students to: 1) integrate new knowledge while demonstrating attainment of program outcomes, 2) foster interprofessional collaborative practice, and 3) be evaluated by faculty on an ongoing basis.

MSN/PMC students are prepared in both direct care (APRN and educator) and indirect care roles (administrator). Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function of interprofessional teams. Graduates/completers of the MSN/PMC programs must also have enough supervised practice experiences to demonstrate mastery of the *MSN Essentials* (AACN, 2011). Students who choose the nurse practitioner (NP) clinical role are required to have 608 to 720 supervised, direct care practice hours, depending on concentration. The educator role requires a minimum of 432 clinical hours, of which 208 are direct care hours. The administrator role requires a minimum of 384 clinical hours, of which 208 are direct care hours. Educator and administrator students work with faculty to determine which population specific experiences are needed to become practice experts in a content area (RR III.H.9 - Syllabi NURG 5040 Adult-Gero & NURG 5320 Maternal/Child and Family). Clinical practice hours are obtained in the population-specific area of the NP students' clinical concentration and align with program outcomes. For example, FNP students are required to have supervised clinical hours across the lifespan with individuals and families. FNP students complete a minimum number of clinical hours in each population: geriatric (60), pediatric (155), women's health (20), adult (120), and extended care (25). Additionally, FNP students are required to complete 10 direct care hours performing patient counseling and 20 direct care hours with patients in their home environment (case work).

MSN/PMC programs prepare graduates/completers in direct care practice roles to employ collaborative strategies in the design, coordination, and evaluation of patient-centered care. Students are required to submit clinical narratives, SOAP notes, and give examples of how they incorporate interprofessional collaboration in the patient care setting. Clinical and role courses are sequenced to support transition from novice to advanced beginner. Clinical/practice learning expectations are clearly defined. Clinical courses are logically sequenced and provide enough supervised clinical experiences to ensure applied learning occurs. In the clinical learning environment, students integrate didactic and cognitive learning with affective and psychomotor learning. By program completion, all MSN students demonstrate competence in the delivery of advance practice nursing. In addition, clinical learning assignments reinforce the student's role as a member and leader of interprofessional healthcare teams.

Student clinical performance is evaluated by faculty with input from preceptors. MSN/PMC students and faculty evaluate clinical sites and preceptors each semester using the clinical site evaluation form (RR III.H.10 Clinical Site

Evaluation Form). Student's clinical performance evaluations (formative and summative) are reviewed with student's each semester by MSN/PMC faculty. Completed clinical performance evaluations are stored in Medatrax. Although preceptors aid in the clinical learning/supervision and evaluation of students, faculty members evaluate the clinical site, preceptors, and student performance in the clinical setting at least once a semester for NP students through face-to-face or virtual visits. During the semester preceptors communicate with MSN/PMC faculty via telephone, email, or teleconference to discuss student learning and performance.

Clinical learning experiences, or supervised direct clinical practice experiences, occur in various clinical environments. MSN/PMC faculty to student ratios in clinical practice environments are 1:6 to 1:9. The exact ratio varies depends on the level of student functioning each semester. For example, in all concentrations of the NP role, the first three clinical courses, faculty to student ratios are approximately 1:6 due to the fact that students are novice nurse practitioner learners that require in-depth, time intensive evaluations, a minimum of twice each semester; one of which must be conducted at the student's clinical site (to ensure the clinical site and preceptor are evaluated). However, in the fourth clinical course, faculty to student ratios are often 1:8 to 1:10. The increase in the faculty to student ratio for fourth level clinical students is due to the fact that fourth level clinical students function at a more independent level and generally, only require one faculty evaluation during the final semester. However, because the clinical practicum in the fourth clinical semester is a single, in-depth examination of students' ability to safely function in the role for which they have been prepared, students are only evaluated by full-time faculty members. This process assures that every nurse practitioner graduate has been thoroughly evaluated by a full-time faculty member in the semester the student is scheduled to graduate/complete.

Faculty review student clinical logs, which include clinical hours, patient summaries, SOAP notes, framework application, etc. with the student twice a semester. In summary, although a preceptor's evaluation of student performance is desired, faculty are ultimately responsible for grading student clinical performance and all written assignments.

DNP Response: The DNP Program curriculum incorporates planned clinical practices that enable students to integrate new knowledge and demonstrate attainment of program outcomes, foster interprofessional collaborative practice, and are evaluated by faculty.

During DNP program progression, students engage in planned clinical practice experiences. As mandated by the *DNP Essentials* (AACN, 2006), all students must complete 1000 post-baccalaureate clinical hours to achieve DNP competencies. Upon program admission, the DNP program director evaluates each student's clinical hours from the previous MSN program to confirm acquired clinical hours and verify needed clinical hours. The performed gap analysis of current to needed clinical hours is kept in the DNP student's folder in the CON administrative suite. During the DNP program, all students complete at least 540 clinical hours during scholarly project practicum (SPP) enrollment (180 hours per practicum course), as well as any additional hours needed to fulfill the 1,000 post-baccalaureate clinical hour requirement. Students may complete up to 60 clinical hours in each non-scholarly project practicum course (NURG 7000-7009) by completing planned clinical practice experiences that integrate new knowledge and attainment of program outcomes. During the SPP course series, students engage in clinical hours to meet the core competencies of the DNP degree as established by the *DNP Essentials* (AACN, 2006), DNP program SLOS, and specific course objectives. The SPP clinical learning experiences are immersion experiences, or in-depth work with experts from nursing, as well as other disciplines, and provide opportunities for meaningful student engagement within practice environments while fostering interprofessional collaborative practice. These practicum experiences allow students opportunities for synthesis of program learning, which often occurs in a collaborative manner with other healthcare providers and/or clinical agency partners.

Prior to engaging in scholarly practicum clinical experiences, DNP students, through a critical self-analysis, identify gaps in achievement of the *DNP Essentials* competencies (AACN, 2006), DNP SLOs, and each of the SPP course objectives that will be met by specific, guided, clinical practicum experiences.

Practicum clinical hours can be achieved through a wide variety of methods, such as: (1) in-depth work and collaboration with experts from nursing and other disciplines that promote meaningful student engagement in multiple practice environments; (2) experiences which require students to assimilate knowledge for advanced specialty practice at a high level of complexity; (3) experiences which further students' synthesis and expansion of learning; (4) experiences in the context of the final DNP scholarly project development, translation of evidence into practice, including the complexities of motivating and achieving sustainable practice changes and staff behaviors in clinical environments; (5) experiences which engage students in systems leadership for improving patient and healthcare outcomes; and (6) student identified experiences that help the student meet specific DNP competencies they may lack or have yet to develop.

Proficiency of clinical practicum experiences may be acquired through a variety of methods, such as direct or indirect practice hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements (AACN, 2006). DNP students document attainment of clinical practicum objectives and clinical hours within their Scholarly Project Practicum (SPP) Portfolio. The SPP Portfolio is composed of three sections: 1) Overview of professional accomplishments; 2) Portfolio evaluations and summaries, both formative and summative; and 3) Clinical hour documentation (Appendix III.H.1 DNP Portfolio Guidelines and Grading Rubric). SPP Portfolios contain a table where practicum hours are documented, as well as reflections of personal and professional scholarly growth. Students' major professors use the *SPP Portfolio Evaluation Rubric* to evaluate the SPP Portfolio, and subsequent clinical experiences, at specific intervals during each SPP course (NURG 7010, 7011, and 7012) (RR III.H.11 Portfolio Rubric). In addition to faculty evaluation of the clinical practice experiences, clinical advisors provide feedback to program faculty as outlined in the clinical advisor expectations. Additionally, faculty consider student satisfaction with a clinical site when making recommendations for future use.

In summary, the DNP curriculum ensures students clinical experiences are designed to advance knowledge and promote attainment of DNP competencies (AACN, 2006), DNP program SLOs, and clinical course objectives, while fostering interprofessional collaboration.

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

> *Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

Program Response:

In each program, individual student performance is evaluated by faculty and reflects achievement of expected student outcomes. The evaluation policies and procedures for individual student performance are defined and consistently applied.

BSN Program Response: Evaluation of student performance is consistent with expected individual student learning outcomes, grading criteria are clearly defined, communicated to students and consistently applied. Faculty communicate individual student performance evaluation methods to students via course syllabi and/or Moodle Shell. The BSN grading scale is as follows: A (92-100%), B (86-91%), C (80-85%), D (75-79%), and F (0-74%). An example of course grading criteria and grade distribution is presented in Table III.I.1 and Table III.I.2.

Table III.I.1 Example of Pre-licensure BSN Grading Criteria and Percentage of Total Grade

Course Evaluation Methods (NURB 3130 Adult Health Nursing)	Percentage of Total Grade
Exam I	13%
Exam 2	13%
Exam 3	13%
Exam 4	13%
Exam 5	13%
Fundamentals ATI	13%
Final Exam	16%
Course Point Quizzes	3%
Service-Learning Presentation	3%
Total:	100%

Student learning is demonstrated through faculty evaluation of student performance on clinical and didactic assignments, such as: online discussion forums, care plans, patient assignments, written assignments, presentations, debates, projects, quizzes/exams administered via paper and pencil, and quizzes/exams administered by computerized testing software (Moodle and ExamSoft®). In response to the University's initiative to have undergraduate programs engaged in service learning, the BSN program incorporated service-learning projects to provide additional opportunities for students to demonstrate achievement of expected student learning outcomes. Additionally, selected BSN courses added adaptive quizzing and discussion forums assignments to offer other methods for students to demonstrate knowledge, in addition to traditional examinations.

Faculty grade each assignment according to established grading rubrics, provide written and/or verbal feedback to the student about individual performance on each assignment, and post grades for each assignment in the Moodle gradebook. Grading rubrics are provided for students in the course Moodle shell and/or course syllabus (Appendix III.G.2 Examples of Assignment Rubrics).

Criteria for evaluation of clinical performance are clearly stated in the course syllabi, and clinical evaluation rubrics are provided either in the course syllabi or the Moodle shell (RR III.H.5 Example of Clinical Evaluation tool). First through fourth level clinical students participate in clinical learning under the supervision of a faculty member who evaluates individual student performance. Fifth level clinical students participate in clinical learning under the supervision of a faculty member and a clinical preceptor. Preceptors and faculty collaborate in evaluating fifth-level student performance; however, grade assignment is ultimately the responsibility of faculty. If student performance in clinical or course work is near or below the lowest passing score faculty initiate a Learning/Remediation Contract. The Learning/Remediation Contract for at-risk students is developed by faculty analyzing the student's specific study habits and test taking skills and collaborating with the student on an action plan (RR III.I.1 Sample Remediation Contract).

The post-licensure BSN program evaluates individual student performance and achievement of expected student outcomes in the same manner as the pre-licensure BSN program, except evaluation of clinical learning (RR III.H.6 Post-licensure Clinical Evaluation Tool). Post-licensure students identify and work with a mentor to meet course objectives in clinical courses. After mentors complete the *Mentor Agreement Form* (RR III.I.2)*,* which includes mentor responsibilities, and *Demographic Form*, faculty confirm required credentials. Faculty communicate with mentors, through emails and phone calls, a minimum of three times throughout the semester regarding student progress. At the end of the course, mentors submit an evaluation of the student, which is one component of the student's course grade. In addition to the mentor evaluation, faculty utilize assignments, projects, and class discussions to calculate final grades (Table III.I.2).

Table III.I.2 Example of Post-licensure BSN Grading Criteria and Percentage of Total Grade

Course Evaluation Methods (NURB 3140 Informatics for RNs)	Percentage of Total Grade
Discussion Forums	40%
Healthcare Website Critique	15%
Database Search Strategy Planner	20%
Quizzes/Assessments (5 points each)	15%
Professionalism (participation/critical reflections/ evaluations)	10%
Total:	100%

For pre- and post-licensure courses, the lead faculty for each course completes a semester course report which demonstrates whether the expected outcomes for individual student performances are achieved on course assignments and which course assignment aligns with each course objective (RR III.I.3 Sample Course Report). That course objective is aligned to a specific BSN program objective (SLO). An example of individual student performances on course assignments, alignment of that assignment to specific course objectives, and evaluation of expected outcomes for individual student performances is found in Table III.I.3.

Table III.I.3 Example of BSN Student Performances Reflecting Achievement of Expected Student Outcomes

Course Objectives	Expected Outcome	Actual Outcome	Outcome Met/ Not Met
NURB 4220 (Community Health Nursing) Course Objective 1: Demonstrate integration of theory from nursing and liberal arts education to provide culturally sensitive care to aggregates and communities.	100% of the class achieving an 80% on mid-term and final exams	95.9% of students scored an 80% or > on the midterm. 97.95% scored an 80% or > on the final exam.	Outcome Met
NURB 4191 (Community Based Nursing Practicum for Registered Nurses) Course Objective 1: Provide comprehensive nursing care to culturally diverse individuals, families, groups and communities to promote health, reduce risk, prevent disease and manage health care.	75% of students will score at least 80% on the Community Assessment	95% (19/20) scored 80% or higher on the Community Assessment assignment.	Outcome Met

At the end of each semester, students evaluate the clarity of grading criteria and evaluation methods via the University-administered end of course and instructor evaluation, which asks 13 questions (RR III.I.4 University Student Evaluation). Of the 13 questions, 5 are open-ended qualitative and 8 are Likert-rated statements. Specific Likert-rated statements that evaluate grading criteria and evaluation methods include, "Assignments and tests were appropriate for class material" and "The grading policy was clearly stated".

MSN and PMC Program Response: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined and communicated to students via course syllabi. Syllabi are accessible to students within the Moodle course shell two days prior to the start of the semester. The standardized

grading scale for all MSN/PMC courses is: A (90-100%); B (80-89%); C (70-79%); D (60-69%); and F (0-59). An example of course grading criteria and grade distribution is presented in Table III.I.2.

Table III.I.2 Example of MSN/PMC Course Evaluation Methods and Percentage of Total Grade

Evaluation Methods (NURG 5770 FNP I)	Percentage of Total Grade
Exam I	22%
Exam 2	22%
Exam 3	22%
Exam 4	22%
WebEx Presentation	5%
Quizzes (4 @ 1.75%)	7%
Clinical Performance Eval (minimum of 2)	Pass/Fail
SOAP notes (4)	Pass/Fail
Log Evaluation (minimum of 1)	Pass/Fail

Grading criteria are consistently applied in didactic courses through the use of grading rubrics for written assignments and projects. The grading process is clearly explained in the course syllabus (RR III.I.5 NURG 5770 FNP I Course Syllabus, p. 7-9). Rubrics are consistently used by faculty and preceptors to inform and evaluate students' didactic and clinical performance. Student learning is demonstrated through faculty evaluation of student performance on clinical and didactic assignments such as SOAP notes, study-guides, examinations, clinical performance, presentations, group and individual projects, and discussion forums (RR III.I.6 Clinical Log Rubric and Soap Note Guidelines). Faculty communicate feedback on individual student performance via posting of grades and written feedback in Moodle gradebook, feedback on written assignments, Turn-It-In assignment links, clinical evaluation tools, feedback on clinical performance uploaded to Medatrax and/or emails and conversations. Students have access to course grades through Moodle and to clinical evaluations through Moodle or their Medatrax accounts.

Student clinical performance is evaluated by a combination of preceptor input and faculty evaluation. Communication with preceptors is maintained via email, phone, or teleconference. Preceptors provide input regarding student clinical performance at mid-term and near the end of each semester. Faculty conduct student performance evaluations for NP students one or more times per semester through face-to-face or virtual clinical site visits. If the faculty deems the student's clinical performance unsatisfactory, the concentration coordinator is notified, and an additional clinical performance evaluation is conducted by the coordinator or other full-time faculty and plans for remediation are developed. The student must have a satisfactory log and clinical site evaluation each semester to progress to the next clinical level. If a student does not have a satisfactory performance evaluation, despite remediation efforts, options for program continuation are discussed. Students clinical performance evaluations are kept in Medatrax and in student clinical logs. An example of a completed student clinical performance evaluation and an excerpt from a student log can be found in the resource room (RR III.I.7 Student Clinical Performance Evaluation and RR III.I.8 Excerpt from Student Log). Educator and administrator students in the Adult-Gerontology and Maternal/Child and Family concentrations also work with preceptors who perform a mid-term and final evaluation. Faculty utilize assignments, projects, clinical reflections, clinical logs, and course work to calculate final grades (RR III.I.9 Clinical Logs from Educator and Administration Student).

Qualified preceptors enhance clinical learning of MSN/PMC students. Preceptors are evaluated for appropriateness through completion of a preceptor packet which validates preceptor's licensure, credentialing CV, education, and clinical expertise, as well as and the type of clinical site/supervision the student is requesting (RR III.I.10 Preceptor Packet). Once the student has received a completed preceptor packet from the potential preceptor, the student submits the packet to the faculty member or concentration coordinator who evaluates the completeness of the packet and then ensures the preceptor is oriented to the program/concentration requirements. Once a preceptor and

site are deemed acceptable by the concentration coordinator, the preceptor is given a *Preceptor Orientation* information that informs the preceptor of the roles and responsibilities of the preceptor, faculty, and student.

Each course lead faculty completes a semester course report which demonstrates whether the expected outcomes for individual student performances are achieved on course assignments and which course assignment aligns with each course objective (RR III.I.11 Sample Course Report). That course objective is aligned to a specific MSN/PMC program objective (SLO). An example of individual student performances on course assignments, alignment of that assignment to specific course objectives, and evaluation of expected outcomes for individual student performances is found in Table III.I.3.

At the end of each semester, students evaluate the clarity of grading criteria and evaluation methods via the University-administered end of course and instructor evaluation, which asks 13 questions (RR III.I.4 University Student Evaluation). Of the 13 questions, 5 are open-ended qualitative and 8 are Likert-rated statements. Specific Likert-rated statements that evaluate grading criteria and evaluation methods include, "Assignments and tests were appropriate for class material" and "The grading policy was clearly stated". A sample of University-administered end of course results can be found in the resource room (RR III.I.12 Example of End of Courses Evaluation).

Table III.I.3 Assessment of Student Performance in NURG 5010 r/t Achievement of Expected Student Outcomes

NURG 5010 Course Objectives	Expected Outcomes	Actual Outcomes	Outcome Met/Not Met
Course Objective #1 Identify the role of the master's-prepared nurse in research (Essential III, IX; Program Objective [SLO] 2,6)	80% of students will make 80% or above on the Discussion Board/Flipgrid Assignment #2 – What is the role of the master prepared nurse in research?	98.1% (n=54) of 55 students made 80% or above on Discussion Board/Flipgrid Assignment #2 – What is the role of the master prepared nurse in research?	Outcome **Met**
Course Objective #2 Describe the steps of the quantitative research process (Essential III, IV; Program Objective [SLO] 1,3)	80% of students will make 80% or above on Assignment #7 – Poster	100% (n=55) of 55 students made 80% or above on Assignment #7 – Poster	Outcome **Met**
Course Objective #3 Describe the steps of the qualitative research process (Essentials III, IV; Program Objective [SLOs] 1,3)	80% of students will make 80% or above on Assignment #10 – Final Exam	61.2% (n=34) of 55 students made 80% or above on Assignment #10 – Final Exam	Outcome **Not Met**
Course Objective #4 Identify elements of the research process in a research report (Essentials I, III; Program Objective [SLOs] 2,3)	80% of students will make 80% or above on Assignment # 3 – Article Critique	85.4% (n=47) of 55 students made 80% or above on Assignment 3 – Article Critique	Outcome **Met**
Course Objective #5 Compare and contrast methodologies used in quantitative and qualitative research (Essentials IV; Program Objectives [SLOs] 2,3)	80% of students will make 80% or above on Assignment #5 – Literature Table	74.5% (n=41) of 55 students made 80% or above on Assignment #5 – Literature Table	Outcome **Met**
Course Objective #6 Evaluate research reports/articles based on stated criteria (Essentials II, IX; Program Objectives [SLOs] 1,2,4,6)	80% of students will make 80% or above on Assignment #3 – Article Critique	85.4% (n=47) of 55 students made 80% or above on Assignment #3 – Article Critique	Outcome **Met**

NURG 5010 Course Objectives	Expected Outcomes	Actual Outcomes	Outcome Met/Not Met
Course Objective #7 Interpret research findings within the context of clinical nursing practice, making the research-practice connection using the research evidence (Essentials II, III, IV, IX; Program Objectives [SLOs] 1,2,3,4,6)	80% of students will make 80% or above on Assignment #6 – Research Mini-Proposal	92.3% (n=51) of 55 students made 80% or above on Assignment #6 – Research Mini-Proposal	Outcome **Met**
Course Objective #8 Integrate elements of the research process into a proposal addressing a selected nursing problem (Essentials II, III, IV, IX; Program Objectives [SLOs] 1,2,3,4,6)	80% of students will make 80% or above on Assignment #9 – IRB application	94.5% (n=52) of 55 students made 80% or above on Assignment #9 – IRB application	Outcome **Met**

DNP Program Response: DNP program faculty consistently evaluate individual student performance via clearly defined policies and procedures, to reflect student outcome attainment. Upon enrollment in the program, each DNP student receives the *DNP Student Handbook* which clearly states grading policies and procedures (RR III.I.13 DNP Program Handbook).

Faculty members clearly communicate the program's grading scale, individual course grading and evaluation methods, and the course final grade distribution via the course syllabus (RR III.I.14 DNP Program Syllabi). The DNP Program's grading scale is a ten-point scale which is constructed as: A (90-100%), B (80-89%), C (70-79%), D (60-69%), and F (0-59%). During the first week of class, each course syllabus is posted in Moodle and contains the grading scale, course evaluation methods and final grade distribution. An example of course grading criteria and percentage of total grade is presented in Table III.I.4.

Table III.I.4 Example of DNP Grading Criteria and Percentage of Total Grade

NURG 7000 Course Evaluation Methods	Percentage of Total Grade
Course Study Guides (10 @ 5% each)	50%
Midterm Examination	15%
Final Examination	15%
Quizzes (2 total)	5%
Discussion Boards (5@ 3% each)	15%
Total	100%

Additionally, faculty often use grading rubrics to evaluate individual student performance on completed assignments. Examples of rubrics used to assess DNP assignments, the DNP scholarly project paper and DNP Scholarly Project oral defense are provided in the resource room (RR III.I.15 DNP Portfolio Grading Rubric; Scholarly Project Proposal Approval Form; Scholarly Project Paper Grading Rubric; and Scholarly Project Oral Defense Grading Rubric).

Once DNP faculty have graded student assignments, narrative feedback is posted electronically via: Turn-It-In software and/or Moodle Gradebook. If an assignment is submitted via Turn-It-In, faculty typically place narrative feedback and an assigned numeric grade directly into the Turn-It-In Application, which then transfers the numeric grade to Moodle Gradebook. The student can immediately see the numeric grade and the written, narrative faculty comments. If Turn-It-In is not used to submit an assignment, then faculty can place written narrative comments and numeric grade directly into the Moodle Gradebook, and students can immediately access their grades electronically.

During enrollment in the SPP Course series, the DNP student's assigned major professor completes all clinical practicum evaluations. DNP students document clinical practicum experiences, and how they met t*he DNP Essentials*

(AACN, 2006), DNP SLOs, individual course objectives, and self-constructed learning objectives in their SPP Portfolio on the *Scholarly Project/Practicum Hours Table Template.* The DNP student's Clinical Advisors are responsible for verifying the student has completed the scholarly project practicum hours, not for assigning a grade. The student's major professor assigns a grade for practicum experiences, and only the student's major professor evaluates the SPP Portfolio. The major professor is responsible for evaluating the SPP Portfolio at least twice during each SPP course, to provide formative and summative feedback, using the *SPP Portfolio Evaluation Review Rubric* (RR III.H.11 DNP Portfolio Evaluation Review Rubric).

Finally, each faculty completes a Semester Course Report which demonstrates if expected outcomes for individual student performances are achieved during completion of course assignments which subsequently align with course objectives (RR III.I.16 DNP Course Report). Each course objective is aligned to a specific DNP Program SLO and *DNP Essentials* (AACN, 2006) competency. An example of individual student performances on course assignments, alignment of that assignment to specific course objectives, and evaluation of expected outcomes for individual student performance is found in Table III.I.5.

Table III.I.5 Example of DNP End of Semester Course Report, Demonstrating Student's Performances and Achievement of Expected Student Outcomes

NURG 7000 Course Objectives	Expected Outcome	Actual Outcome	Outcome Met/Not Met
Course Objective 1: Describe the history and present status of various levels of theories used in nursing practice, including the derivation, characteristics, and contributions these theories have made to nursing knowledge development. (Essential I; SLO 1)	More than 80% of students will make 80% or above on Contributions of Major Theories Used in Nursing Practice to Nursing Knowledge Development Assignment	100% (10/10) of students made 80% or above on Contributions of Major Theories Used in Nursing Practice to Nursing Knowledge Development Assignment	Outcome Met
Course Objective 2: Analyze philosophical underpinnings of and major contributors to the development of nursing knowledge. (Essential I; SLO 1)	More than 80% of students will make 80% or above on Midterm Examination	80% (8/10) of students made 80% or above on their Midterm Examination	Outcome Met
Course Objective 3: Describe the role of the DNP prepared nurse in the integration of nursing science with knowledge from ethics, philosophical, biophysical, psychosocial, analytical, and organizational sciences as a basis for the highest level of nursing practice. (Essentials I & VIII; SLO 1 & 8)	More than 80% of students will make 80% or above on Understanding the DNP Role in Integrating Knowledge/Philosophy/ Science into Practice	90% (9/10) of students made an 80% or better on Understanding the DNP Role in Integrating Knowledge/Philosophy/ Science into Practice	Outcome Met
Course Objective 4: Critically appraise theoretical foundations from human biology, genomics, the science of therapeutics, and the psychosocial sciences, as well as the science of complex organizational structures, to develop new practice approaches. (Essentials I & VIII; SLO 1, 3, 8)	More than 80% of students will make 80% or above on Module 4 Study Guide Grade	80% (8/10) of students made 80% or above on the Module 4 Study Guide Grade	Outcome Met

NURG 7000 Course Objectives	Expected Outcome	Actual Outcome	Outcome Met/Not Met
Objective 5: Translate science-based theories and concepts into new advanced practice initiatives, which promote health in vulnerable individuals, families, and communities. (Essentials I & VIII; SLO 1, 7, 8)	More than 80% of students will make 80% or above on the Final Examination (covered content from Modules 5-9)	90% (9/10) of students made an 80% or above on the Final Examination	Outcome Met

As demonstrated in the program's 2019 Semester Course Reports, actual student performance on assignments are evaluated and then linked to expected student outcomes and course objective attainment (RR III.I.16 DNP Course Report). Examples of individual student's performance on course assignments can also be found in the resource room (RR III.I.17 - Graded Student Assignment).

At the end of each semester, students evaluate the clarity of grading criteria and evaluation methods via the University-administered end of course and instructor evaluation, which asks 13 questions (RR III.I.4 University Student Evaluation). Of the 13 questions, 5 are open-ended qualitative and 8 are Likert-rated statements. Specific Likert-rated statements that evaluate grading criteria and evaluation methods include, "Assignments and tests were appropriate for class material" and "The grading policy was clearly stated". An example of a University-administered end of course and instructor evaluation can be found in the resource room (RR III.I.18 Completed University Student Evaluation).

In summary, within the CON, individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes, with defined grading and evaluation policies for individual student performance that are consistently applied.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

Program curricula and teaching and learning activities are evaluated as delineated in the MEP, and the evaluation data are used to foster ongoing improvement Teaching-learning practices and evaluation methods utilized to meet each course objective, are evaluated within each course and documented in the end of semester course report. Further, students formally evaluate teaching and learning practices at the end of each semester in the university administered student evaluations of course and faculty. Faculty review evaluation results and make recommendations for changes in course teaching-learning practices. Recommendations are discussed in course meetings, PCC monthly meetings, and/or retreats and are documented in the program assessments. Changes made to the curriculum and teaching-learning practices are based on achievement of program specific student learning outcomes that are appropriate to each student population and can be found on the University website at https://www.nsula.edu/institutionaleffectiveness/ .

When analysis of input from the COI prompts a curriculum revision, the process begins with the PCC. Once the PCC discusses the need for a curriculum change and the change is approved, the program director brings the proposed change to nursing administration. Once approved, changes are brought to the university CRC for final approval, which prompts the Registrar to make needed catalog revisions. If the curriculum changes involve graduate level courses,

the changes must also be submitted and approved by the Graduate Council prior to requesting CRC approval (RR III.J.1 Curriculum Change Algorithm).

BSN Program Response: The BSN faculty use data from faculty and student evaluations of teaching-learning practices to foster program improvement and achievement of expected individual and aggregate SLOs. Faculty gather data in the didactic and clinical courses to evaluate the curriculum and teaching-learning practices. Student input into curriculum and teaching-learning practices is actively solicited via semester evaluations of both course and faculty. Student responses to course evaluations are reviewed by program faculty. In addition, student representatives are invited to course level meetings and PCC meetings. Faculty members perform a summative evaluation of each course which is presented in the end of semester course report and reviewed by course faculty to identify course strengths and areas needing improvement (RR III.J.2 Course Report from 4220). Achievement of course objectives is determined by comparing actual individual student outcomes to expected outcomes in the end of semester course report.

An example of a curriculum revision prompted by an external COI is the 2018 request by the Louisiana BOR to initiate a 15/15 success plan, encouraging students to take 15 hours per semester or 30 hours per academic year. During the spring and fall semesters of 2018, faculty in the pre-licensure BSN program revised the curriculum to reflect this success initiative. After much discussion, faculty determined that content delivered in individual courses, NURB 2160 (Cultural and Ethical Considerations in Nursing), NURB 3240 (Care of the Older Adult), and NURB 3260 (Informatics), was threaded throughout the curriculum (RR III.J.3 Incorporation of Culture and Ethics, Informatics, & Geriatric Concepts in the BSN curriculum). As a result, the curriculum was realigned to reflect the 15/15 success plan and implemented in the Fall 2019 semester. Further examples of BSN curricular revisions are presented in the resource room (RR III.J.4 Changes in BSN Curriculum & Teaching Learning Practices and COI Demonstration of Curricular Evaluation and Revision).

MSN and PMC Program Response: The MSN/PMC faculty use data from faculty and student evaluations of teaching-learning practices to foster program improvement and achievement of expected individual and aggregate SLOs. Faculty gather data in the didactic and clinical courses to evaluate the curriculum and teaching-learning practices. Student input into curricula and teaching-learning practices is actively solicited via semester evaluations of both course and faculty and student participation in MSN/PMC PCC meetings. Student responses to course evaluations are reviewed by program faculty. In addition, student representatives are invited to PCC meetings. Faculty members perform a summative evaluation of each course, which is documented in the end of semester course report and reviewed by course faculty to identify course strengths and areas needing improvement (RR III.J.5 - MSN/PMC Course Report). Achievement of course objectives is determined by comparing actual individual student outcomes to expected outcomes in the end of semester course reports. An example of expected versus actual outcomes is demonstrated in Table III.J.2.

Table III.J.2 Examples of an MSN Course Objective with Expected vs. Actual Outcome Attainment

Course	Course Objective	Expected Outcome	Actual Outcome
NURG 5010 Research in Nursing	7. Interpret research findings within the context of clinical nursing practice, making the research-practice connection using the research evidence	80% of students will score 80% or higher on the *Mini Research Proposal Research Assignment.*	92.3% (n=51) of 55 students made 80% or above on Assignment #6 – Research Mini-Proposal
NURG 5100 Social Forces and Nursing Practice	6. Demonstrate an understanding of ethical decision making and its role in health care provision and health care policy.	90% of the class will earn an 80% or higher on the final project that encompasses the historical, cultural, economic, legal, and political influences on nursing and health care delivery.	100% (22/22) of the Fall 2019 students scored an 80% or higher on the final project.

Analysis of evaluations and teaching-learning practices have led to MSN curricula revisions. In Fall 2018, the MSN curriculum was revised to better align with the *MSN Essentials* (AACN, 2011), particularly in relation to the ever-expanding fields of genomics and informatics. In addition, student satisfaction mean scores on the Skyfactor survey indicated that students satisfaction with their genetics knowledge was lower than other mean scores. The MSN faculty incorporated NURG 5370 (Genomics for Nursing Practice) and NURG 5690 (Informatics for Nursing Practice) into the MSN Curriculum as 8-week courses. The curriculum change reduced the three NP role courses (four credit hours total) to two NP Role Courses (four credit hours total): NURG 5830 (Role of the NP in Clinical Practice) and NURG 5840 (Role of the NP in Business) (RR III.J.6 MSN/PMC PCC Minutes).

In summary, MSN and PMC program faculty use data from faculty and student evaluations of teaching-learning practices to inform decisions that facilitate achievement of program and individual student learning outcomes. Evaluation is formal, informal, formative, and summative. The curricula are regularly reviewed by faculty and input is received from communities of interest, such as alumni, employers, and certifying agencies. Evaluation data concerning the curricula and teaching-learning practices are used to improve the MSN and PMC programs.

DNP Program Response: DNP faculty use data from faculty and student evaluations of teaching-learning practices to foster program improvement and achievement of expected individual and aggregate SLOs. Faculty gather data in the didactic and clinical courses to evaluate the curriculum and teaching-learning practices. Student input into curriculum and teaching-learning practices is actively solicited via both course and faculty semester evaluations and student participation in DNP PCC meetings. Students provide informal summative evaluations of teaching-learning practices in the faculty-administered end-of-course surveys. Student responses to course evaluations are reviewed by program faculty. In addition, student representatives are invited to PCC meetings. Faculty members perform a summative evaluation of each course which is presented in the end of semester course report and reviewed by course faculty to identify course strengths and areas needing improvement (RR III.J.7 DNP Course Report). Achievement of course objectives is determined by comparing actual individual student outcomes to expected outcomes in the end of semester course reports. An example of an expected versus actual outcome is demonstrated in Table III.J.3.

Table III.J.3 DNP Program Example of Course Objective with Expected vs. Actual Outcome Attainment

Course	Course Objective	Expected Outcome	Actual Outcome
NURG 7000	1. Describe the history and present status of various levels of theories used in nursing practice, including the derivation, characteristics, and contributions these theories have made to nursing knowledge development	More than 80% of students will make 80% or above on *Contributions of Major Theories Used in Nursing Practice to Nursing Knowledge Development Assignment* (Module 5 Assignment 2)	90% (9/10) of students made 80% or above on *Contributions of Major Theories Used in Nursing Practice to Nursing Knowledge Development Assignment* (Module 5 Assignment 2)

An example of a recent curriculum revision is when the DNP PCC met in January 2020 to discuss the Organizational Systems Leadership DNP Curriculum Pattern for non-APRNS (OSL) (RR III.J.8. DNP PCC Minutes Curriculum). The DNP PCC voted to remove the NURG 7013 (Organizational Systems Practice I) and NURG 7014 (Organizational Systems Practice II) courses from the curriculum pattern, as the courses were not primarily content driven, had limited enrollment from students, and were not required courses as part of the curriculum pattern. Previously, enrolled students were occasionally taking the NURG 7013 course, but enrollment was inconsistent. The DNP PCC also discussed the addition of the NURG 7008 (Genetics) course, which was not required for the OSL curriculum pattern but was required for DNP students who were APRNs enrolled in the Advanced Practice Leadership APRN to DNP Curriculum Pattern (APRN to DNP). The addition of the NURG 7008 (Genetics) course allows students in the OSL Curriculum Pattern to obtain additional clinical hours during course enrollment, while benefiting from content delivery needed for graduate student learning outcome attainment. With these changes making the curriculum

patterns the same, regardless of APRN or non-APRN status, both tracks were labeled Organizational Systems Leadership (OSL). Enrolled students are coded as: APRN (901A) and non-APRN (901B). Further examples of DNP curricular revisions are presented in the resource room (RR III.J.9 DNP PCC Minutes), while an examples of DNP teaching-learning revisions are presented in Table III.J.4.

Table III.J.4 Example of DNP Teaching-Learning Practice Change

Community of Interest	Mechanism of Input	Needs/Expectations	Teaching-Learning Practice Change
Students	Student Course Evaluations; Student Advising Session Meetings	Additional Information about DNP Program Expectations.	Formal live WebEx Orientation for all new DNP students in the first week of courses for each new cohort. Moodle section for DNP Student Information with Orientation information, PPT on each DNP Essential and competencies to meet the essentials, IRB information, opportunities for scholarships, and other general information. All DNP students have access to this Moodle section.

The DNP curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing program improvement. Faculty use data from a variety of sources: formal, informal, formative and summative, to inform teaching-learning and curriculum improvements and achieve DNP program SLOs.

In summary, the CON program curricula and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

IV-A. A systematic process is used to determine program effectiveness.

> *Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:*
> - *is written, is ongoing, and exists to determine achievement of program outcomes;*
> - *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
> - *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
> - *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
> - *is periodically reviewed and revised as appropriate.*

Program Response:

Data are regularly and systematically collected and analyzed to evaluate program effectiveness. The BSN, MSN, PMC and DNP programs have a comprehensive written plan, the Master Evaluation Plan (MEP), to guide the collection, review, and analysis of data pertinent to maintaining a quality nursing program (Appendix I.A.1 MEP). The MEP is reviewed annually and revised as appropriate. Data are collected and analyzed according to the MEP. Program outcomes include completion, licensure, certification, and employment rates as required by the USDE. Additional program outcomes include student outcomes, faculty outcomes, and other outcomes.

Completion data are obtained biannually from NSU Institutional Research (IR) Reports. Programs maintain reports on student attrition which may be used for calculation of completion rates (RR IV.A.1 Retention Report from Institutional Research; RR IV.A.2 Student Attrition Report). Licensure data are collected quarterly from Pearson Vue Reports received from the LSBN (RR IV.A.3 NCLEX-RN Reports). Data for certification rates are obtained annually from certification organization reports (RR IV.A.4 Certification Results). Employment data are collected within a year of program completion for each graduating class through emails, text messages, or phone calls (RR IV.A.5 Employment Records for BSN Graduates).

Student outcomes are measured through the attainment of SLOs. Data are collected and documented in the corresponding course reports each semester. Examples are found in the resource room (RR IV.A.6 Course Report). Faculty outcome data are obtained annually from individual faculty evaluations each spring semester. Other outcomes include student satisfaction, undergraduate employer satisfaction, and alumni satisfaction. Student satisfaction is measured through Skyfactor Survey data (RR IV.A.7 Skyfactor Questions from MSN 2018-2019 report). Employer satisfaction, for the pre-licensure BSN program, is obtained annually from participating Advisory Council members' completion of paper or electronic surveys (RR IV.A.8 Advisory Council Evaluation; RR IV.A.9 Advisory Council-Employer Evaluation of BSN Graduates). Employer satisfaction surveys for the post-licensure BSN program are emailed each semester to employers of students in NURB 4291 Leadership and Management Practicum for Registered Nurses (RR IV.A.10 RN to BSN Employer Satisfaction). Alumni Surveys are administered annually by electronic survey (RR IV.A.11 Alumni Survey).

The Director of Assessment and program assessment committees oversee collection of program evaluation data based on the timelines identified in the MEP. The Director of Assessment and assessment committees present the data to the program directors and faculty at PCCs, who are responsible for the review, analysis, and implementation of follow-up actions. Program recommendations and revisions are then made in response to input from program faculty and brought to the CON administrative sub-council as appropriate (RR IV.A.12 Admin. Sub-Council Minutes).

In summary, the MEP describes the comprehensive plan for review and analysis of program effectiveness, identifies specific data that are to be collected to assess achievement of program outcomes, and includes the timeline for data collection and analysis. The MEP is periodically reviewed and revised as appropriate.

IV-B. Program completion rates demonstrate program effectiveness.

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

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

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

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

Program Response:

Program completion rates demonstrate program effectiveness for all programs. Program coordinators, program directors, and the Director of Assessment are actively involved in the analysis of student completion rates to identify areas of concern and any needed program improvement.

BSN Program: Achievement of required program outcomes regarding completion is demonstrated by the completion rate for the most recent calendar year being 70% or higher. The completion rate is calculated by dividing the number of students in the cohort that graduated in 150% of the time by the total number of students in the cohort. The time for students to complete the program within 150% of the time is different for each track in the BSN program. There are no data included for the BS to BSN track at this time as there are no completers. Students admitted to first level for the first time make up cohorts for the generic BSN concentration. The LPN to BSN concentration cohort is comprised of students taking their first clinical course in third level. Table IV.B.1 shows the BSN completion rates for the last three calendar years. No students were excluded.

Table IV.B.1 BSN Completion Rates by Calendar Year

Completion Year	# Students Admitted	# (%) Students Completing Within 150% of Time	# Students Continuing (persistence)
2017	264	211 (80%)	0
2018	225	183 (81%)	2
2019	268	207 (77%)	5

MSN and DNP Programs: The completion rates for the MSN and DNP programs are calculated by dividing the number of students in the cohort that graduated in 200% of the time by the total number of students in the cohort. MSN

students admitted to the first clinical course, NURG 5700 Methods of Clinical Nursing Assessment, make up the cohort each fall. Achievement of required MSN program outcomes regarding completion is demonstrated by the completion rate for the most recent calendar year being 70% or higher (Option 1). Achievement of required DNP program outcomes regarding completion is demonstrated by the completion rate being 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education (Option 3). DNP students who were excluded either had major family obligations or a major change in health status. The entry point for DNP students is enrollment in NURG 7000 Scientific Underpinnings for Practice. Table IV.B.2 demonstrates MSN and DNP program completion rates.

Table IV.B.2 MSN and DNP Programs Completion Data

Cohort Year	Completion Year	# Students Admitted	# (%) Students Completing within 200% of Time	# Students Continuing (Persistence)
MSN				
2012	2017	55	48 (87%)	0
2013	2018	78	67 (86%)	0
2014	2019	68	60 (88%)	0
DNP				
+	2017	NA	NA	NA
2014	2018	13*	13 (100%)	0
2015	2019	6**	5 (83%)	0

*Four students excluded due to family obligations and major change in health status of student
**Two students excluded due to family obligations
+Program was under development

PMC Program: The completion rate for the PMC program is calculated by dividing the number of students in the cohort that completed the program in 200% of the time by the total number of students in the cohort. Cohorts are formed from PMC students enrolling in their first population specific clinical course. Achievement of required PMC program outcomes for completion is demonstrated by the completion rate for the most recent calendar year being 70% or higher (Option 1). Though 200% of the time for completion has not finished for some of the cohorts in Table IV.B.3, there are no continuing students and the results represents the most current data. No students were excluded. The AGACNP PMC concentration did not begin until Spring 2020, therefore, no data are included.

Table IV.B.3 PMC Program Completion Data

Cohort Year	Completion Year	# Students Admitted	# (%) Students Completing in 200% of the time	# Students Continuing (Persistence)
2016	2018	1	1 (100%)	0
2017	2019	1	1 (100%)	0
2018	2020	22	20 (91%)	0

Based on the analysis, Key Element IV.B is met.

IV-C. Licensure pass rates demonstrate program effectiveness.

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

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in <u>any one</u> of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*

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

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

Program Response:

BSN Program: The NCLEX-RN pass rate for pre-licensure completers met and exceeded the benchmark of 80% of first-time takers for the most recent calendar year (Option 1) for the generic and LPN to BSN completers on the Shreveport off-campus learning site and the main Natchitoches campus, and for generic completers on the Alexandria off-campus learning site (Table IV.C.1). The BS to BSN pre-licensure track has no completers.

Table IV.C.1 NCLEX-RN first-time pass rates by site and track for most recent calendar year

Site (Track)	Calendar year	# Students taking NCLEX-RN for 1st time	% Pass Rate for 1st time takers
BSN Natchitoches (Generic)	2019	23	96%
BSN Natchitoches (LPN to BSN)	2019	2	100%
BSN Shreveport (Generic)	2019	106	97%
BSN Shreveport (LPN to BSN)	2019	7	100%
BSN Alexandria (Generic)	2019	23	91%

Because the Alexandria LPN to BSN completers did not meet the expected outcome of 80% for the most recent calendar year, first time takers for the three most recent calendar years (Option 3) was used to calculate the licensure pass rates to meet the expected outcome of 80% (Table IV.C.2).

Table IV.C.2 NCLEX-RN first-time pass rates by site and track over the three most recent calendar years

Site/Track	Calendar year	# Students taking NCLEX-RN for 1st time	Pass Rate for 1st time takers (%)
BSN Alexandria (LPN to BSN)	2019	4	75%
	2018	5	100%
	2017	5	100%
	TOTAL	14	**93**%

Based on the analysis, Key Element IV.C is met.

IV-D. Certification pass rates demonstrate program effectiveness.

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

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

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

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in <u>any one</u> of the following ways:

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

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

Program Response:

MSN/PMC Programs: The MSN and PMC programs prepare completers for nurse practitioner certification exams. The nurse educator and nurse administrator roles in the MSN program do not prepare completers for certification exams. The MSN and PMC programs exceeded the 80% benchmark for first time takers for the most recent calendar year (Option 1). The MSN and PMC program concentrations and pass rates are found in Tables IV.D.1 and IV.D.2

Table IV.D.1 MSN Program Certification Pass Rate for First-time Takers

Certification Exam Specialty Area	Certifications Organization	Calendar Year	# Completers Taking	# Completers Passed	Certification Pass Rate
Family Nurse Practitioner	AANP/ANCC	2019	36	33	92%
Adult Gerontology Primary Care Nurse Practitioner	AANP	2019	8	7	88%
Adult Gerontology Acute Care Nurse Practitioner	ANCC	2019	5	5	100%
Primary Care Pediatric Nurse Practitioner	PNCB	2019	8	8	100%
Psychiatric Mental Health Nurse Practitioner	ANCC	2019	3	3	100%
Women's Health Nurse Practitioner	NCC	2019	4	4	100%

Table IV.D.2 PMC Program Certification Pass Rates for First-time Takers

Certification Exam Specialty Area	Certifications Organization	Calendar Year	# Completers Taking	# Completers Passed	Certification Pass Rate
Family Nurse Practitioner	AANP	2019	3	3	100%
Adult Gerontology Acute Care Nurse Practitioner	ANCC	2019	N/A *	N/A*	N/A*
Psychiatric Mental Health Nurse Practitioner	ANCC	2019	16	14	88%

* The Adult Gerontology Acute Care Nurse Practitioner program does not have any program completers, as the concentration began Spring 2020.

Based on the analysis, Key Element IV.D is met.

IV-E. Employment rates demonstrate program effectiveness.

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

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

Program Response:

BSN Response: The employment rate for BSN program completers is consistently above 70% within 12 months of graduation as required by CCNE. Upon completion of the program, students are asked for employment information. If the student has not accepted employment or is unemployed, faculty follow-up with emails, texts, or phone calls within six months of program completion to determine employment status. Employment information is entered into an excel database by the Director of Assessment, who then reports the results to the BSN Director and the BSN Assessment committee. There are no BS to BSN program completers. The aggregate employment rate for the BSN program is presented in Table IV.E.1.

Table IV.E.1 BSN Program Employment Rates

Completion Year	# of Completers/Graduates	% (#) Employed
2017	194*	100% (194)
2018	206**	99% (204)
2019	239	99.6% (238)

*Unable to contact five graduates
** Unable to contact two graduates

MSN/PMC Response: The employment rates for MSN and PMC programs are consistently above 70% within 12 months of program completion as required by CCNE. The Director of Assessment provides a database of completers which can be accessed by all program faculty who enter employment information. If the completer is unemployed at initial contact, they are contacted again within a year after graduation by phone or email. No AGACNP PMC concentration students have completed the program. Of the completers who responded to contact made by faculty, 100% were employed (Table IV.E.2).

Table IV.E.2. MSN and PMC Program Employment Rates

Completion Year	# of Completers/Graduates	% Employed
MSN		
2017	72	100%
2018	69	100%
2019	65	100%
PMC		
2017	1	100%
2018	2	100%
2019	18	100%

DNP Response: The employment rate for DNP program completers is consistently above 70% within 12 months of graduation as required by CCNE. Employment information is obtained after program completion. If the graduate is not employed or has not accepted a job at first contact, they are contacted again by program faculty within a year of graduation by phone or email. To date, all DNP completers have been employed (Table IV.E.3).

Table IV.E.3 DNP Program Employment Rates

Completion Year	# of Completers/Graduates	% Employed
2017	6	100%
2018	7	100%
2019	10	100%

Based on the analysis, Key Element IV-E is met.

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

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

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

Program Response:

The CON faculty are dedicated to a continuous improvement process as outlined in the MEP. Each PCC and assessment committee reviews completion rates, licensure/certification pass rates, and employment rates to foster ongoing improvement. If discrepancies exist between actual outcomes and CCNE expected outcomes the PCC completes data analysis to make recommendations for improvement. Additionally, all data are reviewed to make recommendations for improvement, even if the expected outcomes are achieved. Although no discrepancies were found between CCNE expected outcomes and programs' actual outcomes, the following are examples of ongoing improvements made by each program based on analysis of program outcomes.

Pre-licensure BSN: For the past three years the BSN pre-licensure program consistently met expected outcomes for completion, employment, and NCLEX-RN pass rates. However, an example of a change made by faculty based on program completion to facilitate student success was to modify BSN third level course offerings from a full semester to two eight-week courses. In Fall 2016 this change was made because students repeatedly commented that keeping up with four didactic courses and two clinical courses was difficult and kept some students from timely progression. The change allowed students to take two didactic and one clinical course each eight-week term, decreasing the number of courses that students had to take at one time. Students expressed satisfaction with the eight-week course schedule. The success of implementing the third level eight-week sessions prompted fourth-level faculty to also offer courses in two eight-week sessions.

The BSN faculty use data from the NCLEX-RN Program Reports to foster program improvement. The Director of Assessment reviews and analyzes the data from the NCLEX-RN Program Report annually and shares the trended findings with the BSN PCC. Faculty make changes to course content with emphasis on areas in need of improvement, which are based on results in the NCLEX-RN Program Report (RR IV.F.1 BSN PCC Agenda). Each year trended results are shared so faculty can evaluate the results of what was implemented the previous year.

The BSN program had trended the NCLEX-RN pass rate dropping from 94.53% (2012) to 90.07% in 2013 and 90.71% in 2014. In 2015, students attending an SGA meeting commented that they did not actively participate in class. Students

also commented that PowerPoint (PPT) slides typically provided to students before the class contained everything they needed, so there was no need to listen to a lecture. Additionally, students reported that many clinical groups designated one student to take notes and distributed the notes to the group after class. Each student took a turn at taking notes, while other students in the group would do homework or look at their phone. To increase active listening, faculty stopped providing the detailed PPTs slides. Faculty were directed to only give PPT outlines. Faculty increased active learning strategies to engage students in distance sites. Course content was divided among the sites so students had faculty teaching at their site during the semester, as well as faculty teaching from distance sites. Faculty were assigned to each distance learning class/course. Additionally, upgrades of the distance learning equipment increased the quality of the distance learning experience. In the spring semester of 2018, the CONSAH provided the CE *Active Learning Workshop* for faculty. NCLEX-RN pass rates in 2016 through 2019 remained between 95-96%. (RR.IV.F.2 Dean's E-mails).

An example of an idea that did not work as planned involved assigning faculty ten to fifteen clinical students for whom they were to mentor through the program. Faculty attempted this strategy but found it difficult to maintain the level of interaction needed to mentor their group plus their own clinical students each semester. These barriers were discussed at the Coordinators meeting (RR IV.F.3 Coordinator's Meeting Minutes) with coordinators deciding they would mentor students in their own level, handing off to the next clinical faculty as students progressed through the program. Although not implemented as originally planned, it did help faculty adopt the attitude of "It is my personal responsibility to support the success of each student who is admitted into clinical." Additionally, clinical groups are formed to include students with varying levels of academic ability which has fostered peer mentoring.

Post-licensure BSN: The BSN post-licensure program consistently met expected outcomes for completion and employment rates. However, one example of a change made to facilitate program completion involved a recent policy change. In reviewing syllabi, faculty noticed that the policy for submitting late work was not the same for all courses. Faculty decided to make one late policy that would apply to all courses. The new late policy does not penalize the student for late assignments, as long as the student communicates the need for an extension before the deadline.

Additionally, in an effort to increase completion rates, faculty reach out to inactive students via emails and phone calls to encourage them to return to finish their degree. Active students are contacted frequently with emails and phone calls to encourage submission of missing work to promote progression and to be appropriately advised.

MSN Program: For the past three years, the MSN program consistently met expected outcomes for completion, employment, and certification pass rates. However, an example of a change made by faculty to enhance student learning and contribute to graduate success on certification exams involved the PCPNP program. The certification pass rate in 2016 was 75% with three of four graduates passing the certification exam on the first attempt. This prompted faculty to implement new teaching learning practices, such as requiring completion of review book questions and a certification review course. Additionally, faculty consulted with the Pediatric Nursing Certification Board (PNCB), which resulted in the adoption of a new textbook (Burns' Pediatric Primary Care) written by a nurse practitioner, rather than a physician. Additionally, the concentration coordinator changed from one who did not incorporate active learning practices to one who frequently engaged students in active learning. These changes contributed to PCPNP student success on the certification examination from 75% (3/4) in 2016 to 100% (1/1) in 2017, 100% (1/1) in 2018, and 100% (8/8) in 2019 (RR IV.F.4 Faculty E-mail).

PMC Program: For the past three years, the PMC program consistently met expected outcomes for completion, employment, and certification pass rates. However, an example of a change made by faculty to ensure proper program completion involved performance of a gap analysis. After discovering that the Gap Analysis was not always completed in a timely manner and that PMC students were sometimes confused about needed courses for program completion, the program director educated the MSN/PMC PCC regarding the correct process for completion of gap analysis and provided templates on correct use of the gap analysis forms. A decision was also made that while all faculty can perform a gap analysis on PMC students, the director or department head must evaluate and approve the completed gap analysis prior to the student being informed of needed courses and their individual curriculum plan.

DNP Program: For the past three years, the DNP program consistently met expected outcomes for completion and employment. However, several changes have been made to the DNP program to ensure students are able to complete the program in a timely manner: (a) Received approval for course section sizes to decrease from a maximum of 20 to 10 students per section, (b) Received approval for a single DNP program director position, rather than having a combined MSN/PMC/DNP program director, (c) Received approval to hire a statistician who is housed in the CON and involved in each scholarly project from the beginning of the project, (d) Revised Scholarly Project Final Defense grading rubric to ensure consistency among final projects and improve the rigor of the scholarly projects, and (e) Modified the curriculum to allow clinical hours to be obtained from the onset of the program (Appendix III.H.1 DNP Student Portfolio Guidelines).

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

> *Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:*
> *1.are identified for the faculty as a group;*
> *2.specify expected levels of achievement for the faculty as a group; and*
> > *a.   reflect expectations of faculty in their roles.*
>
> *Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.*

Program Response:

Before 2019, aggregate faculty outcomes included faculty being licensed, meeting LSBN education requirements, BSN/MSN faculty holding a MSN or higher degree, DNP faculty holding a doctorate degree and holding professional certification and licensure in their specialty area (if APRN), MSN and DNP faculty holding graduate faculty status, engaging in teaching and participating in research or scholarship and practice or service, holding a doctorate degree, holding CNE certification, and performance of scholarly activity in vulnerable populations (Table IV.G.1).

Table IV.G.1 CY 2017-2018 Aggregate Faculty Outcomes (all programs)

Faculty Outcomes and ELA	2017	2018
100% licensed as RN	100%	100%
100% meet LSBN continuing education requirements	100%	100%
100% BSN/MSN faculty hold MSN or higher degree	100%	100%
100% DNP faculty hold a doctorate degree and hold professional certification and licensure in their specialty area (if APRN)	100%	100%
100% of MSN/DNP faculty hold graduate faculty status.	100%	100%
100% are engaged in teaching, participate in research/scholarship and practice or service	100%	100%
>25% of BSN/MSN faculty hold a doctorate degree	32%	28%
>25% of faculty are CNE certified	20%	38%
80% of APRN DNP faculty have scholarly activities that are performed with vulnerable populations.	100%	100%

Faculty outcomes were revised in 2019 to be more reflective of faculty members annual performance evaluations which are congruent with both university and college expectations. Faculty outcomes are calculated for full time faculty and adjunct faculty. Full-time faculty include faculty that are tenured, tenured track, and non-tenured track. Expected levels of achievement for aggregate faculty outcomes (full-time and adjunct) can be found in Appendix IV.G.1. The previous aggregate faculty outcomes that were retained include faculty having CNE certification and doctoral preparation. The faculty outcomes for 2019 are listed by program in Tables IV.G.2, IV.G.3, and IV.G. 4.

Table IV.G.2 Aggregate Full-Time Faculty Outcomes: BSN Program

Measure	ELA	2019 Actual Outcome
Teaching Effectiveness subscale (scores range between 0-33)	90% > 20	100% (30/30)
Scholarship and Professional Activities subscale (scholarship) (0-35)	70% > 8	53% (16/30)
Departmental, University, Community Service subscale (service) (0-24)	80% > 11	73% (22/30)
Civility and Professional Behavior subscale (civility) (0-24)	100% > 16	100% (30/30)
Advising subscale (advising) (0-9)	80% > 5	93% (28/30)
Doctorally Prepared*	25%	39% (15/38) **
Certified Nurse Educator	25%	36% (14/30)

*Seven faculty currently enrolled in doctorate programs.
**Includes eight adjunct lead faculty or faculty who taught in BSN programs in 2019.

The number of faculty included in the measures of Teaching Effectiveness, Scholarship, Service, Civility, and Advising are the number of faculty who received an evaluation in 2019 and taught in the BSN, MSN, PMC, or DNP programs. The number of faculty included in the "Doctorally Prepared" measure includes faculty who received a 2019 evaluation and faculty who taught in 2019 who have since retired or resigned. Therefore, the N for these categories are different. Data in Table IV.G.2 for the "Doctorally Prepared" category include these doctorally prepared faculty who taught didactic courses in 2019. Two faculty outcomes for BSN full-time faculty did not meet the ELA, the scholarship and service subscales. Four faculty who did not meet the ELA for the scholarship subscale had been employed one year or less. Two faculty who did not meet the ELA for the service subscale had also been employed one year or less.

Table IV.G.3 Aggregate Full-Time Faculty Outcomes: MSN/PMC Programs

Measure	ELA	2019 Actual Outcome
Teaching Effectiveness subscale (scores range between 0-33)	90% > 20	100% (10/10)
Scholarship and Professional Activities subscale (scholarship) (0-35)	70% > 8	90% (9/10)
Departmental, University, Community Service subscale (service) (0-24)	80% > 11	90% (9/10)
Civility and Professional Behavior subscale (civility) (0-24)	100% > 16	100% (10/10)
Advising subscale (advising) (0-9)	80% > 5	100% (8/8)
Doctorally Prepared*	25%	60% (6/10)
Certified Nurse Educator	25%	30% (3/10)

*All faculty (n=4) who are not doctorally prepared are enrolled in doctorate programs.

Table IV.G.4 Aggregate Full-Time Faculty Outcomes: DNP Program

Measure	ELA	2019 Actual Outcome
Teaching Effectiveness subscale (Scores range between 0-33)	90% > 20	100% (3/3)
Scholarship and Professional Activities subscale (scholarship) (0-35)	70% > 8	100% (3/3)
Departmental, University, Community Service subscale (service) (0-24)	80% > 11	100% (3/3)
Civility and Professional Behavior subscale (civility) (0-24)	100% > 16	100% (3/3)
Advising subscale (advising) (0-9)	80% > 5	100% (2/2)
Doctorally Prepared	100%	100% (3/3)
Certified Nurse Educator	25%	67% (2/3)

The number of MSN and DNP faculty represented in the Advising subscale is less than the number of faculty for other measures due to several faculty who are considered administration. Administrative faculty do not advise and therefore are not evaluated on this subscale.

Aggregated results for the full time and adjunct faculty groups are presented in Tables IV.G.5. and IV.G.6. The CON met the expected levels of achievement for full-time faculty aggregate outcomes of teaching effectiveness, civility, advising, doctorally prepared, and obtaining CNE certification. The CON did not meet the ELA in the scholarship and service categories. The CON met the aggregated ELA for adjunct faculty with all adjunct faculty achieving a mean score of 3.5 or greater on a five-point scale.

Table IV.G.5 Aggregated Full-Time Faculty Outcomes by College

Measure	ELA	2019 Actual Outcome
Teaching Effectiveness subscale	90% $\geq$ 20	100% (43/43)
Scholarship and Professional Activities subscale (scholarship)	70% $\geq$ 8	65% (28/43)
Departmental, University, Community Service subscale (service)	80% $\geq$ 11	79% (34/43)
Civility and Professional Behavior subscale (civility)	100% $\geq$ 16	100% (43/43)
Advising subscale (advising)	80% $\geq$ 5	95% (38/40)
Doctorally Prepared	25%	47% (24/51) *
Certified Nurse Educator	25%	44% (19/43)

* Includes lead faculty who taught in BSN programs in 2019.

Table IV.G.6 Aggregated Adjunct Faculty Outcomes by Program and College

Faculty	ELA	2019 Actual Outcome
BSN	90% will achieve an average score of 3.5 (5-point scale)	100% (37/37)
MSN	90% will achieve an average score of 3.5 (5-point scale)	100% (21/21)
DNP	90% will achieve an average score of 3.5 (5-point scale)	100% (7/7)
PMC	90% will achieve an average score of 3.5 (5-point scale)	100% (12/12)
Entire CON	**90% will achieve an average score of 3.5 (5-point scale)**	**100% (77/77)**

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

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

Program Response:

A process is present to analyze and use faculty outcome data to foster ongoing program improvement. (Appendix IV.H.1 Plan for Achievement of Faculty Outcomes). When discrepancies between expected and actual outcomes occur, they inform areas for improvement. All aggregated CON ELA were met or exceeded in 2019 except for the scholarship and service categories. On further analysis, it was apparent that the BSN program faculty ALA contributed to the CON not meeting the ELA in these two categories. Examples which demonstrate how faculty outcome data are used to foster program improvement are described below beginning with those specific to the BSN program.

BSN Program: BSN program faculty ALA which met or exceeded the ELA were Teaching Effectiveness, Civility, Advising, CNE, and doctorally prepared. BSN program faculty ALA which fell below the ELA were the scholarship and service categories. The BSN program director addressed these two subscales with each faculty member according to the CON pre-established plan. The program director/coordinator met with each faculty and discussed strengths and areas needing improvement. In six months, the director/coordinator will reevaluate the BSN program's progress toward achieving areas needing improvement for the upcoming year (RR IV.H.1 Faculty Remediation Plan).

ALL PROGRAMS: All programs met the Faculty Outcomes ELA for CNE in 2019. The CON facilitated this achievement through paying the CNE exam fee in 2018 and 2019 and hosting a two-day CE event in 2018, *Certified Nurse Educator Exam Review* (RR IV.H.2 CNE Exam Review Flyer), free to all full-time and adjunct faculty. In addition to paying the CNE exam fee in 2020, the CON: (1) added the *CNE Resources for Faculty* section to the CONSAH Moodle shell, (2) purchased CNE review books for faculty preparing to take the CNE, and (3) provided faculty access to *Nurse Tim* (CNE preparation material). Eight faculty have expressed interest in obtaining CNE certification in 2020.

To foster achievement of the aggregate scholarship outcome for all CON faculty, even though the MSN, PMC, and DNP programs met the scholarship outcome ELA for 2019, the CON offers endowed professorships which may be used to facilitate active research projects, publications in refereed journals, conference participation on state or national scope, contributions to a publication, other scholarly endeavors, and activities related to the scholarship of teaching or excellence in service. Each fall all CON full-time faculty have the opportunity to apply for endowed professorships. Additionally, faculty are given the opportunity to attend numerous continuing education events hosted by the CONSAH. For example, the CONSAH hosted *Research Writing Success Strategies for Nursing Faculty* (3.25 CH) in 2017, *Active Learning in the Contemporary Classroom* (11.75 CH) in 2018, *LGBT+ Advocacy Training* (2.25 CH) in 2019, and *Team STEPPS Master Training Course: Interprofessional Healthcare Integration* (9.15 CH) in 2020 (RR II.C.3 CE Offerings. Additionally, the CON is an integral part of the Shreveport District Nurses Association and the Sigma Theta Tau, Beta Chi Chapter, even hosting regular meetings on campus, encouraging active faculty participation.

To foster achievement of the aggregate service outcome for all CON faculty, even though the MSN, PMC, and DNP programs met the service outcome ELA for 2019, the CON ensures all faculty are assigned to a Program and Curriculum Committee (PCC), whose duties include: (1) developing, reviewing, and coordinating curricular and program matters related to the program of study, (2) reviewing textbook adoptions or changes in textbook requirements, (3) making curricular recommendations to the administrative council and university curriculum review council or other appropriate committee, and (4) discussing issues presented by students related to the educational process. This ensures that all faculty are engaged in CON service and in the program improvement process. To further encourage service, faculty volunteers are requested each year for the university's Faculty Senate positions, and faculty are asked to submit committee requests to the dean prior to the summer break. Faculty also have the opportunity to attend recruiting and alumni events throughout the year as part of their engagement in university and college service.

IV-I. Program outcomes demonstrate program effectiveness.

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

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

Program Response:

Data are regularly and systematically collected and analyzed to evaluate program effectiveness. The BSN, MSN, PMC and DNP programs have a comprehensive written plan, the Master Evaluation Plan (MEP), to guide the collection, review, and analysis of data pertinent to maintaining a quality nursing program. Other program outcomes used by the CON include: (1) student satisfaction, (2) alumni satisfaction, and (3) undergraduate employer satisfaction. Students' satisfaction with CON programs is measured through the Skyfactor Survey (except the PMC program) (RR IV.I.1 Skyfactor Executive summaries for Undergraduate, Masters, and DNP programs). Skyfactor does not offer a

survey for PMC student satisfaction. However, in 2020, the CON developed a short satisfaction survey to allow PMC students to rate their satisfaction with the PMC program (RR IV.I.2 PMC Exit Survey). Alumni satisfaction with CON programs is measured through Alumni Surveys administered one-year post graduation (RR IV.I.3 Alumni Survey for BSN, RN to BSN, MSN, PMC, DNP). Undergraduate employer satisfaction is measured through annual Advisory Council surveys (RR IV.I.4 Advisory Council Employer Evaluation of BSN graduates and RR IV.I.5 Employer Evaluation of BSN Graduates) and the Employer Survey administered each semester in NURG 4291 Leadership and Management Practicum for Registered Nurses (RR IV.I.6 Post-licensure BSN Employer Survey). Although students also evaluate their satisfaction with faculty, courses, clinical sites, and clinical preceptors at the end of each course, those evaluations are related to Standard III and curriculum/teaching learning practices, and thus, are not considered measures of student satisfaction with programs. Additionally, data and data analysis regarding achievement of student learning outcomes is reported in the annual Program Assessments. Again, these program assessments are also reflective of teaching learning practices/curriculum evaluation as found in Standard III. Evaluation of Student satisfaction with support services is presented in Standard II.

Student Satisfaction

Student satisfaction is measured for the BSN, MSN, and DNP programs through the Skyfactor Survey. The Skyfactor survey is composed of many questions which evaluate the program comprehensively. Though the BSN, MSN, and DNP programs review all questions, the programs use the Overall Satisfaction mean as the Skyfactor measure of student satisfaction. The Overall Satisfaction score is comprised of two questions: Regarding your experience at the program, to what degree: (1) would you recommend the program to a close friend? and (2) did the program provide a positive academic experience?

Satisfaction scores are rated on a scale of one to seven. The ELA for each measure is a Performance Score of "75% Good" or greater. Skyfactor does not provide results for N < 6. For the results, all programs are presented in Table IV.I.1.

Table IV.I.1 BSN, MSN, and DNP Program Overall Satisfaction Scores as measured by Skyfactor Survey

Academic year	Program	# Students	Overall Satisfaction Mean Score	Performance Score	Met/Not Met
2018-2019	BSN	212	5.48	74.7%	Not Met
	MSN	50	6.12	85.3%	Met
	DNP	7	5.36	72.7%	Not Met
2017-2018	BSN	166	5.43	73.8%	Not Met
	MSN	59	6.18	86.3%	Met
	DNP	<6*	NR*	NR*	N/A
2016-2017	BSN	176	5.5	75%	Met
	MSN	68	5.85	80.8%	Met
	DNP	<6*	NR*	NR*	N/A

*Skyfactor does not provide results for an N less than 6.

Skyfactor does not offer a survey for PMC students. PMC student satisfaction was obtained through a PMC Exit Survey offered during their last semester. The ELA was three on a four-point scale. Results are found in Table IV.I.2. The ALA for each question met the ELA.

Table IV.I.2 PMC Exit Survey Results

Questions How well do you feel the PMC program prepared you to:	2018 N=1	2019 n=9	2020 n=6	Met/Not Met
Design and deliver culturally sensitive care to diverse clients?	4.0	3.0	3.17	Met
Practice within your nurse practitioner role scope and standards?	4.0	3.0	3.17	Met

Questions How well do you feel the PMC program prepared you to:	2018 N=1	2019 n=9	2020 n=6	Met/Not Met
Use evidence-based recommendations in the delivery of care to clients?	4.0	3.11	3.17	Met
Manage resources within a healthcare delivery system through collaboration with other healthcare providers, communities, and clients?	4.0	3.22	3.33	Met
Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems?	N/A	N/A	3.17	Met

Alumni Satisfaction

BSN Program: Pre- and post-licensure BSN alumni surveys demonstrate alumni satisfaction with the respective programs. In the fall semester, the alumni survey is sent to the graduates from the previous year. The alumni survey results are presented by track in Tables IV.I.3 and IV.I.4. The ELA is 80%, indicating satisfaction with the program. The BSN alumni results showed 93-100% of students expressed satisfaction with their education and the program. This met the expected outcome of 80%.

Table IV.I.3 Pre-licensure BSN Alumni Satisfaction Survey Results

Questions	2018 Alumni (2017 Graduates) N=57	2019 Alumni (2018 Graduates) N=68	Met/Not Met
	Satisfaction*		
How satisfied were you with your preparation as an entry level registered nurse?	100%	95%	Met
Compared to graduates of similar programs with which you may be familiar, how would you rate your educational preparation?	100%	93%	Met
As an alumnus of the BSN program at NSU, would you recommend your program to a prospective student?	100%	98%	Met

*Satisfaction indicated by response of "Satisfied" or "Very Satisfied"

Table IV.I.4 Post-licensure BSN Alumni Satisfaction Survey Results

Questions	2017 Alumni (2016 Graduates) N=9	2018 Alumni (2017 Graduates) N=21	2019 Alumni (2018 Graduates) N=25	Met/Not Met
	Satisfaction *			
How satisfied were you with the RN to BSN program at NSU?	100%	95%	100%	Met
Compared to graduates of similar programs with which you may be familiar, how would you rate your educational preparation?	100%	100%	100%	Met
As an alumnus of the BSN program at NSU, would you recommend your program to a prospective student?	100%	95%	96%	Met

*Satisfaction indicated by response of "Satisfied" or "Very Satisfied"

MSN and DNP Program: MSN and DNP alumni surveys demonstrate alumni satisfaction with the respective programs. The alumni survey is sent to the graduates of programs from the previous year. The MSN and DNP programs are sent in the summer or fall semester. The survey asks alumni to rate their satisfaction with the program outcomes. The ELA is a mean

score of three on a four-point scale. Tables IV.I.5 and IV.I.6 provide survey results. Both programs met the expected outcomes for each measure.

Table IV.I.5 MSN Alumni Satisfaction Survey Results

Questions How satisfied are you that the MSN program prepared you to…	2017 Alumni (2016 Graduates) N=23	2018 Alumni (2017 Graduates) N=10	2019 Alumni (2018 Graduates) N=9	Met/Not Met
Mean Scores				
Synthesize theories from nursing sciences and related disciplines to guide the design and implementation of culturally sensitive care to clients, families, and communities within your professional scope and standard of advanced nursing practice?	3.64	3.4	3.44	Met
Demonstrate responsibility and accountability as a practitioner of advanced nursing and a consumer advocate to effect relevant change to improve the health of citizens on a local, state, and national level?	3.73	3.3	3.56	Met
Utilize a scholarly inquiry process, grounded in evidence-based practice, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes?	3.55	3.3	3.67	Met
Analyze the effect of historical, cultural, economic, ethical, legal, and political influence on nursing and healthcare delivery?	3.64	3.1	3.33	Met
Manage resources within a healthcare delivery system through collaboration with other healthcare providers, community, and clients?	3.64	3.5	3.33	Met
Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems?	3.73	3.5	3.56	Met
Overall, how satisfied are you with the MSN degree you earned at NSU?	3.82	3.5	3.44	Met

Table IV.I.6 DNP Alumni Satisfaction Survey Results

Questions How satisfied are you that the DNP program prepared you to:	2017 Alumni (2016 Graduates) N=8	2018 Alumni (2017 Graduates) N=4	2019 Alumni (2018 Graduates) N=4	Met/Not Met
Mean Score				
Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice.	4.0	4.0	3.5	Met
Critically analyze health care delivery models based on contemporary nursing science and organizational and systems perspectives to eliminate health disparities and promote patient safety and excellence in practice.	4.0	4.0	3.5	Met

Questions How satisfied are you that the DNP program prepared you to:	2017 Alumni (2016 Graduates) N=8	2018 Alumni (2017 Graduates) N=4	2019 Alumni (2018 Graduates) N=4	Met/Not Met
Mean Score				
Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes.	4.0	4.0	3.75	Met
Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions.	4.0	4.0	3.5	Met
Advocate for health care policy which addresses social justice and equity in all health care settings.	4.0	4.0	3.75	Met
Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	4.0	4.0	3.75	Met
Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	4.0	4.0	3.75	Met
Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.	4.0	4.0	3.5	Met
Overall, how satisfied are you with the DNP degree you earned at NSU?	4.0	4.0	3.25	Met

PMC Program: The first alumni survey for PMC completers was sent out during the Summer 2020 semester. In 2019, there were 18 completers. Results from the survey can be found in the resource room (RR IV.I.7 PMC Alumni Survey Results).

Undergraduate Employer Satisfaction
Pre-licensure BSN: Employers evaluate the pre-licensure BSN program during Advisory Council meetings. The Shreveport Advisory Council meets annually each spring and the CENLA Advisory Council meets annually each fall. The CON invites COI to attend the Advisory Council meetings (RR IV.I.8 Attendance, Membership List, and Advisory Council Email Invitation). During the meetings, COI give feedback (oral and in writing) of the BSN program, recent graduates, and ideas for improving the program/graduates. After each meeting, an electronic survey link is emailed to the Advisory Council members inviting them to evaluate any BSN graduate hired in the past year. Survey links are forwarded to nursing staff at the facility who have worked with the new graduates and are best able to complete the evaluation. Trended results of the Shreveport and CENLA Advisory Council scores and comments are found in Appendix IV.I.1 Employer Satisfaction of BSN Graduates Trended Results from Shreveport Advisory Council; Appendix IV.I.2 Employer Satisfaction of BSN Graduates Trended Results from CENLA Advisory Council. Results of employer satisfaction with new BSN graduates are found in Appendix IV.I.3 Trended Results from Employers (Supervisors)

Satisfaction with BSN Graduates. The ELA for each measure is a mean score of three on a four-point scale. Trended ALA demonstrate success in meeting the ELA as all ALA for the past three years are greater than three.

Post-licensure BSN: Employers evaluate post-licensure students through the RN to BSN Employer Survey during the last year of the program. Students in NURB 4291 Leadership and Management Practicum provide faculty with the name and email of their employer. The program coordinator emails an electronic survey link to the employer inviting them to evaluate their employee (post-licensure student). Results are collected at the end of each semester and reviewed in the RN to BSN Assessment meeting. The ELA is three on a four-point scale. As evidenced in Table IV.I.7, employers are satisfied with the RN to BSN student as the ALA is consistently greater than three. During closer examination of the Employer Survey results, it was noted that the question asks the employer to rate the RN to BSN "graduate", rather than the student. However, as this survey is completed while the student is still enrolled in the program, the question has been revised for the Summer 2019 semester.

Table IV.I.7 Employer Satisfaction with Post-licensure Students

Please check the column that best describes your estimation of the RN to BSN "graduate" (i.e., student/employee).	2017 N=21	2018 N=21	2019 N=45
Provides nursing care founded upon selected scientific principles and evidence-based research utilizing the nursing process.	3.81	3.76	3.87
Applies the nursing process using critical thinking, communication, assessment, and technical skills.	3.71	3.76	3.91
Collaborates with clients and other members of the interdisciplinary healthcare team for health promotion, risk reduction, disease prevention, disease management and health restoration.	3.86	3.67	3.87
Manages nursing care effectively utilizing human, physical, financial, and technological resources to meet the needs of the person.	3.81	3.67	3.8
Demonstrates professional behaviors including adherence to standards of practice and legal and ethical codes of nursing conduct and accountability to the profession of nursing and society.	3.81	3.81	3.87
Assumes responsibility for professional development and lifelong learning.	3.86	3.71	3.89
My overall satisfaction with NSU's RN to BSN nurse is: (Excellent, Good, Fair, Poor)	3.76	3.76	3.89

The MSN, PMC, and DNP programs do not assess employer satisfaction.

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

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

Program Response:

Program outcome data are collected for all programs and presented in program PCC meetings and program assessment meetings, the CONSAH Administrative Council, and/or the CON Administrative Sub-council meetings. Faculty and/or administration discuss the results and decide on the best course of action.

Pre-licensure BSN: The pre-licensure BSN program outcomes met the ELA for the BSN Employer Satisfaction survey and the BSN Alumni Survey. Actions that were taken in response to employer feedback include: (1) increased clinical shifts to 12 hours in 5th level; (2) stressed professional behavior and made it an academic requirement; (3) implemented a new dress code for clinical students when on campus (implemented Fall 2014); (4) prepared students

for the employment interview after graduation and stressed more "soft" skills; (5) ensured students chart by paper and computer to give students exposure to computer charting before working and ability to chart by paper when computers are down; and (6) implemented use of a skills booklet that students must track demonstration of skills. Although there is not direct action that might improve alumni satisfaction, indirectly alumni satisfaction is affected through actions taken to improve student satisfaction.

The program met the ELA for Overall Satisfaction in the Skyfactor Survey (student satisfaction) in 2016-2017 but did not meet the ELA of 75% for 2017-2018 (73.8%) and 2018-2019 (74.7%). Although the ELA was not met in the past two years, the results from 2018-2019 were improved from the previous year. Actions taken to increase student satisfaction included: (1) providing a live NCLEX-RN review in fifth level; (2) expanding online resources available for students through choice of textbooks and apps; (3) providing online testing; (4) obtaining computer access for students in the clinical settings; (5) increasing usage of case studies in didactic and clinical courses; (6) providing high fidelity simulation through clinical partners; and (7) increasing interprofessional experiences through simulation and workshops. With these actions, a continuing increase in student satisfaction is expected.

Post-licensure BSN:
The post-licensure BSN program met the ELA for the Undergraduate Employer Satisfaction survey and the BSN Alumni Survey. Improvements made based on feedback from the Alumni Survey include: (1) increased consistency of the course organization, (2) made policy for submission of late work for all courses, and (3) set up an RN to BSN Moodle shell which houses information for the program. The Moodle shell includes information related to graduation, recognition ceremony, request for permits, uploading RN license, professional organization meetings, registration, courses, course syllabi, and academic matters; (4) facilitation of enrollment for students wanting to immediately enter the MSN program after graduation; and (5) decreased tuition for RN to BSN students implemented in Spring 2020. The program met the ELA for Overall Satisfaction in the Skyfactor Survey (student satisfaction) in 2016-2017 but did not meet the ELA of 75% for 2017-2018 (ALA-73.8%) and 2018-2019 (ALA-74.7%). Actions taken to increase student satisfaction included: (1) scaffolding assignments in courses; (2) coordinating assignment due dates in clinical courses to avoid overlapping due dates; (3) changing some assignments from papers to discussion forums to allow all students to benefit from the knowledge gained through the assignment; (4) providing students with updated tutorials (i.e., searching literature, using databases) from the NSU librarian; (5) referring students to the Academic Success Center; (6) updating assignments to address contemporary issues (i.e., Health Policy Brief in NURB 3122 Dimensions of Professional Nursing and the Political Letter in NURG 4191 Community Based Nursing Practicum for Registered Nurses); and (7) utilizing virtual office hours via WebEx for tutoring and assignment assistance. The post-licensure program met employer satisfaction ELA of 3.0 on a four-point scale. The ALA on each question on the survey ranged from 3.67 to 3.91 over the last three years. However, actions taken in response to open-ended questions include: (1) adding forum in the Leadership course that addresses fiscal accountability and budgeting; (2) reduction of tuition and omission of fees that did not impact post-licensure students; (3) increasing faculty from four to seven; (4) developing evidence-based skills through requiring answers to be based on evidence in forums and assignments; (5) mentoring of new faculty to provide effective and efficient feedback to students; (6) increasing awareness and knowledge of laws that affect healthcare; and (7) discussion on professionalism related to social media.

MSN Program: The MSN program met the ELA for the MSN Alumni Survey and the Overall Satisfaction mean in the Skyfactor Survey (student satisfaction) for the past three years. However, actions that were taken to increase student satisfaction include: (1) adding Shadow Health into 5700 Methods of Clinical Nursing Assessment to allow students to practice advanced assessment techniques, including focused history, cultural sensitivity, empathy, communication skills, and critical thinking; (2) changing texts to decrease the number of textbooks students have to purchase; (3) offering more sections of core courses; (4) increasing the frequency of optional laboratory lectures for NURG 5700 with additional laboratory dates to expand time spent with students in preparation for initial clinical experience as an advanced practice student; (5) embedding joVE peer-reviewed scientific video journal for online courses into courses (contingent on funding). The videos are engaging and are a great foundation for students' knowledge about advanced nurse practice; (6) offering genetics and informatics as eight-week courses; (7) collaborating with the Continuing Education Coordinator to develop a CE event that focused on teaching skills for the APRN, including basic EKG

interpretation, Advanced EKG interpretation, Basic X-ray analysis, suturing techniques, women's health & Nexplanon, and dermatology shave and punch biopsies. The APRN Skills event was scheduled for April 17-18, 2020. However, due to the COVID-19 situation, the event was canceled (RR IV.J.1 APRN Skills Fair); and (8) scheduling a representative from the LSBN to present current regulatory issues for new nurse practitioners.

PMC program: The PMC program requirements are based on the MSN curriculum and an individual gap analysis. Therefore, changes made to the MSN NP programs also impact PMC students. Prior 2020, PMC students did not take the role comprehensive exam if the student was already a licensed nurse practitioner. In 2019, the MSN/PMC PCC had discussions whether the students needed to take the role comprehensive since the population of focus would be changing and the role questions on the exam were population specific. The MSN/PMC PCC decided that all PMC students would take the comprehensive role exam in their new population. This was implemented with the spring 2020 semester.

DNP Program Response: The DNP program met the ELA for the Alumni Survey for the past three years. The DNP program did not meet the ELA (75%) for Overall Satisfaction in the Skyfactor Survey (student satisfaction) in 2018-2019 (72.7%). Data from 2016-2017 and 2017-2018 were not reported by Skyfactor as less than six students completed the survey. Actions that were taken to increase student satisfaction include: (1) adding voice over PowerPoints to enhance learning; (2) initiating the Portfolio in NURG 7000 Scientific Underpinnings; (3) developing a DNP Moodle Shell where information is posted for DNP students, including bookstore link, scholarship information, DNP handbook, PowerPoints on practice hours, library resources, scholarly project, and portfolio overview; (4) assignment of a DNP faculty member to serve as an advisor until they enrolled in NURG 7010 and were assigned a major professor for their scholarly project; (5) incorporating Flipgrid technology to debate topics in NURG 7000 Healthcare Policy; (6) hiring a DNP director and a DNP facilitator, (7) providing students more opportunities to earn practice hours by linking conferences, workshops, and international education opportunities throughout the curriculum, (8) changing the semester the IRB applications were due to allow more time; and (9) reviewed all DNP policies and procedures and revised each as needed.

APPENDICES

APPENDIX I.A.1

CON Master Evaluation Plan (MEP)

Northwestern State University of Louisiana
College of Nursing
Master Evaluation Plan
CY 2020

LEGEND: AC: Administrative Council; **ASC:** CON Administrative Sub-Council; **Adv.C:** Advisory Council; **AEC:** Assessment and Evaluation Committee; **APDG:** Appeals Committee for Admissions, Progression, Dismissal, & Graduation (APDG); **CC:** Coordinator's Committee; **CEC**: Continuing Education Committee; **CF**: Course Faculty; **CON:** College of Nursing; **CONSAH:** College of Nursing and School of Allied Health; **COOP:** Continuity of Operations Plan Committee; **CRC:** Curriculum Review Council; **EPC:** Endowed Professorship Committee; **GSRN**: Graduate Studies & Research in Nursing; **LRITSC**: Learning Resources, Instructional Technology, and Simulation Committee; **PC:** Policy Committee; **PCC:** Program and Curriculum Committee; **RTPC:** Retention, Tenure and Promotion Committee; **SRC:** Scientific Review Committee; **SEEC:** Social Events and Elections Committee; **SSC:** Student Support Committee.

*Evidence that data have been reviewed can be found in the responsible committee's minutes or in changes made to the data.
**The first committee meeting of the Fall semester, or at the committee's annual retreat, each committee chair reviews the committee's MEP responsibilities.
***At the Final Spring CONSAH faculty meeting and the committee's end of year report, the committee chair summarizes the committee's review/actions/responses to appropriate MEP items.

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

Note: Remember to review the elaboration statements for each Key Element and make sure they are addressed fully.

STANDARD I Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed
I-A: The mission, goals, and expected program outcomes are: • congruent with those of the parent institution; and • reviewed periodically and revised as appropriate.	1. Congruency between University Mission Goals and CONSAH Mission & Goals reviewed periodically, revised as appropriate, and written and accessible to COI.	Strategic Plan, CONSAH website; CON website; Program websites; Program Student Handbooks; Univ. Catalog; Recruiting Material	AC Chair/Dean	Annually at each Summer Retreat
	2. Congruency between CONSAH Mission & Goals and Program Goals and Objectives reviewed periodically and revised as appropriate and written and accessible to COI.	Strategic Plan; CONSAH Website Documents	ASC/Senior Director (Sr. Dir.).	Annually at Program Retreats
	3. Congruency between Program Goals and Objectives and Program outcomes are reviewed periodically and revised as appropriate and written and accessible to COI.	Strategic Plan & Each Program's Congruency Chart between Program Goals & Objectives; Program Outcomes Summary Document	ASC; PCC; AEC/Sr. Director; Program Director; Assessment Director	Annually at Program Retreats
I-B: The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	1. Professional standards are identified for each program AND 2. Program mission, goals and outcomes are consistent with identified professional standards	Congruency Chart between Program Objectives (SLOs), Courses and Professional Standards	PCC/Program Director	Annually
I-C: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest (COI)	1.COI is defined AND 2. The needs and expectations of the COI considered in the review of the mission, goals and expected program outcomes.	Strategic Plan	AC/Dean	Annually

STANDARD I Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed
I-D: The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	1. Nursing unit's faculty expectations are written and communicated to faculty	NSU faculty handbook Written individual and aggregate faculty expectations for full-time and adjunct faculty; Faculty evaluation form; CONSAH policies related to work responsibilities in CONSAH Faculty Moodle shell;	CONSAH AC	Annually
	2. Nursing unit's expectations for faculty are congruent with institutional expectations.	Retention, Tenure and Promotion Committee Rubrics for portfolio evaluation; Graduate Faculty requirements	RTPC/RTPC Chair; MSN/PCC/DNP PCCs and Directors	Annually
I-E: Faculty and students participate in program governance.	1.Roles of faculty and students in program governance are clearly defined and promote participation. (100% of faculty are assigned to CON Committee)	*Council & Committee Structure and Membership* Document; CONSAH Bylaws; CONSAH faculty org. chart- all located in CONSAH faculty Moodle shell	AC	Annually
	2. CON faculty are involved in the development, review, and revision of academic program policies.	Policy Committee Minutes; Committee Evaluation Forms; PCC committee minutes	Policy Committee Chair; PCC chairs (Directors)	Annually

STANDARD I Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed
I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: • fair and equitable; • published and accessible; and • reviewed and revised as necessary to foster program improvement.	1.Academic policies related to admission, retention, recruitment, and progression are written, fair, and equitable, and communicated to relevant COI AND 2. CON academic policies that differ from University academic policies are identified and support achievement of mission, goals and expected outcomes AND 3. Defined process for academic policy review and revision	CONSAH Student Handbooks; CONSAH Policies (APDG, Drug, Uniform, etc.); Syllabus requirements; NSU Student handbook; NSU Catalog; Recruitment materials	PCC/PCC chair	Annually
I-G: The program defines and reviews formal complaints according to established policies.	1.Formal complaint (student) is defined. AND 2.The definition of formal complaint and the procedure for filing a complaint are communicated to relevant constituencies.	CONSAH Policies; Student Handbook; University Catalog; NSU Student Handbook	AC/Dean	Annually
I-H: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	1.References to the program's offerings, outcomes, accreditation/ approval status, academic calendar, admission policies, grading policies, degree/ completion requirements, tuition, and fees are accurate.	NSU & CONSAH Recruitment & Admission materials; APDG Policy; NSU & CONSAH Website; Student Handbook; Curricula Patterns; Catalog; Syllabi; NSU Academic calendar;	PCCs/PCC chairs (Directors/ Coordinators)	Annually
	2.Information regarding licensure/certification exams that graduates will be eligible for is accurate.	CON Website; Recruiting Materials; Student Handbooks	PCCs/PCC Chairs (Directors/ Coordinators)	Annually

STANDARD I Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed
	3.Transcripts specify the APRN role and population focus of the graduate from programs preparing graduates for APRN roles.	Program documents located in student handbooks and on website NSU Connect; Registrar	MSN/PMC Program Director	Annually
	4.Accreditation statement for CCNE use the approved statements from CCNE.	NSU & CON websites; Catalogs; APDG policy; Student Handbooks; Recruiting material	PCCs/PCC Chairs (Directors/ Coordinators)	Annually

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

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
II-A: Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are • modified as needed.	1.The budget enables achievement of mission, goals, and outcomes and supports the development, implementation, and evaluation of the program. AND 2.There is a defined process for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate. AND	University & CONSAH Budget; Endowed Professorships; Assessments of Faculty and Student Satisfaction; Faculty Turnover rates; Workload calculations	AC/ AC Chair Dean; Dean; Senior Director; Program Directors	Annually

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	3.Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.			
II-B: Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites are reviewed periodically, and resources are modified as needed.	1.Physical space and facilities are sufficient to achieve the program's mission, goals, and expected outcomes. (workspace, classrooms, meeting areas) AND 2.Equipment and supplies are sufficient to achieve the program's mission, goals, and expected outcomes. (computing, labs, teaching-learning materials)	Room utilization; Student Evaluation of Support Services (Classroom Facilities); LRITSC Faculty Survey; (Questions related to classrooms, nursing labs, and distance learning);	LRITSC committee; AEC/LRITSC Chair; AEC Chair; Senior Director; Program Directors & Program Coordinators	Annually
	3.Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. AND 4.A process is used to determine currency, availability, accessibility, and adequacy of resources; and modifications are made as appropriate.	Course Reports for Clinical Courses; Affiliation Agreements/MOUs; Student and faculty evaluation of clinical sites; clinical utilization	Course Coordinators Program Coordinators; Program Directors	Annually
II-C: Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	1.Academic support services foster achievement of program outcomes (library, technology, distance education support, research support, admission services, advising services) AND	LRITSC Faculty Survey; Student Evaluation of Support Services	Director of Assessment; LRITSC Committee and Chair/AC & Chair	Annually

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	2.A defined process is used for regular review of academic support services, and improvements are made as appropriate.			
II-D: The chief nurse administrator of the nursing unit: • is a registered nurse (RN); • holds a graduate degree in nursing; • holds a doctoral degree if the nursing unit offers a graduate program in nursing; • is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and • provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	1.The chief nurse administrator is a registered nurse, holds a graduate degree in nursing, and is vested with the authority to accomplish the mission, goals, and expected program outcomes. AND 2.The chief nurse administrator consults with COI to make decisions to accomplish the mission, goals, and expected program outcomes. AND 3.The chief nurse administrator is an effective leader of the nurse unit.	Dean's CV; Board of Nursing License; Dean Job Description; NSU Organizational Chart; Faculty Evaluation of Dean; Provost Evaluation of Dean; CONSAH Faculty Meeting minutes; Advisory Council Minutes; AC minutes; Grant reports.	Dean/Provost/ President	Annually
II-E: Faculty are: • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and	1. The program defines faculty workloads.	Workload Policy & On-Campus Office Hours Policy & Committee Assignments	AC/Dean	Annually

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
• experientially prepared for the areas in which they teach.	2. Faculty to student ratios provide adequate supervision and meet or exceed the requirements of regulatory agencies (1:10 Undergraduate) (1:6-9 MSN) and professional nursing standards and guidelines.	Clinical course section enrollment; clinical evaluations; faculty evaluations NSU Connect	PCC/Program Director or Program Coordinators; Campus Coordinators; Clinical Level Coordinators	Each Semester
	3. Faculty are academically prepared for the areas in which they teach (by virtue of degree specialization, specialty coursework, or other preparation). AND 4. Faculty teaching in the nursing program have a graduate degree or provide justification for the use of any faculty who do not have a graduate degree. AND 5. Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise.	Faculty CV; Annual report to LSBN; Faculty activity report; LSBN Faculty qualification form; SACSCOC faculty qualification requirements University's HR	Program Director; Senior Director	Annually and with each new hire

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	6. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. AND 7. Advance practice concentrations are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.	Annual licensure of NP concentration coordinators and faculty.	MSN/PMC Director and Senior Director	Annually
II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	1. Preceptors (e.g. mentors, guides, coaches) are academically and experientially qualified for their role and have the expertise to support student achievement of expected outcomes.	Preceptors CV/ Preceptor qualification requirements/ LSBN requirements	Clinical Level Coordinators/ Campus Coordinators/ Program Director	Each new preceptor; or annually

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
• *This key element is not applicable to a degree or certificate program that does not use preceptors.*	2. The role and performance expectations for preceptors, with regards to teaching, supervision and student evaluation, are: a. clearly defined and communicated to preceptors b. congruent with the mission, goals, and expected student outcomes c. congruent with relevant professional nursing standards and guidelines; and d. reviewed periodically and revised as appropriate.	Preceptor orientation information; Preceptor Tea agenda/minutes; LSBN Rules and Regulations; CONSAH mission, goals, program goals, program SLOs;	PCC/Program Directors; Clinical Level Coordinators	Each new preceptor hire or annually
	3. The program ensures that preceptors meets expectations.	Student evaluation of preceptors; faculty evaluation of preceptors	PCC/Program Director/Clinical Level Coordinators	Each Semester

STANDARD II Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
II-G: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	1. Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. AND 2. Faculty have opportunities for ongoing development in teaching & to maintain practice competence AND 3. The institution provides resources to support faculty scholarship.	Faculty practice policy; Faculty handbook; Endowed Professorships (EP) opportunities; Faculty CE educational opportunities; Beta Chi opportunities to present scholarship; CON Support of SDNA (meetings/events)	AC/AC Chair	Annually
	4. Expected service is clearly defined and supported. AND 5. Support ensures that currency in clinical practice is maintained for faculty in roles that require it.	Faculty evaluation form; faculty handbook; Faculty Outcomes documents; committee assignments; Faculty licensure verification, Faculty CVs	PCC/Program Director; Policy Committee; AC and AC Chair	Annually

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

Note: Remember to review the elaboration statements for each Key Element and make sure they are addressed fully.

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?

III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:
• are congruent with the program's mission and goals;
• are congruent with the roles for which the program is preparing its graduates; and
• consider the needs of the program–identified community of interest.
	1. Program SLOs
	  a. are written clearly,
	  b. are congruent with the program's mission and goals,
	  c. are congruent with the roles for which the program is preparing its completers
	  d. consider the needs of the COI
		Program SLOs, CONSAH mission, program goals, professional standards; Advisory Council minutes; PCC minutes, level/course minutes,	PCC/Program Directors & Program Coordinators	Annually

	2. Curricular objectives (course, unity, &/or level objectives or competencies defined by the program) provide clear statements of expected learning that relate to student outcomes.	Course syllabi, program objectives	PCC/Program Directors & Program Coordinators	Annually
	3. Expected outcomes relate to the roles for which students are being prepared.	Program outcomes; course objectives; Professional standards; Congruency charts	PCC/Program Directors & Program Coordinators	Annually

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STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).	1. The BSN curricula incorporate professional nursing standards and guidelines relevant to the BSN program and each track offered. AND 2. The BSN curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (2008).	Course reports; Congruency charts of BSN program goals, SLOs, course objectives, and standards; syllabi; BSN curriculum	PCC/Program Directors & Program Coordinators	Annually
	3. The program clearly demonstrates where and how content, knowledge, and skills required by the standards and guidelines are incorporated into the curriculum and expected student outcomes (individual and aggregate).	Course reports; Congruency charts of BSN program goals, SLOs, course objectives, and standards; syllabi; BSN curriculum; Program Assessment reports	Faculty; PCC/Program Directors & Program Coordinators	Annually
III-C: Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). • Master's program curricula	1. The MSN curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines relevant to the MSN program and each track/ concentration offered. These standards support the expected student outcomes (individual and aggregate).	Course reports; Congruency charts of MSN program goals, SLOs, course objectives, and standards; syllabi; MSN curriculum; Newest versions of standards	PCC/Program Director	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
incorporate professional standards and guidelines as appropriate. a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). • Graduate-entry master's program curricula incorporate *The*	2. The program clearly demonstrates where and how content, knowledge, and skills required by identified standards are incorporated into the curricula and expected student outcomes (individual and aggregate).	Course reports; Congruency charts of MSN program goals, SLOs, course objectives, and standards; syllabi; MSN curricula; Newest versions of standards; Program Assessment reports.	PCC/Program Director	Annually
	3. All MSN curricula incorporate *The Essentials of Master's Education in Nursing* (2011).	*Master's Essentials;* MSN curricula; course syllabi; course descriptions; Course reports; Congruency charts of MSN program goals, SLOs	PCC/Program Director	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and • guidelines. *This key element is not applicable if the master's degree program is not under review for accreditation.*	4. All NP concentrations incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). AND 5. NP curricula incorporate separate comprehensive graduate-level courses to address the APRN core: Advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.	NP concentration curriculum patterns; course syllabi; course descriptions; Course reports; Congruency charts of MSN program goals, SLOs, course objectives, and NTF criteria	PCC/Program Director	Annually
	6. Nurse educator curriculum incorporates graduate-level content addressing APRN core.	Syllabi; Educator curriculum pattern	PCC/Program Director	Annually
III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). ▪ DNP program curricula incorporate professional	1. The DNP curricula are developed, implemented and revised to reflect professional nursing standards and guidelines relevant to the DNP program and each track offered. These standards support the expected student outcomes (individual and aggregate).	Course reports; Congruency charts of DNP program goals, SLOs, course objectives, and standards; course syllabi; DNP curriculum; Newest versions of standards; *Doctoral Essentials*	PCC/Program Director	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
standards and guidelines as appropriate. A. All DNP program curricula incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. B. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). ▪ Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.	AND 2. All DNP curricula incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (2006). AND 3. The program clearly demonstrates where and how content, knowledge, and skills required by identified standards are incorporated into the curricula and expected student outcomes (individual and aggregate).			

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
III-E: Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).	1. The PMC curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines relevant to the PMC program and each concentration offered. These standards support the expected student outcomes (individual and aggregate). AND 2. The program clearly demonstrates where and how content, knowledge, and skills required by identified standards are incorporated into the curricula and expected student outcomes (individual and aggregate). AND 3. All NP concentrations incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).	Course reports; Congruency charts of PMC program goals, SLOs, course objectives, and standards; course syllabi; PMC curricula; Newest versions of standards; NTF criteria Program Assessment reports.	PCC/Program Director & Program Coordinators	Annually
	4. NP curricula incorporate separate comprehensive graduate-level courses to address the APRN core: Advanced physiology/ pathophysiology, advanced health assessment, and advanced pharmacology	Curricula patterns; Catalog descriptions	PCC/Program Director & Program Coordinators	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	5. Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.	Course reports; Congruency charts of DNP program goals, SLOs, course objectives, and standards; course syllabi	PCC/Program Director & Program Coordinators	Annually
III-F: The curriculum is logically structured to achieve expected student outcomes. • Baccalaureate e curricula build on a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.	1. The baccalaureate curricula build on a foundation of arts, sciences, and humanities, is logically structured to achieve student outcomes.	Chart showing how knowledge from general education courses is incorporated into nursing practice; Curriculum patterns	PCC/Program Director & Program Coordinators	Annually
	2. The master's curricula build on Baccalaureate level nursing knowledge and is logically structured to achieved expected student outcomes.	MSN entry criteria (BSN); curricula patterns; syllabi	PCC/Program Director	Annually
	3. The DNP curriculum is logically structured and builds on a master's in nursing foundation which is built upon a baccalaureate nursing foundation. The programs shows how doctoral-level knowledge and competencies are acquired.	Course syllabi; DNP curriculum pattern; DNP admission criteria; course reports; Program Assessment reports	PCC/Program Director	Annually
	4. The PMC program is structured to build on graduate level nursing competencies and knowledge.	PMC criteria for admission; course syllabi; Gap analysis process; course reports	PCC/Program Director	Annually
III-G: Teaching-learning practices: ▪ support the achievement of	1. Teaching-learning practices (e.g. simulation, lecture, case studies) in all environments	Course syllabi; course reports; student & faculty evaluation of clinical sites; Student	PCC/Program Directors & Program Coordinators	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
expected student outcomes; ■ consider the needs and expectations of the identified community of interest; and ■ expose students to individuals with diverse life experiences, perspectives, and backgrounds.	(e.g. classroom, clinical DL, lab) support achievement of expected student outcomes identified in the course, unit, or level objectives.	evaluations of courses & faculty; Program Assessment report; Student evaluation of Support Services (DL, lab)		
	2. Teaching-learning practices: a. are appropriate to the student population b. consider the needs of the COI c. broaden student perspectives.	Course syllabi; course reports; student & faculty evaluation of clinical sites; student evaluations of courses & faculty; Program Assessment report; Advisory Council minutes; clinical utilization	PCC/Program Directors & Program Coordinators	Annually
III-H: The curriculum includes planned clinical practice experiences that: ■ enable students to integrate new knowledge and demonstrate attainment of program outcomes; ■ foster interprofessional collaborative practice; and ■ are evaluated by faculty.	1. Each track in each program included planned clinical experiences that gives students the opportunity to develop new professional competencies and integrate new knowledge in practice settings aligned to the educational preparation. AND 2. Clinical practice experiences include opportunities for interprofessional collaboration.	Clinical utilization; clinical site availability; student and faculty evaluation of clinical sites; course reports; course syllabi; faculty evaluation of students; MSN – rubric for clinical; faculty evaluation of clinical logs; DNP – rubrics for portfolio; Faculty evaluations of portfolio	PCC/Program Director & Program Coordinators	Annually
	3. The curriculum has clinical practice experiences that are evaluated by faculty.	Rubrics for clinical evaluation; faculty evaluation of clinical experiences	PCC/Program Directors & Program Coordinators	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	4. Programs that have a direct care focus provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.	Clinical site availability; student and faculty evaluation of clinical sites; course reports; course syllabi; faculty evaluation of students	PCC/Program Directors & Program Coordinators	Annually
III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	1. Evaluation of student performance is consistent with expected student outcomes.	Course syllabi; course reports; rubrics; clinical evaluation rubrics/ evaluation tools; congruency chart of SLOs, course objectives, and assignments	PCC/Program Directors & Program Coordinators	Annually
	2. Grading criteria are clearly defined, communicated to students, and applied consistently. AND 3. The process for evaluation of individual student performance is communicated to students.	Course syllabi; course reports; rubrics/evaluation tools; student evaluation of course and faculty	PCC/Program Directors & Program Coordinators	Annually
	4. Faculty are responsible for evaluation of individual student outcomes.	Course syllabi; course reports; instructions for assignments; rubrics/ evaluation tools	PCC/Program Directors & Program Coordinators	Annually
III-J: The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	1. Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes.	Course reports; student evaluations of course and faculty; Program Assessment reports; PCC minutes; Skyfactor survey results	PCC/Program Directors & Program Coordinators	Annually

STANDARD III Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	2. The curriculum is regularly evaluated by faculty and revised as appropriate.	Course reports; Program Assessment reports; PCC minutes	PCC/Program Directors & Program Coordinators	Annually

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

Note: Remember to review the elaboration statements for each Key Element and make sure they are addressed fully.

STANDARD IV Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
IV-A: A systematic process is used to determine program effectiveness.	1. The MEP is written, ongoing, and exists to determine achievement of program outcomes. AND 2. The MEP is comprehensive (includes completion, licensure, certification, and employment rates as required by DOE; faculty outcomes, and other program outcomes) AND 3. The MEP includes timelines for data collection, review of ELA and ALA, and analysis. AND	MEP	Program Director; Coordinator; Director of Assessment/Program Director	Annually

STANDARD IV Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	4. The MEP is reviewed periodically and revised as appropriate			
IV-B: Program completion rates demonstrate program effectiveness.	1. Program Completion rates for each program are 70% or higher in any of the methods specified by CCNE.	Nursing Retention Tracking (IR); Program record of students leaving the program/withdrawals	AEC/ Program Director	Annually
IV-C: Licensure pass rates demonstrate program effectiveness.	1. Pre-licensure programs demonstrate an NCLEX-RN pass rate of 80% or higher when calculated by one of the methods specified by CCNE.	NCLEX-RN reports of student pass/fail	AEC; Director of Assessment/Program Director & Program Coordinator	Annually
IV-D: Certification pass rates demonstrate program effectiveness.	1. Certification pass rates are 80% or higher when calculated by one of the methods specified by CCNE. AND 2. Data are provided regarding the number of completers taking each exam and the number that passed.	Reports from certification boards; student reports of passing; verification of APRN licensure (if needed)	Program Director; AEC; Director of Assessment/ Program Director	Annually
IV-E: Employment rates demonstrate program effectiveness. *This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.*	1. Employment rates are 70% or higher when calculated by one of the methods specified by CCNE. AND 2. Employment data is collected within 12 months of program completion.	Student report from emails, texts, phone calls, conversations, and surveys.	Program Director; AEC; Director of Assessment/ Program Directors & Program Coordinators	Annually

STANDARD IV Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
IV-F: Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement. *This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).*	1. Discrepancies between actual and CNE expected outcomes (completion, licensure, certification, & employment rates) inform areas for improvement. AND 2. Changes to the program foster improvement and achievement of program outcomes, are deliberate, ongoing, and analyzed for effectiveness.	AEC Minutes; PCC minutes; Course Reports	AEC; Director of Assessment; PCC/ Program Directors & Program Coordinators	Annually
	3. Faculty are engaged in the improvement process.	PCC minutes; AEC minutes; Faculty Organization-Committee Assignments	AEC; Director of Assessment PCC/ Program Directors & Program Coordinators; Director of Assessment	Annually
IV-G: Aggregate faculty outcomes demonstrate program effectiveness.	1. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. AND 2. Faculty outcomes are identified for the faculty as a group, specify ELA for faculty as a group, and reflect expectations of faculty in their roles.	Written Faculty Outcomes (FT & Adj); CONSAH mission, Program goals; Faculty Handbook; Faculty Evaluation	AC/Dean	Annually
	3. Faculty outcomes ALA are analyzed.	Aggregate Data of Faculty Evaluations (FT; Adjunct)	AC/Director of Assessment	Annually

STANDARD IV Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	1. The program uses faculty outcome data for program improvement. AND 2. Discrepancies between actual and expected outcomes inform areas for improvement. Changes are deliberate, ongoing, and analyzed for effectiveness.	PCC minutes; AC minutes; AEC minutes	PCC; AC; AEC/Program Directors & Program Coordinators; Director of Assessment	Annually
	3. Faculty are engaged in the program improvement process.	PCC minutes; AEC minutes; Program Assessments	PCC; AC; AEC/Program Directors & Program Coordinators; Director of Assessment	Annually
IV-I: Program outcomes demonstrate program effectiveness.	1. Program outcomes are defined by the program, describe how each outcome is measured, and incorporate ELA. AND 2. Program outcomes are appropriate and relevant to the degree or certificate program offered.	SLOs and measures; student satisfaction (Skyfactor); Alumni Satisfaction; Employer satisfaction (Advisory council surveys; RN to BSN Employer satisfaction survey)	PCC; AEC/Program Directors & Program Coordinators; Director of Assessment	Annually
	3. ALA, when compared to ELA, demonstrate that the program is achieving its outcomes.	Program Assessment Reports; Program Outcomes Reports; AEC minutes; PCC minutes	PCC; AEC/Program Directors & Program Coordinators; Director of Assessment	Annually
IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.	1. Discrepancies between ALA and ELA are used to promote program improvement.	Program Assessment Reports; Program Outcomes Reports; PCC minutes; CRC submissions; AEC minutes	AEC; PCC/Program Directors & Program Coordinators; Director of Assessment	Annually

STANDARD IV Key Elements	Expected Level of Achievement (ELA)	What Data are Reviewed/ Collected?	Who Analyzes/ Who Responsible	When are ELAs and ALAs Analyzed?
	2. Changes to the program foster improvement and achievement of program outcomes. AND 3. Changes are deliberate, ongoing, and analyzed for effectiveness. AND 4. Faculty are engaged in the program improvement process.	Program Assessment Reports; Trending of Program Outcomes; PCC minutes; AEC minutes	AEC; PCC/Program Directors & Program Coordinators; Director of Assessment	Annually

APPENDIX I.A.2

Congruence Between the CONSAH Goals
and CON Programs Goals

Appendix I.A.2 Congruency Between the CONSAH's Goals and Nursing Programs' Goals

CONSAH GOAL 1: Create environments that support students' achievement of academic, career, social, and civic success.			
BSN Program Goals	**MSN Program Goals**	**PMC Program Goals**	**DNP Program Goals**
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations. 3. Prepare beginner, professional nurses to become members of the nursing profession.	1. Prepare graduates with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator or nurse practitioner. 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice.	1. Prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner. 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice.	3. Develop advanced practice nurse leaders who contribute to nursing's body of knowledge through professional development, scholarly inquiry into practice, processes, or outcomes which affect morbidity and mortality in vulnerable populations.

CONSAH GOAL 2: Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates who bring regional imminence to the CONSAH			
BSN Program Goals	**MSN Program Goals**	**PMC Program Goals**	**DNP Program Goals**
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations. 2. Prepare beginner, professional nurses who design, manage and coordinate care. 3. Prepare beginner, professional nurses to become members of the nursing profession. 4. Provide a foundation for graduate education.	1. Prepare graduates with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator or nurse practitioner. 2. Prepare graduates to function and excel in various advanced nursing roles. 3. Prepare graduates to make significant contributions to	1. Prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner. 2. Prepare graduates to function and excel in the advanced practice registered nurse (APRN) role of nurse practitioner (NP). 3. Prepare graduates to make significant contributions to the improvement	1. Provide advanced practice nurse leaders with expertise, specialized competences, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing. 2. Prepared advanced practice nurse leaders to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable populations. 3. Develop advanced practice nurse leaders who contribute to nursing's body of knowledge through professional development, scholarly inquiry into practice, processes, or outcomes which

	the improvement of healthcare and to the advancement of nursing knowledge and practice. 4. Provide a foundation for doctoral study.	of healthcare and to the advancement of nursing knowledge and practice. 4. Provide a foundation for doctoral study.	affect morbidity and mortality in vulnerable populations.
CONSAH GOAL 3: Ensure programs and curricula produce graduates that meet current and future workforce needs.			
BSN Program Goals	**MSN Program Goals**	**PMC Program Goals**	**DNP Program Goals**
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations. 2. Prepare beginner, professional nurses who design, manage and coordinate care. 3. Prepare beginner, professional nurses to become members of the nursing profession.	1. Prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator or nurse practitioner. 2. Prepare graduates to function and excel in various advanced nursing roles. 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice.	1. Prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner. 2. Prepare graduates to function and excel in the advanced practice registered nurse (APRN) role of nurse practitioner (NP). 3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice.	2. Prepared advanced practice nurse leaders to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable

CONSAH GOAL 4: Enhance the university's ability to recruit athletes who choose a nursing or allied health major.			
BSN Program Goals	**MSN Program Goals**	**PMC Program Goals**	**DNP Program Goals**
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations.	NONE	NONE	NONE
CONSAH GOAL 5: Develop and enrich community relationships between CONSAH and community stakeholders.			
BSN Program Goals	**MSN Program Goals**	**PMC Program Goals**	**DNP Program Goals**
1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations.	2. Prepare graduates to function and excel in various advanced nursing roles.	2. Prepare graduates to function and excel in the advanced practice registered nurse (APRN) role of nurse practitioner (NP).	1. Provide advanced practice nurse leaders with expertise, specialized competences, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing.

Congruence Between BSN Program Goals
and BSN Program Objectives

Appendix I.A.3. Congruence Between BSN Program Goals & BSN Program Objectives

BSN Program Goals	BSN Program Objectives
1. To prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations.	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community. 2. Apply the nursing process using critical thinking, communication, assessment and technical skills. 3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration. 4. Utilize information and health care technologies in nursing practice. 5. Integrate research findings to promote evidence-based nursing practice. 6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care. 8. Demonstrate professional nursing standards, values, and accountability. 9. Assume responsibility for professional development and lifelong learning.
2. To prepare beginner, professional nurses who design, manage and coordinate care.	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community. 2. Apply the nursing process using critical thinking, communication, assessment and technical skills. 3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration. 4. Utilize information and health care technologies in nursing practice. 6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care. 7. Apply principles of leadership to design, manage, coordinate and evaluate health care delivery. 8. Demonstrate professional nursing standards, values, and accountability.
3. To prepare beginner, professional nurses to become members of the nursing profession.	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community. 2. Apply the nursing process using critical thinking, communication, assessment and technical skills. 3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration. 5. Integrate research findings to promote evidence-based nursing practice.

BSN Program Goals	BSN Program Objectives
	6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care. 8. Demonstrate professional nursing standards, values, and accountability. 9. Assume responsibility for professional development and lifelong learning.
4. To provide a foundation for graduate education.	1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community. 2. Apply the nursing process using critical thinking, communication, assessment and technical skills. 3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration. 5. Integrate research findings to promote evidence-based nursing practice. 6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care. 7. Apply principles of leadership to design, manage, coordinate and evaluate health care delivery.

APPENDIX I.A.4

Congruence Between MSN Program Goals
and MSN Program Objectives

Appendix I.A.4. Congruence Between MSN Program Goals & MSN Program Objectives

MSN Program Goals	MSN Program Objectives
1. To prepare the registered nurse with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator or nurse practitioner.	1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing. 2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to effect relevant change that will improve the health of citizens at a local, state and national level. 3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes. 4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and health care delivery. 5. Manage resources within a healthcare delivery system through collaboration with other health care providers, communities and clients. 6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.
2. To prepare registered nurses to function and excel in various advanced nursing roles.	1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing. 2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to effect relevant change that will improve the health of citizens at a local, state and national level.
3. To prepare graduates to make significant contributions to the improvement of healthcare and to the advanced of nursing knowledge and practice	3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes. 4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and health care delivery. 5. Manage resources within a healthcare delivery system through collaboration with other health care providers, communities and clients.
4. To provide a foundation for doctoral study.	6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.

APPENDIX I.A.5

Congruence Between PMC Program Goals
and PMC Program Objectives

Appendix I.A.5. Congruence Between PMC Program Goals & PMC Program Objectives

PMC Program Goals	PMC Program Objectives
1. To prepare graduates with the necessary knowledge, skills, and attitudes for advanced nursing practice as a nurse practitioner.	1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing. 2. Demonstrate competence of the nurse practitioner role within the legal scope and standards of the chosen concentration. 3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes. 4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and healthcare delivery. 5. Manage resources within a healthcare delivery system through collaboration with other health care providers, communities and clients. 6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.
2. To prepare graduates to function and excel in the advanced practice registered nurse (APRN) role of nurse practitioner.	1. Integrate theories, knowledge, skills and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families, and communities within the professional scope and standards of the advanced practice of nursing. 2. Demonstrate competence of the nurse practitioner role within the legal scope and standards of the chosen concentration.
3. To prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice	3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes. 4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and healthcare delivery. 5. Manage resources within a healthcare delivery system through collaboration with other health care providers, communities and clients.
4. To provide a foundation for doctoral study.	6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.

APPENDIX I.A.6

Congruence Between DNP Program Goals
and DNP Program Objectives

Appendix I.A.6. Congruence Between DNP Program Goals & DNP Program Objectives

DNP Program Goals	DNP Program Objectives
1. Provide advanced practice nurse leaders with expertise, specialized competences, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing.	1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice. 3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes. 4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions. 6. Employ consultative and leadership skills to function on inter- and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes. 7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice. 8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.
2. Prepared advanced practice nurse leaders to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable populations.	2. Critically analyze health care delivery models based on contemporary nursing science and organizational and systems perspectives to eliminate health disparities and promote patient safety and excellence in practice. 3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes. 4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions. 5. Advocate for health care policy which addresses social justice and equity in all health care settings. 6. Employ consultative and leadership skills to function on inter- and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes. 7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice. 8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.

DNP Program Goals	DNP Program Objectives
3. Develop advanced practice nurse leaders who contribute to nursing's body of knowledge through professional development, scholarly inquiry into practice, processes, or outcomes which affect morbidity and mortality in vulnerable populations.	3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes. 4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions. 6. Employ consultative and leadership skills to function on inter- and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes. 7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice. 8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.

APPENDIX I.B.1

Congruence Between BSN Professional Standards/Guidelines
(BSN Essentials (AACN, 2008), QSEN), BSN Program Objectives (SLOs)
and BSN (pre-licensure and post-licensure) Courses

Appendix I.B.1. Congruence Between BSN Essentials (AACN, 2008), QSEN (2020) Competencies, BSN Program Objectives (SLOs) and all Pre- and Post-Licensure BSN Courses

Pre and Post-Licensure BSN Courses	BSN Program Objectives (Student Learning Outcomes)									BSN Essentials (AACN, 2008)									QSEN (2020)
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	SLO 9	I	II	III	IV	V	VI	VII	VIII	IX	
NURB 3030 Introduction to Nursing as a Profession	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		2-4
NURB 3050 Concepts of Altered Health States (Pathophysiology)	X	X	X	X	X	X	X			X						X		X	1, 2, 3, 4, 6
NURB 2170 Dosage Calculation	X	X	X	X	X			X		X	X		X	X	X		X		5
NURB 3040 Foundations of Nursing	X	X	X	X	X	X		X		X		X	X				X	X	1-5
NURB 3041 Foundations of Nursing Practicum	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 3060 Health Assessment Across the Lifespan	X	X	X	X	X			X				X	X		X	X	X	X	1, 2, 3, 6
NURB 3061 Health Assessment and Basic Life Skills Across the Lifespan	X	X		X	X	X		X	X	X		X	X	X			X	X	1, 2, 5, 6
NURB 3130 Adult Health Nursing	X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X	1-6
NURB 3141 Adult Health Nursing Practicum	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 3150 Pharmacology in Nursing	X	X	X	X	X	X		X		X	X	X	X		X	X	X	X	1, 2, 3, 5, 6

Pre- and Post-Licensure BSN Courses	BSN Program Objectives (Student Learning Outcomes)									BSN Essentials (AACN, 2008)									QSEN (2020)
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	SLO 9	I	II	III	IV	V	VI	VII	VIII	IX	
NURB 3220 Child Health Nursing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1, 2, 3, 4, 6
NURB 3221 Child Health Nursing Practicum	X	X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	1, 3, 4, 5, 6
NURB 3230 Care of Women and the Childbearing Family	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		1-6
NURB 3231 Care of Women & the Childbearing Family Practicum	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 3160 Research in Nursing	X	X	X	X	X			X	X	X		X	X		X	X	X	X	1, 2, 3, 5, 6
NURB 4120 Complex Nursing Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 4121 Complex Nursing Care Practicum	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1, 2, 3, 5, 6
NURB 4130 Psych-Mental Health Nursing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 4131 Psych-Mental Health Nursing Practicum	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6

Pre- and Post-Licensure BSN Courses	BSN Program Objectives (Student Learning Outcomes)									BSN Essentials (AACN, 2008)									QSEN (2020)
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	SLO 9	I	II	III	IV	V	VI	VII	VIII	IX	
NURB 4220 Community Health Nursing	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	1-6
NURB 4221 Community Health Nursing Practicum	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X	1-5
NURB 4230 Healthcare Management	X	X	X	X	X	X	X	X	X		X		X	X	X	X	X		1-6
NURB 4231 Transition to Professional Practice	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 4950 Special Topics in Nursing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 3110 (Pathophysiology for RNs)		X								X									1
NURB 3122 (Dimensions of Professional Nursing)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X	1-6
NURB 3140 (Informatics for RNs)		X	X	X	X	X	X		X		X	X	X	X	X	X	X	X	1-6
NURB 3142 (Gerontology for RNs)	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	1-6
NURB 3223 (Health Assessment for RNs)	X	X	X							X		X			X	X		X	1, 5, 6

Pre- and Post-Licensure BSN Courses	BSN Program Objectives (Student Learning Outcomes)									BSN Essentials (AACN, 2008)									QSEN (2020)
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	SLO 9	I	II	III	IV	V	VI	VII	VIII	IX	
NURB 3224 (Introduction to Nursing Research for RNs)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 4191 (Community Based Nursing Practicum for RNs)	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	1-6
NURB 4291 (Leadership and Management Practicum for RNs)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	1-6

QSEN Legend:
1. Patient Centered care
2. Teamwork & Collaboration
3. EBP
4. Quality Improvement (QI)
5. Safety
6. Informatics

APPENDIX I.B.2

Congruence Between MSN Professional Standards and Guidelines,
MSN Program Objectives (SLOs), and MSN Courses

Appendix I.B.2. Congruence Between MSN Professional Standards and Guidelines, MSN Program Objectives (SLOs), and MSN Courses

PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE		ED	ADMIN	ED; ADMIN CLINICAL
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
The Essentials of Master's Education in Nursing (AACN, 2011)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Standards of Practice for Nurse Practitioners (AANP, 2019)		X					X			X		X					X	X			
Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)		X		X			X			X	X	X	X	X	X	X	X	X			
Pediatric Nursing: Scope and Standards of Practice (ANA, 2008)		X					X			X			X				X	X			X

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PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE		ED	ADMIN	ED; ADMIN CLINICAL
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
Women's Health Nurse Practitioner Guidelines for Practice and Education (NPWH, 2020)		X					X			X				X			X	X			X
Consensus Model for APRN: Licensure, Accreditation, Certification and Education (NCSBN, 2008)		X					X			X	X	X	X	X	X	X	X	X	X	X	X

PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE		ED	ADMIN	ED; ADMIN CLINICAL
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators (NLN, 2020);																			X		X
Scope and Standards for Nurse Administrators (ANA, 2016)																				X	X
Adult Gerontology Acute Care and Primary Care NP Competencies (AACN, 2016)		X					X			X	X				X		X	X			X

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PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE		ED	ADMIN	ED; ADMIN CLINICAL
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
American Association of Critical Care Nurses Scope and Standards for Acute Care NP Practice (2017)		X					X			X	X						X	X			
Psychiatric Mental Health Nursing: Scope and Standards Practice (ANA, 2014)		X					X			X						X	X	X			

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APPENDIX I.B.3

Congruence Between PMC Professional Nursing Standards/Guidelines,
PMC Program Objectives (SLOs),
and PMC Courses

Appendix I.B.3.Congruence Between PMC Professional Nursing Standards and Guidelines, PMC Program Objectives (SLOs), and PMC Courses

PMC PROFESSIONAL STANDARDS & GUIDELINES	PMC NON-CLINICAL COURSES								PMC CLINICAL AND ROLE COURSES						
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)
The Essentials of Master's Education in Nursing (AACN, 2011)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Standards of Practice for Nurse Practitioners (AANP, 2019)		X					X			X		X		X	X
Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)		X		X			X			X	X	X	X	X	X
Consensus Model for APRN: Licensure, Accreditation, Certification and Education (NCSBN, 2008)		X					X			X	X	X	X	X	X
Adult Gerontology Acute Care and Primary Care NP Competencies (AACN, 2016)		X					X			X	X			X	X
American Association of Critical Care Nurses Scope and Standards for Acute Care NP Practice (2017)		X					X			X	X			X	X
Psychiatric Mental Health Nursing: Scope and Standards Practice (ANA, 2014)		X					X			X			X	X	X

APPENDIX I.B.4

Congruence Between DNP Professional Nursing Standards/Guidelines,
DNP Program Objectives (SLOs), and DNP Courses

APPENDIX I.B.4 Congruence Between DNP Professional Nursing Standards and Guidelines, Program Objectives (SLOs), and DNP Courses

DNP COURSES	DNP Program Objectives (Student Learning Outcomes)								Professional Standards & Guidelines DNP Essentials (AACN, 2006)							
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	I	II	III	IV	V	VI	VII	VIII
NURG 7000 Scientific Underpinnings for Practice	X		X				X	X	X							X
NURG 7001 Clinical Prevention and Population Health		X	X	X	X	X	X	X		X					X	
NURG 7002 Clinical Scholarship		X	X	X		X	X	X	X		X					
NURG 7003 Biostatistics	X		X				X	X	X		X				X	X
NURG 7004 Organizational Theory & Systems Leadership		X	X	X	X	X		X		X						
NURG 7005 Information Systems Technology				X		X	X	X	X			X				
NURG 7006 Epidemiology	X	X	X	X			X	X	X		X	X	X		X	X
NURG 7007 Healthcare Policy: Analysis, Advocacy, and Transformation		X	X	X	X	X		X		X			X	X	X	X
NURG 7008 Genetics	X	X	X		X		X	X	X		X		X		X	X
NURG 7009 Global Healthcare Advocacy and Transformation		X			X		X	X	X	X			X		X	
NURG 7010, 7011, 7012 Scholarly Project Practicum Courses I, II, III	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

APPENDIX I.D.1

Congruency Between University and
CON Faculty Expectations
Related to Teaching Effectiveness

Appendix I.D.1 Congruency between University and CON Faculty Expectations related to Teaching Effectiveness

EVALUATION CRITERIA	UNIVERSITY EXPECTATIONS	COLLEGE OF NURSING EXPECTATIONS
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	CONSAH Faculty Evaluation Form (2019)
TEACHING EFFECTIVENESS	• Academically demanding in classes; • Fully prepared, well-organized, informative, and intellectually stimulating in teaching; • Open to trying new teaching techniques; • Conscientious and prompt in evaluations of assigned student work during the term; • Prompt in reporting of grades for students at the end of the term; • Willing, outside of class, to discuss the special academic interests and problems that students present; and • Accessible, helpful, and responsible academic advisor. (NSU Faculty Handbook, 2017, Chapter Six, p. 44)	• Prepared and made available course syllabi/ resource packets on the first day of classes. • Followed the syllabus and applied it fairly • Demonstrated excellent knowledge of the course content. • Stimulated critical thinking and analysis among students in class and/or clinical. • Used evidence-based information to develop course content. • Presented course content & materials clearly and in a well- organized manner. • Encouraged students to conduct library searches, use online resources and read extra materials in preparation for class and clinical. • Encouraged students to ask questions and express their viewpoints. • Used a variety of education aids, materials, activities and/ or technologies to help clarify course content. • Was consistently available as a resource to students during posted office hours. • Arrived (or posted) to class on time and completed class on time.

EVALUATION CRITERIA	UNIVERSITY EXPECTATIONS	COLLEGE OF NURSING EXPECTATIONS
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	**CONSAH Faculty Evaluation Form (2019)**
		• Consistently responded to students in a respectful manner in class and clinical. • Submits mid-semester/final grades and end of semester course reports on time.
SCHOLARSHIP/ PROFESSIONAL ACTIVITY	• publication of books • publication of articles in refereed journals • invited articles in journals or anthologies • book reviews • publication of creative works such as novels, short stories, poetry, dramatic works, or musical compositions • professional performances in music and drama and exhibition of works of art such as paintings and sculpture in juried shows or selective galleries • development of new areas or levels of academic competence refereed or invited presentations at professional meetings participation in professional seminars or symposia • attendance at professional meetings and official duties in professional organizations • professional development through workshops and short courses • pursuit, receipt, and fulfillment of grants, scholarships, and fellowships	• Presented a paper or research findings via a podium presentation. • Presented a poster. • Served on a continuing education or conference planning committee. • Submitted a grant. • Had a grant funded. • Submitted an article/ book for publication. • Had an article/book published. • Had an editorial published. • Reviewed a book chapter. • Served on an editorial board. • Served as a visiting professor. • Maintained certification in designated field. • Met or exceeded continuing education requirements for licensure. • Actively participated in two or more professional organizations. • Served as an officer, board/ committee member for a local, regional, state or national public, community or professional organization. • Chaired or served on a committee to plan local, regional, state or national meetings.

EVALUATION CRITERIA	UNIVERSITY EXPECTATIONS	COLLEGE OF NURSING EXPECTATIONS
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	CONSAH Faculty Evaluation Form (2019)
	• service as a referee on grants, books, and articles campus lectures, performances, or art exhibitions (NSU Faculty Handbook, 2017, Chapter Six, p. 44-45)	• Served as a delegate to state or national professional meeting. • Recognized for professional accomplishments by a professional organization. • Appointed to a state or national task force, board, or commission.
DEPARTMENTAL, UNIVERSITY, & COMMUNITY SERVICE	• Service on departmental, college and University committees, and all other activities that contribute to the operation of NSULA academic programs • Involvement in activities that promote and enrich the life of the NSULA community • Recruitment of prospective students • Helping to organize local, regional, and national conferences and symposia • Service to professional organizations as an officer or committee member • Service on local, state, and national governmental boards service to the general public through activities related to the faculty member's field of professional expertise or the University's mission. (NSU Faculty Handbook, 2017, Chapter Six, p. 45) Academic responsibilities and professional ethics (see Faculty Handbook, 2017, p. 37-38).	• Actively participated in committee discussions and decisions, contributing in meaningful ways. • Performed assigned duties (minutes, submitting reports, completing tasks, etc.) in an excellent manner, on time, and without the need for reminders. • Regularly attended meetings. • Arrived on time for all meetings. • Avoided participating in "meetings after the meeting" or hallway encounters. • Attended commencement, faculty development and completed in a timely manner all mandatory education (Sexual Harassment, Ethics, Driving, etc.) and forms (Outside Employment, etc.) required by the university. • Attended a minimum of two University or CONSAH-sponsored activities to recruit students for the University (merit). • Attended four or more recruitment events (high merit). Attended at least four recruitment events, organized at least two of those events, developed recruitment materials related to CONSAH program offering, and demonstrated

EVALUATION CRITERIA	UNIVERSITY EXPECTATIONS	COLLEGE OF NURSING EXPECTATIONS
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	**CONSAH Faculty Evaluation Form (2019)**
		evidence of students selecting NSU as their school.

| CIVILITY AND PROFESSIONAL BEHAVIORS | **Conditions of Employment for Faculty** Policies and procedures given in this handbook are explicit conditions of employment. Nevertheless, the status of a faculty member also carries with it certain implicit standards and criteria for conduct that are commonly accepted in the academic community but may not be explicitly stated here. NSULA's policies and regulations shall operate under the aegis of express authority concepts only, and apparent authority shall not be deemed an acceptable criterion. Consequently, the professional practices for all academic personnel shall include but not be limited to:

1. Teaching all classes in a manner that will promote academic excellence to the fullest extent.

2. Supporting the President, the VPAA, and the academic dean in carrying out their responsibilities.

3. Participating in all official NSULA functions labeled as such by the department head, coordinator, director, dean, vice president, or President (e.g., commencement, registration, and any scheduled meetings) during the regular academic year.

4. Maintaining a minimum of 10 office hours on a weekly basis during the regular academic year as determined by the unit head.

5. Advising and counseling students during required office hours and at other times and settings established by the department head, coordinator, director, or dean.

6. Engaging in scholarly activities, including research, scholarly publications, and presentations, as appropriate to the academic discipline.

7. Participating in departmental development, recruitment of students, and other professional endeavors germane to the mission of the department, University, or community. | • Avoided cell phone use in class, clinical, and committee meetings except in emergencies or when accessing course related information.

• Volunteered to "get the job done" when extra help was needed for projects.

• Arrived to work on a regular basis, on time, and for a sufficient amount of time.

• Treated our communities of interest (students, peers, administration, and the public) with respect.

• Demonstrated civility, respect, caring, honesty, etc. at all times.

• Used critical thinking to provide safe and effective solutions to problems/ issues.

• Assumed responsibility for notifying the appropriate persons/ departments of broken equipment, unsafe situations, etc., by completing the necessary documentation and/or forms.

• Ensured absences were approved and covered with timely submission of appropriate paperwork to the correct persons.

• Completed and submitted payroll documents in a timely and accurate manner.

• Consistently followed and upheld university and departmental policies.

• Consistently demonstrated a positive, helpful and encouraging attitude towards students and peers. |

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	8. Maintaining a collegial relationship with peers and colleagues throughout the University. 9. Acknowledging and agreeing to comply with those mandates of the Constitution and laws of the State of Louisiana that regulate the activity and employment of state employees, including but not limited to the Code of Governmental Ethics and Louisiana Revised Statues 42:1101 et seq. and 42-61 et seq." NSU Faculty Handbook, 2017, Chapter 4, p. 28-29	

EVALUATION CRITERIA	UNIVERSITY EXPECTATIONS	COLLEGE OF NURSING EXPECTATIONS
	FACULTY HANDBOOK (2017) HTTPS://WWW.NSULA.EDU/WP-CONTENT/UPLOADS/FACULTYHANDBOOK2017.PDF	**CONSAH Faculty Evaluation Form (2019)**
ADVISING	• Advising and counseling students during required office hours and at othr irs and settings established by the department head, coordinator, director, or dean (NSU Faculty Handbook, 2017, Chapter 4, p. 28). • Accessible, helpful, and responsible academic advisors (NSU Faculty Handbook, 2017)	• Was available for academic advising. • Posted and adhered to office hours that realistically served the student. • Demonstrated excellent knowledge of the program curricula. • Prepared adequate documentation of each student advising encounter. • Made arrangements to have advising appointments covered or rescheduled in case of unavoidable absence.

APPENDIX I.F.1

Differences in University Admission, Progression, Dismissal and Graduation Policies
and
the BSN Program's Admission, Progression, Dismissal and Graduation Policies

Appendix I.F.1. Differences in NSU and CON BSN APDG Academic Policies

POLICY	University Undergraduate Policy	Undergraduate BSN	Rationale for Difference
Admission	Open admission policy	Must have a minimum of 2.7 GPA to be admitted into CON	BSN students are entering a professional degree program and are held to a higher standard for program admission
Progression	**GPA:** Earn at least a C (2.0) NSU degree program grade point average in all courses taken at NSU which are used to satisfy degree requirements. **Entrance Exam:** ACT/SAT only **Standardized Exams:** None required or program specific **Co-requisite pairing:** None required or program specific	**GPA Requirements**: Minimum grade point average of 2.7 in all courses completed that are required for the degree excluding electives. **Entrance exam**: All prospective BSN students complete required entrance exams for nursing, achieving at least the minimum required score on the exam. **Standardized exams:** Standardized examinations are required in all levels **Co-requisite Pairing Required:** Didactic and clinical courses are paired	**GPA:** BSN students are entering a professional degree program and are held to a higher standard for program admission **Entrance Exam:** Research on successful passage of national licensure exam **Standardized exams**: Research on successful passage of national licensure exam **Co-requisite pairing**: Content taught in didactic courses is enhanced and practiced in clinical course
Dismissal	**GPA:** Earn at least a C (2.0) NSU degree program grade point average in all courses taken at NSU which are used to satisfy degree requirements. **Number of Course Attempts:** Earn at least a C (2.0) NSU degree program grade point average in all courses taken at NSU which are used to satisfy degree requirements. **Falsification of Records:** No requirement exists. **Professional Conduct:** Sanctions for disciplinary misconduct include expulsion, suspension, voluntary withdrawal, probation, restriction of privileges, work reparation, fine/restitution, educational alternative, censure, warning, and bar against re-admission. **Alcohol & Drug Testing:** No provision for drug or alcohol testing of students unless directed by University Police.	**GPA Requirement:** Failure to earn a minimum grade of "C" in more than 2 required nursing courses **Number of Course Attempts:** Student will be dismissed if the student has been unsuccessful after two enrollments in the same required nursing course (including "W or W+). **Falsification of Records**: Falsification of patient and/or agency records. **Professional Conduct:** Lack of professional compatibility or *unsafe clinical practice as identified by the faculty in either* of the Undergraduate Nursing programs. **Drug and Alcohol Testing:** The Dean of the CONSAH or her designee authorizes drug or alcohol testing of students.	**GPA:** BSN students are entering a professional degree program and are held to a higher standard for program admission **Number of Course Attempts:** Professional Degree program **Falsification of Records**: Considered a legal violations and unprofessional behavior **Professional Conduct:** Professional program standards **Drug and Alcohol Testing:** Health & Safety of Patient and Peers

POLICY	University Undergraduate Policy	Undergraduate BSN	Rationale for Difference
Graduation	**Timeline to Program Completion:** No timeline is identified. **GPA:** Earn at least a C (2.0) graduation grade point *average* on all hours pursued toward a degree including the major, concentration, and minor fields, if a concentration or minor is required. **GPA:** Earn at least a C (2.0) graduation grade point *average* on all hours pursued toward a degree including the major, concentration, and minor fields, if a concentration or minor is required. **Standardized Exams:** No standardized exams are required for graduation, or program specific.	**Timeline to Program Completion:** Complete the approved curriculum within a four-year period after enrollment in the first clinical nursing course. **GPA:** A minimum grade of "C" in all required biology, chemistry, English, mathematics, and nursing courses. **Standardized Exams:** Completion of all standardized examinations and/or NCLEX reviews as prescribed in each course.	**Timeline to Program Completion:** The science upon which the BSN program is based changes as new evidence is generated. Therefore, students are expected to complete the program within the four-year period. **GPA:** BSN students are entering a professional degree program and are held to a higher standard to foster successful program completion. **Standardized Exams:** Research on successful passage of national licensure exam. Results give the student and faculty information regarding individual areas of strength and weakness.

APPENDIX II.C.1

College of Nursing Dean's CV

Northwestern State University of Louisiana
College of Nursing and School of Allied Health
1800 Line Avenue
Shreveport, LA 71101-4653
(318) 677-3100
clawsond@nsula.edu

Dana Clawson, DNS, APRN, WHNP-BC

Education			
	2001-2009	***Louisiana State University***	***New Orleans, LA***

- Doctor of Nursing Science

	1996-2000	***Northwestern State University***	***Natchitoches, LA***

- Master of Science in Nursing

	1990-1996	***Northwestern State University***	***Natchitoches, LA***

- Bachelor of Science in Nursing

	1986-1990	***Northwestern State University***	***Natchitoches, LA***

- Associate in Nursing

Professional Experience

February 27, 2014 - Present
Northwestern State University   ***Shreveport, LA***
Dean, College of Nursing and School of Allied Health
Associate Professor, College of Nursing

- Direct administrative responsibility over operational activities for all nursing and allied health programs, reporting directly to the Provost and Vice President for Academic and Student Affairs
- Assure all program offerings meet national accreditation and state boards' standards
- Represent nursing and allied health at local, state and national levels
- Provide instruction within College courses as necessary
- Interact with alumni and external agencies for advisory feedback
- Secure external funding to support programmatic and operational activities
- Strategically plan and implement program offerings that align with local, regional, and national workforce needs
- Strategically plan campus expansion to meet program needs

September 1, 2013-February 26, 2014
Northwestern State University *Shreveport, LA*
Interim Dean, College of Nursing and School of Allied Health
Coordinator of Women's Health Nurse Practitioner Program
Director of Graduate Studies and Research in Nursing

- Interim Dean College of Nursing and Allied Health began Fall, 2013 to February, 2014.

- Serving as leader of the College of Nursing and Allied Health curriculum.

- Public relations, faculty development, curriculum development, promotion of programs, and in general a quest for academic excellence.

- Scheduling classes in a cost-effective manner, participating in all official NSU functions as labeled as such by the President.

- Teaching classes in a manner that will promote academic excellence. Advising and counseling students.

- Supervising faculty members in their assigned functions.

- Maintaining collegial relationships with peers and colleagues

2000 - 2014   Northwestern State University *Shreveport, LA*
Assistant Professor of Nursing (Until 2009) then promoted to
Associate Professor of Nursing, Undergraduate and Graduate
Coordinator of Women's Health Nurse Practitioner Program
Director of Graduate Studies and Research in Nursing

- Provide instruction in medical surgical an obstetric nursing in the laboratory and clinical setting to associate and baccalaureate degree nursing students.

- Re-structured a course which involves didactic teaching of current issues, trends and history of nursing practice.

- Developed, coordinated and instructed clinical enrichment partnership course between Louisiana State University Health Sciences Center in Shreveport Louisiana and Northwestern State University College of Nursing .

- Acted as course coordinator for Associate Science Degree third level of clinical and didactic courses from Fall 2001 until Fall 2005.

- Began teaching in the graduate program in various graduate didactic courses and as coordinator of the Women's Health Nurse Practitioner program, teaching all women's health nurse practitioner clinical courses.

- Director of Graduate Nursing and Research began in Summer, 2010 . Director includes management and coordination of all graduate nursing faculty, curricula, programs, entrance, graduation, and accreditation issues.

2000 to present   Pierremont OB-GYN Specialist   *Shreveport, LA*
Women's Health Nurse Practitioner

- Deliver comprehensive women's health care to women across the lifespan.

- Perform routine gynecologic and obstetric screenings, examinations and in-office procedures including prescribing both laboratory studies and medications under the Louisiana limited prescriptive authority act.

- Perform medical-surgical obstetric and gynecologic patient care evaluations

- Donate time and services to clients unable to pay for rendered medical services.

1997-2000   Christus *Schumpert Health System*   *Shreveport, LA*
Obstetric/Postpartal/Nursery Relief Staff Registered Nurse

- Provided obstetric, antepartal, intrapartal and postpartal care for low-risk and high-risk patients.

- Acted as relief nurse caring for newborns in nursery and NICU

1994–1997   Minden Medical Center   *Minden, LA*
Obstetric/Post-Partum/GYN Nurse Manager

- Coordinated delivery of obstetric and gynecologic services in newly developed obstetric, post-operative unit.

- Implemented central fetal monitoring, staff education requirements and updated policy and procedure manual for obstetric and postpartal unit

1992–1993   Willis-Knighton Medical Center   Shreveport, LA
Obstetric Unit Registered Nurse

- Provided intrapartal, high risk antepartal and postpartal care for women

- Provided newborn nursing care in normal newborn nursery

1990–1992   Minden Medical Center   Minden, LA
Obstetric & Medical-Surgical Staff Registered Nurse

- Gained initial experience as intra-partal and post-partal registered nurse

- Delivered obstetric, post-operative gynecologic, and medical–surgical nursing care
- Assisted emergency room staff when needed

- Charge nurse on night shift of entire medical-surgical units at the hospital

- Provided newborn nursing care in normal newborn nursery

Licensure Certification	**Limited Prescriptive and Distributing Provider** **Sept. 2000-present**

Limited Prescriptive and Distributing Provider   **Sept. 2000-present**
- By Louisiana State Board of Nursing

Licensed Advanced Practice Registered Nurse   **August 2000-present**
- By Louisiana State Board of Nursing

Certified Women's Health Nurse Practitioner   **July 2000-present**
- By National Certification Corporation for Obstetric, Gynecologic and Neonatal Specialties

Licensed Registered Nurse   **May 1990-present**
- By Louisiana State Board of Nursing

Publications/ Editing/ Book Reviews

- **Book Reviewer*: Evidence-Based Nursing: The Research-Practice Question* (4th Ed.) (Spring, 2019). Jones & Bartlett Publishing.**

- **International Journal Editor: (Spring, 2019).** Reaching universal health coverage by 2035: is Cameroon on track? *Universal Journal of Public Health.* Manuscript # JJNS- ID:17612901.. Horizon Research Publishing.

- *Writer*: **Gayle, J., Clawson, D., & Chambers, W. (2018).** *Improving specialty care to the Medically Underserved.* **International Journal of Nursing and Health Care Research, 2*(10), 1-19.***

- *International Journal Editor: (Fall, 2018).* Japan Journal of Nursing Science. Barriers Limiting Youth Access to Reproductive Health Services by Primary Health Care Facilities in Nigeria Manuscript # JJNS-17612513. Horizon Research Publishing.

- *Editor & Writer*: Clawson, D. (Spring, 2018). Nursing Columns Volume 1: GROWTH, 10,000 Strong and Growing. *Annual Publication.*

- *Writer*: **Clawson, D.** & *Curtis, T.* (2018) *Radiologic Science Students' Perceptions of Educators' Caring.* **The Journal of Association of Educators in Imaging and Radiologic Science, 23** *(1), 3-15.*

- *Reviewer*: *Reviewed 42 Medical Diagnosis (chapters) in* **Clinical Guidelines in Primary Care 3rd Edition**, *Amelie Hollier Editor. (2018)*

- *Contributing Writer:* **Dr. Dana Clawson in LOLA Magazine, November/December 2016:** *Building Your Future: The Power of Educated Women, pages 7-10. Bevin Sutton Hicks Publisher.*

- *Editorial Contribution*: **Dana Clawson only in The News Star, May 6, 2014:** *Kudos go out to LA Nurses on National Nurses Day.*

- *Editorial Contribution:* **with Michael Doughty to Shreveport Times, February 16, 2014, Page B6:** *WK Facility To House Virtual Hospital for Training.*

- *Editorial Contribution:* **with Johnette Manger & Shreveport Times, December 1, 2013:** *How About an Early Christmas Present? NSU and the DNP.*

- *Book Contributor/Editor***:** Woo, T.L. & Wynn, A.L. (2012) Pharmaco-therapeutics for Nurse Practitioner Prescribers (3rd Ed.). F.A. Davis.

- *International Journal Editor:* Japan Journal of Nursing Science. The Concern for Clinical learning: A scheme of continuing student-educator relationships in clinical nursing education. Manuscript # JJNS-2012-0081.

- *Review:* Old's maternal newborn Nursing and Women's Health. Book by Davidson, London and Ladewig. Editor, 10th Edition. Pearson Publishing.

- *Review:* Advanced practice nursing in the Care of the Older Adult. Book by Kennedy-Malone, Fletcher and Martin-Plank. Book Editor. (2012) Chapter 2: Health Promotion. FA Davis.

- *Review:* Evidence Based Nursing Research Practice Connection. Book By Sara Jo Brown. Reviewed Chapters 3-10. 2010. Jones & Bartlett.

- *Writer***: Roe, D. (2006).** *Abnormal pap smears and sex: What's the connection?* Shreveport-Bossier Magazine, May, 84-85.

- *Writer:* Townsend-Rocchiccioli, J. T & **George, D**. **(2003.)** *An analysis of proposed federal and Louisiana policy regarding contraceptive prescription pill bills as equity issues.* Policy, Politics and Nursing Practice, 4 *(3), 196-202.*

Presentations

- **December 2018: Stand Up and Be a Nurse.** *Louisiana State University Health Sciences Center New Orleans, LA Fall 2017 Commencement Ceremony.*

- **December 2018: Stand Up and Be a Nurse.** *Northwestern State University Fall 2018 Recognition and Graduation Ceremony. (not in portfolio).*

- **August 2018:***. NSU Summer 2018 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **May 2018:***. NSU Spring 2018 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **December 2017:** *Northwestern State University Fall 2018 Recognition and Graduation Ceremony.*

- **August 2017:***. NSU Summer 2017 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **May 9, 2017: 56th Annual Nurse of the Year Banquet.** *Shreveport District Nurses Association Banquet Mistress of Ceremonies.*

- **May 2017: Gratitude Lesson***. NSU Spring 2017 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **April 28, 2017:** *Sigma Theta Tau International Beta Chi Chapter Induction Ceremony, Welcome***.**

- **December 16, 2016: Be Thankful, Be Grateful, and Give Back***. Fall 2016 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **August 5, 2016: The Journey To NSU's First DNP Graduating Class.** *NSU Summer 2016 Nursing Recognition ceremony***.** *(not in portfolio)*

- **May 6, 2016: NSU Nursing DNA***. NSU Spring 2016 Nursing Recognition and Graduation Ceremony. (not in portfolio)*

- **April 22, 2016:** *Sigma Theta Tau International Beta Chi Chapter 40th Anniversary Celebration Induction Ceremony, Welcome***.**

- **January, 2015: The Future of Healthcare Delivery in Louisiana** *Summit, Panelist Presenter for Louisiana Action Coalition Future of Nursing Campaign for Action in Louisiana.*

- **July, 2014:** *The Need for The Shreveport-Bossier Business Alliance for Higher Education. Presented to the Caddo Parish Commission's Economic Development Committee.*

- **April, 2014:** *Healthcare Needs, Nursing Needs, NSU CONSAH's Needs. Committee of 100 Healthcare Meeting.*

- **March, 2014:** *The Future of Nursing in Central Louisiana Transforming Health Care Through Nursing: Panelist Presenter for Louisiana Action Coalition and Robert Woods Johnson Future of Nursing Campaign for Action in Louisiana.*

- **March, 2014:** Nursing Certification Day. *Overton Brooks VA Medical Center, Shreveport, LA*

- **September, 2013: DNP Roles in Practice**. *Presented at Louisiana Nurse Practitioner Association's 19th Annual Primary Care Conference.*

- **April 23, 2013:** *Introduction to NSU College of Nursing & The DNP: Building Owners and Managers Association, Shreveport, LA.*

- **May, 2011: Update of Louisiana Issues in Nurse Practitioner Education.** *Presented at American Association of Nurse Practitioners Regional Invitational Leadership Meeting. Dallas, TX.*

- **August, 2011: The Pregnant Primary Care Patient: Which Medications are Safe?** *Presented at Louisiana Association of Nurse Practitioners Region 5 Continuing Education Update. Shreveport, LA.*

- **May, 2009: The Relationship Between Pre-Licensure Baccalaureate Nursing Students' Stress & Their Perceptions of Clinical Nursing Educator Caring**. *Presented at the International Association of Human Caring Conference at the University of Malta, Malta.*

- **March, 2009. The Relationship Between Pre-Licensure Baccalaureate Nursing Students' Stress & Their Perceptions of Clinical Nursing Educator Caring.** *Presented at Sigma Theta Tau Research Seminar at Northwestern State University College of Nursing, Shreveport, Louisiana.*

- **May, 2008. Contraception, Sexually Transmitted Infections and You**. *Presented at Louisiana Jump Start Program in Bossier City, Louisiana. (no brochure).*

- **April, 2008. Pap Smear Guidelines, An Update**. *Presented at Women's Health Update Conference at Northwestern State University College of Nursing in Shreveport, Louisiana. (not in portfolio)*

- **May, 2003. How to Become a Successful New Registered Nurse.** *Keynote speaker elected by student body at Northwestern State University Associate Degree in Nursing Recognition Ceremony. (not in portfolio)*

- **December, 2002. Continuing to Learn Through formal and Informal education: A Key to a Successful Nursing Career**. *Keynote speaker elected by student body at Northwestern State University Associate Degree in Nursing Recognition Ceremony. (not in portfolio)*

Research

- **May, 2002. Let Patients Know How Much You Care Before You Demonstrate How Much You Know.** *Keynote speaker elected by student body at Northwestern State University Associate Degree in Nursing Recognition Ceremony. (not in portfolio)*

- **December, 2001**. **Working as a New Registered Nurse with Limited Healthcare Resources**. *Keynote speaker elected by student body at Northwestern State University Associate Degree in Nursing Recognition Ceremony. (not in portfolio)*

- **May, 2000. Nurse Practitioner Abuse Screening**. *Sigma Theta Tau Research Symposium Presentation of Master's Research Thesis. (not in binder)*

- **Fall 2016:** *Major Professor for Gayle:* **Improving Specialty Care Access in the Medically Underserved**

- **Fall 2014-Fall 2016: Radiologic Science Students' Perceptions of Radiologic Science Educators' Caring Behaviors in the Clinical Setting** *with Co-Researcher, Dr. Tammy Curtis.*

- **Summer 2016:** *Major Professor for Sandifer:* **Implementing Group-Centered Adolescent Prenatal Care in Private Obstetric Practice**

- **Spring 2015:** *Cathey, Taylor, Varino, Whitlock:* **APRNS and Physicians Weight Management Practices in Tennessee: Is There a Difference?**

- **Spring 2015:** *Cheek, Negrotto & Scarborough:* **Louisiana Nurse Practitioners' Prescribing Practices Related to Prebiotic, Probiotic, or Symbiotic Therapy in the Pediatric Population.**

- **Spring 2015:** *Anderson, Botzong, and Rivers.* **The Relationship Between Caregivers' Beliefs about Preventative Medication and Adherence to Administering Prescribed Medication Regimes in Children with Allergic Rhinitis.**

- **Spring 2014:** *Acosta & Poole.* **Barriers to Obtaining Bone Density Screening in Medically Underserved Women in Northwest Louisiana.**

- **Spring 2013:** *Booth, Duos, Hall & Quebedeaux.* **Antibiotic Loaded Bone Cement Versus Standard Cement on Post-operative Infection the total Knee Arthoplasty Patient: A Retrospective Chart Review.**

- **Spring 2013:** *Bonsall, Jones, Pearson & Terra.* **Louisiana Nurse Practitioners' perceptions of Mandated Collaborative Practice**.

- **Spring, 2012**: *Cehajic, Cox, Stephens & Williams*. **Indwelling Catheter Clamping versus Non-Clamping on Return to Void Time in the Post-Operative Pediatric Client.**

- **Spring 2012:** *Bratton, Dear, Gross & McKee.* **Registered Nurses' Perceptions of the Acute Care Nurse Practitioner Role in the Critical Care Setting.**

- **Spring 2012:** *Davis, Essary, Mayfield & Price.* **The Effect of Women's Health Nurse Practitioner Preconception Counseling on Knowledge of Preconception Health in Women of Childbearing Age.**

- **Spring 2011:** *Barrios, Corley, Howard, Thibodeaux & Walker.* **The Effect of a Sexually Transmitted Infection Educational Intervention on Knowledge of Sexually Transmitted Infections in Adult Patients.**

- **Spring 2011:** *Brister, Carter, Moore & Williams.* **A Concept Analysis of Fear in Cardiac Surgery Patients.**

- **Spring 2011:** *Bertrand, Broussard, Ogden, Rabalais, Troha.* **Adult Obese Patients' Motivations for Seeking Bariatric Surgery.**

- **Spring 2011**: *Dupree, Henson, Vincent.* **Opinions of Louisiana Nurse Practitioners Regarding the Entry Level Doctoral Degree in Nurse Practitioner Education.**

- **December, 2008:** *Successfully defended research dissertation at Louisiana State University Health Sciences Center in New Orleans, Louisiana Entitled:* **The Relationship Between Pre-Licensure Baccalaureate Nursing Students' Stress & Their Perceptions of Clinical Nursing Educator Caring.**

- **May, 1999: Abuse Screening of Louisiana Nurse Practitioners. MSN Research Project.**

Professional Organizations

- **October, 1997**. **Elective Induction of Labor Compared to spontaneous Labor: Outcome Analysis**. J. Robert Kemmerly MD, Warren Lambard, MD, J Robert Russell MD and Dana C Kemmerly BSN. (not in binder- but certificate for best paper presentation because our resarch paper was selected by American College of OB GYNs to be presented nationally. I did a lot of the research for this project- was my first research)

- *Elected Louisiana Organization of Nurse Executives (LONE)* Education Representative by LACANE.   *June 2017*

- **Elected Louisiana Council of Administrators of Nursing (LACANE), Chair**
                                    April 2017

- **Louisiana Council of Administrators of Nursing (LACANE) Elected Director at Large**   **November 2015**

- **American Association of Colleges of Nursing Focus Group for New Era for Academic Nursing Report.**   **January 2017**

- **Commission on Collegiate Nursing Education (CCNE) National Accreditor**
                                          2012-present

- **Louisiana Association of Nurse Practitioners, Regional Co-Representative**   **2013 to present**

- **American Association of Colleges of Nursing (AACN)   2000-present**

- **National League for Nursing (NLN)   2000-present**

- **Nurse Practitioners in Women's Health (NPWH)   2000-present**

- **Louisiana Association of Nurse Practitioners (LANP)   2000-present**

- **Sigma Theta Tau International Honor Society of Nursing (STTI)**
                                          1995-present

Community Service

- *Clinic Sponsor for Women's Health Clinic*   *June, 2020*
- *Clinic Sponsor for Women's Health Clinic*   *June, 2019*
- *Clinic Sponsor for Women's Health Clinic*   *June, 2018*
- *Clinic Sponsor for Women's Health Clinic*   *June, 2017*

- *Martin Luther King Community Clinic Board Member, Vice-President*

  Member 2014-2019
  Vice President 2016,17,18
  President 2018-2020

- *Women's Health Nurse Practitioner Free STI and Women's Health Care Clinic.* Donate 10-12 hours per month at MLK Women's Health Clinic giving free care to those in need of STI or Women's Health Care services.
  June 2010-2016
- **Crisis Pregnancy Center:** *Donation of time for consultation on specific women's health cases which need continuous medical treatment.*
  January 2007- 2016
- **Hurricane Katrina Relief Efforts:** *Donated over forty hours of time working in medical shelters at Louisiana State University Shreveport Campus Refugee Shelter and Hirsch Memorial Coliseum Refugee Shelter*
  August-September 2005

Honors/Awards

- *December 2018. LSUHSC New Orleans Nursing Commencement Speaker: Outstanding Alumni.*

- *November 2018. Inducted into LSUHSC New Orleans Nursing's Hall of Fame.*

- *November 29, 2018. Certified Nurse Educator, NLN*

- *May 2017. Mistress of Ceremonies for 56th Annual Nurse of the Year Banquet. Shreveport District Nurses Association.*

- *January 2017. Asked to be a part of "New Era for Academic Nursing National Report" by American Association of Colleges of Nursing (AACN), recorded group discussions.*

- *2017-2018. Salute to Healthcare: Healthcare Professional of the Year Award Nominee. Bossier Chamber of Commerce.*

- *2015-2019. Awarded Robert Rife Saunders Endowed Professorship $9778.00.*

- *September 18, 2014. Noteworthy Nurse Practitioners of Louisiana: Louisiana Spice Rack- Shreveport Region Award. Louisiana Association of Nurse Practitioners.*

- *September 9, 2014. Who's Who at NSU. The Natchitoches Times.*

- *February 1 ,2014. LA Board of Supervisors for ULS approval as NSU's Dean of CONSAH.*

- *April, 2014. Inducted into Phi Kappa Phi Honor Society.*

- *April, 2014. Awarded Graduate Faculty Member Status.*

- *2014-2015: Awarded Coughlin Saunders Endowed Professorship. $10,600.00*

- *January, 2014. Nurse of the Year. Selected by Northwestern State University College of Nursing and School of Allied Health faculty.*

- *January, 2014. Nurse Educator of the Year. Selected by Northwestern State University College of Nursing and School of Allied Health faculty.*

- *December, 2013. Named Interim Dean, NSU CONSAH*

- *2013-2014. Awarded Coughlin Saunders Endowed Professorship. $9,433.00*

- *2012-2013. Awarded J. Dudley Talbot Endowed Professorship. $4,590.00*

- *2011-2012. Awarded F. Hugh Coughlin Saunders Endowed Professorship. $6,031.00.*

- *June, 2011. Selected as Commission on Collegiate Nursing Education Evaluator.*

- *2010-2011. Awarded Robert Rife Saunders Endowed Professorship. $6,206.00*

- *September, 2010.* **Who's Who Among Students in American universities and Colleges**. LSU Health Sciences Center School of Nursing.

- *May 6, 2009. Promoted to Associate Professor of Nursing.*

- *May, 2009*. **Award for Writing Excellence. F. A. Davis Publisher.** Exceptional ability to communicate in written form.

- *May, 2009.* **Outstanding Doctoral Nursing Student Award.** Awarded from LSU Health Sciences Center School of Nursing.

- ***August, 2008. American Association of Colleges of Nursing.*** Awarded Leadership for Academic Nursing Fellows.

- ***September, 2007. National League for Nursing*** *National Summit in Phoenix, AZ selected as Doctoral Nursing Student Proctor.*

- ***August 15, 2006.*** *Awarded Tenure, NSU College of Nursing.*

- **October, 1997. ACOG District VII Award for Best Fellow Paper Presentation.** *Elective Induction of Labor Compared to spontaneous Labor: Outcome Analysis.* J. Robert Kemmerly MD, Warren Lambard, MD, J Robert Russell MD and Dana Kemmerly, RN.

Grants
(external & internal)

- ***2019-2022. Director. Awarded $2.2 million.*** Willis Knighton Medical Center Grant to Support Program Development, Faculty, and Student-Stipends for BSN to DNP-Nurse Anesthesia Program.

- **2019-2020**. **Director. Awarded $250,000.** Louisiana Board of Regents. Nursing Capitation Grant to Support Nursing Education.

- ***2018-2019. Director. Awarded $62,500.*** *Louisiana Board of Regents Healthworks Commission grant to support Nurse Educator education in Louisiana.*

- ***2018-2023. Director. Awarded $386,400.*** *Natchitoches Regional Medical Center/NRMC Foundation Grant*

- ***2017-2019. Director. Awarded $300,000.00.*** *Rapides Regional Medical Center Grant to Extend BSN Nursing in Alexandria.*

- ***2017-2020. Director. Awarded $500,000.00.*** *Rapides Foundation Grant for Development and Implementation of Psychiatric Mental Health Nurse Practitioner Program.*

- ***2016-2019. Director. Awarded $606,800.00.*** *Rapides Foundation Grant for Health Occupations and BSN program growth in Natchitoches and Leesville; and student success in Alexandria.*

- ***2016-2018. Director. Awarded $417,516. Christus Health Care Nurse Practitioner Grant.*** *Christus Health Care funding additional NP faculty position to increase NPs in Christus primary care clinics.*

- ***2012-2016. Director. Awarded $675,160.00.*** *Rapides Foundation Grant to Promote Primary Care Providers in the Rapides Service Area by Support NSU CONAH's Nurse Practitioner Program Growth.*

- *2015. Director. Awarded $50,000.00.* Committee of 100 Parking Lot Security Grant for Lights and Security Cameras.

- *2014-2015. Director. Awarded $322,000.00.* US Department of Health and Human Services Health Resources and Services Advanced Education Nursing Traineeship (AENT) Program.

- *2013-2014. Director. Awarded $322,000.00.* US Department of Health and Human Services Health Resources and Services Advanced Education Nursing Traineeship (AENT) Program.

- *2012-2013. Director. Awarded $322,000.00.* US Department of Health and Human Services Health Resources and Services Advanced Education Nursing Traineeship (AENT) Program.

- **2011-2012. Director. Awarded $55,899.00.** US Department of Health and Human Services Health Resources and Services Advanced Education Nursing Traineeship (AENT) Program.

- **2010-2011. Director. Awarded $51,280.00.** US Department of Health and Human Services Health Resources and Services Advanced Education Nursing Traineeship (AENT) Program.

- *May, 2009. Co-Director. Awarded $54,194.00. US Department of Health and Human Services. Advanced Education Nursing Traineeship (AENT).*

- *February, 2009. Sigma Theta Tau Research Grant for Educational Research (dissemination)* entitled *The Relationship Between Pre-Licensure Baccalaureate Nursing Students' Stress and Their Perceptions of Clinical Nurse Educator Caring.*

- *March, 2008. Sigma Theta Tau Research Grant for Educational Research (dissertation) entitled* The Relationship Between Pre-Licensure Baccalaureate Nursing Student's Stress and Their Perceptions of Clinical Nurse Educator Caring.

- *August, 2005.* **Carl Perkins Grant Team Member.** Awarded for purchase of Nursing Education Clinical Equipment.

- *March, 2000. Sigma Theta Tau Research Grant for Educational Research (master research thesis) entitled* Nurse Practitioner Abuse Screening.

Continuing Education (2013-2018)	

- *AACN Deans Annual Meeting*   *March 23-26, 2019*

- *AACN Spring Executive Development Series*   *March 22, 2019*

- *AACN 2019 Doctoral Education Conference*   *January 17-19, 2019*

- *AACN 2019 PhD/Faculty Practice Pre-Conference*   *January 16, 2019*

- *26th Annual Fall Conference on Issues in Women's Health*   *Nov. 3, 2018*

- *LaCANE Next Generation NCLEX*   *October 18, 2018*

- *AACN's Leadership Summer Seminar*   *July 22-25 2018*

- *Quality Improvement: A Standard of Excellence*   *July 11, 2018*

- *CCNE Evaluator Retraining Program*   *June 5-6, 2018*

- *Certified Nurse Educator Exam Review*   *May 9, 2018*

- *2018 LINK to the Legislature: Advocacy in Action*   *April 23-24, 2018*

- *Adnexal Masses (Ntl Certification Corp.)*   *April 3, 2018*

- *Active Learning in the Contemporary Classroom*   *March 6, 2018*

- *Benign Breast Disorders (Ntl. Certification Corp.)*   *December 29, 2017*

- *Opiod Pharmacology (Ntl. Certification Corp.)*   *December 29, 2017*

- *Drug Safety in Pregnancy (Ntl. Certification Corp.)*   *December 29, 2017*

- *Board of Regents Stakeholders & Legislative Info.*   *December 14, 2017*

- *SREB Conference Closing Remarks*   *November 14, 2017*

- *SREB LeaRN Lecture*   *November 14, 2017*

- *SREB Transforming Nursing Education*   *November 14, 2017*

- *SREB Judgment, Reasoning and Simulation*   *November 13, 2017*

- *SREB Achieving Transformation in Transition*   *November 13, 2017*

- *SREB WVaUniv Legal Hot Spots*   *November 13, 2017*

- *SREB WVaUniv High Stakes Testing*   *November 13, 2017*

- *SREB Developing Psychiatric Nursing Hx*   *November 12, 2017*

- *SREB Poster Presentations*   *November 12, 2017*

- *LACANE's Legal Issues Related to Academic Issues*   *November 9,2017*

- *AACN Academic Leadership Conference*   *October, 2017*

- *Sigma Theta Tau Advancing Global Health*   *October, 2017*

- *BSN to DNP Education: Lessons Learned*   *October, 2017*

- *2017 SDNA Legislative Breakfast*   *June 2017*

- *Maximizing Formula Outcomes Board of Regents Summit*   *June 2017*

- *Research Writing Success Strategies for Nsg Faculty February 13-14 2017*

- *Board of Regents 2017 Elevate LA Higher Ed*   *February 2, 2017*

- *AACN Doctoral Education Conference*   *January 2017*

- *AACN Nursing Science and Research-Focused Doctorate*   *January 2017*

- *Prescribers Letter On-Line Pharmacology Update*   *December 2016*

- *SREB: Improving Education Outcomes & Collaboration*   *November 2016*

- *Nicholls State: Legal Matters for Academic Leaders*   *November 2016*

- *AACN Fall 2016 Annual Meeting*   *October 2016*

- *AACN Organizational Leadership Meeting*   *October 2016*

- *AACN Spring 2016 Annual Meeting*   *March 2016*

- *AACN Spring Leadership Meeting*   *March 2016*

- *SREB Annual Meeting: Transforming Nursing Education*   *November 2015*

- *AACN Fall 2015 Annual Meeting*   *October 2015*

- *NSU Online Teaching Boot Camp*   *August 2015*

- *National Certification Corporation: Infections in Women*   *August 2015*

- *National Certification Corporation: Antibiotic Resistance*   *August 2015*

- *National Certification Corporation: Stress & Anxiety*   *August 2015*

- *National Certification Corporation: Ovulation Induction*   *August 2015*

- *University of Tennessee: 29th Annual Contemporary Issues in Obstetrics and Gynecology*   *August 2015*

- *Symposia Medicus: 22nd Annual Summer Conference on Obstetrics and Gynecology*   *July 2015*

- *CCNE Evaluator Re-Training Workshop*   *June 2015*

- *NSU: Social Media's Impact on Healthcare Professionals   March 2015*

- *Prescriber's Letter CME Updates   June-November 2014*

- *SREB Council on Collegiate Education for Nursing   November 2014*

- *AACN 2014 Fall Semi-Annual Meeting   October 2014*

- *NSU: Future of Nursing in North LA   September 2014*

- *NSU: Get to Know Your iPad   July 2014*

- *AACN Spring Annual Meeting   March 2014*

- *Prescriber's Letter CME Updates   August-December 2013*

- *Louisiana Association of Nurse Practitioners 19th Annual Primary Care Conference   September 2013*

- *NSU: Video Integrated Content   June, 2013*

- *AACN 2013 DNP Summit   April 2013*

- *AACN 2013 Doctoral Education Conference   January 2013*

APPENDIX III.A.1

Congruency Between BSN GOALS, SLOs, Courses, Course Objectives
& Professional Standards

Appendix III.A.1 Congruency Between (Pre-and Post-Licensure) BSN Goals, SLOs, Courses, Course Objectives & Professional Standards

PRE-LICENSURE BSN

NSU's BSN Program			
Goal 1: To prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities and populations.			
BSN Program Objectives (SLOs)	**Relevant BSN Courses**	**Course Objectives**	**Professional Standards: AACN Essentials: QSEN**
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community.	**Pre-Clinical Courses** NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology	2170 obj # 1 3050 obj: # 1, 3, 4 3050 obj: # 1, 2, 3	2170: AACN: I, II QSEN: Safety 3030: AACN: I 3050: AACN I, VII, IX; QSEN PCC, QI
	1st Level BSN Courses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab	3040 obj # 8 3041 obj # 5, 7 3060 obj # 1 3061 obj # 1	3040 AACN I; QSEN: PCC 3041 AACN I; QSEN: PCC 3060 AACN: IX; QSEN: PCC 3061 AACN: I; QSEN: PCC
	2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology	3130 obj # 1 3141 obj # 1 3150 obj # 5	3130 AACN: I, VII, IX; QSEN: Safety 3141 AACN: I, IX; QSEN: PCC, EBP, Safety 3150 AACN: I; QSEN PCC
	3rd Level BSN Courses NURB 3220 Child Health NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum NURB 3160 Research in Nursing	3220 obj #2 3230 obj # 1 3231 obj # 1 3160 obj # 1, 3	3220 AACN I: QSEN T & C 3230 AACN II, III, IV; QSEN: Safety 3231 AACN: I, II, V, VIII; QSEN Safety 3160 AACN: I, VII; QSEN: PCC, Safety
	4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum	4120 obj # 1 4121 obj # 1 4130 obj # 1 4131 obj # 1	4120 AACN: I, VII, IX; QSEN PCC 4121 AACN: I, IV; QSEN PCC, Safety 4130 AACN: I, VII, IX; QSEN PCC 4131 AACN: I; QSEN: PCC, Safety
	5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Nursing Practicum NURB 4230 Health Care Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	4220 obj # 1 4221 obj # 1 4230 obj # 1 4231 obj # 1 49580 obj # 1	4220 AACN: I, VII, IX; QSEN Safety 4221 AACN: I, VII< IX; QSEN: Safety 4230 AACN: II, VI; QSEN: T & C 4231 AACN: I 4950 AACN: I, III, V, VI; QSEN: PCC, T & C, EBP, QI, Safety, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	**Pre-Clinical Courses** NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology	2170 obj #2 3030 obj. # 2 3050 obj: # 4	2170 AACN: I, II; QSEN Safety 3030 AACN: I 3050: AACN I, VII, IX; QSEN: PCC

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	1st Level BSN Courses		
	NURB 3040 Foundations of Nursing	3040 obj # 2, 3, 8, 9	3040 AACN IX; QSEN PCC, EBP, T &C, Safety
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 1-8	3041 AACN: III, IV, VI, IX; QSEN: PCC, EBP, Safety
	NURB 3060 Health Assessment	3060 obj # 4	3060 AACN: IC; QSEN: PCC
	NURB 3061 Health Assessment/ Skills Lab	3061 obj # 4	3061 AACN: IX; SEN PCC
	2nd Level BSN Courses		
	NURB 3130 Adult Health	3130 obj # 2, 3	3130 AACN: III, IX; QSEN PCC, Safety, EBP
	NURB 3141 Adult Health Practicum	3141 obj # 1, 2, 3, 4	3141 AACN: VI, IX; QSEN: PCC, Safety, EBP
	NURB 3150 Pharmacology	3150 obj # 1, 2, 4, 7	3150 AACN: III, VI, IX; QSEN: Safety, EBP
	3rd Level BSN Courses		
	NURB 3220 Child Health	3220 obj # 6	3220 AACN: IV; QSEN PCC, I
	NURB 3221 Child Health Practicum	3221 obj # 5	3221 AACN: IV, IX; QSEN: EBP
	NURB 3230 Care of Women & Children	3230 obj # 2	3230 AACN: V, VI, VII; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3231 obj # 2	3231 AACN: VII, VIII, IX; QSEN Safety
	NURB 3160 Research in Nursing	3160 obj # 2	3160 AACN: IV; QSEN: PCC
	4th Level BSN Courses	4120 obj # 2	4120 AACN: I, IV, VII, IX; QSEN: PCC, Safety
	NURB 4120 Complex Nursing Care	4121 obj #s 1, 2	4121 AACN: VI, IX; SEN: PCC, Safety, EBP
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 2	4130 AACN: I, IV< VII, IX' QSEN: PCC, Safety
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 2, 6	4131 AACN: II, IV; QSEN: PCC, EBP, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
	5th Level BSN Courses	4220 obj # 2	4220 AACN: III, VI, VIII; QSEN: PCC, T & C, EBP
	NURB 4220 Community Health Nursing	4221 obj # 2	4221 AACN: III, VI, VIII, IX; QSEN: PCC, T & C, EBP
	NURB 4221 Community Health Nursing Practicum	4230 obj # 2	4230 AACN: II, VIII; QSEN: PCC< T & C, QI, Safety, I
	NURB 4230 Healthcare Management	4231 obj # 2	4231 AACN: II< IV; QSEN: Safety
	NURB 4231 Transition to Professional Practice	4950 obj # 2	4950 AACN: III, IV, V, VI, IX; QSEN: PCC, T & C, EBP, QI, Safety, I
	NURB 4950 Special Topics		
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	**Pre-Clinical Courses**		
	NURB 2170 Dosage Calculation	2170 obj # 3	2170 AACN: I, II, III; QSEN Safety
	NURB 3030 Introduction to Nursing	3030 obj: # 5, 6	3030 AACN: VII
	NURB 3050 Pathophysiology	3050 obj: # 5	3050 AACN: VI; QSEN: PCC, T & C
	2nd Level BSN Courses	3041 obj # 10	3041 AACN: II, IV, VI; QSEN: T & C, EBP, PCC, Safety
	NURB 3041 Foundations of Nursing Practicum	3130 obj # 4	3130 AACN: II, VI; QSEN: T & C
	NURB 3130 Adult Health	3141 obj # 5	3141 AACN: VI, VII, IX; QSEN: T & C, PCC, Safety, EBP
	NURB 3141 Adult Health Practicum	3150 obj # 7	
	NURB 3150 Pharmacology		3150 AACN: VI, VII, IX; QSEN: PCC, Safety
	3rd Level BSN Courses	3220 obj # 5	3220 AACN VI; QSEN EBP
	NURB 3220 Child Health	3221 obj # 4	3221 AACN: VI, VII; QSEN: EBP
	NURB 3221 Child Health Practicum	3230 obj # 3	3230 AACN: II, V, VII, VII; QSEN: Safety
	NURB 3230 Care of Women & Children	3231 obj # 3	3231 AACN: VII, VIII, IX; QSEN: T & C QI Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 8	3160 AACN: IV; QSEN: EBP
	NURB 3160 Research in Nursing		

			4120 AACN: II, IV; QSEN: T & C Safety
	4th Level BSN Courses **NURB 4120 Complex Nursing Care** **NURB 4121 Complex Care Practicum** **NURB 4130 Psych/Mental Health Nursing** **NURB 4131 Psych/Mental Health Nursing Practicum**	**4120 obj # 3** **4121 obj # 3** **4130 obj #3** **4131 OBJ # 3, 4, 5**	**4121 AACN: Vi, VII< IX; QSEN: PCC, T & C, EBP, Safety** **4130 AACN: II, IV; QSEN: T & C** **4131 AACN: VI, VII, IX; QSEN: EBP, T & C**
	5th Level BSN Courses **NURB 4220 Community Health Nursing** **NURB 4221 Community Health Nursing Practicum** **NURB 4230 Healthcare Management** **NURB 4231 Transition to Professional Practice** **NURB 4950 Special Topics**	**4220 obj # 3** **4221 obj # 3** **4230 obj # 3** **4231 obj # 3** **4950 obj # 3**	**4220 AACN: VI, VII; QSEN: T&C, QI** **4221 AACN: VI, VIII; QSEN: T & C, QI** **4230 AACN: II, V, VII, VIII; QSEN: PCC, T & C, EBP, QI, Safety, I** **4231 AACN: II, IV; QSEN: Safety, EBP, QI, T & C** **4950 AACN: II, III, IV, V, VI; QSEN: PCC, T & C, Safety**
4. Utilize information and health care technologies in nursing practice.	**Pre-Clinical BSN Courses** **NURB 2170 Dosage Calculation** **NURB 3030 Introduction to Nursing** **NURB 3050 Pathophysiology** **1st Level BSN Courses** **NURB 3040 Foundations of Nursing** **NURB 3041 Foundations of Nursing Practicum** **NURB 3060 Health Assessment** **NURB 3061 Health Assessment/Skills Lab**	**2170 obj # 1** **3030 obj: #8, 9, 10, 11** **3050 obj: # 6** **3040 obj 1** **3041 obj # 2** **3060 obj # 2** **3061 obj # 2**	**2170 AACN: I, II, III: QSEN Safety** **3030 AACN: IV; QSEN EBP** **3050 AACN: 4; QSEN: QI, I** **3040 AACN: IV; QSEN PCC, QI** **3041 AACN: IV; QSEN: Informatics, PCC< Safety** **3060 AACN: IV; QSEN Informatics** **3061 AACN: IV; QSEN Informatics**
	2nd Level BSN Courses **NURB 3130 Adult Health** **NURB 3141 Adult Health Practicum** **NURB 3150 Pharmacology**	**3130 obj # 5** **3141 obj # 6** **3150 obj # 9**	**3130 AACN: IV; QSEN: I, Safety** **3141 AACN: III, IV; QSEN: EBP PCC, I** **3150 AACN: IV, IX; QSEN: Safety**
	3rd Level BSN Courses **NURB 3220 Child Health** **NURB 3221 Child Health Practicum** **NURB 3230 Care of Women & Children** **NURB 3231 Care of Women & Children Practicum** **NURB 3160 Research in Nursing**	**3220 obj # 4** **3221 obj # 3** **3230 obj # 4** **3231 obj # 3** **3160 obj # 2, 4**	**3220 AACN: IV; QSEN: T & C** **3221 AACN: IV; QSEN: QI** **3230 AACN: I, II, III, V, VI, VII: QSEN: EBP, QI** **3231 AACN: IV; QSEN: Safety** **3160 AACN: IV; QSEN: PCC, I**
	4th Level BSN Courses **NURB 4120 Complex Nursing Care** **NURB 4121 Complex Nursing Care Practicum** **NURB 4130 Psych /Mental Health Nursing** **NURB 4131 Psych/Mental Health Nursing Practicum**	**4120 obj # 4** **4121 obj # 4** **4130 obj # 4** **4131 obj # 8**	**4120 AACN: IV; QSEN: QI, Safety, I** **4121 AACN: III, IV; QSEN: PCC, I, Safety** **4130 AACN: IV; QSEN: QI, Safety, I** **4131 AACN: III, IV; QSEN: Safety, EBP, I**
	5th Level BSN Courses **NURB 4220 Community Health Nursing** **NURB 4221 Community Health Nursing Practicum** **NURB 4230 Healthcare Management** **NURB 4231 Transition to Professional Practice** **NURB 4950 Special Topics**	**4220 obj # 4** **4221 obj # 1** **4230 obj # 4** **4231 obj # 4** **4950 obj # 4**	**4220 AACN: III; QSEN: I, QI** **4221 AACN: III, VI, VIII, IX QSEN: PCC, T & C, EBP** **4230 AACN: II, IV, VI, VIII; QSEN: PCC, T& C, QI, I, Safety** **4231 AACN: IV, IX; QSEN: I** **4950 AACN: I, III, IV, VII; QSEN PCC, EBP, QI, Safety,**

5. Integrate research findings to promote evidence-based nursing practice.	Pre-Clinical BSN Courses NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology 1st Level BSN Courses NURB 2170 Dosage Calculation NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment Skills Lab 2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology 3rd Level BSN Courses NURB 3220 Child Health NURB 3221 Child Health Practicum NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum NURB 3160 Research in Nursing 4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Nursing Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum 5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	3030 obj: 8, 9, 10, 11 3050 obj # 7 2170 obj # 5 3040 obj # 4 3041 obj # 4, 8 3060 obj # 4 3061 obj # 1 3130 obj # 3 3141 obj # 6 3150 obj # 8 3220 obj #1 3221 obj # 1 3230 obj # 5 3231 obj # 4 3160 obj # 5 4120 obj # 5 4121 obj # 4 4130 obj # 5 4131 obj # 9 4220 obj # 5 4230 obj # 5 4231 obj # 5 4950 obj # 5	3030 AACN: IV, VI; QSEN QI, EBP 3050 AACN: I, VII, IX; QSEN: EBP 2170 AACN: II, III, VIII 3040 AACN IV; QSEN: PCC, QI, EBP 3041 AACN III, IV; QSEN: PCC, Safety 3060 AACN III, VIII; QSEN: PCC 3061 AACN III; QSEN: PCC 3130 AACN: III; QSEN EBP 3141 AACN: III, IV; QSEN: PCC EBP, Safety 3150 AACN: III, IX; QSEN: EBP, Safety 3220 AACN: III; QSEN: PCC, T & C 3221 AACN: III; QSEN: PCC 3230 AACN I, II, III, V, VI, VII; QSEN: EBP, QI 3231 AACN: III, VII; QSEN: Safety 3160 AACN: III; QSEN: T & C 4120 AACN: III; QSEN: EBP 4121 AACN: III, IV; QSEN: EBP, PCC, Safety 4130 AACN: III; QSEN: EBP 4131 AACN: III, IV; QSEN: EBP, QI, Safety 4220 AACN: III; QSEN: I, QI 4230 AACN: II, VI; QSEN T & C, EBP 4231 AACN: III, VII< IX; QSEN PCC, Safety, EBP 4950 AACN: I, III, IV, VII; QSEN: EBP, QI, Safety, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	Pre-Clinical BSN Courses NURB 3030 Introduction to Nursing as a Profession NURB 3050 Pathophysiology 1st Level BSN Curses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab 2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology 3rd Level BSN Courses	3030 obj # 7 3050 obj # 7 3040 obj # 6 3041 obj # 8, 9 3060 obj # 3 3061 obj # 6 3130 obj # 6 3141 obj # 7 3150 obj # 6	3030 AACN II, V, VII 3040 AACN: VII; QSEN: PCC, EBP 3041 AACN: VIII; QSEN: PCC, EBP, Safety 3060 AACN: VIII; QSEN PCC 3061 AACN: V; QSEN I 3130 AACN: VII; QSEN QI 3141 AACN: V, VI, QSEN PCC, Safety 3150 AACN: II. VI, IX; QSEN: T & C, Safety

	NURB 3220 Child Health	3220 obj # 8	3220 AACN: V; QSEN: QI
	NURB 3221 Child Health Practicum	3221 obj # 7	3221 AACN: V; QSEN: QI
	NURB 3230 Care of Women & Children	3230 obj # 4	3230 AACN: V, VI, VII, IX; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3231 obj # 6	3231 AACN: III, VII; QSEN: QI
	4th Level BSN Courses	4120 obj # 6	4120 AACN: V; QSEN Safety PCC
	NURB 4120 Complex Nursing Care	4121 obj # 5	4121 AACN: V, VI; QSEN: PCC, Safety
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 6	4130 AACN: V; QSEN: Safety, PCC
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 10	4131 AACN: V, VI, VII; QSEN: PCC, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
			4220 AACN: II, V, IX; QSEN: QI, EBP
	5th Level BSN Courses	4220 obj # 6	4221 AACN: II, V, IX; QSEN: QI, EBP
	NURB 4220 Community Health Nursing	4221 obj # 6	4230 AACN: II, V, VIII; QSEN: PCC, Safety
	NURB 4221 Community Health Practicum	4230 obj # 6	4231 AACN: V, IX; QSEN: PCC
	NURB 4230 Healthcare Management	4231 obj # 6	4950 AACN: II, V, VIII; QSEN: PCC, T & C, EBP, AI,
	NURB 4231 Transition to Professional Practice	4950 obj # 6	Safety, I
	NURB 4950 Special Topics		
8. Demonstrate professional nursing standards, values, and accountability.	**Pre-Clinical BSN Courses**		
	NURB 3030 Introduction to Nursing as a Profession	3030 obj # 7	3030 AACN II, V, VII
	1st Level BSN Courses		
	NURB 3040 Foundations of Nursing	3040 obj # 63041 obj # 6	3040 AACN: VII; QSEN: PCC, EBP
	NURB 3041 Foundations of Nursing Practicum	3041 obj #8, 9	3041 AACN: VIII; QSEN: PCC, EBP, Safety
	NURB 3060 Health Assessment	3060 obj # 3	3060 AACN: VIII; QSEN PCC
	NURB 3061 Health Assessment/Skills Lab	3061 obj # 3	3061 AACN VII; QSEN PCC
	2nd Level BSN Courses		3130 AACN: II, VIII; QSEN: EBP
	NURB 3130 Adult Health	3130 obj # 3	3141 AACN: VIII, IX; QSEN: PCC, Safety
	NURB 3141 Adult Health Practicum	3141 obj # 8	
	NURB 3150 Pharmacology	3150 obj # 3	
	3rd Level BSN Courses	3230 obj # 8	3230 AACN: I, V, VI, VIII, QSEN: T & C
	NURB 3230 Care of Women & Children	3231 obj # 5	3231 AACN: V, VI; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 6	3160 AACN: VIII; QSEN: PCC, T & C
	NURB 3160 Research in Nursing		3150 AACN: VIII, IX; QSEN: Safety
	4th Level BSN Courses		4120 AACN: VI, VIII; QSEN: PCC< EBP, QI, Safety
	NURB 4120 Complex Nursing Care	4120 obj # 8	4121 AACN: VIII, IV; QSEN: PCC, Safety
	NURB 4121 Complex Nursing Care Practicum	4121 obj # 7	4130 AACN: VI, VII; QSEN: PCC, EBP, ZI, Safety
	NURB 4130 Psych/Mental Health Nursing	4130 obj # 8	4131 AACN: VIII, IX; QSEN: PCC, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum	4131 obj # 7, 12	
	5th Level BSN Courses		
	NURB 4220 Community Health Nursing	4220 obj # 8, 9	4220 AACN: VIII; QSEN EBP, Safety
	NURB 4221 Community Health Nursing Practicum	4221 obj # 7	4221 AACN: VIII; QSEN: Safety, EBP
	NURB 4230 Healthcare Management	4230 obj # 8	4230 AACN: II, V, VIII; QSEN: Safety
	NURB 4231 Transition to Professional Practice	4231 obj # 8	4231 AACN: VIII, IX; QSEN T & C, Safety, EBP
	NURB 4950 Special Topics	4950 obj #8	4950 AACN: II, III, IV, VI, VIII, IX;' QSEN: PCC, T & C, EBP, QI, Safety, I

| 9. Assume responsibility for professional development and lifelong learning. | Pre-Clinical BSN Courses
NURB 3030 Introduction to Nursing as a Profession
1st Level BSN Courses
NURB 3041 Foundations of Nursing Practicum
NURB 3060 Health Assessment
NURB 3061 Health Assessment/Skills Lab

2nd Level BSN Courses
NURB 3141 Adult Health Practicum
NURB 3150 Pharmacology

3rd Level BSN Courses
NURB 3220 Child Health
NURB 3221 Child Health Practicum
NURB 3160 Research in Nursing
NURB 3230 Care of Women & Children

4th Level BSN Course
NURB 4120 Complex Nursing Care
NURB 4121 Complex Nursing Care Practicum
NURB 4130 Psych/Mental Health Nursing
NURB 4131 Psych/Mental Health Nursing Practicum

5th Level BSN Courses
NURB 4220 Community Health Nursing
NURB 4221 Community Health Nursing Practicum
NURB 4230 Healthcare Management
NURB 4231 Transition to Professional Practice
NURB 4950 Special Topics | 3030 obj # 7

3041 obj # 9
3060 obj # 3
3061 obj # 5

3141 obj # 9
3150 obj # 8

3220 obj # 7
3221 obj # 6
3160 obj # 7
3230 obj # 9

4120 obj # 9
4121 obj # 8
4130 obj # 9
4131 obj # 13

4220 obj # 8, 9
4221 obj # 5, 6, 7, 8, 9
4230 obj # 9
4231 obj # 9
4950 obj # 9 | 3030: AACN III

3041 AACN: VIII; QSEN: PCC< EBP, Safety
3060 AACN VIII; QSEN: PCC
3061 AACN VIII; QSEN PCC

3141 AACN: II, VII; QSEN: EBP
3150 AACN: III, VIII; QSEN EBP

3220 AACN: II, III, VIII; QSEN Safety
3221 AACN: VIII; QSEN: Safety
3160 AACN: III, VIII, IX; QSEN: Safety
3230 AACN: I, V, VI, VIII; QSEN: QI

4120 AACN: III, VI, VII, IX; QSEN: PCC, EBP, QI, Safety, I
4121 AACN: VIII, QSEN: EBP
4130 AACN: VII; QSEN: PCC
4131 AACN: VIII; QSEN: PCC, T & C, EBP, Safety

4220 AACN: VIII, IX; QSEN: EBP, Safety
4221 AACN: VIII, IX; QSEN Safety, EBP
4230 AACN: II, V, VIII; QSEN: EBP, QI
4231 AACN: VIII, IX; QSEN: Safety, EBP
4950 AACN: III, IV, VIII, IX; QSEN PCC, EBP, Safety, I |

Goal 2: To prepare beginner, professional nurses who design, manage and coordinate care.			
BSN Program Objectives (SLOs)	Relevant BSN Courses	Course Objectives	Standards AACN Essentials: QSEN: TJC; NPSG
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community.	Pre-Clinical BSN Courses NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology 1st Level BSN Courses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab 2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology	2170 obj # 1 3050 obj: # 1, 3, 4 3050 obj: # 1, 2, 3 3040 obj # 8 3041 obj # 5, 7 3060 obj # 1 3061 obj # 1 3130 obj # 1 3141 obj # 1 3150 obj # 5	2170: AACN: I, II QSEN: Safety 3030: AACN: I 3050: AACN I, VII, IX; QSEN PCC, QI 3040 AACN I; QSEN: PCC 3041 AACN I; QSEN: PCC 3060 AACN: IX; QSEN: PCC 3061 AACN: I; QSEN: PCC 3130 AACN: I, VII, IX; QSEN: Safety 3141 AACN: I, IX; QSEN: PCC, EBP, Safety 3150 AACN: I; QSEN PCC

			3220 AACN I: QSEN T & C
	3rd Level BSN Courses	**3220 obj #2**	3230 AACN II, III, IV; QSEN: Safety
	NURB 3220 Child Health	**3230 obj # 1**	3231 AACN: I, II, V, VIII; QSEN Safety
	NURB 3230 Care of Women & Children	**3231 obj # 1**	3160 AACN: I, VII; QSEN: PCC, Safety
	NURB 3231 Care of Women & Children Practicum	**3160 obj # 1, 3**	
	NURB 3160 Research in Nursing		
	4th Level BSN Courses		
	NURB 4120 Complex Nursing Care	**4120 obj # 1**	4120 AACN: I, VII, IX; QSEN PCC
	NURB 4121 Complex Care Practicum	**4121 obj # 1**	4121 AACN: I, IV; QSEN PCC, Safety
	NURB 4130 Psych/Mental Health Nursing	**4130 obj # 1**	4130 AACN: I, VII, IX; QSEN PCC
	NURB 4131 Psych/Mental Health Nursing Practicum	**4131 obj # 1**	4131 AACN: I; QSEN: PCC, Safety
	5th Level BSN Courses		4220 AACN: I, VII, IX; QSEN Safety
	NURB 4220 Community Health Nursing	**4220 obj # 1**	4221 AACN: I, VII< IX; QSEN: Safety
	NURB 4221 Community Health Nursing Practicum	**4221 obj # 1**	4230 AACN: II, VI; QSEN: T & C
	NURB 4230 Health Care Management	**4230 obj # 1**	4231 AACN: I
	NURB 4231 Transition to Professional Practice	**4231 obj # 1**	4950 AACN: I, III, V, VI; QSEN: PCC, T & C, EBP, QI,
	NURB 4950 Special Topics	4950 obj # 1	Safety, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	**Pre-Clinical BSN Courses**		
	NURB 2170 Dosage Calculation	**2170 obj #2**	2170 AACN: I, II; QSEN Safety
	NURB 3030 Introduction to Nursing	**3030 obj. # 2**	3030 AACN: I
	NURB 3050 Pathophysiology	**3050 obj: # 4**	3050: AACN I, VII, IX; QSEN: PCC
	1st Level BSN Courses	**3040 obj # 2, 3, 8, 9**	3040 AACN IX; QSEN PCC, EBP, T &C, Safety
	NURB 3040 Foundations of Nursing	**3041 obj # 1-8**	3041 AACN: III, IV, VI, IX; QSEN: PCC, EBP, Safety
	NURB 3041 Foundations of Nursing Practicum	**3060 obj # 4**	3060 AACN: IC; QSEN: PCC
	NURB 3060 Health Assessment	**3061 obj # 4**	3061 AACN: IX; SEN PCC
	NURB 3061 Health Assessment/ Skills Lab		
	2nd Level BSN Courses	**3130 obj # 2, 3**	3130 AACN: III, IX; QSEN PCC, Safety, EBP
	NURB 3130 Adult Health	**3141 obj # 1, 2, 3, 4**	3141 AACN: VI, IX; QSEN: PCC, Safety, EBP
	NURB 3141 Adult Health Practicum	**3150 obj # 1, 2, 4, 7**	3150 AACN: III, VI, IX; QSEN: Safety, EBP
	NURB 3150 Pharmacology		
	3rd Level BSN Courses	**3220 obj # 6**	3220 AACN: IV; QSEN PCC, I
	NURB 3220 Child Health	**3221 obj # 5**	3221 AACN: IV, IX; QSEN: EBP
	NURB 3221 Child Health Practicum	**3230 obj # 2**	3230 AACN: V, VI, VII; QSEN: Safety
	NURB 3230 Care of Women & Children	**3231 obj # 2**	3231 AACN: VII, VIII, IX; QSEN Safety
	NURB 3231 Care of Women & Children Practicum	**3160 obj # 2**	3160 AACN: IV; QSEN: PCC
	NURB 3160 Research in Nursing		
			4120 AACN: I, IV, VII, IX; QSEN: PCC, Safety
	4th Level BSN Courses	**4120 obj # 2**	4121 AACN: VI, IX; SEN: PCC, Safety, EBP
	NURB 4120 Complex Nursing Care	**4121 obj #s 1, 2**	
	NURB 4121 Complex Nursing Care Practicum	**4130 obj # 2**	4130 AACN: I, IV< VII, IX' QSEN: PCC, Safety
	NURB 4130 Psych/Mental Health Nursing	**4131 obj # 2, 6**	4131 AACN: II, IV; QSEN: PCC, EBP, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum	**4220 obj # 2**	
		4221 obj # 2	4220 AACN: III, VI, VIII; QSEN: PCC, T & C, EBP
	5th Level BSN Courses		4221 AACN: III, VI, VIII, IX; QSEN: PCC, T & C, EBP

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	NURB 4220 Community Health Nursing	4230 obj # 2	4230 AACN: II, VIII; QSEN: PCC< T & C, QI, Safety, I
	NURB 4221 Community Health Nursing Practicum	4231 obj # 2	4231 AACN: II< IV; QSEN: Safety
	NURB 4230 Healthcare Management	4950 obj # 2	4950 AACN: III, IV, V, VI, IX; QSEN: PCC, T & C, EBP, QI, Safety, I
	NURB 4231 Transition to Professional Practice		
	NURB 4950 Special Topics		``
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	**Pre-Clinical BSN Courses**		
	NURB 2170 Dosage Calculation	2170 obj # 3	2170 AACN: I, II, III; QSEN Safety
	NURB 3030 Introduction to Nursing	3030 obj: # 5, 6	3030 AACN: VII
	NURB 3050 Pathophysiology	3050 obj: # 5	3050 AACN: VI; QSEN: PCC, T & C
	1st Level BSN Courses		
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 10	3041 AACN: II, IV, VI; QSEN: T & C, EBP, PCC, Safety
	2nd Level BSN Courses	3130 obj # 4	3130 AACN: II, VI; QSEN: T & C
	NURB 3130 Adult Health	3141 obj # 5	3141 AACN: VI, VII, IX; QSEN: T & C, PCC, Safety, EBP
	NURB 3141 Adult Health Practicum	3150 obj # 7	3150 AACN: VI, VII, IX; QSEN: PCC, Safety
	NURB 3150 Pharmacology		
	3rd Level BSN Courses	3220 obj # 5	3220 AACN VI; QSEN EBP
	NURB 3220 Child Health	3221 obj # 4	3221 AACN: VI, VII; QSEN: EBP
	NURB 3221 Child Health Practicum	3230 obj # 3	3230 AACN: II, V, VII, VII; QSEN: Safety
	NURB 3230 Care of Women & Children	3231 obj # 3	3231 AACN: VII, VIII, IX; QSEN: T & C, QI, Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 8	3160 AACN: IV; QSEN: EBP
	NURB 3160 Research in Nursing		
	4th Level BSN Courses	4120 obj # 3	4120 AACN: II, IV; QSEN: T & C Safety
	NURB 4120 Complex Nursing Care	4121 obj # 3	4121 AACN: Vi, VII< IX; QSEN: PCC, T & C, EBP, Safety
	NURB 4121 Complex Care Practicum	4130 obj #3	
	NURB 4130 Psych/Mental Health Nursing	4131 OBJ # 3, 4, 5	4130 AACN: II, IV; QSEN: T & C
	NURB 4131 Psych/Mental Health Nursing Practicum		4131 AACN: VI, VII, IX; QSEN: EBP, T & C
	5th Level BSN Courses	4220 obj # 3	4220 AACN: VI, VII; QSEN: T&C, QI
	NURB 4220 Community Health Nursing	4221 obj # 3	4221 AACN: VI, VIII; QSEN: T & C, QI
	NURB 4221 Community Health Nursing Practicum	4230 obj # 3	4230 AACN: II, V, VII, VIII; QSEN: PCC, T & C, EBP, QI, Safety, I
	NURB 4230 Healthcare Management	4231 obj # 3	
	NURB 4231 Transition to Professional Practice	4950 obj # 3	4231 AACN: II, IV; QSEN: Safety, EBP, QI, T & C
	NURB 4950 Special Topics		4950 AACN: II, III, IV, V, VI; QSEN: PCC, T & C, Safety
4. Utilize information and health care technologies in nursing practice.	**Pre-Clinical BSN Courses**		
	NURB 2170 Dosage Calculation	2170 obj # 1	2170 AACN: I, II, III: QSEN Safety
	NURB 3030 Introduction to Nursing	3030 obj: #8, 9, 10, 11	3030 AACN: IV; QSEN EBP
	NURB 3050 Pathophysiology	3050 obj: # 6	3050 AACN: 4; QSEN: QI, I
	1st Level BSN Courses	3040 obj 1	3040 AACN: IV; QSEN PCC, QI
	NURB 3040 Foundations of Nursing	3041 obj # 2	3041 AACN: IV; QSEN: Informatics, PCC< Safety
	NURB 3041 Foundations of Nursing Practicum	3060 obj # 2	3060 AACN: IV; QSEN Informatics
	NURB 3060 Health Assessment	3061 obj # 2	3061 AACN: IV; QSEN Informatics
	NURB 3061 Health Assessment/Skills Lab		
			3130 AACN: IV; QSEN: I, Safety
	2nd Level BSN Courses	3130 obj # 5	3141 AACN: III, IV; QSEN: EBP PCC, I
	NURB 3130 Adult Health	3141 obj # 6	3150 AACN: IV, IX; QSEN: Safety

	NURB 3141 Adult Health Practicum NURB 3150 Pharmacology	3150 obj # 9	
			3220 AACN: IV; QSEN: T & C
	3rd Level BSN Courses	3220 obj # 4	3221 AACN: IV; QSEN: QI
	NURB 3220 Child Health	3221 obj # 3	3230 AACN: I, II, III, V, VI, VII; QSEN EBP, QI
	NURB 3221 Child Health Practicum	3230 obj # 4	3231 AACN: IV; QSEN: Safety
	NURB 3230 Care of Women & Children	3231 obj # 3	3160 AACN: IV; QSEN: PCC, I
	NURB 3231 Care of Women & Children Practicum	3160 obj # 2, 4	
	NURB 3160 Research in Nursing		
			4120 AACN: IV; QSEN: QI, Safety, I
	4th Level BSN Courses	4120 obj # 4	4121 AACN: III, IV; QSEN: PCC, I, Safety
	NURB 4120 Complex Nursing Care	4121 obj # 4	4130 AACN: IV; QSEN: QI, Safety, I
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 4	4131 AACN: III, IV; QSEN: Safety, EBP, I
	NURB 4130 Psych /Mental Health Nursing	4131 obj # 8	
	NURB 4131 Psych/Mental Health Nursing Practicum		
	5th Level BSN Courses	4220 obj # 4	4220 AACN: III; QSEN: I, QI
	NURB 4220 Community Health Nursing	4221 obj # 1	4221 AACN: III, VI, VIII, IX; QSEN: PCC, T & C, EBP
	NURB 4221 Community Health Practicum	4230 obj # 4	4230 AACN: II, IV, VI, VIII; QSEN: PCC, T& C, QI, I, Safety
	NURB 4230 Healthcare Management	4231 obj # 4	
	NURB 4231 Transition to Professional Practice	4950 obj # 4	4231 AACN: IV, IX; QSEN: I
	NURB 4950 Special Topics		4950 AACN: I, III, IV, VII; QSEN PCC, EBP, QI, Safety, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	Pre-Clinical BSN Courses NURB 3030 Introduction to Nursing as a Profession NURB 3050 Pathophysiology	3030 obj # 7 3050 obj # 7	3030 AACN II, V, VII 3050 AACN: V
	1st Level BSN Courses	3040 obj # 6	3040 AACN: VII; QSEN: PCC, EBP
	NURB 3040 Foundations of Nursing	3041 obj # 8, 9	3041 AACN: VIII; QSEN: PCC, EBP, Safety
	NURB 3041 Foundations of Nursing Practicum	3060 obj # 3	3060 AACN: VIII; QSEN PCC
	NURB 3060 Health Assessment	3061 obj # 6	3061 AACN: V; QSEN I
	NURB 3061 Health Assessment/Skills Lab		
			3130 AACN: VII; QSEN QI
	2nd Level BSN Courses	3130 obj # 6	3141 AACN: V, VI, QSEN PCC, Safety
	NURB 3130 Adult Health	3141 obj # 7	3150 AACN: II. VI, IX; QSEN: T & C, Safety
	NURB 3141 Adult Health Practicum	3150 obj # 6	
	NURB 3150 Pharmacology		
			3220 AACN: V; QSEN: QI
	3rd Level BSN Courses	3220 obj # 8	3221 AACN: V; QSEN: QI
	NURB 3220 Child Health	3221 obj # 7	3230 AACN: V, VI, VII, IX; QSEN: Safety
	NURB 3221 Child Health Practicum	3230 obj # 4	3231 AACN: III, VII; QSEN: QI
	NURB 3230 Care of Women & Children	3231 obj # 6	
	NURB 3231 Care of Women & Children Practicum		
	4th Level BSN Courses	4120 obj # 6	4120 AACN: V; QSEN Safety PCC
	NURB 4120 Complex Nursing Care	4121 obj # 5	4121 AACN: V, VI; QSEN: PCC, Safety
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 6	4130 AACN: V; QSEN: Safety, PCC
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 10	4131 AACN: V, VI, VII; QSEN: PCC, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
	5th Level BSN Courses		4220 AACN: II, V, IX; QSEN: QI, EBP

	NURB 4220 Community Health Nursing	4220 obj # 6	4221 AACN: II, V, IX; QSEN: QI, EBP
	NURB 4221 Community Health Practicum	4221 obj # 6	4230 AACN: II, V, VIII; QSEN: PCC, Safety
	NURB 4230 Healthcare Management	4230 obj # 6	4231 AACN: V, IX; QSEN: PCC
	NURB 4231 Transition to Professional Practice	4231 obj # 6	4950 AACN: II, V, VIII; QSEN: PCC, T & C, EBP, AI, Safety, I
	NURB 4950 Special Topics	4950 obj # 6	
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	**Pre-Clinical BSN Courses**		
	NURB 3030: Introduction to Nursing as a Profession	3030 obj # 7	3030 AACN # II
	2nd Level BSN courses	3130 obj # 4	3130 AACN: II, VI; QSEN: T & C, Safety
	NURB 3130 Adult Health	3141 obj # 4, 9	3141 AACN: II, III, VI; QSEN: PCC< Safety, T&C, EBP
	NURB 3141 Adult Health Practicum		
	3rd Level BSN Courses	3220 obj # 3	3220 AACN: II; QSEN PCC
	NURB 3230 Child Health	3221 obj # 2	3221 AACN: II; QSEN: PCC
	NURB 3221 Child Health Practicum	3230 obj # 5	3230 AACN: I, V, VI, VIII; QSEN Safety
	NURB 3230 Care of Women & Children		
	4th Level BSN Courses		4120 AACN: III, IV, V, VI; QSEN: T & C, Safety, PCC
	NURB 4120 Complex Nursing Care	4120 obj # 7	4121 AACN: II, III, IV; QSEN: PCC, T & C, EBP, Safety
	NURB 4121 Complex Nursing Care Practicum	4121 obj # 6	4130 AACN: II, VI, IX; QSEN: Safety, PCC, T & C
	NURB 4130 Psych/Mental Health Nursing	4130 obj # 7	4131 AACN: II, III, VI, IX; QSEN: T & C, AI, OCC,
	NURB 4131 Psych/Mental Health Nursing Practicum	4131 obj # 11	Safety
	5th Level BSN Courses	4220 obj # 7	4220 AACN: I, VII, IX; QSEN: Safety
	NURB 4220 Community Health Nursing	4221 obj # 7	4221 AACN: I, VII, IX; QSEN: Safety
	NURB 4221 Community Health Practicum	4230 obj # 7	4230 AACN: II, IV, V, VI, VIII; QSEN: PCC, T & C, EBP, QI, Safety I
	NURB 4230 Healthcare Management	4231 obj # 7	
	NURB 4231 Transition to Professional Practice	4950 obj # 7	4231 AACN: II, IX; QSEN: Safety, EBP, T & C
	NURB 4950 Special Topics		4950 AACN: II, III, IV, V, VI, VII, VIII, IX; QSEN: PCC, T & C, QI. Safety
8. Demonstrate professional nursing standards, values, and accountability.	**Pre-Clinical BSN Courses**		
	NURB 3030 Introduction to Nursing as a Profession	3030 obj # 7	3030 AACN II, V, VII
	1st Level BSN Courses	3040 obj # 63041 obj # 6	3040 AACN: VII; QSEN: PCC, EBP
	NURB 3040 Foundations of Nursing	3041 obj #8, 9	3041 AACN: VIII; QSEN: PCC, EBP, Safety
	NURB 3041 Foundations of Nursing Practicum	3060 obj # 3	3060 AACN: VIII; QSEN PCC
	NURB 3060 Health Assessment	3061 obj # 3	3061 AACN VII; QSEN PCC
	NURB 3061 Health Assessment/Skills Lab		
			3130 AACN: II, VIII; QSEN: Safety, EBP
	2nd Level BSN Courses	3130 obj # 3	3141 AACN: VIII, IX; QSEN: PCC, Safety
	NURB 3130 Adult Health	3141 obj # 8	3150 AACN: VIII, IX; QSEN: Safety
	NURB 3141 Adult Health Practicum	3150 obj # 3	
	NURB 3150 Pharmacology		
	3rd Level BSN Courses	3230 obj # 8	3230 AACN: I, V, VI, VIII; QSEN: T & C
	NURB 3230 Care of Women & Children	3231 obj # 5	3231 AACN: V, VI; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 6	3160 AACN: VIII; QSEN: PCC, T & C

	NURB 3160 Research in Nursing		
	4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Nursing Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum	**4120 obj # 8** **4121 obj # 7** **4130 obj # 8** **4131 obj # 7, 12**	**4120 AACN: VI, VIII; QSEN: PCC< EBP, QI, Safety** **4121 AACN: VIII, IV; QSEN: PCC, Safety** **4130 AACN: VI, VII; QSEN: PCC, EBP, ZI, Safety** **4131 AACN: VIII, IX; QSEN: PCC, Safety**
	5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Nursing Practicum NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	**4220 obj # 8, 9** **4221 obj # 7** **4230 obj # 8** **4231 obj # 8** **4950 obj #8**	**4220 AACN: VIII; QSEN EBP, Safety** **4221 AACN: VIII; QSEN: Safety, EBP** **4230 AACN: II, V, VIII; QSEN: Safety** **4231 AACN: VIII, IX; QSEN T & C, Safety, EBP** **4950 AACN: II, III, IV, VI, VIII, IX;' QSEN: PCC, T & C, EBP, QI, Safety, I**

Goal 3: To prepare beginner, professional nurses to become productive members of the nursing profession.			
BSN Program Objectives (SLOs)	**Relevant BSN Courses**	**Course Objectives**	**Standards:** **AACN Essentials: QSEN: TJC NPSG**
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community	**Pre-Clinical BSN Courses** NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology	**2170 obj # 1** **3050 obj: # 1, 3, 4** **3050 obj: # 1, 2, 3**	**2170: AACN: I, II QSEN: Safety** **3030: AACN: I** **3050: AACN I, VII, IX; QSEN PCC, QI**
	1st Level BSN Courses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab	**3040 obj # 8** **3041 obj # 5, 7** **3060 obj # 1** **3061 obj # 1**	**3040 AACN I; QSEN: PCC** **3041 AACN I; QSEN: PCC** **3060 AACN: IX; QSEN: PCC** **3061 AACN: I; QSEN: PCC**
	2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology	**3130 obj # 1** **3141 obj # 1** **3150 obj # 5**	**3130 AACN: I, VII, IX; QSEN: Safety** **3141 AACN: I, IX; QSEN: PCC, EBP, Safety** **3150 AACN: I; QSEN PCC**
	3rd Level BSN Courses NURB 3220 Child Health NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum NURB 3160 Research in Nursing	**3220 obj #2** **3230 obj # 1** **3231 obj # 1** **3160 obj # 1, 3**	**3220 AACN I: QSEN T & C** **3230 AACN II, III, IV; QSEN: Safety** **3231 AACN: I, II, V, VIII; QSEN** **3160 AACN: I, VII; QSEN: PCC, Safety**
	4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum	**4120 obj # 1** **4121 obj # 1** **4130 obj # 1** **4131 obj # 1**	**4120 AACN: I, VII, IX; QSEN PCC** **4121 AACN: I, IV; QSEN PCC, Safety** **4130 AACN: I, VII, IX; QSEN PCC** **4131 AACN: I; QSEN: PCC, Safety**
	5th Level BSN Courses NURB 4220 Community Health Nursing	**4220 obj # 1**	**4220 AACN: I, VII, IX; QSEN Safety** **4221 AACN: I, VII< IX; QSEN: Safety** **4230 AACN: II, VI; QSEN: T & C** **4231 AACN: I** **4950 AACN: I, III, V, VI; QSEN: PCC, T & C, EBP, QI, Safety, I**

	NURB 4221 Community Health Nursing Practicum	4221 obj # 1	
	NURB 4230 Health Care Management	4230 obj # 1	
	NURB 4231 Transition to Professional Practice	4231 obj # 1	
	NURB 4950 Special Topics	49580 obj # 1	
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	**Pre-Clinical BSN Courses**		
	NURB 2170 Dosage Calculation	2170 obj #2	2170 AACN: I, II; QSEN Safety
	NURB 3030 Introduction to Nursing	3030 obj. # 2	3030 AACN: I
	NURB 3050 Pathophysiology	3050 obj: # 4	3050: AACN I, VII, IX; QSEN: PCC
	1st Level BSN Courses	3040 obj # 2, 3, 8, 9	3040 AACN IX; QSEN PCC, EBP, T &C, Safety
	NURB 3040 Foundations of Nursing	3041 obj # 1-8	3041 AACN: III, IV, VI, IX; QSEN: PCC, EBP, Safety
	NURB 3041 Foundations of Nursing Practicum	3060 obj # 4	3060 AACN: IC; QSEN: PCC
	NURB 3060 Health Assessment	3061 obj # 4	3061 AACN: IX; SEN PCC
	NURB 3061 Health Assessment/ Skills Lab		
	2nd Level BSN Courses	3130 obj # 2, 3	3130 AACN: III, IX; QSEN PCC, Safety, EBP
	NURB 3130 Adult Health	3141 obj # 1, 2, 3, 4	3141 AACN: VI, IX; QSEN: PCC, Safety, EBP
	NURB 3141 Adult Health Practicum	3150 obj # 1, 2, 4, 7	3150 AACN: III, VI, IX; QSEN: Safety, EBP
	NURB 3150 Pharmacology		
		3220 obj # 6	3220 AACN: IV; QSEN PCC, I
	3rd Level BSN Courses	3221 obj # 5	3221 AACN: IV, IX; QSEN: EBP
	NURB 3220 Child Health	3230 obj # 2	3230 AACN: V, VI, VII; QSEN: Safety
	NURB 3221 Child Health Practicum	3231 obj # 2	3231 AACN: VII, VIII, IX; QSEN Safety
	NURB 3230 Care of Women & Children	3160 obj # 2	3160 AACN: IV; QSEN: PCC
	NURB 3231 Care of Women & Children Practicum		
	NURB 3160 Research in Nursing		
	4th Level BSN Courses	4120 obj # 2	4120 AACN: I, IV, VII, IX; QSEN: PCC, Safety
	NURB 4120 Complex Nursing Care	4121 obj #s 1, 2	4121 AACN: VI, IX; SEN: PCC, Safety, EBP
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 2	4130 AACN: I, IV< VII, IX' QSEN: PCC, Safety
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 2, 6	4131 AACN: II, IV; QSEN: PCC, EBP, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
			4220 AACN: III, VI, VIII; QSEN: PCC, T & C, EBP
	5th Level BSN Courses	4220 obj # 2	4221 AACN: III, VI, VIII, IX; QSEN: PCC, T & C, EBP
	NURB 4220 Community Health Nursing	4221 obj # 2	4230 AACN: II, VIII; QSEN: PCC< T & C, QI, Safety, I
	NURB 4221 Community Health Nursing Practicum	4230 obj # 2	4231 AACN: II< IV; QSEN: Safety
	NURB 4230 Healthcare Management	4231 obj # 2	4950 AACN: III, IV, V, VI, IX; QSEN: PCC, T & C, EBP,
	NURB 4231 Transition to Professional Practice	4950 obj # 2	QI, Safety, I
	NURB 4950 Special Topics		
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	**Pre-Clinical BSN Courses**		
	NURB 2170 Dosage Calculation	2170 obj # 3	2170 AACN: I, II, III; QSEN Safety
	NURB 3030 Introduction to Nursing	3030 obj: # 5, 6	3030 AACN: VII
	NURB 3050 Pathophysiology	3050 obj: # 5	3050 AACN: VI; QSEN: PCC, T & C
	1st Level BSN Courses		
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 10	3041 AACN: II, IV, VI; QSEN: T & C, EBP, PCC, Safety

	2nd Level BSN Courses		
	NURB 3130 Adult Health	3130 obj # 4	3130 AACN: II, VI; QSEN: T & C
	NURB 3141 Adult Health Practicum	3141 obj # 5	3141 AACN: VI, VII, IX; QSEN: T & C, PCC, Safety, EBP
	NURB 3150 Pharmacology	3150 obj # 7	3150 AACN: VI, VII, IX; QSEN: PCC, Safety
	3rd Level BSN Courses		
	NURB 3220 Child Health	3220 obj # 5	3220 AACN VI; QSEN EBP
	NURB 3221 Child Health Practicum	3221 obj # 4	3221 AACN: VI, VII; QSEN: EBP
	NURB 3230 Care of Women & Children	3230 obj # 3	3230 AACN: II, V, VII, VII; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3231 obj # 3	3231 AACN: VII, VIII, IX; QSEN: T & C, QI, Safety
	NURB 3160 Research in Nursing	3160 obj # 8	3160 AACN: IV; QSEN: EBP
	4th Level BSN Courses		
	NURB 4120 Complex Nursing Care	4120 obj # 3	4120 AACN: II, IV; QSEN: T & C Safety
	NURB 4121 Complex Care Practicum	4121 obj # 3	4121 AACN: Vi, VII< IX; QSEN: PCC, T & C, EBP, Safety
	NURB 4130 Psych/Mental Health Nursing	4130 obj #3	
	NURB 4131 Psych/Mental Health Nursing Practicum	4131 OBJ # 3, 4, 5	4130 AACN: II, IV; QSEN: T & C
			4131 AACN: VI, VII, IX; QSEN: EBP, T & C
	5th Level BSN Courses		
	NURB 4220 Community Health Nursing	4220 obj # 3	4220 AACN: VI, VII; QSEN: T&C, QI
	NURB 4221 Community Health Nursing Practicum	4221 obj # 3	4221 AACN: VI, VIII; QSEN: T & C, QI
	NURB 4230 Healthcare Management	4230 obj # 3	4230 AACN: II, V, VII, VIII; QSEN: PCC, T & C, EBP, QI, Safety, I
	NURB 4231 Transition to Professional Practice	4231 obj # 3	
	NURB 4950 Special Topics	4950 obj # 3	4231 AACN: II, IV; QSEN: Safety, EBP, QI, T & C
			4950 AACN: II, III, IV, V, VI; QSEN: PCC, T & C, Safety
5. Integrate research findings to promote evidence-based nursing practice.	**Pre-Clinical BSN Courses**		
	NURB 3030 Introduction to Nursing	3030 obj: 8, 9, 10, 11	3030 AACN: IV, VI; QSEN QI, EBP
	NURB 3050 Pathophysiology	3050 obj # 7	3050 AACN: I, VII, IX; QSEN: EBP
	1st Level BSN Courses		
	NURB 2170 Dosage Calculation	2170 obj # 5	2170 AACN: II, III, VIII
	NURB 3040 Foundations of Nursing	3040 obj # 4	3040 AACN IV; QSEN: PCC, QI, EBP
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 4, 8	3041 AACN III, IV; QSEN: PCC, Safety
	NURB 3060 Health Assessment	3060 obj # 4	3060 AACN: III, VIII; QSEN: PCC, EBP
	NURB 3061 Health Assessment Skills Lab	3061 obj #1	3061 AACN: III; QSEN: PCC
	2nd Level BSN Courses		
	NURB 3130 Adult Health	3130 obj # 3	3130 AACN: III; QSEN EBP
	NURB 3141 Adult Health Practicum	3141 obj # 6	3141 AACN: III, IV; QSEN: PCC EBP, Safety
	NURB 3150 Pharmacology	3150 obj # 8	3150 AACN: III, IX; QSEN: EBP, Safety
	3rd Level BSN Courses	3220 obj #1	3220 AACN: III; QSEN: PCC, T & C
	NURB 3220 Child Health	3221 obj # 1	3221 AACN: III; QSEN: PCC
	NURB 3221 Child Health Practicum	3230 obj # 5	3230 AACN: I, II, III, V, VI, VII; QSEN: EBP, QI
	NURB 3230 Care of Women & Children	3231 obj # 4	3231 AACN: III, VII; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 5	3160 AACN: III; QSEN: T & C
	NURB 3160 Research in Nursing		
	4th Level BSN Courses		

	NURB 4120 Complex Nursing Care	4120 obj # 5	4120 AACN: III; QSEN: EBP
	NURB 4121 Complex Nursing Care Practicum	4121 obj # 4	4121 AACN: III, IV; QSEN: EBP, PCC, Safety
	NURB 4130 Psych/Mental Health Nursing	4130 obj # 5	4130 AACN: III; QSEN: EBP
	NURB 4131 Psych/Mental Health Nursing Practicum	4131 obj # 9	4131 AACN: III, IV; QSEN: EBP, QI, Safety
	5th Level BSN Courses	4220 obj # 5	4220 AACN: III; QSEN: I, QI
	NURB 4220 Community Health Nursing	4230 obj # 5	4230 AACN: II, VI; QSEN T & C, EBP
	NURB 4230 Healthcare Management	4231 obj # 5	4231 AACN: III, VII< IX; QSEN PCC, Safety, EBP
	NURB 4231 Transition to Professional Practice	4950 obj # 5	4950 AACN: I, III, IV, VII; QSEN: EBP, QI, Safety, I
	NURB 4950 Special Topics		
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	Pre-Clinical BSN Courses		
	NURB 3030 Introduction to Nursing as a Profession	3030 obj # 7	3030 AACN II, V, VII
	NURB 3050 Pathophysiology	3050 obj # 7	3050 AACN: V
	1st Level BSN Courses		
	NURB 3040 Foundations of Nursing	3040 obj # 6	3040 AACN: VII; QSEN: PCC, EBP
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 8, 9	3041 AACN: VIII; QSEN: PCC, EBP, Safety
	NURB 3060 Health Assessment	3060 obj # 3	3060 AACN: VIII; QSEN PCC
	NURB 3061 Health Assessment/Skills Lab	3061 obj # 6	3061 AACN: V; QSEN I
	2nd Level BSN Courses		3130 AACN: VII; QSEN QI
	NURB 3130 Adult Health	3130 obj # 6	3141 AACN: V, VI, QSEN PCC, Safety
	NURB 3141 Adult Health Practicum	3141 obj # 7	3150 AACN: II. VI, IX; QSEN: T & C, Safety
	NURB 3150 Pharmacology	3150 obj # 6	
	3rd Level BSN Courses	3220 obj # 8	3220 AACN: V; QSEN: QI
	NURB 3220 Child Health	3221 obj # 7	3221 AACN: V; QSEN: QI
	NURB 3221 Child Health Practicum	3230 obj # 4	3230 AACN: V, VI, VII, IX; QSEN: Safety
	NURB 3230 Care of Women & Children	3231 obj # 6	3231 AACN: III, VII; QSEN: QI
	NURB 3231 Care of Women & Children Practicum		
	4th Level BSN Courses	4120 obj # 6	4120 AACN: V; QSEN Safety PCC
	NURB 4120 Complex Nursing Care	4121 obj # 5	4121 AACN: V, VI; QSEN: PCC, Safety
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 6	4130 AACN: V; QSEN: Safety, PCC
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 10	4131 AACN: V, VI, VII; QSEN: PCC, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
			4220 AACN: II, V, IX; QSEN: QI, EBP
	5th Level BSN Courses	4220 obj # 6	4221 AACN: II, V, IX; QSEN: QI, EBP
	NURB 4220 Community Health Nursing	4221 obj # 6	4230 AACN: II, V, VIII; QSEN: PCC, Safety
	NURB 4221 Community Health Practicum	4230 obj # 6	4231 AACN: V, IX; QSEN: PCC
	NURB 4230 Healthcare Management	4231 obj # 6	4950 AACN: II, V, VIII; QSEN: PCC, T & C, EBP, AI, Safety, I
	NURB 4231 Transition to Professional Practice	4950 obj # 6	
	NURB 4950 Special Topics		
8. Demonstrate professional nursing standards, values, and accountability.	Pre-Clinical BSN Courses		
	NURB 3030 Introduction to Nursing as a Profession	3030 obj # 7	3030 AACN II, V, VII
	1st Level BSN Courses		
	NURB 3040 Foundations of Nursing	3040 obj # 63041 obj # 6	3040 AACN: VII; QSEN: PCC, EBP
	NURB 3041 Foundations of Nursing Practicum	3041 obj #8, 9	3041 AACN: VIII; QSEN: PCC, EBP, Safety

	NURB 3060 Health Assessment	3060 obj # 3	3060 AACN: VIII; QSEN PCC
	NURB 3061 Health Assessment/Skills Lab	3061 obj # 3	3061 AACN VII; QSEN PCC
	2nd Level BSN Courses		3130 AACN: II, VIII; QSEN: Safety, EBP
	NURB 3130 Adult Health	3130 obj # 3	3141 AACN: VIII, IX; QSEN: PCC, Safety
	NURB 3141 Adult Health Practicum	3141 obj # 8	3150 AACN: VIII, IX; QSEN: Safety
	NURB 3150 Pharmacology	3150 obj # 3	
	3rd Level BSN Courses	3230 obj #8	3230 AACN: I, II, V, VIII; QSEN: T&C
	NURB 3230 Care of Women & Children	3231 obj # 5	3231 AACN: V, VI; QSEN: Safety
	NURB 3231 Care of Women & Children Practicum	3160 obj # 6	3160 AACN: VIII; QSEN: PCC, T & C
	NURB 3160 Research in Nursing		
	4th Level BSN Courses	4120 obj # 8	4120 AACN: VI, VIII; QSEN: PCC< EBP, QI, Safety
	NURB 4120 Complex Nursing Care	4121 obj # 7	4121 AACN: VIII, IV; QSEN: PCC, Safety
	NURB 4121 Complex Nursing Care Practicum	4130 obj # 8	4130 AACN: VI, VII; QSEN: PCC, EBP, ZI, Safety
	NURB 4130 Psych/Mental Health Nursing	4131 obj # 7, 12	4131 AACN: VIII, IX; QSEN: PCC, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
	5th Level BSN Courses	4220 obj # 8, 9	4220 AACN: VIII; QSEN EBP, Safety
	NURB 4220 Community Health Nursing	4221 obj # 7	4221 AACN: VIII; QSEN: Safety, EBP
	NURB 4221 Community Health Nursing Practicum	4230 obj # 8	4230 AACN: II, V, VIII; QSEN: Safety
	NURB 4230 Healthcare Management	4231 obj # 8	4231 AACN: VIII, IX; QSEN T & C, Safety, EBP
	NURB 4231 Transition to Professional Practice	4950 obj #8	4950 AACN: II, III, IV, VI, VIII, IX;' QSEN: PCC, T & C,
	NURB 4950 Special Topics		EBP, QI, Safety, I
9. Assume responsibility for professional development and lifelong learning.	Pre-Clinical BSN Courses		
	NURB 3030 Introduction to Nursing as a Profession	3030 obj # 7	3030: AACN III
	1st Level BSN Courses		
	NURB 3041 Foundations of Nursing Practicum	3041 obj # 9	3041 AACN: VIII; QSEN: PCC< EBP, Safety
	NURB 3060 Health Assessment	3060 obj # 3	3060 AACN VIII; QSEN: PCC
	NURB 3061 Health Assessment/Skills Lab	3061 obj # 5	3061 AACN VIII; QSEN PCC
	2nd Level BSN Courses		3141 AACN: II, VII; QSEN: EBP
	NURB 3141 Adult Health Practicum	3141 obj # 9	3150 AACN: III, VII; QSEN: EBP
	NURB 3150 Pharmacology	3150 obj # 8	
	3rd Level BSN Courses	3220 obj # 7	3220 AACN: II, III, VIII; QSEN Safety
	NURB 3220 Child Health	3221 obj # 6	3221 AACN: VIII; QSEN: Safety
	NURB 3221 Child Health Practicum	3160 obj # 7	3160 AACN: III, VIII, IX; QSEN: Safety
	NURB 3160 Research in Nursing		
		4120 obj # 9	4120 AACN: III, VI, VII, IX; QSEN: PCC, EBP, QI,
	4th Level BSN Courses	4121 obj # 8	Safety, I
	NURB 4120 Complex Nursing Care	4130 obj # 9	4121 AACN: VIII, QSEN: EBP
	NURB 4121 Complex Nursing Care Practicum	4131 obj # 13	4130 AACN: VII; QSEN: PCC
	NURB 4130 Psych/Mental Health Nursing		4131 AACN: VIII; QSEN: PCC, T & C, EBP, Safety
	NURB 4131 Psych/Mental Health Nursing Practicum		
	5th Level BSN Courses	4220 obj # 8, 9	4220 AACN: VIII, IX; QSEN: EBP, Safety
	NURB 4220 Community Health Nursing	4221 obj # 5, 6, 7, 8, 9	4221 AACN: VIII, IX; QSEN Safety, EBP

	NURB 4221 Community Health Nursing Practicum NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	4230 obj # 9 4231 obj # 9 4950 obj # 9	4230 AACN: II, V, VIII; QSEN: EBP, QI 4231 AACN: VIII, IX; QSEN: Safety, EBP 4950 AACN: III, IV, VIII, IX; QSEN PCC, EBP, Safety, I

Goal 4: To provide a foundation for graduate education.

BSN Program Objectives (SLOs)	Relevant BSN Courses	Course Objectives	AACN Essentials: QSEN: TJC NPSG
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community	Pre-Clinical BSN Courses NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology	2170 obj # 1 3050 obj: # 1, 3, 4 3050 obj: # 1, 2, 3	2170: AACN: I, II QSEN: Safety 3030: AACN: I 3050: AACN I, VII, IX; QSEN PCC, QI
	1st Level BSN Courses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab	3040 obj # 8 3041 obj # 5, 7 3060 obj # 1 3061 obj # 1	3040 AACN I; QSEN: PCC 3041 AACN I; QSEN: PCC 3060 AACN: IX; QSEN: PCC 3061 AACN: I; QSEN: PCC
	2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology	3130 obj # 1 3141 obj # 1 3150 obj # 5	3130 AACN: I, VII, IX; QSEN: Safety 3141 AACN: I, IX; QSEN: PCC, EBP, Safety 3150 AACN: I; QSEN PCC
	3rd Level BSN Courses NURB 3220 Child Health NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum NURB 3160 Research in Nursing	3220 obj #2 3230 obj # 1 3231 obj # 1 3160 obj # 1, 3	3220 AACN I: QSEN T & C 3230 AACN II, III, IV; QSEN: Safety 3231 AACN: I, II, V, VIII; QSEN Safety 3160 AACN: I, VII; QSEN: PCC, Safety
	4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum	4120 obj # 1 4121 obj # 1 4130 obj # 1 4131 obj # 1	4120 AACN: I, VII, IX; QSEN PCC 4121 AACN: I, IV; QSEN PCC, Safety 4130 AACN: I, VII, IX; QSEN PCC 4131 AACN: I; QSEN: PCC, Safety
	5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Nursing Practicum NURB 4230 Health Care Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	4220 obj # 1 4221 obj # 1 4230 obj # 1 4231 obj # 1 49580 obj # 1	4220 AACN: I, VII, IX; QSEN Safety 4221 AACN: I, VII< IX; QSEN: Safety 4230 AACN: II, VI; QSEN: T & C 4231 AACN: I 4950 AACN: I, III, V, VI; QSEN: PCC, T & C, EBP, QI, Safety, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	Pre-Clinical BSN Courses NURB 2170 Dosage Calculation NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology	2170 obj #2 3030 obj. # 2 3050 obj: # 4	2170 AACN: I, II; QSEN Safety 3030 AACN: I 3050: AACN I, VII, IX; QSEN: PCC
	1st Level BSN Courses NURB 3040 Foundations of Nursing	3040 obj # 2, 3, 8, 9	3040 AACN IX; QSEN PCC, EBP, T &C, Safety

	NURB 3041 Foundations of Nursing Practicum **NURB 3060 Health Assessment** **NURB 3061 Health Assessment/ Skills Lab**	3041 obj # 1-8 3060 obj # 4 3061 obj # 4	3041 AACN: III, IV, VI, IX; QSEN: PCC, EBP, Safety 3060 AACN: IC; QSEN: PCC 3061 AACN: IX; SEN PCC
	2nd Level BSN Courses **NURB 3130 Adult Health** **NURB 3141 Adult Health Practicum** **NURB 3150 Pharmacology**	3130 obj # 2, 3 3141 obj # 1, 2, 3, 4 3150 obj # 1, 2, 4, 7	3130 AACN: III, IX; QSEN PCC, Safety, EBP 3141 AACN: VI, IX; QSEN: PCC, Safety, EBP 3150 AACN: III, VI, IX; QSEN: Safety, EBP
	3rd Level BSN Courses **NURB 3220 Child Health** **NURB 3221 Child Health Practicum** **NURB 3230 Care of Women & Children** **NURB 3231 Care of Women & Children Practicum** **NURB 3160 Research in Nursing**	3220 obj # 6 3221 obj # 5 3230 obj # 2 3231 obj # 2 3160 obj # 2	3220 AACN: IV; QSEN PCC, I 3221 AACN: IV, IX; QSEN: EBP 3230 AACN: V, VI, VII; QSEN: Safety 3231 AACN: VII, VIII, IX; QSEN Safety 3160 AACN: IV; QSEN: PCC
	4th Level BSN Courses **NURB 4120 Complex Nursing Care** **NURB 4121 Complex Nursing Care Practicum** **NURB 4130 Psych/Mental Health Nursing** **NURB 4131 Psych/Mental Health Nursing Practicum**	4120 obj # 2 4121 obj #s 1, 2 4130 obj # 2 4131 obj # 2, 6	4120 AACN: I, IV, VII, IX; QSEN: PCC, Safety 4121 AACN: VI, IX; SEN: PCC, Safety, EBP 4130 AACN: I, IV< VII, IX' QSEN: PCC, Safety 4131 AACN: II, IV; QSEN: PCC, EBP, Safety
	5th Level BSN Courses **NURB 4220 Community Health Nursing** **NURB 4221 Community Health Nursing Practicum** **NURB 4230 Healthcare Management** **NURB 4231 Transition to Professional Practice** **NURB 4950 Special Topics**	4220 obj # 2 4221 obj # 2 4230 obj # 2 4231 obj # 2 4950 obj # 2	4220 AACN: III, VI, VIII; QSEN: PCC, T & C, EBP 4221 AACN: III, VI, VIII, IX; QSEN: PCC, T & C, EBP 4230 AACN: II, VIII; QSEN: PCC< T & C, QI, Safety, I 4231 AACN: II< IV; QSEN: Safety 4950 AACN: III, IV, V, VI, IX; QSEN: PCC, T & C, EBP, QI, Safety, I
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	**Pre-Clinical BSN Courses** **NURB 2170 Dosage Calculation** **NURB 3030 Introduction to Nursing** **NURB 3050 Pathophysiology**	2170 obj # 3 3030 obj: # 5, 6 3050 obj: # 5	2170 AACN: I, II, III; QSEN Safety 3030 AACN: VII 3050 AACN: VI; QSEN: PCC, T & C
	1st Level BSN Courses **NURB 3041 Foundations of Nursing Practicum** **NURB 3130 Adult Health** **NURB 3141 Adult Health Practicum** **NURB 3150 Pharmacology**	3041 obj # 10 3130 obj # 4 3141 obj # 5 3150 obj # 7	3041 AACN: II, IV, VI; QSEN: T & C, EBP, PCC, Safety 3130 AACN: II, VI; QSEN: T & C 3141 AACN: VI, VII, IX; QSEN: T & C, PCC, Safety, EBP 3150 AACN: VI, VII, IX; QSEN: PCC, Safety
	3rd Level BSN Courses **NURB 3220 Child Health** **NURB 3221 Child Health Practicum** **NURB 3230 Care of Women & Children** **NURB 3231 Care of Women & Children Practicum** **NURB 3160 Research in Nursing**	3220 obj # 5 3221 obj # 4 3230 obj # 3 3231 obj # 3 3160 obj # 8	3220 AACN VI; QSEN EBP 3221 AACN: VI, VII; QSEN: EBP 3230 AACN: II, V, VII, VII; QSEN: Safety 3231 AACN: VII, VIII, IX; QSEN: T&C, QI, Safety 3160 AACN: IV; QSEN: EBP
	4th Level BSN Courses **NURB 4120 Complex Nursing Care**	4120 obj # 3 4121 obj # 3	4120 AACN: II, IV; QSEN: T & C Safety

	NURB 4121 Complex Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum 5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Nursing Practicum NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	4130 obj #3 4131 OBJ # 3, 4, 5 4220 obj # 3 4221 obj # 3 4230 obj # 3 4231 obj # 3 4950 obj # 3	4121 AACN: Vi, VII< IX; QSEN: PCC, T & C, EBP, Safety 4130 AACN: II, IV; QSEN: T & C 4131 AACN: VI, VII, IX; QSEN: EBP, T & C 4220 AACN: VI, VII; QSEN: T&C, QI 4221 AACN: VI, VIII; QSEN: T & C, QI 4230 AACN: II, V, VII, VIII; QSEN: PCC, T & C, EBP, QI, Safety, I 4231 AACN: II, IV; QSEN: Safety, EBP, QI, T & C 4950 AACN: II, III, IV, V, VI; QSEN: PCC, T & C, Safety
5. Integrate research findings to promote evidence-based nursing practice.	Pre-Clinical BSN Courses NURB 3030 Introduction to Nursing NURB 3050 Pathophysiology 1st Level BSN Courses NURB 2170 Dosage Calculation NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab 2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology 3rd Level BSN Courses NURB 3220 Child Health NURB 3221 Child Health Practicum NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum NURB 3160 Research in Nursing 4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Nursing Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum 5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	3030 obj: 8, 9, 10, 11 3050 obj # 7 2170 obj # 5 3040 obj # 4 3041 obj # 4, 8 3060 obj # 4 3061 obj # 1 3130 obj # 3 3141 obj # 6 3150 obj # 8 3220 obj #1 3221 obj # 1 3230 obj # 5 3231 obj # 4 3160 obj # 5 4120 obj # 5 4121 obj # 4 4130 obj # 5 4131 obj # 9 4220 obj # 5 4230 obj # 5 4231 obj # 5 4950 obj # 5	3030 AACN: IV, VI; QSEN QI, EBP 3050 AACN: I, VII, IX; QSEN: EBP 2170 AACN: II, III, VIII 3040 AACN IV; QSEN: PCC, QI, EBP 3041 AACN III, IV; QSEN: PCC, Safety 3060 AACN: II, III, VIII 3061 AACN: III; QSEN PCC 3130 AACN: III; QSEN EBP 3141 AACN: III, IV; QSEN: PCC EBP, Safety 3150 AACN: III, IX; QSEN: EBP, Safety 3220 AACN: III; QSEN: PCC, T & C 3221 AACN: III; QSEN: PCC 3230 AACN: I, II III, V, VI, VII; QSEN: EBP, QI 3231 AACN: III, VII; QSEN: Safety 3160 AACN: III; QSEN: T & C 4120 AACN: III; QSEN: EBP 4121 AACN: III, IV; QSEN: EBP, PCC, Safety 4130 AACN: III; QSEN: EBP 4131 AACN: III, IV; QSEN: EBP, QI, Safety 4220 AACN: III; QSEN: I, QI 4230 AACN: II, VI; QSEN T & C, EBP 4231 AACN: III, VII< IX; QSEN PCC, Safety, EBP 4950 AACN: I, III, IV, VII; QSEN: EBP, QI, Safety, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems	Pre-Clinical BSN Courses NURB 3030 Introduction to Nursing as a Profession NURB 3050 Pathophysiology	3030 obj # 7 6050 obj # 7	3030 AACN II, V, VII 3050 AACN: V

and policy to advocate for recipients of nursing care.	1st Level BSN Courses NURB 3040 Foundations of Nursing NURB 3041 Foundations of Nursing Practicum NURB 3060 Health Assessment NURB 3061 Health Assessment/Skills Lab 2nd Level BSN Curses NURB 3130 Adult Health NURB 3141 Adult Health Practicum NURB 3150 Pharmacology 3rd Level BSN Courses NURB 3220 Child Health NURB 3221 Child Health Practicum NURB 3230 Care of Women & Children NURB 3231 Care of Women & Children Practicum 4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Nursing Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum 5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Practicum NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	 3040 obj # 6 3041 obj # 8, 9 3060 obj # 3 3061 obj # 6 3130 obj # 6 3141 obj # 7 3150 obj # 6 3220 obj # 8 3221 obj # 7 3230 obj # 4 3231 obj # 6 4120 obj # 6 4121 obj # 5 4130 obj # 6 4131 obj # 10 4220 obj # 6 4221 obj # 6 4230 obj # 6 4231 obj # 6 4950 obj # 6	 3040 AACN: VII; QSEN: PCC, EBP 3041 AACN: VIII; QSEN: PCC, EBP, Safety 3060 AACN: VIII; QSEN PCC 3061 AACN: V; QSEN I 3130 AACN: VII; QSEN QI 3141 AACN: V, VI, QSEN PCC, Safety 3150 AACN: II. VI, IX; QSEN: T & C, Safety 3220 AACN: V; QSEN: QI 3221 AACN: V; QSEN: QI 3230 AACN: V, VI, VII, IX; QSEN: Safety 3231 AACN: III, VII; QSEN: QI 4120 AACN: V; QSEN Safety PCC 4121 AACN: V, VI; QSEN: PCC, Safety 4130 AACN: V; QSEN: Safety, PCC 4131 AACN: V, VI, VII; QSEN: PCC, Safety 4220 AACN: II, V, IX; QSEN: QI, EBP 4221 AACN: II, V, IX; QSEN: QI, EBP 4230 AACN: II, V, VIII; QSEN: PCC, Safety 4231 AACN: V, IX; QSEN: PCC 4950 AACN: II, V, VIII; QSEN: PCC, T & C, EBP, AI, Safety, I
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	Pre-Clinical BSN Courses NURB 3030: Introduction to Nursing as a Profession 2nd Level BSN Courses NURB 3130 Adult Health NURB 3141 Adult Health Practicum 3rd Level BSN Courses NURB 3230 Child Health NURB 3221 Child Health Practicum NURB 3230 Care of Women & Children 4th Level BSN Courses NURB 4120 Complex Nursing Care NURB 4121 Complex Nursing Care Practicum NURB 4130 Psych/Mental Health Nursing NURB 4131 Psych/Mental Health Nursing Practicum 5th Level BSN Courses NURB 4220 Community Health Nursing NURB 4221 Community Health Practicum	 3030 obj # 7 3130 obj # 4 3141 obj # 4, 9 3220 obj # 3 3221 obj # 2 3230 obj # 5 4120 obj # 7 4121 obj # 6 4130 obj # 7 4131 obj # 11 4220 obj # 7 4221 obj # 7	 3030 AACN # II 3130 AACN: II, VI; QSEN: T & C, Safety 3141 AACN: II, III, VI; QSEN: PCC< Safety, T&C, EBP 3220 AACN: II; QSEN PCC 3221 AACN: II; QSEN: PCC 3230 AACN: I, V, VI, VIII; QSEN Safety 4120 AACN: III, IV, V, VI; QSEN: T & C, Safety, PCC 4121 AACN: II, III, IV; QSEN: PCC, T & C, EBP, Safety 4130 AACN: II, VI, IX; QSEN: Safety, PCC, T & C 4131 AACN: II, III, VI, IX; QSEN: T & C, AI, OCC, Safety 4220 AACN: I, VII, IX; QSEN: Safety 4221 AACN: I, VII, IX; QSEN: Safety

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	NURB 4230 Healthcare Management NURB 4231 Transition to Professional Practice NURB 4950 Special Topics	4230 obj # 7 4231 obj # 7 4950 obj # 7	4230 AACN: II, IV, V, VI, VIII; QSEN: PCC, T & C, EBP, QI, Safety I 4231 AACN: II, IX; QSEN: Safety, EBP, T & C 4950 AACN: II, III, IV, V, VI, VII, VIII, IX; QSEN: PCC, T & C, QI. Safety

*AACN: American Association of Colleges of Nursing; Essentials of Baccalaureate Education
QSEN: PCC (Patient Centered Care)
T & C (Teamwork & Collaboration)
EBP (Evidence-based Practice
QI (Quality Improvement)
Safety
I (Informatics)

POST-LICENSURE BSN

NSU's BSN Program prepares …			
Goal 1: To prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities, and populations.			
BSN Program Objectives (SLOs)	**Relevant RN-BSN Courses**	**Course Objectives**	**Standards:** **AACN Essentials: QSEN**
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community.	NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs	N3142 obj #1 N3223 obj # 2 N3224 obj # 1 N4191 obj # 1	AACN-I QSEN: Safety, QI AACN-I, VII, IX QSEN: PCC, Safety AACN-I, VII QSEN: EBP AACN- I, III, VII, IX QSEN: PCC, EBP
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	N3110 Pathophysiology for RNs NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3110 obj # 1, 2, 3 N3140 obj # 1 N3142 obj # 2 N3223 obj # 1, 4 N4191 obj # 2 N4291 obj # 2	AACN-I QSEN: PCC AACN-IX QSEN: T & C, EBP, QI, I AACN-IX QSEN: PCC AACN-I, VI, VII, IX QSEN: PCC, Safety AACN- II, III, VII, IX QSEN: PCC, EBP AACN: II, III, VII, IX QSEN PCC, EBP
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 2 N3142 obj #3 N3223 obj # 3 N3224 obj # 5 N4191 obj # 4 N4291 obj # 7	AACN- VI QSEN: PCC, T&C, EBP, QI, Safety, I AACN-VI, QSEN: T & C AACN-VI, VII, IX QSEN: PCC, Safety AACN- VI QSEN: PCC, T&C, QI, Safety AACN- II, Vi, VII, IX QSEN: PCC, T&C, EBP AACN- II, VI, VII, IX QSEN PCC, T & C, EBP
4. Utilize information and health care technologies in nursing practice.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs	N3140 obj # 1 N3142 obj #4 N3223 obj # 2 N3224 obj # 3, 4 N4191 obj # 9	AACN-IV QSEN: T&C, EBP, QI, I AACN-IV, QSEN: I AACN-III, QSEN: I AACN-IV QSEN: EBP, I AACN-III, IV, VII QSEN: I
5. Integrate research findings to promote evidence-based nursing practice.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 2 N3142 obj #5 N3224 obj # 1, 2, 3 N4291 obj # 4	AACN-III, IV, VIII QSEN: PCC, T&C, EBP, QI, Safety, I AACN-III, VIII QSEN: EBP, Safety AACN-III, VIII QSEN: EBP AACN- III, VII QSEN: EBP, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 3 N3142 obj #6 N3224 obj # 5, 6 N4291 obj # 6	AACN-V, VII, VIII QSEN: I AACN-V, VIII QSEN: T&C AACN-V, VIII QSEN: T&C, EBP, QI AACN: III, V, VII QSEN: EBP, I
8. Demonstrate professional nursing standards, values, and accountability.	NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3142 obj #8 N3224 obj # 6 N4191 obj # 6 N4291 obj # 9	AACN-VII QSEN: T&C AACN-VII, VII, VIII QSEN: T&C AACN: III, VI, VII, VIII QSEN: EBP AACN: III, VI, VII, VIII QSEN: EBP

9. Assume responsibility for professional development and lifelong learning.	NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3224 obj # 1 N4191 obj # 5 N4291 obj # 8	AACN – V, IV, VIII QSEN: I AACN- VI, VII, VIII QSEN: T&C AACN: VI, VII, VIII QSEN: T&C, I

Goal 2: To prepare beginner, professional nurses who design, manage and coordinate care.

BSN Program Objectives (SLOs)	Relevant RN-BSN Courses	Course Objectives	Standards AACN Essentials: QSEN: TJC; NPSG
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community.	NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3224 obj # 1 N4191 obj # 1 N4291 obj # 1	AACN-I, VII QSEN: EBP AACN- I, III, VII, IX QSEN: PCC, EBP AACN- I, III, VII, IX QSEN: T&C, EBP, QI, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 1 N3142 obj # 2 N3224 obj # 3 N4191 obj # 2 N4291 obj # 2	AACN-IX QSEN: T&C, EBP, QI, I AACN- IX QSEN: PCC AACN-IX QSEN: EBP, I AACN- II, III, VII, IX QSEN: PCC, EBP AACN- II, III, VII, IX QSEN: PCC, EBP
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 2 N3142 obj # 3 N3223 obj # 3 N4191 obj # 4 N4291 obj # 7	AACN- VI QSEN: PCC, T&C, EBP, QI, Safety, I AACN-VI QSEN: T&C AACN-VI, VII, IX QSEN: PCC, Safety AACN-II, VI, VII, IX QSEN: PCC, T&C, EBP AACN- II, VI, VII, IX QSEN: PCC, T&C, EBP
4. Utilize information and health care technologies in nursing practice.	NURB 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3140 obj # 1 N3142 obj # 4 N3224 obj # 3, 4 N4191 obj # 9 N4291 obj # 5	AACN IV QSEN: EBP, I AACN-IV QSEN: T&C, EBP, QI, I AACN-IV QSEN: I AACN-IV QSEN: EBP, I AACN-III, IV, VII QSEN: I AACN- III, IV, VII QSEN: I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 3 N3142 obj # 6 N3224 obj # 5, 6 N4191 obj # 7, 8 N4291 obj # 6	AACN-V, VII, VIII QSEN: I AACN-V, VIII QSEN: T&C AACN-V, VIII QSEN: T&C, EBP, QI AACN- III, V, VII QSEN: EBP AACN- III, V, VII QSEN: EBP, I
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	NURB 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3140 obj # 4 N3142 obj #7 N4291 obj # 3	AACN- I, II, III, V QSEN: PCC, EBP, I AACN- II, VI QSEN- PCC AACN-II, QSEN-PCC AACN- II, VI, VII, IX QSEN: PCC, EBP, QI, Safety , I
8. Demonstrate professional nursing standards, values, and accountability.	NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs	N3142 obj # 8 N3224 obj # 6 N4191 obj # 6	AACN-VII QSEN: T&C AACN-VII, VII, VIII QSEN: T & C AACN- III, VI, VII, VIII QSEN: EBP

	NURB 4291 Leadership & Management Practicum for RNs	N4291 obj # 9	AACN- III, VI, VII, VIII QSEN: EBP

Goal 3: To prepare beginner, professional nurses to become productive members of the nursing profession.

BSN Program Objectives (SLOs)	Relevant RN-BSN Courses	Course Objectives	Standards: AACN Essentials: QSEN
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community	NURB: 3122 Dimensions of Professional Nursing NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 3 N3223 obj # 2 N3224 obj #1 N4191 obj # 1 N4291 obj # 1	AACN: I QSEN: PCC, QI AACN: I, VII, IX QSEN: PCC, Safety AACN-I, VII QSEN: EBP AACN- I, III, VII, IX QSEN: PCC, EBP AACN- I, III, VII, IX QSEN: T&C, EBP, QI, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	NURB: 3122 Dimensions of Professional Nursing NURB 3142 Gerontology for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 1 N3142 obj # 2 N3223 obj # 1, 4 N3224 obj # 3 N4191 obj # 2 N4291 obj # 2	AACN- I, VIII, IX QSEN: PCC AACN-IX, QSEN: PCC AACN-I, VI, VII, IX QSEN: PCC, Safety AACN-IX QSEN: EBP, I AACN-II, III, VII, IX QSEN: PCC, EBP AACN- II, III, VII, IX QSEN: PCC, EBP
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	NURB: 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3140 obj # 2 N3223 obj # 3 N3224 obj # 1, 2, 3 N4191 obj # 4 N4291 obj # 7	AACN- II, VI QSEN: PCC, EBP, I AACN- VI QSEN: PCC, T & C, EBP, QI, Safety, I AACN-VI, VII, IX QSEN: PCC, Safety AACN-III, VI, VIII QSEN: PCC, T&C, EBP, QI, Safety AACN-II, VI, VII, IX QSEN: PCC, T&C, EBP AACN- II, VI, VII, IX QSEN: PCC, T&C, EBP
5. Integrate research findings to promote evidence-based nursing practice.	NURB: 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3142 Gerontology for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 3 N3140 obj # 2 N3142 obj #5 N4191 obj # 3 N4291 obj # 4	AACN-III, VIII QSEN: EBP, Safety AACN-III, IV, VIII QSEN: PCC, T & C, EBP, QI, Safety, I AACN-III, VIII QSEN: EBP, Safety AACN-III, VII, QSEN: EBP AACN- III, VII QSEN: EBP, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	NURB: 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3140 obj # 3 N3224 obj # 5, 6 N4191 obj # 7, 8 N4291 obj # 6	AACN- IV, V, VIII QSEN: T&C AACN-V, VII, VIII QSEN: I AACN-V, VIII QSEN: T&C, EBP, QI AACN- III, V, VII QSEN: EBP AACN- III, V, VII QSEN: EBP, I
8. Demonstrate professional nursing standards, values, and accountability.	NURB: 3122 Dimensions of Professional Nursing NURB 3224 Introduction to Nursing Research for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 2 N3224 obj # 6 N4291 obj # 9	AACN-VIII, IX QSEN: T&C AACN-VII, VII, VIII QSEN: T&C AACN: III, Vi, VII, VIII QSEN: EBP
9. Assume responsibility for professional development and lifelong learning.	NURB: 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 5 N3140 obj # 5 N3224 obj # 1 N4191 obj # 5 N4291 obj # 8	AACN – I, VIII, IX QSEN: I AACN – VIII, IX QSEN: EBP, QI, I AACN – V, IV, VIII QSEN: I AACN- VI, VII, VIII QSEN: T&C AACN- VI, VII, VIII QSEN: T&C, I

Goal 4: To provide a foundation for graduate education.

BSN Program Objectives (SLOs)	Relevant RN- BSN Courses	Course Objectives	AACN Essentials: QSEN: TJC NPSG
1. Integrate theory from nursing, the arts, humanities, and science to provide culturally sensitive care in the global community	NURB 3122 Dimensions of Professional Nursing NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 3 N3224 obj # 1 N4191 obj # 1 N4291 obj # 1	AACN-I QSEN: PCC, QI4 AACN-I, VII QSEN: EBP AACN- I, III, VII, IX QSEN: PCC, EBP AACN- I, III, VII, IX QSEN: T&C, EBP, QI, I
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	NURB 3140 Nursing Informatics for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 1 N3223 obj # 2 N3224 obj # 3 N4191 obj # 2 N4291 obj # 2	AACN-IX QSEN: T&C, EBP, QI, I AACN-III, QSEN: I AACN-IX QSEN: EBP, I AACN- II, III, VII, IX QSEN: PCC, EBP AACN- II, III, VII, IX QSEN: PCC, EBP
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	NURB 3122 Dimensions of Professional Nursing NURB 3140 Nursing Informatics for RNs NURB 3223 Health Assessment for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3140 obj # 2 N3223 obj # 3 N3224 obj # 5 N4191 obj # 4 N4291 obj # 7	AACN- II, VI QSEN: PCC, EBP, I AACN- VI QSEN: PCC, T&C, EBP, QI, Safety, I AACN-VI, VII, IX QSEN: PCC, Safety AACN- VI QSEN: PCC, T&C, QI, Safety AACN- II, VI, VII, IX QSEN PCC, T&C, EBP AACN- II, VI, VII, IX QSEN: PCC, T&C, EBP
5. Integrate research findings to promote evidence-based nursing practice.	NURB 3140 Nursing Informatics for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3140 obj # 2 N3224 obj # 1, 2,3 N4191 obj # 3 N4291 obj # 4	AACN-III, IV, VIII QSEN: PCC, T&C, EBP, QI, Safety, I AACN-III, VIII QSEN: EBP AACN- III, VII QSEN: EBP AACN- III, VII QSEN: EBP, I
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	NURB 3122 Dimensions of Professional Nursing NURB 3224 Introduction to Nursing Research for RNs NURB 4191 Community based Nursing Practicum for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3224 obj # 5, 6 N4191 obj # 7, 8 N4291 obj # 6	AACN- IV, V, VIII QSEN: T&C AACN-V, VIII QSEN: T&C, EBP, QI AACN- III, V, VII QSEN: EBP AACN: III, V, VII QSEN: EBP, I
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	NURB 3122 Dimensions of Professional Nursing NURB 3142 Gerontology for RNs NURB 3224 Introduction to Nursing Research for RNs NURB 4291 Leadership & Management Practicum for RNs	N3122 obj # 4 N3142 obj # 7 N3224 obj # 5 N4291 obj # 3	AACN- I, II, III, V QSEN: PCC, EBP, I AACN-II, QSEN: PCC AACN-VII, VII, VIII QSEN: T&C AACN- II, VI, VII, IX QSEN: PCC, EBP, QI, Safety, I

*AACN: American Association of Colleges of Nursing; Essentials of Baccalaureate Education
QSEN: PCC (Patient Centered Care)
T & C (Teamwork & Collaboration)
EBP (Evidence-based Practice
QI (Quality Improvement)
Safety
I (Informatics)

APPENDIX III.A.2

BSN CURRICULA

Appendix III.A.2. BSN Program Curricula

Pre-Licensure BSN Curriculum Patterns

Freshman Year			
First Semester		**Second Semester**	
Course	**CR hrs**	**Course**	**CR hrs**
University 1000	1	English 1020 (Comp & Rhet II)	3
English 1010 (Comp & Rhet I)	3	*Math	3
*Math	3	Biol 2260/2261 (A & P II and Lab)	4
Biol 2250/2251 (A & P I, and Lab)	4	Biol 2210 (Microbiology)	3
Chemistry 1070 (Intro Chemistry)	3	**Social Science	3
TOTAL: 14 hours		**TOTAL: 16 hours**	
Sophomore Year			
First Semester		**Second Semester (1st Level)**	
Course	**CR hrs**	**Course**	**CR hrs**
Biology 2240 (Intro to Human Genetics)	3	Nutrition 1030 (General Nutrition)	3
Engl 2110	3	N 2170 Dosage Calculation (1-1-0)	1
Comm 1010	3	N 3040 – Foundations of Nursing (3-3-0)	3
#N 3030 Intro to Nursing as a Profession (3-3-0)	3	N 3041 – Foundations Practicum (2-0-6)	2
#N 3050 Pathophysiology (3-3-0)	3	N 3060 – Health Assessment (3-3-0)	3
		N 3061 – Health Assessment/Skill Lab (3-1-6)	3
TOTAL: 15 hours		**TOTAL: 15 hours**	
Junior Year			
First Semester (2nd Level)		**Second Semester (3rd Level)**	
Course	**CR hrs**	**Course**	**CR hrs**
N 3130 – Adult Health (4-4-0)	4	N 3220 – Child Health (2-2-0)	2
N 3141 – Adult Health Practicum (4-0-12)	4	N 3221 – Child Health Practicum (2-0-6)	2
N 3150 – Pharmacology in Nursing (3-3-0)	3	N 3230 – Women's Health (2-2-0)	2
Fine Arts 1040 – Exploring the Arts	3	N 3231 – Women's Health Practicum (2-0-6)	2
****History	3	N 3160 – Research in Nursing (3-3-0)	3
		Psychology 4400 (Statistics)	3
TOTAL: 17 hours		**TOTAL: 14 hours**	
Senior Year			
First Semester (4th Level)		**Second Semester (5th Level)**	
Course	**CR hrs**	**Course**	**CR hrs**
N 4120 – Complex Nursing Care (4-4-0)	4	N 4220 – Community Health Nursing (3-3-0)	3
N 4121 – Complex Nursing Practicum (2-0-6)	2	N 4221 – Community Health Practicum (2-0-6)	2
N 4130 – Psych/Mental Health (3-3-0)	3	N 4231 – Transition to Professional Practice (4-0-12)	4
N 4131 – Psych/Mental Health Practicum (2-0-6)	2	N 4230 – Healthcare Management (3-3-0)	3
***Behavioral Science	3	N 4950-Special Topics	3
TOTAL: 14 hours		**TOTAL: 15 hours**	

* Math acceptable course sequences 1020-1060, 1020-1090, 1020-2010, or 2100-2110
** Selected from: Anthropology1510, 2020; Economics 2000; Political Science 2010, Geography 1010, 1020
*** Selected from: Psychology 1010, Psychology 2050, or Sociology 10 ****Selected from: History 1010, 1020, 2010, or 2020
# Before entering nursing courses, student MUST meet ALL criteria listed in the special admission policies found in the University Catalog.
Revised 10/18   Effective Fall 20

NORTHWESTERN STATE UNIVERSITY
College of Nursing
BS to Bachelor of Science in Nursing Program Curriculum Pattern

Must Have Earned a BS Degree

Courses Prior to Entry			
Course	**CR hrs**	**Course**	**CR hrs**
University 1000	1	Biology 2240 (Intro to Human Genetics)	3
English 1010 (Comp & Rhet I)	3	Chemistry 1070 (Intro Chemistry)	3
English 1020 (Comp & Rhet II)	3	Comm 1010	3
English 2110	3	Fine Arts 1040 – Exploring the Arts	3
*Math	3	****History	3
*Math	3	Nutrition 1030	3
Biol 2110 (Microbiology)	3	Psychology 4400 (Statistics)	3
Biol 2250/2251	4	***Behavioral Science	3
Biol 2260/2261	4	** Social Science	3
TOTAL Hours: 54 hours			

Entry Into Program			
Summer Semester		**Fall Semester**	
Course	**CR hrs**	**Course**	**CR hrs**
N 2170 Dosage Calculation (1-1-0)	1	N 3130 – Adult Health (4-4-0)	4
N 3030 Intro to Nursing as a Profession (3-3-0)	3	N 3141 – Adult Health Practicum (4-0-12)	4
N 3050 Pathophysiology (3-3-0)	3	N 3150 – Pharmacology in Nursing (3-3-0)	3
N 3040 – Foundations of Nursing (3-3-0)	3	N 4130 – Psych/Mental Health (3-3-0)	3
N 3041 – Foundations of Nursing Practicum	2	N 4131 – Psych/Mental Health Practicum (2-0-6)	2
N 3060 – Health Assessment (3-3-0)	3		
N 3061 – Health Assessment/Skill Lab (3-1-6)	3		
TOTAL: 18 hours		**TOTAL: 16 hours**	

Spring Semester		**Summer Semester**	
Course	**CR hrs**	**Course**	**CR hrs**
N 3220 – Child Health (2-2-0)	2	N 4220 – Community Health Nursing (3-3-0)	3
N 3221 – Child Health Practicum (2-0-6)	2	N 4221 – Community Health Practicum (2-0-6)	2
N 3230 – Women's Health (2-2-0)	2	N 4231 – Transition to Professional Practice (4-0-12)	4
N 3231 – Women's Health Practicum (2-0-6)	2	N 4230 – Healthcare Management (3-3-0)	3
N 3160 – Research in Nursing (3-3-0)	3	N 4950-Special Topics	3
N 4120 – Complex Nursing Care (4-4-0)	4		
N 4121 – Complex Nursing Practicum (2-0-6)	2		
TOTAL: 17 hours		**TOTAL: 15 hours**	

General: 54
Nursing: 66
      120 Total Hours
* Acceptable Math course sequences: 1020-1060, 1020-1090, 1020-2010, or 2100-2110
** Selected from: Anthropology 1510, 2020; Economics 2000; Political Science 2010: or Geography 1010, 1020
*** Selected from: Psychology 1010, Psychology 2050, or Sociology 1010
****Selected from: History 1010, 1020, 2010, or 2020

Revised 10/18
Effective Fall 2019

RN to Bachelor of Science Degree in Nursing Program
Curriculum Pattern Effective Fall 2016

Freshman Year			
First Semester		**Second Semester**	
Course	**CR hrs**	**Course**	**CR hrs**
Orientation 1010	1	English 1020 (Comp & Rhet II)	3
English 1010 (Comp & Rhet I)	3	*Math	3
*Math	3	Biology 2260 (Human A & P II)	3
Biology 2250 (Human A & P I)	3	Biology 2210 (Microbiology)	3
Chemistry 1070 (Intro Chemistry)	3	Comm 1010 (Fundamentals of Speech)	3
TOTAL: 13 hours		**TOTAL: 15 hours**	
Sophomore Year			
First Semester		**Second Semester (1st Level)**	
Course	**CR hrs**	**Course Credit Hours**	**CR hrs**
Biology 2240 (Intro to Human Genetics)	3	N 3130 – Adult Health -awarded	3
FA 1040	3	N 3141 – Adult Health Practicum -awarded	4
N 2160 – Culture and Ethics -awarded	2	N 3150 – Pharmacology in Nursing -awarded	3
N 2170 Dosage Calculations – used A & P lab hours) awarded	2	ALHE 1020 - awarded	2
N3040 Foundations (chgd from elective) awarded	3	Engl 2110 – Literature	3
N 3041 Foundations Practicum - Awarded	2	** Social Science	3
TOTAL: 15 hours		**TOTAL: 18 hours**	
Junior Year			
First Semester (2nd Level)		**Second Semester (3rd Level)**	
Course	**CR hrs**	**Course**	**CR hrs**
N 3220 – Child Health -awarded	2	N 4130 Psyc/Mental Health -awarded	2
N 3221 – Child Health Practicum -awarded	2	N 4131 Psyc/Mental Health Pract -awarded	2
N 3230 – Women's Health -awarded	2	N 3140 Informatics for RN	3
N 3231 – Women's Health Practicum-award	2	N 3122 Dimensions of Professional Nsg	4
N 4120 Complex Nursing Care -awarded	3	N 3110 Pathophysiology for RNs	3
N4121 Complex Nursing Practicum -awarded	2	Psyc 4400	3
TOTAL: 13 hours		**TOTAL: 17 hours**	
Senior Year			
First Semester (4th Level)		**Second Semester (5th Level)**	
Course	**CR hrs**	**Course**	**CR hrs**
N 3142 Gerontology for RNs	3	N 4191 - Community Based Nursing Practicum for Registered Nurses	5
N 3223 Health Assessment for RNs	3	N 4291– Leadership and Management Practicum for Registered Nurses	5
N 3224 Introduction Nursing Research for RNs	4		
Humanities ***History	3	Elective	3
****Behavioral Science	3		
TOTAL: 16 hours		**TOTAL: 13 hours**	

Grand Total Credit Hours: 120   Total Non-Nursing Credit Hours: **52**   Total Nursing Credit Hours: 68

30 Nursing credit hrs. completed with enrollment.   38 nursing credit hrs. Awarded after completion of NURB 4191 or 4291.

* Acceptable MATH course sequences: 1020-1060, 1020-1090, 1020-2010, or 2100-2110 or MATH 1100

** Selected from: ANTH 1510, 2020, ECON 2000, PSCI 2010, GEOG 1010, 1020

 *** Selected from: HIST 1010, 1020, 2010, or 2020

****Selected from: Ed PSYC 2020, PSYC 1010, 2050, or Sociology 1010

October 26, 2015; reviewed 05/01/20

APPENDIX III.A.3

BSN Program Objectives (SLOs),
Assessment Measures, and ELAs

Appendix III.A.3 BSN Program Objectives (SLOs), Assessment Measures, and ELAs

Pre-Licensure BSN

Student Learning Outcome (SLO)	Assessment Measures	Expected Levels of Achievement (ELA)
1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	1.1 Cultural Competency Skills component of the Clinical Evaluation Tool in NURB 4221 (Community Health Nursing Practicum)	90% of the students will achieve a score of 3 or higher.
	1.2 Implementation component of the Clinical Evaluation Tool in NURB 4231 (Transition to Professional Practice)	90% of the students will achieve a score of 3 or higher.
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills	2.1. Health Assessment Final Practicum in NURB 3061 (Health Assessment & Basic Life Skills Across the Lifespan)	90% of students will achieve an 80% or higher.
	2.2 Theoretical Models of Nursing Leadership, Module 8 (Components 1-4) in NURB 4230 (Healthcare Management)	90% of students will have an average score of 90% or better
3. Integrate research findings to promote evidence-based nursing practice	3.1 Evidence Based Research Project in NURB 3160 (Research in Nursing)	90% of students will achieve an 80% or higher.
	3.2 Quantitative Appraisal Assignment in NURB 3160 (Research in Nursing)	90% of students will achieve an 80% or higher.
4. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	4.1 Political Assignment Project in NURB 4220 (Community Health Nursing)	90% of students achieve a score of 80% or higher.
	4.2 End of Semester Questionnaire (Collected at the end of 3rd Level)*"To what extent were economic, legal, ethical, and political factors influencing health care systems integrated into your 3rd level semester?"*	80% of students will indicate a score of 3 (agree) or higher.
5. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	5.1 BSN Portfolio QEP SLO 1.2 (Collected at end of 5th Level) *"Please reflect on your previous clinical experiences and discuss how you have collaborated with other disciplines to provide health care. How has the interdisciplinary working relationship enhanced your ability to provide care?"*	80% of students will achieve a score of 3 or higher.
	5.2 Community Dimensions of Practice component of the Clinical Evaluation Tool in NURB 4221 (Community Health Nursing Practicum)	90% of the students will achieve a score of 3 or higher.
6. Apply the principles of leadership to design, manage, coordinate, and evaluate health care delivery.	6.1 Delegation and Communication assignment in NURB 4230 (Healthcare Management). "Reflect upon your previous clinical experiences and discuss how your previous learning has helped you incorporate knowledge and skills to	Possible Score: 0-10 90% of the students will achieve a score of 8 or higher

Student Learning Outcome (SLO)	Assessment Measures	Expected Levels of Achievement (ELA)
	identify effective means for delegation and discuss the barriers to effective delegation."	
	6.2 Leadership ATI Exam administered in NURB 4230 ((Healthcare Management)	80% of the students will score a Level 2 on the Leadership ATI Exam.
7. Demonstrate professional nursing standards, values, and accountability.	7.1 Professionalism component of the Clinical Evaluation Tool in NURB 3231 (Women's Health Practicum)	90% of the students will achieve a score of 3 or higher
	7.2 Planning component of the Clinical Evaluation Tool in NURB 3221 (Pediatric Nursing Practicum)	90% of the students will achieve a score of 3 or higher
8. Assume responsibility for professional development and lifelong learning.	8.1 Graduating senior biographical data information which asks if the student plans to continue their education at some time in the future	80% of graduating seniors respond "yes" or indicate plans
	8.2 Student Portfolio Tool-QEP SLO 2.2 (end of 5th level) *"Reflect upon your undergraduate experience, both clinical and nonclinical, and discuss how what you have experienced at NSU has changed your perceptions about education, and how you will use this experience as a foundation for personal growth and maturity."*	By the end of 5th level 80% of students will score a 3 or higher on this element of the portfolio.
9 Utilize information and healthcare technologies in nursing practice.	9.1 Culture of Safety Final Assignment in NURB 3260 (Nursing Informatics)	80% of students will achieve a score of 80% or higher
	9.2 Evaluation component of the Clinical Evaluation Tool in NURB 4121 (Complex Nursing Practicum)	90% of the students will achieve a score of 3 or higher

Post-Licensure BSN

RN to BSN Program Outcomes/Student Learning Outcomes
Calendar Year

RN BSN Student Learning Outcomes	Assessment Method	Expected Outcomes
1. Integrate theory from nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	1.1 *Home Visit Assignment* completed in NURB 4191 (Community Based Nursing Practicum for Registered Nurses)	75% of students will score 80% or higher
	1.2 Cultural Competence/Accountability in Geriatric Care in NURB 3142 (Gerontology for RNs)	75% of students will score 80% or higher
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	2.1 *The RN to BSN Employer Survey,* given in NURB 4291 (Leadership and Management Practicum for Registered Nurses) which asks: "*Please check the column that best describes your estimation of our RN to BSN graduates ability to: Apply the nursing process using critical thinking, communication, assessment, and technical skills.* Options are Excellent (4 points), Good (3 points), Fair (2 points) and Poor (1 point).	Rating Average 3.0 or higher
	2.2 Shadow Health Assessment in NURB 3223 (Health Assessment for RNs)	75% of students will score 80% or higher
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	3.1 NURB 4291 (Leadership and Management Practicum for Registered Nurses) *Mentor End of the Semester Evaluation of Student and Clinical Experience: Question 4 "How well did the student identify interdisciplinary health care team strategies to promote quality health care?" Responses included Choices include A (4 points), B (3 points), C (2 points), D (1 point), and F (0 points).*	Rating Average 3.0 or higher
	3.2 Service Learning Project in NURB 4191 (Community Based Nursing Practicum for Registered Nurses)	75% of students will score 80% or higher
4. Utilize information and health care technologies in nursing practice.	4.1 NURB 3140 Database Search Assignment	75% of students will score 80% or higher
	4.2 EBP Dissemination Poster Project in NURB 3224 (Nursing research for registered nurses)	75% of students will score 80% or higher

RN BSN Student Learning Outcomes	Assessment Method	Expected Outcomes
5. Integrate research findings to promote evidence based nursing practice.	5.1 *Evidence Based Utilization Project* completed in NURB 3140 (Informatics for RNs). **Note** Evidence based Utilization project completed in NURB 3224 (Introduction Nursing Research For Registered Nurses) -Effective Fall 2016.	75% of the class will score 80% or higher
	5.2 Staff development project in NURB 4291 (Leadership & management Practicum for Registered Nurses)	75% of the class will score 80% or higher
6. Incorporate knowledge of economic, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	6.1 *Political letter assignment* in NURB 4191 (Community Based Nursing Practicum for Regsistered Nurses).	75% of students will score 80% or higher.
	6.2 Health Policy Brief in NURB 3122 (Dimensions of Professional Nursing)	75% of students will score 80% or higher
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	7.1 *Leadership Analysis assignment* in NURB 4291 (Leadership & management Practicum for Regsistered Nurses)	75% of the students will achieve 80% or higher
	7.2 Environmental Health Action Plan in NURB 4191 (Community Based Nursing Practicum for Registered Nurses).	75% of the students will achieve 80% or higher
8. Demonstrate professional nursing standards, values, and accountability.	8.1 *The RN to BSN Employer Survey,* igiven in NURB 4291 (Leadership and Management Practicum for Registered Nurses) which asks: "*Please check the column that best describes your estimation of our RN to BSN graduates ability to:* **Demonstrates professional behaviors including adherence to standards of practice and legal and ethical codes of nursing conduct and accountability to the profession of nursing and society.**" Options are Excellent (4 points); Good (3 points); Fair (2 points); and Poor (1 point).	Rating average of 3.0 or higher
	8.2 Legacy Map Assignment in NURB 3122 (Dimensions of Professional Nursing)	75% of students will achieve 80% or higher

RN BSN Student Learning Outcomes	Assessment Method	Expected Outcomes
9. Assume responsibility for professional development and lifelong learning.	9.1 **The RN to BSN Employer Survey,** given in NURB 4291 (Leadership and Management Practicum for Registered Nurses) which asks: "**Please check the column that best describes your estimation of our RN to BSN graduates ability to: "Assume responsibility for professional development and lifelong learning."** Options are Excellent (4 points); Good (3 points); Fair (2 points); and Poor (1 point).	Rating Average of 3.0 or greater
	9.2 QEP SLO 2.2 in NURG which course? "Reflect upon your undergraduate experience, both clinical and nonclinical, and discuss how what you have experienced at NSU has changed your perceptions about education, and how you will use this experience as a foundation for personal growth and maturity."	Rating Average of 3.0 or greater

Skyfactor Questions:

Skyfactor Questions	Expected Outcomes
"To what degree did the Nursing Program teach you to: Provide culturally competent care."	Skyfactor Performance rating of "Good 75-100%"
"Apply the nursing process using critical thinking, communication, assessment, and technical skills."	80% of graduates will respond either "**Very Prepared**" or "**Prepared**".
"To what degree did the Nursing Program teach you to "work with interprofessional teams?"	Skyfactor Performance rating of "Good 75-100%"
"To what degree did the Nursing Program teach you to "use appropriate technologies to assess patients?"	Skyfactor Performance rating of "Good 75-100%"
"To what degree did the Nursing Program teach you to "apply research based knowledge as a basis for practice"	Skyfactor Performance rating of "Good 75-100%"
"To what degree did the Nursing Program teach you to "act as an advocate for vulnerable patients?"	Skyfactor Performance rating of "Good 75-100%"
"To what degree did the Nursing Program teach you to act as an advocate for vulnerable patients?"	Skyfactor Performance rating of "Good 75-100%"
"To what degree did the nursing program teach you to: demonstrate accountability for your own actions?"	Skyfactor Performance rating of "Good 75-100%"

How prepared are you to assume responsibility for professional development and lifelong learning? Options Are: Very prepared; prepared, Somewhat prepared, and Not prepared.	Eighty percent (80%) of respondents will respond with "very prepared" or "Prepared."

APPENDIX III.A.4

Congruency Between MSN GOAL, Program goals, SLOs, Course, and
Course Objectives

Appendix III.A.4 Congruency Between a MSN GOAL, Program goals, SLOs, Course, and Course

CONSAH Mission	CONSAH Goal	MSN Program Goals	MSN Program SLOs	Select MSN Course Objectives
…while advancing the mission of the university by offering excellent and innovative undergraduate, graduate, certificate, and continuing education programs…	2. Provide academic programs and learning experiences that attract diverse student populations and produce exemplary graduates that bring regional imminence to the CONSAH.	1. Prepare graduates with necessary knowledge, skills, and attitudes for advanced nursing practice as an educator, administrator, or nurse practitioner.	1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families and communities within the professional scope and standards of advanced practice in nursing.	8. NURG 5700: Examination of health beliefs and diverse cultural concepts in the delivery of primary health care (NURG 5700). 4. Synthesize scientific foundations and theoretical concepts from nursing and other fields to formulate a framework to guide clinical practice (NURG 5830).
		2. Prepare graduates to function and excel in various advanced nursing roles.	2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to affect relevant change that will improve the health of citizens at a local, state, and national level.	6. Describe and evaluate the following role competencies of the nurse practitioner: direct clinical practice; expert coaching and guidance; consultation; research; clinical, professional and systems leadership; collaboration; and ethical decision making (NURG 5830). 1. Analyze nurse practitioners' role as change agent including the use of evidenced based research and institute of medicine reports to improve social health policy and promote the role of the advanced practice registered nurse (NURG 5840).

CONSAH Mission	CONSAH Goal	MSN Program Goals	MSN Program SLOs	Select MSN Course Objectives
				7. Initiate an awareness of the role concepts of the family nurse practitioner in providing care to expectant parents, infants, children, adolescents (NURG 5770).
		3. Prepare graduates to make significant contributions to the improvement of healthcare and to the advancement of nursing knowledge and practice.	5. Manage resources within a health care delivery system through collaboration with other health care providers, communities, and clients.

4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and health care delivery. | 6. Describe and evaluate the following role competencies of the nurse practitioner: direct clinical practice; expert coaching and guidance; consultation; research; clinical, professional and systems leadership; collaboration; and ethical decision making (NURG 5830).

5. Interpret the legal and regulatory aspects of the role of the nurse practitioner in relation to the professional scope and standards of practice as well as licensure, accreditation, certification and education (NURG 5830). |
| | | 4.To provide a foundation for doctoral study. | 6. Utilize a scholarly inquiry process, grounded in evidence-based research to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes. | 1. Identify and develop a nursing research problem for study within the context of a clinical problem encountered in advanced nursing practice (NURG 5995).

7. Interpret research findings within the context of clinical nursing practice (NURG 5010). |

APPENDIX III.A.5
MSN/PMC Curricula Overview
And Examples of Full-Time and Part-Time
Adult Gerontology Acute Care Nurse Practitioner (AGACNP)
Curriculum Patterns

Appendix III.A.5 MSN/PMC Curricula Overview and Examples of Full-Time and Part-Time Adult Gerontology Acute Care Nurse Practitioner (AGANP) Curriculum Patterns

Overview of MSN/PMC Curricula

Completion of the Master of Science in Nursing requires a minimum of 39-44 semester credits. Research seminar and satisfactory ratings on comprehensive examinations are included in the requirements. Full or part-time study is available.

Curricula Overview

A. Core (12 Hours):

Nursing 5000, 5010, 5100, 5120, and 5280

B. Areas of Clinical Concentration (6 – 9 hours)

1. Adult Gerontology Nursing (Nursing 5040, 5050, 5700)

2. Family Nurse Practitioner (Nursing 5770, 5780, 5790)

3. Maternal Child and Family Nursing (Nursing 5310, 5320, 5700)

4. Primary Care Pediatric Nurse Practitioner (Nursing 5850, 5860, 5870)

5. Women's Health Nurse Practitioner (Nursing 5330, 5340, 5350)

6. Adult-Gero Acute Care Nurse Practitioner (Nursing 5410, 5420, 5430)

7. Adult-Gero Primary Care Nurse Practitioner (Nursing 5530, 5540, 5550)

8. Psychiatric Mental Health Nurse Practitioner-Lifespan (Nursing 5910,5920,5930).

C. Functional Role Concentrations: (9-20 semester hours)

1. Administration (Nursing 5110, 5140, 5210)

2. Education (Nursing 5060,5070,5090,5220, 5710)

3. Nurse Practitioner (Nursing 5690 and 5370, or 5960; 5700, 5710, 5810, 5830, 5840 and one of the following: 5360 or 5440 or 5800 or 5880 or 5560 or 5940).

D. Support Courses: (0–6 hours)

To be selected from courses which support the student's clinical and/or functional role concentrations.

E. Research Area (3 – 6 hours)

1. Research Seminar I (5995)

2. Research Seminar II (5996)

ADULT GERONTOLOGY ACUTE CARE NURSE PRACTITIONER FULL TIME CURRICULUM PATTERN

Semester Course Number	Course Title	Credit Hours	Lab Hours	Clinical Hours	Didactic Hours
FALL					
5000	Orientation to Graduate Nursing	0			
5120	Theory Oriented Nursing Practice	3			45
5280	Advanced Human Physiology and Pathoa	3			45
5700	Methods of Clinical Nursing Assessment	3		48	32
5690	Informatics for Nursing Practice	1			15
5370	Genomics for Nursing Practice	1			15
SPRING					
5710	Pharmacotherapeutics	3			45
5010	Research in Nursing	3			45
5830	Role of NP in Clinical Practice	2			30
5410	AGACNP I	3		112	30
SUMMER					
5100	Social Forces in Nursing Practice	3			45
5810	Family Dynamics	3			45
5995	Research Seminar I	1			15
5420	AGACNP II	3		112	30
FALL					
5996	Research Seminar II	2			30
5840	Role of the NP in Business	2			30
5430	AGACNP III	3		112	30
SPRING					
5440	AGACNP IV	3		336	
TOTAL		42		720	527

Part time studies available, with entry into nonclinical courses any semester.

ADULT GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER
PART TIME CURRICULUM PATTERN

Semester Course Number	Course Title	Credit Hours	Clinical Hours	Didactic Hours
Fall				
5000	Orientation to Graduate Nursing	0		
5120	Theory Oriented Nursing Practice	3		45
5280	Advanced Human Physiology and Pathology	3		45
Spring				
5710	Pharmacotherapeutics	3		45
5010	Research in Nursing	3		45
Summer				
5100	Social Forces in Nursing Practice	3		45
5810	Family Dynamics	3		45
Fall				
5700	Methods of Clinical Nursing Assessment	3	48	32
5690	Informatics for Nursing Practice (A/B)	1		15
5370	Genomics for Nursing Practice (A/B)	1		15
Spring				
5530	AGPCNP I	3	112	30
5830	Role of NP in Clinical Practice	2		30
Summer				
5540	AGPCNP II	3	112	30
5995	Research Seminar I	1		15
Fall				
5550	AGPCNP III	3	112	30
5840	Role of the NP in Business Practice	2		30
5996	Research Seminar II	2		30
Spring				
5560	AGPCNP IV	3	336	
TOTAL		**42**	**720**	**527**

APPENDIX III.A.6

MSN/PMC Program Objectives (SLOs), Assessment Measures,
and
Expected Levels of Achievement

Appendix III.A.6. MSN/PMC Program Objectives (SLOs), Assessment Measures, and Expected Outcomes (ELAs)

MSN Student Learning Outcomes	Assessment Measures	Expected Outcomes (ELAs)
1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to client, families, and communities within the professional scope and standards of the advanced practice of nursing.	1.1 **Graded Final Practicum**	90% will score 80% or higher on the initial graded final practicum.
	1.2 **Assignment on cultural and spiritual sensitivity** (NURG 5830 Role of the Nurse Practitioner in Practice; NURG 5220 Role of the Nurse Educator; NURG 5110 Leadership in Healthcare)	90% will score 80% or higher
2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to effect relevant change that will improve the health of citizens at a local, state, and national level.	2.1 **Functional Role Comprehensive Examination**	90% will score 80% or higher on the first attempt
	2.2 **Shadow Health Comprehensive Assessment** (NURG 5700 Methods of Clinical Nursing Assessment)	80% will score 90% or higher
3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice, and ultimately client and healthcare outcomes.	3.1 **Paper in Lieu of Thesis**	90% will score 80% or higher
	3.2 **Mini Proposal Assignment** (NURG 5010 Research in Nursing)	80% will score 80% or higher on the first attempt
4.Analyze the effect of historical, cultural, economic, ethical, legal, and political influence on nursing and health care delivery	4.1 **Social Determinants of Population Health** (NURG 5100 Social Forces in Nursing Practice)	90% will score of 80% or higher
	4.2 **Final Project** (NURG 5100 Social Forces in Nursing Practice)	90% will score of 80% or higher
5. Manage resources within a health care delivery system through collaboration with other health care providers, community, and clients.	5.1 **Role Assignment** (NURG 5830 Role of the Nurse Practitioner in Practice; NURG 5110 Leadership in Healthcare; NURG 5220 Role of the Nurse Educator)	80% will score an 80% or higher
	5.2 **Clinical Narrative/Log** (2nd clinical courses: NURG 5050, 5320, 5420, 5540, 5780, 5860, 5920, 5330)	100% will satisfactorily address collaborative practice
6. Contribute to the continued professional development and improvement of self, client, community, and healthcare delivery systems.	6.1 *PILT* dissemination	100% percent of students will present PILT or submit PILT for publication.
	6.2 **Member of a professional nursing organization** (asked in role comps) *(This measure was added for CY2020)*	50% of students will be a member of a professional nursing organization.

PMC Student Learning Outcomes	Assessment Measures	Expected Outcomes (ELAs)
1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to client, families, and communities within the professional scope and standards of the advanced practice of nursing.	1.1 Final Clinical Evaluation Q 22 "Recognizes cultural issues and interacts with clients in a culturally sensitive and ethical manner."	100% of students will score 3 or higher (scale 1-4)
	1.2 PMC Exit Survey Q 3.1 "How well do you feel the PMC program prepared you to: design and deliver culturally sensitive care to diverse clients."	80% of students will score 3 or higher (scale 1-4)
2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to effect relevant change that will improve the health of citizens at a local, state, and national level.	2.1 Role Comprehensive Exam	90% of students will score 80% or higher on the first attempt.
	2.2 PMC Exit Survey Q 3.2 "How well do you feel the PMC program prepared you to: practice within your nurse practitioner role scope and standards?"	80% of students will score 3 or higher (scale 1-4) on Q 3.2.
3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice, and ultimately client and healthcare outcomes.	3.1 Final Clinical Evaluation Q 8 "Formulates a treatment plan based on scientific rationale, evidenced based standards of care and practice guidelines. Resources are verbalized."	100% of students will score a 3 or higher (scale 1-4) on Q8 of the Final Clinical Evaluation.
	3.2 PMC Exit Survey Q 3.3 "How well do you feel the PMC program prepared you to: use evidence-based recommendations in delivery of care to clients?"	80% of students will score 3 or higher (scale 1-4) on Q 3.3
4.Analyze the effect of historical, cultural, economic, ethical, legal, and political influence on nursing and health care delivery.	4.1 History portion of Final Clinical Evaluation	80% of student will score a 3 or higher
5. Manage resources within a health care delivery system through collaboration with other health care providers, communities, and clients.	5.1 Final Clinical Evaluation, Q 15 "Initiates/Discusses appropriate consultation and/or collaboration. Able to verbalize when it is indicated."	100% of students will score 3 or higher (scale 1-4)
	5.2 PMC Exit Survey Q 3.4 "How satisfied are you that the PMC program prepared you to: manage resources within a health care delivery system through collaboration with other health care providers, community, and clients?"	80% of students will be very satisfied or satisfied (Indicated by a 3 or 4)
6. Contribute to the continued professional development and improvement of self, client,	6.1 PMC Exit Survey Q 3.5 "How satisfied are you that the PMC program prepared you to: contribute to the continued professional development and	80% of students will score 3 or higher (scale 1-4)

PMC Student Learning Outcomes	Assessment Measures	Expected Outcomes (ELAs)
community, and healthcare delivery systems.	improvement of self, client, community and healthcare delivery systems?"	
	6.2 Membership in a professional nursing organization	50% of students taking the role comprehensive examination are members of a professional nursing organization.

APPENDIX III.A.7

PMC GAP ANALYSIS

MSN to PMC GAP ANALYSIS FORM

Certificate Sought: _____ Current Graduate Degree: _____

Degree Conferring School: _____NSU_____Date Degree Conferred: _____

If Applicable: Current NP National Certification: ____ Years of NP Experience ____

Certifying Body/Exp date_____/_____

Instructions: Use this form for a student who has a master's degree or equivalent in nursing seeking partial credit or waiver of coursework towards completion of a post-master's certificate in an/another NP practice area. The form should be completed after a thorough analysis of completed coursework and clinical experiences compared with the program requirements and national NP competencies necessary for certification as a Family Nurse Practitioner.

- In column 1, list the courses for the standard required program of study required for preparation in the DESIRED NP area of practice.

- In column 2, list courses from the student's transcript that will be used to waive courses from column 1. List the course on the same or equivalent line as the course in column 1 *Only PMC students who are certified, actively practicing NPs may receive credit for Pathophysiology, Pharmacology, and Physical Assessment. PMC students who are not certified, actively practicing NPs will have to repeat these courses if not taken within 6 years prior to PMC completion date.*

- List all coursework to be completed for the certificate (all courses from column 1 not waived). This column, in combination with column 3, will constitute the student's individualized program of study.

- On clinical hour master tally sheet, list previous supervised clinical hours (primary care only, except urgent care column). All previous supervised clinical hours must be verified via signed log sheets/documentation or from program director/concentration coordinator. Use this tally sheet to formulate the student's needed clinical hours to meet FNP program requirements, and minimum of 500 supervised primary care direct patient care clinical hours.

LIST REQUIRED COURSES FOR THE DESIRED NP AREA OF PRACTICE	LIST COURSES FROM TRANSCRIPT THAT SATISFY REQUIRED COURSES LISTED IN COLUMN 1 COURSE/DATE	COURSEWORK TO BE COMPLETED BY THE STUDENT FOR THE CERTIFICATE	
NURG 5120: Theory-Oriented Nursing Practice (3-3-0)			
NURG 5280: Advanced Pathophysiology (3-3-0)			
NURG 5710: Pharmacotherapeutics (3-3-0)			
NURG 5010: Research in Nursing (3-3-0)			
NURG 5100: Social Forces in Nursing Practice (3-3-0)			
NURG 5810: Family Dynamics (3-3-0)			
NURG 5830: Role of NP in clinical Practice (2-2-0)			
NURG 5840: Role of the NP in Business (2-2-0)			
NURG 5995: Research Seminar I Project In Lieu of Thesis (1-1-0)			
NURG 5996: Research Seminar II Project In Lieu of Thesis (2-2-0)			
NURG 5690: Informatics for Nursing Practice (1-1-0)			
NURG 5370: Genomics for Nursing Practice (1-1-0)			
NURG 5700: Methods of Clinical Nursing Assessment (3-2-6) **48 Clinical Hours Required**		**Course/previous clinical hours approved for PMC**	**Didactic needed**

LIST REQUIRED COURSES FOR THE DESIRED NP AREA OF PRACTICE	LIST COURSES FROM TRANSCRIPT THAT SATISFY REQUIRED COURSES LISTED IN COLUMN 1 COURSE/DATE	COURSEWORK TO BE COMPLETED BY THE STUDENT FOR THE CERTIFICATE	
NURG 5770: Family Nurse Practitioner I Pediatrics/WH (3-2-7) *112 Clinical Hours Required*			
NURG 5780: Family Nurse Practitioner II Adult (3-2-7) *112 Clinical Hours Required*			
NURG 5790: Family Nurse Practitioner III Geriatrics (3-2-7) *112 Clinical Hours Required*			
NURG 5800: Family Nurse Practitioner IV Clinical Preceptorship (3-0-21) *336 Clinical hours Required*	This is not a didactic course and will only be required to fulfill needed clinical hours to reach the population focus requirements and/or obtain 500 primary care hours for practicing NPs. This course IS required for PMC students who are not practicing NPs.		

** Role comprehensive exam required during last clinical semester.

Initiated by/date _____

Date and Signature of Program Director: _____

Date and Signature of PMC FNP Student: _____

APPENDIX III.A.8

Congruency Between DNP Goals, SLOs, Courses, Course Objectives
& Professional Standard

Appendix III.A.8 Congruency Between DNP Goals, SLOs, Courses, Course Objectives & Professional

NSU's DNP Program prepares advanced practice nurse leaders who desire to practice at the highest level and significantly impact health care outcomes for vulnerable populations. The purposes or goals of NSU's DNP degree are to prepare advanced practice nurse leaders…			
Goal 1: …with expertise, specialized competencies, and advanced knowledge required for evidence-based nursing practice and mastery in an area of specialization within the larger domain of nursing.			
DNP Program Objectives (SLOs)	**Essentials**	**Relevant Courses**	**Course Objectives**
1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice.	#1,8-AACN	7000 Scientific Underpinnings 7003 BioStatistics 7006 Epidemiology 7008 Genetics 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7000: obj. #1,2,3,4,5 7003: obj. #1,2,3,4,5,6 7006: obj. #1 7008: obj. #1 7010: obj. #1,2,3,6,7,8,9 7011: obj. #1,4,5 7012: obj. #4,5
3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes.	#1,2,3,4,5,6,7,8-AACN	7000 Scientific Underpinnings 7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7003 BioStatistics 7004 Org. Theory & Sys Ldrshp 7006 Epidemiology 7007 Healthcare Policy, 7008 Genetics 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7000: obj. #4 7001: obj. #2 7002: obj. #1,2,3,4 7003: obj. #1,2,3,5,6 7004: obj. #4 7006: obj. #2,3,4,5 7007: obj. #1,3 7008: obj. #4,6 7010: obj. #1,2,3,5,6,7,8,9 7011: obj. #1,2,4,5 7012: obj. #4,5
4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions.	#1,2,3,4,5,6,7,8-AACN	7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7004 Org. Theory & Sys Ldrshp 7005 Information Sys Tech 7006 Epidemiology 7007 Healthcare Policy, 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7001: obj. #2 7002: obj. #1 7004: obj. #5 7005: obj. #1,2,4,5,6,7,8 7006: obj. #2,3 7007: obj. #2,3,4 7010: obj. #1,2,3,5,6,7,8,9 7011: obj. #1,2,4,5 7012: obj. #1,4,5
6. Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	#1,2,3,4,5,6,7,8-AACN	7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7004 Org. Theory & Sys Ldrshp 7005 Information Sys Tech 7007 Healthcare Policy 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7001: obj. #1,2,4 7002: obj. #4 7004: obj. #1,3,4,5 7005: obj. #2,7,8 7007: obj. #5,6 7010: obj. #4,6,7,8,9 7011: obj. #1,2,3,4,5 7012: obj. #2,3,4,5
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	#1,2,3,4,5,6,7,8-AACN	7000 Scientific Underpinnings 7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7003 BioStatistics	7000: obj. #5 7001: obj. #1,2 7002: obj. #2,3,4 7003: obj. #2,5

		7005 Information Sys Tech	7005: obj. #8
		7006 Epidemiology	7006: obj. #1,2,3,4,5,6,7
		7008 Genetics	7008: obj.#2,3,4,5,6
		7009 Global Hltcr.	7009: obj. #3
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,5,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,4,5
8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.	#1,2,3,4,5,6, 7,8-AACN	7012 Scholarly Proj/Practicum III	7012: obj. #1,2,3,4,5
			7000: obj. # 3, 4, 5
		7000 Scientific Underpinnings	7001: obj. #4
		7001 Clinical Prev & Pop. Health	7002: obj. #4
		7002 Clinical Scholarship	7003: obj. #2,3,4,5,6
		7003 BioStatistics	7004: obj. #4
		7004 Org. Theory & Sys Ldrshp	7005: obj. #3
		7005 Information Sys Tech	7006: obj. #5,6,7
		7006 Epidemiology	7007: obj. #5,6,7
		7007 Healthcare Policy	7008: obj. #3,6
		7008 Genetics	7009: obj. #1,2,3,4
		7009 Global Hltcr.	7010: obj. #1,2,4,6,7,8,9
		7010 Scholarly Proj/Practicum I	7011: obj. #1,2,3,4,5
		7011 Scholarly Proj/Practicum II	7012: obj. #1,2,3,4,5
		7012 Scholarly Proj/Practicum III	

Goal 2: ...to influence, design, direct and implement change in healthcare practice, education, and policy through the development of collaborative alliances to improve healthcare outcomes and decrease morbidity and mortality in vulnerable populations.

DNP Program Objectives (SLOs)	Essentials	DNP Courses	Course Objectives
2. Critically analyze health care delivery models based on contemporary nursing science and organizational and systems perspectives to eliminate health disparities and promote patient safety and excellence in practice.	#2,4,5,6,7,8-AACN	7001 Clinical Prev & Pop. Health	7001: obj. #1
		7002 Clinical Scholarship	7002: obj. #2
		7004 Org. Theory & Sys Ldrshp	7004: obj. #2,3
		7006 Epidemiology	7006: obj. #7
		7007 Healthcare Policy	7007: obj. #1,2,3,4,7
		7008 Genetics	7008: obj. #2,6
		7009 Global Hltcr.	7009: obj. #1,3,6
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #4,5
3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes.	#1,2,3,4,5,6, 7,8-AACN	7000 Scientific Underpinnings	7000: obj. #4
		7001 Clinical Prev & Pop. Health	7001: obj. #2
		7002 Clinical Scholarship	7002: obj. #1,2,3,4
		7003 BioStatistics	7003: obj. #1,2,3,5,6
		7004 Org. Theory & Sys Ldrshp	7004: obj. #4
		7006 Epidemiology	7006: obj. #2,3,4,5
		7007 Healthcare Policy	7007: obj. #1,3
		7008 Genetics	7008: obj. #4,6
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,3,5,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #4,5
4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions.	#1,2,3,4,5,6, 7,8-AACN	7001 Clinical Prev & Pop. Health	7001: obj. #2
		7002 Clinical Scholarship	7002: obj. #1
		7004 Org. Theory & Sys Ldrshp	7004: obj. #5

		7005 Information Sys Tech	7005: obj. #1,2,4,5,6,7,8
		7006 Epidemiology	7006: obj. #2,3
5. Advocate for health care policy which addresses social justice and equity in all health care settings.		7007 Healthcare Policy	7007: obj. #2,3,4
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,3,5,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #1,4,5
	#2,5,6,7,8-AACN	7001 Clinical Prev & Pop. Health	7001: obj. #3
		7004 Org. Theory & Sys Ldrshp	7004: obj. #5
		7007 Healthcare Policy	7007: obj. #5,6,7
		7008 Genetics	7008: obj. #5
		7009 Global Hltcr.	7009: obj. #2,3
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,4,8,9
6. Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	#1,2,3,4,5,6,7,8-AACN	7011 Scholarly Proj/Practicum II	7011: obj. #1,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #2,3,4,5
		7001 Clinical Prev & Pop. Health	7001: obj. #1,2,4
		7002 Clinical Scholarship	7002: obj. #4
		7004 Org. Theory & Sys Ldrshp	7004: obj. #1,3,4
		7005 Information Sys Tech	7005: obj. #7,8
		7007 Healthcare Policy	7007: obj. #5,6
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	#1,2,3,4,5,6,7,8-AACN	7010 Scholarly Proj/Practicum I	7010: obj. #4,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,3,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #2,3,4,5
		7000 Scientific Underpinnings	7000: obj. #5
		7001 Clinical Prev & Pop. Health	7001: obj. #1,2
		7002 Clinical Scholarship	7002: obj. #2,3,4
		7003 BioStatistics	7003: obj. #2,5
		7005 Information Sys Tech	7005: obj. #8
		7006 Epidemiology	7006: obj. #1,2,3,4,5,6,7
		7008 Genetics	7008: obj. #2,3,4,5,6
8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.	#1,2,3,4,5,6,7,8-AACN	7009 Global Hltcr.	7009: obj. #3
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,5,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #1,2,3,4,5
		7000 Scientific Underpinnings	7000: obj. #3, 4, 5
		7001 Clinical Prev & Pop. Health	7001: obj. #4
		7002 Clinical Scholarship	7002: obj. #4
		7003 BioStatistics	7003: obj. #2,3,4,5,6
		7004 Org. Theory & Sys Ldrshp	7004: obj. #4
		7005 Information Sys Tech	7005: obj. #3
		7006 Epidemiology	7006: obj. #5,6,7
		7007 Healthcare Policy	7007: obj. #5,6,7
		7008 Genetics	7008: obj. #3,6
		7009 Global Hltcr.	7009: obj. #1,2,3,4
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,4,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,3,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #1,2,3,4,5

Goal 3: ...who contribute to nursing's body of knowledge through professional development and scholarly inquiry into practice, processes or outcomes which affect morbidity and mortality in vulnerable populations.			
DNP Program Objectives (SLOs)	**Essentials**	**DNP Courses**	**Course Objectives**
3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes.	#1,2,3,4,5,6, 7,8-AACN	7000 Scientific Underpinnings 7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7003 BioStatistics 7004 Org. Theory & Sys Ldrshp 7007 Healthcare Policy 7008 Genetics 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7000: obj. #4 7001: obj. #2 7002: obj. #1,2,3,4 7003: obj. #1,2,3,5,6 7004: obj. #4 7007: obj. #1,3 7008: obj. #4,6 7010: obj. #1,2,3,5,6,7,8,9 7011: obj. #1,2,4,5 7012: obj. #4,5
4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions.	#1,2,3,4,5,6, 7,8-AACN	7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7004 Org. Theory & Sys Ldrshp 7005 Information Sys Tech 7006 Epidemiology 7007 Healthcare Policy 7008 Genetics 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7001: obj. #2 7002: obj. #1 7004: obj. #5 7005: obj. #1,2,4,5,6,7,8 7006: obj. #2,3 7007: obj. #2,3,4 7008: obj. #4,6 7010: obj. #1,2,3,5,6,7,8,9 7011: obj. #1,2,4,5 7012: obj. #1,4,5
6. Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	#1,2,3,4,5,6, 7,8-AACN	7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7004 Org. Theory & Sys Ldrshp 7005 Information Sys Tech 7007 Healthcare Policy 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7001: obj. #1,2,4 7002: obj. #4 7004: obj. #1,3,4,5 7005: obj. #2,7,8 7007: obj. #5,6 7010: obj. #4,6,7,8,9 7011: obj. #1,2,3,4,5 7012: obj. #2,3,4,5
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	#1,2,3,4,5,6, 7,8-AACN	7000 Scientific Underpinnings 7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7003 BioStatistics 7005 Information Sys Tech 7006 Epidemiology 7008 Genetics 7009 Global Hltcr. 7010 Scholarly Proj/Practicum I 7011 Scholarly Proj/Practicum II 7012 Scholarly Proj/Practicum III	7000: obj. #5 7001: obj. #1,2 7002: obj. #2,3,4 7003: obj. #2,5 7005: obj. #8 7006: obj. #1,2,3,4,5,6,7 7008: obj. #2,3,4,5,6 7009: obj. #3 7010: obj. #1,2,5,6,7,8,9 7011: obj. #1,4,5 7012: obj. #1,2,3,4,5
8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of individuals, families, and communities in a specialty practice area within the domain of nursing.	#1,2,3,4,5,6, 7,8-AACN	7000 Scientific Underpinnings 7001 Clinical Prev & Pop. Health 7002 Clinical Scholarship 7003 BioStatistics 7004 Org. Theory & Sys Ldrshp 7005 Information Sys Tech 7006 Epidemiology 7007 Healthcare Policy, 7008 Genetics	7000: obj. #3, 4, 5 7001: obj. #4 7002: obj. #4 7003: obj. #2,3,4,5,6 7004: obj. #4 7005: obj. #3 7006: obj. #5,6,7 7007: obj. #5,6,7 7008: obj. #3,6

		7009 Global Hltcr.	7009: obj. #1,2,4
		7010 Scholarly Proj/Practicum I	7010: obj. #1,2,4,6,7,8,9
		7011 Scholarly Proj/Practicum II	7011: obj. #1,2,3,4,5
		7012 Scholarly Proj/Practicum III	7012: obj. #1,2,3,4,5

*AACN: American Association of Colleges of Nursing;

APPENDIX III.A.9

DNP Organizational Systems Leadership Curriculum Pattern

Organizational Systems Leadership DNP Curriculum Pattern

Year 1	Semester One Fall	Cr. Hr	Semester Two Spring	Cr. Hr	Semester Three Summer	Cr. Hr
	NURG 7000 Scientific Underpinnings for Practice (knowledge development and mid- range theories)	3	NURG 7004 Organizational Theory and Systems Leadership (includes inter/intra professional collaboration)	3	NURG 7002 Clinical Scholarship (includes translation of research, analytical methods for EBP, and informatics)	3
	NURG 7001 Clinical Prevention and Population Health (risk reduction and population health outcomes)	3	NURG 7006 Epidemiology	3	NURG 7005 Information Systems Technology (to improve and transform health care)	3
Sem. Total		6		6		6
Year 2	Semester Four Fall	Cr. Hr	Semester Five Spring	Cr. Hr	Semester Six Summer	Cr. Hr
	NURG 7010 DNP Scholarly Project Practicum I (3-0-12) 180 Clinical hours	3	NURG 7011 DNP Scholarly Project Practicum II (3-0-12) 180 Clinical hours	3	NURG 7012 DNP Scholarly Project Practicum III (3-0-12) 180 Clinical hours	3
	NURG 7003 Bio-Statistics	3	NURG 7007 Healthcare Policy: Analysis, Advocacy, and Transformation (includes social justice and ethics)	3	NURG 7009 Global Healthcare Advocacy and Transformation	3
			NURG 7008 Genetics	2		
Sem. Total		6		8		6

Total Program Credit Hours: 38 credit hours. Total Program Clinical Hours: DNP students are required to complete a "…1,000 clinical hour minimum upon degree completion" (AACN, 2006). Students will be given credit for graduate practicum hours earned in their respective MSN program. Each academic credit hour for the practicum courses equals 60 direct clinical practice hours.

APPENDIX III.A.10

DNP Program Objectives (SLOs), Assessment Measures, and
Expected Levels of Achievement (ELAs)

Appendix III.A.10 DNP Program Objectives (SLOs), Assessment Measures, and Expected Levels of Achievement

DNP Student Learning Outcomes	Assessment Method	Expected Levels of Achievement
1. Integrate nursing science with knowledge from ethics, biophysical, psychosocial, analytical, and organizational sciences as the foundation for the highest level of nursing practice.	1.1 *Midterm Exam* in NURG 7000 (Scientific Underpinnings)	80% of students score 80% or higher.
	1.2 *Faculty Administered End of Course Survey* for NURG 7000 (Scientific Underpinnings) **question #3: *"Do the assignments and instructional methods support the achievement of Course Objective 3?"*** [Describe the role of the DNP prepared nurse in the integration of nursing science with knowledge from ethics, philosophical, biophysical, psychosocial, analytical, and organizational sciences as a basis for the highest level of nursing practice	80% or more of respondents will answer YES.
2. Critically analyze health care delivery models based on contemporary nursing science and organizational and systems perspectives to eliminate health disparities and promote patient safety and excellence in practice.	2.1 *Systems Outcomes Improvement Assignment* in NURG 7004 (Organizational Theory and Systems Leadership).	80% of students score 80% or higher
	2.2 *Faculty Administered End of Course Survey* for NURG 7006 (Epidemiology) **question #7: *"Do the assignments and instructional methods support the achievement of Course Objective 7?"*** [Discuss application of epidemiologic investigations to evaluate health care delivery models and affect public policy to improve health outcomes for populations.]	80% or more of respondents will answer "YES".
3. Systematically appraise existing literature, outcomes of practice, practice patterns, systems of care, and health organizations to design and generate best practice evidence to improve practice and health care outcomes.	3.1 *Single Study Research Appraisal Assignment* in NURG 7002 (Clinical Scholarship).	80% of students score 80% or higher.
	3.2 *Literature Review Table Assignment* in NURG 7002 (Clinical Scholarship)	80% of students score 80% or higher.

DNP Student Learning Outcomes	Assessment Method	Expected Levels of Achievement
4. Utilize information systems technology to implement and evaluate healthcare resources, quality improvement initiatives, and programs of care that support practice decisions.	4.2 *Health Information Technology Systems Best Practices Paper* in NURG 7005 (Information Systems Technology)	80% of students score 80% or higher.
	4.1 *Health Information Technology Systems Initial Planning Paper* in NURG 7005 (Information Systems Technology)	80% of students score 80% or higher
5. Advocate for health care policy which addresses social justice and equity in all health care settings	5.1 **Political** *Advocacy Assignment /Presentation Assignment* in NURG 7007 (Healthcare Policy)	80% of students score 80% or higher
	5.2 *Ethical Debate* in NURG 7007 (Healthcare Policy)	80% will score a 80% or higher
6. Employ consultative and leadership skills to function on inter-and intra-professional multidisciplinary teams that work collaboratively to improve vulnerable populations' health outcomes.	6.2 *Health Systems and Collaboration Discussion Board* in NURG 7009 (Global Healthcare)	80% of students score 80% or higher.
	6.1 *Leadership Paper* in NURG 7004 (Organizational Theory and Systems Leadership)	80% of students will score 16/20 or higher
7. Synthesize data relevant to clinical prevention and health promotion for individuals, aggregates, and populations to guide implementation of the highest level of nursing practice.	7.2 *Infectious Disease Research Paper* in NURG 7006 (Epidemiology)	80% of students score 80% or higher.
	7.1 *Population Focused Prevention Project* in NURG 7001 (Clinical Prevention and Population Health Assignment)	80% of students score 80% or higher
8. Demonstrate advanced practice expertise, specialized knowledge, and expanded responsibility and accountability in the care, management, and evaluation of	8.2 *Scholarly Project Practicum Portfolio* in NURG 7012 (Scholarly Project Practicum III)	90% of students will score a "Satisfactory" or "Satisfactory with Revisions"

DNP Student Learning Outcomes	Assessment Method	Expected Levels of Achievement
individuals, families, and communities in a specialty practice area within the domain of nursing.		
	8.1 *Scholarly Project Paper* in NURG 7012 (Scholarly Project Practicum III)	100% of students will score a "Pass".

APPENDIX III.C.1

Congruency Chart Between MSN Curricula and Professional Standards

Appendix III.C.1. Congruency Chart Between MSN Curricula and Professional Standards

PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE COURSES		ED	ADMIN	ED; ADMIN CLINICAL COURSES
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
The Essentials of Master's Education in Nursing (AACN, 2011)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Standards of Practice for Nurse Practitioners (AANP, 2019)		X				X				X		X					X	X			
Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)		X	X			X				X	X	X	X	X	X	X	X	X			
Pediatric Nursing: Scope and Standards of Practice (ANA, 2008)		X				X				X			X				X	X			X

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PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE COURSES		ED	ADMIN	ED; ADMIN CLINICAL COURSES
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
Women's Health Nurse Practitioner Guidelines for Practice and Education (NPWH, 2020)		X					X			X				X			X	X			X
Consensus Model for APRN: Licensure, Accreditation, Certification and Education (NCSBN, 2008)		X					X			X	X	X	X	X	X	X	X	X	X	X	X
Scope of Practice for Academic Nurse Educators and Academic Clinical Nurse Educators (NLN, 2020);																			X		X

PROFESSIONAL STANDARDS & GUIDELINES	NON-CLINICAL COURSES									NP CLINICAL COURSES							NP ROLE COURSES		ED	ADMIN	ED; ADMIN CLINICAL COURSES
	Theory (5120)	Pharmacology (5710)	Social Forces (5100)	Research (5010)	Family Dynamics (5810)	Research Seminar I & II (5995) and (5996)	Pathophysiology (5280)	Informatics (5690)	Genomics (5370)	Assessment (5700)	AGACNP 1-4 (5410, 5420, 5430, 5440)	FNP 1-4 (5770, 5780, 5790, 5800)	PCPNP 1-4 (5850, 5860, 5870, 5880)	WHNP 1-4 (5330, 5340, 5350, 5360)	AGPCNP 1-4 (5530, 5540, 5550, 5560)	PMHNP 1-4 (5910, 5920, 5930, 5940)	Role 1 (5830)	Role 2 (5840)	Role of Ed. (5220); Eval of Nsg Ed (5070); Curr. Dev. (5090); Practicum (5060)	Nursing Admin I & II (5110, 5210); Lead. Role Dev. (5140)	Maternal-Child Nursing (5310, 5320); Adult-Gerontology (5040, 5050)
Scope and Standards for Nurse Administrators (ANA, 2016)																				X	X
Adult Gerontology Acute Care and Primary Care NP Competencies (AACN, 2016)		X					X			X	X				X		X	X			X
American Association of Critical Care Nurses Scope and Standards for Acute Care NP Practice (2017)		X					X			X	X						X	X			
Psychiatric Mental Health Nursing: Scope and Standards Practice (ANA, 2014)		X					X			X						X	X	X			

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APPENDIX III.D.1

Congruency Chart Between DNP Essentials (AACN, 2006), DNP Courses,
and DNP Program Objectives (SLOs)

Appendix III.D.1 Congruency Chart Between DNP Essentials (AACN, 2006), DNP Courses, and DNP Program Objectives (SLOs)

NSU's DNP Courses	DNP Program Objectives (Student Learning Outcomes)								Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)							
	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8	I	II	III	IV	V	VI	VII	VIII
NURG 7000 Scientific Underpinnings for Practice	X		X				X	X	X							X
NURG 7001 Clinical Prevention and Population Health		X	X	X	X	X	X	X		X					X	
NURG 7002 Clinical Scholarship		X	X	X		X	X	X	X		X					
NURG 7003 Biostatistics	X		X			X	X		X		X				X	X
NURG 7004 Organizational Theory & Systems Leadership		X	X	X	X	X		X		X						
NURG 7005 Information Systems Technology				X		X	X	X	X			X				
NURG 7006 Epidemiology	X	X	X	X			X	X	X		X	X	X		X	X
NURG 7007 Healthcare Policy: Analysis, Advocacy, and Transformation		X	X	X	X	X		X		X			X	X	X	X
NURG 7008 Genetics	X	X	X		X		X	X	X		X		X		X	X
NURG 7009 Global Healthcare Advocacy and Transformation		X			X		X	X	X	X			X		X	
NURG 7010, 7011, 7012 Scholarly Project Practicum Courses I, II, III	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

DNP Curriculum Patterns (OSL and APRN Leadership)

Organizational Systems Leadership DNP Curriculum Pattern

Year 1	Semester One Fall	Cr. Hr	Semester Two Spring	Cr. Hr	Semester Three Summer	Cr. Hr
	NURG 7000 Scientific Underpinnings for Practice (knowledge development and mid- range theories)	3	NURG 7004 Organizational Theory and Systems Leadership (includes inter/intra professional collaboration)	3	NURG 7002 Clinical Scholarship (includes translation of research, analytical methods for EBP, and informatics)	3
	NURG 7001 Clinical Prevention and Population Health (risk reduction and population health outcomes)	3	NURG 7006 Epidemiology	3	NURG 7005 Information Systems Technology (to improve and transform health care)	3
Sem. Total		6		6		6
Year 2	Semester Four Fall	Cr. Hr	Semester Five Spring	Cr. Hr	Semester Six Summer	Cr. Hr
	NURG 7010 DNP Scholarly Project Practicum I (3-0-12) 180 Clinical hours	3	NURG 7011 DNP Scholarly Project Practicum II (3-0-12) 180 Clinical hours	3	NURG 7012 DNP Scholarly Project Practicum III (3-0-12) 180 Clinical hours	3
	NURG 7003 Bio-Statistics	3	NURG 7007 Healthcare Policy: Analysis, Advocacy, and Transformation (includes social justice and ethics)	3	NURG 7009 Global Healthcare Advocacy and Transformation	3
	May repeat NURG 7014 if more clinical hours needed)		NURG 7008 Genetics	2		
Sem.Total		6		8		6

Total Program Credit Hours: 38 hours. Total Program Clinical Hours: DNP students are required to complete a "…1,000 clinical hour minimum upon degree completion" (AACN, 2006). Students will be given credit for graduate practicum hours earned in their respective MSN program. Each academic credit hour for the practicum courses equals 60 direct clinical practice hours.

APRN Leadership DNP Curriculum Pattern

Year 1	Semester One Fall	Cr. Hr	Semester Two Spring	Cr. Hr	Semester Three Summer	Cr. Hr
	NURG 7000 Scientific Underpinnings for Practice (knowledge development and mid-range theories)	3	NURG 7004 Organizational Theory and Systems Leadership (includes inter/intra professional collaboration)	3	NURG 7002 Clinical Scholarship (includes translation of research, analytical methods for EBP, and informatics)	3
	NURG 7001 Clinical Prevention and Population Health (risk reduction and population health outcomes)	3	NURG 7006 Epidemiology	3	NURG 7005 Information Systems Technology (to improve and transform health care)	3
Sem.Total		6		6		6
Year 2	Semester Four Fall	Cr. Hr	Semester Five Spring	Cr. Hr	Semester Six Summer	Cr. Hr
	NURG 7010 DNP Scholarly Project Practicum I (3-0-12) 180 Clinical hours	3	NURG 7011 DNP Scholarly Project Practicum II (3-0-12) 180 Clinical hours	3	NURG 7012 DNP Scholarly Project Practicum III (3-0-12) 180 Clinical hours	3
	NURG 7003 Bio-Statistics	3	NURG 7007 Healthcare Policy: Analysis, Advocacy, and Transformation (includes social justice and ethics)	3	NURG 7009 Global Healthcare Advocacy and Transformation	3
			NURG 7008 Genetics	2		
Sem.Total		6		8		6

Total Program Credit Hours: 38 hours. Total Program Clinical Hours: Students will be given credit for graduate practicum hours earned in their respective APRN MSN program. DNP students are required to complete a "…1,000 clinical hour minimum upon degree completion" (AACN, 2006). Each academic credit hour for the practicum courses equals 60 direct clinical practice hours.

APPENDIX III.F.1

Pre and Post-Licensure BSN Course Sequencing

Appendix III.F.1. Pre and Post-Licensure BSN Course Sequencing

General Education Course	Prelicensure Course and Selected Assignments	Post Licensure BSN Course and Selected Assignments
Math 1020 College Algebra	NURB 2170 Dosage Calculation Calculation quizzes and exams NURB 3160 Research in Nursing Research Study Appraisal	NURB 3224 Introduction to Nursing Research for Registered Nurses Evidence-based Practice Project
Biology 2240 Introduction to Human Genetics	NURB 3050 Pathophysiology MC Exams NURB 3060 Health Assessment Health Assessment with 3-generation Genogram	NURB 3110 Pathophysiology for Registered Nurses MC Exams NURB 3223 Health Assessment for Registered Nurses Health Assessment via Shadow Health
Chemistry 1070	NURB 3130 Adult Health MC Exams NURB 3050 Pathophysiology MC Exams	NURB 3110 Pathophysiology for Registered Nurses MC Exams
Psychology 4400 Statistics for the Behavioral Sciences	NURB 3160 Research in Nursing Research Study Appraisal	NURB 3224 Introduction to Nursing Research for Registered Nurses Evidence-based Practice Project
ENGL 1010 Composition and Rhetoric I	NURB 3030 Nursing as a Profession Role of Nursing Position Paper	NURB 3122 Dimensions of Professional Practice Professional Issues Power Point Presentation
COMM 1010 Fundamentals of Speech	NURB 4231 Transition to Professional Nursing Practice Staff Development Project	NURB 4291 Leadership and Management for Registered Nurses Staff Development Project
Microbiology 2210	NURB 3130 Adult Health MC Exams NURB 3061 Health Assessment/ Skills Lab Asepsis Assignments	NURB 3110 Pathophysiology for Registered Nurses MC Exams NURB 3223 Health Assessment for Registered Nurses Health Assessment via Shadow Health
Behavorial Science: PSYCH 1010 (General Psychology) or PSYC 2050) Developmental Psychology), or SOC 1010 (Principles of Sociology)	NURB 4130 Psych/Mental Health MC Exams	NURB 4191 Community Based Nursing Practicum for Registered Nurses Home Visit

MSN Essentials (AACN, 2011)
to DNP Program Objectives Crosswalk

Appendix III.F.2 *MSN Essentials* (AACN, 2011) to DNP Program Objectives Crosswalk

	DNP Program Objectives (Student Learning Outcomes)							
MSN ESSENTIALS	SLO 1	SLO 2	SLO 3	SLO 4	SLO 5	SLO 6	SLO 7	SLO 8
Essential I: Background for Practice from Sciences and Humanities	X		X					X
Essential II: Organizational and Systems Leadership		X	X	X	X	X		X
Essential III: Quality Improvement and Safety		X	X	X	X	X		X
Essential IV: Translating and Integrating Scholarship into Practice		X	X	X			X	X
Essential V: Informatics and Healthcare Technologies			X	X			X	X
Essential VI: Health Policy and Advocacy			X	X	X			X
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes		X	X	X	X	X	X	X
Essential VIII: Clinical Prevention and Population Health for Improving Health	X	X	X	X	X	X	X	X

APPENDIX III.F.3
DNP Course Sequencing

Appendix III.F.3 DNP Program Course Sequencing

DNP CURRICULUM YEAR ONE SEQUENCING OF COURSES

In the first semester of the curriculum, two foundational courses are offered: NURG 7000 (*Scientific Underpinnings for Practice*) and NURG 7001 (*Clinical Prevention and Population Health*). The Scientific Underpinnings for Practice course transitions the master's prepared nurse from a broad theoretical focus to a clinician who uses theories to guide practice change. During the NURG 7000 Scientific Underpinnings for Practice course, students begin to conceptualize how a clinical research problem may be viewed from various philosophical perspectives and how middle range theories offer valuable structure to implementing practice change. By the end of the course, students have constructed an initial clinical question and concept/phenomenon they wish to investigate and have identified at least one middle range theory that could undergird the implementation of the scholarly project/practicum. The NURG 7001 Clinical Prevention and Population Health course broadens the master's prepared nurse's focus from individual health and disease treatment to population health, clinical prevention, and risk reduction. ***By the end of the first semester, students conceptualize the clinical population of interest for their scholarly project/practicum.***

During the second semester of the DNP curriculum, students enroll in two courses: NURG 7004 (*Organizational Theory and Systems Leadership*) and NURG 7006 (*Epidemiology*). Content from NURG 7004 Organizational Theory and Systems Leadership course builds on the master's programs introduction of students to clinical consulting and collaborating. NURG 7006 Epidemiology course builds on the advanced pathophysiology and disease-specific epidemiology courses taken during their master's education. The course focuses on synthesis of epidemiological data and the relationship of data to population health and systems change. ***By the end of the second semester, students identify the transformational change they would like to make as systems leaders in their scholarly project/practicum courses.***

Students enroll in NURG 7002 (*Clinical Scholarship*) and NURG 7005 *(Information Systems Technology)* during the third semester of the DNP program. The NURG 7002 Clinical Scholarship course ensures the DNP student is prepared for translation of evidenced based knowledge to clinical practice to solve a clinical problem. The NURG 7005 Information Systems Technology course builds on the master's programs introduction of students to clinical consulting and collaborating. During the NURG 7005 Information Systems Technology course, students build on their master's education, which introduced electronic medical records and informatics, and apply healthcare information management to complex healthcare environments. ***By the end of the third semester, students further develop their research skills, engaging in clinical scholarship to develop their project PICOT question for their scholarly project/practicum courses.***

DNP YEAR TWO SEQUENCING OF COURSES

During the fourth semester of the DNP program, students take the first of three Scholarly Project Practicum (SPP) courses, NURG 7010 (*Scholarly Project Practicum I*) and NURG 7003 (*Biostatistics*) course. The NURG 7003 Biostatistics course builds on master's education where students were introduced to basic statistical concepts which prepares them to interpret biostatistical aggregate, systems, and population health data. The three SPP courses, are sequenced so that students develop

a scholarly project in the first course, implement their scholarly project practice change in the second course, and evaluate the practice change and disseminate findings in the third course. There is a synergistic effect of offering both courses in the same semester as it allows the student to understand the fit of Biostatistics while formulating the development of their scholarly project. *By the end of the fourth semester, students identify possible analytic methods and statistical analysis for evaluating the practice change they will implement in their scholarly project/practicum. At the end of the fourth semester, students have completed at least 180 practicum hours, successfully defended their scholarly project proposal, and submitted their project proposal to appropriate approval bodies.*

In the fifth semester of the DNP curriculum, NURG 7011 Scholarly Project Practicum II is offered. Students begin to implement their Scholarly Project during this semester and continue obtaining practicum hours while further developing their portfolio. During semester five, two additional courses, NURG 7007 Healthcare Policy: Analysis, Advocacy and Transformation and NURG 7008 Genetics are offered. The content of NURG 7007 Healthcare Policy is aimed at examining health system policies that impact clinical issues, teaching students how to advocate for social justice within all healthcare arenas. This course builds upon master's curriculum content in which students are introduced to foundational knowledge of the interplay between healthcare policy, politics, and delivery. The NURG 7007 Healthcare Policy course also builds upon the knowledge students acquired through the DNP curriculum regarding clinical prevention and population health, organizational theory and systems leadership, and epidemiology. NURG 7008 Genetics builds upon students' introduction to genetics in their master's courses and broadens students' thinking regarding the economic, social, and ethical impact of genetic concepts in large systems. *At the end of the fifth semester, students have implemented their scholarly project, completed a total of 360 practicum hours, and continued to develop their project/practice portfolio.*

During the sixth and final semester of the DNP curriculum, students take two courses: NURG 7012, Scholarly Project Practicum III, and NURG 7009 Global Healthcare Advocacy and Transformation. During NURG 7012 Scholarly Project Practicum III, students evaluate the impact of their implemented practice change and disseminate the scholarly project findings and complete the final 180 of 540 practicum hours. Students also successfully defend their scholarly project and complete the project/practice portfolio. The NURG 7009 Global Healthcare Advocacy and Transformation course build on the master's level foundation of the structure of health systems and on other DNP courses to have a broadened perspective of healthcare systems, economics, and decision-making. This broadened perspective equips DNP students to become global leaders and transformers of health systems. *At the end of the sixth semester, students disseminate scholarly project findings, complete a total of 360 practicum hours, and finalize their project/practice portfolio.*

In summary, the DNP curriculum is built on master's level competencies and is logically sequenced. DNP courses and course objectives are linked to the doctoral level competencies delineated in the *DNP Essentials* (AACN, 2006) and to the DNP program's objectives (SLOs).

APPENDIX III.G.1

Examples of Pre- and Post-Licensure BSN, MSN/PMC,
and DNP Course Reports

PRE-LICENSURE BSN COURSE REPORT EXAMPLE

NORTHWESTERN STATE UNIVERSITY
COLLEGE OF NURSING and ALLIED HEALTH

Community Health Nursing Practicum (N4221)
Faculty Semester Course Report Summer 2020
COURSE INFORMATION

COURSE	NURB 4221
SEMESTER	Summer and Fall 2020
INSTRUCTOR(S)	███████████████████████ , MSN, RN

COURSE STATISTICS

Campuses: Summer 2020	PASS		FAIL		Total	
	#	%	#	%	#	%
Shreveport	51	100	0	0	51	100
Alexandria	17	100	0	0	17	100
Natchitoches	8	100	0	0	9	100
Total Students All campuses					76	

Campuses: Fall 2020	PASS		FAIL		Total	
	#	%	#	%	#	%
Shreveport						
Alexandria						
Natchitoches						
Total Students All campuses						

LINKAGES BETWEEN COURSE OBJECTIVES/EXPECTED INDIVIDUAL STUDENT LEARNING OUTCOMES, TEACHING AND LEARNING PRACTICES AND EVALUATION METHODS

Course Objectives/Expected Individual Student Learning Outcomes for the Course (speak to all)	Teaching-Learning Practices Used (includes instructional methods)	Evaluation Methods
1. Demonstrate integration of theory from nursing and liberal arts education to provide culturally sensitive care to aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
2. Integrate critical thinking, Communication, assessment, and technical skills into the nursing process to care for aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 1. End of semester clinical evaluation
3. Collaborate with clients and members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration for care of aggregates and communities	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation

1.20.20

Course Objectives/Expected Individual Student Learning Outcomes for the Course (speak to all)	Teaching-Learning Practices Used (includes instructional methods)	Evaluation Methods
4. Synthesize information and health care technologies to plan, provide, and evaluate health care for care of aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
5. Apply research findings to nursing care of aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
5. Analyze economic, legal, ethical, and political factors influencing health care systems and policy to advocate for aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
4. Translate leadership principles to design, manage, coordinate, and evaluate healthcare delivery to aggregates and communities.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
8. Provide nursing care within the confines of the Louisiana Nurse Practice Act and the American	1. Clinical experiences with Preceptor/Instructors 1. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors 3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
9. Accept responsibility for one's own actions as a member of the health care team.	1. Clinical experiences with Preceptor/Instructors 2. Reflective Journaling	1. Daily clinical site visits by faculty 2. Daily clinical evaluations by preceptors

Course Objectives/Expected Individual Student Learning Outcomes for the Course (speak to all)	Teaching-Learning Practices Used (includes instructional methods)	Evaluation Methods
		3. Evaluation of clinical reflective journals 4. End of semester clinical evaluation
		Actual Course Results
Expected Learning Outcome Students enrolled in NURB 4221 will be able to apply the nursing process using critical-thinking, communication skills, and therapeutic nursing interventions when caring for aggregates and communities as evidenced by: 1. 100% of the students enrolled in N4221 will achieve a passing grade for the course.		**Summer 2019** *Relative to #1: **Met 76**/76 students were successful in N4221. **Fall 2019** *Relative to #1

Answer all the following questions:

1. Any students concern. How did you handle these?

   Summer:
   a. The summer semester brought special challenges as the nation was in the grips of a worldwide pandemic. This pandemic resulted in our students completing clinical hours in non-traditional settings and doing so in a compressed session as they were not able to go to clinical at the regularly scheduled time. Students partnered with Registered Student Organizations (RSO) and departments on the main Natchitoches campus to provide education relative to prevention of respiratory illness and a safe return to campus program for Fall 2020. The students met weekly with faculty and RSO/departments to complete a risk assessment, identify areas of need for education, created a plan for implementation, and implemented the plan in cooperation with the RSO/departments. Initially, students and faculty were a bit apprehensive about the process but as the semester progressed, they embraced it and learned a great deal.

   Fall:
2. Do the assignments and instructional methods support the achievement of the objectives?

   a. The assignments do support the learning objectives. The assignments the students were required to complete were the reflective journals which require them to address the QSEN prelicensure KSAs and the roles of the community health nurse and the documents related to the Community Intervention Program. All

assignments are supportive of the course goal in that students must critically evaluate how they and the assigned facility met each of the QSEN competencies, and if not why, and they must discuss and critically reflect on the roles of the community health nurse in the assigned locations. Journaling allows them to critically think about how they met the competencies and how they fulfilled the role of the community health nurse.

3.   Are the grading criteria clearly defined, consistently and fairly applied and are communicated clearly to all students?

   a. Yes, all rubrics are posted.

4.   Discuss the Expected Student Learning Outcomes versus the Actual Student Learning Outcomes. Trends, compare to last semester, etc.

   a. When compared to the fall 2019 semester, (last semester course was taught) the results for all measured elements are better. All students passed the course.

   Fall:
5.   Recommendations/revisions planned for the next semester. Minutes that reflects discussions.   Attach all course level   faculty minutes; if no minutes, write up informal discussions, conference calls, etc.
   a. Because the country continues to struggle with the effects of the pandemic, students will again complete clinical in non-traditional ways. They will assist at local hospitals with screenings, community call centers and community testing centers in addition to the traditional clinical sites. Faculty believe this 'on the ground' community health will be beneficial to the students to help them gain an understanding of primary, secondary, and tertiary community health interventions.

   Maintain: ***Continue to offer the course as delivered with regard to timing.***
   Revise: Adapt community health clinical to reflect current conditions.
   Develop:

6.   Recommendations to BSN Program Committee:
   None

NORTHWESTERN STATE UNIVERSITY
COLLEGE OF NURSING and ALLIED HEALTH

Graduate Studies and Research in Nursing

Faculty Semester_Course Report

COURSE INFORMATION

COURSE	NURB 3224–Research for RNs
SEMESTER	Spring 2020
INSTRUCTOR(S)	█████████████

FACULTY STATISTICS

Number of Faculty	Assignments
3	Each instructor graded the same students' assignments throughout the semester for consistent feedback.
1	Deshotels organized and updated the course syllabus, Moodle content, course report, and evaluations

COURSE STATISTICS

LOCATION (add rows as needed for each student group)	A		B		C		D		F		TOTAL		I/W
	#	%	#	%	#	%	#	%	#	%	#	%	#
Online	28	82	6	18	0	0	0	0	0	0	34	100	0
Total # of Students	28	82	6	18	0	0	0	0	0	0	34	100	0

Reasons for Student Withdrawals/Incompletes

1.20.20

CONGRUENCY OF COURSE OBJECTIVES/EXPECTED INDIVIDUAL STUDENT LEARNING OUTCOMES, TEACHING/LEARNING PRACTICES, & EVALUATION METHODS

Course Objectives (speak to all)	Teaching-Learning Practices Used (instructional methods) *make sure each practice supports achievement of the course objective	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
1. SLO: 1 AACN: I, III, VII, IX QSEN: PCC, EBP	Discussion Forum Reading assignments Online resources PowerPoint	Discussion Forums • Introduction to Research and EBP • Ethics in Healthcare Research • Theoretical and Conceptual Frameworks • Dissemination of EBP Project
2. SLO: 2, 4 AACN: II, III, IV, VII, IX QSEN: EBP, Informatics	Discussion Forum Reading assignments Online resources PowerPoint Exemplars for assignments	Discussion Forums • Introduction to Research and EBP • Concepts and Research Terminology Research Critique EBP Project
3. SLO: 2, 4, 5, 9 AACN: II, III, IV, VI, VII, VIII, IX QSEN: PCC, T&C, EBP, Informatics	Discussion Forum Reading assignments Online resources PowerPoint Exemplars for assignments	Research Critique EBP Project Discussion Forums • Concepts and Research Terminology • Ethics in Healthcare Research • Dissemination of EBP Project
4. SLO: 5, 6 AACN: III, V, VII QSEN: QI, EBP, Informatics	Discussion Forum Reading assignments Online resources PowerPoint Exemplars for assignments	EBP Project Discussion Forums • Concepts and Research Terminology • Ethics in Healthcare • Dissemination of EBP Project

Course Objectives (speak to all)	Teaching-Learning Practices Used (instructional methods) *make sure each practice supports achievement of the course objective	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
5. SLO: 5 AACN: III, IV, VII QSEN: T&C, EBP, Informatics	Discussion Forum Reading assignments Online resources PowerPoint Exemplar for assignment	Discussion forum • Concepts and Research Terminology • Dissemination of EBP Project
6. SLO: 6, 8 AACN: III, VI, VII, VIII QSEN: EBP	Discussion Forum Reading Assignments Online Resources	Discussion Forum • Ethics in Healthcare

* Meets Essentials; and Program Outcomes (SLOS)

Evaluation Methods highlighted in blue are the outcome measurement that best measures achievement of the course objectives. Expected course outcomes versus actual course outcomes, linked to each course objective, are discussed in the next section.

EVALUATION AND TRENDING OF
EXPECTED & ACTUAL COURSE OUTCOMES

COURSE OBJECTIVE 1

1. **Explain the links between nursing theory, nursing research, and evidence-based nursing practice.**

Expected Outcome for Objective 1: More than 80% of students will make 80% or above on the ***Theoretical and Conceptual Frameworks Discussion Forum.***
Actual Outcome for Objective 1: 100% (n=34/34) students made 80% or above on assignment noted above.
OUTCOME <mark>MET</mark> in Spring 2020.

COURSE OBJECTIVE 2

2. **Analyze and describe the components of the research process.**

Expected Outcome for Objective 2: More than 80% of students will make 80% or above on the ***Concepts and Research Terminology and Introduction to Research and EBP Discussion Forums.***
Actual Outcome for Objective 2: 100% (n=34/34) students made 80% or above on assignment noted above.
OUTCOME <mark>MET</mark> in Spring 2020

COURSE OBJECTIVE 3

3. **Critically analyze research studies for application to evidence-based nursing practice.**
Expected Outcome for Objective 3: More than 80% of students will make 80% or above on the ***Research Critique.***
Actual Outcome for Objective 3: 100% (n= 34/34) students made 80% or above on assignment noted above.
OUTCOME <mark>MET</mark> in Spring 2020

COURSE OBJECTIVE 4

4. **Identify best nursing practice interventions for a selected nursing practice problem.**

Expected Outcome for Objective 4: More than 80% of students will make 80% or above on the ***EBP Project.***
Actual Outcome for Objective 4: 100% (n=34/34) students made 80% or above on assignment noted above.
 OUTCOME <mark>MET</mark> in Spring 2020.

COURSE OBJECTIVE 5

5. **Disseminate research findings to colleagues and other members of the interdisciplinary healthcare team.**
Expected Outcome for Objective 5: More than 80% of students will make 80% or above on the ***Dissemination of EBP Project Discussion Forum.***
Actual Outcome for Objective 5: 100% (n= 34/34) students made 80% or above on assignment noted above.
OUTCOME <mark>MET</mark> in Spring 2020.

COURSE OBJECTIVE 6

6.**Discuss ethical and legal considerations in nursing research.**

Expected Outcome for Objective 6: More than 80% of students will make 80% or above on the ***Ethics in Healthcare Research Discussion Forum.***
Actual Outcome for Objective 6: 100% (n= 34/34) students made 80% or above on assignment noted above.
OUTCOME <mark>MET</mark> in Spring 2020.

FACULTY–ADMINISTERED or COLLEGE–ADMINISTERED
AND UNIVERSITY–ADMINISTERED
END OF COURSE EVALUATIONS

FACULTY-ADMINISTERED END OF SEMESTER COURSE EVALUATION

**Put the faculty administered end of semester course evaluation ADMINISTERED in your course

Question 1. **Type Here** Within the Course Survey, Students were asked to evaluate if each course objective was met:

Answers Here
Course Objective 1 (n=___) ____% believed the objective was met.
Course Objective 2 (n=___) ____% believed the objective was met.
Course Objective 3 (n=___) ____% believed the objective was met.
Course Objective 4 (n=___) ____% believed the objective was met.
Course Objective 5 (n=___) ____% believed the objective was met.

Question 2. Type Here
- o   Answers Here

Question 3. Type Here
- o   Answers here

UNIVERSITY-ADMINISTERED END OF SEMESTER COURSE EVALUATION
*CAN ATTACH OR COPY AND PASTE INTO DOCUMENT

Questions 1-3 are about status as a student, giving the course the best effort, why they took the class.

Question 4: Rate the following statements about your class (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)

Learning Objectives were clear:

Section 01I (n=14/17) mean score on 5-point scale was 4.93.

Section 02I (n=12/17) mean score on 5-point scale was 4.83.

The material covered in class agreed with the course objectives:

Section 01I (n = 15/17) mean score on 5-point scale was 5.0.

Section 02I (n=12/17) mean score on 5-point scale was 5.0.

Assignments and test aligned with the class material taught:

Section 01I (n=15/17) mean score on 5-point scale was 5.0.

Section 02I (n=12/17) mean score on 5-point scale was 5.0.

The amount of work for this class was appropriate:

Section 01I (n=15/17) mean score on 5-point scale was 4.87.

Section 02I (n=12/17) mean score on 5-point scale was 4.50.

The grading policy for this class was clearly stated:

Section 01I (n=15/17) mean score on 5-point scale was 4.93.

Section 02I (n=12/17) mean score on 5-point scale was 4.75.

The learning environment for this class was acceptable:

Section 01I (n=15/17) mean score on 5-point scale was 5.0.

Section 02I (n=11/17) mean score on 5-point scale was 4.80.

This class was intellectually stimulating:

Section 01I (n=14/17) mean score on 5-point scale was 4.79.

Section 02I (n=12/17) mean score on 5-point scale was 4.75.

Question 5: Overall, I would rate this course as? (1=extremely poor; 2=poor; 3=fair; 4=good; 5=superior)

Section 01I (n=14/17) mean score on 5-point scale was 4.64.

Section 02I (n=12/17) mean score on 5-point scale was 4.50.

Question 6: The following statements are about your teaching. Please mark the response that best represents how you feel about your instructor. (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)

My teacher appeared to be knowledgeable about the course material:

Section 01I (n=14/17) mean score on 5-point scale was 5.0.

Section 02I (n=12/17) mean score on 5-point scale was 5.0.

My teacher had high expectations for the students in this class:

Section 01I (n=14/17) mean score on 5-point scale was 5.0.

Section 02I (n=12/17) mean score on 5-point scale was 5.0.

My teacher encouraged interaction between faculty and students:
Section 01I (n=14/17) mean score on 5-point scale was 5.0.
Section 02I (n=12/17) mean score on 5-point scale was 5.0.

My teacher encouraged students to interact with each other:
Section 01I (n=14/17) mean score on 5-point scale was 5.0.
Section 02I (n=12/17) mean score on 5-point scale was 4.92.

My teacher gave prompt feedback to questions and assignments:
Section 01I (n=14/17) mean score on 5-point scale was 5.0.
Section 02I (n=12/17) mean score on 5-point scale was 4.92.

My teacher went beyond the basic course content to provide enriching insights:
Section 01I (n=14/17) mean score on 5-point scale was 5.0.
Section 02I (n=12/17) mean score on 5-point scale was 4.92.

My teacher displayed an appropriate demeanor and enthusiasm both inside and outside the learning environment:
Section 01I (n=14/17) mean score on 5-point scale was 5.0.
Section 02I (n=12/17) mean score on 5-point scale was 5.0.

Question 7: Overall, I would rate this teacher as? (1=extremely poor; 2=poor; 3=fair; 4=good; 3=fair; 4=good; 5=superior)
Section 01I (n=14/17) mean score on 5-point scale was 4.91.
Section 02I (n=1217) mean score on 5-point scale was 4.92.

Question 8: For this class, how much time did you spend studying/working outside of the meeting times? (1=<1 hour; 2=1-2 hours; 3=3-4 hours; 4=5+ hours)
Section 01I (n=14/17) mean score on 5-point scale was 4(3-4 hrs) and 10(5+hrs).
Section 02I (n=12/17) mean score on 5-point scale was 5(3-4 hrs) and 7(5+ hrs).

Question 9: Explain how the teacher helped you learn the material for this class. Provide Examples.
Dr. Ann Deshotels' Student Evaluations
01I
Having the research paper broken down into smaller assignments throughout the semester made building the paper much easier. It also gave me time to properly learn the material for each section of the paper.
• Best teacher I have ever had! Always prompt when responding to questions even on a Sunday. Very understanding of our busy schedules.
• Dr. Deshotels made herself available to students through web-ex calls, text, phone calls, in-person meeting (if needed), email. She responded to any questions/issues immediately and went over and beyond to accommodate the students. She also posted videos with additional information throughout the course. One example I can provide over Dr. Deshotels going over and beyond, is when there came a time, during this semester, that my workload and responsibilities became overwhelming and I was considering withdrawing from school. Dr. Deshotels encouraged me in a way that relieved some of the stress and gave me the extra that I needed to continue and

finish the semester. I can honestly say that she is a key factor, from back when I started the nursing courses for the RN to BSN program, to my success each semester. When I finally complete my degree, I will share that success with Dr. Deshotels. She is an amazing instructor who cares deeply about each and every student.

• They gave examples of the assignments and rubrics were given.

• I have had Dr. Deshotels as an instructor many times. She is consistent and caring but also challenging. She is also encouraging, even when she is correcting you. I am always glad to see her name as instructor.

• Very responsive when emailed and support was amazing!

• Extra literature, examples of each assignment, examples of appropriate formatting, PowerPoint presentations, and video Webex.

02I

• Mrs. Deshotels was always available!! She responded promptly and went above and beyond to help me understand assignments and objectives. She has never not been able to guide me through something, and she is very much appreciated throughout my journey of RN to BSN. I don't know if I could have succeeded this far without her guidance!!

• teacher was always available to talk on the phone, conference whatever was needed to learn and understand assignments. Made students a priority. Had examples of assignments so students knew what the assignment should look like and what to expect.

• She was always available to talk and answer any questions I had.

• Dr. Deshotels was very prompt with feedback and encouraged reviewing submitted material even after the proposed deadline. She was very supportive and cared more about the content of the assignment than its promptness.

• Very understanding and willing to help

• Ms. Ann was always able to answer any questions I had and always understandable

Question 10: Explain how this class met or did not meet your expectations. Provide examples

01I

• This class gave me the confidence and experience to further my career by using EBP to study and use information for patient care.

• This class met my expectations and then some. I knew it would require a great deal of my time and honestly, I was not looking forward to it at the beginning of the semester as I had no interest in research. Now, I can confidently say that my interest has grown and I feel better equipped to research information and adequately evaluate what I find before sharing it with colleagues. I plan to incorporate more research in my daily job duties.

• The grades were updated as soon as possible. Feedback was given in a timely manner on assignments.

• I learned how to correctly conduct evidence-based practice research. This will enable me to join with other nurses in my organization to use EBP to govern our practice.

• It met my expectations because I learned a lot about myself and my peers and mentor.

• The intro into research has given me insight into developing appropriate research questions, critiquing and identifying reliable evidence- base practice to utilize throughout my nursing career.

02I
· The class met expectations by teaching student new material.
• Class showed how do dissect research and taught that because something is published it does not mean it is the best source of information.
• I liked how the instructors responded to questions quickly. I enjoyed being able to pick my own topic to research and I enjoyed learning about my topic. • I enjoyed the rigor and challenge of conveying my conclusions and opinions in a succinct but comprehensive way.

Question 11: Describe what you liked best about the class:
01I
• I loved how the paper was broken down into much less intimidating assignments and brought together at the end. Both of the instructors I had the pleasure of getting to know.
• I enjoyed the research process of the class. It was very informative.
• I liked how the instructors started with the basics of research and then built upon it. Starting with researching for 3 good articles to answer PICO question, After the articles were approved, the literature review table on the same 3 articles was added, then finally the EBP paper was done. I liked how everything flowed and we were able to use the same information throughout the semester
• I liked that it was online.
• Developing research question and critiquing research studies that best support my question with evidence-based practice.

02I
Question 12: Describe what you liked least about this class:
01I
• The only thing that I liked the least about the course was the new APA 7th edition, but this has nothing to do with the course.
Nothing. I thoroughly enjoyed this class.
• I did not like the Research critique assignment. During the semester, a LOT of information was given and was definitely appreciated. But, it would have been more understandable if that assignment was narrowed down a bit.
• I do not have a response for this question. I felt the class was appropriate to content and objectives.
There is not a blank for Diane Webb, so I will type it here. I feel like Mrs. Webb has good intentions, but she is too picky when it comes to grading assignments. I also don't think she fully understands Moodle, because when I submitted my review of literature summary table and she graded it and told me what corrections to make, I corrected what she said and then submitted it in the final review of literature summary table and she responded saying she did not understand why I did not

make the changes she suggested, when I clearly did. I just felt like the semester was a constant battle with her. I dreaded even doing assignments because she always had something negative to say it seemed like.

02I

This class was not what I expected. This class took so much more of my time than I thought it would. There class has much busy work . It felt like all I did was write paper after paper. • This class encouraged me to deeply examine my writing and research skills. I was pleased with my feeling of preparedness as I assume the next level of my degree.

• it met my expectations

• Very time-consuming and harsh grading, regardless of efforts.

·Learning about research

• I was not a fan of the discussion boards and the multitude of papers. I understand that these are necessary and part of the core curriculum, I just feel like there should be another way to learn and utilize nursing research without all the busy work. Maybe reading a research article and dissecting it without having to write a paper about dissecting it. These papers took around 12 hours each. I learned alot and I enjoyed the course, it was just very very time consuming.

• Nothing at this time.

• I would've rather learned about more medical things

• Lengthy papers and blunt feedback in discussion forums from group assigned instructor.

Question 13: Describe any changes you recommend for the class.

01I

• I do not have a response for this question. I felt the class was appropriate to content and objectives.

02I

· Have a bonus quiz for students to learn the extensive about of definitions that come along with research. • Less papers and incorporating more research assignments.

• Nothing at this time.

• Emailed/private feedback from instructors.

███████ **Student Evaluations**

Having the research paper broken down into smaller assignments throughout the semester made building the paper much easier. It also gave me time to properly learn the material for each section of the paper.

• Instructor gave clear instructions on classwork, helpful hints and constructive feedback

• Always graded assignments in a timely manner and gave constructive feedback!

• The information provided in this evaluation that is being listed under Olivia Giles, should be credited to Ms. (███████ I do not believe that I have had any interaction with Ms. (Dr.) Giles. Ms. (Dr.) Webb has been just as accommodating as Dr. ███████ this semester. She has made herself available to her students and has provided the extra explanation that some of us needed to help us finish an assignment. She responded to any email or text quickly and it was apparent that

she cared about the success of her students. Her knowledge and professionalism is an example of the nurse I want to become. She definitely deserves a "superior" rating!!!
• They gave examples of the assignments and rubrics were given.
• I did not ever interact with Ms. Giles. She was assigned to the other half of the class. • Provided excellent feedback.

10 - Explain how this class met or did not meet your expectations. Please provide examples.
▮▮▮▮▮
Response Rate

• This class gave me the confidence and experience to further my career by using EBP to study and use information for patient care.
• The class gave me the opportunity to get more experience with finding evidence based research
• This class met my expectations and then some. I knew it would require a great deal of my time and honestly, I was not looking forward to it at the beginning of the semester as I had no interest in research. Now, I can confidently say that my interest has grown and I feel better equipped to research information and adequately evaluate what I find before sharing it with colleagues. I plan to incorporate more research in my daily job duties.
• The grades were updated as soon as possible. Feedback was given in a timely manner on assignments.
• It met my expectations because I learned a lot about myself and my peers and mentor.

11 - Please describe what you liked best about this class.	
▮▮▮▮▮	
Response Rate	7/17 (41.18%)

• I loved how the paper was broken down into much less intimidating assignments and brought together at the end. •
Learning how to critique research so that I can implement best practices
• Both of the instructors I had the pleasure of getting to kno
• I enjoyed the research process of the class. It was very informative.
• I liked that it was online.

12 - Please describe what you liked least about this class.	
▮▮▮▮▮	
Response Rate	7/17 (41.18%)

• The only thing that I liked the least about the course was the new APA 7th edition, but this has nothing to do with the course. • N/A
• Nothing. I thoroughly enjoyed this class.
• I do not have any comments at this time.

Course: Instructor: Response Rate:
202020.NURB.3224.01I: NURB3224 - INTRO NSG RESEARCH RN Olivia Giles *

13 - Describe any changes you recommend for this class.	
███████	
Response Rate	7/17 (41.18%)
• I enjoyed how everything was set up. • none • None • Great work with keeping me engaged in the course. • /// • n/a • None	

RECOMMENDATION & REVISIONS BASED ON EVALUATION OF ALL DATA
REVISIONS PLANNED FOR THE NEXT COURSE OFFERING
PCC MINUTES REFLECT DISCUSSIONS

THINGS DONE THIS SEMESTER DIFFERENT THAN LAST

1. WRITE CHANGE YOU MADE THIS SEMESTER - Omitted some of the old reading assignments.

MAINTAIN

1. WRITE CHANGE YOU WANT TO MAINTAIN - maintain the assignments that meet SLOs.

REVISE/DEVELOP

1. WRITE COURSE ITEMS YOU WANT TO REVISE/DEVELOP
   Will work on assignment equivalencies for a four-hour course and make adjustments for the summer. Update exemplars for APA (7th ed.). ARD

Recommendations to _continue editing the assignments._____ Program Committee at _____ Retreat held on_____& Documented in ___ PCC minutes dated _____.

Critical Reflection Feedback from Students

User full name	Date	EBP is a core competency for all healthcare clinicians. Do you believe that you are ready to utilize evidence-based practice in caring for your patients? Why or why not?	How did this course enhance your knowledge and skills related to searching different healthcare databases for research studies to answer your PICO question ?	Based on the assignments in this course, are you more aware of the steps in the research process? What do you recommend to improve the assignments and/or grading rubrics?	RNs expect evidence-based care for themselves and their families. Do you plan on being a mentor or champion for prioritizing EBP in the clinical setting?	Disseminating your new knowledge based on the evidence is an EBP competency. How do you plan on disseminating the outcomes of your EBP project to members of the nursing profession, your interprofessional colleagues, and/or your patients?

████	Thursday, April 2, 2020, 12:21 PM	I strongly believe that I am ready to use evidence-based practice in caring for my patients. This course has opened my eyes to the use of EBP and its significance in the nursing field. What better way to learn and do than by implementing what others have done and have proven to be beneficial!	While I did search different databases for the different projects, I find myself still using CINAHL as my first go-to. It seems to provide the most options for articles to choose from, and that is what I look for in a search database-- options. While I am grateful that there are many databases to use, I most probably continue to use CINAHL first and then resort to others in the case that I do not find what I need.	I am 100% more aware of the research process. I more fully understand what steps are involved and how to go about researching a topic. I know what to look for and what serves as a good article versus a bad one. The grading rubrics are the BEST! I use those as I complete my projects to ensure that I do everything that is required.	I will do everything within my power to be both a mentor and champion for prioritizing EBP in the clinical setting. While time is always a factor that poses a challenge for researching something, I strongly feel that EBP must be made a priority no matter the time constraints. With times changing, we, as nurses, must be on the forefront of that change, and EBP helps in that regard.	I will use the knowledge I've gained from my project to discuss and reinforce what I have learned with my fellow nurses. I will encourage them as well to look to resources to help them determine if what they are doing is best practice for their patients.
████	Tuesday, March 31, 2020, 9:46 PM	I do believe I am ready to utilize evidence-based practice in caring for my patients in the emergency department. My work area has taught me that medicine is constantly changing and there is great need for nurses to stay up to date on best practice. This has become very evident during the COVID-19 outbreak as rules, regulations, and PPE standards are continuously evolving. By utilizing evidence-based practice in my care of my patients, I can	This course enhanced my knowledge and skills related to searching different healthcare databases for research studies to answer my PICO question in a variety of ways. This course was a great reminder of how to effectively use databases to search for current articles related to questions I had about my nursing care and practice. This course forced me to carefully evaluate my knowledge and understanding about evidence-based practice and consider	Based on the assignments in this course, I am more aware of the steps in the research process as I learned step-by-step on how to effectively search for information and draw conclusions from a variety of sources. I was glad that samples/examples were provided for the majority of the assignments as sometimes I was not always sure where exactly to begin or how to start them. I think providing examples was beneficial in this aspect and something	I do plan on being a mentor for prioritizing evidence-based practice in the clinical setting. Because I work in a high stress environment, I think it is easy to just "do things like we've always done" and forget to consider what the practice actually says. I hope to provide new statistics to my coworker and even my patients related to best practice.	I plan on providing articles to my colleagues regarding the outcomes of my research study. I think it would be an easy, great way to provide quick facts and knowledge as many of my coworkers love reading new articles about nursing practice.

		provide safe, quality care to those around me.	the opposing sides to every debate.	that should continue to be done.		
▮	Friday, May 1, 2020, 4:53 PM	I believe I have been utilizing EBP a majority of my nursing career thus far. Especially in Labor and Delivery, being a hot specialty for lawsuits, my fellow nurses and physicians were always looking into the latest EBP. This course gave me additional tools and insight into EBP, and how important it is throughout a nursing career.	This course kind of forced me out of my comfort zone of Proquest, and allowed me to expand my research into different databases. I found once I got comfortable with the different databases, the available articles and journals was endless. Although my PICO question was a difficult one to find articles for, expanding my databases helped.	This course helped me understand the entire process of research much better. I think the assignments were well thought out and the grading scale was ok.	As stated in the first question, I strongly believe in practicing by Evidence based standards, therefore the care I receive should also be as such. I think a lot of physicians get stuck in their ways and tend to do things "because we've always done them this way", and I believe that mindset is not in the best interest of patients. There is always room for improvement and suggestion, and if the goal of patient care is do no harm and remaining ethical, than following EBP should be the only standard of care.	I have already discussed my findings with my colleagues regarding PPH, and other ways to prevent and improve outcomes. While we had started implementing measuring QBL, the different articles i researched as well as others I found were helpful.
▮	Thursday, April 16, 2020, 11:02 AM	At my facility, we definitely do. I am part of the research team and we are constantly changing the ways we do things based on EBP. EBP is extremely helpful to prove why we are doing something the correct way. I use EBP every day.	I think using a PICO question helps with doing research on a topic. Before learning about PICO, trying to finalize what my research question would be was more difficult. PICO allows me to focus on how I will be doing my research in a more organized way. I believe using a PICO question will be how I do all of my	I believe I am more aware of the steps in the research process. I honestly enjoyed this class. I think the literature table was a great way to break down the research without having to write a full outline. I also enjoyed reading articles and the discussion forums we had as a class.	Yes. As a memeber of my facilities research based team and as a future clinical coach, I will be asking my new nurses to find articles and use EBP everyday.	We have a unit base council for my unit. I have already brought up to my manager ways to use compassion satisfaction to decrease stress. Rewarding staff is a great tool! If it can't be financial, we will find ways to be distressed in other ways.

			research from now on.		
■■■■■■	Sunday, April 26, 2020, 12:00 PM	I believe that many of the core curriculum BSN courses have prepared me to utilize and implement evidence-based practice in both my personal and professional life. Almost all of the assignments have been geared toward effectively using academic databases to answer questions and/or bolster a discussion concerning nursing practice. As a nursing leader and innovator, being well versed and knowledgeable about researching the best techniques puts me at the forefront of my profession.	The best way to learn how to do anything and improve is to practice. This course did exactly that: it gave us the problem sets and opportunity to put our skills into practice. Professors were available to answer any and all questions, especially those that pertained to using clinical and academic databases to expand on our research capabilities.	I am more aware of the steps involved in the research process. I have learned that it is not only important to question existing practices but also have the capability to argue for or against said practices by using evidence on a large scale. The assignments during this course were comprehensive in building our argument and being able to identify various aspects of research. I thought that the course did a good job giving us the opportunity to identify a problem and then steadily compile research pertaining to the topic that we each chose. Each assignment built off of a previous one. The layout was simple, yet effective. I do not have any criticisms or recommendations for the assignments or grading rubrics.	I absolutely plan on championing the implementation of evidence-based practice in the clinical setting. Although I am still considered to be a new nurse, the use of evidence-based practice should be reflected and promoted in all levels of nursing. I can serve as a role model for subordinates, peers, and supervisors alike by doing so. Antiquated practices should always be eliminated in favor of methods that are proven to work through research. Only then can we serve to the best of our abilities in our chosen profession.	Fortunately, my nursing leadership is very receptive to feedback and learning about ways to improve. In fact, part of my new graduate nurse residency is to identify a problem within our department and determine solutions utilizing existing research.
■■■■■■	Monday, April 13, 2020, 9:11 AM	I do believe that I am ready to utilize evidence based practice in caring for my patients. This course has taught me	I learned that the NSU library has other databases than CINHAL. I assumed that CINHAL was the only database in the	This nursing research course has made me so much more aware of the steps in the research process. One of the most important	I do plan on being a champion for evidence based care for my family and patient. I actually saw this new product that	I plan on sharing my knowledge as I mentor new nurses. I have been placed in a postion to mentor at my hospital and I

1.20.20

		how to properly research a topic and apply what I learned. My topic this semester is on sepsis and how nurses can identify sepsis and treat it as early as possible. I am now a member of the AACN and I receive their monthly journals. I now enjoy reading them and feel confident in approaching my upper management with changes that could be implemented within my hospital.	library, but I found out that there are many more to choose from. I personally do not like using CINHAL when searching for nursing research. I enjoy using ProQuest for my research. I learned how to set my filters according in all the databases to find to most up to data and relevant articles related to my PICO question. The more I use the databases the more comfortable I have become using them. I now feed much more confident in searching through CINHAL and other databases.	steps in the research process is finding a good topic. It is really hard to research a topic that has not been researched. I had to change my original topic in the beginning of the semester so that I could ensure that I found a topic that has been extensively researched. I would recommend that there be a reference paper to use that is labeled with spacing , margins and indentions updated into the new APA format.	is being used to introduce small amount of Allergens (peanut, egg, and milk) to babies to prevent the babies from forming allergies. My first instinct as a nurse is now to investigate these findings before I make a decision on whether I think this product is worth promoting, I now know how to look for accurate evidence based practice and I 100% plan on utilizing this knowledge.	love teaching new topics to others. I also plan to educate my patients on infection prevention and the risk for sepsis.
	Friday, April 17, 2020, 11:45 PM	I do believe that I am ready to utilize EBP in caring for patients. I believe this because I was able to look up some very factual information during my assignments and it has showed me how much information is actually out there for me to utilize.	This course enhanced my knowledge and skills by showing me the different healthcare databases and how to find out information needed. There are so many patients out there who struggle with information literacy that causes more mortality.	Based on assignments in this course I am more aware of steps in the research process because it took me a little longer than usual to get answers I was looking for but ultimately I learned after several attempts. I would have liked to do more research on medical things for assignments.	I plan on being a mentor to help patients find the information they need or are looking for and show them how to go about finding the information.	I plan on using my new found knowledge to help my patients at home. Home health is all about teaching and I plan to continue to teach information literacy and help where I can
	Wednesday, April 29, 2020, 5:11 PM	Yes.EPB helped build the nursing profession. It ensures patients will receive	This course enhanced my knowledge by showing me different types of articles for	I am more aware of the steps in this research process. The assignments were fair	I can be a mentor in the clinical setting. When a discussion arises on a subject. I	I can share my information on how bedside reporting can improve effective

1.20.20

		effective care. With the skills that I have learned in this class, I am able to incorporate EPB in every aspect of my career. There is research and education for every technique and skill we perform as nurses. Research is always needed to proved better and current care to our patients.	my PIC question. I was able to differentiate and identify the difference in a quantitative and qualitative study. This class taught me how to search the databases more confidently for my PICO question. I ran into a problem with one of my articles being outdated, and I had to go back and search for a current one. Before this class, it would have been difficult, but after taking this class I was able to search quickly.	and were manageable. As far as the grading rubric, the only concern I have is typing APA into the discussion board. It is very hard to type APA correctly into the discussion forum. You can put a lot of effort into your work, but once you hit submit and the APA doesn't turn out right, you get points deducted.	can help the team that I work with to identify what may be the best outcome for the subject. I can help them identify how to research the topic and identify what may be the best possible outcome.	communication between nurses. Often times patients will ask why do the nurses have to round daily at shift change. I will be able to explain to them that is for their safety.
▮▮▮▮▮	Thursday, April 30, 2020, 9:11 PM	Upon completion of this course, I feel confident in locating and critiquing reliable evidenced base research to use EBP in caring for patients in my nursing practice.	This course gave me insight and knowledge to locate reliable, valid, and current literature from several databases to select the most relevant studies to answer my PICO question	The assignments in this course have prepared me to narrow down the research process and find the most relevant studies through the use of keywords, limiters, advanced searches, which is a great time saver when searching for multiple studies.	I will definitely promote, teach, and implement new policies and protocols for practice utilizing EBP throughout the organization that I currently practice.	Through education and training of clinical staff, and hospice interdisciplinary team
▮▮▮▮▮	Sunday, April 26, 2020, 6:43 PM	I do believe that I am ready to utilize EBP when caring for my patients. I am now more comfortable with search databases to find credible resources to find accurate and up to	This course enhanced my knowledge and skills with using the databases by making more confident in using them. Also, it helped me to learn what specific words to use when	The course has definitely made me more aware of the steps that are taken in the research process. It has also made me appreciate the research process a little more. There is	I will for sure recommend the use of EBP in the clinical setting. Although when it comes to new ideas sometimes they are swept under the rug unless it comes from upper	My EBP that I wrote about is not really applicable to my job, but should my family and friends be interested in it I would be more than willing to show them

		date information. I am comfortable with implementing the care that is suggested in these studies as well. I am more familiar with the research process and can better understand and appreciate the work that went into the study. When bringing studies to the attention of providers, I feel that I am more confident in doing that as well.	searching for a certain topic. In doing that it assisted with me having to spend less time researching and more time learning about the topic.	so much work that goes into research and finally see the recognition that they should be getting.	management. But, I have no problem with trying to suggest a new EBP should there be a change for me to use it.	my research that I did about PPD.
▇▇▇▇▇▇	Wednesday, April 29, 2020, 11:28 AM	I do believe that I am ready to utilize evidence-based practice when caring for my patients. Evidence based research is so beneficial to nursing practice. When an outcome is reached and can be proven to elevate the level of care, it should always be used if safe! The research in this course has given me the confidence to research other topics that are vital to my pediatric patients.	The course aided in enhancing my knowledge and skills related to searching different healthcare databases for research studies to answer my PICO question by helping me become more comfortable with the search process in general. I was able to search all databases from a general angle and more specialized one as well. By the end of the assignment involving my PICO question, I knew exactly how to modify my search on each database to find the article that was right for me.	Thanks to the assignments in this course I am more aware of the steps in the research process. I honestly believe the assignments in this course adequately prepared me to write my final paper. The grading rubric was fair and overall well laid out.	Just like other RNs, I took expect evidence based care for me and my family. I also plan on being a mentor for prioritizing EBP in the clinical setting. I want to be able to elevate patient care and outcomes and to do this I will need to be using EBP.	I plan on disseminating the outcomes of my EBP project to members of the nursing profession, interprofessional colleaues, and my patients by word of mouth and possibly in the future by a handout or my research paper itself.
▇▇▇▇▇▇	Saturday, April 4, 2020, 7:25 AM	Yes, I do believe that I am ready to utilize evidence-based	This course helped me understand the necessary	I am more aware of the research process and I am able to find	Yes, I enjoy researching and implementing EBP	I have also emailed my chaplain about nursing fatigue and

		practice when caring for patients' because I know where to find it, what makes it a reliable source, what EBP should entail, and how to determine the legitimacy of it.	components of EBP. It helped me understand how to properly use key words to obtain a more narrowed results list of article. It also helped me understand how to develop a PICO question into a full EBP article.	article that fit my search criteria much faster than before. I believe that the assignments were very heavy in this course and I would have rather completed more assignments but that were less time consuming, in order to practice the EBP search more.	into my clinical work because the more you teach a patient and family, the more you are setting them up with the knowledge to not return to acute care or emergency services. You are setting the patient up for success when giving them information to help keep them healthy and stop or slow frequent admissions to a hospital for non-compliance, or lack of education. I also enjoy knowing the most frequent and updated information of my clinical practice, because this allows be to be able to give the best and updated care and teach fellow staff members the newest innovative EBP as well.	grief briefs in this time of our global pandemic, and he has forwarded the EBP and skills based upon the information I had given him, to every employee in the hospital.
▮▮▮▮▮▮	Wednesday, April 15, 2020, 1:22 PM	I feel comfortable researching and utilizing EBP. I like to remain up to date on nursing practice. This benefits the hospital and patients receiving care.	I still have trouble finding what I need on CINAHL. I used Medline more, I also used Google Scholar which resulted in an abundance of articles. Throughout the process I learned that it is easier to research a specific topic, find research, then develop the PICO question. I developed	The order of assignments made the process easier because each step was broken down each week instead of giving an assignment all at once. I found this was less stressful.	I work in Quality Management so I utilize EBP on a daily basis.	The literature review table would be a quick and easy way to introduce the data to the physicians, then I would introduce the table to the nurse manager based on the physician approval.

			my question first and it was very difficult to find articles specific to the question. Lesson learned.			
███████	Friday, April 17, 2020, 2:03 AM	Yes. I believe this course has taught me the necessary information and steps in order to determine if information is evidence-based and how to apply that information in clinical practice.	I previously did not know that when searching for literature, you can use international research studies. I have always thought the study had to be completed in the United States.	The assignments in this course definitely made me more aware of the steps of the research process. I would recommend spacing out the assignments with more writing so that they are not all at the end of the semester and back to back.	I feel that I am already a mentor for prioritizing EBP in the clinical setting, because evidence-based care should be the only care we are giving to our patients.	I will encourage my colleagues to advocate for their patients and the types of heart catheterization they can have. I will also recommend to the physicians the wishes of the patients. Most importantly, I will remind my patients to be informed.
███████	Sunday, May 3, 2020, 9:16 AM	I believe that I am ready to utilize evidenced-based practice into my nursing practice. I think that I have a good foundation on using EBP, but comfortability with it will come with time. Providing care that is based on evidence versus the standard "that's the way we have always done it" gives me more confidence that I am providing safe care. I feel that I am ready to use EBP in my practice because there are things in my current practice now that does not make sense, with no reasoning as to why	NURB 3224 I enjoyed and wish that I would have been able to really get into it without the backdrop of COVID-19. I feel that there will be a lot of EBP, after this, related to COVID-19, nursing practice, JACHO, CDC, and research related to pandemic responses. This course helped me expand my knowledge of other databases. These other databases have different focuses and expands the net/cast when looking for EBP research. Using just CINHAL, I would only find research articles that	I liked the way this course was set up. I feel that the each week going through each step as it a applies to your specific topic was very helpful, and truly brilliant. It helped me to put it all together. Doing it that way, allows me the opportunity to look back and see what I should have done differently. By the end of the course, while putting the EBP paper together, it was too late to go back and pick another topic/PICO question and it forced me to continue with what I had. I can appreciate that because that	I plan on being a champion for prioritizing EBP in my clinical setting. Many things that we do, do not have any written reasoning as to why we do them or how it benefits the patients we care for. My employer encourages EBP, however it makes changes on a larger scale that does not trickle down to benefit actual, direct patient care. An example would be, changing the clinic settings into teams but no direction/standardization of the roles and responsibilities of the team members.	I shared my findings with one of my coworkers, who also happened to be one of my clinical instructors during my 3rd level ASN clinical with Northwestern. I shared this information with her because she appeared to be in need to know burnout is common in o

		things are done. I already find myself trying to locate research that addresses certain practices that I feel are not ideal for the safety of patients, but because of "that's the way it has always been done" is not enough for me to feel comfortable with some current practices.	focus on one part of the issue, for instance treatment for COVID-19, but to get a larger picture of COVID-19 I can search in a different database and find another healthcare aspect like the affects of COVID-19 on mental health in the family of the victims of COVID-19. The social work research part of healthcare is not found in CINHAL, and in order to fully look at a topic of interest, other healthcare practices must also be looked at.	made me look back at what I could do differently next time as I move forward into nursing. The rubrics were very clear, however it did seem that a couple of the headings in the EBP rubric were similar and it was hard for me to differentiate the two headings without repeating some information, but that may more-so be just a "me problem".	Institutionally there is an EBP related change, but it is not translating to improvement in direct patient care because of the lack of clear direction on roles and responsibilities. I think the difficult part about EBP is finding information that directly applies, as society evolves and changes occur, there are so many different areas in healthcare that can be improved upon that EBP has not addressed yet. I do see myself continuing to search for EBP information in order to change my own practice environment in order to provide better care for my patients. I am also always sharing the research information that I do find with my coworkers in hopes that they will also be encouraged to pattern their care based on evidence versus "this is the way we have always done it" frame of mind.	
███████	Saturday, May 2, 2020, 8:59 AM	I do believe that I am ready to use evidence-based practice in caring for	This course enhanced my knowledge by giving me the opportunity to use the	I am more aware of the steps in the research process because of this	I do plan to champion for prioritizing EBP in the clinical setting. Many times I have	I plan to share the information that I have learned about meditation with my

		my patients. I have learned that EBP is the best way to give quality care to patients, care that is backed by evidence. This class has given me more insight into how import EBP is and how to find quality research to help guide my practice.	databases time and time again, making me even more comfortable using those databases. This course also taught me how to find reliable sources.	course. I recommend another assignment where students critique a research article but maybe one of the articles they will use in their professional paper.	been told something along the lines of "oh, this is just how we do it." That never sits well with me. I want to know the why behind the interventions that I use for my patients and I want to be able to tell them the why. I also want that why to already have proof of it's effectiveness to back it up.	colleagues. I also plan to advocate for the hospital that I work in to implement a policy that allow nurses a set amount of time each day for meditation or mindfulness.
▮▮▮▮▮	Tuesday, April 14, 2020, 3:43 PM	I do feel better prepared to utilize EBP in caring for the patient population at our facility. Prior to this course, I thought I understood what evidence-based practice was. I was incorrect about that. I now see the importance of gathering information from the most current data available and evaluating the information to make an informed-decision, so to speak, about incorporating and/or changing our current clinical processes. Over the 15 years of my career in nursing, I have found that nurses tend to continue practices because that is what has always been done traditionally. This	This course taught me how to use better keywords and use limiters to help me identify the type of research information I need. Previous courses provided an overview but this course went into detail and explained why we search databases and not just simply google information. The course also allowed me time to utilize the library resources available to online students. I was also able to learn more about OVID and locating full-text articles that were not available through the CINAHL database.	I am definitely more aware of the steps in the research process and did learn that becoming a research nurse may not be in my future. I do, however, understand the importance of research and feel better equipped to perform a search for information. Recently, I used these databases to locate some information on prone positioning for ventilation and developed a protocol for our facility. The medical director of our Hospital Medicine group assisted me with the search and we both found some of the same information. I have no recommendations to improve the	I have already become the champion for EBP prioritization at our facility and in our critical care department. Perhaps I am not the leading one for our hospital but I am definitely the loudest one. I have also encouraged our Associate Degree nurses to become proactive in their education. The main thing that is missing from the 2-year program is research education and moving forward, I plan to stress the importance of research to nursing as a profession.	I plan on sharing my findings with the leaders at our facility and with the nursing staff in our department. Hopefully, this will help enhance patient education.

		must change and the change starts with us. Evidence-based practice and research is extremely important in ensuring the best outcomes for our patients. I feel it is also important to take what I have learned from this course and incorporate it in my everyday practice.		assignments and/or grading rubrics. I felt they were consistent, fair, and pertinent to the course objectives.		
▮▮▮▮▮	Friday, April 3, 2020, 3:26 PM	Yes. EBP is critical in nursing due to practices changing so rapidly. I have learned so much in this class. Prior to this class, I hated research and thought it was a waste of time. Thought out this class I have learned the importance of research and now I am more confident with finding research studies.	I use to hate researching topics and now if I have any questions with nursing practices I stop and find a research study on it. Since this class has started there has been multiple times I have researched a topic and the current practice has changed from what I and the others nurses I work with have learned in school. I have learned what to look for in research articles to determine if all the correct information is listed.	This class has been super beneficial. I have learned new things with each assignment. Overall what has helped me the most is finding research articles based on the information given. I really think the feedback from the instructors has helped. With some assignments if I did not understand correctly I was given an example and seeing the example really helped me understand.	Yes. Now that I am more comfortable finding research studies, I will use my skills to educate the staff on the constant changes in health care and to help keep myself along with other staff members up to date on the latest.	I plan to use the knowledge I have learned from my EBP project daily in my job and to educate others along the way.
▮▮▮▮▮	Monday, April 13, 2020, 1:47 AM	This course prepared me to utilize evidence-based practice in caring for my patients. I have more knowledge on the research process. I can now properly analyze research	I can now use databases to find accurate research based on evidence based practice. These studies can help to research questions such as PICOT questions.	I was made aware of the steps in the research process. All the rubrics were very clear.	During this class I began printing out EBP articles that can improve my unit. Most recently I made information sheets for my patients who plant to breastfeed	I have already started to share the results of my research project with fellow employees on the evidence based practices I have found. I have also started teaching my

		studies. Now that I know how to analyze research studies I can better understand them and incorporate them into my everyday nursing practice.			during the COVID outbreak.	patients and their families these practices.
▮	Thursday, March 26, 2020, 4:39 PM	Yes, I will be ready to utilize EBP in caring for my patients. As I mentioned earlier, I am currently serving as chair of the Unit Based Council (UBC) for the Inpatient Unit. This class has helped me learn that good ideas are helpful, but they must be backed up by EBP. Some of the nurses on my unit thought it would be a good idea if the anesthesiologists placed all posterior spinal fusion patients on a bowel regimen before surgery in order to lessen their abdominal distress and constipation postoperatively. A research study by Olsen, Brox, & Bjork, (2016) concluded that there is no evidenced-based research that supports bowel preparation before major spine surgery; and recommended it	I began searching on my own for articles that could potentially answer my PICO question and got very frustrated. I finally made an appointment with Ms. Voebel at the NSU library. She showed me how to request articles through an ILL request. She also taught me how to use references from good articles to broaden my search. We used keywords to search CINAHL, PUBMED, and OVID. Mostly, I learned to keep trying and not give up.	I do feel more confident in searching for articles of interest using keywords and limiters. Scanning an article's abstract gives me an idea of its purpose and gives me enough information to decide if the article is pertinent. Critiquing literature was not my favorite project this semester, but doing it helped me to understand the components of an article's trustworthiness. Also, the "review of literature" section of an article can open the door to more studies on the same subject. In my opinion, the assignments and grading rubrics were appropriate for this class.	I would absolutely mentor someone who is advancing their knowledge about EBP. Patients deserve to be treated by nurses who have the confidence that their practice is backed up by proven research. In a recent meeting, I caught myself challenging a co-worker to back up her great idea with EBP research. She agreed to follow through and then communicate the results to the rest of us.	My co-workers, the Inpatient Unit Director, and the Patient Services Director are all eager to hear the outcome from the research I completed. As soon as we get through the pandemic situation, we will have a UBC meeting and I will disseminate the result

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		not be done. I see more EBP research in my future on this subject.				
▮▮▮▮▮▮	Saturday, March 28, 2020, 11:13 PM	I do believe that I can care for my patients utilizing evidence-based practice. Part of being a professional nurse is knowing when you don not know something and need to research an answer. This class has prepared me to not only find evidence based research but to understand what I am reading. Depicting if a research article is evidence based is also a major lesson from the class. Just because an article is published does not mean that it has the most founded research.	This class enhanced my knowledge by helping me use the correct filters on my database searches. It is important to utilize articles that are peer-reviewed and evidence based. Articles that have been published later then five years can be outdated. Many articles may have been published in the last five years that revoke previous research. All of this knowledge helped me when looking to answer my PICO question.	I do believe that I am more aware of the steps in the research process. A recommendation would be to add a bonus assignment quiz on all of the research vocabulary. There were a lot of new terms to learn in research and it would be a great way to sort them all out.	I believe that most if not all of the hospital care tasks performed on patients are evidence based. We cap our iv lines a certain way and we insert foley all by evidence based practice. I will most certainly champion for prioritizing evidence based practice as it saves lives!	Having educated discussions with coworkers is an important way to bring up issues in healthcare. Looping the managerial team in on nursing areas that need help is a must to execute change. Nurses must be advocates and speak the all levels of the chain.
▮▮▮▮▮▮	Saturday, April 25, 2020, 7:37 PM	I believe I am ready to use EBP in my every day nursing practice. I am now able to better locate information throughout a research article and am familiar with research terms.	This course allowed me to define research related terms, locate relevant information in an article and formulate an appropriate PICO question.	I am now more aware of the steps in the research process. I recommend adding some samples of EBP paper topics at the beginning of the semester. Personally, I struggled with coming up with one that would have adequate literature available.	I plan on being a mentor for prioritizing EBP in the clinical setting, as it shows proven benefits for better patient care outcomes.	I plan on encouraging that all coworkers provide care and make clinical decisions based off of EBP and facility policy.
▮▮▮▮	Monday, April 27, 2020, 9:04 PM	Yes I believe I am. I have spent countless	When I first started using CINAHL I was	Yes I feel confident in doing nursing	I would surely volunteer to be a	I plan on educating them on the

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		hours over the last year researching and writing about evidence-based practice in nursing. I am also utilizing it at my place of employment. I have also had the best group of professors I have ever had and they have been so supportive and patient.	very overwhelmed but as time has gone by it has been easier to use. I am still learning to use the other databases but most of them are user-friendly.	research and the course was well organized. I do not feel any improvements are needed.	mentor. There is an employee I work with who is not a nurse but she asks me nurse related questions often. I suggested she go to nursing school but she is not sure. I would definitely be her mentor.	importance of healthy eating and lifestyles to avoid diseases like hypertension and diabetes which are prevalent in our country.
██████	Sunday, April 19, 2020, 1:43 AM	I feel confident in my abilities to utilize evidence-based practices. Currently, I use journal articles and other peer review findings to improve patient outcomes. This class has made me feel more competent in my research and reviewing abilities.	I already understood how to search databases but I did get to practice different ways to search and word my searches to receive the results I needed.	The rubrics were clear and gave me a direction and path for my research and paper.	I am responsible for much education in my clinic and finding answers to presented questions. The information I gathered from my EBP project will be shared with my colleagues and used in my practice.	I plan on sharing the articles I found during my research with my colleagues through conversation and during our monthly quality meeting, during my part on home transition.
██████	Sunday, April 12, 2020, 7:14 PM	Although finding EBP pertinent to the situations we encounter as nurses seems at first like a time consuming task, it can actually save valuable time. Learning the successful practices used by others in similar situations may assist us in solving our own issues. After completing multiple assignments requiring me to identify EBP, I	Frequent practice required to complete assignments and instructor feedback on assignments were the most helpful methods in enhancing database searching skills during this course. Practice makes progress, of course, but knowing I had assistance when needed alleviated a lot of the anxiety I associate with research projects.	I believe this course improved my awareness of the research process. This course seemed to enhance the skills first introduced in Informatics. The assignment guidelines should be reviewed for cohesiveness (particularly for the home visit assignment). At times, there were more documents required by	I do anticipate incorporating EBP into my clinical practices.	Findings of EBP project will be shared with coworkers during interdisciplinary meetings and with patients during this month's focus on mental health educational group sessions.

		believe I am ready to utilize EBP in caring for my patients. The frequent practicing of locating EBP guidelines has made in more confident in my ability to do so.		assignments/rubrics than attachments allowed in submission links.		
	Saturday, May 2, 2020, 2:25 AM	Yes, I believe that I am ready to utilize EBP in caring for my patients because I now can confidently research and ask the appropriate questions to incorporate EBP in my care.	In the ASN program, we were encouraged to stick to the CIHNL database when doing research. With this course, I learned how to maneuver and find other articles relevant to my research, giving me more than one backbone to lean on.	I am definitely more aware of the steps in the research process and they help me to organize my thoughts better. As I end this course, I do not have any recommendations for improvement.	Absolutely, I do plan on being a champion for prioritizing EBP in my current setting. So many times, I have heard both new grads as well as vet nurses say, " I don't really know. That's just how it is." I find this unacceptable and I will definitely take advantage of these times to research these answers and share them with fellow colleagues.	On our unit, we have a wall in our break room for posters and reads. I am an art person, so I plan on making posters and trifold boards to project my findings and encourage studying EBP on real-life issues.
	Tuesday, April 21, 2020, 11:40 AM	Yes, I have learned so much during this semester with evidence base practice. Every article I read I relay it to my patients.	The PICO questions actually make me "think" which is a good thing.	The only thing I had issues with was the References, maybe help with indenting.	Everyday at work we are all mentors for someone in the community.	With new knowledge, we as nurses like to discuss these issues at the dinner table at work.
	Wednesday, April 15, 2020, 3:26 AM	I do believe that I am ready to utilize evidence-based practice when caring for my patients. With the help of this course I have learned how to find useful evidence-based practice articles and use critical thinking skills to apply them	While working on assignments throughout this course I was able to explore many databases. I learned how to search more efficiently in order to produce the articles more relevant to my subject. With the use of keywords and limiters, and	I do believe that I am more aware of the steps in the research process. Overall, the assignments in this course were very informative and aided in the learning process very well. I would not change anything about the assignments or grading rubrics.	Yes, I would love to implement EBP in my daily routine to the point where my co-workers would look to me for help in their own practice. I believe this course has given me the knowledge to be able to search and apply to my own practice, as well as help others.	I would definitely like to share my EBP findings with the doctors in my hospital. Based on the research I have found, it would no doubt be beneficial to the patients in my facility. It would be wonderful to share these findings and help implement this.

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		to the current situation.	arranging them in different ways, I was able to produce results that often came up with good articles. I also learned that it is possible to search a handful of databases at once.			
▮▮▮▮	Sunday, April 5, 2020, 10:10 PM	I believe I have refined my search skills even more by taking this class. I do believe EBP should be a core competency for all clinicians. It is imperative that providers realize and accept new and changing ideas and theories. Getting stuck in the "way we have always done it" is not only detrimental to the patient, but it is also detrimental to the growth of the clinician's trade. I do believe I am ready to utilize EBP in my practice. I believe my patients deserve the best care I can give them. It is important to continually educate myself and provide them with the care they deserve.	My PICO question proved to be difficult in finding tons of reliable studies on it. It made me have to step out of my CINAHL comfort zone and search other databases. CINAHL was helpful, but for my particular topic PubMed was a better asset. My biggest regret about my topic was that I could not find a large study done on it. This topic really needs more research done on it for other healthcare professionals to fully embrace it.	I will be honest, at the beginning of this course I was quite nervous that I would not learn as much as I have. I did learn how to navigate the databases and refine my searches even more. I appreciated the rubrics for each assignment, as they helped me to understand what the professors were looking for in each assignment. I also really liked how the research topic was stated at the beginning of the semester and evolved throughout. I feel I really got a better sense of research by pondering and evolving my theory over several weeks.	I have already started speaking out on the topic of my EBP, though I find the mindset hard to sway. In many cases I am considered the newbie and many times people believe I am mistaken or that I have read something in a book that is invaluable to the "real world."	I think the most important thing you can do is form trusting work relationships with your colleagues. They need to trust you as much as you need to trust them. If they trust you to provide optimal care to your shared patients then they will be more open
▮▮▮▮	Sunday, April 12, 2020, 2:40 AM	I believe that this course has motivated me in ways that I cannot describe. I have never been a person to research. I	This course enhanced my knowledge and skills in many ways. I have never written an EBP paper so this was a very new	The way the course was set up worked great for me. I love how the steps in the research process were broken down into	I definitely plan on being a mentor for prioritizing EBP in the clinical setting. I plan on using my new found research	I plan on disseminating the outcomes of my EBP to members of the nursing profession, my colleagues, and

		use my peers knowledge in most instances in times where time is a factor. This course pushed me to leave my comfort zone and work diligently toward the goal of utilizing EBP. I believe I am ready to use my knowledge from this class to practice in caring for my patients. I appreciate everything I have learned.	experience for me. What really helped me was the step by step process I was asked to follow each week. It helped to really break down how to build the paper. Any assignment I have ever written in nursing school has required me to use a healthcare database, but I struggled greatly with it. This course helped me become more confident in using it which made locating research studies for my PICO question much easier.	weekly assignments. Upon starting the class, I did not see how the assignments were coming together for the assignment. Once I got further into the course, I realized that every step of the way was part of the bigger picture and not busy work. I appreciate how the assignments were set up and I personally recommend the assignments stay the same.	skills to utilize studies aimed at improving patient outcomes. I also plan on bringing this knowledge to the interdisciplinary team to find the best plan of care for each patient.	patients by providing research that is current within the past five years and provides accurate information.
▮▮▮▮▮	Tuesday, April 14, 2020, 6:10 PM	Yes, I do believe I am ready for evidence-based practice. Through this course, I was able to dissect and understand research articles. I realized that not all articles are considered research articles, although these articles populate when limiters are set. For instance, some articles are for quality improvement projects or policies. In the future, I will be able to review the articles more closely and interpret the	This course, as well as the previous courses, introduced me to the MESH on demand features, and the online course with the librarians on how to find articles for the PICO question helped, immensely. With these search features, I could find more information in the databases. I also reviewed each article's references for additional articles. I managed to find additional articles through this method and found these articles in other	Yes, I am more aware of the steps in the research process. The research process takes more work and time than just 12 weeks. I liked that each portion was broken down each week. For instance, in one week I was able to find articles for my PICO question. In another week, I reviewed one and submitted the information with questions on what the design is or the results. By the time the literature review table assignment was	Honestly, I have not considered being a mentor or champion for prioritizing EBP; however, I can get more information with my facility on this process. I hope in the future I will be able to be a mentor for prioritizing EBP.	Since my facility already had a Nurse Residency Program, I can provide more information on having a longer program than just three months, especially for the Progressive Care Unit. This unit is the busiest and most difficult for new nurses.

		information. The brief biography of the authors/researchers also provide information about how accurate the information can be.	databases other than CINAHL. CINAHL is the best place to find the articles, but I did not limit myself because I wanted to make sure I had more than enough articles to review before choosing the three for my project.	due, all I had to do was take that information and place them into the table. Then, this table was used in the final EBP project. I believe this helped because the literature review was the bulk of the EBP project. I followed the grading rubric the best that I could and answered the questions within the rubric. These questions helped with my assignment, and I had a better understanding of what was needed in a certain section of my paper. I do believe assignments and the grading rubrics helped with my EBP project.	
[REDACTED]	Wednesday, March 25, 2020, 7:40 PM	I believe that I am ready to utilize evidence-based practice in caring for patients. This course, as well as other courses I've taken in the RN-BSN Program has allowed me to learn about the different databases available, how to choose the most relevant research terms to answer my research questions, and how to utilize the tools and limiters	This course, as well as my peers introduced me to the various databases available, so that I could find the answers I was searching for, to answer my PICO question.	The assignments in this course taught me many steps in the research process I learned qualitative versus quantitative research, different methods used in the research, the importance of the validity of studies, and how to interpret the results. I do not recommend any improvements in the assignments and/or grading rubrics. The assignments are	Yes! I am eager to continue to search for the most current evidence-based research and practice and to share with my peers, which will provide the best quality of care for those we serve. Personally and for my family, I can also share this knowledge.	The outcomes of my EBP project will continue to justify the need for nurses to assess high risk heart failure patients and to encourage providers to consult Care Coordination/Telehealth services for these patients, in order to improve outcomes

		available. The research critique assignment helped me with learning how to measure validity of the studies, so that I can practice the most reliable and current studies available.		within reason and the instructors are awesome.		
▮	Monday, April 20, 2020, 3:33 PM	I do believe I am ready to utilize evidence-based practice. Right now with the COVID crisis going on, as a front line worker, I feel we all are using EBP on a daily basis. Our practice is changing sometimes by the hour and it is our duty to remain flexible and resilient to these changes.	This course made me dig deeper into research. I've always been honest about never being big into research, but if we don't research, how will things change and how can we better our future as nurses? Being flexible to research different databases will expand not only your findings but your resiliency as a nurse researcher.	Yes, I am more aware of the steps in the research process. I have no recommendations to improve the assignments. The course load was appropriate for the semester. It is unfortunate that COVID occurred because I feel that added an extreme amount of additional pressure in our careers and stole all of our focus.	Absolutely, even though I was not able to carry out my original project, I do plan on implementing it at a more appropriate time.	I plan on submitting my findings to my hospital and I am hopeful that they disseminate it to the hospital chain and implement it.

NORTHWESTERN STATE UNIVERSITY
COLLEGE OF NURSING and ALLIED HEALTH

Graduate Studies and Research in Nursing
Faculty Semester Course Report

COURSE INFORMATION

MSN COURSE	NURG 5010
SEMESTER	Spring 2020
INSTRUCTOR(S)	███████████████████

FACULTY STATISTICS

Number of Faculty	Assignments
2	Shared course responsibilities

COURSE STATISTICS

LOCATION (add rows as needed for each student group)	A		B		C		D		F		TOTAL		W
	#	%	#	%	#	%	#	%	#	%	#	%	#
Online	40	72.3	14	25.4	0	0	0	0	0	0	55	96.7	2
In-Class Shreveport	0	0	0	0	0	0	0	0	0	0	0	0	0
Total # of Students	40	72.3	14	25.4	0	0	0	0	0	0	55	96.7	2

Reasons for Student Withdrawals:

1.) Two students withdrew from the course citing COVID 19 and family issues.

2.) One student requested an incomplete. She will be finishing her assignments in May/June and is aware that if assignments are not completed she will receive a grade of "F" in the class.

CONGRUENCY OF COURSE OBJECTIVES/EXPECTED INDIVIDUAL STUDENT LEARNING OUTCOMES, TEACHING/LEARNING PRACTICES, & EVALUATION METHODS

Course Objectives (speak to all)	Teaching-Learning Practices Used (instructional methods) *make sure each practice supports achievement of the course objective	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
7. Identify the role of the master's-prepared nurse in research (Essential III, IX; Program Objective (SLO) 2,6)	1. Discussion Board/FlipGrid #2	Discussion Board/Flipgrid Assignment #2 "What is the role of the master prepared nurse in research?"
8. Describe the steps of the quantitative research process (Essential III, IV; Program Objective (SLO) 1,3)	1. Module 1 Intro into Research 2. Module 2 Quant and Qual Research 3. Module 2 Quantitative Nitty Gritty	Assignment #6 – Research Mini-Proposal Assignment #7 – Poster Assignment #9 - IRB application Assignment #10 - Final Exam
9. Describe the steps of the qualitative research process (Essentials III, IV; Program Objective (SLOs) 1,3)	1. Module 2: Qualitative Research 2. Module 3: More Critique stuff: How to Critique Qualitative Research	Assignment #5 Literature Table by students NOT Qualitative Research as Quantitative Research. Assignment #10 - Final Exam
10. Identify elements of the research process in a research report (Essentials I, III; Program Objective (SLOs) 2,3)	1. Module 2: How to Read a Research Article 2. Module 3: Appraising Research Evidence 3. Module 4: Research Evidence 4. Module 5: Data, Data; Statistics in Research	Assignment # 3 Article Critique Assignment # 4 PICOT Question Self-Evaluation: Statistical Quiz Assignment #10 Final Exam
11. Compare and contrast methodologies used in quantitative and qualitative research (Essentials IV; Program Objectives (SLOs) 2,3)	1. Module 2: Quant and Qual Research 2. Module 3: How to conduct an Article Critique 3. Module 5: Data, Data, Data. Statistics in Research	Assignment # 3 Article Critique Assignment #5 Literature Table Assignment #10 - Final Exam

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Course Objectives (speak to all)	Teaching-Learning Practices Used (instructional methods) *make sure each practice supports achievement of the course objective	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
12. Evaluate research reports/articles based on stated criteria (Essentials II, IX; Program Objectives (SLOs) 1,2,4,6)	1. Module 2: CITI Training 2. Module 3: Appraising Research Evidence 3. Module 4: Literature Review Table	Assignment # 2 CITI Ethics Training Assignment #3 Article Critique Assignment #5 Literature Table
13. Interpret research findings within the context of clinical nursing practice, making the research-practice connection using the research evidence (Essentials II, III, IV, IX; Program Objectives (SLOs) 1,2,3,4,6)	1. Module 2: Ethics in Research, how to read an article 2. Module 3: How to Critique Research 3. Module 5 Data, Data, Data. Statistics in Research	Assignment #3 Article Critique Assignment #6 – Research Mini-Proposal Assignment #7 – Poster Assignment #9 - IRB application
14. Integrate elements of the research process into a proposal addressing a selected nursing problem (Essentials II, III, IV, IX; Program Objectives (SLOs) 1,2,3,4,6)	1. Module 6: The Art of Presenting, Mini Proposal Tips, *Where is the BEEF* and the IRB process.	Assignment #6 – Research Mini-Proposal Assignment #7 – Poster Assignment #9 - IRB application

* Meets Essentials; and Program Outcomes (SLOS)

The Master of Science in nursing graduate will be able to:

1. Integrate theories, knowledge, skills, and findings from nursing science, scientific disciplines, and humanities to guide the delivery of culturally sensitive care to clients, families and communities within the professional scope and standards of the advanced practice of nursing.

2. Demonstrate responsibility and accountability as a practitioner of advanced nursing and consumer advocate to affect relevant change that will improve the health of citizens at a local, state, and national level.

3. Utilize a scholarly inquiry process, grounded in evidence-based research, to become a producer and consumer of research evidence which contributes to the development and improvement of nursing theory, nursing practice and ultimately client and healthcare outcomes.

4. Analyze the effect of historical, cultural, economic, ethical, legal and political influence on nursing and health care delivery.

6. Contribute to the continued professional development and improvement of self, client, community and healthcare delivery systems.

The MSN Essentials:

Essential I: Background for Practice from Sciences and Humanities
o Recognizes that the master's-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.

• Essential II: Organizational and Systems Leadership
o Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships, and a systems-perspective.

Essential III: Quality Improvement and Safety
o Recognizes that a master's-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.

• Essential IV: Translating and Integrating Scholarship into Practice
o Recognizes that the master's-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.

Essential VIII: Clinical Prevention and Population Health for Improving Health
o Recognizes that the master's-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.

• Essential IX: Master's-Level Nursing Practice
o Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant

sciences as well as the ability to integrate this knowledge into practice.
Nursing practice interventions include both direct and indirect care
components.

Evaluation Methods <mark>highlighted in yellow</mark> are the outcome measurement that best measures achievement of the course objectives.
Expected course outcomes versus actual course outcomes, linked to each course objective, are discussed in the next section.

EVALUATION AND TRENDING
OF EXPECTED & ACTUAL COURSE OUTCOMES

COURSE OBJECTIVE 1
(Identify the role of the master's-prepared nurse in research (Essential III, IX; Program Objective (SLO) 2,6))

Expected Outcome for Objective 1: More than 80% of students will make 80% or above on **Discussion Board/Flipgrid #2 What is the role of the master prepared nurse in research?**

Actual Outcome for Objective 1: 98.1% (n=54) of 55 students made 80% or above on **Discussion Board/Flipgrid #2 What is the role of the master prepared nurse in research?**

OUTCOME MET in Spring 2020.

COURSE OBJECTIVE 2
(Describe the steps of the quantitative research process III, IV (Essential ; Program Objective (SLO) 1,3)

Expected Outcome for Objective 2: More than 80% of students will make 80% or above on Assignment #7 – Poster

Actual Outcome for Objective 2: 100% (n=55) of 55 students made 80% or above on Assignment #7 – Poster

OUTCOME MET in Spring 2020

COURSE OBJECTIVE 3
(Describe the steps of the qualitative research process (Essentials III, IV & ; Program Objective (SLOs) 1,3)

Expected Outcome for Objective 3: More than 80% of students will make 80% or above on Assignment #10 - Final Exam

Actual Outcome for Objective 3: 61.2% (n=34) of 55 students made 80% or above on Assignment #10 - Final Exam

OUTCOME UNMET in Spring 2020.

COURSE OBJECTIVE 4
(Identify elements of the research process in a research report (Essentials I, III & ; Program Objective (SLOs) 2,3)

Expected Outcome for Objective 4: More than 80% of students will make 80% or above on Assignment # 3 Article Critique

Actual Outcome for Objective 4: 85.4% (n=47) of 55 students made 80% or above on Assignment # 3 Article Critique

OUTCOME MET in Spring 2020 year.

COURSE OBJECTIVE 5

(Compare and contrast methodologies used in quantitative and qualitative research (Essentials IV & ; Program Objectives (SLOs) 2,3))

Expected Outcome for Objective 5: More than 80% of students will make 80% or above on Assignment #5 Literature Table
Actual Outcome for Objective 5: 74.5% (n=41) of 55 students made 80% or above on Assignment #5 Literature Table
OUTCOME UNMET in Spring 2020.

COURSE OBJECTIVE 6

(Evaluate research reports/articles based on stated criteria (Essentials II, IX & ; Program Objectives (SLOs) 1,2,4,6)

Expected Outcome for Objective 6: More than 80% of students will make 80% or above on Assignment #3 Article Critique
Actual Outcome for Objective 6: 85.4% (n=47) of 55 students made 80% or above on Assignment #3 Article Critique
OUTCOME MET in Spring 2020.

COURSE OBJECTIVE 7

(Interpret research findings within the context of clinical nursing practice, making the research-practice connection using the research evidence(Essentials II, III, IV, IX & ; Program Objectives (SLOs) 1,2,3,4,6)

Expected Outcome for Objective 7: More than 80% of students will make 80% or above on Assignment #6 – Research Mini-Proposal
Actual Outcome for Objective 7: 92.3% (n=51) of 55 students made 80% or above on Assignment #6 – Research Mini-Proposal
OUTCOME MET in Spring 2020.

COURSE OBJECTIVE 8

(Integrate elements of the research process into a proposal addressing a selected nursing problem (Essentials II, III, IV, IX; Program Objectives (SLOs) 1,2,3,4,6)

Expected Outcome for Objective 8: More than 80% of students will make 80% or above on Assignment #9 - IRB application

Actual Outcome for Objective 8: 94.5% (n=52) of 55 students made 80% or above on Assignment #9 - IRB application
OUTCOME MET in Spring 2020.

FACULTY–ADMINISTERED or COLLEGE–ADMINISTERED
AND UNIVERSITY–ADMINISTERED
END OF COURSE EVALUATIONS

FACULTY-ADMINISTERED END OF SEMESTER COURSE EVALUATION

**Put the faculty administered end of semester course evaluation ADMINISTERED in your course (if any) or the COLLEGE ADMINISTERED evaluation done by Dr. Clark here.

Question 1. **Type Here** Within the Course Survey, Students were asked to evaluate if each course objective was met:

This information is not available on the NSU Evaluation of Course and Instructor .

Answers Here

Course Objective 1 (n=___) ____% believed the objective was met.
Course Objective 2 (n=___) ____% believed the objective was met.
Course Objective 3 (n=___) ____% believed the objective was met.
Course Objective 4 (n=___) ____% believed the objective was met.
Course Objective 5 (n=___) ____% believed the objective was met.

Question 2. Type Here
- o   Answers Here

Question 3. Type Here
- o   Answers here

UNIVERSITY-ADMINISTERED END OF SEMESTER COURSE EVALUATION
*CAN ATTACH OR COPY AND PASTE INTO DOCUMENT

Questions 1-3 are about status as a student, giving the course the best effort, why they took the class.

Question 4: Rate the following statements about your class (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)

Learning Objectives were clear:
Section 01l (n=12) mean score on 5-point scale was 4.45
Section 02l (n=8) mean score on 5-point scale was 4.71
Section 03l (n=7) mean score on 5-point scale was 4.17

The material covered in class agreed with the course objectives:
Section 01l (n=12) mean score on 5-point scale was 4.55.
Section 02l (n=8) mean score on 5-point scale was 4.88.
Section 03l (n=7) mean score on 5-point scale was 4.67

Assignments and test aligned with the class material taught:
Section 01l (n=12) mean score on 5-point scale was 4.55
Section 02l (n=8) mean score on 5-point scale was 4.75
Section 03l (n=7) mean score on 5-point scale was 4.50

The amount of work for this class was appropriate:
Section 01l (n=12) mean score on 5-point scale was 4.45
Section 02l (n=8) mean score on 5-point scale was 4.25
Section 03l (n=7) mean score on 5-point scale was 4.33

The grading policy for this class was clearly stated:
Section 01l (n=12) mean score on 5-point scale was 4.45
Section 02l (n=8) mean score on 5-point scale was 4.88
Section 03l (n=7) mean score on 5-point scale was 4.67

The learning environment for this class was acceptable:
Section 01l (n=12) mean score on 5-point scale was 4.64
Section 02l (n=8) mean score on 5-point scale was 4.75
Section 03l (n=7) mean score on 5-point scale was 4.17

This class was intellectually stimulating:
Section 01l (n=12) mean score on 5-point scale was 4.36
Section 02l (n=8) mean score on 5-point scale was 4.86
Section 03l (n=7) mean score on 5-point scale was 4.67

Question 5: Overall, I would rate this course as? (1=extremely poor; 2=poor; 3=fair; 4=good; 5=superior)

Section 01I (n=12) mean score on 5-point scale was 3.83

Section 02I (n=8) mean score on 5-point scale was 4.13

Section 03I (n=7) mean score on 5-point scale was 4.43

Question 6: The following statements are about your teaching. Please mark the response that best represents how you feel about your instructor. (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)

My teacher appeared to be knowledgeable about the course material:

Section 01I (n=12) mean score on 5-point scale was 5

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

My teacher had high expectations for the students in this class:

Section 01I (n=12) mean score on 5-point scale was 5

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

My teacher encouraged interaction between faculty and students:

Section 01I (n=12) mean score on 5-point scale was 5

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

My teacher encouraged students to interact with each other:

Section 01I (n=12) mean score on 5-point scale was 4.75

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.71

My teacher gave prompt feedback to questions and assignments:

Section 01I (n=12) mean score on 5-point scale was 4.58

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

My teacher went beyond the basic course content to provide enriching insights:

Section 01I (n=12) mean score on 5-point scale was 5

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

My teacher displayed an appropriate demeanor and enthusiasm both inside and outside the learning environment:

Section 01I (n=12) mean score on 5-point scale was 4.92

Section 02I (n=8) mean score on 5-point scale was 5

Section 03I (n=7) mean score on 5-point scale was 4.86

Question 7: Overall, I would rate this teacher as? (1=extremely poor; 2=poor; 3=fair; 4=good; 3=fair; 4=good; 5=superior)

Section 01I (n=12) mean score on 5-point scale was 4.42

Section 02I (n=8) mean score on 5-point scale was 4.75

Section 03I (n=7) mean score on 5-point scale was 4.57

Question 8: For this class, how much time did you spend studying/working outside of the meeting times? (1=<1 hour; 2=1-2 hours; 3=3-4 hours; 4=5+ hours)

Section 01I (n=12) mean score on 5-point scale was _____ () No scale

Section 02I (n=8) mean score on 5-point scale was _____ (4)

Section 03I (n=7) mean score on 5-point scale was ___

Question 9: Explain how the teacher helped you learn the material for this class. Provide Examples.

• He was very interactive, encourages use of webex, he provides multiple videos to help us understand assignments and materials. He is a very interesting professor with the most enthusiasm and love for research that i have ever seen.

• Instructor answered my questions thoroughly and was helpful with explaining things

• Dr. Johnston is my favorite instructor this semester. Very involved and has a passion for setting his students up for success. The material was appropriate. There was room for improvement if you did not make an acceptable grade on an assignment as long as you communicated with Dr. Johnston. Weekly webex meetings were extremely helpful and not offered for any other course. Dr. Johnston always gave quick and timely feedback in the student cafe, emails, chats, etc.

• Webex meetings were great. any questions were answers promptly and efficiently.

• He made himself available often for the many many questions I had. The weekly WebEx were extremely helpful in understanding and completing the assignments and concepts. Without the WebEx to help explain the material, I would not have done well in this class. He encouraged discussion between students. He answered all emails quickly.

• Very eager to teach and watch students grow to understand the class. Very accommodating with WebEx meeting and participating in student led WebEx meetings as well. Dr. Johnston expects students to give 100% and provides the tools ....lots of tools to aid in this endeavor He taught with different modalities: Powerpoints, webex meetings, Youtube videos, emails, etc. The material is difficult but he makes it much easier to understand.

• The instructor was readily available via email, cyber cafe, and/or webex. This instructor provided examples for understanding of assignments.

• All of the material for the class was posted online in the moodle shell in separate modules. Within the modules there was the assignment requirements, material about the assignment, and at times extra videos of the professor speaking about the assignment. He conducted weekly webex meetings on Wednesdays. If we had a question, he was always willing to help in anyway that he could.

• Very available and willing to help. Weekly Webex meetings.
• n/a
• Both instructors for this class were extremely transparent by stating clear expectations regarding each assignment. Both instructors remained readily available to answer questions or address concerns and responses to email are prompt and efficient. Great instructors!
• The assignments were described in detail. The Professors always were available when you had a question. Power Points were provided and reference to the text we acceptable. Webex, cyber-café and email were available for communication. Dr Johnston did his best to help us figure out an assignment without giving the answers.
• Dr. Johnson was very open and available to help students. He went above and beyond to provide multiple ways for us to reach him and discuss class material and assignments.
• Dr. Johnston made time to answer any questions the class had either by multiple Webex opportunities or speaking to you by phone. he has always answered any question I had and helped me to
think as an actual researcher. I am appreciative of his help.
• This instructor encouraged email and use of the student cafe. They were quick to respond to all messages
• He provided lots of videos, web ex opportunities, and cyper cafe to ask questions.
• good
• He would spend time on the phone with me helping explain concepts to me that I didn't understand. He wanted me to understand them and gave me opportunities to better my grade if I didn't understand something.
• Dr. Johnston was always available to give feedback and help with assignments.
• Dr. Johnston was always available to answer a call or an email. It was apparent he wanted his students to think independently for this course but also in preparation of future courses and in the clinical setting. The support he gave students made me feel like he wanted us to be successful and I appreciate that. The Webex meetings were helpful as well.
• Dr. Johnston made me feel comfortable. He offered help continuously with no delay. He always gave prompt responses to emails. He provided face to face webx which were super helpful and gave me an opportunity to communicate verbally with he. He also lead me to think outside the box. I like the way the assignments were posted to build on the material before to create step by stepguidance. He also provided adequate time to complete each assignment, and was very clear about the his expectations.

Question 10: Explain how this class met or did not meet your expectations. Provide examples
• It was not what i was expecting, but this class gave me a different view of research and a new appreciation for it.
• n/a

• i feel as if i needed another orientation to research. it was very difficult to apply the terms to real life situations. examples would help

• I thought that the way the assignments and posts for each module in Moodle were done was a bit confusing, especially the first several weeks of class. There were too many folders and folders within folders that it got chaotic and hard to follow. Sometimes things would get added to the module after it was opened and I had already looked at it. As a result, I would miss seeing the new information posted after the module opened. It was very easy to miss something. I found myself looking in Modules multiple time each week to make sure I didn't miss information. Occasionally the due dates for assignments were different on the syllabus than the due dates listed in Moodle (earlier in the semester before the pandemic hit) which made it a bit confusing as well. I found that the material for this class was very difficult to understand. Although Dr. Johnston would post videos, I felt it did not teach/explain the concepts and application of the concepts well. I still found myself

confused and unable to apply the concepts. The book was not much help in explaining the information either. It would be helpful to have the videos simplify the information and teach the concepts in a way that is easier to understand and help us to apply it to studies before we have to use it in completing an assignment.

• Too many resources at times. For the most part, at the beginning of the semester we were inundated with tons of information, videos, videos, and more videos (some very old). After a while, you forget where you heard the material, which is difficult when needing to refer back to it. Several videos were several semesters old so some of the material or grading requirements were different. Overall, the class was good but slimming down on unnecessary videos and excess material would help. As far as grading, the projects and assignments were deep, but there has to be a better way to turn out grades in a more timely manner.

• This class met my expectations by exceeding explanations of the foundations of research.

• This class builds from the beginning. Therefore, the topic you choose in the beginning stays with you until the ending assignment. Although we were aware of that, when you get to the end of the assignment, if you don't do well on it, you feel defeated. I would rather be told and guided in the beginning to choose another topic, than get to the end assignment and not correctly complete theassignment because of my topic

• This class met my expectations most of the time. You really had to put a lot of time and effort to make good grades on your assignments.

• I understand this is a graduate course; however, for most of us it has been YEARS since we have taken a research class. Having some kind of review or aid in refreshing our memory would have been very beneficial to a lot of us. Reading multiple chapters in a research textbook can be hard to wade through and difficult to absorb. Again, I understand this is a graduate course, I am simply stating what I have gathered from multiple students.

• good

• Too much time is spent trying to figure out exactly what is required for certain assignments. I had to contact instructor personally numerous times because assignment was very vague. I had never taken a research class before, thus all this was very new to me.

• I was afraid of this class at first, but it really isn't that bad. Dr. Johnston made the class funny and interactive to make sure everyone understood and was on the same page.

• There was a lot of material to get through. Sometimes the two books gave the exact information. Research is very important because I have learned everything in literature is not always accurate. I wish information could have been broken down a little more so we get the basic steps of research.

• It exceeded my expectations with regard to content. The information taught provided a nice knowledge base for future courses.

• This class met my expectations by, not only, learning the material but actually using the material to create a research project. The material was taught to use and then we applied it. I loved that the most about this class. I learn by doing, and this was an ideal way for me to learn.

Question 11: Describe what you liked best about the class:
• The mini proposal, from my own PICOT question.

• videos were very helpful

• Timely feedback and grades before following assignments. Weekly webex. Quick response to questions and/or concerns.

• webx meeting. prompt emails. interactions were very encouraging

• I was very thankful Dr Johnston made himself available very often for our questions. I was extremely grateful for the WebEx every week. Without that opportunity to ask questions, I would have probably given up. I liked his quirky videos even though I didn't feel like they taught me the concepts very well. I think the assignments for this class will help us to be more prepared for our PILT and have some understanding of what to expect.

• I liked the fact that Dr. Johnston was so eager to help. He made to that everyone knew to reach out with any questions or concerns. He took time to have WebEx meeting weekly and sometimes ore often if we were struggling with a project. When I didn't do as well on a project as expected, he emailed me so we could discuss it. I was frustrated about my grade and not real thrilled to be rehashing the project but I'm glad I did. One on one discussion and explaination really help. Loved the fact that there were NO group projects !!

• Finally understanding the foundation of research.

• I liked preparing to conduct my own research, although it was stressful, I learned a copious amount of information regarding the process.

• Dr Don was always willing to help. He would respond quickly to questions through cyber-cafe and email. I liked that this class forced you to learn the information. You really had to read the chapters and listen to and watch the power points.
• The openness between professors and students. Also, instructions for assignments were thorough and clear. We all appreciated the availability of Dr. Johnson throughout the course.
• I appreciate the fact that rather than weekly assignments there were larger projects due throughout the semester. As a full time nurse I believe this made my schedule much more manageable. I liked the fact the faculty were available at basically at any time, and also offered up extra web-ex meetings for those struggling to understand the class. I also appreciated the fact there was extracredit available.
• I learned a lot about research that I didn't already know.
• everything
• Have a better understanding of the research process and how to obtain pertinent research articles.
• All of the assignments were different. It wasn't just paper after paper. It was different projects, which made the class a little less overwhelming.
• I love Dr. Johnston enthusiasm about research. This class taught me just because it's printed does not make it accurate. How to formulate a research from ground up. How to critique articles which I will be perfecting until I get it down to a science.
• I realized how much I enjoy research and really appreciate the wealth of information taught in this course.
• Dr. Johnston was a great teacher and made the class very interesting. He is very passionate, which in return makes me want to learn about research. I liked the webx group chats!

Question 12: Describe what you liked least about this class:
• It was basically new content for me because I have been out of school for 10 years, so it was difficult to understand alot of the concepts.
• at times i had a hard time understanding what i was suppose to do on my project, but instructor always cleared it up
• the content is hard to grasp.
• The information in this class was very hard to understand for beginner research students. I think for this first research class, the information should be explained better and how to apply the concepts to research papers should be taught. Some of the videos were very long, and when I finished watching them, I did not feel like I had a better understanding of the material I was supposed to learn. They really did not teach us much about the concepts or how to apply them, in my opinion. The book was not helpful in explaining much of the concepts. After spending an hour or longer watching a video, I should be able to have a clear understanding of the concepts being taught in that video. Instead I felt like the videos were kind of a waste of time. I had no better understanding of the material. When you are working and taking 3 or more

classes, time is precious. I also disliked the lack of organization for the modules in Moodle. There was a lot of folders for each one and when
things are added after it opens, things get missed.
• I found the statistics quiz pointless. Although, it was for extra credit, the study guide was >65 pages and the material was unrelated to the core content of research. The pre-quiz we took the first week of class (for no points) and then we retake it the last week of the semester as a final. We've already cranked out some tough projects, literature reviews, posters, papers, etc....now were takingano ther quiz the last week....seriously! Not a Fan
• I don't like that the professor does not tell you that your PICOT question will not work. We will still learn if told it will not work. It will force us to think outside the box to find a topic that will work. Also, its frustrating getting to the end assignment only to find out your topic will not fulfill the necessary requirements.
• I did not like how much time each assignments took. We are grad students and have full time jobs and families on top of other classes. Sometimes I felt the assignments were difficult to understand.
• Very vague assignments
• I hate that a global pandemic happened in the middle of this semester. It really effected my focus for about a month and I was afraid I wouldn't get it back.
• The mass volume of information. Not enough time to understand one concept before introducing the next.
• Internet learning is a challenge that I must become accustomed to during graduate school. I miss interaction with other students.
• I do not like the fact that Dr. Johnston was the main teacher and the one I interacted with, but another teacher was the one who actually graded my work.

Question 13: Describe any changes you recommend for the class
• each term (definitions, types of EVERYTHING) should be explained with a few examples of how they are applied.
• I think for this first research class, the information should be explained better and how to apply the concepts to research papers should be taught. I think that the videos should be more about teaching the concepts, simplifying and explaining them in a way one can understand, and application of the concepts. If you watch an hour long video, you should come out with a clear understanding of what was being taught. I think the assignments and information posted in each module in Moodle should be better organized and simplified. There were so many folders and subfolders and things added later after the module was opened, that it was easy to miss something. Last I think the due dates in Moodle and on the syllabus should match.
• Condense the material for the class. Update the videos and assign only the "meat and potatoes" articles for us to read. We had several articles that were pointless and old (unable to print from the link).
• I do not recommend any changes.

• Be brutally honest with students regarding their PICOT topic. If it will not work, let them know! Maybe even give a list of topics to assist the student in choosing the best one.

• I think more online lectures and actual webex lectures would be helpful.

• Nothing comes to mind at this time other than my previous comments.

• I do think a good change to make would be once the students are to the point in the semester that they are submitting the PICOT question that the future modules should be unlocked. I knew that the rest of the semester would build on our submitted PICOT, but didn't fully understand to what extent until I saw the assignment for the literature review and our actual mini proposal, and at that point our PICOT was already submitted, but not quite graded. I also think it would be beneficial to require a research article to be submitted along with the PICOT question. While it might cause the students to need extra time for deciding their PICOT, I think in the long run it would save time because they would not have to resubmit another acceptable PICOT question.

• Maybe an extra credit assignment to better explain independent and dependent variables. Or just an extra assignment period. It was hard for me to understand and for someone else in my shoes, it may really benefit them.

• I would like for information to be broken down a little more. I would have liked to have had article critique more than just one a semester.

• Possibly weekly Webex sessions earlier in the semester.

• Just that the same teacher teaching should be grading the work.

RECOMMENDATION & REVISIONS BASED ON EVALUATION OF ALL DATA
REVISIONS PLANNED FOR THE NEXT COURSE OFFERING
PCC MINUTES REFLECT DISCUSSIONS

THINGS DONE THIS SEMESTER DIFFERENT THAN LAST

2. **In FALL 2019, the literature table assignment was removed. For Spring 2020 is was put back in to give students more practice in evaluating articles.**

3. **The statistics module allowed up to 10 extra points to be earned. Assignment was changed from mandatory in 2019 to optional in Sp 2020. Students had to watch Audio PPP from Joe Andary and read journal supplement called Statistics for Clinicians. Students were given 3 hours to take a 20 question quiz. Many students chose to not participate.**

MAINTAIN

2. Core Content as in Shell.

REVISE/DEVELOP

2. Add questions into the PPP on MS Stream to help keep students engaged.
3. Organize shell.
4. Introduce a guided Literature table form to replace the current lit table format.
5. 58 Total students in the class is not manageable. Cap at 40.

Recommendations to _____ Program Committee at _____ Retreat held on_____& Documented in ____ PCC minutes dated _____.

DNP COURSE REPORT EXAMPLE

NORTHWESTERN STATE UNIVERSITY

COLLEGE OF NURSING and ALLIED HEALTH

Graduate Studies and Research in Nursing

Faculty Semester Course Report

COURSE INFORMATION

COURSE	NURG 7007 Healthcare Policy, Analysis, Advocacy and Transformation
SEMESTER	Spring 2020
INSTRUCTOR(S)	▮▮▮▮▮▮

FACULTY STATISTICS

Number of Faculty	Assignments
1	Assigned for the Course
1	Carried Theory Assignment Only

COURSE STATISTICS

Campuses	A		B		C		D		F		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
Online	13	93	1	7	0	0	0	0	0	0	14	100
Total # of Students	13	93	1	7	0	0	0	0	0	0	14	100

LINKAGES BETWEEN COURSE OBJECTIVES/EXPECTED INDIVIDUAL STUDENT LEARNING OUTCOMES, TEACHING AND LEARNING PRACTICES AND EVALUATION METHODS

Course Objectives (speak to all)	Teaching-Learning Practices Used (includes instructional methods) *make sure each practice supports achievement of the course objective (have assignments in modules)	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
1. Analyze relationships between healthcare economics, legislative processes and outcomes in the US health care delivery system(s) (Essentials II, V, VI, VII; SLOs 2,3)	Presentations of Key Material in On-Line Modules Discussion Boards (classroom discussions) Readings Presentation/Debate Writing Assignments Study Guide Completion (Modules 1-8)	Module 1: Discussion Board (DB) Module 2: Study Guide (Policy & Politics in Government: National, State & Local) Module 3: Study Guide (Public Health Policy & Law) and DB (Policy/Law Identification) Module 4: Study Guide/Assignment (Comparisons of Healthcare Delivery Systems) Module 5: Policy Analysis Paper **Module 6: Study Guide/Assignment (Healthcare Financing) and Legislative Letter Assignment** Module 7: Ethical Assignment/Debate Module 8: Political Advocacy Assignment
2. Design and evaluate health care policies related to current practice issues to promote equity and elimination of health disparities (Essentials II, V; SLOs 2,4)	Presentations of Key Material in On-Line Modules Readings You Tube Media Videos/Audios Writing Assignments & Study Guides (Modules 3, 5, 7, 8)	Module 2: Study Guide (Policy & Politics in Government: National, State & Local) Module 3: Study Guide (Public Health Policy & Law) and DB (Policy/Law Identification) **Module 4: Study Guide/Assignment (Comparisons of Healthcare Delivery Systems)** Module 5: Policy Analysis Paper Module 7: Ethical Assignment/Debate Module 8: Political Advocacy Assignment
3. Analyze ethical, legal and social implications of US health policy development (Essentials II, VI; SLOs 2,3,4)	Presentations of Key Material in On-Line Modules Discussion Boards (classroom discussions)	Module 2: Assignment/Legislator Worksheet, Discussion Boards (Policy & Politics in Government: National, State & Local)

Course Objectives (speak to all)	Teaching-Learning Practices Used (includes instructional methods) *make sure each practice supports achievement of the course objective (have assignments in modules)	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
	Readings Presentations- Online Debate & Policy Advocacy Writing Assignments Worksheets Quizzes	Module 3: Assignments (Public Health Policy & Law), Quizzes, & Bill Worksheet (Policy/Law Identification) Module 4: Study Guide/Assignment (Comparisons of Healthcare Delivery Systems) Module 5: Policy Analysis Paper Module 6: Escape Fire Movie Clip Discussion Board (Healthcare Financing) and Legislative Letter Assignment **Module 7: Ethical Assignment/Debate** Module 8: Political Advocacy Assignment
4. Critically analyze the role of the APN in the US healthcare policy arena as it exists today and evolves in the future. (Essentials II, V, VII; SLOs 2,3)	Presentations of Key Material in On-Line Modules Discussion Boards (classroom discussions) Readings Presentation/Debate Writing Assignments Worksheets Quizzes	Module 1: Discussion Board (DB) **Module 2: Study Guide/Assignment (Policy & Politics in Government: National, State & Local)** Module 3: Assignments (Public Health Policy & Law), Quizzes, & Bill Worksheet (Policy/Law Identification) Module 4: Study Guide/Assignment (Comparisons of Healthcare Delivery Systems) Module 5: Policy Analysis Paper Module 7: Ethical Assignment/Debate Module 8: Political Advocacy Assignment
5. Develop personal role as political participant in health care planning (Essentials V, VII; SLOs 5,6,8)	Presentations of Key Material in On-Line Modules Readings Presentation/Debate Writing Assignments Worksheets Quizzes	**Module 1 DB** Module 5: Policy Analysis Paper Module 6: Legislative Letter Module 7: Ethical Assignment/Debate Module 8: Political Advocacy Assignment
6. Develop advocacy skills for health care policy research, development, initiation	Presentations of Key Material in On-Line Modules	**Module 5: Policy Analysis Paper** Module 6: Legislative Letter

Course Objectives (speak to all)	Teaching-Learning Practices Used (includes instructional methods) *make sure each practice supports achievement of the course objective (have assignments in modules)	Evaluation Methods *Ensure each assignment has a method to evaluate if the learning outcome of the assignment was achieved, such as a grading rubric, point allocation on exam, etc.
and evaluation (Essentials V, VI, VIII; SLOs 5,6,8)	Readings Writing Assignments Worksheets Quizzes	Module 8: Political Advocacy Assignment
7. Develop and utilize advocacy skills for development, initiation, and evaluation of social justice and ethical policies (Essentials V, VI, VIII; SLOs 2,5,8)	Presentations of Key Material in On-Line Modules Readings Presentation/Debate Writing Assignments Worksheets Quizzes	Module 5: Policy Analysis Paper Module 7: Ethical Assignment/Debate **Module 8: Political Advocacy Assignment**

* Essential II, V, VI, VII, VIII and SLOs 2, 3, 4, 5, 6, 8

ANSWER ALL OF THE FOLLOWING QUESTIONS REGARDING COURSE EVALUATION

Posted in the course with several requests made via emails, course announcement but only 4 out of 14 completed

Questions 1-5.   Do the assignments and instructional methods support the achievement of the objectives?

Course Objective 1 (n=4) 100% believed the objective was met.
Course Objective 2 (n=4) 100% believed the objective was met.
Course Objective 3 (n=4) 100% believed the objective was met.
Course Objective 4 (n=4) 100% believed the objective was met.
Course Objective 5 (n=4) 100% believed the objective was met.
Course Objective 6 (n=4) 100% believed the objective was met.
Course Objective 7 (n=4) 100% believed the objective was met.

6. In what 2 ways did NURG 7007 meet the DNP Essentials II, V, VI, VII and VIII?

- It helped me more fully understand health policy process development and getting more comfortable debating my stance on certain situations
- Policy analysis paper and the advocacy event

- provided resources to access this information and walked us through the processes of policy proposal, change, implementation, etc
- Taught me how to be a political participant by teaching me how to analyze health policies and how the policies actually moved through the system

How many hours per week did you spend working on the course?

- 4-5
- 5-10 hours per week
- 10
- 4-8

On a scale of 1-5 with 1 being none and 5 being the most you have ever learned in a course, how much do you think your knowledge increased in this course?

- 5 (n=1)
- 4 (n=3)

Using a scale of 1-5, with 1 being extremely difficulty and 5 begin extremely easy, how would you rate the user friendliness of the Moodle shell for this course?

- 5 (n=2)
- 4 (n=2)

List 1 thing you would like to change about the course

- Nothing, really. I enjoyed the course.
- nothing, the course and instruction was great. the timing was unfortunate due to the covid crisis and I was unable to devote myself to the course like i planned.
- Maybe more DBs
- n/a

List 1 thing you like about the course

1.20.20

- Really liked/enjoyed FlipGrid
- The course was interesting and the flexibility of the faculty in light of COVID 19 was incredible.
- The professor and that the assignments related well to each module's topic
- the information learned was interesting and useful.

INSTITUTIONAL SURVEY

Institutional survey was completed by 5 students out of 8 students for Section 01I
Institutional survey was completed by 4 students out of 6 students for Section 02I

Questions 1-3 are about status as a student, giving the course the best effort, why they took the class.
Question 4: Rate the following statements about your class (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)
Learning Objectives were clear:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

The material covered in class agreed with the course objectives:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

Assignments and test aligned with the class material taught:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

The amount of work for this class was appropriate:
- Section 01I (n=5) mean score on 5-point scale was 4.40
- Section 02I (n=4) mean score on 5-point scale was 4.75

The grading policy for this class was clearly stated:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

The learning environment for this class was acceptable:
- Section 01I (n=5) mean score on 5-point scale was 5.

- Section 02I (n=4) mean score on 5-point scale was 5.

This class was intellectually stimulating:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

Question 5: Overall I would rate this course as? (1=extremely poor; 2=poor; 3=fair; 4=good; 3=fair; 4=good; 5=superior)
- Section 01I (n=5) mean score on 5-point scale was 4.40
- Section 02I (n=4) mean score on 5-point scale was 5.

Question 6: The following statements are about your teaching. Please mark the response that best represents how you feel about your instructor. (1=never; 2=occasionally; 3=sometimes; 4=usually; 5=always)
My teacher appeared to be knowledgeable about the course material:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher had high expectations for the students in this class:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher encouraged interaction between faculty and students:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher encouraged students to interact with each other:
- Section 01I (n=5) mean score on 5-point scale was 4.8
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher gave prompt feedback to questions and assignments:
- Section 01I (n=5) mean score on 5-point scale was 4.80.
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher went beyond the basic course content to provide enriching insights:

- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

My teacher displayed an appropriate demeanor and enthusiasm both inside and outside the learning environment:
- Section 01I (n=5) mean score on 5-point scale was 5.
- Section 02I (n=4) mean score on 5-point scale was 5.

Question 7: Overall I would rate this teacher as? (1=extremely poor; 2=poor; 3=fair; 4=good; 3=fair; 4=good; 5=superior)

Section 01I (n=5) mean score on 5-point scale was 4.80.
Section 02I (n=4) mean score on 5-point scale was 5.

Question 8: For this class, how much time did you spend studying/working outside of the meeting times? (1=<1 hour; 2=1-2 hours; 3=3-4 hours; 4=5+ hours)

Section 01I (n=10) and Section 02I median score on 5-point scale was 4.00

Question 9: Explain how the teacher helped you learn the material for this class. Provide Examples.
Section 01I
- Dr. Gayle was flexible when needed throughout the semester, but particularly during the quarantine. She also provided great recordings that helped to explain the content further.
- Very responsive to emails and very kind and understanding

Section 02I
- Powerpoints, research, videos, assignments
- Personal research for health policies, slides, powerpoints with lecture, reading material
- thanks for your understanding and support.

Question 10: Explain how this class met or did not meet your expectations. Provide examples
Section 01I
- Dr Gayle is personable, flexible, and reasonable (unlike several in this program). While there was a LOT of work in this course, it seems to have been significantly decreased from previous years, which is much appreciated. Overall the content was what I expected, and I found it interesting.
- Very responsive to emails and very kind and understanding

Section 02I
- Met expectations by increasing my knowledge of health policy
- This class was well put together. I wish we could have attended a political event /legislature meeting as group for further understanding. I know two meetings were cancelled due to corona pandemic, unfortunate but understandable. I found it difficult to times to find health policies and understand the politics of them, but this class made furthered my knowledge and understanding on DNP roles in health policy
- was well aligned with program objectives. i learned a lot.

Question 11: Describe what you liked best about the class:
Section 01I
- The professor and the topic. Politics and policy making fascinate me.
- Very responsive to emails and very kind and understanding

Section 02I
- Learned about health policy and what I can do as a nurse to promote change
- Learning roles of DNP in advocacy.

Question 12: Describe what you liked least about this class:
Section 01I
- Well, the amount of assignments, of course. But, honestly, they weren't unreasonable.

Section 02I
- Nothing
- Digging through different policies and deciphering the political jargon or working to understand what the policy was truly about
- the timing with the covid 19 pandemic. :)

Question 13: Describe any changes you recommend for the class
Section 01I
- None, really, I would have enjoyed getting to experience the advocacy portion as planned for this semester, and I hate that all the events were cancelled.

Section 02I

- None
- Attendance of policy/advocacy meeting early in course, to understand how to process through the policies related to the class

Discuss Expected versus Actual Student Learning Outcomes (*n*=14)
OBJECTIVE 1

Expected Outcome for Objective 1: More than 80% of students will make 80% or above on Module 6 Assignment (Healthcare Financing).
Actual Outcome 1 for Objective 1: 100% (*n*=14) of students made 80% or higher on Module 6 Assignment (Healthcare Financing).
OUTCOME MET in 2016, 2017, 2018, & 2019

OBJECTIVE 2

Expected Outcome for Objective 2: More than 80% of students will make 80% or above on Module 4 Assignment (Healthcare System Comparisons)
Actual Outcome for Objective 2: Met 93% (*n*=13) of students made 80% or above on Module 4 Turn It In Assignment (Healthcare Systems Comparisons) (one student made a zero due to plagiarism with 87% similarity index)
OUTCOME MET 2016, 2017, 2018, & 2019
(**think module 3 on public policy & law more applicable to this objective)

OBJECTIVE 3

Expected Outcome for Objective 3: More than 80% of students will make 80% or above on Ethical Debate Assignment
Actual Outcome for Objective 3: 100% (*n*=14) of students made an 80% or better on the Ethical Debate Assignment.
OUTCOME MET in 2016, 2017, 2018, & 2019

OBJECTIVE 4

Expected Outcome for Objective 4: More than 80% of students will make 80% or above on Module 2 Study Guide/Assignment
Actual Outcome for Objective 4: Met 93% (*n*=13) of students made 80% or above on Module 2 Study Assignments (Policy & Politics in Government: National, State, & Local Politics)
OUTCOME MET in 2016, 2017, 2018, & 2019.

OBJECTIVE 5

Expected Outcome for Objective 5: More than 80% of students will make 80% or above on Module 1 DB #1
Actual Outcome for Objective 5: 100% (n=14) of students made an 80% or above on Module 1 DB #1.
OUTCOME MET in 2016, 2017, 2018, & 2019

OBJECTIVE 6

Expected Outcome for Objective 6: More than 80% of students will make 80% or above on the Policy Analysis Paper

Actual Outcome for Objective 6: Met - 93% (n=13) of students made an 80% or above on the Policy Analysis Paper.
OUTCOME MET in 2016, 2017, 2018, & 2019

OBJECTIVE 7

Expected Outcome for Objective 7: More than 80% of students will make 80% or above on the Political Advocacy Assignment

Actual Outcome for Objective 7: 93% (n=13) of students made an 80% or above on the Political Advocacy Assignment.

OUTCOME Met in 2016, 2017, 2018, & 2019

RECOMMENDATIONS/REVISIONS PLANNED FOR THE NEXT SEMESTER
MAINTAIN

- Ethical Debates
- Policy Analysis Assignment
- Advocacy Assignment
- Advocacy hours count for scholarly practice hours

REVISE/DEVELOP

Modules and lectures/presentations were updated this semester and much of the content from the lengthy written study guides were converted to quizzes and activities ie, Microsoft Stream presentations with interactive quiz questions, used legislator and bill worksheets from STTI resources, and Escape Fire clip for healthcare payment models
Most of the readings in ECDHH were dated and even available online so did not require this text rather provided the students with links and current resources.
Recommendations to Graduate (DNP) Program Committee at Spring 2021 DNP Retreat
Utilize new (8th) edition of MGOO text that published March 2020

Examples of Pre and Post-Licensure BSN, MSN, PMC, and DNP Course Assignments
and
Grading Rubrics

PRE-LICENSURE BSN COUSRE ASSIGNMENT AND GRADING RUBRIC

Nursing 4221: Community Health Nursing Political Activism

PURPOSE:

The purpose of this political presentation is to promote political activism and to demonstrate application and synthesis of community health concepts.

OBJECTIVES:

1.   Identify current political issues that relate to the health of community.

2.   Exhibit role behaviors of the community health nurse related to political activism.

4.   Utilize information and health care technologies to research a community health issue.

5.   Integrate research findings to communicate a community health issue into a written media to advocate for communities.

6.   Incorporate knowledge of economic, legal, ethical, and political factors into a debate to advocate for aggregates and communities.

Political Activism:

General Instructions: For this assignment, you will work in pairs (two people). You must choose one of the topics listed below which relate to the recent COVID-19 pandemic. and you must create a 2-3-minute, informational video for the rest of the class to view. Each person, **must be seen** discussing the topic in the presentation. (You may not simple put up an NSU logo and talk-we must SEE you doing the presentation) You may choose whatever style you desire

(debate style, sharing relevant information, interviewing one another, etc. You will post it on the course Moodle site. Each person is responsible for viewing and commenting on other classmates' posts.

YOU MUST CHOOSE ONE OF THE OPTIONS. We cannot have everyone discussing only one or two of the options so since there are about 60 students who will be in teams to 2 each, only 3 groups will be able to discuss any one topic. This will be on a first-come, first-served basis. You can email me your preferences at which time I will tell you if your choice is open or full.

Topics:

1. Discuss the economic impact of the COVID-19 virus on the US economy, provide $ figures.
2. Discuss the impact of COVID-19 virus on educational facilities in Louisiana.
3. Calculate and discuss the case fatality rate for COVID-19 in the US and globally, provide facts and data to support your discussion.
4. Discuss the impact COVID-19 had/is having in acute care hospitals. What happened, why did it happen?
5. Discuss the impact of the COVID-19 virus on the US Public Health infrastructure. What is/was the impact?
6. Discuss the differences between COVID-19 and MERS COv and SARS COv.
7. Discuss the CDC response to COVID-19 and tell the audience why you believe it was appropriate or inappropriate. Provide rationales for your choice.
8. Discuss the WHO response to COVID-19 and tell the audience why you believe it was appropriate or inappropriate. Provide rationales for your choice.
9. Discuss the US government's response to COVID-19 and tell the audience why you believe it was appropriate or inappropriate. Provide rationales for your choice.
10. Track the spread of the COVID-19 virus and discuss how progression of the virus could have been reduced.

Student Names:	Date:

NORTHWESTERN STATE UNIVERSITY

Rubric for Political Assignment

COURSE TITLE:	Nursing 4220 Community Health Nursing
ASSIGNMENT:	**Political Activism**
DUE DATE/TIME:	Refer to calendar for due date

DIRECTIONS: Please carefully review the criteria for this assignment, which are listed below. The product you submit will be graded in light of those criteria.

Criteria	Points	
	Possible Points	Total Points Earned
2. The video was 2 minutes to 4 minutes in length and the presenter(s) was/were clearly visible during the presentation.	10	
3. The presenter(s) discussed what COVID19 is and its epidemiologic profile.	15	
4. The presenter(s) clearly identified which of the topics they were discussing and why they feel this discussion is important.	20	
5. The presenter(s) were thorough in their discussion of the topic.	20	
6. The presenter included research, statistics, and references to validate argument.	20	
7. The presenter (s) were professionally dressed and presented a professional demeanor during presentation.	5	
8. Each student will respond to at least two other students AND respond to questions posed about their video topic.	5	
Total	100	

Instructor will have one week from final submission date to grade presentation.

POST-LICENSURE BSN COURSE ASSIGNMENT AND GRADING RUBRIC

NORTHWESTERN STATE UNIVERSITY Nursing 3224   Research for RNs
Evidence Based Practice Project **SLO (5 & 6); CO (4); AACN (III, V, VII); QSEN (QI, EBP, Informatics)**
DIRECTIONS: Carefully review the criteria for this assignment that are listed below and follow the grading rubric to make sure that all criteria are covered in the final paper. Paper should be no longer than 10 pages including title page and references.

Criteria	Weight	Score	Comments
Introduction and Purpose of Paper The title for the Introduction should be the title of your paper (not the word, Introduction) In 1-2 paragraphs, give the purpose of the EBP Project paper. Cite at least one reference supporting the nursing issue as significant in contemporary nursing practice.	10		
Significance of Problem Discuss statistics, cost analysis, quality and safety issues related to the nursing issue. Be sure to add a reference for support of the need to review the literature on the	8		
Research (PICO) Question and Search Process: Formulate PICO question relevant to review of literature. Identify the key words for the PICO question. Discuss the database(s) searched and include your search strategy for the database(s), the limiters that used for the search, and	10		

Review of the Literature: Identify 3 research studies related to your question published within the last 5 years. Use peer reviewed professional **nursing literature and/or allied health/medical journals.** Each study summary should identify: 1. Problem, research question, and/or hypothesis posed by the authors 2. Research design 3. Protection of Human Subjects 4. Setting 5. Sample size and sample selection process 6. Methodology - how were data collected? 7. Instruments - reliability & validity 8. Limitations, Results and Implications 9. Conclusion	30 (10 points each study)		
Table of Research Studies: All columns are completed in the template provided for this assignment.	5		
Discuss Nursing Practice Implications: • How results of each study can be used in **nursing practice for staff and/or patient education.** • **Interdisciplinary collaboration** for the findings. • **Cultural considerations** for the findings. • **Technologies** used to support patient care related to the findings from your studies.	12		
Summary/Clinical Research Questions for the Future: • Include one question from each study that researchers recommended for future studies. • Include at least 2 additional research questions posed by the student for future research.	5		

APA Style/Writing Style: Third Person (avoid pronouns), Past Tense Grammar, Paragraph/sentence structure/grammar, punctuation/thought transition between paragraphs. Title Page, Correct Headers, Consistent Font (Times New Roman or Arial) 12 size font, Black ink Double Spaced (no extra spacing between paragraphs or sections of paper, page numbers, margins	10		
Reference Page Double Spaced, Hanging indent, Alphabetized, correct APA format	9		
Rubric attached to assignment	1		
Points Possible:	100		

MSN/PMC COURSE ASSIGNMENT AND GRADING RUBRIC
Northwestern State University of Louisiana
College of Nursing – Nursing 5010 – 2020
Research Critique Directions & Grading Rubric
Total Points Possible – 100

Student's Name: _____ **Date:** _____

Directions: First, insert you name and date above (do it now . . . we regularly receive multiple papers without names!

There are TWO SECTIONS to this assignment. Save this file as LASTNAME.Firstname.ArtCrit.SP2020.doc *Filename wrong. Grade ZERO. I am super serious here. Notice capitalization of above. There is a reason.*

Section I:

Using this assignment FORM (this completed form), you will type your answers under each question in the following Table. **Support rationale for your answers by including "*Evidence from the Study*" in the second column of the Table**. In the third column, indicate whether you consider this aspect of the study as a "strength" or a "weakness" or "not applicable" by placing an "X" in the appropriate column.

Section II:

Question 1: indicate where you think this study falls on a continuum from "1 " - not being worthy of consideration for changing practice or incorporating into research to "10 " - being worthy of consideration for changing practice or incorporation into research. **Your rating should be a result of your analysis of the study based on the questions you answered in Section I.**

Question 2: Give **rationale** for your rating in Question 1. Remember that you have been critiquing the steps of the research process in Section I, so your rationale (using examples) should relate to that process . . . i.e., study design, sample size and selection, limitations, internal validity of study, reliability and validity of instruments, data collection, etc.

Please use the Honor System! This should be done individually, by you, alone. (Refer to your syllabus for information about Academic Honesty if you have any questions).

We have talked about how to read an article. Read the article the way I told you…should take less than 5-10 minutes, then STOP. Put it down. Relax. Think a bit about how what you already believe might change if you were open to this article. Think about what you will not change if this article is bad and found unworthy. Either way, for better or worse, something will change. After some time has passed, (two or three days) read the whole intro and discussion section marking the areas you know you will need. Then when you are ready…hit

the method and results section.   Read these last two parts like your job depends on you replicating the study.   Appraise the article from there. Good luck.

Section I: Critique Questions. Each question is worth 2 points for a total of 92 points.

Question	Answer with Rationale Supported by Evidence from Study	Positive	Negative	NA	Points Earned
TITLE					
1. Does the title clearly indicate the study's focus?					
2. Does the title include the major variables? What are they?					
3. Does the title indicate the type of study conducted? What is it?					
AUTHORS					
4. Do authors have appropriate educational, clinical & scientific background & credentials to conduct the study?					
ABSTRACT					
5. Is the study's purpose clearly stated?					
6. Is the design stated? What is it?					
7. Is the sample identified? What is it?					
8. Are interventions (if any) identified? What is it?					
9. Are major results indicated?					
PROBLEM					
10. Is the problem stated or just inferred? What is the stated or inferred problem?					
11. How is the significance of the problem addressed?					
12. Is the problem significant to nursing & clinical practice?					
PURPOSE					
13. Is the purpose stated? What is the purpose?					
LITERATURE REVIEW					

Question	Answer with Rationale Supported by Evidence from Study	Positive	Negative	NA	Points Earned
14. Are relevant, previous research studies described?					
15. Are the research studies critically appraised?					
16. Is a summary provided of the current knowledge (what is known/not known about the current problem)?					
17. Are references current? (<6 years old)					
THEORTEICAL/CONCEPTUAL FRAMEWORK					
18. Is a theoretical/conceptual framework identified by the researcher? If so, what was the framework?					
19. If identified, how does the framework identify, define, and describe the relationship among the concepts of interest?					
20. Is a schematic model of the framework provided for clarity?					
RESEARCH OBJECTIVES, QUESTIONS, HYPOTHESES					
21. Are any objectives, questions and/or hypotheses identified? If so, what are they? This is 3 questions.					
VARIABLES					
22. Are any study variables identified? What are they? List them.					
23. Are the variables reflective of the concepts identified in the theoretical/conceptual framework?					
24. Are there any independent and dependent variables? If so, what are those variables?					
RESEARCH DESIGN					
25. Is the research design specifically identified? Be specific. Is it considered a					

Question	Answer with Rationale Supported by Evidence from Study	Positive	Negative	NA	Points Earned
weaker or stronger design? What is the study's "level of research evidence"?					
26. Did the researched identify the threats to design validity and/or construct validity & minimize them as much as possible?					
27. If a treatment or intervention discussed, is it clearly described?					
28. If the study has an experimental and a control group, how were subjects assigned to groups?					
29. Were pilot study findings used to design the study?					
SAMPLE & SETTING 30. What was the population for the study?					
31. What were sample inclusion and exclusion criteria? What was sample size?					
32. What was sampling method? Is this method a probability or a nonprobability method?					
33. What efforts were made to protect patients' rights?					
34. What is the setting for the study? Is it appropriate for the type & purpose of the study conducted?					
35. What instruments were used to collect data? What is the reliability & validity of instruments used to collect data?					
DATA COLLECTION 36. What method(s) were used for data collection? Were these methods appropriate for the type of data collected?					

Question	Answer with Rationale Supported by Evidence from Study	Positive	Negative	NA	Points Earned
37. Who collected data?					
38. When were data collected?					
39. How were data collectors trained? By whom?					
40. What statistical tests were performed on data? Were these tests appropriate for the type of data collected? Why or why not?					
41. If statistical data was displayed in Tables, did content agree with data discussed in narrative?					
FINDINGS/RESULTS/CONCLUSIONS 42. Were findings/results/conclusions clearly stated?					
43. Were findings consistent or inconsistent with previous research studies?					
44. What limitations were identified by the researcher? What were the potential effects of those limitation on study findings? (something to think about…are limitations cited by the author a good or bad thing?)					
45. What were the implications for nursing practice identified by the researcher?					
46. What suggestions for future study/research were identified by the researcher?					
			Total Points Earned Section I		

Section II: Answer the following questions which are worth 2 points each for a total of 8 points. Double space between questions.

1.	Where would you rank this study on the following scale from 1 to 10 with "1" being "not worthy of consideration for changing practice" or incorporating into research" to "10" being "worthy of consideration for changing practice or incorporation"? Mark answer on this number line.

1   **10** →

(not worthy)   **(worthy)**

2.	Give rationale for you ranking of this study. **Your rationale needs to be based on the study's strengths and weaknesses that you identified**.

3.	 Do you think this study's results can be used for evidenced based nursing practice? Why or why not?

4.	How long do you think it took to complete this study? **Total Points Earned Section II**

____

Total Points Earned Section I   _____
Total Points Earned Section II   _____
TOTAL POINTS EARNED   _____
Comments:

Adopted and Adapted by:
Faculty: Donald Johnston, PhD, RN – MHS, RRT
Faculty: Pamela Simmons, PhD, APRN, FNP-BC (Prev faculy)
Faculty Assistant: Diane Graham Webb, MSN, RN

DNP COURSE ASSIGNMENT AND GRADING RUBRIC

NURG 7010: SELF COMPETENCY ASSESSMENT

The goal of this assignment is to help you determine your project and practicum goals.

When considering what your project goals are, THINK LARGE, THINK EXTRAORDINARY, THINK MAKE A DIFFERENCE THAT WILL LAST- BUT ALSO THINK ACHIEVABLE.

Complete the self-assessment document (below). Rate your perceived competence in each of the areas as either low, moderate or high. Then, provide your planned practicum hours for the semester to address each competency. Finally, identify your overall goals for this semester. Please refer to Self-Competency Assessment Grading Rubric.

Self-Competency Assessment

Essential 1: Scientific Underpinnings Competencies	DNP Student Competency Rating (Low, Moderate, High)	Plans for improving competence and completing practicum hours
1. Integrate nursing science with knowledge from ethics and from the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.		
2. Use of science-based theories and concepts to: a. Determine the nature and significance of health and healthcare delivery phenomena b. Describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and healthcare delivery phenomena as appropriate; and evaluate outcomes d. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.		

| Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Competences	DNP Student Competency Rating (Low, Moderate, High)	Plans for improving competence and completing practicum hours
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.		
2. Ensure accountability for quality of healthcare and patient safety for populations with whom they work. a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in healthcare systems. b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and or system wide practice initiatives that will improve the quality of care delivery. c. Develop and or monitor budgets for practice initiatives. d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of healthcare outcomes. e. Have demonstrated sensitivity to diverse organizational cultures and populations including patients and providers.		
3. Develop and or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the healthcare organization, and research.		
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

Competencies | DNP Student Competency Rating (Low, Moderate, High) | Plans for improving competence and completing practicum hours |
| 1. Use analytical methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. | | |

2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of are within a practice setting, healthcare organization, or community against national benchmarks to determine variance in practice outcomes and population trends.		
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient cantered care.		
4. Apply relevant findings to develop practice guidelines and improve practice and practice environments		
5. Use information technology and research methods appropriate to: a. Collect appropriate and accurate data to generate evidence for nursing practice, inform/guide database designs that generate meaningful evidence for nursing practice, analyze data for practice, design evidence-based interventions, and b. Predict and analyze outcomes, examine patterns of behavior and outcomes, and identify gaps in evidence for practice		
6. Function as practice specialist/consultant in collaborative knowledge generating research		
7. Disseminate findings from evidence based practice and research to improve healthcare outcomes.		
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care **Competencies**	**DNP Student Competency Rating (Low, Moderate, High)**	**Plans for improving competence and completing practicum hours**
1. Design, select, use and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement, including consumer use of healthcare information systems.		
2. Analyze and communicate critical elements necessary tot the selection, use, and evaluation of healthcare information systems and patient care technology.		

	DNP Student Competency Rating (Low, Moderate, High)	Plans for improving competence and completing practicum hours
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.		
4. Provide leadership in evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.		
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.		
Essential V: Health Care Policy for Advocacy in Health Care **Competencies**	**DNP Student Competency Rating (Low, Moderate, High)**	**Plans for improving competence and completing practicum hours**
1. Critically analyze health policy, proposals, health policies, and related issues form the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public information		
2. Demonstrate leadership in development and implementation of institutional, local, state, federal, and/or international health policy.		
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve healthcare delivery and outcomes.		
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.		
5. Advocate for the nursing profession within the policy and healthcare communities.		
6. Develop, evaluate, and provide leadership for healthcare policy that shapes healthcare financing, regulation, and delivery.		
7. Advocate for social justice, equity and ethical policies within all healthcare arenas.		

	DNP Student Competency Rating (Low, Moderate, High)	Plans for improving competence and completing practicum hours
Essential VI: Interprofessional Collaboration for Improving Patient and Population health Outcomes **Competencies**	**DNP Student Competency Rating** **(Low, Moderate, High)**	**Plans for improving competence and completing practicum hours**
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.		
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.		
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems		
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health **Competencies**	**DNP Student Competency Rating** **(Low, Moderate, High)**	**Plans for improving competence and completing practicum hours**
1. Analyze epidemiological, biostatical, environmental, and other appropriate scientific data, related to individual, aggregate, and population health.		
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status, access patterns, and/or address gaps in care of individuals, aggregates, or populations.		

3. Evaluate care delivery models and/or strategies using concepts related to community, environmental, and occupational health, and cultural and socioeconomic dimensions of health.		
VIII: Advanced Nursing Practice **Competencies**	**DNP Student Competency Rating** **(Low, Moderate, High)**	**Plans for improving competence and completing practicum hours**
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.		
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.		
3. Develop and sustain therapeutic relationship and partnerships with patients (individual, family, or group and other professionals to facilitate optimal care and patient outcomes.		
4. Demonstrate advanced levels of clinical judgment, systems thinking and accountability in designing, delivering, and evaluating evidence based care to improve patient outcomes.		
5. Guide, mentor and support other nurses to achieve excellence in nursing practice.		
6. Educate and guide individuals and groups through complex health and situational transitions.		
7. Use conceptual and analytical skills in evaluating the links among practice, organizations, populations, fiscal and policy issues.		

NURG 7010: Scholarly Project Practicum I
Self-Competency Assessment
GRADING RUBRIC

Criteria	Max. Points	Points Earned	Comments

Self-Assessment
  * Self-Assessment completed with each item ranked
  * Narrative discussion provided that supports rating
	30		

Professional Growth
  * *Plans for practicum hours are thorough and demonstrate clear self-evaluation of need*
  * *Planned activities are appropriate to specific competency*
	30		

Goals: * Minimum of three semester goals developed to reflect overall competency development	30		

Timeliness/Participation:
  * Demonstrates doctoral level work
  * Ideas are expressed clearly and concisely, using correct grammar, spelling, and APA citations
	10		

Total ____/100			

Comments:

APPENDIX III.H.1

DNP Student Portfolio Guidelines and Portfolio Templates

DNP PORTFOLIO GUIDELINES

DNP PORTFOLIO OVERVIEW

Students must complete 1000 hours of post-baccalaureate practicum hours prior to graduation. The exact number of hours is individualized for post-masters students and based upon earned clinical practice hours accrued in the MSN program, however each student will accrue a minimum of 1000 post baccalaureate hours prior to program completion.

All clinical practice experiences accrued in the program will be documented in the *DNP Portfolio.*

DNP PORTFOLIO GUIDELINES

Students must clearly demonstrate how they have met the specific course objectives, clinical experience objectives, DNP Program Outcomes, DNP Essentials, and DNP Competencies. Students' achievement of these objectives, outcomes, essentials, and competencies are documented within the *DNP Portfolio.* Students will build and maintain a required portfolio during the program starting in the first course (NURG 7000) of the DNP program.

In the portfolio, prior to being enrolled in a Practicum Course (NURG 7010, 11, 12 (also 13 &14 for students who need these courses) students will document achievement of:

a) Self-competency evaluation and evaluation of course objectives which have been reviewed by faculty advisor.
b) Clinical Practice Experiences & narrative reflections of the clinical practice experiences.

After students are enrolled in the first Practicum Course (NURG 7010), they will document achievement of:

a) Scholarly Project development, implementation and evaluation,
b) Practicum Experiences, and
c) Ongoing Reflections of Professional Growth into a DNP Scholar

The portfolio will be organized so that the Faculty Advisor, Major Professor and any additional reviewer can clearly evaluate attainment of the DNP Program Outcomes, DNP Essentials, Course Objectives, and Clinical Experience Objectives. Portfolio materials will be free of grammatical errors, contain appropriately cited references, and be presented in a professional format. Either a **large binder or electronic storage device** may be used. The portfolio must be organized in the following sections which are preceded by a Table of Contents:

Part I: Professional Overview of Accomplishments

➢ Sections divided by Year (starting with year of first course in DNP Program)
- o Resume (updated annually)

- Advanced practice certifications
- Publications, presentations, awards achieved during the time frame of doctoral study
- Non-academic, or continuing education courses having a bearing on student's achievement of DNP program outcomes.

Part II: Portfolio Evaluations and Summaries

➤ Sections divided by Semester (starting with first semester in DNP Program)

- Faculty Advisor's review of portfolio at least once each semester beginning in NURG 7000 and continuing until the student is enrolled in the Practicum courses (NURG 7010, 7011, 7012 {7013 & 7014 for those required to take these courses}).
- Major Professor's review of the portfolio at least twice during each Practicum semester.
- End of semester narrative self-evaluation that is reviewed by the Faculty Advisor at least once each semester beginning in NURG 7000 and continuing until the student is enrolled in the practicum courses.
- End of semester narrative self-evaluation that is reviewed by the Major Professor at least once each semester while enrolled in the practicum semesters (NURG 7010, 7011, and 7012).
- Summative evaluation of portfolio will be performed by the Major Professor prior to final defense of the Scholarly project.
- Evaluations of Clinical Site Documents (by student and faculty at least once per clinical site)

Part III: Documentation of Clinical Practice Experiences/Hours and Practicum Experiences/Hours

➤ Sections divided by Semester (starting with first semester of DNP Program)

- Completion of *Clinical Practice Experiences/Hours Table* (Appendix A) with verified documentation of clinical practice experiences/hours, and narrative reflections any time clinical practice experiences occur during the program, prior to the onset of the practicum courses.

- Completion of *Practicum Experiences/Hours Table* (Appendix B) with verified documentation of practicum experiences/hours and narrative reflections for all practicum experiences during the practicum courses.
- Clinical Agency Approval Forms, Clinical Advisor Agreements,

Portfolio Review

Each student will submit their *DNP Portfolio* for review to his/her Faculty Advisor a minimum of **once each semester** prior to enrollment in NURG 7010 and then to his/her Major Professor at designated time intervals each semester of the practicum (NURG 7010, 7011, 7012 as well as 7013 & 7014 for students required to take the two additional courses). *Prior to NURG 7010 if the faculty advisor has graded the portfolio and no additional hours or documents have been obtained, there is no need to resubmit the portfolio for grading.

The portfolio will be graded according to the *DNP Portfolio Grading Rubric* (Appendix C). If the portfolio does not meet the established outcomes students will have 1 week from the date of notification to amend the portfolio. If a subsequent review results in a second failure notice, the student may be required to perform additional coursework to successfully complete the program.

TEMPLATES/APPENDICES

Appendix A: DNP Portfolio Instructions and Template for Clinical Practice Experiences/Hours/Narratives

Appendix B: DNP Portfolio Instructions and Template for Practicum Experiences/Hours/Narratives

Appendix C: DNP Portfolio Grading Rubric

DNP PORTFOLIO INSTRUCTIONS & TEMPLATES FOR CLINICAL PRACTICE EXPERIENCES/HOURS/NARRATIVES

Instructions: Students will use this form to document and evaluate clinical practice experiences **prior to enrollment** in the DNP Scholarly Project/Practicum Courses (7010, 7011, 7012 as well as 7013 & 7014 for students required to take the two additional courses). *Indirect Clinical Practice Experiences*/Hours are defined as faculty and/or clinical advisor directed learning experiences in clinical agencies, or other relevant settings, in which application of classroom learning occurs without direct patient/family contact. *Direct*

*Clinical Practice Experiences/*Hours are defined as Clinical Advisor supervised/or directed learning experiences in clinical agencies, or other relevant settings, in which application of classroom learning involves direct patient/family contact.

Clinical Advisors: Clinical Advisors for students in the post-masters DNP program must meet qualifications outlined in the *DNP Clinical Experiences Guidelines and the DNP Practicum Experiences Guidelines* document. Each student should provide their clinical advisor with a *Clinical advisor Agreement Form*, which clearly outlines the responsibilities and expectations of the DNP student, the faculty member, and the clinical advisor (Scholarly Team). The faculty advisor must approve all clinical advisors, clinical sites, and learning objectives for the clinical experiences prior to the student engaging in the experiences.

Clinical Practice Hours: Students will track clinical practice hours by completing the *Clinical Practice Experiences Hours* form (below). This form will be kept in the student's portfolio and will be used to record all clinical practice experiences/hours the student completes prior to enrollment in the practicum courses (7010, 7011, 7012 as well as 7013 & 7014 for students required to take the two additional courses). *Note: Sixty clinical experience hours can be accumulated each semester from the onset of the program until enrollment in the practicum courses. Once students are enrolled in the practicum courses students use the *Practicum Experiences/Hours* form located in the *Practicum Experiences Guidelines Document*.

Reflections of Personal and Professional Growth: should be kept in the student's portfolio and will be used to record reflections of clinical learning experiences

CLINICAL PRACTICE EXPERIENCES/HOURS TEMPLATE

Date	Type Clinical Experience ------------------------------------- Objective(s) of Experience During this clinical experience the DNP student will:	Location	Hours Earned	Cumulative Hours	Course Objective(s)# Met	Program Objective(s)# Met	DNP Essential(s) # Met	Direct or Indirect hours
9/10/19	Describe type attended Objectives: 1) 2) 3)							

_____

DNP Student Signature/Date

_____

DNP Clinical Advisor (if direct care clinical experience) Signature/Date

_____

DNP Faculty Advisor Signature/Date

Narrative Reflections of Personal/Professional Growth Instructions and Template

Instructions: Write a brief narrative describing your professional and personal growth after completing each clinical practice experience. The narrative reflections should describe your clinical experiences and growth while becoming a nursing scholar and impacting health care from a nursing perspective.

Specifically focus on how you (in your clinical experiences and course work) are:

(a) using scientific knowledge from nursing and related scientific disciplines,

(b) integrating organizational and system leadership and thinking into your practice,

(c) participating in clinical scholarship through analysis of methods for evidence-based practice,

(d) improving/transforming healthcare through patient care technology and information systems technology,

(e) advocating for health care change and policy change,

(f) collaborating with professionals to improve patient and population health outcomes,

(g) improving population health, and

(f) providing patient centered care as a practice expert in scholarly advanced nursing practice.

_____

DNP Student Signature/Date

_____

DNP Faculty Advisor/Date

DNP PORTFOLIO INSTRUCTIONS & TEMPLATES FOR PRACTICUM EXPERIENCES/HOURS/NARRATIVES

Instructions: Students will use this form to document and evaluate practicum experiences included in the DNP Scholarly Project/Practicum Courses (7010, 7011, 7012 as well as 7013 & 7014 for those required to take the two additional courses). *Indirect Practicum Experiences*/Hours are defined as faculty and/or clinical advisor directed learning experiences in clinical agencies, or other relevant settings, in which application of classroom learning occurs without direct patient/family contact. *Direct Practicum Experiences/*Hours are defined as Clinical Advisor supervised/or directed learning experiences in clinical agencies, or other relevant settings, in which application of classroom learning involves direct patient/family contact.

Clinical Advisors: Clinical Advisors for students in the post-masters DNP program must meet qualifications outlined in the *DNP Clinical Experiences Guidelines and the DNP Practicum Experiences Guidelines* document. Each student should provide their clinical advisor with a *Clinical advisor Agreement Form*, which clearly outlines the responsibilities and expectations of the DNP student, the faculty member, and the clinical advisor (Scholarly Team). The major professor must approve all clinical advisors, sites, and student learning objectives for the practicum experiences.

Practicum Hours: Students will track practicum hours by completing the *Practicum Experiences Hours* form (below). This form will be kept in the student's portfolio and will be used to record all practicum experiences/hours the student completes during the practicum courses (7010, 7011, 7012 as well as 7013 & 7014 for students required to take the two additional courses). *Note: Sixty clinical experiences/hours can be accumulated from the onset of the program. Instructions on how to acquire and document these hours are given in the *DNP Clinical Experiences Guidelines* document. During enrollment in the practicum courses students are immersed in clinical learning, earning the majority of required program clinical hours, and obtaining practicum hours during development, implementation, and evaluation of their Scholarly Project.

Reflections of Personal and Professional Growth should be kept in the student's portfolio and will be used to record weekly narrative reflections of practicum experiences/professional scholarly growth during each practicum course.

DNP PORTFOLIO GRADING RUBRIC

Criteria (each criterion worth 10 pts)	Fully met	Partially met	Not met	COMMENTS

Practicum Objectives
  *   Written with depth, clarity, precision
  *   Logically relate to DNP Essentials
  *   Logically relate to NSU DNP Program Outcomes
  *   Logically relate to Course Objectives
	10
	10
	10
	10
		5
		5
		5
		5
			0
			0
			0
			0	

Timeliness * Submitted at regular intervals as designated in course syllabi and/or by advisor/major professor.	10	5	0	

Reflection Narratives
  *   Reflect depth in thinking of experiences and draw connection between practicum experiences/ project/ didactic learning.
  *   Logically relate to DNP Essentials
	10
	
	10
		5
		
		5
			0
			
			0	

Professionalism
  •   Ideas are expressed clearly and concisely
  •   Correct grammar and spelling, references citations when applicable
  •   Construction of portfolio adheres to guidelines and is well kept and orderly.
	10
	10
	
	10
		5
		5
		
		5
			0
			0
			
			0	

Should also include clinical site evaluations and clinical site and clinical advisor agreement.

APPENDIX IV.G.1

CONSAH Aggregate Faculty Outcomes

CONSAH AGGREGATE FULL-TIME FACULTY OUTCOMES

1. Teaching Effectiveness

Expected Level of Achievement #1: 90% of faculty score minimum of 20 on **Teaching Effectiveness** subscale of annual faculty evaluation.

Expected Level of Achievement #2: 25% of full-time faculty teaching in bachelors, masters, and doctorate programs **hold a doctorate degree.**

Expected Level of Achievement #3: CON FACULTY ONLY: 25% of full-time faculty are **Certified Nurse Educators (CNE)**

2. Scholarship/Professional Activity

Expected Level of Achievement #1: 70% of faculty will score minimum of 8 on **Scholarship/Professional Activities** subscale of annual faculty evaluation.

3. Departmental/University/Community Service

Expected Level of Achievement #1: 80% of faculty will score minimum of 11 on **Departmental/University/Community Service** subscale of annual faculty evaluations

4. Civility and Professional Behaviors

Expected Level of Achievement #1: 100% of faculty will score minimum of 16 on **Civility and Professional Behaviors** subscale of annual faculty evaluations

5. Advising

Expected Level of Achievement #1: 80% of faculty will score minimum of 5 on **Advising** subscale of annual faculty evaluation

CONSAH AGGREGATE ADJUNCT FACULTY OUTCOME

CATEGORY 1: *Teaching Performance Effectiveness*

EXPECTED LEVEL OF ACHIEVEMENT: 90% of adjunct faculty will score a ***Satisfactory Score*** of 3.5/5 or above on the Adjunct Faculty Evaluation form (either Adjunct Clinical Faculty appraisal form and/or Adjunct Online Faculty appraisal form.

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APPENDIX IV.H.1

PLAN FOR ACHIEVEMENT OF FACULTY OUTCOMES

PLAN FOR ACHIEVEMENT OF FACULTY OUTCOMES

*New Faculty: In the Teaching Role less than 1 year from hire date

1. **Teaching Effectiveness**
   Expected Level of Achievement: Minimum score of 20 on *Teaching Effectiveness* Subscale of Annual Faculty Evaluation

   a. If faculty member is **new*** to the teaching role and does not meet the benchmark, they will be required to continue developing teaching skills with an assigned mentor, define specific goals related to teaching role, and participate in activities which will improve their teaching effectiveness. The supervisor will re-evaluate in 6 months and again at 1 year. If score remains below the minimum a recommendation may be made to not retain.

   b. If faculty member is not new to the teaching role, and does not meet the benchmark, they will initiate a mutually agreed upon professional development remediation plan focused on teaching and be re-evaluated at 6 months.

2. **Scholarship/Professional Activities**
   Expected Level of Achievement: Minimum Score of 8 on *Scholarship/Professional* Activities Subscale of Annual Faculty Evaluation

   a. If faculty member, new or not new to the role, does not meet the benchmark, they will initiate a mutually agreed upon scholarship and be re-evaluated at 6 months.

3. **Departmental, University, Community Service**
   Expected Level of Achievement: Minimum Score of 11 on *Departmental/University/Community Service* Subscale of Annual Faculty Evaluation

   a. If faculty member, new or not new to the role does not meet the benchmark, they will initiate a mutually agreed upon professional development remediation plan focused on service and be re-evaluated at 6 months.

4. **Behavioral Expectations**
   Expected Level of Achievement: Minimum Score 16 on *Behavioral Expectations* Subscale of Annual Faculty Evaluation

   a. If faculty member, new or not new to the role does not meet minimum score (ELA)Progressive Discipline proceedings will be initiated.

5. Advising
Expected Level of Achievement: Minimum Score of 5 on *Advising* Subscale of Annual Faculty Evaluation

a. If faculty member, is new to the role and does not meet the benchmark, they will continue mentoring with assigned senior faculty member and be re-evaluated at 6 months.

b. If faculty member is not new to the role and does not meet the benchmark, they will initiate a mutually agreed upon remediation plan, that includes additional advising hours each semester with a mentor faculty supervising their advising and be re-evaluated at 6 months.

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APPENDIX IV.I.1

Trended Results from Shreveport Advisory Council
(Employer Satisfaction of BSN Graduates)

Employer Satisfaction of BSN Graduates
TRENDED RESULTS 2018-2020
Advisory Council Shreveport
Spring

To facilitate improvement of our programs, please rate your agreement with the following statements regarding graduates of NSU's ASN and BSN programs.

SA=strongly agree (4 pts); A=agree (3 pts); D=disagree (2 pts); SD=strongly disagree (1 pt)

NSU Graduates are prepared to:	2020 N=20	2019 N=13	2018 N=12	Met/Not Met
1. Provide nursing care founded upon scientific principles and evidence-based research utilizing the nursing process.	3.8	3.6	3.6	Met
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	3.9	3.7	3.5	Met
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	3.5	3.9	3.4	Met
4. Manage nursing care effectively utilizing human, physical, financial, and technological resources to meet the needs of the person.	3.4	3.7	3.5	Met
5. Demonstrate professional behaviors including adherence to standards of practice and legal and ethical codes of nursing conduct.	3.8	3.6	3.5	Met
6. Demonstrate accountability to the profession of nursing and society.	3.9	3.6	3.5	Met
7. Assume responsibility for professional development and lifelong learning.	3.7	3.6	3.5	Met
8. Provide culturally sensitive care.	3.5	3.5	3.5	Met
9. Apply principles of leadership in the delivery of health care.	3.5	3.9	3.6	Met

How would you rate your overall satisfaction with NSU graduates?

__83%__ Very Satisfied   _____ Dissatisfied

__17%__ Satisfied   _____ Very Dissatisfied

Does your organization require new RNs to have a BSN degree?   Yes <u>14%</u>   No <u>86%;</u>

Does your organization have a strong preference for new

   RN hires to hold a BSN degree?   Yes <u>35%</u>   No <u>65%</u>

We would like to get a feel for the need for RN's in the Shreveport area for 2019 IF you plan to hire new graduates, please estimate how many new graduates you would hire from each graduating class.

	2018 **N=12**	**2019** **N=13**	2020 N=20
Spring (ASN)	59	38	50
Summer (BSN)	56	37	43
Fall (ASN & BSN)	48	37	49

Does your organization have a need for NSU to offer a CRNA program?

2020 – 3-no, 8-yes, 8-blank

2019 – 3 blank; 3 no; 7 yes;

What changes in the health care environment do you anticipate will affect the educational preparation of future graduates?

2020: 1) Understanding hospitals have rules and regulations, 2) the need for **informatics** is growing at a fast pace. The need for collaboration is imperative, 3) Digitalhealth; Basic leadership skills, empathy, Knowledge of techniques to prevent HAI (PERWICK, early mobility); changing focus from hospital to home care, 4) Preparing student for patient care in the post-acute care setting.

2019: 1) Focus with OR ED; 2) Increased informatics needs; population health; 3) increased acuity of psych population as it relates to medical compromised admits; 4) Advances in tech so important; 5) Technology; informatics; More informatics, more technology, I foresee patients demanding more technology & Health care shifting to more technology.

2018: 1) funding, 2) EMR and need to be more at the bedside; 3) EHR technology; 4) pharmacy equations, shortages will affect the need for nurses to need to mix medications at night; understand value based purchasing; 5) frequent changes in processes; students sometimes married to what they learned during their clinical experiences; 6) increased regulations will limit time available for bedside education.

What do you believe are strengths of NSU's nursing programs?

2020: 1) clinical knowledge, 2) improving nursing education programs, 3) basic skills, numbers, 4) tradition, size, quality, local students who want to stay in the Shreveport-Bossier area. Knowledge; 5) quality candidates; highly qualified faculty; 6) Produces caring nurses who are determined and work hard: helpful instructors

Inc. of IT and soft skills, 7) well educated; good clinicals; The programs offered are increasing-enrollment should continue to grow, 8) Variety of specialty areas and integrated into the local health care community, 9) multiple ways of obtaining RN training. Online courses available,

consistency in preparing nurses for NCLEX. Always forward thinking in regards to developing new programs to meet the community needs, 10) Providing students experience in a variety of areas of nursing

2019: 1) clinical education & Sim lab; 2) The strength of their willingness to accept challenges; 3) Progressive and keeps up with advances; 4) Faculty; Financial support, good faculty, long term reputation; confidence & knowledgeable; 5) highly educated, well rounded students.

2018: 1) very caring and competent instructors and students; 2) try to address needs that benefit nursing students to be better nurses, 3) students are well prepared, most are driven, willing to ask questions; the 12 hrs shifts are a wonderful piece!, 4) clinical instructors that I have had at our facility are definitely a strength; 5) high pass rates, great instructors-always positive comments by students; 6) multiple programs available and online courses available; 7) a full scope of nurse education which greatly support the entry-level nurse; The development of "community" environment for the Shreveport site; 8) reputation; knowledge base of grads; 9) leadership skills, strength in numbers, students are assertive as a whole, 10) students are very knowledgeable.

What are your recommendations for strengthening NSU nursing programs?

2020: 1) care plans in use bedside nursing, 2) focus/encourage nursing research, 3) continue to encourage instructions and be assertive finding clinical experiences where present; continue to improve critical thinking, application, 4) Opening up more programs. I think CRNA program will be great for those who don't want to go to another state's school, 5) communication, humility, service, preventative care (at home, V-Tel, home monitoring), continue advocating for partnerships, 6) impacting on right path, active engagement of school leadership with hospital leadership , continue with are and compassion education., 7) offering students a variety of possibilities and specialty areas to consider after graduation with job opportunities, 8) Keep doing what you are doing to advance the nursing profession. Continue developing programs that meet community needs when identified, 9) Most students great. Small numbers have little or not initiative and lack the ability to communicate with the patients effectively to get certain test done. They leave the patients confused. This may be an area to work on if the student needs it.

2019: 1) more clinical focus; 2) I think doing away with required GRE is great. Not everyone is a good standard test taker. It is great NSU sees that and sees value in other students; 3) NSU is cutting edge; focus students as much as possible on patient interaction; 4) Difference between SBAR to nurses during handoff and situational SBAR to providers, 5) communication at bedside-don't forget to introduce yourself and say hello - be warm; 6) Excited about potential for PhD program & CRNA, 7) Very excited for psych/mental health program.

2018: 1) continue to engage with path you're on. Great job1; 2) use opportunities to bring NSU graduates back into the program as speakers. It is important for your students to see success of past students and have them speak of their career and success; 3) requiring a caring component integrated to assist the personal aspect of our career; 4) wish clinicals for students could be the same students for the week; 5) patient connection activities; 6) Reinforcement in therapeutic practice; encourage collaboration among disciplines; 7) respect, leadership, emotional investment and patient connection.

What suggestions do you have to facilitate the new graduate's transition into the professional role?

2020: 1) buddy system; 2) continue soft skills, increase communication skills with interdisciplinary team members, How to get along with difficult people in leadership role. Manage their expectations regarding leaders (good and bad), **Touch** the patient. Act/look/speak professionally Continue to read always. The preceptor program seems to be beneficial. Time to work alongside a nurse to understand the full picture; 3) Continued preceptor opportunities; 4) have students in [our] facility; 5) Have nurses form different units speak to students about starting their job and their personal experience, 6) teach that those doing the hiring may be a generation or more older and that they may want to approach dress and mannerisms according to their style and values to keep in mind the vast majority of the pts are older as well; 7) expectations of employers, be responsible for self, communicate across the board on all levels NSU can assist with the introductions of staff leadership, etc.; 8) assist in developing opportunities for seamless transition to jobs after graduation; 9) basic leadership, work hand in hand with the professional practice department at our facility and talent acquisition; 10) continue role playing, potential participation with hospital multidisciplinary teams. Reinforcing nurse role as patient advocate, encourage communication with healthcare teams.

2019: 1) preceptorship for ASN Nursing students; 2) You already do a superb outstanding job!; 3) Have students find a very good mentor @ their new job; 4) IV skills, communication; continue to have 12 hour as, this helps to make realistic transition, continue to encourage med-surg; 5) the students often deliver a good SBAR to providers, but I frequently see too much detail forgetting to focus on priority of the call. They are also quick to be very direct and maybe overconfident with their recommendations to providers. I try to remind them to be respectful and make gentle suggestions without being too forceful; 6) residency or intern period for all graduates. 7) incentive to transition for ASN to BSN 8) increase education re: Post Acute Care i.e. rehab inpatient, SNFs

2018: On Boarding. We have an onboarding program to facilitate this transition; 2) 12 hr clinical days will be big help; 3) like the 12 hr 5th level idea; 3) more accountability exercises; 4) letting them know the legal responsibilities associated with nursing; 5) love the 12 hr shifts; 6) more basic and encouraging new nurses to respect and learn from those that have been in the profession. Sometimes listening is the best way to learn. 7) 12 hr shifts great idea; 8) love the idea for 12 hr shifts; 9) encourage graduates to enter employment with a spirit of learning. They aren't expected to know it all. We want to help them build on their nursing foundation and be successful; 10) I think the 12 hour preceptorship is a great idea!

APPENDIX IV.I.2

Trended Results from CENLA Advisory Council
(Employer Satisfaction of BSN Graduates)

Employer Satisfaction of BSN Graduates
TRENDED RESULTS 2017-2019
CENLA Advisory Council
Fall

To facilitate improvement of our programs, please rate your agreement with the following statements regarding graduates of NSU's ASN and BSN programs.

SA=strongly agree (4 pts); A=agree (3 pts); D=disagree (2 pts); SD=strongly disagree (1 pt)

NSU Graduates are prepared to:	2019 N=3	2018 N=1	2017 N=9	Met/Not Met
1. Provide nursing care founded upon scientific principles and evidence-based research utilizing the nursing process.	3.7	4.0	3.9	Met
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	3.7	4.0	3.9	Met
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	3.7	3.0	3.8	Met
4. Manage nursing care effectively utilizing human, physical, financial, and technological resources to meet the needs of the person.	3.3	4.0	3.9	Met
5. Demonstrate professional behaviors including adherence to standards of practice and legal and ethical codes of nursing conduct.	3.3	3.0	3.9	Met
6. Demonstrate accountability to the profession of nursing and society.	3.3	3.0	3.9	Met
7. Assume responsibility for professional development and lifelong learning.	3.7	4.0	3.6	Met
8. Provide culturally sensitive care.	3.3	4.0	3.8	Met
9. Apply principles of leadership in the delivery of health care.	3.3	3.0	3.7	Met

How would you rate your overall satisfaction with NSU graduates?

_100%___Very Satisfied

_____ Satisfied

_____ Dissatisfied

_____Very Dissatisfied

Does your organization require new RNs to have a BSN degree?   Yes _____   No _____

Does your organization have a strong preference for new

　　RN hires to hold a BSN degree?   Yes ___80%_   No _____

****Please complete questions on back of survey – thank you!!**

We would like to get a feel for the need for RN's in the CENLA area for 2019 IF you plan to hire new graduates, please estimate how many new graduates you would hire from each graduating class.

	2017	**2018**	2019
Fall (ASN & BSN)	48		70
Spring (ASN)	51		70
Summer (BSN)	45		60

Does your organization have a need for NSU to offer a CRNA program?
2019 – 1) yes, 2) unsure, 3) no

What changes in the health care environment do you anticipate will affect the educational preparation of future graduates?
2019- 1) prepare them to care for patients with mental health, substance abuse in all clinical settings, 2) healthcare funding, learn staffing in healthcare facilities, 3) increased mental health needs
2017-1) need to recruit is high due to "baby boomers" retiring, 2) financial issues, 3) growth in mental health and continual decline in facilities to treat them, 4) our economy will impact students coming into the health care industry, 5) patients have higher acuity and comorbidities, 6) because health care is ever changing, preparing graduates can be tough. I guess just constant reminders that healthcare requires flexibility, adaptation, and cooperation, and teamwork!

What do you believe are strengths of NSU's nursing programs?
2019- 1) students well prepared, 2) solid faculty; work well with other schools and clinical sites; interested in student success
2018-monitor immature students closely
2017 – 1) multiple programs offered, 2) LPN to BSN program, professionalism, accountability, 3) critical thinking, work ethic, 4) years of dedication to development of nursing program, 5) demonstrate good critical thinking skills, 6) bringing classroom to home through online education, 7) responsiveness to the communities and students needs, 8) consistent faculty in Alexandria site who are engaged with students and take a vested interest in their success; variety of learning methods available to the students.

What are your recommendations for strengthening NSU nursing programs?
2019-1) continue to promote professionalism, 2) keep up the good work
2018-monitor immature students closely
2017 – 1) mentorship, 2) stress need to treat patient, not the computer, 3) address stress relief and ways to cope with traumatic sights, 4) knowledge of job requirements for "new graduates", 5) begin behaviors in pre-nursing courses – begin emphasis early, 6) continue to make programs

easier to access through online training, 7) continue to explore opportunities to expand in the nursing program.

What suggestions do you have to facilitate the new graduate's transition into the professional role?

2019 – 1) working as extern helps them acclimate to clinical setting/ 2) continue the great work you are currently doing, 2) transition to practice, 3) work in clinical settings closer to 12 hour shifts, 4) advertisement of successful outcomes of your students, 5) NSU does a very good job with this process.

2018 – 1) Reinforce professional behavior expectations

We value your opinion and appreciate your feedback on our programs. Thank you!

Trended Results from Employers (Supervisors) Satisfaction of BSN Graduates

Trended Results from Employers (Supervisors) Satisfaction with BSN Graduates

Advisory Council – Survey Monkey
2017-2019

The ELA is 3.0 (scale 1-4)
SA=strongly agree (4 pts); A=agree (3 pts); D=disagree (2 pts); SD=strongly disagree (1 pt)

Please indicate your agreement with the following statements: BSN graduates from NSU are prepared to:	2017 Shreveport	2017 CENLA	2018 Shreveport	2018 CENLA	2019 Shreveport	2019 CENLA	Met /Not Met
	N=2	N=11	N=13	N=1	N=0	N=20	
1. Integrate theory form nursing, the arts, humanities, and sciences to provide culturally sensitive care in the global community.	4.0	3.33	3.5	4.0	No results	3.56	Met
2. Apply the nursing process using critical thinking, communication, assessment, and technical skills.	4.0	3.17	3.5	4.0	No results	3.56	Met
3. Collaborate with clients and other members of the interdisciplinary health care team for health promotion, risk reduction, disease prevention, disease management, and health restoration.	4.0	3.17	3.5	4.0	No results	3.56	Met
4. Utilize information and health care technologies in nursing practice.	4.0	3.5	3.5	4.0	No results	3.56	Met
5. Integrate research findings to promote evidence-based practice.	4.0	3.17	3.5	4.0	No results	3.63	Met
6. Incorporate knowledge of economics, legal, ethical, and political factors influencing health care systems and policy to advocate for recipients of nursing care.	4.0	3.17	3.5	4.0	No results	3.56	Met
7. Apply principles of leadership to design, manage, coordinate, and evaluate health care delivery.	4.0	3.17	3.5	4.0	No results	3.56	Met
8. Demonstrate professional nursing standards, values, and accountability.	4.0	3.5	3.5	4.0	No results	3.67	Met
9. Assume responsibility for professional development and lifelong learning.	4.0	3.33	3.5	4.0	No results	3.67	Met

Question:	2017 Shreveport	2017 CENLA	2018 Shreveport	2018 CENLA	2019 Shreveport	2019 CENLA	Met/ Not Met
What is your overall satisfaction with NSU's BSN graduate(s)	4.0	3.33	3.5	4.0	No results	3.67	Met

Very satisfied – 4; Satisfied – 3; Dissatisfied-2; Very Dissatisfied-1