



Self-Study Report

**Submitted to
Commission on Collegiate Nursing Education**

**Accreditation Site Visit
September 21-23, 2016**

Given the sustainability-related activities at CSUF (including a desire to eliminate reliance upon paper), most resources necessary to substantiate this report are available within the report via hyperlinks (when viewed on a computer, they are underlined and in blue; to activate the link, hit Control and Click). Accessing hyperlinks requires access to a computer with internet access.

To our Site Visitors:

Our site visitors will have access to a shared Dropbox folder that includes multiple folders holding resource files (e.g., Minutes, which holds most minutes from School of Nursing meetings 2013-16) and substantiating evidence for Standards (e.g., S1 to S4).

Our onsite resource room will hold some documents (or partial documents) as print copies. The School of Nursing uses many Excel workbooks to hold working documents such as our Educational Effectiveness Plan for the master's program and our 2016 Assessment Plan. These do not print well.

In the Appendix to this report, we have put documents and excerpt pages from workbooks (e.g., the MSN_EducEffectivenessPlan, program crosswalks) and Power Point slide sets (where animation used causes printing issues). Complete workbooks and slide sets are in Dropbox/sondocs. To open the documents, you accept the invitation to "share" the Dropbox¹. Then, open the file labeled *sondocs* and you can open selected document in the sub-files. Documents will also be available to you online when you are at CSUF in September.

¹ If you do not have a Dropbox account, you can make one by downloading the free software at <https://www.dropbox.com/en/help/4454>.

Table of Contents

Context: California State University, Fullerton	1
Standard I Program Quality: Mission and Governance	5
Standard I-A	5
Standard I-B	8
Standard I-C	13
Standard I-D	14
Standard I-E	17
Standard I-F	19
Standard II Program Quality: Institutional Commitment and Resources	23
Standard II-A	23
Standard II-B	26
Standard II-C	27
Standard II-D	28
Standard II-E	31
Standard II-F	33
Standard III Program Quality: Curriculum and Teaching-Learning Processes	35
Standard III-A	35
Standard III-B	36
Standard III-C	38
Standard III-D	42
Standard III-E	45
Standard III-F	48
Standard III-G	50
Standard III-H	53
Standard IV Program Quality: Assessment and Achievement of Program Outcomes	57
Standard IV-A	57
Standard IV-B	59
Standard IV-C	60
Standard IV-D	61
Standard IV-E	62
Standard IV-F	67
Standard IV-G	68
Standard IV-H	68

California State University System

The California State University (CSU) system, with ~460,000 students and 23 campuses, is the largest higher education system in the United States. It is also among the most diverse and affordable. Created as a result of California's 1960 *Master Plan for Higher Education*, the CSU system offers 1800+ Bachelor's and Master's degree programs in 357+ subject areas as well as doctoral degrees (Nursing Practice, Education) on select campuses. The CSU has ~47,000 faculty and staff. Overseeing the CSU is the Board of Trustees, appointed by the California Governor. Trustees appoint the CSU Chancellor and the campus Presidents.

As noted in the 2010 *Working for California: The Impact of California State University*, CSU and its graduates produce \$70 billion in economic activity and support 485,000+ jobs in California. The Trustees set the university tuition (see <http://www.calstate.edu/budget/student-fees/fee-rates/fullerton-history.shtml>), which has been frozen since 2011. CSU depends upon tuition and state general fund dollars. Students are also charged campus-based fees. More than half of CSU students receive some form of financial aid. Demand from students seeking admission to CSU programs exceeds supply and has been further constrained by the vacillating state economic situation.

After several years of stringent budget constraints in California, 2013-16 have been turnaround years in which the state budget began to move in a positive direction. While tuition is frozen at 2011-12 rates, California has increased general fund appropriations to the CSU. However, even with increases, in 2015-16, the allocation was well below that requested. Extended periods without tuition increases are unsustainable to manage operating costs; thus, each campus has followed guidelines for careful and prudent utilization of resources. The recently drafted plan "Creating a Sustainable Financial Model for the CSU" (see <http://senate.csuci.edu/meeting-materials/090815/draft-report-csu-sustainable-financial-model-task-force-8-24-15.pdf>) speaks to recommended local/state strategies. The fall 2014 passage of the CSUF student success initiative fee added resources that were designated to support student retention and graduation (e.g., ↑sections of high demand courses; ↑library hours; additional academic advising personnel).

California State University, Fullerton (CSUF)

Established in 1957, CSUF is subject to policies established by the Legislature and its Board of Trustees. Campus governance is the responsibility of the President (Dr. Mildred Garcia). The Academic Senate recommends policies affecting curricula and the Academic Senate's Planning, Resource, and Budget Committee (consisting of administration, representative faculty, librarians) makes budgetary and resource recommendations.

Located in Orange County, a technologically rich and culturally vibrant area close to Los Angeles, CSUF is a comprehensive, regional university with a global outlook. The university strives to be a center of activity for intellectual, cultural, and economic development of our region. Orange County (with an economy growing faster than the nation and California) is the third largest county in California (<http://laedc.org/reports/2013-14EconomicForecastandIndustryOutlook.pdf>). No single racial or ethnic group comprises more than 50% of the total population (http://oconomy.org/Resources/Orange_County_2014_CEDS_Annual_Update.pdf).

CSUF is comprised of several campuses. The 241 acre main campus is located in northwest Orange County. Some 2000 students attend classes at the Irvine Campus, a branch campus with its own Dean (<http://www.fullerton.edu/IrvineCampus/academics/>); courses in 17 majors/disciplines are offered on the Irvine campus and include lower division, upper-division, credential, and graduate-level courses. Courses are also offered at the smaller Garden Grove campus. With these satellite sites, CSUF's fall 2014-15 enrollment of 38,100+ students made it the largest CSU campus. CSUF is a Hispanic Serving Institution (36%), and an Asian American Pacific Islander Serving-eligible Institution (21%). Of the undergraduate student population (as of 2-23-16), 22% is white; 2% African American; 4% multiracial; 6% international; 4% unknown. Over 40% of full-time freshman students are considered low income (<http://www.collegeportraits.org/CA/CSUF/characteristics>). In terms of impact, CSUF awards more than 9,000 degrees annually (~ 7,500 undergraduate; 1,500 graduate) making it first in the CSU system,

third in California, and 23rd in the nation in terms of number of degrees awarded annually.² (See Facts about CSUF at <http://news.fullerton.edu/formedia.aspx>).

CSUF offers 55 undergraduate and 54 graduate majors, and two doctoral programs (Doctor of Education; Doctor of Nursing Practice with the CSU Southern CA Consortium). Based on data from the US Department of Education, CSUF is 4th in the nation in baccalaureate degrees awarded to underrepresented students (*Diverse Issues in Higher Education*, 2014). *US News & World Report* (2014) ranks CSUF 9th among “Top Public Regional Universities” and 1st among “Best Regional Universities (West)” in its *America’s Best Colleges* report. In 2015, CSUF was ranked 7th in the West and 5th in California for “best value” by *Washington Monthly*, which describes the “Best Bang for the Buck” ranking as “the best value for your money based on ‘net’ (not sticker) price, how well [institutions] do graduating the students they admit, and whether those students go on to earn at least enough to pay off their loans.” See <http://news.fullerton.edu/2015su/Washington-Monthly-Best-Bang-for-Buck.aspx#sthash.UXojSPbr.dpuf>

CSUF’s academic programs are offered by eight colleges: Arts; Business and Economics; Communications; Education; Engineering and Computer Science; Health and Human Development; Humanities and Social Sciences; and Natural Sciences and Mathematics. In addition, extension courses are offered throughout the year. In fall 2015, there were 38,948 students including ~2000 international students from 81 countries. There were 6619 new first time freshmen (FTF) and 3991 new upper division transfer undergraduate students. Most students live in Orange County and were educated at California schools and colleges.

In Fall 2015, there were about 2,100 full and part time faculty members See Faculty Headcount & Demographics at <http://www.fullerton.edu/analyticalstudies/faculty/> Almost all full time faculty members have prior teaching experience and a wide variety of scholarly and creative activities.

Students and faculty at CSUF reflect the university mission. The predominant characteristics of the student body exemplify diversity, synthesis of academics with work and family interests, strong achievement records, and relative maturity. In Fall 2015, freshman students had a mean high school GPA of 3.57, total SAT score of 1030. In a 2014 exit survey of baccalaureate graduates (12% response rate; see Future Plans of Spring 2014 CSUF Bachelor’s Degree Candidates at <http://www.fullerton.edu/analyticalstudies/surveys/>), 86% of respondents indicated they planned employment following graduation and 46% planned to enroll in graduate/professional school.

University Accreditation

CSUF is accredited by the Western Association of Schools and Colleges (WASC) through 2019. Following a 2012 Educational Effectiveness Review (EER) visit, WASC Senior College and University Commission (the Commission) identified issues which resulted in university wide efforts. The resulting [March 2015 Interim Report](#) describes implementation of a strong strategic plan that is congruent with the CSUF vision of aspiring to be a model public comprehensive university nationally recognized for exceptional programs that prepare a diverse student body for academic/professional success. The [Commission’s response to the Report](#) was recommendation of a mid-cycle review (spring 2016), an offsite review in spring 2019, and an accreditation visit in fall 2019.

College of Health and Human Development (CHHD)

With over 5500 students pursuing degrees, credentials, and/or licensure in more than 20 academic programs, CHHD is among the most popular and fastest growing colleges in the university. Dr. Jessie Jones served as Interim Dean from July 2014 - January 2016. Dr. Laurie Roades from Cal Poly Pomona began the deanship in 2016 following a national search spearheaded by a university wide search committee.³ CHHD includes seven academic units: Nursing; Kinesiology; Health Science; Child & Adolescent Studies; Human Services; Counseling; Social Work; and one program, Military Services. The College has 12 Centers and 2 Institutes <http://hhd.fullerton.edu/Main/centers.htm>

² WASC Interim Report

³ Dr. Shari McMahan, the CHHD Dean (January 2011- June 2014) became CSUF Deputy Provost.

School of Nursing (SON)

Today, the SON is the one of the largest nursing programs in the CSU. Responsive to community needs, the SON has been developing academic-service partnerships through program development as well as to enhance the fiscal stability of its programs. The SON has attracted funding for its work in educating future nurses, and has partnered with hospitals/medical centers, health care agencies, and regional high schools, community college districts, and universities throughout Orange County and beyond to collaborate on solutions in nursing education. Most recently, the SON partnered with 11 local community college Associate Degree in Nursing programs to help students prepare for transfer to the RN-BSN program (<http://nursing.fullerton.edu/programs/rnbsn/index.php>).

The CSUF nursing program currently consists of three degree [programs](#):

- Baccalaureate: Traditional (EL-BSN), LVN-BSN; Accelerated BSN for students with degrees in other fields and no previous nursing education; RN-BSN (campus, online)
- Master's: traditional (MSN) students in five concentrations: Nurse Anesthetist, Nursing Leadership, Women's Healthcare (midwifery and NP), School Nursing, and Nurse Educator
- Post-master's Doctor of Nursing Practice (DNP) offered in collaboration with CSU Long Beach and CSU Los Angeles.

The faculty is committed to preparing new RNs to meet workforce needs, to strengthening the knowledge and skills of working RNs to facilitate their career advancement, and to preparing/developing advanced practice nurses and nurse leaders who contribute to the delivery of quality health care and the development of the profession.

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
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

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

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

A program may select additional standards and guidelines.

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

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

Program Response:

Congruence with Parent Institution. The mission, goals and expected program outcomes of the SON are congruent with those of the university and the College of Health and Human Development (CHHD). The SON Mission Statement clearly reflects the CSUF and CHHD missions with an emphasis appropriate to our practice discipline, as seen in Table 1.1. The preeminence of learning is evident across all three levels (university, college, SON). Our mission statement addresses our unique students, most of who come to CSUF as practicing nurses. The SON program goals are congruent with the university goals emphasizing provision of high quality programs, preparation of graduates with evolving needs and who will be lifelong learners, and partnerships within the community. The SON *Philosophy* (published in faculty and student [Handbooks](#) and on the [SON website](#)) identifies a set of core values and reflects the faculty's beliefs about the nature of nursing and the teaching/learning process.

Table 1.1. University, college, and school mission and goals

[CSUF mission](#)

[CHHD mission](#)

[SON mission](#)

Learning is preeminent at Cal State Fullerton. We aspire to combine the best qualities of teaching and research universities where actively engaged students, faculty, and staff work in close collaboration to expand knowledge.	We provide exemplary education, research, and community outreach related to human health, development, and lifelong well-being. Emphasis is placed on both theory and evidence-based practice, with special attention to the development of critical thinking, leadership, and professional skills needed in a global society.	We educate and transform nurses to practice in dynamic healthcare environments with diverse populations.
<u>CSUF program goals</u>		<u>SON program goals</u>
To ensure the preeminence of learning		To be recognized as a center of excellence in nursing education.
To provide high-quality programs that meet the evolving needs of our students, community and region		To provide quality nursing programs which are accessible to a diverse student population.
To enhance scholarly and creative activity		To prepare graduates who can provide culturally sensitive and competent care within a framework of scientific and professional accountability and function independently in a variety of settings.
To create an environment where all students have the opportunity to succeed		To prepare graduates with the necessary foundation for further education and specialization within their chosen career path and who demonstrate commitment to lifelong learning for personal and professional growth.
To make collaboration integral to our activities		
To strengthen institutional effectiveness, collegial governance and our sense of community		
To increase external support for university programs and priorities		To establish and maintain innovative educational partnerships to promote health and meet societal imperatives.
To expand connections and partnerships with our region		

In 2013, the CSUF Academic Senate approved revised Student Learning Outcomes or SLOs ([UPS 300.003](#)). The six outcomes are congruent with those for our BSN and MSN graduates. An analysis of their congruence is presented in Table 1.2. Our program SLOs are derived from the SON mission, goals, and philosophy as well as the SON program goals. These are also consistent with current educational and professional standards/guidelines (see Table 1.3). For example, components of *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing [AACN], 2008) (*BSN Essentials*) such as professional values, communication, and scholarship for evidence-based practice, are reflected in the BSN outcomes; other components, such as liberal education, are reflected in required BSN program pre-requisites, electives, and course content. In November 2015 (see Graduate Program Committee minutes 11-10-15, available in Resource Room - RR), the MSN student learning outcomes went from 5 (column 4, Table 1.2) to 9, reflecting acceptance of *The Essentials Of Master's Education in Nursing* (AACN, 2011) (*MSN Essentials*) as our learning outcomes.

In the SON, SLOs across programs are designed to build on prior education. The Bachelor of Science in Nursing provides students with knowledge, skills, and attitudes necessary for performance of the professional nursing role and characteristics of a generally educated person. The program prepares a *nursing generalist* who can provide care within a framework of scientific and professional accountability, and can function independently in a variety of health care settings. The program provides students with the foundation necessary for graduate education/specialization and promotes and fosters commitment to lifelong learning for personal and professional growth. Building on this, the Master of Science in Nursing provides nurses with the foundation and capability to function *independently* in a variety of health care settings and provide care within a framework of scientific and professional accountability.

Consistent with Relevant Nursing Standards and Guidelines. The SON mission, philosophy and conceptual framework are founded on the core values and standards of the nursing profession, as reflected in such documents as *The Future of Nursing: Leading Change, Advancing Health* (IOM/RWJ, 2010) and *Health Professions Education: A Bridge to Quality* (Greiner & Knebel, IOM, 2003). Several professional nursing standards and guidelines undergird the curricula of our undergraduate and graduate programs. Table 1.3 depicts the **core** professional standards and guidelines used. Besides the BSN *Essentials*, the undergraduate curriculum addresses Quality and Safety Education for Nurses (QSEN) (2015) standards related to quality and safety competencies; this drives knowledge, skills, and attitudes to be developed in our prelicensure graduates and keeps us in touch with QSEN terminology and content that is commonly used in practice settings. In the master’s program, most concentrations use standards from both AACN and specific professional organizations (e.g., Council on Accreditation of Nurse Anesthesia Education Programs). For example, students in the women’s health care/nurse midwifery concentration are held to meeting core competencies of the American College of Nurse Midwives (2012) and those in the nurse anesthetist concentration meet [standards](#) of the American Association of Nurse Anesthetists.

Table 1.2. Learning goals and student learning outcomes by program

Learning Goal	CSUF (UPS 300.003)	Bachelor of Science in Nursing	Master of Science in Nursing (up to Nov. 2015)	Revised MSN Goals (Nov. 2015) Essential #
Ethics	V. Evaluate the significance of how differing perspectives & trends affect their communities.	Engage in ethical reasoning & actions to provide leadership in promoting advocacy, collaboration social justice as socially responsible citizens	Evaluate ethical decision making from a personal & organizational perspective, develop an understanding of how these two perspectives may create conflict of interest, & act to resolve them	II: Organ/ Systems Leadership IX: Master's-Level Nursing Practice
Professional Practice	VI. Recognize their roles in an interdependent global community.	Demonstrate accountability for self & nursing practice, including continuous engagement in life-long learning	Integrate a wide range of theories & knowledge from nursing & other disciplines to develop a comprehensive & holistic approach, implement advanced roles & continue life-long learning	I: Background for Practice VI: Health Policy & Advocacy VIII: Clin Prevention & Popul Health for Improving Health IX: Master's-Level Nursing Practice
Evidence Based Practice	I. Demonstrate intellectual literacy through the acquisition of knowledge & development of competence in disciplinary perspectives & interdisciplinary points of view.	Improve patient health outcomes by accessing, analyzing & interpreting information (theoretical, research, other) at the individual/family & community level	Access, analyze & interpret information (theoretical, research, other) at the individual/family & community level to provide high quality health care, initiate change, & improve nursing practice & health care outcomes	I: Background for Practice IV: Translating & Integrating Scholarship into Practice V: Informatics & Healthcare Technologies VII: Inter-prof Collaboration for Improving Outcomes IX: Master's-

Critical Thinking	II. Think critically, using analytical, qualitative & quantitative reasoning, to apply previously-learned concepts to new situations, complex challenges & everyday problems.	Use a systematic approach to analyze real or potential problems for the purpose of developing, testing & evaluating innovative solutions within a variety of healthcare settings	Use a systematic approach to identify, analyze & diagnose real or potential problems with a variety of health care settings, & develop, evaluate & test possible solutions based upon highest level of evidence available, allowing for innovative solutions to the problem	Level Nursing Practice I: Background for Practice II: Organ/ Systems Leadership III: Quality Improvement & Safety IV: Translating & Integrating Scholarship into Practice
Communication	III. Communicate clearly, effectively, & persuasively, both orally & in writing.	Use communication theories/techniques & demonstrate communication/collaboration with colleagues, transdisciplinary groups, including the use of informatics, to promote relationships with individuals/families & communities	Manage communication, including the uses of informatics, with clients, colleagues & diverse groups to foster effective collaboration to promote optimal health outcomes in individuals/families/ communities	V: Informatics & Healthcare Technologies VII: Inter-prof Collaboration for Improving Outcomes
Manager of Care	IV. Work effectively as a team member or leader to achieve a broad variety of goals.	Plan and/or provide patient-centered, empathic & coordinated care that contributes to safe & high quality outcomes		II: Organ/ Systems Leadership III: Quality Improvement & Safety VII: Inter-prof Collaboration for Improving Outcomes

Table 1.3 Professional standards and guidelines used

Program	Guidelines, standards, certification requirements Most available at http://www.aacn.nche.edu/education-resources/curriculum-standards
BSN	American Association of Colleges of Nursing. (2008). <i>The essentials of baccalaureate education for professional nursing practice</i> . Washington, DC: author. Quality and Safety Education for Nurses Institute. (2015). <i>Quality and safety education for nurses</i> . Retrieved from http://qsen.org/competencies/ . QSEN framework is utilized throughout the Pre-Licensure program
MSN	American Association of Colleges of Nursing. (2011). <i>The essentials of master's education in nursing</i> . Washington, DC: Author. National Task Force on Quality Nurse Practitioner Education. (2012). <i>Criteria for evaluation of nurse practitioner programs</i> . Washington, D. C.: Author.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

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

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

Program Response:

Mechanisms are in place to review and monitor the mission, philosophy, program goals, and student learning outcomes on a regular basis. Based upon the SON strategic plan (See Dropbox/Sondocs/S1/S1_SON-Strategic_Plan_5-7-15 or Appendix p.2), the mission, goals and expected student outcomes are reviewed every 5 years (see faculty minutes 4-14-15, available in Resource Room - RR), or more frequently if needed, in order to reflect professional standards and needs/expectations of our community of interest:

Strategic Priority 1a: The School of Nursing (SON) revisits and revises as needed, vision, mission, values, and organizing framework.

Revisit SON Mission, Vision and Core Values at least every 5 years (completed 2015)

Revisit curricular threads and student learning outcomes as part of SON organizing framework at least every 5 years

During four strategic planning meetings 2014-15 with an outside consultant, the 2015-20 strategic plan was established. Initially, SON faculty and staff members revisited the mission, goals, and expected student outcomes in light of changing nursing standards and needs/expectations of our community (considered broadly as our students, faculty, and community stakeholders including our alumni, their employers, and agencies where our students have clinical experiences). Part-time faculty, some of whom work at our partner facilities and institutions, were included in these sessions. Faculty and staff worked in small groups to determine what is the current SON “vision,” and from this, what is its mission. The following table shows the initial and final draft statements from the strategic planning process (See Dropbox/Sondocs/S1/S1_Notesfirstface-to-face12-4-14 or Appendix p.7).

Table 1.4 Group’s Final Draft Vision Statement: An Exemplar of Excellence in the Preparation of Global Nursing Leaders and Scholars

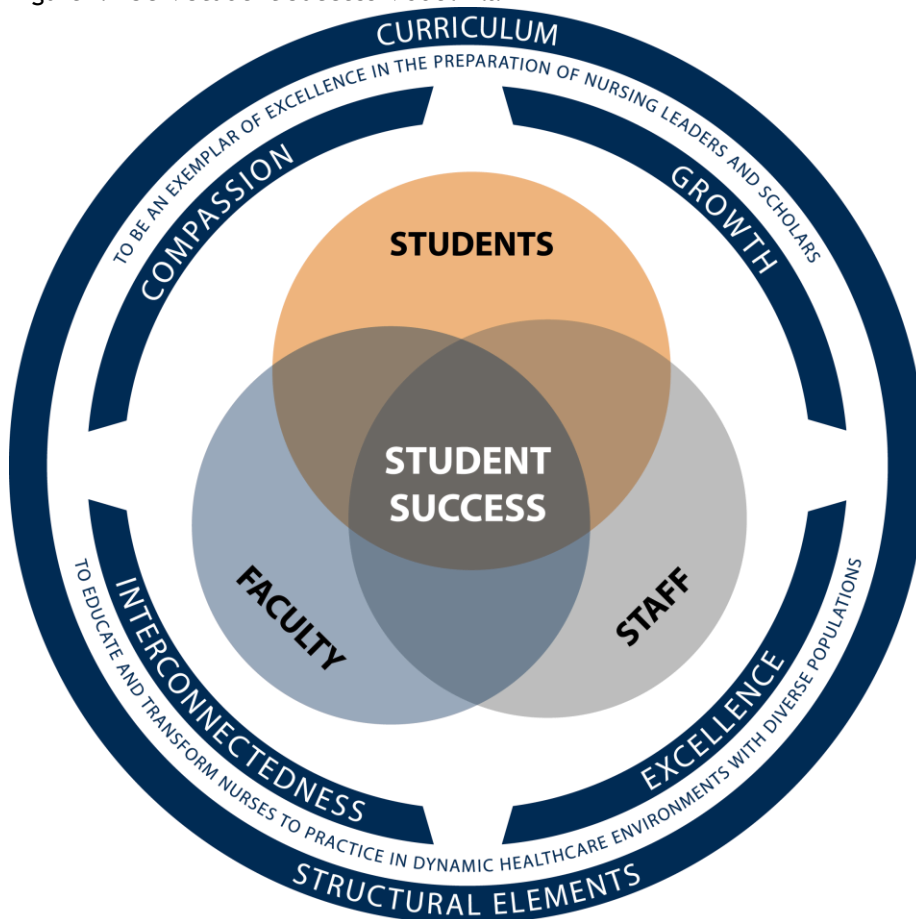
Proposed Mission Statements From Small Group Work (Who Are We?! How do others view us?)	
Our mission is to prepare nurses to practice in an evolving health care environment	We educate, inspire, and transform nurses for success in a changing health care environment
Our mission is to prepare nurses for scholarly practice in an ever-changing health care environment	CSUF responds to health and educational changes through innovation and creating diverse leadership to meet evolving community and health care needs
We foster a diverse educational environment combining the art and science of nursing to improve health	Creating a nurturing environment for students to preparing caring professional nurses for our community
Changing to meet health care and the prominent needs of our community	To prepare nursing students who excel in scholarship, leadership, and compassionate care to serve a diverse community
Group’s Final Draft Mission Statement: We educate and transform nurses to practice in dynamic healthcare environments with diverse populations	
Vision: An Exemplar of Excellence in the Preparation of Nursing Leaders and Scholars	

After the final meeting, full-time faculty and staff were invited to volunteer as Strategic Planning Champions, serving on a task force to work on implementation strategies. Through summer 2016, strategic planning activities were spearheaded by this task force (See Dropbox/sondocs/S1/S1_StrategicPlanningChampions_Minutes_9_22_15 or Appendix p.12). Initially, they developed the comprehensive 5-year written strategic plan, 2015-20 (See Dropbox/Sondocs/S1/S1_SON-Strategic_Plan_5-7-15 or Appendix p.2), with an activity timetable (See Dropbox/sondocs/S1/S1_StrategicPlanTimeline_2015-20 or Excerpts from Timeline Workbook, Appendix p.15).

The revised SON mission statement is in line with most corporate mission statements. At the October 2015 faculty meeting (see faculty minutes 10-20-15, available RR), faculty reconfirmed the acceptability of the new mission statement and discussed its basis in the SON philosophy and conceptual model found at [SON about us page](#), congruence with feedback from SON stakeholders or community of interest (including corporate partners, employers, professional organizations and accrediting agencies, other health care educators, and consumers), and their intent to continue with existing program/student learning goals. At the November 2015 faculty meeting (see faculty minutes 11-17-15, available in RR), the mission statement was approved. Following this, the statement was changed in

appropriate documents (e.g., [Student Handbook](#)) and on our [website](#). At the November 2015 faculty meeting, recommendations were made to the developing model to depict SON vision/mission/undergirding factors (this model later began to be called the *Student Success Model* as its focus is overall student success). All faculty members were invited to a December meeting with the Strategic Planning task force. At this meeting of the Champions, two sub groups were charged to act on the recommendations for the model itself and to develop the verbiage needed to provide explanation/definition for each of the identified tenets; curricular foundations and program structural elements. The other two "corners" of the proposed model (strategies & SLOs) were subsumed into the other two elements thus making the proposed model "cleaner" and more understandable. This was reported at the 2-16-16 Faculty Meeting (see minutes in RR). An email sent out by Marsha Orr (3-3-16) showed the culmination of this process (the diagram here is one developed by a graphic artist summer 2016):

Figure I.1 SON Student Success Model Plan



Program structural elements and **curriculum** support our Mission, Vision, Values, and Strategies and must be in place for the program to succeed.

Structural Element	Example
Supportive culture	External and internal supports External: University support of SON, Community and Health Care System support of SON Internal: SON support of diversity, academic rigor, mentoring, faculty and staff http://nursing.fullerton.edu/about/welcome.php http://nursing.fullerton.edu/contact/faculty.php http://nursing.fullerton.edu/contact/staff.php
A spectrum of degree offerings	Traditional Baccalaureate, Accelerated BSN, RN to BSN, Graduate Programs

	with School Nurse, CRNA, Leadership, Nurse Educator, and Women's Health concentrations, and DNP. http://nursing.fullerton.edu/programs/
Communication and collaboration	Interactive and informative website Involvement in the College, University, and Community http://nursing.fullerton.edu/newsevents/index.php
Student/alumni engagement	Student involvement on Committees Nursing Student Association STTI Honor Society Chapter Nursing Alumni Chapter Peer Mentor Program http://nursing.fullerton.edu/current/nsa.php http://nursing.fullerton.edu/current/stti.php http://nursing.fullerton.edu/alumni/ https://chhdpmp.fullerton.edu/public/firstpage.htm
Resources congruent with needs	Simulation and skills lab Faculty Development Center Retention & Graduation specialists Advising SON (professional staff for each program and faculty) http://nursing.fullerton.edu/resources/

Curriculum Foundations:

The SON has three programs, undergraduate, graduate, and DNP. The undergraduate and graduate programs have 14 pathways.

1. Aligns with the American Association of Colleges of Nursing Baccalaureate, Masters, and DNP essentials.
2. Reflects professional (i.e., Board of Registered Nursing, QSEN), program, and concentration-specific standards.
3. Curriculum and course changes are made by an established university process that includes SON program committees, college and university curriculum committees.
4. Multiple methods of delivery (online, classroom).
5. The curriculum is responsive to changes in the community, health care, and policy.
6. Faculty involved in curriculum continues to practice in the community.
7. Dynamic partnerships provide excellent and realistic learning opportunities for students.

Curricular Element	Examples
Aligns with the American Association of Colleges of Nursing (AACN) baccalaureate, masters and Doctorate of Nursing Practice (DNP) Essentials	School of nursing accreditation for all programs requires evidence of meeting the Essentials of Baccalaureate, Masters, and DNP Education. The <i>Essentials</i> outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and DNP programs, as well as the clinical support needed for the full spectrum of academic nursing. AACN. (2015). <i>Essentials Series</i> . Retrieved from http://www.aacn.nche.edu/education-resources/essential-series
Reflects professional, program, and concentration-specific standards	Undergraduate programs are accredited by AACN and meet State Board of Nursing requirements for pre-licensure education. All graduate programs are accredited by AACN. The Nurse Anesthetist Concentration is also accredited by The Council on Accreditation of Nurse Anesthesia Educational Programs, the Nurse Midwife Concentration by The American College of Nurse-Midwives, the Women's Health Concentration by the California Board of Registered Nurses. The DNP program is accredited by AACN
Curriculum/course changes made in accordance with established university process.	Procedure includes approval by Program Committees (Undergraduate, Graduate, DNP Consortium), SON Faculty Committee, College of Health and Human Development Curriculum Committee, and University Curriculum Committee.
Multiple methods of delivery	The SON has classroom and online programs. Pre-licensure courses are classroom and clinical, whereas RN-BSN and graduate courses may be classroom and hybrid (both classroom and online, or fully online).
Responsive to changes in the community, health care, and policy.	Example: In response to the California State Assembly Bill 1295, the RN-BSN pathway was revised to meet state-mandated requirements to provide an articulated nursing degree transfer pathway for associate degree nurses

	between California Community Colleges and California State Universities to standardize nursing education, reduce the cost of education by eliminating duplicate course work, reduce time to degree, and facilitate degree completion (AB1295, Chapter 283, Section 89267.5).
Faculty involved in curriculum design and change continue to practice in the community and/or are active in professional organizations.	Refer to faculty qualifications table (Faculty Report) and faculty CVs.
Dynamic partnerships provide excellent and realistic learning opportunities.	Examples: Kaiser Permanente School of Anesthesia Partnerships with many agencies and clinical sites in Orange, Los Angeles, Inland Empire, San Bernardino, and San Diego counties. Externship Work-Study opportunity for Pre-Licensure BSN students.

At the March 15, 2016 faculty meeting (see minutes in RR), faculty voted to keep the above graphic depiction (with adjustments by a graphic artist summer 2016) for placement on the SON website (not as of Aug. 2) and to develop links to the corner elements for the information in the tables above (with additional examples sent by faculty and staff).

A review of SON program goals by faculty during the strategic planning process 2014-16 reinforced that program goals reflect aspirations for students by the faculty and address current healthcare environment needs along with needs of SON communities of interest. The SON mission, goals and expected outcomes clearly reflect the communities of interest served as evidenced by the aforementioned strategic planning process and verbal feedback at the 4-7-15 Community Partners breakfast. Those communities of interest include internal and external stakeholders.

- Internal - students, alumni, faculty, program partners, university community at large
- External - corporate partners, employers, professional organizations and accrediting agencies, other health care educators, consumers

The SON Director submits an Annual Report to the CHHD Dean identifying specific annual goals and strategies for the coming academic year and evaluates more granular SON goal accomplishments for the current year (Reports available). Reports are developed in consultation with faculty (see faculty meeting minutes 3-11-14, 4-8-14, 3-10-15, 5-5-15). These annual goals support the attainment of the overall SON mission and goals and reflect the CSUF/CHHD Mission and CSUF Goals.

To maintain congruence with current standards and guidelines and according to the SON Bylaws (See Dropbox/S1/S1_SONBylaws_approved11-15 or Appendix p.20), undergraduate and graduate program committees are charged with updating student learning goals when standards change and as appropriate. The specific function is as follows:

Provide for a systematic review of the graduate/undergraduate program, considering course and program evaluation outcomes, Professional/Educational Program Standards, the needs of society, community or health care industry changes, or revision of the mission, philosophy and/or objectives of the SON.

Both Graduate and Undergraduate Program Committees (GPC; UPC) review their Program Crosswalks in order to assure continued congruence with standards/guidelines. For example, Weismuller (chair GPC) reported in May 5, 2015 faculty meeting that *“Along with scheduled course reviews, GPC reviewed our student learning outcomes compared to MSN Essentials and graduate courses.”* At the November 10, 2015 GPC meeting (minutes, RR), committee members discussed the curriculum crosswalk (including courses and where content is initially presented, further developed, and finally evaluated), and determined that our program would be better guided by the *MSN Essentials* rather than the five SLOs used previously. Committee members reiterated that the course review form for graduate courses has a section for standards that are addressed in the course and that courses are reviewed at least every 5 years. A task force re-examined the Graduate Program Crosswalk, updated appropriate courses, and considered outcome measures for the SLOs (see Dropbox/sondocs/S1/S1_MSN_EducEffectivenessPlan_AND_DeepDiveAssignments_5_10_2016 or Excerpts from the Educational Effectiveness Plan Workbook in Appendix p.27). Concentration leads gave input on concentration-

specific courses. The new Crosswalk is in an Excel workbook, reflecting course content by Essential for the whole program and for each concentration; this format allows determination of Essential coverage by courses in a specific concentration study plan. GPC worked on the crosswalk throughout spring 2016 to assure that all Essentials were indexed by course assignments that reflect their achievement (see GPC minutes 5-10-16, in RR). Grading benchmarks were added. All concentrations were involved in these decisions.

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

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

Program Response:

Expectations of faculty performance for retention, tenure and promotion (RTP) purposes are clearly articulated in writing in the Collective Bargaining Agreement (CBA; Unit 3: see <http://www.calfac.org/contract>), as well as university policy statements (UPS), specifically UPS 210.000; 210.020; 210.070), and SON Personnel Standards for Tenure Track Faculty. The SON Personnel Standards are developed by SON faculty members and drafted by the Department Personnel Committee⁴ (DPC), guided by the UPS documents. Thus, they are congruent with institutional expectations. Copies of the SON Personnel Standards, given to new probationary (tenure track) faculty members, are available online. Once developed, standards are reviewed by the university Faculty Affairs Committee and approved by the Vice President, Academic Affairs. Nursing faculty members are held to the same evaluation processes as faculty in other university departments. Periodic evaluations are conducted for all faculty members using a portfolio system, with timing dependent upon their classification. Written communication to faculty regarding their own performance against SON Personnel Standards is provided at minimum every two years by the DPC, SON Director, and College Dean.

The SON RTP requirements reflect the university mission, in which teaching is considered the primary faculty role, and the College which espouses “exemplary education, research, and community outreach related to human health, development, and lifelong well-being.” The SON recognizes that the key to quality programs is the instructional faculty. Beyond competence in teaching, the remaining performance expectations (scholarship, service) are dependent on the faculty member’s position and job responsibilities. Faculty members in tenured positions are subject to post-tenure reviews every 5 years focusing on all performance categories. In RTP decisions for tenure track faculty, scholarly and creative accomplishments are given the next highest priority after teaching. Service activities are also reviewed. Full and part time lecturers (temporary positions) are given contracts upon hire; FT temporary instructors discuss assignments with the Program Coordinator or SON Director each semester. Full time lecturers have a range of assignments. Some are given administrative duties to carry out; others carry a full teaching load (without scholarship/service expectations). Part-time lecturer assessments are heavily weighted on instructional performance, as indicated by online student evaluations and computer summaries of grades given in each course. Retention reviews of lecturers are based solely on the performance categories designated in their assignments.

Care is taken to ensure that the *Personnel Standards* are congruent with the SON mission, goals, and expected student outcomes of the program. The *SON Personnel Standards* are reviewed and revised by the DPC as required. The current personnel standards were approved May 13, 2013 after a multi-year revision by the SON. These revised standards were disseminated to all faculty members fall 2014.

Temporary faculty standards. On 11-11-14, Dr. Suzanne Robertson (Chair, DPC) sent a memo to all faculty members in anticipation of an open discussion about use of the revised university policy ([UPS 210.070](#)) instead of the existing SON *temporary faculty* standards. The rationale for eliminating specific department standards for temporary faculty and switching to the revised university standards follows:

⁴ The term “Department Personnel Committee” (DPC) refers to the SON’s faculty personnel committee which is charged with RTP reviews per UPS 210.000.

- SON policy was last updated in 2004, was out of date, and existed as two policies (one each for part-time, full-time temporary faculty).
- New UPS [\[210.070\]](#) addresses both full-time and part-time temporary faculty.
- UPS 210.070 is consistent with SON policy and practices.

At the December 9, 2014 faculty meeting (minutes available, RR), there was unanimous approval to adopt UPS 210.070 and not to revise SON standards. So, beginning in 2015, temporary (lecturer) faculty instructors are evaluated using the revised university standards ([UPS 210.070](#)).

Faculty appointments. Upon appointment, faculty members receive a letter that includes the initial, and for temporary faculty members the end dates, of the appointment, classification, employment status, time base, rank, salary, assigned department, and any other special conditions, such as prior service credit. New full and part-time faculty members are required to attend university orientation sessions that address RTP standards. Additional sessions (University/College levels) for faculty are held throughout the academic year to clarify the RTP process and performance expectations.

Communications also come out regularly from CSUF Faculty Affairs and Records and from the SON Director about faculty expectations; the SON Director also meets with faculty individually or in small groups to review expectations. The personnel standards articulate the indicators used to measure performance [using ratings of “excellent, good, fair and/or poor”] and the processes followed for retention, tenure and promotion reviews. As CSUF employees, SON faculty is expected to meet responsibilities as indicated in each relevant evaluation category (teaching, scholarship, service).

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

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

Program Response:

Faculty and students participate in program governance.

University Governance

While faculty members and students participate in SON program governance, campus governance is the responsibility of the President. Under principles enumerated by the CSU Trustees, the President delegates functions, consults with the faculty, and is charged with final responsibility for a given authority over the university. CSUF is led by a fairly new leadership team, representing seven divisions administered and managed by the President and six vice presidents. The divisions include: Office of the President (OP); Academic Affairs (AA); Administration and Finance (A&F); Human Resources, Diversity and Inclusion (HRDI); Information Technology (IT); Student Affairs (SA); and University Advancement (UA). The President’s [cabinet](#) and [advisory board](#) reflect the University operational structure.

To facilitate accomplishing the purposes of the University, the Academic Senate serves as the official means of consultation between the faculty and the President. This provides a systematic means of addressing needs in areas such as resources, recruitment, retention and tenure, professional development, program development/curriculum review, and student services. Senate membership is defined as one representative per College. Senate work is carried out by standing committees (see [Academic Senate Committee List](#)). Faculty throughout the university may serve on these committees (via election). Through the Senate, faculty is consulted on academic policy matters and has responsibility and authority to develop and recommend policies in accord with the Higher Education Employer-Employee Relations Acts, and rules/regulations of CSU Trustees. Policies approved by the President are published as [University Policy Statements](#) (UPS).

Program-related Academic Senate ad-hoc committees and Task Forces are established to address special curricular tasks. For example, in fall 2014, due to increasingly complicated nature of research funding and conduct in the CSUF setting, an ad hoc committee was tasked with the following tasks:

- draft a revision of the policy on intellectual property,
- review the purview of the current Faculty Research Committee and the role of members, making recommendations for change (if appropriate), and

- draft description of a new Faculty Research Policy Committee. Marsha Orr (SON lecturer) served on this committee through 2016.

The SON faculty are actively engaged in all levels of university governance as evidenced by involvement in a variety of university work groups and committees in Exhibit I.1, covering the years 2013-16.

Exhibit I.1

2013-16 UNIVERSITY COMMITTEES

Academic Appeals Board - Penny Weismuller
 CHHD Dean's Search – Dana Rutledge (2015)
 Credential – MaryAnn Kelly (2013-14), Rachel McClanahan (2014-16)
 disAbility Task Force - B. Doyer, Sandra James (2013-16)
 Gerontology Institute – B. Haddad, Stephanie Vaughn (2013-16)
 Institutional Review Board – Elaine Rutkowski (2013-16, Co-Chair, 2014-16)
 Medical ER Response Team - Barbara Doyer (2013-16)
 Mental Health/Suicide Prevention Taskforce – Nina Ghazae, Rebecca Bodan (2013-16)
 Senate, Elections- Becky Otten (2013-14)
 Senate, Graduate Education – Penny Weismuller (Chair, 2013-15)
 Senate (elected by faculty), Research - Stephanie Vaughn (2014-16)
 Student Health Advisory Committee - Ruth Mielke (2013-16)
 Senate (elected by faculty), Professional Leaves Committee - Sue Robertson (2015-16)
 Senate, Internships and Service Learning Committee - Ruth Mielke (2015-16)

College of Health and Human Development (CHHD) Governance

Each CHHD academic unit reports directly to the Dean who is the chief administrative officer of the college and is responsible for administering policies for all basic and advanced academic programs (for organizational chart see <http://hhd.fullerton.edu/Main/About/aboutUs.htm>). The CHHD Dean reports directly to the Provost and Vice-President for Academic Affairs (see [organizational structure of Academic Affairs](#)). The CHHD includes one School (Nursing); six Departments (Child & Adolescent Studies, Counseling, Health Sciences, Human Services, Kinesiology, Social Work); one Program (Military Science) as well as 11 academic centers/institutes.

The Dean holds a Council of Chairs meeting twice a month with College Associate/Assistant Deans, the SON Director and department Chairs. These meetings focus on a variety of issues related to personnel, budget, programs, and other operations. In addition, the Dean has established several College level committees to assist with academic and technical activities. These committees include: Student Success (new 2014-15), Curriculum, Awards, Assessment, Dean's Executive, and Dean's Advisory. Faculty members from each college academic unit are selected for these committees (by volunteering, via elections, or by assignment of the Chair/Dean). SON faculty has been involved in all CHHD committees. The Dean may also constitute committees to carry out a specific function. For example, given strategic planning initiatives from the university, in FY 2014-15, Interim Dean Jones appointed Dr. Rutledge (Nursing) as CHHD Strategic Planning Coordinator and Chair, CHHD Strategic Planning Committee (members from academic units with undergraduate programs - Dr. Parsons from Nursing) to spearhead College strategic planning efforts 2014-15.

The SON faculty are actively engaged in college governance as evidenced by their involvement in a variety of university work groups and committees in Exhibit I.2, covering the period from 2013-16.

Exhibit I.2

Curriculum (2013-15 Al-Majid; 2015-16 Mielke);
 Dean's Advisory Committee (2013-14 Mielke; 2014-16 McClanahan)
 Dean's Council of Chairs (Greenberg 2013-15; Vaughn 2015-16).
 Dean's Executive Committee (Rutledge 2015-16, also Greenberg Interim Associate Dean 2015-16, CHHD)
 Assessment (2013-16 Gorman)
 HHD Retreat (ad hoc committee) (2014-15 Matza)

Technology (ad hoc committee) (2013-15 Orr)
Student Success Team (2014-16 Rutledge plus Latham/Ringl ad hoc)

SON Governance

The SON is an integral part of the CHHD. The SON Director reports to the CHHD Dean and is assigned both programmatic and operations responsibilities (see [UPS 211.00](#) for roles/responsibilities for Department Chairs/School Directors).⁵ This structure provides the SON independence and opportunities for interdependence and cooperation; it enables the SON to develop uniquely while drawing support from other CHHD units. This structure allows quick responses to address problems that might arise.

The current SON Organization Chart (see Dropbox/sondocs/S1/S1_SON Organizational Chart 7_1_2016 or Appendix p.31) was revised July 2016. The Director is Dr. Vaughn who was appointed by the Dean in an interim position summer 2015 and elected as Director with a 3-year appointment summer 2016. Dr. Cindy Greenberg served as Director from 2008 to 2015 and during 2015-16, served as Interim Associate Dean of CHHD with a 30% appointment in the SON. The BSN and MSN Program Coordinators are appointed by the Director. The MSN Program Coordinator is Dr. Penny Weismuller. The current entry-level pathway Coordinator is Dr. Rebecca Otten. The RN-BSN pathway Coordinator was Dr. Vaughn through spring 2016; Karen Ringl was appointed to serve in this role beginning summer 2016. The distance program coordinator is Ms. Joanne Andre. These program leaders work directly with faculty in planning, developing, implementing, evaluating, and modifying program components and attending to students' curricular needs. The SON is responsible for overseeing its own Retention, Tenure, and Promotion (RTP) processes, which were described in section I.C. This includes establishing a Department Personnel Committee (DPC), whose membership is driven by [Bylaws](#).

Faculty members have primary responsibility for governance of curriculum decisions as outlined in [UPS 100.000 and 100.001](#). Roles of faculty and students in SON governance are clearly defined in the *Bylaws*. The *Bylaws* were reviewed and revised by the General Faculty during fall 2015 (see minutes Oct, Nov, Dec in RR). The General Faculty serves as the central decision-making body for program issues. The General Faculty meets monthly during the academic year, with meetings chaired by the Director. Advisory to the Director, the Executive Committee consists of the Program Coordinators. Resource allocations and outside influences on SON programs are discussed at Executive Committee meetings. This information is then shared, as appropriate, with the standing committees or General Faculty.

The work of the General Faculty is delegated to standing committees. Between 2013 and 2016, the following committees existed: Evaluation; Undergraduate Program; Graduate Program, Faculty Development, Executive (yearly committee assignments are available). The DPC and Faculty Search Committee roles are outlined in SON *Bylaws* but governed by university policy ([UPS 210.000](#), [210.500](#)). The purposes and functions of each committee are detailed in the *Bylaws*. Due to the need to advertise positions early in an academic year cycle, the Search Committee for the next year is appointed during late spring semester. Ad hoc committees may be formed to address particular needs; for example, the Strategic Planning Champions served from summer 2015 through spring 2016 to operationalize and begin implementation of the newly developed strategic plan.

Part time instructors are included in SON governance. During orientation sessions, their ideas and feedback on a variety of issues are solicited. Both full and part time lecturers are involved in program/course meetings and are invited to all General Faculty meetings and SON retreats, and beginning fall 2015, to College retreats. They often contribute suggestions about courses that are used to make changes in teaching/learning strategies or evaluation methods. All instructors who teach have access to a [Faculty Handbook](#) with information about key individuals, procedures, relevant UPS statements, resources for using the learning management system (TITANIum), contact persons at sites, and other relevant information. They are also oriented to the [Faculty Resources](#) area of the SON website. In 2015, part-time instructors were invited to the Community Partners Breakfast (4-7-15) and

⁵ While UPS 100.900 outlines the process for establishing a school headed by a Director, in a school with one functioning department, the Director serves as the Department chair. All other UPS documents refer to Department Chairs.

the 40th Anniversary Celebration (5-2-15), and are included in the annual Community Advisory Committee survey. Part time instructors also take part in Faculty Satisfaction surveys.

Student Involvement in Governance

The Associated Students, Inc. (ASI) of CSUF has a strong presence on campus (<http://www.asi.fullerton.edu/>). Students elected as ASI officers represent their colleagues. Student participation in SON decision-making is consistent with University policy (UPS [100.004](#)) to actively engage students. The Associated Student Senate (see <http://asi.fullerton.edu/government/executiveSenate.asp>) may also develop and formulate University policy recommendations. If approved by the President, such recommendations shall become University policy (UPS [100.003](#)). There are a number of opportunities for student involvement in university level committees (e.g., Institutional Review Board, Academic Senate committees).

Students have an opportunity to participate in SON governance through membership on undergraduate and graduate program committees, as directed by the *Bylaws*, as well as university governance (see <http://catalog.fullerton.edu/content.php?catoid=2&navoid=102>). Student committee members have voting rights. At the beginning of each academic year, volunteers are requested to serve on SON committees. Table I.4 indicates student members of committees over the last three years. Currently, students serve on both Program Committees (see Table 1.5) and are encouraged to give input into discussions and decision-making.

Table I.4 Students who attended UPC/GPC meetings

Academic year	Prelicensure	RN to BSN	MSN
2013-14	Bass-Donnelly, Haban, Lee, Leung, Navarro, Pablo, Sano, Snyder	Scheier	Dacanay
2014-15	Deeth, Haban, Oh, Pablo, Rutherford	Scheier	Ortiz
2015-16	Andrados, Brill, Clifford, Haban, Rutherford	No representative	Ortiz (through Nov), Lasser, Le (Nov – spring)

While interested and willing to serve on committees, students are often constrained by scheduling issues. Student representatives are responsible for communicating with their constituents, including campus and distance cohorts and eliciting feedback on issues of concern. UPC tries to have one prelicensure from each cohort (e.g., LVN to BSN, freshman entering nursing) and one RN to BSN student member. At the March 2014 meeting, UPC minutes reflect a discussion about the grading system in the SON (plus/minuses, clinical grading) that was initiated by student representatives and continued at the April meeting. No changes were made in the grading system. In the GPC, Dacanay reported communicating with fellow students using Facebook (minutes October 2013) during his year on GPC. In fall 2015, the GPC decided to try to get more than one student representative, and since November, had two students representing two concentrations.

The SON uses its web page (www.nursing.fullerton.edu) as the major mechanism to keep students informed.

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

Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{6,7}

⁶ *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

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

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

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

Program Response:

The CSUF SON makes significant efforts to provide accurate and consistent information to our Community of Interest (COI) and the public. Most documents and publications are available on the SON website, and are updated as soon as possible when a change is made. For example, in fall 2015, when the SON Mission statement changed, all references to this on the website were made along with updates to documents retrievable through the website (e.g., *Handbooks*). Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

The work of keeping promotional/recruitment materials accurate is supported by the Student Services Personnel (SSPs) staff in the SON’s Academic Advising Center. Three SSPs (one each for preenrollment; prelicensure; and Master’s programs) are actively engaged in recruitment efforts. They assist the Director and program coordinators in developing and updating recruitment materials. They monitor recruitment packets for accuracy and revise annually as needed. In addition, promotional materials (View Sheets) are used to advertise programs. These glossy prints are published periodically through the Public Affairs Office and are screened for accuracy with written university documents. Examples are available in the RR.

The CSUF [Catalog](#) was updated every two years until 2015 when it was put online; it is now updated annually. The *Catalog* notes that information contained within is subject to change based on laws, rules and policies. The Academic Senate has adopted many [policies](#) that govern Administrative and Support Procedures, Faculty Personnel Procedures, Student Related Policy, Curriculum, Library, and Research.

Examples of materials related to the following areas can be found in the corresponding links below:

Program offerings	http://catalog.fullerton.edu/content.php?catoid=2&navoid=143 ; http://nursing.fullerton.edu/programs
Assessment of student learning	http://www.fullerton.edu/assessment/assessment_reporting/ http://www.fullerton.edu/assessment/assessment_at_csuf/
Academic calendar	http://catalog.fullerton.edu/content.php?catoid=2&navoid=99
Graduate program policies	http://www.fullerton.edu/graduate ; http://nursing.fullerton.edu/programs
Undergraduate program policies	http://www.fullerton.edu/undergraduate ; http://nursing.fullerton.edu/programs
Transfer students	http://admissions.fullerton.edu/prospectivestudent/admissions_transfers.php
Grading policies	http://www.fullerton.edu/senate/publications_policies_resolutions/ups/UPS%20300/UPS%20300.002.pdf ; http://nursing.fullerton.edu/resources/student.php
Degree completion requirements	http://nursing.fullerton.edu/programs (listed under each program)

⁷ Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012).

Tuition and fees	http://sfs.fullerton.edu/feeinformation/Default.asp
------------------	---

The university uses communication with students' university email addresses to provide official notification of changes to policies. The SON also uses email addresses as well as maintains Titan Communities for student cohorts in TITANium, the Learning Management System, to communicate and archive important information. For example, on 1-25-16, Jennifer Crum (MSN Student Advisor) posted the following opportunity for graduate students:

CSUF's Faculty/Graduate Student Mentoring Program aims at helping graduate students—in collaboration with their professors—grow academically, professionally, and personally. The Mentoring Program differs from "regular" academic advising in that students and faculty participate in mutually beneficial relationships by discussing research, career development, and "life" in graduate school. The Mentoring Program is a joint effort between students, faculty, and administrative staff.

The Faculty/Graduate Student Mentoring Program at CSUF facilitates mentoring relationships by:

- Matching students and faculty members: this alleviates the stress of students having to find a mentor on their own;
- Providing a framework for the relationship which encourages structure, goal setting, and accountability;
- Providing faculty with training on how to effectively assist their mentees; and
- Hosting cultural events throughout the year to encourage dialogue outside the academic realm in order to better solidify the mentoring relationship.

If you are interested in being paired up with a Mentor this semester, please complete the attached application and submit it to the Office of Graduate Studies.

Program and course changes and changes in policy are communicated via email, discussed in meetings with student representatives present, as well as announced in classes.

For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate. The transcript for these concentrations includes the following:

Current Academic Program:

Master of Science

Major: Nursing (Nurse Anesthetist)

Current Academic Program:

Master of Science

Major: Nursing (Women's Health Care)

Emphasis: Women's HC Nurse Practitioner

Current Academic Program:

Master of Science

Major: Nursing (Women's Health Care)

Emphasis: Nurse Midwife/Women's Health Nurse

Practitioner

On the SON website, the APRN role and population focus is described.

WHC <http://nursing.fullerton.edu/programs/msnwhc/index.php>

CRNA <http://kpsan.org/about-the-school/terminal-objectives>

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

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

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

Program Response:

CSUF academic policies⁸ address curricula, academic standards, academic and administrative policies concerning students, and allocation of resources. The CSUF Academic Senate constitution (UPS [100.00](#)) states that the Senate develops and formulates educational and professional policy, which becomes University policy when approved by the President. Such policies are referred to as University Policy Statements or UPS documents. College and SON policies must adhere to these policies. They are subject to review and approval at college and university levels and are therefore congruent with university policy. The Mission and Goal statements of the university, college and SON speak to excellence and the demand for quality educational experiences for a diverse student population. The expected outcomes of nursing programs are based on achieving this so that SON graduates can be successful professionals. The CSUF and SON policies are congruent with these mission statements, provide standards of quality, and address the means whereby such outcomes can be supported and evaluated.

The Academic Senate oversees the review and monitoring of university policies to ensure they are fair, equitable, and congruent with the mission, goals and expected outcomes of the university. In the Review and Revision of University Policy Statements (UPS [100.015](#)), the 8-step guidelines (rubric) aimed at evaluating policy adequacy are outlined along with the directive of when (at least every 10 years) and who (standing committee for most) does reviews. Once approved, new/revised UPS documents are posted on the Senate website and circulated to faculty via email. At the beginning of each academic year, the Senate Chair sends a memo to faculty listing all revised or new policies. Thus, current UPS documents are on the [Academic Senate website](#). Academic policies and regulations relating to university students are published online in the [University Catalog](#), the official source of CSUF policies for students. The [CSUF Student Handbook](#), also includes policies and regulations. The [CSUF Faculty Handbook](#) contains academic and personnel policies, which are adhered to by the SON. The [Bylaws](#) outlines the processes for development and review of school policies. The Undergraduate and Graduate Program Committees are responsible for monitoring, reviewing and revising academic policies as needed and for updating all written and web-based materials. SON policies are published in the [University Catalog](#) and in the [Student Handbooks](#).

SON General Faculty and Program Committee minutes document the review processes in action. A recent example of this was the review/revision of the SON *Bylaws* (spring 2014 through fall 2015), which is done at least every two years per *Bylaws* provisions. In February 2014, Dr. Greenberg (Director) solicited faculty members to serve on a task force for this review, and bring issues to the faculty. Otten, Robertson, and Parsons volunteered and began the process. Before the April general faculty meeting, they sent a copy of the *Bylaws* to SON faculty with highlighted areas for review. Begun in April, discussion continued at the May meeting. Most suggested revisions received verbal approval; the task force sent the *Bylaws* with marked revisions out for a vote on 6-4-15. Not all issues were decided on. In the fall, the task force met and worked further on *Bylaws* revisions, which were shared with faculty before the October general faculty meeting. Changes were approved at that meeting except for a clause related to preceptor and clinical facility review [functions of UPC, GPC]. Prior to the November meeting, Dr. Robertson, in her role as leader of the ad hoc *Bylaws* Committee, met with members of both program committees and the Placement Office to draft clauses that reflect current processes related to preceptor/facility review. Dr. Vaughn sent the revised *Bylaws* with these two sentences highlighted to faculty at the end of November for an electronic vote; the *Bylaws* were approved as revised.

Student Recruitment and Admission Policies

Both CSUF and SON missions address the issue of diversity. The overarching policy related to rights and responsibilities of students is [UPS 300.000](#). CSUF promotes a “hospitable and equitable learning environment” for all students, with the norm as “tolerance for diversity.” Policies established by the university and SON enable admission of a highly diverse student body. University admission, progression and graduation requirements are clearly articulated in the *CSUF Catalog* and in university [student](#) and [program](#) handbooks.

⁸ Professional policies that address criteria and standards for the selection, retention, and promotion of faculty members are addressed in Standard I-C.

Information is available on the SON website and in the current student Titanium Community for each [program regarding admission policies](#). For example, students looking for information about the CRNA program would go to the [Nurse Anesthesia Program Overview](#) and then, to [Nurse Anesthesia Admission Requirements](#). Potential RN to BSN students looking to determine whether their community college coursework would meet the pre-admission requirements would go to- Prospective Students - RN to BSN - [Prerequisite Courses](#); at the bottom of this site, they would find the link to [Assist](#) which helps them determine specifics about transferring General Education courses.

University and SON policies require that students meet high standards on admission and maintain high standards throughout their course of studies. Such policies support the attainment of the learning outcomes of SON programs. All students must be admitted directly to the SON as well as to CSUF. SON admission policies are congruent with university policies, but can require higher standards. For example, on the [Admission](#) website for first time freshman, the following statement is found under *Majors with Additional Requirements*:

Nursing Applicants: Admission to the Nursing major at CSU Fullerton for First-Time Freshmen is very competitive. CSUF continues to have more qualified applicants than available space in the program. To be considered for admission to Nursing, First-Time Freshmen applicants must demonstrate the following.

- Minimum Eligibility Index: 4200 (SAT) or 1010 (ACT)
- Chemistry: Grade of "B" or higher (if AP then "C" or higher) by end of your Junior year (11th grade)
- Biology: Grade of "B" or higher (if AP then "C" or higher) by end of your Junior year (11th grade)

For CSU campuses offering the generic pre-licensure BSN (including CSUF), the generic nursing major is impacted.⁹ Because of this, the SON is authorized to use *supplementary admission criteria* (listed above) to screen applications. Enrollment of lower division transfer applicants is restricted at CSU campuses for generic nursing majors. Students can still be admitted to the campus in an alternate major, or they may eventually be admitted to nursing if they meet supplementary admission criteria.

Nineteen CSU campuses offer the RN-BSN major and are open to CSU-eligible applicants. CSUF is also an *impacted campus at the transfer level* (see [admission requirements to the RN to BSN program](#)).

Grading Policies

University grading policies can be found in the CSUF [Catalog](#). SON grading policies are published in the [Student Handbooks](#). A discussion of grading policies is also published in the [CSUF Faculty Handbook](#). Both the BSN and MSN programs use +/- grading. Academic standards require BSN students to maintain a 2.0 grade point average in all units subsequent to admission to the program; MSN students must maintain a 3.0 in all 500 level courses taken subsequent to admission, must make C or better on all courses on their study plan and B or better on all concentration-specific didactic courses. This policy was new for new students entering fall 2015 and beyond; this makes the MSN policy congruent with the CSUF graduate policy (see GPC minutes 4-14-15, RR).

Progression and Graduation Policies

Every attempt is made to facilitate students' successful progression through their coursework to ensure timely graduation. For prelicensure students, this includes a mandatory orientation with advisement at entry, and a mandatory graduation check at close. Also, each program advisor is available year round to meet with students individually. For master's students, the SON advisor sends information via email to newly admitted students that includes their specific study plan; each semester, she sends reminders about registration for the subsequent semester. When students fail to register or get off track, advisors follow up individually.

Policies related to requirements for graduation can be found in the [University Catalog](#). Other student policies related to student rights and responsibilities, including academic conduct and disciplinary measures, probation, disqualification, and withdrawal can be found in the *University Catalog* and *CSUF*

⁹ California State University (2010). *Impacted Undergraduate Majors and Campuses in the California State University - 2010-2011*. Retrieved September 24, 2010 from <http://www.calstate.edu/SAS/impactioninfo.shtml>

[Student Handbook](#). These policies, as they relate to students, are also available in the BSN/MSN *Student Handbooks*. [UPSs](#) exist specific to many issues related to retention and progression (e.g., repetition of courses, withdrawal, taking an incomplete, academic dishonesty, academic appeals).

Standard II

Program Quality: Institutional Commitment and Resources

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

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

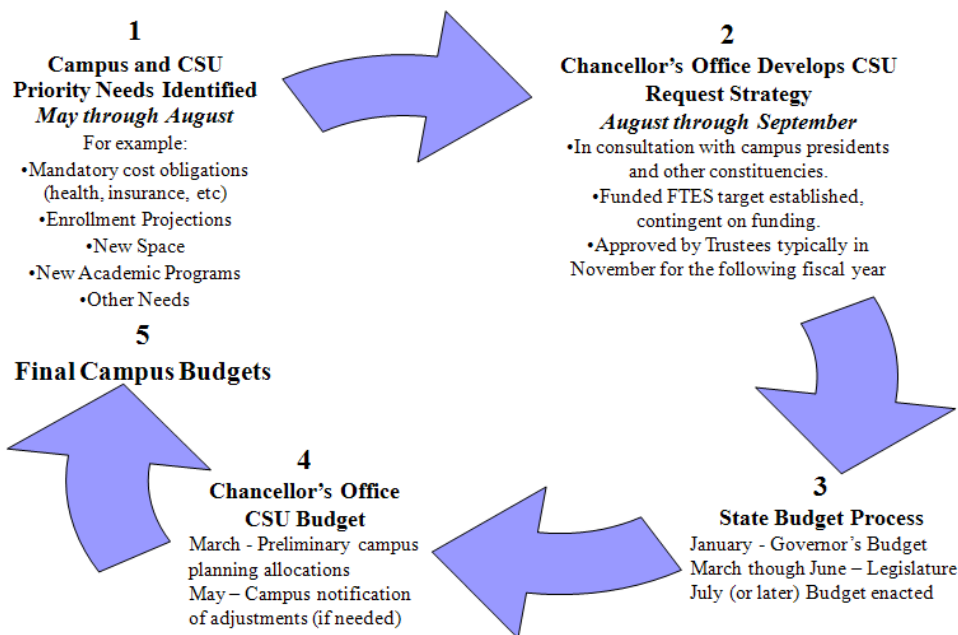
Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program's mission, goals, and expected outcomes.

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

Program Response:

Fiscal and physical resources are sufficient for the SON to fulfill its mission, goals, and expected outcomes. The SON budget comes from two sources of revenue. Supporting revenues come from an established tuition amount (per semester) that is fixed by the CSU Chancellor's Office mandate. Marginal cost funds are another source of revenue; these are allocated to the School based on student head count. Marginal cost funds are generated from the State of California budget for CSU higher education. All universities in the CSU system charge the same semester tuition fee, which differs for undergraduate and graduate students. Strict accounting guidelines are in place promoting a process of careful auditing of expenses and revenues by financial officers at the campus. Figure II.1 shows the budget process for CSUF. The Dean distributes the budget to each School/Department within the College. A spreadsheet (Dropbox/sondocs/S2/S2_SON3yearBudget_Expenditures or Excerpt from Budget Workbook in Appendix p.32) displays the budget and expenditures for the SON over the past three years.

Figure II.1 The CSU Budget Process



Additional campus commitments to the budget (e.g., classroom space) are identified on an as-needed basis (at a minimum each semester). Fiscal planning includes designated monies for student financial aid resources. Classroom space has been provided in a manner that supports the regular scheduling of undergraduate and graduate nursing courses. As described under Standard III-B, adequate classrooms are available close to the CSUF SON office and faculty offices in the Education Classroom (EC) Building. Students have access to library resources; librarian consultation is available for students' class assignments and graduate projects. The School of Nursing has a dedicated Simulation area with a well-equipped patient simulation laboratory, 33-seat classroom, conference room, student computer/study space, reception, storage, and office space for the lab coordinator. The Simulation Center has been recognized as a model by other Southern California colleges and universities.

As seen in the Table II.1 below, the School of Nursing is fortunate to have additional funding, both from grants and from donations. These funds provide additional program resources and scholarships for students. These augment our existing programs and allow for program growth, particularly in the area of workforce diversity.

Table II.1 External funding sources, 2013-16

Grant Funding Source/Objective	2013/2014	2014/2015	2015/2016
DHHS, Health Resources and Services Administration (HRSA) "Advancing Health Equity and Diversity"	\$ 350,000	\$ 350,000	\$ 350,000
State of California Song-Brown Program award "Enhancing Simulation for Clinical Preparation" New Grant 2015/16	\$ -	\$ -	\$ 124,999
Health Resources and Services Administration (HRSA) award "Nurse Anesthetist Traineeships"	\$ 30,570	\$ 36,466	\$ 4,310
California Community Foundation "Supporting a Better Educated and Diverse Nursing Workforce"	\$ 40,000	\$ 38,466	\$ 40,000

Philanthropic-Foundation Funding Source/Objective	2013/2014	2014/2015	2015/2016
80500 - Nursing Department - Individual /Corporate/Foundation donations Unrestricted general use funds	\$ 1,929	\$ 8,847	\$ 68,833*

80502 - Nursing Pre-licensure Program - Kaiser Foundation donation Unrestricted general use funds	\$ 290,131	\$ -	\$ 252,081*
80503 – Women’s Health Care - Annual donation from Kaiser Permanente Annual graduation banquet and student/preceptor awards.	\$ 3,000	\$ 3,000	\$ 2,000
80505 – SON Student Assistance Fund - Faculty donations Emergency funding to help students stay in their program	\$ 2,820	\$ 2,561	\$ 260*
80540 – Nursing Scholarship - Individual/Corporate/Foundation donations Scholarship awards for nursing students.	\$ 1,050	\$ 1,250	\$ 14,537*
80541 – Maria Dolores Hernandez Scholarship - Funded by Board allocations from the original \$1,000,000 Endowment Annual MDHS Nursing scholarships.	\$ 29,089	\$ 35,812	\$ 24,282*
80561 - Nursing Simulation Lab - Kaiser Foundation donation: Equipment, supplies, materials	\$ 193,000	\$ -	\$ 146,542*
80562 – Expanding Healthcare Access (United Health Care grant) Expand CSUF’s pre-licensure enrollment by 150% over 5 years (09–14).	\$ 500,000	\$ 500,000	\$ 181*

*Indicates balance at July 31, 2016; 2015-16 annual contributions not yet added to Foundation accounts

Faculty Compensation

Table II.2 shows SON faculty salaries. These are in line with those in other similar teaching institutions. The CSU has the same pay for faculty across its 23 campuses; on June 30, 2016, faculty received a 5% salary increase augmenting current salaries. A second 2% increase was granted on July 1, 2016, with a planned increase of 3.15% on July 1, 2017. The SON has been approved for faculty searches in each of the last three years, with five new tenure-track positions added. Compensation has not been an issue in hiring or retention of qualified faculty. The median salary for all ranks combined is \$87,373 which exceeds the national mean of \$73,150 for Postsecondary Nursing Instructors and Teachers reported by the Board of Labor Statistics (<http://www.bls.gov/oes/current/oes251072.htm>).

Table II.2 Faculty salaries

Rank	May 31, 2016			June 30, 2016		
	Minimum	Median	Max ¹	Minimum	Median	Max ¹
Professor	\$90,624	\$96,888	\$119,160	\$95,155	\$101,732	\$125,118
Associate Professor	\$82,488	\$85,350	\$105,444	\$86,612	\$89,618	\$110,716
Assistant Professor	\$70,344	\$80,544	\$84,156	\$73,861	\$84,571	\$88,364
Lecturer	\$68,424	\$70,068	\$91,404	\$71,845	\$73,571	\$95,974

¹ Maximums in Professor, Associate Professor and Lecturer rank include additional compensation for 12-month administrators

Resource Adequacy Assessment

To date, there has not been a *scheduled* review of resource adequacy. Needs are discussed in Executive meetings. For example, topics of discussion can include faculty searches required, IT needs, and equipment/space needs. Faculty input is sought for faculty search needs and faculty/staff input is sought for equipment needs. The SON provides information to Dean’s office regarding space planning. The new Assessment Plan (drafted summer 2016, found in Dropbox/sondocs/S2/S2_2016AssessmentPlan_VerticalValueStream or Excerpts from the Assessment Plan workbook in Appendix p.33) delineates an annual fiscal review (budget allocations, foundational accounts, special funding sources) to be done by the Director, CHHD Dean, and Budget Analyst Specialist.

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

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is

a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

The SON has adequate academic support services to ensure quality. When programmatic or curricular changes are made, these are evaluated to assure that faculty and student needs are met. Marsha Orr serves as Faculty Liaison, Distance Education, and assists with many academic support responsibilities in the School of Nursing.

Technology. CSUF [Division of Information Technology](#) provides various resources for faculty/staff and students. These include productivity software and support for document, email as well as graphics packages. The Academic Technology Center provides many types of supports for faculty/staff, which are described further in Standard II-F. The SON Information Technology staff includes Peggy Luna (TITANIUM coordinator), John Varley (Equipment System Specialist), and Elena Wah (Analyst/Programmer, HHD IT area; works with others in College IT). Typically, SON technology needs are reviewed annually (see faculty meeting minutes spring 2015). Funds available from the state budget (OE&E) and Miscellaneous Course Fees are used to purchase needed software and hardware for program needs.

Library. Currently undergoing renovation, the CSUF Pollak Library, located next to the Education Classroom Building, where SON offices and most classes are held, is a key element in the University's Library of the Future project and in supporting faculty and student scholarship. A task force began a visioning process in 2013 based on goals from the CSU Libraries of the Future Task Force and feedback from the campus community. The system wide initiative is aimed at leveraging technological advances and resource sharing to transform the CSU's library services. The initiative includes renovating facilities and determining the best use of space. The goal for Pollak Library includes making it a creative, intellectual, and cultural hub for students, as well as an one stop shop for faculty teaching and technology needs (including staff from the [Academic Technology Center](#), the [Faculty Development Center](#), and [Online Academic Strategies & Instructional Support](#) or OASIS).

The CSUF Pollak Library has a designated SON liaison librarian (Mike DeMars). This librarian is available to faculty and students to help with evidence searches and accessing resources.

The CSU statewide initiative also includes a unified library management system, which is a cloud based service platform that will deliver and manage library services and content with the aim of creating a single library management system across all 23 campuses. Currently, Pollak Library has over 37,000 book titles relating to nursing subjects. Within the specific Library of Congress Classification ranges for nursing and medicine (RG, RJ, and RT), there are over 3000 titles. The Library subscribes to 300+ nursing journals and 4500+ health-related journals. The large majority of journals are available in online format. The most significant advantage offered by the library is easy access to electronic resources. The Library provides an abundance of resources and utilities through its website and already subscribes to ~200 databases. Several databases have a significant amount of nursing content (e.g., CINAHL, Cochrane Library, PsycINFO, Science Direct, and Academic Search Premier). All are available remotely.

Distance Education. The SON has a Distance Education Coordinator, Joanne Andre, who coordinates the distance program (now online) for RN-BSN students. Among other responsibilities, Ms. Andre assists in identifying course instructors, assures availability of classrooms/clinical sites for specific courses (e.g., physical assessment, community health), and contributes to student orientation activities.

Research. Excellent support for research exists across the CSUF campus. The CSUF [Research & Sponsored Projects](#) office houses several groups that help researchers at various phases of project development. Established to increase external funding for CSUF's Mission and Goals-related institutional initiatives and partnerships, the [Office of Research Development](#) provides assistance, guidance and consultation to the campus community in developing high-quality, competitive proposals – from concept to proposal submission. The [Office of Grants & Contracts](#) supports faculty, administrators, staff and students in preparation and timely submission of proposals to external funding agencies; they also assist with award negotiations and issuance of sub-awards. The [Auxiliary Service Corporation](#), a

nonprofit public corporation for the purpose of promoting and assisting the CSUF educational mission, performs various services: oversees commercial operations; supervises educational grants and contracts; is responsible for fiscal administration for specific University programs. The office of [Research Compliance](#) includes groups such as the CSUF institutional review boards.

The College of HHD's Research Grants Specialist is Lisa Lopez. Dr. Lopez is available to faculty who are working on proposals for extramural funding agencies. Support offered by Dr. Lopez is exemplified by her work with SON faculty on two recently funded projects:

- Drs. Mielke, Taha, Gorman, and Ms. Doyer (Simulation Center Coordinator) who garnered funding (2015) from California Healthcare Workforce Policy Commission for state-of-the-art MedaPhor ultrasound simulator ScanTrainers.¹⁰
- The collaborative effort by Drs. Beverly Quayle (NURS), Mikyong Kim-Goh (SOCW), and Karen Lee (SOCW) with Ms. Carol Metoyer (NURS) led to an Screening, Brief Intervention, and Referral to Training (SBIRT) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The 3-year award totals \$769,556.

Admission and Advising. The SON Advising Center handles admission and advising for baccalaureate and master's students of the SON. Two SSPs advise prospective applicants for the BSN. They also advise students in these programs throughout their enrollment. The Graduate Advisor is responsible for admission and advising for all of the MSN concentrations. She works with prospective graduate students through their application and throughout their enrollment. The SON also has a Clinical Placement Coordinator, who is in an SSP position; she coordinates the Clinical Placement office and supervises three staff members.

II-C. The chief nurse administrator:

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

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

Program Response:

Stephanie Vaughn PhD RN CRRN FAHA meets the CCNE criteria to serve as chief nurse administrator of the SON. She is currently an Associate Professor and was elected to serve a 3 year term as Director for the SON beginning June 2016, having served as Interim Director 2015-16. All of Dr. Vaughn's degrees are in nursing: BSN, University of Evansville; MSN, Southern Illinois University; PhD, University of San Diego. Her research program includes stroke prevention behaviors in the Latino population, management of stroke sequelae, and Latino caregiver needs. Dr. Vaughn also investigates the influence of various teaching strategies on perceived social presence in on-line learning environments. She is a

¹⁰ These haptic simulators realistically replicate transvaginal and transabdominal scanning experiences with virtual patients who change shape, size and feel with each scan. The simulation experience integrates an electronic health record system adapted to support full curriculum implementation.

member of the Association of Rehabilitation Nurses (ARN) and will begin serving as the President in September 2016, representing over 15,000 rehabilitation nurses. She is a member of Sigma Theta Tau (STTI) Nursing Honor Society and the American Heart/American Stroke Association (AHA/ASA); she currently serves on Stroke Nursing and Rehabilitation Professions Committee. She chaired a task force that developed the ARN Competency Model for Professional Rehabilitation Nursing. Dr. Vaughn was recently named a Fellow in the American Heart Association. Her community activities include the facilitation of a community stroke support group in Orange County, CA.

Dr. Vaughn is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes. She has 25+ years of experience in the faculty role having taught at several universities at both undergraduate and graduate levels. At CSUF, she served as Coordinator of the Undergraduate Program from 2009 through spring 2016. During her year as Interim Director, she effectively maintained program activities such as monthly faculty meetings, biyearly retreats, staff huddles, and student outreach activities. She also guided the SON through the beginning implementation of its new strategic plan, and worked with the Executive Committee to plan and recruit members for a SON Community Advisory Board. As Director, she has the administrative authority to accomplish the SON mission, goals, and expected program outcomes, and is providing effective leadership to the nursing unit in achieving these. She is an active member of the Dean’s Committee of Chairs. Dr. Vaughn’s CV is available in the Resource Room.

II-D. Faculty are:

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

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

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

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

Program Response:

As seen in Table II.1, the SON faculty has increased in numbers of full-time tenure and tenure-track faculty between 2013 and 2016, with a stable number of full-time lecturers and full-time faculty from our partner, Kaiser Permanente School of Anesthesia. The number of part-time faculty has grown to meet additional demands in web-based courses (e.g., distance education) and to match clinical expertise for clinical rotations. The overall increase in the FTEF faculty is an indication of the support provided by the College to ensure sufficient faculty to accomplish the SON mission and goals and achieve expected program outcomes.

Table II.1 2013-16 School of Nursing faculty headcount and full-time equivalent faculty (FTEF)

Tenured	TT	Sabbaticals	FERP	Lecturer	Lecturer	KPSA	CSUF	Total
---------	----	-------------	------	----------	----------	------	------	-------

	FT	FT		FT	PT	FT	FTEF	FTEF
2013-2014	6	8	1	10	32	7	40.74	47.74
2014-2015	8	9		10	34	7	45.50	52.50
2015-2016	9	10	2	10	57	7	50.83	57.83

During 2013-16, our student-faculty ratio ranged from 14.32 to 11.75 (see Table II.2); this reflects the number of pre-licensure clinical courses which are taught at the 1:10 level to meet the requirements of the Board of Registered Nursing as well as graduate level clinical concentration courses which are taught at lower faculty to student ratios.

Table II.2 Fulltime equivalent students, faculty, and student/faculty ratio by academic year

	FTEF	FTEF ¹	SFR
2013-2014	583.4	40.74	14.32
2014-2015	572.1	47.50	12.04
2015-2016	597.5	50.83	11.75

¹ Excludes Kaiser Permanente partner faculty

Program Faculty Allocations

The SON does not restrict faculty assignments by program and many full time instructors teach in both the BSN and MSN programs (see Faculty Report - spreadsheet of faculty credentials, expertise and teaching assignments in Dropbox/sondocs/S2/ S2_Faculty2013-16TeachingAssignments_Expertise_Credentials.xls or Excerpts from the Faculty Report workbook in Appendix p.36). For calculation of BSN faculty allocation, the SON uses the following process: total # of SON FTES vs. BSN/MSN FTES is used to calculate the ratio of undergraduate vs. graduate FTES. Once this number is known, it is used to calculate the respective faculty allocations (FTEF). For example in 2015-16, of the 583.4 total FTES, 439.88 were undergraduate students (0.754 ratio compared to total FTES). Of the total full time faculty (31), 61% (19 FTEF) were allocated to the BSN program and 39% (12 FTEF) were allocated to the graduate program. The part time allocation for the BSN program was 14.6 FTEF, or the equivalent of 51 sections (219 units) of coursework; the part-time allocation for the MSN program was 4.8, or the equivalent of 19 sections (71 units) of coursework. The total BSN allocation was 33.6 FTEF; the total MSN allocation was 16.8 FTEF. The percentage of full time tenured/tenure track faculty vs. full time lecturers teaching in the BSN program is 47%. All full-time faculty members teaching in the graduate program are tenured or tenure track with the exception of the instructor for Informatics, who is master's prepared.

Although there have been gains in the number of tenure track and full-time lecturer hires, this does not significantly offset the requirement for additional part-time faculty to meet enrollment demands, BRN regulations for small clinical ratios (1:10-12), and the needs for clinically experienced faculty in specific areas of the curriculum. Most part-time lecturers teach 3-6 units/semester. They are hired for a contracted period and given a specific teaching assignment. Part-time lecturers must meet the same educational standards as other lecturers in the SON. They are evaluated annually and only those whose performance in teaching is excellent are re-hired. The 2013-16 Faculty Report lists qualifications of both full-time and part-time faculty and courses taught in the last three years (see spreadsheet of faculty credentials, expertise and teaching assignments in Dropbox/sondocs/S2/ S2_Faculty2013-16TeachingAssignments_Expertise_Credentials or Excerpts from the Faculty Report workbook in Appendix p.36).

Faculty Teaching Loads/Assigned Time

CSUF defines a full-time faculty teaching load as the equivalent of 15 units per semester. The University and President have supported new tenure track faculty by allowing them 3 units/semester release time for scholarship/service activities. The Dean's office provides an additional 3 unit release time/semester the first two years of employment for new tenure track faculty. Therefore, the normal

faculty teaching load for new tenure track faculty is 9 units/semester for the first two years. Otherwise, the teaching load is 12 units/semester for tenured/tenure track faculty, and 15 units/semester for full time lecturers. Full time faculty members usually have 10 month contracts. Faculty with administrative responsibilities (e.g., Prelicensure Coordinator) has 12 month contracts. Summer contracts are negotiated with individual instructors. Faculty teaching assignments for the past three years found in the Faculty Report.

As part of the direct instructional load, the SON Director gives assigned time on a case by case basis for various activities including program coordination, course lead roles, instructional-related research, and course development. All assigned time comes from the budgeted FTEF allocation after approval by the CHHD Dean. Faculty may also buy assigned time through grant funding to conduct research or provide service. Full-time faculty with appropriate educational preparation and content expertise may be assigned to teach courses in both undergraduate and graduate programs. This practice is consistent across the University, since the campus does not distinguish between undergraduate and graduate instructional teaching loads. Weighted teaching units (WTUs) are applied to laboratory and clinical assignments. RN-BSN class sizes normally range from 20-40 students for didactic courses and 12-15 for seminar/laboratory courses. Graduate seminar classes average 15-25 students. Faculty teaching in graduate project/thesis and comprehensive exam seminar courses (N596, N597, N598A/B) are assigned on a ratio of 4 students per 1 teaching unit. Pre-licensure clinical labs average 10-11 students/group and are capped at 12 students/group. Concentration clinical courses for Women's Health are assigned on a ratio of 3 students per 1 teaching unit and for Anesthesia at a ratio to meet Council of Anesthesia standards; these students have an assigned CRNA preceptor for 1:1 supervision.

Faculty Qualifications

The alignment of full time faculty expertise with teaching responsibilities is demonstrated in the Faculty Report. Faculty members are academically and experientially qualified (faculty CVs in RR). All faculty members must show proof of current RN licensure (on file in SON Office). Of the 31 current full time SON faculty, 12 are tenured (6 Professors; 6 Associate Professors), 9 are in tenure-track positions (Assistant Professors) and 10 are Lecturers. All part time faculty members hold Lecturer positions. Two tenured professors, Drs. Rutledge and Snell, are participating in the 5-year Faculty Early Retirement Program (FERP; 0.5% position). All in tenured and tenure track positions are doctorally prepared. Lecturers hold a minimum of a Master's degree. All KPSA partners are doctorally prepared. Of the full time faculty, 71% are doctorally prepared with 47% of the BSN full time faculty.

Faculty who teach in the EL-BSN pathway are BRN approved in specific clinical areas (Medical-Surgical, Obstetrical, Children, Psychiatric/Mental Health, Geriatrics) based on clinical expertise and recency of practice, and as program content experts. Content experts are responsible for the educational quality in that area by ensuring curriculum integrity and currency (CA BRN regulation 1424). Most EL-BSN courses are taught by faculty with at least a master's degree; but occasionally an RN with a BSN degree teaches a clinical course on an "as needed" basis. In these cases, the instructor is typically a clinical expert, familiar with the clinical site, and BRN-approved to teach. All part-time instructors work closely with lead course faculty instructors who are responsible for orienting them to courses, SON curriculum, and expectations for student outcomes.

The advanced practice nursing track in nurse anesthesia is directed and supervised by John Nagelhout, PhD, CRNA, FAAN; Dr. Nagelhout is nationally recognized for his work in pharmacology and in which he teaches nationally. The advanced practice track in Women's Health Care is directed and supervised by Ruth Mielke, PhD, CNM, FACNM, WHNP; Dr. Mielke is nationally certified as a nurse midwife and state-licensed as a women's health nurse practitioner. She is completing an accredited post-graduate course as WHCNP and will be able to take the national certifying exam for Women's Health Nurse Practitioner in late 2016 or early 2017.

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

*Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:
clearly defined; congruent with the mission, goals, and expected student outcomes; and
congruent with relevant professional nursing standards and guidelines.*

Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

Preceptors are appropriately qualified for their role in assisting in the achievement of the SON mission, goals, and expected student outcomes. Preceptors are used in specific clinical courses in the MSN and in the elective externship (N408) in the EL-BSN study plan. They are carefully selected based on academic and experiential backgrounds. They assist faculty in providing learning experiences, supervising students in the field and participating in evaluation of students to meet the goals and expected student outcomes of the program. A Clinical Placement Coordinator, Ms. Marisa Sherb, is a full-time staff member whose primary responsibility is serving as a liaison between the SON and clinical agencies. The role of the Clinical Placement Coordinator, with regard to preceptors, includes collaboration with faculty and agencies to identify an adequate number of appropriate preceptors, facilitate preceptor training, and collect, analyze, and report data regarding preceptors. Ms. Sherb has taken a lead role in facilitating communication with clinical agencies and preceptors. She works hand in hand with course instructors to ensure that students receive a quality clinical experience. She maintains the master preceptor database, preceptor resumes and evaluations in the Clinical Placement Office. See current policy regarding clinical and preceptor placements and evaluation in Drop Box/sondocs/S2/S2 S2_ClinicalPlacement_PreceptorApproval_EvalProcessGuide_7-12-16 or Appendix p.64.

Preceptors for Leadership and Educator MSN students are selected based on established criteria: a) MSN or Master's degree appropriate to concentration or higher degree; b) in a leadership, administrative, school nurse, occupational health, student health, public health, clinical, or educator position; c) willing to take a student and interested in being a preceptor; and d) able to provide the student with experiences appropriate for a course and concentration. In some cases, preceptors will be liaisons between students and other personnel at an agency to ensure provision of a learning experience. For example, if the preceptor does not do budgeting, s/he can facilitate contact between a student and person in the organization who does. Once selected, preceptors receive an email from the lead faculty member containing the course description, objectives and an overview of the expected activities. Course instructors also meet with preceptors or the student/preceptor dyad (phone, person, Adobe Connect) during the semester to ensure the preceptor's as well as the student's needs are being met.

Preceptors are used throughout the MSN curriculum. Their roles are clearly defined and they are cognizant of the specific course objectives/learning goals. Course Lead Instructors for specific clinical courses provide preceptor orientation. Preceptors are given written explanations of their responsibilities. Both instructors and preceptors approve and evaluate student projects and clinical work. For Nursing Leadership, a preceptor is selected who can give the student exposure to leadership beyond a student's current experience. For Women's Health Care, preceptors meet the requirements of the BRN and the guidelines for women's health care and nurse midwifery preceptors. For Nurse Anesthesia, preceptors meet requirements of the BRN and guidelines for preceptors outlined by the COA for nurse anesthesia programs. Preceptors for Nurse Educator students for the educational practicum are experienced faculty in academic institutions, experienced clinical educators within hospitals or other health care organizations, and for the clinical practicum, preceptors are experienced clinically focused nurses.

For the EL-BSN program, preceptors (N408L) are arranged through the Clinical Placement Office or through a cooperative externship with Kaiser Permanente. The Education Department of each affiliating hospital selects student preceptors from RN staff members who have gone through hospital-based preceptor training and are willing to preceptor a student on their unit. These preceptors are clinical RN staff who has at least a BSN. The Pre-licensure Program Coordinator verifies that preceptors meet the BRN requirements (clinical recency, current RN licensure). In the N408L externship, the

instructor meets three times during the semester with student and preceptor for a joint evaluation of the clinical experience. Any issues are addressed at the time of the joint conference; by faculty and student report, the preceptor relationship in this elective externship is highly valued, with no negative evaluations during the reporting period. Students do no complete written evaluations of preceptors nor submit evaluations to the Placement Office at this time.

In graduate clinical courses, the course instructor maintains close contact with preceptors throughout the semester to ensure that course objectives are being met. Students complete an evaluation of the preceptor at course end. For all concentrations except Women's Health, students submit completed preceptor and site electronically to Clinical Placement at CSUF or at KPSA. Evaluations are available in the SON Clinical Placement Office. For Women's Health, evaluations are submitted to course instructors during individual conferences at course end. These written evaluations are provided to Clinical Placement staff who stores them digitally. Most evaluation scores for preceptors and clinical sites are high (4-5 on a 5 point scale). Although there have been no negative preceptor evaluations during the past three years, below standard evaluations would be brought to the attention of the concentration coordinator for review and action.

Faculty visits to clinical sites are scheduled to meet accreditation requirements. First priority is given to any site where there appears to be difficulty with student performance or where there is confusion or dissatisfaction about the placement. If there are issues that require early intervention, the course instructor is involved. If the situation cannot be remedied, or a preceptor becomes unavailable to a student, the student is placed with a different preceptor.

In addition to hospital-based preceptor programs, the SON provides an annual orientation session for new BSN preceptors covering SON information (e.g., Mission, Goals, Philosophy, Curriculum, Program Outcomes) and who to contact with questions or concerns. Preceptors are given *Preceptor Manuals* with written information and other resources (available in RR). Preceptors are able to obtain Continuing Education Units (CEUs) for this course if they complete required content and post-test activities.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes. For example:

Faculty have opportunities for ongoing development in the scholarship of teaching.

If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.

If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.

If service is an expected faculty outcome, expected service is clearly defined and supported.

Program Response:

CSUF provides and supports and encourages faculty in all of their roles in keeping with the mission, goals, and expected faculty outcomes. All SON faculty members have offices, computers, and access to current work-related software. New faculty members are provided these resources by the university. The SON has adequate classroom and conference space that can be used for instruction or faculty meetings. All classrooms and conference areas are equipped with a white board and screen, a portable computer, and LCD projector.

Upon hire, new tenure track instructors receive 3 units of time/semester x 2 years allocated to establish their research/scholarly activities. The [Faculty Development Center](#) annually offers series of development events for new faculty throughout their first year. For 2015-16, sessions were offered on topics including the following:

- Effectively Using Our Library Resources
- The RTP Process (by Faculty Affairs and Records, for new tenure-track faculty only)
- Your Teaching and the RTP Process
- Writing about Your Scholarly and Creative Activity in the RTP Process
- Introduction to Academic Programs
- Research and Grants at CSUF
- High-Impact Teaching for Student Engagement

Typically, the SON has annually allocated \$1000 “travel” funds for tenure track faculty members when they have a presentation at a conference. Faculty teaching in the DNP program can also apply for additional travel funds that relates to doctoral teaching. See response to Standard II-B for other resources available to faculty related to research and scholarship. Probationary, tenure track and full-time lecturers can apply for the following intramural funding sources in order to pursue research/scholarly activities: FEID (Faculty Enhancement and Instructional Development) grants, Intramural grants (including Junior/Senior Faculty grants), sabbatical leaves, and difference-in-pay leaves.

Opportunities for ongoing development in the scholarship of teaching are available from the [Academic Technology Center](#) (ATC), the [Faculty Development Center](#) (FDC), and OASIS. The ATC focuses on the development and provision of technology to faculty; all equipment in the center can be reserved for use by faculty to complete work individually, or in collaboration with FDC coordinators or Information Technology staff. The Faculty Development Center offers a wide range of services to faculty that facilitates excellence in teaching. These include the following support, often in partnership with other campus entities (not an exhaustive list):

- Workshops and multi-day institutes, webinars and online training
- Faculty learning communities that meet on a topic of shared interest
- Consultations on teaching and research for individual faculty and departments
- Graphic design services for faculty
- Recognition and awards for faculty achievement
- New faculty orientation
- Professional development for department chairs

Also offered are support groups for writing and classes in several research and statistical methods.

Besides the resources available through the Academic Technology Center, the SON has access to several rich-media-recorders, including stationary units and a portable unit which enables capture of presentations on and off campus. In addition, CSUF has several communications classrooms that can be used to record presentations. Presentations captured can be distributed via live webstream or are available to students/faculty on the SON website as archived presentations. Loaner laptops, projectors, screens, webcams, and headsets are available to faculty via the Distance Education office for sign out.

Faculty expected to stay current in practice for licensure or certification (e.g., APNs and those teaching undergraduate prelicensure clinical courses) are offered schedules that allow at least one day per week open for practice experiences.

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, and with the roles for which the program is preparing its graduates.

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

Program Response:

The BSN and MSN programs have clear statements of expected student learning outcomes (SLOs - see Table I.2) which are derived from the SON mission, goals, and philosophy and congruent with the mission and goals of the University and CHHD (as presented in Standard I). They are in line with the SON conceptual framework and its new SON vision/mission/undergirding factors ([Figure I.1](#)) and reflect professional nursing standards and guidelines (e.g., current MSN SLOs are the *MSN Essentials*). Individual SLOs for the programs contribute to the program's expected aggregate student outcomes. The aggregate program outcomes, including NCLEX-RN pass rates, graduation rates, employment patterns, end of program aggregate benchmarks, honors/awards, cumulative GPAs, and indicators of satisfaction, are achievable only if each program's curriculum gives students opportunities to learn and master required content/skills and is satisfactory to graduates, faculty, employers, and the community at large.

Curriculum Process

The SON curriculum has been developed by the nursing faculty with input from students, graduates, and the nursing/health care community. The development, implementation and monitoring/revision of the curriculum follows specific guidelines outlined by university policy, especially [UPS 410.103 Curriculum Guidelines: New Programs](#) and [UPS 411.100 Curriculum Guidelines and Procedures: Courses](#). These policies ensure standardization of processes from design to approval at academic unit, College, and University level. The processes include rigorous review by the SON, College, and CSUF Curriculum Committees as well as the CSUF General Education Committee when warranted. Once approved, no major changes are allowed in a program without going through the processes outlined above. Program changes include increasing or decreasing the total units required for graduation or adding new courses.

This process changed fall 2015 with the inception of Curriculog, an online program. Curricular proposals are now submitted through Curriculog (through the CSUF portal). This includes Special Course Proposals, New Course Proposals, Variable Topics, Request to Offer Courses Online, and Program Changes. Curriculog allows transparent tracking of the progress of proposals to all with system access, including all university faculty. Curriculog interfaces with Acculog to allow annual updating of the university course catalog, rather than every two years as was previously the case.

The SON program committees (UPC; GPC) are responsible for overall program monitoring as described in the *Bylaws*. In 2014, an accessible master course syllabus template (see in [Dropbox/Accreditation/sondocs/S3/ S3_Master Course Syllabus_AccessibleRev12 1 15](#) or Appendix p.38) was developed that contains all relevant UPS policies including those related to disabled students; during summer 2016, two syllabus templates were created, one for graduate courses and one for undergraduate (these are housed on the SON: Faculty Resources community in TITANium, which is accessible by all full and part-time faculty).

Individual Student Learning Outcomes

As part of the curriculum process for both undergraduate and graduate programs, Crosswalks (see Dropbox/Accreditation/sondocs/S3/S3_BSNCrosswalk2014 (Appendix p.46); S3_MSN_EssentialsCrosswalk_12_8_2015 (Excerpts from MSN Crosswalk Workbook in Appendix p.47)) display how courses contribute to the individual SLO content. They help to identify levels of content in relation to the SLO as well as content related to genomics, gerontology, and informatics (BSN only): courses that introduce concepts and skills (I), those that allow students to develop/practice knowledge/skills (P), and those that assist students to demonstrate mastery of content/skills (D) needed. These matrices are further supported by individual course objectives related to the learning content.

Course objectives reflect the expected individual learning outcomes at the content level and build toward attainment of the summative SLO. This is illustrated in the final table for N410L Leadership/Management in Nursing syllabus fall 2015 (available in RR).

The SON faculty believes that clear objectives facilitate student learning. Whenever instructors develop new courses, or modify existing courses in a significant way, members of the program committees (UPC/GPC) determine that (a) course objectives are relevant, appropriate, clear, and congruent with SLOs per the Crosswalk, (b) student learning experiences and assignments are sufficient and appropriate to meet course objectives, and (c) evaluation methods are consistent with policy, and sufficient to provide evidence of individual student attainment of the expected outcomes of the course based on the objectives.

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

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
- 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, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
- 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.
- All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- *Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

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

Advanced physiology/pathophysiology, including general principles that apply across the lifespan;

*Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

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

Program Response:

As stated in Standard I, the BSN and MSN curricula reflect professional nursing standards. Each course syllabus in the undergraduate program indicates the specific standards met by the course (see N402L spring 2016, available in RR). In the graduate program, incorporation of the MSN *Essentials* is demonstrated in the Graduate Program Crosswalk (Dropbox/sondocs/S3_MS_N_EssentialsCrosswalk_12_8_2015 or Excerpts from the MSN Crosswalk in Appendix p.47) and periodic course reviews identify which standards are supported by individual courses (see Dropbox/sondocs/S3/ S3_CourseReviewFormUGC5 2-16 (Appendix p.53), S3_2015-2016 CourseEvaluation_NURS452 (Appendix p.54); and S3_CourseReviewTemplateGPC (Appendix p.56); S3_2016N514CourseReview (Appendix p.57)). The UPC and GPC are responsible to ensure that program curricula reflect professional nursing standards.

Baccalaureate Program

Curricular content, course objectives, teaching-learning activities, and assessment measures foster behaviors and roles consistent with professional nursing standards. BSN SLOs reflect the characteristics required by professional nurses, working in a variety of settings, in generalist roles. The BSN program prepares graduates for certification as public health nurses in California.¹¹ In addition, the program provides a foundation for specialization and graduate nursing education.

BSN SLOs reflect the most recent version of the *Essentials*, which guide both broad curricular revisions and more focused course revisions. The BSN curriculum incorporates key elements from the *Essentials* and emphasizes values such as diversity, professional accountability, social justice, and ethical conduct while assisting students to develop professional role competencies. At the course and program levels, the BSN curriculum addresses critical thinking, quality and safety, communication, assessment, technical skills, and the use of evidence based practice. Individual course objectives are based on these sources and in turn guide the selection of needed content, teaching/learning strategies and assessments.

Because the BSN program includes community based health/nursing practice and leadership skills, standards from the QUAD Council of Public Health Nursing Organizations (2011) (*Core competencies for public health professionals*, from http://www.phf.org/resourcestools/Pages/Public_Health_Nursing_Competencies.aspx) and the American Organization of Nurse Executives (2013) *Nurse Executive Competencies* are reflected in individual course syllabi (see N402L, N452 in the RR).

BSN instructors have integrated the QESN competencies throughout the curriculum, as evidenced in the course syllabi and the individual course *Curriculum Matrix* tables. Course alignment matrices enable

¹¹ Graduates of an accredited baccalaureate program in nursing automatically qualify for the California Public Health Nurse Certificate issued by the BRN.

faculty to see which specific *Essentials*, QSEN competencies, and other specific standards are addressed in a particular course. The Board of Registered Nursing also mandates that prelicensure nursing programs adhere to the standards of nursing education outlined in [Title 16. California Code of Regulations; Division 14 Board of Registered Nursing; Article 3. Prelicensure Nursing Programs](#). The SON is in full compliance with state regulations and the EL-BSN curriculum reflects inclusion of all required content areas as well as required curricular threads. The California BRN conducted its last visit to campus in 2011 and the SON has received ongoing BRN approval (see Dropbox/sondocs/S3/S3_BRNApproval2012_9.0 ELC-12-01-AG 9.3. - AIS CSUF BSN ContAppr 2011.09.07 or Appendix p.61).

Master's Program

The GPC, concentration leads, and nursing faculty are responsible for ensuring that the MSN curriculum reflects professional nursing standards. The curricular content, course objectives, teaching-learning activities and assessment measures foster behaviors and roles consistent with these standards. All master's courses have been mapped on the MSN Crosswalk to show where students are introduced to content, further develop knowledge and skills related to that content, and demonstrate mastery (see Dropbox/sondocs/S3/S3_MSN_EssentialsCrosswalk_12_8_2015 or Excerpts from MSN Crosswalk in Appendix p.47). The Crosswalk is constructed within an Excel file such that the entire curriculum can be visualized on MSN Essentials Crosswalk (1st tab), and each concentration can be visualized on subsequent tabs. The MSN program prepares graduates for certification as nurse anesthetists, women's health care nurse practitioners, and nurse midwives. Nurses in the school nurse, nursing leadership, and nurse educator concentrations are eligible for certification as well.

The APRN programs (CRNA, Women's Health Care/Nurse Midwifery) have separate comprehensive graduate level courses to cover the APRN core (see Table III.1). Students in non APRN programs (except Leadership) take the same APRN core courses as those in WHC/CNM. Because they are pre-licensure, students in the EL-MSN program take these as well (their MSN is in Leadership).

Additional content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses. For example, students in the WHC/NM concentration take N508 Vulnerable Populations, in which students apply the epidemiological model to analyze health risk factors that place populations at risk for health conditions and to plan nursing interventions to promote health and prevent disease (application to specialty concentration).

Table III.1 Classes reflecting the 3 P's in the CRNA and WHC programs

Content	CRNA	WHC/NM
Advanced physiology/pathophysiology	N588 Advanced physiology/pathophysiology for anesthesia	N540 Advanced pathophysiology: clinical implications for nurses
Advanced health assessment	N542/L Advanced health assessment for anesthesia	N542/L Advanced health assessment
Advanced pharmacology	N580 Advanced pharmacology for anesthesia I N584 Advanced pharmacology for anesthesia II	N552 Pharmacology for advanced practice nurses

III-C. The curriculum is logically structured to achieve expected student outcomes.

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

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

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

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

Program Response:

Courses in the baccalaureate and master's programs have been developed and sequenced to assist student achievement of SLOs. For the BSN, a foundation in arts, sciences, and humanities assures successful completion of nursing courses. For the MSN, baccalaureate level nursing knowledge is assured by requiring that applicants to the MSN program either have completed a BSN or baccalaureate in a related field (e.g., health science, psychology). Applicants with a baccalaureate in a related field are thought to have met the BSN *Essentials* content related to the following (although not nursing-specific): liberal education foundation, leadership, scholarship, informatics, collaboration/communication/professionalism. Those with an Associate Degree in Nursing, but without a BSN, must have completed a community or public health nursing course prior to entering the MSN program; this content is unlikely to be covered in non-nursing curricula.

As discussed in III-A, curricular crosswalks demonstrate that courses in both programs incorporate three levels (introductory, development/practice, mastery) of content progression to document meeting expected SLOs. Several principles are incorporated to ensure the logical progression of coursework: (a) Increasing the level of difficulty and complexity over time; (b) Developing study plans that make courses accessible and unit loads manageable for a variety of students (accelerated, full time, part time); (c) Moving from structured to less structured experiences; (d) Building from general to specialized knowledge, skills, and roles; (e) Influencing values and attitudes as a slow, deliberate process; and; (f) Using culminating experiences to help synthesize knowledge, skills, and attitudes.

All courses are published in the [University Catalog](#). They are taught in 16 week semesters (15 weeks didactic + final exam week). Summer courses are taught in 10 week sessions, and do not include a final exam week. Classroom/clinical hours are equivalent per semester unit to the 16 week semester. The SON follows the university definition of clock/credit hours as presented in the *University Catalog*. One unit of a lecture course is one hour in class per week over 15 weeks; one unit of a laboratory class is 3 hours of laboratory activity/week for 15 weeks. The University uses three categories to define types of coursework: (a) lecture, (b) laboratory, and (c) activity. The SON does not use the "activity" course classification. In the SON, courses designated with an "L" represent laboratory/clinical based subjects (although not all MSN laboratory/practicum courses have the L designation). The term "lab-based" represents two related, but separate teaching/learning practices: (a) interactive experiences that take place in laboratory settings; and (b) traditional clinical/field based experiences involving direct interactions with patients/clients.

Baccalaureate Program Curriculum

Students graduating from the baccalaureate program have a foundation in the arts, sciences, and humanities. The following courses are included either in the EL-BSN study plan or as prerequisites for the RN-BSN program: Human Anatomy & Physiology, General Chemistry, and Microbiology, all with associated lab work. In addition, students must complete a course in each of the following areas: English, Speech/Oral Communication, Math, and Critical Thinking. Such courses contribute to the “liberal learning” that is espoused in our [teaching/learning philosophy](#).

For all CSUF undergraduates, a broad General Education (GE) package of 51-52 units in a variety of categories (<http://www.fullerton.edu/undergraduate/generaledu/GERequirements.pdf>) is required (52 units in EL-BSN pathway).

The combination of specific prerequisite courses and lower/upper division GE requirements provide students with a solid foundation in the liberal arts and humanities, and natural/social sciences. This helps students gain skill sets from a variety of disciplines that enhance their appreciation and understanding of nurse/patient care experiences along the health-illness continuum. For EL-BSN students, the curriculum facilitates application of knowledge and skills from the sciences, humanities and arts to the practice of professional nursing. The student draws upon knowledge learned from prerequisites in order to make nursing judgments and design appropriate interventions.

Students enrolled in the RN-BSN program are assisted in the transition to a professional level of nursing practice with minimal repetition or duplication of previous learning experiences from their basic nursing program. Typically, the general nursing knowledge that these students bring with them has an illness orientation, with limited exposure to clinical settings beyond the in-patient arena. Experiences offered in the BSN program help students move toward health promotion, disease prevention, maintenance, and restoration as well as provide learning experiences in a variety of community-based settings.

The BSN program not only fosters students’ clinical competence in performing patient-related tasks, but also focuses on psycho-social-cultural concepts, which are integrated to promote a holistic approach as well as facilitating an awareness of self. GE and nursing courses combined offer learning activities that reflect the interactive relationship between nursing science and other sciences. Courses build a strong physiological, psychological, socio-cultural, and political understanding essential to the nursing major. That understanding creates a context for professional nursing practice ([SON Practice Model](#)), that can be applied to community health and leadership content/practice. For example, biochemistry and pathophysiology provide a biological-chemical rationale for physical assessment; understanding cultural diversity in health and illness and life cycle issues broadens the basis for holistic nursing assessments. Similarly, understanding basic statistics undergirds an appreciation of epidemiology and practice evidence (e.g., research findings).

The EL-BSN pathway is designed for students desiring to enter nursing. The [120-unit study plan](#) provides coursework and clinical experiences needed to qualify students to take the NCLEX-RN licensure exam and earn a BSN. Students gain the knowledge base and skillset needed to assure delivery of quality nursing care for patients. Only a full-time study plan is available in this pathway; the program is 4 years in length, counting the pre-nursing coursework. The curriculum plan includes 69 units of general education courses, basic sciences, communication courses (including pre-requisites), nursing theory and clinical units.

Students spend 1-2 years taking pre-requisite lower division courses (100-200 level) before proceeding to nursing courses. Providing students with scientific, clinical, and professional foundations upon which to build safe and sound nursing care, nursing courses begin at the upper division (300 level) with introductory content and skills practice. Upper division general education courses are also required. At the 400 level (senior year), the complexity of coursework increases. Coursework provides theoretical knowledge and clinical experiences in the areas of Medical-Surgical (N403/L, 405/L, 411/L), Maternal/Child (N406/L, 407/L), Mental Health/Psychiatric (N404/L), and Geriatric nursing (integrated throughout) that qualifies the student to sit for the NCLEX-RN exam. In addition students take courses in community and population care (N402/L), and leadership/management in nursing (N 410/L). A capstone course (N412/L) helps students prepare for new professional RN roles by synthesizing knowledge and skills required to demonstrate achievement of expected program outcomes.

RN-BSN students have completed a basic nursing program and are licensed RNs in California. Most transfer to CSUF from local community colleges, entering as “upper division transfers” at the junior level. Students without a previously earned bachelor’s degree must complete at least 9 units of upper-division GE at CSUF; if not CSU GE-Certified from a California community college prior to the RN-BSN program, students may also have to complete lower-division GE. The curriculum consists of three semesters of full time study (41 units nursing coursework), with part time options available (see <http://nursing.fullerton.edu/programs/rnbsn/curriculum.php#studyplan>). Nursing courses at the 300 level are designed to (a) serve as a bridge from a basic RN program to the BSN, (b) provide support for work at the senior level, and (c) introduce students to new concepts and skills. During the senior year, coursework increases in complexity and focuses on health promotion and leadership skills. The art and science of nursing courses serve as the capstone experience for the RN-BSN program and facilitates final mastery of content and skills used to demonstrate achievement of SLOs.

Master’s Curriculum

In the master’s program, courses are designated as “core” and “specialty.” Students in all concentrations take core classes and the specialty concentration classes required by their study plan. Those courses deemed core are N501 Theoretical Perspectives for Nursing Practice, N505A Nursing Research & Evaluation for Practice, N505B Seminar in Nursing Research, and the project/thesis/comprehensive examination courses, N597A/B or N598A/B Project/Thesis or N596A/B Comprehensive Examination. For students entering fall 2015, a program change submitted by the GPC determined that students in Women’s Health Care and Nurse Anesthesia would no longer take N507 Advanced Decision-Making: Nursing Issues Seminar, a core class for other concentrations, because this content would be concentration specific in N592 and N594 (role classes specific to these advanced practice roles); this change required adding an additional unit to N594 to include content on decision-making.

The School Nursing concentration is unique in that students complete the Credential in School Nurse Services, and can then enroll in the master’s degree program. The study plan for the School Nurse master’s program (Table III.2) shows students taking core classes plus one concentration specific course. Students would already have completed the 24 unit School Nurse Credential (see <http://nursing.fullerton.edu/programs/msnsn/curriculum.php>), which includes required concentration-specific courses.

Table III.2 Study Plan (Curriculum) for Master’s in School Nursing Concentration

	Semester	Courses	Units
Year1	Fall	NURS 501 – Theoretical Perspectives for Nursing Practice (3) NURS 505A – Nursing Research and Evaluation for Practice (3)	6
	Spring	NURS 505B – Seminar in Nursing Research (3) NURS 507 – Advanced Decision Making: Nursing Issues Seminar (3)	6
	Summer	HESC 455 – Designing Health Education Curricula (3) Graduate Elective (3)	6
Year2	Fall	NURS 540 – Advanced Pathophysiology: Clinical Implications for Nurses (2) NURS 552 – Advanced Pharmacology: Prescriptive Authority (3) NURS 597A – Project (2) or NURS 598A – Thesis (2)	7
	Spring	NURS 508 – Advanced Nursing: Vulnerable Populations (3) NURS 597B – Project (2) or NURS 598B – Thesis (2)	5
TOTAL UNITS			30

Sequencing of graduate courses differs by concentration. Most students take research and theory classes (N501; N505A) in their first semester, and progress from basic clinical courses toward courses with more complex clinical conditions. Beginning in 2015, students in the nurse anesthetist concentration take nursing research courses beginning their second semester (N505A spring; N505B summer of Year 1). This allows them to take the newly developed Advanced Health Assessment (N542/L) during their first semester of Year 1; this course was added to assure coverage of this core APRN content for these advanced practice nurses.

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

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

Program Response:

Based upon our [teaching-learning philosophy](#), the SON teaching-learning process is promoted by the belief that teaching is a complex activity based upon a theoretical body of knowledge. Instructors are expected to provide an environment for adult learning by fostering self-motivation and independent functioning, while role modeling learning as a lifelong process. Learners are expected to accept responsibility for preparation and for identification of areas of individual need, which will allow the greatest opportunity for growth and change. Teaching/ learning strategies are used to encourage problem solving and critical thinking, self-direction as well as group collaboration, creativity in expression, information competency, and to shape values including a commitment to lifelong learning.

High impact practices (HIPs) are encouraged in that these encourage one or more of the following strategies that have been found to promote deep learning:

- Significant time on a purposeful task
- Substantive interaction with faculty & peers
- Frequent feedback
- Engagement that leads to a difference in important and complex issues
- Engage in higher order thinking (e.g., analysis, synthesis, evaluation, application)
- Capacity to be “life-changing”

See Table III.3 for HIPS examples used in the SON. We consider all of our clinical courses to represent teaching using high impact strategies.

Table III.3. Examples of HIPS

Course	Activity
N310 Nursing Research & Evidence-Based Practice	5-component semester-long project done in groups that begins with establishing a PICO question (clinical problem), leads to a partial review of literature and development of a table of evidence (summary table), and ends with a group evaluation
N402/L Community Health Nursing	Life-like, poverty simulation exercise to increase awareness about the complexities of living in day-to-day poverty and to gain a better understanding of the types of patients that students/graduates will encounter throughout their career. Manned by community and faculty volunteers, this experience is held at the campus Student Union and followed with several follow-up activities throughout the semester that build on the earlier simulation exercise.
N507 Advanced Decision-Making	Required assignment for N507 gives two options for identifying and discussing the advocacy roles of nurses: (1) attend one day of a conference (this has been underwritten by a grant awarded by CSUF Associated Students, Inc. for the past 10+ years) or (2) describe ONE professional nursing organization and its advocacy efforts related to a nursing practice issue.

Student achievement of summative individual SLOs begins at the course level where learning outcomes are expressed as course objectives. Each course syllabus outlines objectives to be met, assessment measures used to indicate success, and identified teaching/learning strategies employed to facilitate student achievement of expected outcomes (course syllabi in Resource Room). A master syllabus template helps

faculty ensure that all required components are included (see Dropbox/sondocs/S3/S3_Master Course Syllabus_AccessibleRev12 1 15 or Appendix p.38). Course alignment matrices embedded into undergraduate course syllabi illustrate the connection among SLOs, course objectives, BSN *Essentials*, professional standards (as applicable), and selected teaching/learning strategies. Clinical evaluation tools in these courses are linked to the *BSN Essentials*, SLOs, course objectives, and QSEN competencies (as appropriate).

Faculty instructors use a variety of teaching-learning strategies to facilitate student achievement of course objectives and desired learning outcomes. Course objectives guide faculty and students in developing and implementing relevant teaching-learning experiences. Examples include, but are not limited to the following: lecture/discussion, small group discussion, collaborative work, use of audience response “clickers,” case studies, written papers, web-based activities using the CSUF learning management system (e.g. threaded discussions, learning modules), group work, audiovisual media presentations, interactive games, debates, readings/study guides, field work assignments, guest speakers, simulated situations, journaling, faculty- and self-directed skills laboratory learning with traditional patient models as well as human patient simulation, hospital inpatient and outpatient rotations, public health and public school assignments, agency placements in community-based settings, and other self-directed experiences such as learning modules, preceptorships, and visitations to off campus sites. In aggregate, strategies are designed to promote critical thinking and translation of evidence to professional practice.

Teaching-Learning Environments

Faculty believe that the learning environment should provide students the best milieu in which to develop attitudes and obtain knowledge and skills needed to demonstrate professional nursing behaviors expected at program end. Instructors are viewed as *facilitators*, role models, and *organizers* in helping students to master content and prepare for lifelong learning. Active learning constructs an environment that facilitates incorporation of knowledge, enhances learner capability of functioning in a widely diverse and ever-changing society and in a profession where new skills and knowledge must be routinely mastered. Faculty uses a variety of teaching-learning environments to facilitate student achievement of course objectives. The principal didactic learning environments are classroom and conference room settings for traditional “face to face” activities, including both large lecture/discussion based classes as well as smaller seminar-type sessions. Students also use the library and the internet as learning environments. The SON uses a wide variety of clinical agencies to give students experiences in real-life patient-centered environments. Finally, both undergraduate and graduate programs have students using distance education methods (both online and hybrid courses). Faculty responds to student needs for new learning environments, and accommodates most requests.

SON Laboratories

The SON has two designated labs on the main CSUF campus: a large simulation/skills lab used for skills practice, testing, remediation, and weekly case studies with reinforcement of introduced skills. For students who wish to practice skills, there is a smaller lab at the Irvine campus with a single room with 3 beds. Additionally health and physical assessment classes are scheduled weekly with open lab time for all students to drop in or schedule appointments if faculty oversight is needed. Health assessment labs use student/student partnerships to practice hands on body system assessments in an exam room and hospital like setting. The simulation program oversees scheduled simulations with trained faculty throughout the BSN and WHC curriculum. High Fidelity simulations are provided at the Irvine campus in addition to the Fullerton campus. Medium Fidelity mannequins are also used to demonstrate abnormal clinical situations. This allows the nursing student to compare normal with abnormal findings and be able to begin to distinguish differences. Throughout the main CSUF campus, other labs exist for bench work in science courses or for computer-based learning.

Simulation Experiences. The SON Simulation Center and Skills Lab (CSUF Kinesiology Building) provides a flexible experience for both faculty and students. Space in the Center is provided for self-study (computer study room), small group discussions (conference room), class sessions or testing (33-seat classroom with individual PC stations). Each patient simulator comes with a built-in set of scenarios as well as the capacity for faculty and students to develop new scenarios. Digital audiovideo equipment allows for recording sessions and assessing performance.

For BSN students, the Center is used to introduce pre-licensure students to basic nursing skills, to develop clinical judgment and problem solving using simulated scenarios, and to practice skills that happen infrequently in acute care but are expected competencies for new graduates (e.g., blood transfusions, calling the physician/licensed healthcare practitioner with a change in patient status, CPR). For example, in N403L Foundations of Nursing Practice, students spend the beginning 4 -5 weeks of the semester learning basic patient care skills and procedures in the lab where they have the opportunity to give return demonstrations and participate in skills competency testing. In N405L, Management of Medical-Surgical Adult and Older Clients, students have the opportunity to participate in a blood administration and reaction simulation scenario. In N410L, leadership and management students participate in a simulated scenario that focuses on patient prioritization, delegation, and communications skills with a team of patients and multidisciplinary staff. Specialty courses such as Psych/Mental Health (N404L), Reproductive Health (N406L), and Pediatrics (N407L) have varying amounts of time in the lab.

In the graduate program, simulation experiences vary by concentration. Nurse educator students have a one-day simulation class in N512 Instructional Design to learn the basics of simulation (theory, how to write a scenario, giving the scenario, debriefing). Also in N512, classroom simulations are used to allow students to practice responding to real-life teaching situations (e.g., incivility experience).

Throughout the master's program, nurse anesthesia (NA) students have simulation experiences in the simulation lab at the Kaiser Permanente School of Anesthesia (Pasadena campus). The goal is to help NA students learn techniques for identifying a problem, and correctly intervening/treating that problem. Other goals include recognizing and enhancing non-technical skills such as communication, situational awareness, and leadership. See Table III.4 for CRNA experiences and course linkages.

Table III.4 Simulation Experiences for CRNA Students

Course	Experience
N581 Anesthesia Principles and Health Assessment	focus on airway management as well as task trainings with opportunities to practice procedures (e.g., mask ventilation, intubation, difficult airway adjunct placement, pharmacological interventions, decision making during airway emergency)
N584 Advanced Pharmacology for Anesthesia II	"high fidelity" simulation experiences focusing on anesthetic case management in a more realistic atmosphere; preparation for cases and recognition/management of critical events that could occur during varying procedures and patients.
N586 Pediatric and Obstetric Anesthesia	airway management and anesthetic management for pediatric conditions and operations
N588 Advanced Physiology/Pathophysiology for Anesthesia I	recognition and management of rare and potentially lethal critical events
N590 Advanced Physiology/Pathophysiology for Anesthesia II	culminating simulation experience: advanced high fidelity simulation experiences representing life threatening critical events

The Women's Health Care Concentration uses simulation experiences throughout the program to introduce students to specific clinical situations and practices. Table III.5 shows the breadth of experiences with course linkages and simulation modalities used.

Table III.5 Simulation Experiences for WHC/NM Students

Course	Simulation	Simulation modality
542L Advanced Health Assessment	Breast, pelvic exams	Standardized patients at CSUF Student Health center
548L APN Clinical Practicum II	IUD placement, endometrial biopsy (EMB)	Guided training using sample devices on plastic models
	Early pregnancy, gynecologic ultrasound – use of transducers	ScanTrainer
573A Internship in Basic Midwifery Practice	Vaginal delivery hand maneuvers	SimMom, MamaNatalie

	Abdominal palpation/Leopold's maneuvers	Abdominal model
	Perineal/vaginal/ skin suturing	Beef, chicken, suture boards
	Artificial rupture of membranes	Low fidelity simulation
	Internal fetal monitor placement	Low fidelity simulation
	Postpartum hemorrhage	SimMom, Mama Natalie
	Shoulder dystocia	SimMom, Mama Natalie
	OB/GYN ultrasound - Part 1	ScanTrainer
573B Basic Women's Health Care Practicum	Abdominal palpation/Leopold's maneuvers	Abdominal model
	Skin suturing	Beef, chicken, suture boards
	OB/GYN ultrasound - Part 1	ScanTrainer
577A Intermediate Women's Health Care Practicum	Vaginal breech, manual removal of placenta, episiotomy cutting	SimMom – scenario – emergency episiotomy- Low fidelity simulation
	Obstetrics ultrasound - Part 2	ScanTrainer
577B Intermediate Women's Health Care Practicum	Obstetrics ultrasound - Part 2	ScanTrainer
579A/B Advanced Women's Midwifery Internship/Advanced Women's Health Care Practicum	Nexplanon insertion	Company provided models and training
	OB/GYN ultrasound cases	ScanTrainer
596A Comprehensive Exam	Preliminary clinical comprehensive exams – low complexity gyn/OB care	OSCE– one SP case for each student
596B Comprehensive Exam	Final clinical comprehensive exams – moderate to high complexity gyn/OB care	OSCE– two SP cases for each student

Off Campus Clinical Environments

Many clinical and community based agencies located throughout California are available to support students to achieve clinical objectives. Courses labeled “L” for the BSN and MSN programs reflect off campus clinical experiences. For example, in the entry-level program, N404L applies mental health theoretical content from the didactic course (N404) in an acute care or community based psychiatric clinical setting. The capstone leadership experience (N410/L) in the EL-BSN program is a hybrid environment composed of simulation lab leadership experiences, off campus clinical time in the team leader role, and the completion of a performance improvement project. In the graduate program, courses off campus clinical experiences usually (but not always) have the L label but will always be as designated “practicum.” For example, in women’s health care, N548L APN Clinical Practicum II (study plan, Year 1 spring) and N573B Basic WNC Practicum (Year 2, fall) are both courses requiring clinical experiences off campus. CRNA practicum courses all are labeled with L: N585L, N587L, N589L, N591L, N593L.

Facility agreements and contracts. The SON has 325 current and fully-executed Affiliation Agreements with clinical agencies, and with 75 renewing/initiating affiliation agreements (2-5-16). These agreements are formal contracts negotiated between the SON, the CSUF offices of Contracts and Procurement and Risk Management, and the legal team at the organization/agency and are used on a routine basis for both individual student placements and group rotations (both with and without nursing faculty on site) as required for student learning experiences. The SON Clinical Placement team ensures that contracts are kept up-to-date and initiates the paperwork for new clinical sites in consultation with nursing faculty. Clinical and community practicum placements are under frequent review to ensure that they provide the best opportunities for achievement of course and program objectives. The SON Clinical Placement team does not handle contracts for the nurse anesthesia students; these are handled by staff at Kaiser Permanente School of Anesthesia (Pasadena campus).

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

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional

competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

In both undergraduate and graduate programs, clinical experiences are planned to enable students to gain a foundational basis in practice initially, integrate new knowledge, and by program end, demonstrate professional competence in practice. All experiences are evaluated by faculty instructors for course credit or grades.

Given new technologies in simulation, including high fidelity mannequins, evidence is inconsistent as to whether high fidelity simulation experiences can adequately provide student competence in nursing skills and care.¹² At the SON, simulation experiences are planned carefully and are considered foundational to further “real” experiences in order to capture the nature of longitudinal care and patient response that is missing from simulations. Thus, planned clinical experiences of our students in a given program may reflect a combination of simulation and actual experiences.

Clinical and community practicum placements are under frequent review to ensure that they provide the best opportunities for achievement of course and program objectives.

Entry-Level Pathway Clinical Experiences

The entry-level clinical courses assist students to practice and master the application of content and skills to become competent practitioners who are qualified to sit for the NCLEX-RN licensure exam. All entry-level clinical sites are approved by the CA BRN to ensure adequacy of the site in meeting course objectives, the presence of positive staff role models, and sufficient patient population to ensure adequate patient care experiences. Clinical sites are arranged through the [OC/LB Consortium](#), a group of hospital, schools, and independent members in Orange and Long Beach counties. This Consortium provides a systematic approach to fair and equitable clinical rotation assignments for both community college and university based nursing programs using a web-based clinical placement planning tool.

To secure a more consistent clinical placement site for CSUF students, the Dedicated Education Unit (DEU)-concept was explored during 2014-15 with the University of California, Irvine Medical Center (UCIMC). A DEU is a unit within a health care facility that is developed into an optimal teaching/learning environment through the collaborative efforts of nursing staff, management, students and faculty. A DEU partnership expands clinical placements as well as increases student learning and readiness for practice. Research has demonstrated that experiences with DEUs can help students to master content as well as increase student satisfaction with their education. As implemented, this project did not have a single DEU but used select, trained nurses from UCIMC as dedicated partners with our students on UCIMC units, allowing a more consistent experience. The faculty instructor involved is Judy Hervey. In fall 2014, 7 students had experiences on 5 medical-surgical units with DEU-taught staff nurse preceptors during N405L Management of Medical-Surgical Adult & Older Adult Clients. One SON student’s comment sums up the positive effects from this experience: “If I wanted to perform a skill, [my DEU preceptor] was more than welcome to allow me to perform the skill right alongside them [sic]... I learned 100x more in this rotation.” Unfortunately, personnel changes prior to fall 2015 decreased the number of trained staff nurse preceptors to 3 (returning), and 2 trained during the semester. Thus, five students during 2015 had this experience. For both semesters, student comments were positive in 2015, resembling those from 2014.

Community Health Clinical Experiences

In N402L Community Health Nursing Lab, the clinical sites may be official public health departments, community-based organizations, or ancillary community learning environments. In spring 2016, there were

¹² Onello, R. & Regan, M. (2013). Challenges in high fidelity simulation: Risk sensitization and outcome measurement" *OJIN: The Online Journal of Issues in Nursing*, 18(3). doi: 10.3912/OJIN.Vol18No03PPT01

12 “main” sites such as County of Orange Health Care Agency and 9 ancillary sites (e.g., Planned Parenthood of the Pacific Southwest). These sites afford students an opportunity to provide population-focused services to selected community groups that represent diverse ethnic, racial, language, and cultural variety in their use of healthcare and the healthcare system. The focus of the community health lab is to develop nursing skill and practice in health promotion and disease prevention by using theories from public health, nursing, and social science.

RN to BSN Experiences

RN-BSN students come into our program with a current California RN license or are eligible for a license (to be obtained prior to 2nd semester of the program). Two clinical lab courses are required in the study plan: N340L Advanced Concepts Lab, N402L Community Health Nursing (addressed above). Experiences for both of these are available to students within the following counties: Orange, Riverside, Los Angeles, or San Bernardino. In N452 Leadership & Management in Professional Nursing, a non-practicum course, two course objectives have a clinical component: “develop innovative solutions for the delivery of optimal health care through problem- solving and decision-making approaches,” and “design an innovative nursing project based upon principles of quality and safety that promotes the accountability of the nursing profession to the consumer.” Throughout the semester, students have assigned Clinical Learning Opportunities that help them integrate new knowledge; for example, students complete an assessment of an organizational culture from ANY healthcare organization, including one where they had a clinical experience. Students in N452 also complete an evaluated change project that has them participate by planning, implementing and evaluating a change at their place of work, volunteer organization, or other setting (for students who are not working, this project is based as much as possible upon “real” data, but can be hypothetical).

EL-MSN Experiences (program graduates final class spring 2016)

Entry-level master’s students had pre-licensure clinical experiences that mirror those of other entry-level pathway students. Their master’s level clinical experiences are completed post-licensure and include N514 Nursing Service Leadership Practicum; this preceptored experience requires 120 clinical hours and allows students to apply organizational and nursing theories and identify researchable problems in nursing leadership. During this experience, students collaborate with preceptors to select an agency project that can be completed during the semester; this is evaluated by both the preceptor and the course instructor.

Graduate Program

In the Nursing Leadership clinical experiences, students are placed with preceptors who work under guidelines, Preceptor Selection and Evaluation Process (Dropbox/sondocs/S3/S3 Clinical Placement and Preceptor Approval and Evaluation Process Guide or Appendix p.64). Preceptors are chosen based upon their leadership role, educational credentials, and willingness to help students fulfill course objectives and to evaluate the student in terms of function.

In the CRNA concentration, clinical experiences are offered in health care facilities throughout southern California in order to give all 34+ students the required skills and proficiencies demanded by nurse anesthesia.

The Nurse Anesthesia program addresses the following regarding the clinical curriculum:

- Students are provided a clinical rotation schedule that includes planned experience in all types of anesthetics (general, local, regional) and surgical patient populations to include: pediatric, trauma, neuro, cardiac, military, obstetric, ambulatory outpatient, out-of-operating room, and organ transplant.
- Students receive daily clinically evaluations (formative) by clinical preceptors (e.g., anesthesiologists, NAs). These anesthesia providers document attainment of clinical outcomes on a clinical evaluation tool which assesses critical thinking and decision making skills, interpersonal communication, technical performance, and attitude.
- The program receives a monthly summative report from the clinical coordinator assigned at each clinical site regarding student progress in achievement of clinical program outcomes.

Throughout the 2-year program, students are expected to continually integrate new knowledge and clinical skills as they transition from simple to complex patient conditions and surgical cases in anesthetic case management.

For Nurse Educators, students have two practica, aimed to prepare them for teaching (N516A) and to gain additional clinical expertise in an individual area of practice (N516B). For N516A, students are supervised by the academic educators at local community colleges and clinical educators at our partner facilities; for N516B, they are supervised by clinical specialists or staff educators who also function as clinical experts in the student's area of practice. In the teaching practicum, students develop and teach individual sessions as sole instructor, develop and evaluate an assessment tool to measure learning objectives, and evaluate an educational program and make recommendations based on findings. Students also supervise and provide performance feedback/counseling to nursing students and staff nurses.

School nurses enter the master's program with a School Nurse Credential which requires clinical practica in school nursing (N533L School Nurse Specialist Practicum) along with N524 Advanced Health Assessment: Ambulatory Pediatrics. In most instances, credential students received their clinical experience in the school district within which they work; however, to assure breadth of experience, they are often assigned to another district to have clinical experiences their local school district may not offer. No further clinical experience is required for the master's program.

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

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

Program Response:

The SON routinely considers the needs and expectations of its internal and external communities of interest, as discussed in Standard I. BSN/MSN curricula and teaching/learning practices have been directly impacted by constituent input. The SON supports open dialog and communication to foster ongoing quality monitoring. Internal and external constituents are given a number of opportunities to provide input/feedback on a variety of curricular issues, using both formal and informal mechanisms.

Community of Interest: Internal Constituents

SON students, faculty and the CSUF community are our major internal stakeholders. The [Bylaws](#) and [Student Handbooks](#) identify ways in which faculty and students can participate in SON governance, including committee membership. Faculty and at least one student serve on the UPC and GPC; the student member is responsible for soliciting feedback from, as well as conveying information back to, their constituent peers. Formal processes exist to ensure that the SON programs meet the needs and expectations of the university community (e.g., UPS documents, curricular reviews at college and university levels, academic senate reviews/approvals).

Teaching/learning practices take into account that students have a variety of learning styles and a diversity of backgrounds. The needs and expectations of students are continually assessed through analysis of enrollment and progression data, feedback from individual course evaluations, mid program and end of program surveys, and other less formal mechanisms. As a result of direct input from students, several academic support strategies have been developed and refined over time to meet student needs. This is especially true in terms of library usage, academic writing support, and methods to strengthen study skills. Every attempt is made to best meet working student needs by scheduling courses so that students are on campus a limited number of times/week. Both student and faculty needs are considered when mapping semester course schedules.

Changes made based upon student needs or requests include the following:

- The accelerated BSN pathway was developed for students with a prior baccalaureate degree and was developed based upon the specific needs of these students to quickly - yet safely -- move through nursing courses. The first class was admitted fall 2014.
- Admission requirements for prelicensure nursing were changed in May 2013 to allow freshman entry from high school; this addressed the dissatisfaction expressed by the large numbers of

freshman who were “Undeclared: prenursing” and were not admitted into the restricted slots in nursing. The first entry level freshman students were admitted fall 2014.

- WHC students requested content related to newborn care since many WHC NPs advise new mothers on newborn care; beginning spring 2016, N576 Intermediate Women’s Health Assessment and Management II was changed to include two objectives related to newborns:
 - Analyze current research related to women with moderate risk factors during labor and birth and the newborn during the immediate neonatal period
 - Analyze the advanced practice management process related to the health care of women and newborns during labor, birth and the immediate newborn period

Beginning in 2015, RN-BSN students select either a traditional or an online track (with 2 non online courses); to meet the needs of our working students, many courses in the traditional option offer online learning strategies and may be considered “hybrid” courses. The RN-BSN curriculum may be completed in one year for full-time students with part-time options available ([see study plans](#)).

In the MS program, each concentration has developed a curriculum and teaching-learning strategies that fit the needs of its students. For example, the Leadership track is offered both fully on campus and fully online based upon requests from students. The CRNA program is considered a cohort model in that students typically enter and exit the program together, facilitating completion of the courses in a set order, which maximizes learning in the curriculum which is structured beginning with simpler and building to complex concepts.

During spring 2015, the Director developed the idea of having opportunities for students to meet with Director Greenberg; unfortunately, during spring, conflicting schedules disabled the start of “Dialogue with the Director.” The initiative began AY 2015-16 with Director Vaughn. A staff task force organized and assisted the fall/spring events. Students provided feedback on several key topics on poster boards; feedback was captured in the Posters with Answers document attached. The task force did a debrief after the event (see notes below). For the second DWTd, more faculty instructors attended (per the students’ requests) and students were asked to write down questions/comments as they came in.

Sample Debriefing from 11/15 Dialogue with the Director

Debriefing Notes

- Poster board/sticky note discussion topics worked very well. Next time add a 5th board “Questions for the Director” so that 4-5 can be chosen for the Director to answer in front of group as a whole, then transition back to small group discussions.
- For next time, schedule around student class schedule at Fullerton campus so that more might have the opportunity to come (including MSN and RN-BSN students)
- It was wonderful that Dr.s Weismuller, Gorman, and Taha were able to contribute and answer to specific questions geared toward their expertise/responsibilities. In the future, maybe we can also schedule so that more faculty can participate
 - Idea 1: schedule on a GPC day so that undergrad faculty can come
 - Idea 2: if the next DwtD falls on a faculty meeting day, give enough notice to meeting leads in order to add event to agenda as time certain
- We should pick 2-3 student comments/suggestions to aggressively act-on in order to close-the-loop
- The EC patio was a perfect venue
- If monies can be secured, 4-6 bistro style high tables would be a great purchase. If not, then we should use the picnic table benches for informal seating

The fall event was featured in the CSUF SON twitter feed at <https://twitter.com/CSUFSON>. As a result of student interest in having international healthcare experiences, a noncredit August 2016 offering to Costa Rica was developed (see Dropbox/sondocs/S3/S3_PlannedPresentation-CostaRicaOrientation) but was not held due to last minute cancellations by several students.

External Constituents

Feedback between the SON and the external community of interest is ongoing. Such feedback allows the SON to determine its effectiveness in meeting community needs and expectations and to keep

abreast of current issues and trends. Both formal and informal mechanisms exist to ensure ongoing communication.

The SON works closely with clinical agencies to ensure that both student and agency needs are met. The Orange County/Long Beach Consortium provides the major feedback about clinical placements for undergraduate students. The SON has strong relationships with several County Health Departments and other outpatient care providers to ensure that agencies are not overloaded. The BRN, aware of the lack of clinical placement sites for students in California, allows 25% time spent in simulation activities for entry-level students; the SON takes full advantage of simulation experiences for students.

The SON Community Partners provide valuable verbal and written feedback for both the BSN and MSN programs. Online surveys and direct dialog during meetings (e.g. Community Partners Breakfasts 2013-15) are used to solicit feedback regarding the curriculum and SON graduates. Since our first SON e-Newsletter was “published” October 2013 (see [Dropbox/sondocs/Publications/2013-16 SON Newsletters](#)), each subsequent newsletter has contained an invitation for community partners to respond to a brief survey (see [Dropbox/sondocs/S3/S3_CommunityPartnerSurvey](#)). Specific suggestions from respondents that have been incorporated into curricula include added content on patient safety standards, care of veterans for bachelor’s students, and added business/informatics courses for the Nursing Leadership concentration.

SON graduates are employed at a wide variety of institutions in southern California and beyond. Alumni surveys are used to elicit feedback from graduates. Preceptors also provide valuable feedback on student performance in clinical courses. Informal feedback is received in a number of ways including telephone calls, emails, community contacts and site visits by course instructors. The needs and expectations of licensing and other professional bodies are addressed in the accreditation and BRN approval processes.

In our Nursing Leadership track, based upon revised recommended AONE competencies for nurse leaders and feedback from students and community leaders, new courses were developed and approved spring 2015: N518 Healthcare Quality and Safety, N520 Advanced Concepts in Nursing Leadership & Healthcare Systems, N519 Informatics in Healthcare. This assures us that graduates from this concentration are better prepared for their careers as nurse leaders.

Response to Changes in State Legislation

Given the increasing demand for baccalaureate nurses, in 2009, California legislators passed California State Assembly Bill 1295 to be implemented before academic year 2012-13. This bill mandates an articulated nursing degree transfer pathway for associate degree nurses between California community colleges and California State Universities to standardize nursing education, reduce the cost of education by eliminating duplicate course work, reduce time to degree, and facilitate degree completion (AB1295, Chapter 283, Section 89267.5). In response to this mandate, the RN-BSN pathway was revised with changes implemented fall 2014. CSUF continues to partner with local community college Associate Degree Nursing programs and has expanded this partnership to help students prepare for transfer to the RN-BSN program. Students can use www.assist.org to see when their associate degree courses fit the [RN-BSN prerequisites](#). The full-time RN-BSN degree completion program is designed to be completed in one year; part-time study plans are available to meet diverse student needs. At the time of curricular revision, the BSN unit requirement was reduced to 120 from 127 units.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement

for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

Individual student performance is consistently assessed at the course level and at the end of the program. At the end of each semester, expected student outcomes are expressed as passing course grades (e.g., “C” or better) and an overall required grade point average (GPA) depending upon program (2.0 BSN; 3.0 MSN), which demonstrate successful completion of courses and allows the student to progress to the next program level.

At the course level, syllabi inform students about all aspects of a course ([UPS 300.004](#)), including methods of evaluation. Syllabi include course objectives, content, required readings, assignments/other activities by which course objectives are measured (and the weight of each measure used to determine final grades), grading policies, grading scale/rubrics, and weekly class schedules. Course syllabi are available in RR. Instructors are expected to make course syllabi available to students at the start of each semester. Typically, they post syllabi on the online course site in TITANIUM (class management system) prior to the course start date, a site accessible to registered students.

Student performance in courses is assessed by course instructors. Grades are earned according to specific evaluation requirements (assignments, exams) based on grading rubrics developed to fit course assignments (see examples below). Course instructors use multiple assessment strategies to measure student outcomes in class, lab and clinical settings. Class evaluation measures may include papers (e.g., N403L Concept Mapping), examinations, participation in class discussions (e.g., N507 Advanced Decision-Making: Nursing Issues), case studies, presentations (e.g., N310 Nursing Research and Evidence-Based Practice), participation (e.g., N505A Nursing Research & Evaluation), and posters (N597B Master’s Project). Clinical evaluation tools are used to measure student performance in simulated and/or actual clinical situations (see example below for N410L Leadership/Management in Nursing Lab). Requirements for overall clinical performance and behavior are clearly outlined in student [Handbooks](#). Clinical evaluation criteria are given to students, preceptors, clinical coordinators, and faculty involved with lab/practicum courses at the semester start. Grades to date are reviewed with students at midterm, providing formative input and opportunities for improvement.

Example of Rubric used in N576 Intermediate Women’s Health Assessment and Management II (WHC) for Topic Presentation (15% of grade)

Newborn/Intrapartum Care presentation/lecture:

Students will be assigned one newborn topic to prepare for the class on the assigned **date**. The topics will be assigned randomly on the first day of class. In addition to the assigned reading for the topic from the texts, the student will be responsible for identifying one evidence based paper on the topic to be posted in Titanium forum *no later than 7 days before the presentation* – articles will be posted in a forum for all students to access. The presentation should be formal and can use any type of teaching strategy (e.g., PowerPoint, pretest, case study format, facilitated discussion, etc.). **15% of grade.**

Criteria:	<u>Points</u>
Evidence based article posted on time	10
Development of objectives for the presentation	15
Creativity with presentation	15
Facilitates discussion (not just a lecture)	10
Organized and logical in presentation	25
One well-constructed multiple choice question	5
Outline of presentation in APA format including brief critique of article and applicability to practice (posted on TITANIUM)	<u>25</u>
Total points	100

Example of Rubric used for Assessment Modules (online) in N340L (Physical Assessment)

Shadow Health is an online program that provides immediate feedback about assignment attempts.

Categories	Excellent	Satisfactory	Unsatisfactory
Data Collection	≥70% Subjective Data Collection; ≥70% Objective Data Collection (Percentages will be calculated automatically after assignment is completed.) 5 PTS	40%-70% Subjective Data Collection; 40%-70% Objective Data Collection (Percentages will be calculated after assignment is completed.) 4 PTS	<40% Subjective Data Collection; <40% Objective Data Collection (Percentages will be calculated after assignment is completed.) 0 PTS
Documentation	Documentation detailed and organized with all abnormals and pertinent normals noted in professional language 2.5 PTS	Documentation with sufficient details and some organization; some abnormals and some normals noted in mostly professional language 2 PTS	Documentation with inadequate details and/or organization; inadequate identification of abnormals and pertinent normals noted; little use of professional language 0 PTS
Communication	Comprehensive introduction with expectations of exam verbalized; questions worded in a non-judgmental way; assessments well-organized; empathy and education provided often and at appropriate times; appropriate closing with summary of findings verbalized to patient 2.5 PTS	Incomplete introduction; some questions worded in a non-judgmental way; assessments somewhat organized; empathy and education provided occasionally; incomplete closing 2 PTS	Introduction missing; questions worded in a judgmental way; assessments unorganized; no empathy and education provided; closing missing 0 PTS

Clinical Evaluation Tool for N410L Leadership/Management in Nursing Lab

Clinical Performance Evaluation

Students are evaluated according to the following components of the RN role (specific list of behaviors follows this tool): patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, informatics, and professionalism. Patient safety and preparation are key aspects of this clinical course. The student must demonstrate proficiency and competent nursing care at all times. In order to pass clinical laboratory, the student must achieve a rating of “satisfactory” on each clinical objective by the end of the course.

Performance Scale:

The following criteria will be used to evaluate each clinical objective.

- Satisfactory (S) The student requires the expected amount of guidance. By the end of the semester, the student can demonstrate the clinical objective independently or with little guidance by the clinical faculty or staff nurse.
- Needs Improvement (NI) The student demonstrates inconsistent performance of the clinical objective. The quality of performance is often below the expected level of achievement, and the student often requires more than the expected amount of guidance by the clinical faculty or staff nurse.
- Unsatisfactory (US) The student demonstrates unsatisfactory performance of the clinical objective. The quality of performance is usually below the expected level of achievement, and the student usually requires more than the expected amount of guidance by the clinical faculty or staff nurse.

Clinical Learning Contract:

Clinical faculty provide the student with ongoing feedback regarding performance on clinical objectives. If the student is not meeting the clinical objectives or has an “Unsatisfactory” rating on any objective, a **Learning Contract** will be issued to the student. The contract will describe specific behaviors that must be demonstrated by the student and will provide a time-frame for

completion of the contract to assist the student to meet the clinical objectives. **If the criteria for the Learning Contract are not met, an unsatisfactory grade will be earned and the student will fail the course.**

CSUF bases the policy for grade point distributions on a 4.0 scale. The university allows plus and minus grading as an option ([UPS 300.020](#)). According to CSUF policy, all undergraduate/graduate students must maintain a 2.0 (“C”) GPA to progress satisfactorily. Policies for progression, including grading policies, graduation, probation and withdrawal from the university are clearly stated in the [University Catalog](#) and [Student Handbooks](#). In the SON, undergraduate students are required to earn a grade of “C” or better in each nursing course and maintain a 2.0 GPA overall. Some clinical courses are graded on a credit (pass)/no credit (fail) basis. Master’s students are required to earn a grade of “B” or better in each concentration-specific course and “C” or better in other classes, and must maintain a 3.0 GPA overall.

Students are given feedback on performance at routine intervals throughout the semester. By SON policy, faculty instructors are required to notify students, in writing, at midterm if they are in jeopardy of not passing a course. Students and instructors discuss options for improving performance and/or using other remedial strategies (e.g., more time in the simulation center).

In preceptored courses, faculty instructors, students, and preceptors mutually define goals, objectives, and evaluation measures at the onset of the experience. For example, in the syllabus for N573B Basic Women’s Health Care (a credit/no credit course), the final page contains the full page Ambulatory Care Practice Evaluation, displaying desired clinical behaviors for the student and how they will be evaluated. Preceptors are oriented to their roles and are expected to maintain close contact with course faculty. Preceptors communicate with both students and instructors regarding student performance; however, ultimate accountability for assignment of student grade rests with the course instructor.

In order to maintain a consistent approach to grading by all faculty teaching in multiple section courses, lead course resource faculty instructors assist section instructors to understand SON and course grading standards, and see that evaluation policies and procedures are applied consistently for a given course. The UPC uses the Course Resource Faculty Role document to assist in this (see [Dropbox/sondocs/S3/S3_CourseResourceFacultyRole-Undergrad](#) or Appendix p.66).

Students who feel they did not receive a fair grade may appeal that decision as outlined in department and [university policies](#). Students may discuss grading policies and course assignments in their course evaluations and have the opportunity to evaluate instructor grading practices on SOQ forms administered each semester.

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

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Program Response:

Curriculum and teaching-learning practices are evaluated regularly. During 2013-15, the Evaluation committee, co-chaired by the Accreditation and Assessment Coordinator (AAC) and the Clinical Placement Coordinator oversaw this process per the [Bylaws](#). Both UPC and GPC monitor course and curriculum, maintaining program quality using established guidelines for regularly scheduled monitoring activities (see the two program’s educational effectiveness plans - [Dropbox/sondocs/S1/S1_MSN_EducEffectivenessPlan_AND_DeepDiveAssignments_5_10_2016](#) (excerpts in Appendix p.27; copy in Standard 1 drawer, RR); [Dropbox/sondocs/S3/S3_EEPPlan_UPC_2015-16](#) (Appendix p.69)). Program committees meet monthly during the academic year. Their primary work is to monitor curriculum and to make needed adjustments. Each is responsible for reviewing, approving, and

monitoring course syllabi and program changes. Adjustments are made on the basis of feedback received from a multitude of sources, including administrators, faculty, students, alumni, and the community as well as information/changes coming from external sources such as professional organizations or clinical agencies. Reports of any curricular or course changes are shared in the SON General Faculty meetings.

The Evaluation Committee/AAC complement this work by monitoring formal evaluation processes such as regularly scheduled program evaluation surveys (e.g., end of program) and relaying information back to program committees. Committee minutes document the extent of ongoing monitoring activities. As appropriate, the BRN and CCNE are also informed of substantive changes made. During 2015-16, the Evaluation Committee was temporarily on hold with the AAC attending all standing program committee meetings. As of fall 2016, the Evaluation committee will be reinstated. As of July 27, 2016, the AAC resigned, so this position will be open at the beginning of fall 2016.

Major Curricular Review and Revision

Major changes to the RN-BSN curriculum as a result of AB 1295 are documented under III.F Response to Changes in State Legislation. The crosswalks for each program are evaluated periodically in order to review adequate coverage of content to promote fulfillment of student learning outcomes.

Course/Teaching-Learning Reviews and Revisions

Each academic year, each program committee establishes a work plan identifying specific objectives and activities as priorities. To ensure ongoing quality monitoring, each committee has established a Course Review Schedule (5-year plan for GPC, 6 year for UPC) and uses a standardized assessment form (see Dropbox/sondocs/S3/ S3_CourseReviewFormUGC5 2-16 (Appendix p.53); S3_CourseReviewTemplateGPC (Appendix p.56)) to evaluate the curricular and teaching-learning practices of courses within the respective programs. Thus, each course undergoes a regular formal review. The outcome of the review process is an ongoing system of quality monitoring.

In program committees, the reviewer's report, including recommendations for change, is shared with committee members. This might lead to revisions in the course description, objectives, unit loads, assessment/evaluation strategies, or course sequencing. Any substantive course modification must be brought to committee and undergo the formal university process for approval. Specifically, any course modified for online delivery must comply with [UPS 411.100](#). Typically, recommended changes are things like timing of assignments, changes in required readings, or altered teaching methods (e.g., more videos or discussions). For multi-section courses, the course resource faculty member is responsible to see that approved changes are incorporated into course syllabi and into modified teaching/learning practices, and that changes are shared with faculty who teach the classes. This is the responsibility of concentration leads in the graduate program.

Between scheduled reviews, ongoing monitoring occurs. Routinely scheduled evaluation activities completed by students at the end of each semester include Course Evaluations using the program-specific form. In UPC, course resource instructor summarizes course evaluations annually, highlighting any trends or patterns and providing recommendations for course changes. These summaries are submitted to the UPC and reviewed. In addition, instructor-specific Student Opinion Questionnaire (SOQ) feedback is provided to instructors and the SON Director; this is valuable in assisting instructors and the Director in identifying opportunities for improvement related to instructional methods and content knowledge. Faculty may also solicit informal, verbal or written, student feedback during the semester from students or peers.

When courses are taught more than once per year, lead course faculty instructors for multi-section course are responsible for reviewing course evaluations, input from section faculty, preceptors, and other available data after each offering. They use this input to refine/modify course syllabi for the next term. Types of changes might be updating content, clarifying assignments, changing teaching strategies, new reading materials, adding/deleting guest speakers, better communication with part time faculty, improved course grading rubrics, adjustment in the content of the course, or need for new textbooks, among others.

Faculty members seek and provide peer review of teaching methods by/for their colleagues. Faculty members also seek out others, both faculty members and community experts to review materials, plans, readings or their own presentation styles. Per the schedule associated with their appointment, faculty instructors complete an assessment of teaching performance for RTP purposes. These self-reflection and peer evaluation opportunities provide valuable contributions to ongoing quality improvements in curricular and teaching/learning practices.

The program committees informally examine other sources of data including clinical evaluation data, input from preceptors, feedback from partners, and focus group discussions. Both also receive feedback from the Evaluation Committee/Accreditation and Assessment Coordinator on student surveys of SLOs done in the aggregate (e.g., Educational Effectiveness Plan baseline and mid-program surveillance surveys), and SkyFactor (exit) surveys. If modifications to courses are indicated by feedback from course evaluations, faculty input, unexpected student outcomes, changes in professional standards, or other issues, changes are implemented at the time needed. Table III.6 illustrates revisions/changes made by UPC and GPC between fall 2013 and summer 2016.

Table III.6 Program Changes 2013-2016

Change (Date)	Rationale
BSN	
General Education Variation Request (8/2013)	Executive Order 1084 (CA) <ul style="list-style-type: none"> • BSN programs must have 120Units or less • All nursing students have 8 system wide prerequisites
New accelerated EL-BSN pathway (2 nd degree) (9/2013)	<ul style="list-style-type: none"> • EL-MSN to be phased out due to lack of students • Already admitting 2nd degree students through RN-BSN pathway • Student request • Meets community agency demands for BSN graduates • Already have clinical sites available (those currently in use for remaining EL-MSN students)
Change admission requirements prelicensure nursing to a freshman entry from high school (9/2013)	<ul style="list-style-type: none"> • Addresses issues caused with large numbers of Undeclared: pre-nursing students; dissatisfaction when not accepted into few nursing slots • New admission criteria to be higher than those of general admission to CSUF (impacted program)
Area B General Education (GE) variation request (11/2013)	Given EO 1084 and prior approval of GE courses below for the EL-BSN program; request to have these also apply to RN-BSN students <ul style="list-style-type: none"> • CHEM 200 count as physical science • KNES/BIOL 191A count as life science
Remove N306 Health & Safety in Early Childhood (2/2014)	<ul style="list-style-type: none"> • Course was offered for Child & Adolescent Development majors • To be offered by Child & Adolescent Studies department
Discontinue N410/L as meeting upper division writing requirement (6/2014)	<ul style="list-style-type: none"> • N322 modified and approved as meeting this requirement (offered earlier in coursework)
MSN	
Joint awarding of BSN/MSN to ELMSN students (7/2013)	<ul style="list-style-type: none"> • Approved by the Chancellor's office • Can allow retroactive awarding of BSN (request by students/alumni) • ELMSNs complete courses required for BSN prior to completing MSN • Facilitates entry into job market
Discontinue EL-MSN (9-2013)	<ul style="list-style-type: none"> • Desire to teach out current ELMSN students • Demand for program decreasing; applicants want to get BSN and take jobs as RNs • Changes in legislation ("veto language") • Preference for BSN as initial degree in the job market
Change in Nursing Leadership concentration (5/2014)	<ul style="list-style-type: none"> • Changes based upon AACN guidelines, requested by students and community partners • Added courses: N518 Healthcare Quality and Safety, N520 Advanced Concepts in Nursing Leadership & Healthcare Systems, N519 Informatics in Healthcare

	<ul style="list-style-type: none"> Deleted two electives and 3rd leadership practicum (N515B)
Change the required GPA for the MSN program (7-2014)	<ul style="list-style-type: none"> Change from earlier more stringent grade requirements of program (more in line with other graduate programs on campus) New requirement: GPA of 3.0; all study plan courses completed with C or better; all concentration specific “didactic” (non-clinical) courses completed with B or better
Changes to school nurse services credential (10/2014)	<ul style="list-style-type: none"> Decrease the unit value of N524 from 4 to 3; decreases total credential units to 24
Changes in Nurse Anesthesia study plan (2-2015)	<ul style="list-style-type: none"> 2 new courses based upon requirements from COA (Council on Accreditation of Nurse Anesthesia) N542/L Advanced Health Assessment (2 + 1 unit) To keep the overall program units the same, delete N507 Advanced Decision Making (content covered in N592 Professional Nurse Anesthesia Role)
Changes in Women’s Health Care concentration study plan (5-2015)	<ul style="list-style-type: none"> Clarity in titling: change concentration title for students getting both WHC NP and NMW to Nurse-Midwife/Women’s Health Care Nurse Practitioner (entitled to sit for both certifications) Delete N507 Advanced Decision Making (content covered in N594 Professional Women’s Health Care/Nurse Midwife Role); add 1 unit to N594 and add content related to decision-making N572/N576 to separate maternal care and newborn assessment (name change for N572 (OLD: Basic Women’s Health Assessment & Management 1, 2 units; NEW: Intrapartum Management, 3 units); lab hours; N576 Newborn Assessment and Management (2 units to 1 unit); now in line with CSUF/WASC policies on calculation of clinical hours, titling helps with requirements for certification Bring other practicum courses lab hours in line with CSUF/WASC policies; change some titles to match content <ul style="list-style-type: none"> N573A Internship in Basic Midwifery Practicum (2 units → 5) N573B Basic Women’s Health Care Practicum (4 units → 3) N577A Intermediate Women’s Health Care Practicum (2 units) → Internship in Intermediate Nurse Midwifery Practice (7 units) N579A Advanced Women’s Midwifery Internship (2 units → 7) N579B Advanced Women’s Health Care Practicum (3 units → 5) Delete N541 (1 unit course on pathophysiology) and put pathophysiology content into N546 Primary Care of Women 1 (2 units → 3); placement should better support student learning

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 uses a systematic process to obtain relevant data to determine program effectiveness. The process:

is written, ongoing, and exists to determine achievement of program outcomes;

is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);

identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;

includes timelines for collection, review of expected and actual outcomes, and analysis; and

is periodically reviewed and revised as appropriate.

Program Response:

The SON uses a systematic process to determine program effectiveness. Between 2013 and 2016, many changes occurred at the SON related to assessment and evaluation. An Accreditation and Assessment Coordinator (AAC) was hired in 2012. In 2013, Ms. Sherb took on assessment activities as Clinical Placement and Assessment Coordinator. These two co-chaired the Evaluation Committee during 2013-15 to maintain systematic program assessment activities. A trial began in 2015-16; the Evaluation Committee was suspended and the AAC served *ex officio* on the two program committees (UPC; GPC), thus, bringing appropriate assessment data forward for discussion. During 2013-16, the AAC also spearheaded assessment and reporting of results to the general faculty and at the Community Partners breakfast (spring activity). As of fall 2016, the Evaluation committee will be reinstated with the AAC as Chair (the current AAC has resigned; this position will be open).

During this time, systematic evaluation continued as reflected in the following tables (IV.1-3), which show ongoing assessments related to program outcomes. Ongoing strategic planning efforts (described under Standard I.B) included plans for assessment mechanisms congruent with these two tables.

Table IV.1 Ongoing SON program assessment mechanisms - students

Data Source	Description	When Collected
Student Application	A block of questions related to student demography & employment are included with the student electronic applications (put online AY 15-16)	Prior to admission
Educational Effectiveness Plan, Surveillance: Baseline Survey	Upon entrance to each program, students are sent a survey including additional demographic questions & self-assessments on the appropriate <i>Essentials of Nursing Practice</i> . Questions were developed to align with Skyfactor's Exit surveys (see below)	First semester
Educational Effectiveness Plan, Surveillance: Mid-program Survey	When students complete half the credits needed for their degree, they again complete a self-assessment on the <i>Essentials</i>	Halfway through degree
Educational Effectiveness Plan, Deep Dive	When benchmark scores on the EEP Surveillance Mid-program Survey fall below the selected benchmark (Graduate only) Every year, regardless of EEP Surveillance Mid-program Survey (Undergraduate only)	
Skyfactor Exit Survey	Skyfactor (formerly EBI) has worked closely with AACN for the past 15 years to provide benchmarking assessments for nursing education programs that are aligned with CCNE's Standards for Accreditation for Baccalaureate & Master's Programs. See http://www.aacn.nche.edu/research-data/ebi	Upon graduation

Skyfactor Alumni Survey	As above	Annually for 5 years after graduation
Graduation Rates	Tracked & reported by the SON Accreditation & Assessment Coordinator. Beginning AY16-17, Institutional Research & Analytical Studies will calculate graduation rates using SON-defined designations for timely graduation (as SON programs do not fit the 4-year/6-year grad rates reported by other programs). Program advisors to supply lists of newly enrolled students after the official spring census. Accreditation Coordinator to send lists to Institutional Research & Analytical Studies.	Calculated annually
Community Partners Survey	Community partners who work directly with CSUF students or indirectly in organizations employing CSUF students are asked about their satisfaction with CSUF students and thoughts on the needs/trends of the nursing workforce.	Continuously; new surveys distributed in May

Table IV.2 Ongoing SON program assessment mechanisms – other

Data Source	Description	When Collected
Staff satisfaction	SON developed survey	Every other year (odd)
Faculty satisfaction	SON developed survey	Every other year (even)
SON Technology Needs Survey	SON developed survey	Annually

Table IV.3 Mechanisms used to assess achievement of program outcomes

Stakeholder	Satisfaction	Achievements	Employment	Timely Completion	Licensure/ Certification	N-CLEX ¹³	Certification Exam Pass Rates
Students: Undergrad & Masters	Midprogram Survey, Skyfactor Exit Survey	Skyfactor Exit Survey	Skyfactor Exit Survey, Baseline Survey	Calculated Annually	—	First Time Pass Rates	Maintained by Program Coordinators (BSN), Concentration Leads (MSN)
Alumni: Undergrads & Masters	Skyfactor Alumni Survey	Skyfactor Alumni Survey	Skyfactor Alumni Survey	-	—	-	-
Employers	Community Partners Survey	-	-	-	-	-	-
Faculty	Satisfaction Survey	Department Personnel Committee results	Retention rate				
Staff	Satisfaction Survey		Retention rate				

While the general faculty was working on the strategic plan (2014-16), the SON Executive Committee discussed developing an evaluation or assessment plan that resembles a vertical value stream, which would show who gathers and who uses pieces of the assessment and reporting process. Over the summer of 2016, the AAC drafted the SON Assessment Plan (Dropbox/sondocs/S2/S2_2016AssessmentPlan_VerticalValueStream or Excerpts from the Assessment Plan workbook in Appendix p.33 OR in Standard II drawer, RR), which reflects all of these processes. This document will serve the purpose of sequentially laying out a year's assessment activities, including the timeline for collection, analysis, and review for data. In addition, the plan identifies persons/groups responsible for each activity. This document works in tandem with supporting documents such as the undergraduate

¹³ 1st Time Pass Rates

and graduate Educational Effectiveness Plans, which lay out specific expected SLOs and metrics for success for the undergraduate and graduate programs.

The Assessment Plan is comprehensive in its scope and covers elements such as program completion, licensure, certification, and employment rates in addition to other student, alumni, and employer metrics (See Tables IV.1-2 for the SON’s major on-going data collection activities and Table IV.3 for these activities’ relation to program outcomes [Satisfaction, Achievements, Employment, Timely Completion, Licensure/ Certification, N-CLEX 1st Time Pass Rates, & Certification Exam Pass Rates]).

Review/revision of the 2016 SON Assessment Plan will be primarily done by the Evaluation Committee (as per SON Bylaws). Needed revisions will be discussed and recorded in committee minutes.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program:

The completion rate for each of the three most recent calendar years is provided.

The program specifies the entry point and defines the time period to completion.

The program describes the formula it uses to calculate the completion rate.

The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Completion rates for the undergraduate and graduate program demonstrate SON program effectiveness.

As shown in Table IV.4, the on-time completion rate of all programs in the most recent calendar year (expected AY 14-15 graduates) was 70% or greater. The completion rates for the three most recent calendar years range from 78.0-84.0% for aggregated undergraduate cohorts and 88.2-93.7% for aggregated master’s students. No individual student cohort falls below the standard of a 70% graduation or completion rate.

Entry point, anticipated time to completion for each program, and maximum time to completion are specified in the [Student Handbooks](#). Beginning AY16-17, Institutional Research & Analytical Studies will be calculating graduation rates using SON-defined designations for timely graduation (as SON programs do not fit in the 4-year/6-year grad rates reported by other programs). Program advisors to supply lists of newly enrolled students after the official fall census. The AAC will send lists to Institutional Research & Analytical Studies’ SON Contact.

As shown in Table IV.4, the primary graduation rates reviewed by the SON are calculated as follows: # graduated within maximum time to “on time” completion/ (# enrolled in initial cohort minus # who changed terminal degree mid-program).

Table IV.4 Program Completion Rates: 2013-2016

Level	Program/Track/ Concentration	Max Time to “On Time” Completion	Entry Point (cohort) & Completion Rate*		
			AY 13-14	AY14-15	AY15-16**

Undergraduate	Overall Graduation Rate	-	79.0%	78.0%	84.0%
	Traditional BSN: Entry-Level Freshman	5 years	<i>New program. First graduates spring 2017</i>		
	Traditional BSN: CSUF Student Pathway	3 years	Fall 11 cohort 92.5%	Fall 12 cohort 95%	Fall 13 cohort 93.5%
	LVN to BSN	3 years	Fall 11 cohort 100%	Fall 12 cohort 100%	Fall 13 cohort 88.9%
	Accelerated BSN	2 years	<i>New program. No graduates expected until AY15-16</i>		Fall 14 cohort 90.9%
	RN to BSN	3 years	Fall 11 cohort 71.9%	Fall 12 Cohort 71.6%	Fall 13 Cohort 79.1%
Masters	Overall Graduation Rate	-	93.7%	88.2%	90.5%
	Leadership	3 years	Fall 11 100%	Fall 12 73.9%	Fall 13 cohort 81.5%
	Nurse Anesthesia	2 years	Fall 12 94.9%	Fall 13 97.0%	Fall 14 cohort 94.3%
	Nurse Educator	3 years	Fall 11 85.7%	Fall 12 88.9%	Fall 13 cohort 70.0%
	School Nursing	2 years	Fall 12 75.0%	Fall 13 n/a	Fall 14 cohort 100%
	Women's Health Care/Nurse Midwifery	3 years	Fall 11 81.8%	Fall 12 88.9%	Fall 13 cohort 90.9%
	Entry-Level MSN***	4 years	Fall 10 93.9%	Fall 11 89.5%	Fall 12 cohort 100%

* Calculated as: # graduated within maximum time to "on time" completion/(# enrolled in initial cohort - # who changed terminal degree mid-program)

** Official CSUF graduation records for Spring 2016 & Summer 2016 not yet available. Graduation rates based on Advisor's records.

*** Program phased out. Final "on time" graduates spring 2016.

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

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

The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.

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

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

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

Data are provided regarding the number of graduates and the number of graduates taking each certification examination.

The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.

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

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

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

Program Response:

SON licensure and certification pass rates demonstrate program effectiveness. The NCLEX-RN® first time pass rate rates for undergraduate and graduate students over the past three reported years is summarized in Table IV.5. As shown, the first time pass rate was greater than 80% for both programs in the past reported year.

Table IV.6 shows certification pass rate rates for WHC and CRNA concentrations for the past three years (when available). As shown, pass rates exceeded 95% for academic years 2013-14 and 2014-15.

Table IV.5 NCLEX-RN® first time pass rate: 2013-16

Program	NCLEX-RN® pass rate		
	2013-2014	2014-2015	2015-2016
BSN	(34/38) 89.47%	(44/49) 89.76%	Pending
MSN	(17/19) 89.47%	(11/11) 100%	Pending

Source: <http://www.rn.ca.gov/schools/passrates.shtml>

Table IV.6 Certification exam pass rate: 2013-2016

Program	Certification pass rate		
	2013-2014	2014-2015	2015-2016
Women's Health NP	(11/11) 100%	(9/9) 100%	Pending
Nurse Anesthesia	(34/35) 97%	33/34 (97%)	Pending
Nurse Midwifery	(6/6) 100%	6/6 (100%)	Pending

IV-D. Employment rates demonstrate program effectiveness.

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

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

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

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

Program Response:

SON employment rates demonstrate program effectiveness with rates of greater than 70% employment for undergraduate and graduate cohorts. The employment rate of graduating students is assessed via Skyfactor Exit surveys administered separately to baccalaureate and master’s students upon graduation (typically made available a few weeks before graduation and always closing within 12 months of program completion). Skyfactor (formerly EBI) has worked closely with AACN for 15 years to provide benchmarking assessments for nursing education programs that are aligned with CCNE’s *Standards for Accreditation for Baccalaureate & Master’s Programs* (see <http://www.aacn.nche.edu/research-data/ebi>). In addition, the Kaiser Permanente School of Anesthesia maintains employment data from all graduating nurse anesthetists <http://kpsan.org/about-the-school/program-statistics>.

As shown in Table IV.7, the employment rate of graduating students was greater than 70% for the past three academic years.

Table IV.7 Employment Rates AY 2013-2016

	AY 13-14	AY 14-15	AY 15-16
Undergraduate	88.5%	83.3%	76.7%*
Masters	70.3%	89.7%	87.5%*

* Data collection for AY 15-16 is ongoing at the time of writing this report. Report came from available data.

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

Program Response:

Additional outcomes demonstrating program effectiveness (see Table IV.8) are monitored and analyzed annually to determine whether the program is achieving its outcomes and to identify opportunities for quality improvement. These outcomes demonstrate program effectiveness.

Table IV.8 Mechanisms for collecting additional program outcomes (learning, achievement, satisfaction)

Stakeholder	Student Learning Outcomes	Achievements	Satisfaction
Students: BSN & MSN	Educational Effectiveness Plan (EEP): Surveillance Measures & Deep Dive Measures	Meetings (UPC, GPC, Gen Fac), Dialogue with the Director, Skyfactor Exit Survey	Skyfactor Exit Survey
Alumni: BSN & MSN	-	Skyfactor Alumni Survey	Skyfactor Alumni Survey
Employers	-	-	Community Partners Survey (AY13-16) & Community Partners Breakfast (AY13-15)

Student Learning Outcomes:

Student learning outcomes are assessed through the BSN and MSN EEPs (MSN available in see [Dropbox/sondocs/S1/ S1_MS_N_EducEffectivenessPlan_AND_DeepDiveAssignments_5_10_2016](#) or Excerpts

from the Educational Effectiveness Plan Workbook in Appendix p.27 OR in Standard I drawer, RR); BSN available in Dropbox/sondocs/S4/S4_ EEPPlan_UPC_2015-16 and Appendix p.69), each of which is comprised of a Surveillance portion examining overall attainment of SLOs, and a Deep Dive portion examining SLOs granularly on the level of individual assignments.

Student Learning Outcomes, EEP Surveillance:

For both programs, the Surveillance portion of the EEP involves student self-assessments on a 7-point scale at Baseline, Midprogram, and upon Graduation. The questions used at Baseline and Midprogram were developed to align with questions developed and validated by Skyfactor for administration upon Graduation and aligned with BSN/MSN *Essentials*. The SON uses a benchmark score of 5.5 (a benchmark validated by Skyfactor) at Midprogram and Graduation as the expected level of achievement. Failure to reach a score of 5.5 triggers an in-depth review of that Program Outcome as described in the MSN EEP Deep Dives. The undergraduate program has chosen to do a Deep Dive annually for now.

As shown in Table IV.9, only baseline data is available from the newly implemented BSN EEP Surveillance Tool. At baseline all Program Outcomes except VIII were below benchmark, which is ideal for documenting increases in SLOs by Midprogram and Graduation. As shown in Table IV.10, all MSN Program Outcomes met or exceeded the benchmark of 5.5 at Midprogram and Graduation for the most recently completed assessment (Baseline-Graduation).

Table IV.9 BSN CCNE SLOs (EEP Surveillance Scores), 2015 Cohort

Program Outcome	Baseline	Mid-Program	Graduation
I. Liberal Education for Baccalaureate Generalist Nursing Practice	5.1	BSN EEP Surveillance Tool approved for first deployment in Fall 2015. Mid-program & Graduation data not yet available.	
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	5.2		
III. Scholarship for Evidence-Based Practice	4.2		
IV. Information Management and Application of Patient Care Technology	5.3		
V. Healthcare Policy, Finance, and Regulatory Environments	4.0		
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	5.1		
VII. Clinical Prevention and Population Health	4.6		
VIII. Professionalism and Professional Values	5.5		
IX. Baccalaureate Generalist Nursing Practice	4.8		

Table IV.10 MSN SLOs (EEP Surveillance Scores), 2014 Cohort

Program Outcome	Baseline	Mid-Program*	Graduation*§
I. Background for Practice from Sciences and Humanities	5.6	6.7	5.5
II. Organizational and Systems Leadership	5.5	6.5	6.1
III. Quality Improvement and Safety	5.2	6.5	5.8
IV. Translating and Integrating Scholarship into Practice	5.2	6.5	5.9
V. Informatics and Healthcare Technologies	5.6	6.7	5.6
VI. Health Policy and Advocacy	4.7	6.3	5.6
VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	5.9	6.7	6.2
VIII. Clinical Prevention and Population Health for Improving Health	5.6	6.7	5.7
IX. Master's-Level Nursing Practice	5.0	6.7	6.0

* Midprogram and Graduation target ≥ 5.5

§ Data collection for AY 15-16 is ongoing at the time of writing this report. Data reported on available, partial data.

Student Learning Outcomes, EEP Deep Dive:

During development of the UPC EEP, it was decided to conduct the EEP Deep Dive assessment of all SLOs at a granular level every year regardless of the Surveillance EEP results. The 2014-15 report of the EEP deep dive is found in Dropbox/sondocs/S4/S4_ UPC_EEPReport_2014-15 (Appendix p. 69). The report

indicates that two indicators for SLOs (1, 2) may need to be changed and that students were not consistently meeting the benchmark for SLO3 (Evidence-based Practice); plans were developed for further work and to use the EEP for 2015-16 data with report due fall 2016. Work to fully implement the Surveillance and Deep Dive mechanisms is ongoing.

During development of the GPC EEP, it was decided to conduct the EEP Deep Dive Assessments only when the Surveillance EEP Midprogram or Graduation results fall below the benchmark of 5.5. As shown in Table IV.10, in the most recently completed MSN EEP Surveillance assessment all Midprogram and Graduation scores met or exceeded the benchmark of 5.5, so the EEP Deep Dive was not implemented.

Student Achievements:

Student achievements are documented through three mechanisms, faculty reporting at the GPC/UPC/General Faculty committee meetings, student reports on the Skyfactor exit and alumni surveys, and each semester at the Dialogues with the Director.

Student Achievement, GPC/UPC/General Faculty Meetings

At the end of the GPC, UPC, and General Faculty Meetings, the person leading the meeting asks the faculty members in attendance to report achievements made by students or alumni. Examples of reported student/alumni accomplishments such as conference presentations and publications can be seen here:

- General Faculty Accolades, March 2016 (powerpoint presentation, found in Dropbox/sondocs/minutes):
 - *Martinez, C., *Agustina, A., Gorman, F. & Gorman, N. (2016). Vaccines, language, and misinformation: Exploring the landscape of knowledge exchange social websites. Presented at the Thirtieth Annual CSUF & CSU Student Research Competition, Fullerton, CA
 - Many of our Nurs597B students were accepted as STT Poster presenters
 - Three BSN students, Charmaine Lim, Emily Nguyen, and Sherin Tara were authors with others on AHEAD Team for a publication. Latham, C., Singh, H., *Lim, C., *Nguyen, E., & *Tara, S. (2016). Transition program to promote incoming nursing student success in higher education. *Nurse Educator*, 41(5)
- GPC, 12-2-14 (Dropbox/sondocs/minutes):
 - AACN has accepted 3 of our students to the Student Policy Summit: Wendy Nuval, Stephanie Anasco, and James San Andres. Jorge Stembert is on a waiting list.
 - Matza, Garon, *Jasmine K., *LaQue-Lahoo. ACNL poster accepted: The role of ethnic nursing organizations in developing future nurse leaders.
 - Fall STTI Southern CA Odyssey Conference: Cherry Macalino's podium presentation (recent graduate) was very well received. Zeny Co and Adrian Dacanay (recent graduates) won awards for their posters.

Additionally, each year, master's students enrolled in N597B showcase their final projects by presenting posters selected via abstract peer review at a conference, usually the Spring Induction Ceremony and Poster Session of Upsilon Beta Sigma Theta Tau: 2014 ($N = 23$), 2015 ($N = 58$), 2016 ($N = 50$).

Student Achievement, Dialogue with the Director:

At the Spring 2016 Dialogue with the Director, a series of question prompts were posted on room walls for students to respond to. One prompt asked student to discuss their involvement in CSUF activities, revealing student participation in peer mentoring, cultural associations, and the nursing student association (see Dropbox/sondocs/S4/S4_DialogueDirectorPosterswAnswersSP16 or Appendix p.72).

Student Achievement, Skyfactor Exit Survey:

At the end of the Skyfactor Exit Survey, students are asked to "please describe any other outcomes you can attribute to your education at CSUF (ex: joining a professional organization)" and to "please list any awards you have received outside of CSUF while you have been a student here. Remember to include any presentations or publications you have done." In the most recent survey with complete data (AY14-15),

this yielded 66 documented undergraduate and alumni achievements including joining professional organizations/honors societies, making the Dean’s List, receiving scholarships, and earning awards such as Outstanding Student Volunteer Award for the city of Cerritos and Kaiser Permanente “You’ve Got Spirit” award. Fifteen achievements were reported by MSN graduates and alumni, including becoming a board member for the Orange County School Nurses Organization, academic conference presentations, and scholarships.

Satisfaction with SON Programs:

Students, Alumni, and Employers are contacted annually to assess their satisfaction with the academic preparation provided by the CSUF SON.

Student Satisfaction:

Undergraduate and Masters student satisfaction with their academic preparation is assessed via the Skyfactor survey distributed upon graduation. Students are asked to indicate their satisfaction with several aspects of their education (see Table IV.11) on a 7-point scale, with a benchmark score of 5.5 (a benchmark validated by Skyfactor) used as the expected level of achievement for student satisfaction.

As shown in Table IV.11, the Master’s program has consistently maintained student satisfaction scores exceeding the benchmark on every indicator of satisfaction. The Undergraduate programs, while consistently maintaining overall satisfaction scores above the benchmark, indicate room for improvement on three metrics: Quality of Instruction, Work & Class Size, Facilities & Administration. Low performance on these metrics triggered a review of students’ quantitative and qualitative feedback on these indicators at the first UPC Committee meeting in AY2015-16 (see Dropbox/sondocs/S4/S4_ExemplarUGReportF15.ppt or partial slides Appendix p.74) with the AAC recommending a thorough thematic analysis of qualitative student feedback on the Skyfactor surveys be conducted by one or more of the curriculum domain experts in the UPC to identify opportunities for quality improvement and closing the assessment loop.

Table IV.11 Skyfactor Student Satisfaction Scores, AY13-16

Satisfaction Indicators	AY13-14	AY14-15	AY15-16 [§]
Undergraduate			
Overall Satisfaction	5.8	5.9	6.1
Quality of Nursing Instruction	4.9	5.0	5.5
Work & Class Size	4.9	4.9	5.4
Lecture & Interaction	5.6	5.7	6.1
Facilities & Administration	5.0	5.2	5.4
Classmates	5.5	5.6	5.5
Advisor	5.9	6.0	6.2
Masters			
Overall Satisfaction	6.5	6.6	6.3
Quality of Faculty and Instruction	6.5	6.6	6.1
Quality and Availability of Curriculum	6.4	6.6	6.1
Administration and Academic Advising	6.2	6.0	6.3
Quality of Support Services	6.2	6.4	5.9

[§] Data collection for AY 15-16 is ongoing at the time of writing this report. Data reported on available, partial data.

Alumni Satisfaction:

Undergraduate and Masters alumni satisfaction is assessed by a Skyfactor survey distributed annually for 5 years following their graduation. These surveys use a similar 7-point scale and benchmark of 5.5 (see Table IV.12).

Although all alumni expressed overall satisfaction levels exceeding the benchmark of 5.5, lower satisfaction was reported for “Nursing Program Promoted Successful Career” and “School Activities Contributed to Success.” The discrepancy between the overall satisfaction reported and these two factors is partially explicable by the specific questions asked, such as “To what extent have the following school activities contributed to your success as a nurse: Student organization participation.” Given the high workload imposed by rigorous nursing curriculum and the high employment rates and familial obligations

reported by CSUF students, many students report not have time to participate in extracurricular activities (e.g., student organizations). As one undergraduate alumnus stated on her survey, “Do the people who create these surveys know that grown-ups work for a living? I was working, paying bills, and going to school. In my free time I slept.” Still, these data speak to opportunities for program improvement regarding promoting access to employers, increasing earning potential, and providing opportunities for additional internships, field projects, student interaction, alumni interaction, student organization interaction, volunteer opportunities, informal faculty interaction, and networking within the field of nursing (the specific satisfaction questions that did not meet the 5.5 benchmark).

Table IV.12 Skyfactor Alumni Satisfaction Scores, AY13-16

Satisfaction Indicators	AY13-14	AY14-15	AY15-16
Undergraduate			
Overall Satisfaction	6.2	6.1	6.2
Nursing Program Promoted Successful Career	5.3	5.3	5.3
School Activities Contributed to Success	4.3	3.8	4.3
Masters			
Overall Satisfaction	6.0	6.0	6.0
Nursing Program Promoted Successful Career	5.6	5.3	5.8
School Activities Contributed to Success	4.3	4.3	4.3

§ Data collection for AY 15-16 is ongoing at the time of writing this report. Data reported on available, partial data.

Employer/Community Partner Satisfaction:

Employers’ satisfaction with CSUF SON students and graduates is assessed through a survey with up to 17-questions distributed by e-mail and through the SON’s newsletter multiple times throughout the year (see Dropbox/sondocs/S4/S4_CommunityPartnersSurvey or Appendix p.80). Employers (e.g., community partners) are asked to rate students on several criteria using a 5-point Likert-type scale (see Table IV.13) and to indicate whether they would recommend the CSUF SON on the basis of their interactions with its students and alumni.

The results of the Community Partners Surveys have been consistently positive, with 98.2% of 114 respondents from AY13-16 indicating that they would recommend the CSUF SON to those interested in pursuing a career in nursing. Table IV.13 summarizes employers’ ratings of students and alumni they have worked with.

Table IV.13 Mean Employer/Community Partner Satisfaction Scores, AY13-16

Satisfaction Indicators	AY13-14	AY14-15	AY15-16
Prelicensure			
Ethics	4.6	4.6	No responses
Professional Practice	4.6	4.5	No responses
Evidence-Based Practice	4.6	4.5	No responses
Critical Thinking	4.3	4.4	No responses
Communication	4.2	4.5	No responses
Manager of Care	4.7	4.4	No responses
Undergraduate, RN-BSN			
Ethics	4.8	4.8	5.0
Professional Practice	4.8	4.9	5.0
Evidence-Based Practice	4.7	4.9	5.0
Critical Thinking	4.7	4.9	5.0
Communication	4.6	4.7	5.0
Manager of Care	5.0	4.6	5.0
MSN			
Ethics	4.7	4.7	4.4
Professional Practice	4.7	4.8	4.0
Evidence-Based Practice	4.6	4.8	4.2
Critical Thinking	4.6	4.7	4.0
Communication	4.5	4.8	4.2

Each year AY13-15, the results of Employer/Community Partner Surveys were summarized and shared with community partners and employers at an annual Community Partners Breakfast event (see Dropbox/sondocs/S4/S4_CommunityPartnersBreakfastReport_April2014.ppt or Appendix p.93). The Community Partners Breakfast provided a mechanism through which employers/community partners could clarify or provide context to survey results as well as voice additional thoughts or suggestions regarding the CSUF SON curriculum, industry trends, etc. For example, whenever an employer rated CSUF students/alumni as low (score of 1 or 2) on the 5-point Likert-Type questions shown in Table IV.11, they were prompted to provide a written explanation of the score. These comments were summarized and discussed at the Community Partners Breakfasts. In AY15-16 the Community Partners Breakfast was discontinued; Community Partner Survey links were attached to the quarterly SON newsletter distributed to the external organizations/agencies to solicit feedback through the year. A Community Advisory Board is planned for AY2016-17.

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

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program's mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response:

Faculty accomplishments in teaching, scholarship, and service reflect commitment to the mission and goals of the university and demonstrate attention to professional development and ongoing self-improvement. The quality of the faculty enhances achievement of student learning outcomes. Evidence of program effectiveness is illustrated by such accomplishments. To ensure congruence between expectations of faculty in their assigned roles and faculty performance evaluations, SON outcome indicators are aligned with the SON *Personnel Standards*. Tenured/tenure-track faculty are expected to be effective teachers, scholars, and engaged in service; lecturers are expected to be effective teachers and to fulfill their work assignments.

Table IV.14 sums the self-reported scholarly and professional/community service accomplishments of our faculty for 2013-15 (this information comes from a College database which contains information submitted by individual instructors late spring each year). A detailed listing of faculty scholarly and creative accomplishments can be found in annual reports (2013-14, 2014-15), with further detail available in faculty curriculum vitae (RR).

Faculty members are involved in a wide range of professional, university and community services activities. They serve as officers and board members of professional organizations such as Sigma Theta Tau International, Association of Rehabilitation Nursing, Council on Accreditation of Nurse Anesthesia, California Nursing Association and the Association of California Nurse Leaders as well as similar organizations. They also serve as peer reviewers and editorial board members for multiple diverse scholarly journals. University service is highlighted by active committee involvement for collegial governance and community service touches a broad range of organizations from health care, education, the arts and faith-based groups. Details of service achievements can be found in faculty curriculum vitae. Over the 3-year period of review, several faculty instructors have received awards, showcasing their strengths. For example, Kathleen Griffith received the 2014 AACN Novice Faculty Teaching Award, Ruth Mielke was inducted as a Fellow of the American College of Nurse-Midwives (2015), Stephanie Vaughn was selected as a 2015 Fellow in the American Heart Association, and Marsha Orr was appointed as a Quality Matters Certified Master Reviewer (2015).

Table IV.14 Summary of Faculty Accomplishments (taken from CHHD database which is self-reported by faculty members)

Year	# faculty represented	Peer-reviewed or invited presentations, publications	Book chapters or books	Grants	Honors, awards	Professional, community service or activity (not just membership)	Journal peer reviewer, editorial board member (# faculty)
2013-14	22	50	8	1	7	34	13
2014-15	14	51	2	1	3	37	13
2015-16	20	54	6	1	7	15	34

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

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

Program Response:

The SON outlines its academic appeals and grievance policies in the respective [Student Handbooks](#). All students have the right to make an academic appeal if they feel that they received “capricious or prejudicial treatment by a faculty member or a university administrator in the assignment of a course grade” ([UPS 300.030](#)). The SON policy is in line with the policies and procedures of the university as delineated in the CSUF [Catalog](#).

The SON Director is responsible for maintaining the formal complaint file and for analyzing the aggregate complaint data in order to carry on continuous quality improvement processes. During the last three year period (2013-16), the Director received a total of 2 written complaints for the undergraduate and graduate (MSN) programs (this includes email correspondence from students).

Table IV.15 Student Appeal Complaint File 2013 – present

Case	Year	Appeal	Outcome	Ongoing Program Improvements
2	Spring 2013	Grading scale applied unfairly between course sections	Appeal denied. Upon investigation, all sections of the course adhered to the same grading scale.	Reinforced with faculty the importance of following criteria outlined in syllabus (e.g., if says no rounding will be used, then cannot round).
1	Spring 2013	Grading scale applied unfairly between course sections	Appeal denied. Upon investigation, all sections of the course adhered to the same grading scale.	Reinforced with faculty the importance of following criteria outlined in syllabus (e.g., if says no rounding will be used, then cannot round).

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

Data regarding actual outcomes are compared to expected outcomes. Discrepancies between actual and expected outcomes inform areas for improvement. Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness. Faculty are engaged in the program improvement process.

Program Response:

Outcome data are incorporated into a deliberate, ongoing process of program monitoring and evaluation, following the SON’s Assessment Plan (new plan based upon Vertical Value Stream

methodology drafted summer 2016, found in Dropbox/sondocs/S2/S2_2016AssessmentPlan_VerticalValueStream or Excerpts from the Assessment Plan workbook in Appendix p.33 OR in Standard II drawer, RR) and Educational Effectiveness Plans (Dropbox/sondocs/S1/S1_MSN_EducEffectivenessPlan_AND_DeepDiveAssignments_5_10_2016 (excerpts in Appendix p.27 OR Standard I drawer, RR); Dropbox/sondocs/S3/S3_EEPPlan_UPC_2015-16 (Appendix p.69)). Faculty involvement in the program improvement process is ensured by the SON *Bylaws* (See Dropbox/S1/S1_SONBylaws_approved11-15 or Appendix p.20), which indicate the committees that are directly responsible for monitoring components of each program and outline the specific monitoring functions. Actual outcomes serve as the basis of decision making related to program effectiveness and ongoing improvements, which are congruent with the mission, goals and expected outcomes for each SON program.

Expected Outcomes:

Several elements of the SON Evaluation plan include clearly articulated benchmarks for success. For example, the BSN and MSN Mid-program Surveillance Surveys', Skyfactor Exit surveys', and Skyfactor Alumni surveys' quantitative items use a score of 5.5 on a 7-point scale as their benchmark, a metric developed and validated by Skyfactor. Similarly, the BSN and MSN EEPs specify clear expectations for student performance on key assignments linked to the SON SLOs (e.g., from the BSN EEP Measure 1.1: 80% or more of the prelicensure BSN and RN-BSN students enrolled in NU 402L will demonstrate the ability to engage in ethical reasoning as evidenced by scoring 85% or higher on the oral presentation of the NURS402L Family Assessment/care plan assignment using pre-designated grading criteria).

Expectations for faculty performance are specified in the SON *Personnel Standards* in congruence with institutional expectations, and the biannual faculty satisfaction surveys assess whether the majority (> 50%) of faculty rates the SON Director favorably (scores of "satisfied" or "very satisfied").

The SON also maintains congruence with the goals and expectations specified by its parent institution. For instance, as part of the 2015 CHHD Strategic Plan, the College set several goals for student outcomes including a 65% 6-yr graduation rate for first-time full-time freshmen, an 83% 4-yr graduation rate for transfer students, and a 6-yr graduation rate achievement gap of 5% or less between underrepresented (URM) and non-underrepresented (non-URM) first-time, full-time freshmen.

Examples of Data-Driven Program Improvements:

As part of the ongoing process of program monitoring and evaluation, opportunities for program improvement are reviewed, implemented, and evaluated. Recent examples include:

- In AY14-15, the SON Director asked that the AAC examine BSN and MSN program graduation rates to determine if there was an achievement gap between underrepresented minority (URM) and non-underrepresented students. While timely graduation rates for all programs exceeded the SON 70% benchmark (Table IV.4), a 13% point achievement gap between underrepresented minority and non-underrepresented students was reported in the RN-to-BSN 2012 Cohort (the most recently graduated cohort at that time), with URM students being 1.6-1.8 times as likely to drop or fail out of the program as non-URM students. These data were shared with the UPC in AY15-16 with accompanying analyses showing that non-URM students enter the RN-BSN program at a systematic disadvantage in terms of in-coming GPA, credits taken per semester, percent enrolled full-time, and total credits earned (see Dropbox/S4/S4_Achievement_Gap_RnBsn_2012Cohort.ppt). At the time, the AAC recommended 6 actions to gather data necessary for designing an intervention to support URM RN-BSN students. During the March 2016 UPC meeting, a taskforce was assembled to discuss next steps in AY16-17 (3-1-16 UPC minutes in RR). In the meantime, the SON has responded with three interventions designed to address overall graduation rates: revisions of the pre-program *bootcamp* for incoming students (e.g., includes increased preparation regarding APA formatting and writing tips), requiring students to meet with a SON writing tutor if their writing placement exam score is low, and implementation of peer mentoring. This task force met in August 2016 (S4_UPCAchievementGapTaskForceMinutes8-10-16), and reanalyzed the data since it did not match that sent by CSUF Analytic Studies; no achievement gap was noted. The task force will continue to follow potential achievement gaps for URM students in pre-licensure and RN to BSN cohorts and will follow up on potential strategies to prevent such a gap. These will be addressed by UPC during AY 2016-17.

- Graduating students' responses to the undergraduate/graduate Skyfactor Exit Surveys are reviewed annually as part of the SON Assessment plan for opportunities for program improvement. For example, in AY15-16, the AAC presented findings from the Skyfactor Exit Surveys at the first UPC meeting of the year revealing that the program had several items related to the quality of Instruction and work & class size that fell below the benchmark aggregate score of 5.5 and which served as statistically significant predictors of Overall Program Effectiveness (see Dropbox/sondocs/S4/S4_ExemplarUGReportF15.ppt). In response to these data, the AAC recommended that one or more of the curriculum domain experts in the UPC should perform a thorough thematic analysis of the accompanying qualitative feedback on the Skyfactor Exit in order to better understand student concerns, to identify opportunities for quality improvement, and to close the assessment loop. The UPC's response to these data is ongoing, and the effect of any interventions developed will be assessed by future Skyfactor Exit Surveys.
- In AY15-16, examination of the MSN EEP Surveillance results revealed that while the Fall 2014 masters cohort was meeting the EEP Surveillance benchmarks at Midprogram, the response rate was low compared to response rates normally seen for Exit surveys (which are supported by several e-mail reminders, a video from the AAC, and automated phone reminders). The AAC suggested 4 interventions to enhance response rates including use of text-based reminders (to replace the automated phone reminder service offer by SurveyMonkey, which was discontinued in 2016), sending surveys out through the MSN advisor's account, creating a budget for survey incentives, and scheduling time for the AAC to meet with incoming MSN students to explain the importance of the Surveillance Surveys. All items were approved for implementation (see GPC meeting minutes, Feb. 16, 2016 in RR), and the SON Assessment Plan was revised to include formal discussion of a budget for survey administration and incentives each August (Dropbox/sondocs/S2/ S2_2016AssessmentPlan_VerticalValueStream or Excerpts from the Assessment Plan workbook in Appendix p.33 OR Standard II Drawer, RR). The impact of these measures on survey response rates will be examined as part of the normally scheduled, annual review of the MSN EEP Surveillance results.
- As part of the SON Assessment Plan, first-time NCLEX pass rates are monitored annually, serving as the foundation for curricular changes. For example, low NCLEX pass rates in AY11-12 led to the previously mentioned changes made to the BSN curriculum. These changes are reflected in the current UPC EEP Deep Dive tool, which provides data annually to evaluate the impact of these curricular changes.
- During 2015-16 Fall and Spring Dialogue with the Director events, the SON received qualitative student feedback through written comments and discussion. One theme that emerged from both sets of data was student interest in more opportunities to engage in international healthcare experiences. In response to this, the SON developed a noncredit opportunity for students in Costa Rica (see Dropbox/sondocs/S3/S3_PlannedPresentation-CostaRicaOrientation) and is investigating opportunities for students to engage in international healthcare work, such as participation in events through the Flying Samaritans (<https://www.flyingsamaritans.net/web/Sams/default.asp>).