



Commission on Collegiate Nursing Education

Baccalaureate of Science in Nursing

Master of Nursing

Master of Science in Nursing

Post-Graduate APRN

Doctor of Nursing Practice Program

Self Study

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Introduction

Case Western Reserve University (CWRU)

As it is known today, CWRU is the result of a 1967 federation of Western Reserve University (originally founded in 1826) and the Case Institute of Technology (founded as the Case School of Applied Science in 1880). Case Western Reserve University immediately became a leading institution for academics and research and one of the nation's top ranked universities. It is composed of eight schools and colleges organized on a federation model with a significant amount of decentralization of programs and services. Four of the colleges (The Frances Payne Bolton SON, College of Arts and Sciences, Weatherhead School of Management, and Case School of Engineering) offer both undergraduate and graduate programs. Four colleges offer predominantly programs only at the graduate or professional level (School of Medicine, School of Dental Medicine, School of Law, and the Jack, Joseph and Morton Mandel School of Applied Social Services). Curricular requirements and policies specific to a given major are determined by the faculty of the college in which the major resides. The Frances Payne Bolton SON (SON) offers five academic degrees: a Bachelor of Science in nursing (BSN), Master of Science in Nursing (MSN), a Masters in Nursing (MN), a Doctor of Nursing Practice (DNP), and a PhD in Nursing. Degree requirements and policies for the BSN program are shared between the SON, the Faculty Senate Committee on Undergraduate Education and Undergraduate Studies. Degree requirements and curricula and academic policies for the MN, MSN, and DNP programs are set primarily within the SON. The PhD curriculum and progression policies are set by the SON PhD Council and are consistent with policies promulgated by the CWRU School of Graduate Studies where the PhD is conferred.

History of Frances Payne Bolton SON

Consistently, the Bolton SON is ranked among the leading schools of nursing in *U. S. News and World Report* and in funding from the National Institutes of Health. The Frances Payne Bolton SON has a proud heritage beginning with the Lakeside Hospital Training School for Nurses established in 1898. With a generous endowment from Frances Payne Bolton, the first congresswoman from Ohio, the SON was established in 1923 as a school within Western Reserve University. Bolton's landmark gift was significant for the entire nursing profession. In 1935 the School was renamed the Frances Payne Bolton SON.

The SON has consistently been a national and international leader with the first Nursing Doctorate program and the first MSN sub-specialty program in advanced practice flight nursing, among others. Many of our faculty members are nationally and internationally known and we have more endowed chairs than any other SON in the US

In the fall 2015, the SON is home to 789 students in the 5 programs plus the PhD. There are 310 BSN students, 63 MN students, 219 MSN students, 5 post-graduate completers, 143 DNP students and 49 PhD students.

The 97 SON faculty members (instructor through full professor) are expected to teach across programs according to their level of education and areas of expertise. The SON does not have departments or department chairs. Instead each academic program has a program director and there are associate deans (academic affairs, research) and assistant deans (research, finance and administration, alumni and development). The associate and assistant deans constitute the dean's cabinet as the administrative leadership within the SON.

We are seeking initial accreditation by CCNE for our BSN, MN, MSN, and Post-graduate APRN programs. For our post-master's DNP, we are seeking re-accreditation.

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.

Key Element 1-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.

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).

Congruence with the parent institution:

The mission, goals and expected program outcomes of the Frances Payne Bolton SON (SON) are congruent with Case Western Reserve University (CWRU). CWRU operates on a decentralized model, giving each of the eight SONs autonomy in their administration. The bylaws of the faculty of each school are expected to be consistent throughout the university. CWRU has clear guidelines as to the SON's relationship to the central university governance. The organizational chart of the reporting structure of the Deans provides evidence that Dean Kerr has the same reporting structure as the other deans at CWRU (http://www.cwru.edu/provost/pdf/ProvostOrgChart_0713.pdf).

Table 1: Congruence between mission and vision of SON and university

	Frances Payne Bolton SON	Case Western Reserve University
Mission	The Frances Payne Bolton SON at Case Western Reserve University provides leadership in innovative research, education, and practice to promote health and reduce the burden of disease. Dedicated to interdisciplinary scholarship, we	Case Western Reserve University <i>improves and enriches people's lives</i> through research that capitalizes on the power of collaboration, and education that dramatically engages our students. <i>We realize this goal through:</i>

	Frances Payne Bolton SON	Case Western Reserve University
	are committed to the pursuit of excellence in service to local and global communities.	<ul style="list-style-type: none"> • Scholarship and creative endeavor that draws on all forms of inquiry. • Learning that is active, creative and continuous. • Promotion of an inclusive culture of global citizenship
Vision	Our vision is to create and nurture a learning environment that builds on our tradition of scientific inquiry and commitment to the highest standards of excellence in research, education, and practice in the world community, and to continue our rich history of innovation and global contributions.	<p>We aim to be recognized internationally as an institution that <i>imagines and influences the future</i>.</p> <p>Toward that end we will:</p> <ul style="list-style-type: none"> • Support advancement of <i>thriving disciplines as well as new areas of interdisciplinary excellence</i>. • <i>Provide students with the knowledge, skills and experiences necessary to become leaders in a world characterized by rapid change and increasing interdependence.</i> • Nurture a community of <i>exceptional scholars who are cooperative and collegial, functioning in an atmosphere distinguished by support, mentoring and inclusion.</i> • Pursue <i>distinctive opportunities</i> to build on our special features, including our <i>relationships with world-class health care, cultural, educational, and scientific institutions in University Circle and across greater Cleveland.</i>

Thus, the mission and vision of CWRU and SON are consistent in their emphasis on excellence in research, education, and service with both a local and global perspective.

Strategic plans for FPB and CWRU

The most recent revision of the SON strategic plan was completed in 2011-12 with the arrival of Dean Kerr. The university strategic plan can be accessed at:

http://www.case.edu/provost/media/caseedu/provost/pdf/CWRU_2013-18_strategicplan_12-30-13.pdf

The SON's strategic plan can be accessed at:

http://fpb.case.edu/Resources/Forms/FPB_StrategicPlan_2014.pdf

The CWRU and SON strategic plans are congruent in many areas. The university strategic plan calls out health and the SON's contribution to the health-related focus of the strategic plan. In addition to focus on scholarship, research, education and service to the global community, both plans identify innovation and leadership as key elements of focus. Both strategic plans are used by SON's leadership to identify annual goals and for annual reports. Program plans and outcomes, then, reflect the overall university and school goals and plans. On-site documents will provide Dean's cabinet minutes with the goals identified and the annual reports that are provided to the university where goal attainment is tracked.

Consistency with relevant professional nursing standards and guidelines:

The mission, goals, and expected program outcomes are consistent with professional nursing standards.

Specifically, we use the professional nursing standards from AACN as follows:

BSN program: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

MN program: MN Program: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and *The Essentials of Master's Education in Nursing* (AACN, 2011)

MSN program: *The Essentials of Master's Education in Nursing* (AACN, 2011)

DNP program: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)

Post-graduate APRN program: *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)

In Standard III-B and appendices M, T, Z and FF (program crosswalks BSN, MN, MSN/APRN, DNP, respectively), we map to the standards for each program. **Please note that the appendix material provides only the cover page for the syllabi with the course description and objectives. Complete syllabi will be provided in the resource room.**

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

- professional 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.

In 2013-14, the university revised the university strategic plan and the Schools were asked to revisit their plans in light of the revisions to the university plan. Revisions to the SON plan were made accordingly although the revisions were relatively minor in nature. For the bylaws, a consistency review was conducted throughout CWRU in 2007 and 2008 and the SON bylaws have been revised based on this review and on faculty-driven initiatives in the SON. For example, when the SON revised the membership and function of the grievance committee and the academic integrity board, the SON bylaws were revised to reflect these changes.

Our communities of interest (COI) include faculty, students, staff, alumni, nursing leaders (local and national), employers of our graduates, community and business leaders, the larger university, and external professional bodies (e.g. AACN, ANA, AAN).

Consistent with the systematic plan of evaluation for the SON (see Appendix A), the mission, goals and expected outcomes are reviewed and revised at least every five years. There are multiple sources of information used for

this review including the professional standards (AACN Essentials, NONPF and NTF criteria), Ohio regulation for nursing practice (for the prelicensure BSN and MN programs), larger health care system trends, and input from the COI. Three notable sources of input include the SON Visiting Committee (that includes community, business, and nursing education leaders from health care organizations), the SON Alumni Board, and the Chief Nursing Officers from University Hospitals, the Cleveland Clinic, MetroHealth Medical Center, and the Louis Stokes Cleveland VA Medical Center. The composition of each group will be available in the on-site documents along with the minutes from their respective meetings. The main point of contact for each of these groups is Dean Kerr, who then shares the relevant information with her leadership team, the Dean's Cabinet.

The organizational structure of SON invests program and curricular review and revision with the faculty. Time frames for review are delineated in the systematic plan of evaluation. SON faculty members teach across programs. Each academic program has a program director who is responsible for the operation of the program, has a specific budget for their program, and works with the faculty who teach within their respective programs. The organizational chart is located here: <http://fpb.case.edu/Directory/images/orgchart2015.jpg>. As part of their positions, the program directors are responsible for keeping informed of national trends within their program, professional standards, and Ohio law (as relevant). For example, a recent decision by the American Nurses Credentialing Center to no longer certify new CNS graduates in psychiatric-mental health nursing led to a programmatic change to no longer offer a blended NP/CNS degree in this specialty.

Student learning outcomes (previously referred to as characteristics of the graduate) are also reviewed and revised as appropriate at least every five years. (See Appendix B for the Student Learning Outcomes by program). A number of sources are used to solicit input for the revisions to the Student Learning Outcomes (SLOs) including faculty, current students, students who are exiting, graduates of the programs (at one and five years), employers, alumni, and the COI. This input is reviewed by the program faculty for each program, revised as necessary and then forwarded to Committee for the Evaluation of Programs. Revisions to the SLOs are approved by the Committee for the Evaluation of Programs and forwarded to the faculty as a whole. On-site documents will include minutes from the program meetings where SLOs were reviewed and/or revised, minutes from the Committee for the Evaluation of Programs committee where the changes were approved, and minutes from the Faculty meeting where the Committee on the Evaluation of Programs are reported to the full faculty. As an example, the SLOs were reviewed by each program and changes were made such that each program has specific SLOs as compared to a school-wide matrix that no longer addressed contemporary nursing education. Examples from this revision will be provided on site.

Key Element 1-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.

Faculty expectations are clearly identified, in writing and are communicated to the faculty. There are expectations of all university faculty members delineated in the University Faculty Handbook, specifically pages 49-50, Professional responsibilities:
<https://www.case.edu/facultysenate/media/caseedu/faculty-senate/documents/handbook/Faculty-Handbook-2015-6-2015.pdf>

Specific to the SON, Appendix C contains the criteria for Appointment, Reappointment, Promotion and Tenure. In addition, faculty are provided with additional detail using performance indicators by rank and status (tenure/non-tenure), also in Appendix C.

The performance indicators are specific to rank and tenure status and provide detailed information regarding what is evaluated annually and what is used for promotion and/or tenure decisions. These expectations are shared with

and explained to faculty during their orientation process, used during the annual review and when it is time to consider readiness for promotion and tenure. They also are available on the Faculty Resources website.

The expected faculty outcomes are consistent with the mission of the university, specifically focused on research, teaching and service. The congruence can be seen in the following statement from the Faculty Handbook, Chapter 3, Section F on Qualifications and Standards for Appointments, Reappointments, Promotions and Tenure:

“The qualifications for faculty appointment and reappointment include the following, as appropriate to the type of appointment:

- an expert knowledge of his or her academic field and a commitment to continuing development of this competence;
- a dedication to effective teaching;
- a commitment to a continuing program of research or other advanced creative activity, including production of art or artistic performance, or, where more appropriate to the particular academic context, professional service activities; and
- a willingness to assume a fair share of university administrative and service tasks. “

Faculty who serve in program capacities that require continued certification (e.g. faculty teaching in the MSN program who are NPs, CRNAs or CNMs) are provided with one release day per week for practice activities. This policy is included in the same web resource as the faculty performance indicators.

Faculty policies

Policies affecting nursing faculty are available in the Case Western Reserve University Faculty Handbook. As a constituent faculty of CWRU, the policies for faculty in the SON are consistent with the policies and constitution of the CWRU faculty. The CWRU Faculty handbook is available online at:

<https://www.case.edu/facultysenate/media/caseedu/faculty-senate/documents/handbook/Faculty-Handbook-2015-6-2015.pdf>

Information on the SON policies on appointment, promotion, tenure, and the faculty bylaws can be found online at: [https://case.edu/facultysenate/media/caseedu/faculty-senate/documents/by-laws/school-by-laws/FPB Bylaws Attach-A Approved FS 12-17-14.pdf](https://case.edu/facultysenate/media/caseedu/faculty-senate/documents/by-laws/school-by-laws/FPB%20Bylaws%20Attach-A%20Approved%20FS%2012-17-14.pdf)

Key Element 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.

Case Western Reserve University and the Frances Payne Bolton SON support full participation by faculty and students in the organization of CWRU.

CWRU Faculty Governance

The faculty of the university comprises eight constituent faculties, each responsible for particular professional or scholarly discipline or group of related disciplines. The SON is included as one of the constituent faculties. Each is governed in accordance with bylaws adopted by the faculty within that SON and approved by the Faculty Senate.

All powers of CWRU Faculty, not reserved to CWRU Faculty itself, are exercised by the Faculty Senate, which is elected by the constituent faculties. The Faculty Senate is composed of representatives elected from each constituent faculty in addition to the President, the Provost, the Secretary of CWRU Faculty, an undergraduate student, a graduate student and a student from one of the professional schools. The Faculty Senate is empowered to make recommendations to CWRU Faculty and to make recommendations to the President for consideration and transmittal to the Board of Trustees with respect to policies governing standards of appointment, curricula, facilities for research, admission of students, and awarding of degrees.

The Faculty Senate has delegated much of the functions for undergraduate education to the Faculty Senate Committee on Undergraduate Education (FSCUE). FSCUE, through its sub-committees, is responsible for matters involving the interdependence of students, faculty and academic programs among the constituent faculties involved in undergraduate education (Arts and Sciences, Engineering, Management, Nursing, and several departments and programs in Medicine.) The constituent faculties, acting through FSCUE, recommend to the Faculty Senate standards of admission, academic requirements for students, curricula and content of existing degree programs, standards and facilities for research and scholarship, new degrees and the discontinuance of existing degrees among other functions. The FSCUE sub-committees are: Academic Standing, Admission and Aid, Curriculum, and Student Life. Faculty members are elected or appointed for terms of three years, students for one-year terms. FSCUE's charge is located at:

<http://case.edu/facultysenate/about/committees-panels/>

The Faculty Senate Committee on Graduate Studies governs graduate education. Under the chairmanship of the Dean of Graduate Studies, the Committee on Graduate Studies includes nine regular members of CWRU Faculty, three graduate student members, and one post-doctoral fellow. The committee reviews and makes recommendations to the Faculty Senate on academic standards and degree requirements of all departmental, inter-departmental, inter-divisional constituent faculty, and ad hoc and special programs under the administration of the Dean of Graduate Studies. The committee also reviews and recommends new graduate program offerings.

SON faculty members are well represented on Faculty Senate Committees, including the Executive Committee and FSCUE. The list of faculty by committee is provided in Appendix D.

CWRU Student Governance

The Undergraduate Student Government (USG) represents all undergraduate students. The USG acts as a liaison between students and the faculty, administration and other groups; grants recognition to undergraduate organizations; and is responsible for allocation of funds from student activity fees to recognize student organizations. Representative to the USG are elected each fall and officers are elected in the spring.

Graduate Student Council (GSC) represents students in the School of Graduate Studies with one student elected from each department that offers graduate programs. The graduate student senators elect officers, who also select a graduate student representative to the Faculty Senate and to various senate and campus committees. The SON is represented on GSC by the president of the PhD Student Nurses Association

Students play a role in academic governance through the Faculty Senate and, in some cases, through the governing bodies of the constituent faculties. Students also serve as members of virtually all search committees organized to fill the presidency, deanships, vice presidencies and other major administration positions. SON student representation on the various university committees will be provided on site.

SON Faculty Governance

The faculty of the SON has responsibility to adopt rules to govern procedures, organize and execute the educational programs of the SON, make appointment, promotion and tenure recommendations, establish policies relating to these areas, and elect members to the Faculty Senate and university assemblies. General faculty meetings to conduct the business of the faculty are held regularly during the academic year. Special meetings may be called by the President of CWRU, by the Dean, or upon request of three members of the faculty. The Executive Committee of the faculty also acts on behalf of the faculty between regular faculty meetings. The SON Bylaws specify the composition of the Executive Committee and are included in Appendix E.

Faculty meetings are scheduled regularly on the first Monday of the month with some exceptions (e.g. January). The agenda is sent to faculty in advance of the meeting with documents addressing specific issues when appropriate (e.g. course changes coming from the curriculum committee). Minutes of prior meetings are available online. Faculty meetings are well-attended. Onsite documents will include the attendance lists for the faculty meetings to demonstrate this.

Program Directors (BSN, MN, MSN, DNP, PhD) call programmatic meetings throughout each semester, generally monthly during the academic year. All full and part time faculty may participate in these meetings since faculty are a faculty of the whole. Issues related to the programs are discussed and input is gathered from all faculty members.

Faculty Committees

The Bylaws of SON define the duties of the faculty of nursing, committees and officers, and provides for the establishment of committees. The Bylaws are included in Appendix E. Standing committees of the faculty are: the Executive Committee of the Faculty, Budget Committee, Committee on Curricula, Committee on Admission to the Graduate Entry Nursing Program (for the MN program), Committee on Admission to the Doctor of Nursing Practice Program, Committee on Admission to the MSN program, BSN Program Admission and Progression Committee, Grievance Board, Academic Integrity Board, Committee on Faculty Appointment, Reappointment, Promotion and Tenure, Committee for Evaluation of Programs, PhD Council of the SON, and Committee on Admission to the PhD Program. Each of these committees are constituted of faculty who function according to the charge to the committee as specified in the Bylaws.

SON Student Governance

There are three formal groups within the SON that represent student governance: the Undergraduate Student Nurses Association, the Graduate Student Nurses Association and the PhD Student Nurses Association. Each group elects their own leaders who are the official representatives to the SON. All make recommendations for or elect representatives to their respective programs leadership. For example, the PSNA appoints student representatives to the PhD Council. In addition, student representatives to the various school committees are made by the leadership from each group.

USNA: <http://fpb.case.edu/CurrentStudents/USNA/index.shtm> (represents BSN students)

GSNA: <https://fpb.case.edu/CurrentStudents/GSNA/index.shtm> (represents MN, MSN and DNP students)

PSNA: <http://fpb.case.edu/CurrentStudents/PSNA/index.shtm> (represents PhD students)

Student representation is identified in the Bylaws for specific committees (i.e. Committee on Curricula and Committee on Evaluation of Programs). We have had varying attendance by students despite a number of changes to the meeting times of the committees. We have tried to flex the meeting dates and times to accommodate student attendance with mixed success. We also have made it possible for students to attend meetings via conference call, again with mixed success. We have worked with the faculty advisors and elected leadership for the USNA and GSNA groups to try to address this issue and will continue to seek meeting times that accommodate faculty and student representation.

Student representation on the Grievance Board and the Academic Integrity Committee has not been a challenge like meeting attendance has been. Each time a hearing is held, student involvement is sought via the leadership from the relevant student group and the student representatives have been members of all hearings.

Student input into the governance of the SON also occurs informally within each program. For example, the DNP program director has a dinner meeting with DNP students during their weeks on campus to solicit their input on the program. The BSN program director meets with BSN student leaders on a regular basis to solicit their input. In addition, students are encouraged to meet with their faculty, the program director and SON leadership with programmatic concerns and recommendations.

Key Element I-E: Document and publications are accurate. A process is used to notify constituents about changes in documents and publications.

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

If a program chooses to publicly disclose its CCNE accreditation status, the program uses 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>)."

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

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

Information about the program, intended to inform the general public, prospective students, current students, employers, and other interested parties, is current, accurate, clear, and consistent. The University Bulletin is the official site for the university policies for the overall university as well as the SON. The University Bulletin is updated once per year in August. The bulletin is located here: <http://bulletin.case.edu/>
The SON specific information is located here: <http://bulletin.case.edu/schoolofnursing/>

The Bulletin provides an in-depth description of the SON's history, strategic vision, resources and technology, instructional facilities, international health program, organizations, Centers of Excellence, accreditation, financial aid, tuition and fees, courses of instruction, and all academic programs (including the Bachelor of Science in Nursing, Master in Nursing, Master of Science in Nursing, Doctor of Nursing Practice, and Doctor of Philosophy in Nursing). It also includes an overview demonstrating the congruence of the Bolton SON's mission with that of Case Western Reserve University. Other important information, such a full list of its administrative officers and personnel, is also included. Because the Bulletin is updated only once a year, it may not reflect in real time the changes that have been made, for example in the curriculum. As a result, students are also referred to the SON web page for their academic program, which is current as it can be updated easily and quickly and to the online Student Information System which includes courses and course descriptions. The SIS, managed by the University Registrar, is updated for each semester prior to enrollment for that semester.

The Student Handbook is the central resource provided to current and prospective students which includes sections on academic and clinical expectations, facilities and resources across campus and within the SON building, student health and support services, student activities and organizations, student rights and responsibilities, general safety precautions, and student records. Like the Bulletin, an accurate and updated list of Bolton SON personnel is also provided.

The SON's website (fpb.case.edu) serves as a second important resource that supports these documents with rich and comprehensive details of issues pertinent to prospective students, newly admitted students, parents and families, alumni, visitors, and current faculty, staff, and students. It also provides application forms, directories, financial aid and registration tools, an archive of SON-related news and events, and accreditation information. A third documentation resource comes in the form of academic program and Centers of Excellence brochures, research publications, and single-page data sheets that are provided to prospective students, visitors, and various member institutions of the community. Advertisements, public relation materials, and media kits produced for specific publications and organizations also fall into this broad category.

Staff in the Marketing and Communications Department, in association with the program directors, are responsible for keeping the website up to date. They are provided updated information by the responsible parties. For example, the Associate Dean for Academic Affairs provides information about the scheduling of courses in intensive formats. Students obtain needed information from the website and through regular communication from the directors of their programs which occur via email.

When changes are made in the Student Handbook, an email is sent to all enrolled students with information on what has changed and how it may impact them. For example, in February 2014, the Ohio Board of Nursing changed the Policy on Student Conduct in the Clinical Setting. As this was a regulatory change, the Student Handbook was updated to reflect this and all enrolled students were notified of the change.

Transcripts for APRN graduates reflect the role and population focus of the graduate or certificate holder (for post-graduate APRNs). An example of a transcript will be provided on site.

The University Bulletin, on this page: <http://bulletin.case.edu/schoolofnursing/> indicates that the DNP program is accredited by CCNE and the other accrediting bodies where we currently hold accreditation.

The following table indicates where the documents and publications for specific programs and policies are found:

Table 2 Documents and publications

Information	Location
Program offerings	<p>BSN: http://bulletin.case.edu/schoolofnursing/bsn/ and http://fpb.case.edu/BSN/</p> <p>Graduate entry nursing program/MN: http://bulletin.case.edu/schoolofnursing/mn/ and http://fpb.case.edu/GradEntry/</p> <p>MSN: http://bulletin.case.edu/schoolofnursing/msn/ and http://fpb.case.edu/MSN/</p> <p>DNP: http://bulletin.case.edu/schoolofnursing/dnp/ and http://fpb.case.edu/DNP/</p>
Outcomes	<p>Student Learning Outcomes available within each program's page of the Bulletin:</p>

Information	Location
	<p>BSN: http://bulletin.case.edu/schoolofnursing/bsn/ Graduate entry nursing program/MN: http://bulletin.case.edu/schoolofnursing/mn/</p> <p>MSN: http://bulletin.case.edu/schoolofnursing/msn/</p> <p>DNP: http://bulletin.case.edu/schoolofnursing/dnp/</p>
Accreditation/Approval status	<p>University accreditation:</p> <p>https://www.case.edu/ir/cwru-facts/accreditation/</p> <p>SON accreditation and approvals: http://bulletin.case.edu/schoolofnursing/ (end of page)</p>
Academic calendar	<p>http://www.case.edu/registrar/calendar/</p>
Recruitment and admission policies	<p>Admission policies by program:</p> <p>BSN: http://fpb.case.edu/BSN/admission.shtm and</p> <p>Graduate entry nursing program/MN:</p> <p>http://fpb.case.edu/GradEntry/entry.shtm</p> <p>MSN: http://fpb.case.edu/MSN/admission.shtm</p> <p>DNP: http://fpb.case.edu/DNP/admission.shtm</p>
Grading policies	<p>See course syllabi for course-specific detail. Overall grading policies by program for progression are in the Student Handbook, pages 8, 11</p> <p>http://fpb.case.edu/Programs/Handbook/2015_2016_HANDBOOK.pdf</p>
Degree/certification requirements	<p>BSN: http://fpb.case.edu/BSN/degree.shtm</p> <p>Graduate entry nursing program/MN:</p> <p>http://fpb.case.edu/GradEntry/progression.shtm</p> <p>MSN: http://fpb.case.edu/MSN/progression.shtm</p> <p>DNP: http://fpb.case.edu/DNP/program.shtm</p>
Tuition and fees	<p>BSN: http://www.cwru.edu/studentaccounts/tuition-fees/undergraduate-tuition-fees/</p> <p>Graduate entry nursing program/MN; MSN; and DNP:</p> <p>http://case.edu/studentaccounts/tuition-fees/graduate-tuition-fees/frances-payne-bolton-school-of-nursing/</p>

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

Academic policies

BSN program:

Recruitment and admission decisions for the BSN program are made by the Department of Undergraduate Admissions as for all undergraduates at CWRU. The SON is represented in this work on the Dean's Advisory Group on Recruitment (DAGOR). The SON administration interacts regularly and closely with the Department of Undergraduate Admissions on the criteria for admission as well as the recruitment and admission process. For example, in the spring of the year during prospective student visits, students who are interested in or have been accepted as nursing majors, attend a session at the SON presented by BSN students and faculty about the nursing program. As a second example, the dean regularly discusses incoming BSN class size and profile with the provost and the vice president for enrollment management. The BSN program director meets with the vice president for enrollment management and his team on a monthly basis during the academic year. BSN program *retention and progression* responsibilities are jointly shared between Undergraduate Studies and the BSN program.

Undergraduate students at CWRU follow undergraduate requirements for retention and progression with additional requirements for nursing students for specific kinds of course grades for nursing courses. For example, the SON faculty members have determined that progression in the sophomore clinical nursing classes (NURS 230 and NURS 240) are sequential so that students who do not pass NURS 230 with a C or better cannot progress into NURS 240. The progression policies that are specific to the nursing program are delineated in the University Bulletin under the section "Progression in the BSN program." This information is also contained in the SON Student Handbook. Finally, in the Bylaws, the BSN program has an admission and progression committee that serves as the group that recommends criteria for admission (to Undergraduate Admissions), progression policies and makes student level decisions for specific circumstances as requested by students and/or their advisers. For example, a student with an "incomplete" in a clinical course because of not completing clinical hours due to wearing a cast may request permission to progress despite the "incomplete" because there are relatively few clinical hours to be made up. Minutes from the BSN admission and progression committee will be provided onsite.

MN, MSN, Post-graduate APRN, and DNP programs:

Recruitment for the MN, MSN, Post-graduate APRN, and DNP programs is done within the SON through the Office of Enrollment and Recruitment (OER). This is a new division, starting in the spring 2015, based on changes in the external environment that led the administration to split this critical function off from the Student Services division. The OER works closely with the dean, associate dean for academic affairs and the program directors for the MN, MSN, post-graduate APRN, and DNP programs to identify the target audience for recruitment. We have implemented an electronic system, Hobson's, which has improved our ability to track potential applicants who use an online application system. This provides us with the ability to more closely track the application process from potential interest through completed applications. We have a substantial web-based presence for our programs and continue to update the content as the programs evolve.

Admissions for the MN, MSN, Post-graduate APRN, and DNP programs are done by admissions committees as specified by the SON Bylaws. Each admissions committee is responsible for reviewing the applications to the

program and making recommendations to the Program Director. The MSN admissions committee reviews MSN and post-graduate APRN applications.

Each program has different requirements for admission, reflecting the differences in the programs:

MN program: <http://fpb.case.edu/GradEntry/entry.shtm>

MSN program: <http://fpb.case.edu/MSN/admission.shtm>

Post-graduate APRN: <http://fpb.case.edu/MSN/msncompletion.shtm>

DNP program: <http://fpb.case.edu/DNP/admission.shtm>

The admissions requirements are also published in the University Bulletin. The admissions committees for each program also make recommendations to the program director regarding changes in admission requirements. For international students, CWRU has set the required TOEFL and IELTS thresholds that all programs within the university follow.

For graduate students: <http://gradstudies.case.edu/prospect/admissions/apply.html>

For undergraduate students: <http://www.case.edu/ugstudies/programs-requirements/general-degree-requirements/>

Retention is a shared responsibility between the program directors, the faculty and the Division of Student Services. The Division of Student Services, recently re-organized, will be focusing additional efforts on retention, particularly to support success of students at risk and/or from underrepresented populations. Part of the impetus for the re-organization was concern that recruitment and enrollment responsibilities were becoming more complex and there needed to be additional focus on retention.

Each academic program is responsible for determining their retention metrics and processes. For example, the MN and BSN programs have a lockstep curriculum and tracking student retention is done at the end of each semester and academic year. In contrast, the DNP program, because of the number of students who are part-time, have recently re-examined their retention metrics and time to completion rates. This was reported to CCNE as requested and the documentation will be available onsite. For program improvement purposes, the MSN retention and program completion rate and process was identified as needing updated. In the spring of 2105, the MSN program faculty reviewed and amended their approach. Detailed information on retention is reported in Standard IV.

Progression decisions are made at the program level with the input of the program director and in consultation with the associate dean for academic affairs and the dean, when needed. The BSN program has a specific progression committee that makes determinations for BSN students. As specified in the Bylaws (Article VII, Section 6), the program director also may consult with the SON Faculty Executive Committee on progression issues as may individual students.

Policy review process

Academic policies are reviewed annually with the updates for the University Bulletin (that begin in spring and “go live” in August) and revisions to the Student Handbook, which is revised in the late spring and is updated at the start of the academic year each August. Program-specific policies are reviewed and updated with the relevant program directors in consultation with the faculty where needed (e.g. admission policies). Students are notified of changes to the Student Handbook by email with detail regarding the changes and the impact of the changes. Overall changes, for example to the grievance policy, are made by the associate dean for academic affairs in consultation with the relevant stakeholders and reviewed with the faculty. As an example, when the Grievance Board and Academic Integrity Board were separated into two separate groups in academic year 2013-14, the associate dean for academic affairs worked with the university Office of Student Affairs for guidance on the process, with the chair of the SON Executive Committee to address changes to the bylaws, and with the faculty as the changes were implemented. On site documents will be provided to demonstrate the process of this change.

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 to enable the program to fulfill its mission, goals and expected outcomes.

Budget: The SON, like all other schools at CWRU, has an independent budget. The university uses a decentralized approach wherein each school or college develops their budget, following guidelines from the university budget office and in collaboration with the provost and chief financial officer. Revenue from tuition, grants, philanthropy and other sources comes directly to the school and shared expenses (e.g. library and information technology) are charged based on a formula that takes in to account numbers of students, credit hours, numbers of faculty, square footage of the building and other aspects. The budget is reviewed monthly by the dean and assistant dean for administrative services. There is regular (at least quarterly) communication with the university budget office and the provost regarding the actual versus budgeted items. Dean Kerr has the authority to identify potential new sources of revenue and expenses. For example, she makes changes in the numbers and type of faculty depending on enrollments. In addition the dean and assistant dean for administrative services review the quarterly forecasts and budget trends with the SON Budget Committee. The SON budget information will be provided onsite.

Compensation: Faculty compensation is adequate to allow the recruitment and retention of qualified faculty. Dean Kerr and the assistant dean for administrative services track faculty compensation at the individual faculty level and make adjustments accordingly. The benchmarks used for faculty salary and compensation are derived from the AACN report, *Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing* (Fang, Li, Arietti & Trautman, 2015). Table 66 of the report (page 77) was used to determine the metrics.

Table 3 Faculty Compensation by rank for Academic Year

Rank	SON Faculty Average for FY 15	AACN 2015 Mean
Professor (N =9)	140,656	82,842*
Associate Professor (N = 17)	87,821	76,222*
Assistant Professor (N = 22)	73,821	69,137*
Instructor (N = 40)	59,638	55,757**

*Doctoral mean reported

**Non-doctoral mean reported as 28 out of 40 instructors were not doctorally prepared

Thus faculty compensation exceeds the AACN benchmark by rank for all ranks.

Physical space: The physical space is sufficient to enable the program to fulfill its mission, goals and expected outcomes. The SON is housed in a 5 story building completed in the 1960s. Sections of the interior have been updated over time. Classrooms on the ground floor are shared with the School of Dental Medicine and departments from the School of Medicine. There also are classrooms in other buildings on campus available to nursing faculty and students. The ground floor classrooms include large lecture halls that are technology-enabled as well as small group rooms for smaller classes or seminar style discussions. In addition, other rooms within the SON are used as classroom or meeting space. The SON spaces used for learning all include large screen video display boards that allow for the use of technology during the educational sessions.

All faculty members have offices within the SON building. All full time assistant through full professors, regardless of tenure status, have private offices. We have 31 faculty members (primarily clinical instructors) who share offices. Student privacy issues for the faculty who share offices are accommodated by using a conference room for private discussions or by coordinated scheduling among the faculty who share the offices.

The Learning Resource Center is located on the ground floor and includes:

Center for Bioinformatics and Health Promotion: This 24-seat multimedia classroom includes a Mondo Board, whiteboard, document camera, 35mm digitizer, LCD projector, and access to 24 internet-capable computers. This center supports all activities within the LRC; is utilized for standardized testing, orientations, and front loading sessions; and is available between classes for students needing a computer lab for class assignments, projects, and emails.

Multimedia Simulation Center: This center features four Laerdal Medical High –Fidelity Human Patient Simulators: Sim-Man Basic, Sim-Baby, Sim Child, and Sim Junior as well as two pediatric and two adult Laerdal Cath-Sim Intravenous Trainers, and a large screen video display board (i.e. Mondo Board). All pre-licensure students and nurse practitioner students utilize this center on a weekly basis throughout each semester for simulation training; assessing normal and abnormal heart and lung sounds on human patient simulators; practicing various skills on task trainers; viewing skills and simulation videos; and, conducting pediatric and obstetric lab sessions.

Physical Assessment Center: This center is used by pre-licensure students (BSN and MN) learning physical assessment skills and by our advanced practice students when learning advanced physical assessment. The room is fully equipped with six Midmark electronic physical exam tables that have inclining head rests, extending leg supports, storage drawers, and optional stirrups. To ensure privacy, the center has 10 three-paneled privacy screens that have wheels for ease of movement and flexibility for any lab. Our physical assessment center has 20 Welch Allyn Diagnostic kits, 15 of which may be checked out on an overnight basis for practice. We also have 20 various-sized blood pressure kits for student use both in the lab and for overnight practice at home. The Physical Assessment Center houses an academic version of the Pyxis Medication dispensing system, synthetic medications, medical equipment, task trainers, breast and prostate models, and a DVD library to support our undergraduate and graduate lab sessions.

Private Exam Room: This single exam room is used for student practice and testing. It contains an exam table, white board, side table and chair, Snellen eye chart, standing scale, and built in otoscope and ophthalmoscope.

The room has two ceiling mounted cameras allowing faculty to record exemplars, give feedback on final examinations, and provide the opportunity to practice and review communication and assessment skills with standardized patients.

Clinical Teaching Center: This center is comprised of 6 hospital patient beds with static Laerdal Medical manikins arranged to simulate an ambulatory clinic, a medical-surgical unit, and intensive care unit. This center contains many of the common devices seen in the hospital including a Hoyer lift, Geri chair, wheel chairs, canes, crutches, linen cart, ventilator, and head wall units to simulate oxygen delivery and wall suction. Our pre-licensure students use this center to learn every nursing skill from hand washing and bed making to wound irrigation and managing a ventilated patient. The center also has three supply carts that contain IV tubing, IV solutions, dressing supplies, catheters, chest tubes, foley catheters, sterile gloves, sterile gowns, bed pans, urinals, and tracheostomy supplies.

Perioperative Center: This center is utilized by our BSN students and Nurse Anesthesia Students and contains a fully functioning Steris 3080 operating room table and fluid/blanket warmer, a full set of surgical instruments, back and gown tables, locked operating room cabinets, pulse oximeters, and a non-functioning anesthesia machine, endoscopy, and Bovie machine.

Communication Center: This center, with seating for 10, contains a Mondo Board, white board, and has two ceiling mounted cameras which provide video recording capabilities. This center is used with all levels of students to practice patient interview, family counseling sessions with standardized patients, clinical post conferences, seminar discussions, small group presentations, student advising and evaluations, and USNA and GNSA sponsored activities.

Helicopter simulator: We recently opened a simulator using the fuselage from a Sikorsky helicopter. The helicopter features some of the most advanced medical equipment with authentic aerial views projected within the windows and movement that mimics changing altitudes and weather conditions throughout the flight. Students can then experience the physical space and simulated movement while providing care to mannequins.

While we can accommodate our current student body, the space in the SON is not ideal for contemporary approaches to nursing education. As a result of the space limitations, the university, in conjunction with the Cleveland Clinic, has been working for the past 2 years on plans for a new Health Education Campus (HEC), that will house the Schools of Medicine, Dental Medicine and Nursing in a state of the art building. The HEC is scheduled to open in 2019 and includes multi-functional classrooms, simulation space, private offices for faculty and staff, areas for centers and institutes and many other features. Plans for the new building will be available onsite.

Equipment and supplies: Each faculty member is provided with a computer (desktop or laptop based on their preference), a phone with private voice mail capacity and extensive IT services including high-bandwidth Internet access. The IT services allow for remote access to the library resources, the Student Information System (SIS), used for enrollment, tracking of advisees and grading, and Blackboard, the learning management system. Students most often bring their own devices to the SON and have access to the university wireless services. There are a few remaining desktop computers located in the SON for those nursing students who need access to a fixed desktop computer. Printing capability for students are located in the SON and in multiple sites on campus.

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:

Program support services are sufficient for the operations of the nursing education unit. CWRU provides many services to enable the program to fulfill its mission, goals and expected outcomes. In addition to the university-level support, the SON has specific resources dedicated to supporting the programs that are detailed below.

University academic support services are comprehensive in supporting the academic mission of the SON and its students and faculty. Selected services are identified in the table below with a brief description of each service:

Table 4 List of some CWRU Resources for academic and student support

Service:	Provider:	Available to:	URL:
Tutoring	Educational Services for Students	Undergraduates	https://students.case.edu/education/tutoring/
English language assistance	Educational Services for Students	All students	https://students.case.edu/education/tutoring/spokenenglish/ https://students.case.edu/education/tutoring/spokenenglish/international.html
Diversity Awareness	Office of Inclusion, Diversity and Equal Opportunity	All students, faculty and staff	http://case.edu/diversity/programs/training.html
Information Technology resources	Software, information regarding use of campus resources, training	All students, faculty and staff	http://case.edu/its/students/ https://www.cwruc.edu/its/faculty/
Disability accommodations and resources	Educational Services for Students	All students	http://students.case.edu/education/disability/
Writing	Educational Services for Students Writing Resource Center	Undergraduates All Students	https://students.case.edu/education/tutoring/sages/ http://www.case.edu/writing/writingcenter.html
Counseling and mental/behavioral health	University Counseling Services	All students	https://students.case.edu/counseling/
Health care	University Health Service	Free to all students, regardless of insurance coverage	https://students.case.edu/health/

Service:	Provider:	Available to:	URL:
Sexual assault or sexual harassment	Office of Inclusion, Diversity and Equal Opportunity	All students, faculty and staff	http://www.case.edu/diversity/sexualconduct/ including policies, resources and list of frequently asked questions

There are additional services not identified above for specific kinds of situations or issues. For example, the Threat Assessment and Behavioral Intervention Team (TABIT) is composed of representatives from the Provost's office, Campus Security, Office of Student Affairs, University Counseling Services and others who evaluate situations that have the potential for self-harm or harm of others and is authorized to take action. The TABIT information makes a distinction between urgent and non-urgent situations and notifies CWRU Police of urgent situations.

<http://case.edu/safecampus/pdf/FINAL.Safety.Brochure.2012.pdf>

Libraries

The CWRU Library system has a wide range of library resources available to students and faculty. There are multiple libraries on campus (<http://case.edu/dir/libraries.html>) with most nursing students using the Health Center Library (located near the SON building) and the Allen Memorial Library (located within a 5 minute walk of the school). There is an extensive online journal access service using highly regarded portals including OhioLINK (connecting higher education sites throughout the state). There is access to Interlibrary Loan materials for requests not available on campus. The ILL includes campus libraries throughout Ohio as well as the public library systems in Ohio.

Health Center Library

The Health Center Library (HCL) occupies the first floor of the Robbins Building of the School of Medicine at Case Western Reserve University. Originally opened in 1971, the HCL underwent a major renovation project from 2002-2003. The HCL serves the faculty, staff and students of the Schools of Dental Medicine, Medicine and Nursing as well as the departments of Biology and Nutrition. There are study rooms, some with white boards, spacious carrels near windows and electricity as well as casual seating areas. HCL supports a technology enhanced classroom with seating for 15. There are 17 computer workstations for CWRU users only. The library also has wireless access to the internet. The collection is composed of books, journals, audiovisuals, microforms and electronic resources in the basic sciences, e.g., anatomy, biochemistry, physiology, microbiology, etc., and also in dentistry, medicine, nursing and research. The HCL journals are from 1970 forward, with older journals at the Allen. In addition, the HCL keeps theses and dissertations from graduates of the health science schools of CWRU.

Allen Memorial Library

The Allen Memorial Medical Library comprises one half of the Cleveland Health Sciences Library (along with the Health Center Library). It holds all of the clinical journals and includes the 450 seat Ford Auditorium. It contains the Dittrick Medical History Center, consisting of the Dittrick Museum of Medical History, the Archives and Rare Book collection.

Kelvin Smith Library

Kelvin Smith Library (KSL) is the main library supporting the teaching and research of Case Western Reserve University in Cleveland, Ohio, with emphasis given to the College of Arts and Sciences, the Case School of Engineering and the Weatherhead School of Management. KSL librarians and staff work with the libraries of the professional schools, the Cleveland Health Sciences Library, the Judge Ben C. Green Law Library, and the Harris Library of the Mandel School of Applied Social Sciences, to coordinate policies and collections. KSL also provides technology services such as the online public catalog and circulation systems to the other campus libraries, as well as to our affiliate libraries, the Cleveland Institute of Music and the Cleveland Institute of Art.

Like many other universities, CWRU is challenged by the changes in the financial models of publishing. While we have extensive resources, both print and electronic, these resources may not meet faculty needs in all specialty areas within Nursing. Students have not raised issues or concerns regarding library resources. Faculty members have the option of ordering any journal articles via Intra-Library Loan; fees are assessed. Students also have access to ILL with the benefit of not having to pay for the ILL articles. The Faculty Senate has a committee specific to library resources and has identified financial constraints as a continuing issue that is being addressed at the university level.

School Support for Students

The Student Services (SS) division supports students and faculty with a variety of resources. The SON has a financial aid officer housed within the School who works with all students, but especially the graduate and professional students (MN, MSN, DNP, PhD). The financial aid officer has frequent contact with the university Office of Financial Aid to coordinate grants and aid. The SON also has its own registrar who works specifically with the MN, MSN and DNP students and also coordinates registration with the School of Undergraduate Studies (for BSN students) and School of Graduate Studies (for PhD students). The director of the student services office is certified in diversity and inclusion and assists with student issues related to diversity or special needs (e.g. ill family member). As noted in other sections of this report, academic advising is done by the faculty with each student assigned an adviser on admission to any of the academic programs.

<http://fpb.case.edu/StudentServices/staff.shtm>

School Support for Faculty

Resources for faculty within the SON include support for travel, faculty development, sabbatical support; release time for research, consultation, and clinical practice; and participation in key professional meetings. Specifically, faculty may receive a travel allowance to attend conferences and workshops nationally and internationally and to support their participation on professional boards. The amount provided may include full or partial support. Faculty seek financial support from the programs in which they teach (for educational presentations for example), from the associate dean for research (for research meetings) or the associate dean for academic affairs (for other educationally focused presentations). Presentation of research and scholarly papers may be supported through the Center for Research and Scholarship which provides assistance with poster preparation. In addition, faculty members are supported to attend courses and programs for their own professional development. For example, in spring 2015, five faculty members, including the MSN program director attended the National Organization of Nurse Practitioner Faculties (NONPF) annual meeting. Faculty members, when eligible, are supported on sabbaticals – 6 months with full pay or 1 year half pay, for renewal or to study an area that would advance their careers.

The SON has a faculty development officer who works with the associate dean for academic affairs in prioritizing topics and identifying speakers that faculty have identified as important in their development. The list of faculty development programs will be available onsite. In addition, each academic program has their own budget which includes money to support representation at meetings critical to their program functioning (e.g. the DNP program director attends the AACN Doctoral Forum).

All full-time faculty members are allotted 1 day a week to practice or engage in consultation activities. This supports the maintenance of clinical skills and is necessary for those faculty members who are maintaining advanced practice certification. Consulting activities may be directed to other schools or professional organizations, nationally or internationally. Both faculty and staff are given time to provide community and public service, i.e. Habitat for Humanity and Case for Community Day which is held each year. University support for teaching effectiveness is available through UCITE (University Center for Innovation in Teaching and Education), described below in II-F.

Academic program support: Each academic program has a program director and identified department assistant. The program directors and department assistants work closely with the office and staff of the associate dean for academic affairs.

The decentralized model of Case Western Reserve University means that support staff and resources, normally found only within the central administration of the wider university, are immediately available to faculty within the SON. It is a distinct advantage to have a school-based registrar, the Office of Student Services, Information Technology staff and services, and the Center for Research and Scholarship located in and funded by the SON. Thus, there are support staffs available to faculty with teaching responsibilities. Resources are also available for faculty to support research and educational project funding (i.e. HRSA) through the Center for Research and Scholarship.

Center for Research and Scholarship (CFRS)

The Center for Research and Scholarship (CFRS) provides infrastructure support for faculty and students for research and dissemination of scholarly work. It announces funding opportunities, assists with the development of research proposals (budgeting, editing, administrative forms, and compilation) and research results, and provides guidance with post award compliance, budgeting, and human subject approval. The services provided by the Center for Research and Scholarship include grantsmanship, human subjects training, awards, and poster printing. Oversight for the CFRS is provided by Associate Dean for Research. The CFRS also has an editor on staff who works with faculty for manuscript preparation and grantsmanship.

Statistical Services

A full-time statistical expert is employed to consult with students and faculty at all levels on research projects, thesis and dissertations.

Alumni Relations and Development

Part of the SON's ability to balance the budget stems from the successful Alumni Relations and Development Department. The SON has its own Development and Alumni Department separate from CWRU, although it is connected to central University Development. The staff and the dean make visits across the country to alumni, foundations and individual donors, and plan various alumni activities and fundraising events. The FY 2015 attainment was \$4.4m compared to \$3.9m in FY14.

The alumni are a reliable and highly valued resource. They serve in various capacities that include participation in recruitment activities, homecoming weekend, the university Alumni Society, the SON Alumni organization and as members of the SON's Visiting Committee (who are advisory to the Dean).

The SON currently has an endowment fund valued at \$ \$82,617,967. Other endowments are available to add to the financial aid package of students with need or based on specific merit. For example, the Endowment funds support more than \$147,000 each for BSN scholarships.

Marketing and Communications

Another important resource for the school is the Marketing and Communications Department. Two people staff this department, a director who has a marketing background and a manager/webmaster who is responsible for the SON's website as well as other SON communications medium. They collaborate with student services, the alumni, faculty, students and administrators. The Marketing and Communications Department covers School publicity and School publications.

Information Technology (IT)

The IT Department at the SON is staffed by three fulltime employees including the director, an internet application programmer, and a systems support person. This team manages all computer related operations within the SON, which includes (1) maintaining all servers, workstations, and labs; (2) web development; (3) Help Desk / user support and programming; (4) technology projects; and (5) computer related AV equipment (projectors, etc.). IT staff are accessible by E-mail or by phone and maintain a website: <http://fpb.case.edu/IT/>

CWRU uses Blackboard as its learning management system. There is university-level support through the Division of Academic Technology. This group provides training to new faculty and supports all faculty members in the use of Blackboard. In addition to regularly scheduled training sessions, there also are personnel available to provide one-on-one instruction. In addition, the SON IT staff are also available to assist with Blackboard questions as well.

Continuing Education Provider

Frances Payne Bolton SON (OH-216/11-01-09) is an approved provider of continuing nursing education by the Ohio Nurses Association OBN-001-91, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. As a provider unit, the mission is to provide quality continuing education programs for the SON. The provider unit has participated in the development and review of 5 faculty directed programs in 2014 and 2 independent study activities. The provider unit consists of a faculty member who serves as coordinator and volunteer faculty reviewers.

Analysis: As part of the university governance, SON faculty members provide input into the resources through the Faculty Senate Committees associated with academic support services (i.e. IT, library, and personnel). In addition, within the SON, the SON Budget Committee surveys faculty annually regarding a "wish list" of additional resources or services. When there is sufficient discretionary income, some of these additional resources are provided. A recent example is the installation of a Mondo (multimedia) board in the First Floor Lounge (FFL). The FFL is used for faculty meetings, student meetings, program meetings, and classes. As part of the analysis of our academic support services by the students, we use the Educational Benchmarking Inc (EBI) exit surveys for our BSN, MN, and MSN graduates. (The EBI reports and their use for program evaluation and improvement are described in detail in Standard IV.) One of the persistent findings from the EBI has been the issues relative to the inadequacies of the building. As noted earlier, the new Health Education Campus will address these persistent concerns.

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:

Dean Mary Kerr assumed the Deanship in September 2011. Her extensive CV is included in the Appendix (Appendix F). She is academically and experientially qualified to lead the SON in accomplishing the mission, goals and expected student and faculty outcomes. Dean Kerr has the same reporting structure, authority, and responsibility as the other deans on campus. She provides outstanding leadership to the SON. A few of her accomplishments include the development of the PhD Legacy Program wherein highly qualified PhD applicants are supported with

full tuition and a stipend for the PhD program. In addition, the SON has a state-of-the-art helicopter fuselage bay for simulation and training of flight nurses. The support for this project was procured, through Dean Kerr's leadership, in large part from philanthropic donations.

Dean Kerr routinely consults with the COI (local Chief Nursing Officers at least twice per year, Visiting Committee twice a year, and Alumni Board on a monthly basis) and participates in the quarterly Board meetings of the CWRU Board of Trustees.

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:

Full time equivalency (FTE) is determined by the percent of the salary paid. At CWRU, any faculty member whose salary is 51% or greater is considered full time.

Appendix G identifies the faculty name, rank, tenure status (tenure/non-tenure), work status (full time/part time), date of hire, degrees and dates, specialty area and courses taught in the last academic year (2014-2015).

The overall faculty is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. In addition to our regular faculty (noted in the listing), we also hire part-time faculty to meet specific needs. For example, experienced pediatric clinical instructors are hired in the fall in the BSN and MN programs to meet clinical instruction needs.

Faculty: student ratios: For pre-licensure (BSN and MN) programs, the Ohio Board of Nursing requires at least one clinical faculty person: 10 students. To increase the interaction of the faculty and students, we use a 1:8 ratio. In

some settings, our clinical partners are now requiring 1:6 ratios (pediatrics, obstetrics, and psychiatric mental health). In our MSN program, we use an individual preceptor model.

We do not have a classroom ratio that is used across programs. Instead we monitor class sizes and may split large classes into two sections or provide two faculty members for larger classes. For example, in the BSN program, we have provided two instructors and two sections for the pharmacology course (NURS 211). In the Learning Resource Center (LRC), we have 2 TAs per 12 students.

Full-time faculty teaching loads are 18-20 credits for the academic year for a 9 month contract; this is generally 3 courses per semester. This assignment provides an opportunity to spend one day per week in clinical practice or consultation. Tenured and tenure track faculty have their teaching assignment reduced to 12 credits to provide them an opportunity to spend time actively engaged in research. This assignment may be further reduced based on substantial external funding for research. For example, due to significant NIH funding, Dr. Moore teaches only one course per year at present. Assistant professors on the tenure track have reduced loads (3 to 6 credits per academic year) to allow them to focus on their research and scholarship. Faculty members in administrative positions also carry reduced teaching loads commensurate with their responsibilities.

Faculty Members Are Academically and Experientially Qualified, and Maintain Expertise in Their Areas of Responsibility: Faculty are responsible for the primary educational mission of the SON and for carrying out the research and service missions according to their expertise. Although all faculty members are expected to teach across programs, they may focus their teaching responsibilities at a particular level consistent with their special expertise. Faculty members teaching in the BSN and MN programs meet the regulations of the Ohio Board of Nursing. These include: graduation from an approved RN program, a minimum of two years of practice in nursing, an MSN degree, and a current Ohio license. For master's level courses, faculty meet specific requirements of specialty accrediting and certifying bodies. We report in this section on the faculty employed in academic year 2014-2015. The qualifications of all 97 regular full-time faculty and the special faculty members are in Appendix G and the personnel files will be available in the onsite documents.

All regular faculty (n = 97; instructor through full professor rank) have graduate degrees in nursing or a related field, 67% (n = 65) at the doctoral level. Of those 33% without doctorates (n=32), 8% (n=8) teach in the nurse anesthesia program. Many of the master prepared instructors are engaged in doctoral study. The regular faculty include: 48 (49%) Instructors, 24 (25%) Assistant Professors, 11 (11%) Associate Professors and 9 (9%) Professors. The articulation between their educational preparation and teaching and other responsibilities is evident through their teaching assignments. For example, faculty teaching in the MSN advanced practice courses are nurse practitioners, nurse midwives or nurse anesthetists. As well, DNP and PhD students are assigned advisors based on their expertise or clinical focus wherever possible.

Among the faculty are 5 individuals who are not nurses but have been hired for their special knowledge and research programs. They teach primarily at the doctoral level in the areas of policy, statistics, and research methods. Of faculty with the rank of Assistant Professor and above (n=49), 24 (49%) are tenured or on the tenure track.

Recent increases in the number of full-time faculty at the Instructor rank have been the result of an effort to address the expanding number of students in the BSN and MN pre-licensure programs. In prior years, the need for increased numbers of faculty teaching at the pre-licensure level was met through part-time hiring of nurses with strong clinical skills. These individuals often supplemented their income by teaching for other colleges and universities. Upon reflection, it was deemed a stronger support for the educational mission to hire MSN prepared individuals with strong clinical skills who would teach exclusively for the SON. To create full-time positions, these individuals may teach the same content for BSN and MN students. While we do not meet 100% of our clinical, laboratory and classroom needs with full time faculty, we carefully vet the qualifications of those teaching part-time.

All faculty teaching clinical courses at the master's level hold certifications appropriate to their specialty. The organizations providing the certification for individuals who have responsibility for leadership of specialty tracks are reflected in Table 5.

Table 5 Certification of Directors of MSN Specialty Tracks

Program	Director	Certification
Carol Savrin, DNP,CPNP, FNP, BC, RN	MSN Program	Pediatric Nurse Certification Board (PNCB); American Nurses Credentialing Center (ANCC)
Amy Bieda, PhD, PNP-BC, NNP-BC, RN	NNP	ANCC; NCC National Certification Corporation
Evelyn Duffy, DNP, AGPCNP-BC, RN	Adult/gerontology primary care NP	ANCC
Gretchen Mettler, PhD, CNM, RN	Nurse Midwifery	American College of Nurse Midwifery
Jane Suresky, DNP, PMHCNS BC, RN	Coordinator, Psych/Mental Health track	American Nurses Credentialing Center CNS
Marguerite DiMarco, PhD,RN,CPNP	PNP	Pediatric Nursing Certification Board
Chris Winkleman, PhD,ACNP, FCCM	Adult/gerontology Acute Care NP	American Nurses Credentialing Center (ACNP) American Association of Critical Care Nurses (CCRN)
Sonya Moore, MSN, CRNA	Nurse Anesthesia	Council on Accreditation

The SON also engages “special” faculty that may be designated as Lecturers, Clinical faculty, Preceptors, Adjunct faculty. We also have Emeriti faculty.

Lecturers. The majority of special faculty members are lecturers. These individuals are hired on a part-time basis because they have special expertise in relation to a given course or are engaged in the clinical teaching of pre-licensure students. Most are prepared at the master's level in nursing (see onsite documents). These faculty members are expected to maintain their expertise. In spring 2015, the SON employed 16 special faculty members; one was doctorally prepared and the others all have earned masters' degrees in nursing. Of these, two taught in the BSN program and six taught in the MN program, mostly in clinical instructor roles. At the MSN level, the lecturers teach specialty clinical courses or didactic courses in the core courses; eight taught at the master's level.

Clinical faculty members include all persons designated at university ranks of clinical professor, clinical associate professor, clinical assistant professor, and clinical instructor. These faculty appointments are in service agencies whose resources provide settings, by agreement, for students and faculty to have opportunities to engage in education, research and service in accordance with policy and procedures of the SON. At present, there is no one appointed in this category.

Research professors are those faculty members whose support is based on research project support. According to the bylaws of the SON, they cannot independently teach courses or advise students. They are eligible for and encouraged to provide guest lectures and serve as additional members on DNP and PhD student committees (scholarly project and dissertation, respectively). At present, there are two persons appointed in these roles.

Preceptors are described below in Item II-E.

Adjunct faculty are usually individuals who hold or are qualified for professorial ranks at other institutions and may serve on thesis and dissertation committees or offer other short-term sharing of their special expertise consistent with the regulations of the university. We sometimes appoint instructors who do clinical teaching as adjuncts but do not necessarily do so.

Graduate Teaching Assistants are used in the LRC under the supervision of the director of the LRC and in clinical teaching in coordination with the faculty assigned to the course. In the LRC, the TAs work with students on skills practice, for example, and assist with setting up the stations in the LRC. In the clinical setting, the TAs may assume responsibility for a clinical group under the direction and guidance of the assigned faculty. The TAs may provide input to the instructor as part of their role but do not assign grades. TAs may also be used in other courses. For example, the Advanced Pathophysiology course in the MSN program (NURS 453) uses TAs to assist with classroom activities. Again, the TAs do not assign grade. All grading and evaluation activities are done by the assigned faculty.

In addition to being well qualified, the expertise of faculty has been recognized by the profession through their appointment to scholarly academies (see Appendix H) and their election and appointment to leadership roles in state, national, and international organizations (see Appendix I).

It is the expectation of the SON that all faculty members actively maintain their expertise in teaching, clinical practice, and research according to their areas of responsibility. In addition, the Ohio Board of Nursing (OBN) requires that all registered nurses complete 24 contact hours every two years.

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 individuals whose “academic qualifications and competencies are other than those for established university ranks and whose primary appointments are in service agencies...” (By Laws, Article III, Section 3). The qualifications, responsibilities, and non-monetary compensation of preceptors is delineated in Appendix E. Preceptors for BSN and MN students must meet the requirements of the Ohio Board of Nursing: graduation from an approved RN program, a minimum of two years of experience practicing in the clinical area where they will be precepting students, related certification or demonstrated expertise in the area and RN licensure in the state of

Ohio or in the jurisdiction of the students' clinical experience. Preceptors in sites outside of Ohio must meet the criteria for licensure in Ohio although they are not required to hold an Ohio license. These individuals are engaged by agreement to provide one to one clinical supervision (MSN) and teaching of BSN and MN students in immersion experiences. Preceptors are used with BSN students in their senior year during their semester of precepted practice (NURS 352, 354 or 356) and in NURS 339 (Care of the Perioperative Patient). We work with our clinical partners to identify highly qualified staff nurses who serve as preceptors and we collect information on their education and credentials. These preceptors are oriented by the SON faculty member who supervises the student placements. The assigned faculty member for NURS 352, 354 or 356 (who generally has between 8 and 10 students to supervise) evaluates the clinical performance in conjunction with the preceptor and assigns the grade. Orientation is done in person in groups (NURS 352, 354, 356) or individually (NURS 339). The preceptors and students are provided with printed documents regarding the student responsibilities, the preceptor responsibilities, and the faculty member responsibilities. Examples of the documentation will be available onsite.

In the MSN program, preceptors are used with the MSN students during their clinical courses. Each preceptor has a contract with the SON that delineates responsibilities and benefits of a non-monetary nature. The preceptors must meet the requirements of certifying organizations and be licensed in the state in which they practice. Most of the preceptors for MSN clinical experiences are advanced practice nurses. Occasionally physicians are used for a limited experience when APNs are not available. This is acceptable to the certifying agencies. All preceptors submit a CV, agreement to participate, and their licensure status (including advanced practice status) is checked prior to student contact. In the MSN program, we have a preceptor coordinator who provides support to the preceptors, including an online program for preceptor training. Site visits or site contacts are made by the faculty member leading the clinical course. All preceptors are evaluated at the end of each semester by students and course faculty (see Student Evaluation of Preceptor form, Appendix J). Preceptors provide support for clinical learning without pay; however, there are benefits including access to the CWRU library, a tuition benefit, and a special continuing education conference. Special awards, selected by students, are also given at the end of the year to recognize outstanding preceptors.

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:

The University and SON have multiple resources for the ongoing development of scholarship in teaching through the UCITE program at the university level, the Instructional Technology resources from the campus IT services and the Faculty Development officer within the SON.

UCITE (University Center for Innovation in Teaching and Education) "is dedicated to working with faculty and students at CWRU to create an enriching and rewarding learning environment for everyone"

(<http://www.case.edu/provost/UCITE/>). UCITE provides sessions for new faculty and regular sessions open to all faculty. UCITE helps faculty strengthen their teaching skills through individual programs and services and also offers grants and fellowships to promote excellence in teaching. The director of UCITE is available for consultation and also provides school-specific faculty development sessions. Most recently, he provided a faculty development session for faculty teaching in the BSN program on managing the classroom environment.

Academic Technology (AT), a division of the CWRU Information Technology Services, focused on technological support for the educational mission. More detail is available at: <http://case.edu/its/academic-technology/>

All faculty and staff have unlimited free access to [lynda.com](http://www.lynda.com), a leading video-based training provider that offers thousands of training courses on products including Google Apps, Adobe Creative Suite, Microsoft Office, as well as on topics such as web development, audio/video production, computer programming, mobile device app design, general design concepts, professional skills and much more. These video-based tutorials are taught by industry experts and available 24/7 for convenient, self-paced learning. <http://www.case.edu/its/lynda/>

In addition to providing training on use of Blackboard, the learning management system, AT also has developed the Active Learning program where classrooms are retrofitted to support experiential learning and the Active Learning Fellowship through which faculty are supported to re-design their courses. The SON has been represented in the Active Learning Fellowship program where three of our faculty members have been supported in re-designing their courses and, in one case, using the Active Learning classroom for her class. Instructional designers from AT have been a strong support for several of our initiatives. For example, in our psychiatric mental health NP program, the AT instructional designers have been instrumental in teaching and supporting our use of Adobe Connect for providing on-line synchronous course offerings.

The faculty development officer in the SON surveys the faculty at least annually regarding their interests and identified needs for their development. The list of offerings for academic year 2014-2015 is included in Appendix K. As well, the faculty development officer also distributes via email other opportunities such as campus offerings from UCITE, other campus divisions or our local chapter of Sigma Theta Tau International (STTI). For example, the Ohio Board of Nursing requires one contact hour every two years on Ohio's law and rules. The Alpha Mu chapter of STTI offered this as a CE event and was announced to the faculty via email.

Faculty scholarship is supported in a number of ways. Scholarship at the SON is defined as publications of all kinds and presentations. In addition to the editor in the Center for Research and Scholarship (CFRS), one of our senior faculty members, who is an international leader within nursing publications and an editor of a number of journals, regularly offers sessions on publication. She also has made herself available for individual meetings with faculty members who would like assistance. Other approaches have included "writing collaboratories" which are retreats where each member provides a draft of a manuscript and receives support and ideas from the other attendees. The CFRS also provides assistance with poster production for professional and scientific meetings and poster printing.

Support for faculty practice is provided in the one day per week that all faculty may use for practice or consultation. Our certified advanced practice faculty members maintain their certifications and their practice skills through this mechanism. As noted in Appendix G, we have 48 faculty members who are advanced practice certified among our regular faculty (instructors through full professors).

Service is an expectation of all faculty members and is defined in the performance indicators within the description of faculty responsibilities. There are opportunities for service at the SON and university levels through various committees. There also are opportunities for service to the discipline through involvement in professional organizations. For the latter, faculty members are provided release time for travel to professional conferences, for example. In addition, the university office for faculty development provides programs for faculty leadership development.

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.

BSN program

The BSN program is a traditional BSN program, admitting students from high school, and follows an 8 semester sequence of courses. Detailed information about the curriculum is available here:

<http://fpb.case.edu/BSN/curriculum.shtml>

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 curriculum progresses from the acquisition of basic nursing theory and skills to complex clinical reasoning. Our SLOs (SLO) for the BSN program are:

- Teaches and counsels individuals, families, and other groups about health, illness, and health-seeking behaviors
- Critiques and applies research findings to clinical practice
- Provides direct patient care and assumes leadership roles in directing nursing care to individuals, groups, and families
- Participates and assumes beginning leadership roles
- Uses principles of ethics and the professional code as a framework for decision-making
- Works effectively as a member of an interdisciplinary healthcare team
- Uses effective communication techniques with diverse clients, colleagues, and information systems
- Describes process of healthcare policy development

According to the SON Systematic Plan for Evaluation (Appendix A), the courses are reviewed at least every five years. Revisions are discussed at the BSN program meeting and changes are approved by the Curriculum Committee and the faculty as a whole.

Each nursing course has objectives for student learning. Assignments, learning experiences and exams are focused on assisting individual student achievement on each of those objectives and establish the foundation for the faculty to assess the student in meeting those objectives. For example in NURS 230 (Nursing Care of the Adult I), an objective is to "use the nursing process to deliver safe, professional care to adult clients". This objective is in alignment with SLOs to use effective communication techniques with diverse clients, colleagues and information systems. In the clinical setting, students use the Situation-Background-Assessment-Recommendation (SBAR)

technique which provides a framework for communication between members of the health care team about a patient's condition. The nursing process is integral to students' introduction to documentation in the electronic health record, another form of communication.

Individual student outcomes are evaluated using uniform clinical evaluative tools that are adapted to reflect individual clinical content and course objectives. The clinical evaluation tools used in various courses throughout the curriculum are developed in a consistent manner with variations to reflect individual course clinical content and objectives. These tools are used to assess and evaluate individual student achievement of course objectives in clinical experiences. These clinical evaluation tools are based on course learning objectives and serve as the framework to evaluate individual achievement of clinical course objectives. (Appendix L).

As an example of interprofessional teamwork, in NURS 339 (Care of the Perioperative Adult and Older Adult Patient), students are members of an interprofessional perioperative team where they develop strategies to contribute to teamwork and collaboration with emphasis on communication, patient advocacy and leadership skills.

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

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:

The curriculum incorporates the knowledge and skills identified in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998). The baccalaureate program is designed to prepare graduates for the role of a beginning generalist. Appendix M (BSN crosswalk identifies courses in which the *Essentials* knowledge and skills requirements can be found in the BSN program) reflects the courses in which each of the identified knowledge and skills essential requirements can be found in NURS courses.

A careful analysis by undergraduate faculty identified the presence of all of the Baccalaureate Essentials threaded throughout the curriculum. The BSN program crosswalks between the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) and the courses and objectives are contained in Appendix M. Individual course syllabi delineate the specific assignments appropriate for attainment of level competencies. Course syllabi will be available in the resource room.

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:

High school graduates entering CWRU are required to have a background in math, science, social studies, and English. Admission information can be found here: <http://admission.case.edu/apply/strongapplication.aspx>. There is no GPA minimum or minimum required standardized test score. However, our students are highly qualified with a median high school GPA 3.64 (standardized to a 4.0 scale), SAT score median of 1320 and ACT median score of 29.

Table 6 Qualifications of incoming students for three years

Year (N)	Median HS GPA (4.0 scale)	Median SAT	Median ACT
2013 (94)	3.61	1300	28
2014 (91)	3.54	1290	29
2015 (64)	3.64	1320	29

Students are directly admitted to the SON and begin nursing courses in the first semester. CWRU requires core classes (40 credits) for graduation. Required courses for nursing include: chemistry, anatomy and physiology, microbiology, pharmacology, informatics, nutrition, and sociology. Consistent with requirements for all undergraduates at CWRU, nursing students must complete general education requirements that include arts and humanities courses and natural and mathematical sciences.

One unique aspect at CWRU is that English is taught through the Seminar Approach to General Education and Scholarship (SAGES) which “provides a foundation in critical thinking, written and oral communication, the use of information, quantitative reasoning, engagement with ethical issues and diversity, and exposure to experimental and theoretical approaches to understanding human culture and behavior, scientific knowledge, and methods of research.” SAGES courses combine communication (oral and written) with substantive content in a particular area. There are three main categories from which students can choose SAGES courses: the natural world, the social world, and the symbolic world. Nursing students attend SAGES courses with undergraduates from other majors, taught by faculty from across the university. There are also Departmental Seminars specific to the student's major and a capstone requirement. For nursing students, the departmental seminar is NURS 320, Theoretical and Evidence Bases for Best Practice in Nursing. The capstone course, NURS 373, Global Health Practicum, is used to meet the capstone requirement for the university.

The nursing curriculum builds upon the foundation of the sciences, humanities and arts. The undergraduate curriculum is in Appendix N. BSN students are required to take SOCI 203, Human Development: Medical and Social, which addresses social influences on health and illness across the life span. BIOL 116, Introduction to Human Anatomy and Physiology, covers homeostasis, cell structure and function, membrane transport, tissue types and the integumentary, skeletal, muscular and nervous systems. The course content from these courses is integral to

the nursing courses. The nursing courses build on the foundational courses in the sciences, humanities and arts. For example, NURS 250, Aging in Health and Illness, explores the concept of aging as a healthy developmental process with a particular focus on the elderly as active, independent, and contributing members of the community. Content includes the physiology of aging, health problems common to the elderly, the psychological, emotional, and sociological aspects of the aging process and policy issues.

In order to ensure logical progression through the nursing curriculum, course prerequisites and co-requisites have been established. They are reviewed periodically by the BSN program committee and revision recommendations are presented to the Curriculum Committee and then the total faculty for approval. The relationship of the nursing courses and their respective pre-requisites/co-requisites is found in Appendix N.

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:

The curriculum provides a learning environment that supports the achievement of SLOs. Courses are designed to provide many opportunities for students to demonstrate attainment of course and program objectives. Students are socialized into the profession of nursing in NURS 110 (Foundations of the Discipline) and NURS 111 (Foundations of the Practice). Students then progress into the medical-surgical courses in the sophomore year with the integrated pharmacology content (newly revised for academic year 2015-2016). In the junior year, students move into pediatrics (NURS 316), maternal-child health (NURS 315), perioperative nursing (NURS 339) and complex care of the acutely ill adult (NURS 338). In the senior year, students complete public health nursing (integrated with the SAGES capstone course) and the precepted senior experience (> 300 clinical hours with a staff RN).

Teaching learning practices that support the achievement of expected individual learning outcomes include: low faculty to student ratio in lab and clinical settings, use of a consistent clinical evaluation tool within the course, and the integration of technology through simulation and 24/7 access to educational materials through a course management system. In addition, BSN students have experiential learning in the form of service learning (NURS 160, 210, 260, 310 and 360), extensive clinical experiences in a variety of settings, and opportunity for a global health experience.

The faculty members teaching in the BSN program incorporate innovation in a number of ways. For example, in NURS 250 (Aging in Health and Disease) students do not have a clinical component. Students develop case studies from their clinical experiences and select research articles related to the case studies to critique. They apply content that they review prior to class. They also practice patient and family education (written and verbal) in class. Students participate in mock huddles for practicing teamwork and collaboration. Classes are divided into groups to critique and review assessment instruments for care of older adults and then report to the entire group. Students interview an older adult and write an analysis applying theories of aging, health promotion concepts, identifying health promotion need and describing assessment findings. Through support from the central university, the faculty member teaching this course uses an active learning classroom that is physically designed to support small group work and collaborative shared work. Site visitors will be shown examples of these classrooms.

All students have a required experience in a service learning project across 5 courses (NURS 160, 210, 260, 310 and 360). These courses involve the students providing care and education in the Cleveland Municipal School District. The courses build on one another, with students learning new skills in each course. Revisions to these courses and the sequencing are described in Standard III-F.

NURS 160 course explores the relationships between cultural competency, health and wellness, and patient-centered care. Utilizing a balance between knowledge-centered and skill-centered approaches in assessing culturally competent care, students will engage in both traditional classroom and transcultural experiential learning encounters.

NURS 210 explores the relationships between, learning needs, health literacy, teaching/learning interventions and evaluation of learning. Utilizing a balance between knowledge-centered and skill-centered approaches to delivering culturally competent care, students will engage in both traditional classroom and transcultural experiential learning encounters.

NURS 260 utilizing a balance between knowledge centered and skill centered approaches students will apply concepts of team work and collaboration to experiential learning outcomes.

NURS 310 explores nursing's role as a community health advocate in the promotion of health and the elimination of health disparities. Utilizing a balance between knowledge-centered and skill centered approaches to delivering culturally competent care, students will apply leadership concepts in both traditional classroom and transcultural experiential learning encounters.

NURS 360 Students will explore nursing's role as a community health advocate in the promotion of health and the elimination of health disparities. Utilizing a balance between knowledge-centered and skill-centered approaches to delivering culturally competent care, students will engage in both traditional classroom and transcultural experiential learning encounters.

All students have the opportunity to travel abroad in both interdisciplinary short courses (e.g. over spring break) or as part of their capstone course. Approximately 15-20% of students choose to do so.

Simulation experiences have been added to clinical courses throughout the curriculum. In the lab, students practice skills and clinical decision making using both low and high fidelity simulation. These planned simulation experiences provide hands-on learning opportunities for students in a safe and controlled atmosphere. Private funding has provided monies for acquisition of additional mannequins and a larger dedicated simulation area, including a perioperative suite. These additions will provide for additional and expanded simulation experiences. The SON is one of a small number of universities that also utilizes simulation in the psychiatric nursing course through a simulated patient encounter focused on communication.

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:

The clinical courses have three components: lecture, laboratory and clinical. The grade is for all three components which students need to successfully complete before progressing. Students begin their programs with 4 hour clinical sessions and end their programs in a precepted clinical experience (330 clinical hours) with a RN preceptor working the preceptor's schedule. Our students receive more than 1500 clinical hours over the 4 year/8 semester program.

Planned clinical experiences are central to the undergraduate program. Clinical sites and assignments are selected with careful consideration of course content and objectives. Students are placed in a variety of clinical settings, from world class academic medical centers with Magnet designation to local community health agencies and the Cleveland Municipal School district. The placement of students is determined by the faculty based on the course objectives. There is continual refinement of placements as practice needs change.

As noted in Standard III-G, clinical sites are evaluated each semester by students and faculty. A list of the current course specific clinical sites can be found in Appendix O. Each clinical course has a "coordinator" who is responsible for the clinical component of the course including regular communication with the clinical faculty responsible in each site where a student clinical group is placed. The course coordinator also communicates with the nursing leadership within each site. Finally at the end of the semester, the course coordinator leads the evaluation of each clinical site. If there are student performance concerns in the clinical component of the course, the course coordinator is also responsible for assisting the clinical faculty in identifying and remediating the concerns.

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 community of interest (COI) for the SON undergraduate program includes currently enrolled students, potential employers, health care agencies where students practice, and external advisors from within as well as outside the profession of nursing. Input from these groups is obtained through various methods. The SON has a Visiting Committee comprised of alumni and leaders from health care and the business community (See AppendixP). The Alumni Board is composed of alumni from across the age span of nursing graduates. There is also a Chief Nurse Officer advisory group who meets with the Dean and her administrative team. At these meetings, the members are updated on the nursing program and are invited to provide valuable input.

Consistent with the SON commitment to the pursuit of excellence in service to local and global communities, the SON has ongoing exchange and study programs with Wuhan University in China, Hong Kong University in Hong Kong, as well as Ireland, Denmark, the Netherlands and Nicaragua. Students attend classes at the local university and participate in a public health project that their host school is conducting. In addition to US sites such as Hawaii, the Alaskan Department of Public Health, and the University of the Virgin Islands, there are multiple local communities including free clinics, home care health agencies, women's shelters, the Cleveland Public School System and the National Youth Sports Program, a program which hosts 400 inner city school children on the CWRU campus. These exchange programs broaden our students' view of the culture and health needs both nationally and abroad. As well, having students from other countries in residence with our students provides SON faculty and students with a global perspective.

Student and faculty input drove changes in community-focused courses. During the 2013-14 academic year the faculty refined the NURS 160, 210, 260, 310 and 360 (Community Engagement Seminar I, II, III, IV and V) sequencing and curriculum. The original sequence had students exploring multiple aspects of community health nursing practice and each course built upon the next. Student evaluations consistently showed that the courses were not well differentiated. Faculty feedback included that the large class sizes made the coordination of clinical experience difficult. The course faculty revised the courses so that each had a particular focus of community health nursing. The course sequence was changed so that students could choose the semester they took NURS 210 (revised title: Teaching and learning in the community) and NURS 260 (Evidence based public policy in the community) sophomore year and NURS 310 (Leadership in the community) and NURS 360 (Process change in the community) junior year. The new courses and sequencing were piloted during the 2014-15 academic year. Students reported higher satisfaction with the courses in the course evaluations as they were more clearly differentiated. Faculty reported higher satisfaction in their evaluation of the courses as they were able to teach courses that fit more closely with their specialty as it related to community health. These course sequence changes were approved at the end of the academic year (May 2015) after course assignments had been finalized (students were already placed into groups) and will be implemented starting in AY 2016.

Based on student interest in global experiences, the public health content is scheduled to accommodate students being able to participate in global and remote sites (e.g. Alaska). The courses, NURS 370 Nursing Informatics, NURS 371 Public Health Nursing, and NURS 372 Health in the Global Community, are scheduled in an intensive format (over contiguous days from 9am to 5pm). The students then leave for their capstone site (NURS 373, Global Health Practicum) during the regular semester with faculty interaction via web conferencing and the course management system. This course is one of 4 required for the university conferred global health certificate.

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:

Faculty members evaluate student performance using a variety of evaluation methods. Course objectives provide structure for the evaluation of the overall program objectives. Classroom and clinical evaluations are conducted according to criteria specified in each syllabus and assignments are designed to meet course objectives. The final course grade reflects satisfactory achievement of expected individual SLOs. Kaplan Integrated Testing System exam scores (specialty and comprehensive) have been used throughout the program to assess student achievement of course specific and program outcomes. Kaplan scores are used in developing an individualized learning plan.

Students receive ongoing formative feedback. Students whose performance is unsatisfactory during the formative evaluation period are provided with a written performance plan (i.e. remediation plan). The student's advisor, the assistant director and the director of the BSN program are notified. See Appendix Q for the student performance

plan template. In some courses, students complete a weekly self-evaluation/reflection and in all courses students are encouraged to complete a final self-evaluation. Clinical faculty members meet with individual students to provide summative evaluations at the end of each clinical experience. Clinical grading is pass/fail in the undergraduate program and clinical performance must be satisfactory to pass the course. All grading criteria are clearly indicated on each course syllabus. Small clinical group size facilitates attention to individual student learning needs. Standardization of the clinical evaluation tool facilitates student self-evaluation and reflection.

Students in the precepted clinical experience are evaluated by the faculty member assigned to that experience with feedback and input from the RN preceptor. The faculty member is responsible for assigning the grade.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (See Appendix R). It is the responsibility of the student to notify the faculty member regarding the need to receive accommodations. The guidelines are included in all course syllabi.

We will provide examples of examinations, presentations, papers, projects and other kinds of assignments and course activities in the resource room.

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:

Plans for evaluation of the curriculum and teaching-learning practices are identified in the Systematic Plan of Evaluation (SPE). A systematic review is completed by the faculty per the SPE and is used to foster ongoing quality improvement. The SPE is located in Appendix A. Input from the communities of interest are included in these decisions.

Faculty review each course at the end of the semester with the course coordinator responsible for leading the evaluation. The results are shared within each level with overall evaluative comments shared at the program meeting.

In addition, students are requested to evaluate the faculty and the course at the end of each semester. (CWRU does not require students to complete course evaluations although there has been discussion about this within the Faculty Senate.) Faculty members use this feedback to make revisions to the course as necessary. Also, faculty members use both formal and informal strategies to elicit student input throughout the semester to monitor student satisfaction and progress, and clinical site effectiveness. Course and clinical experiences have been revised based upon critical review of the information received. For example, when the faculty member and students in NURS 339 (Care of the Perioperative Patient) expressed concerns regarding the adequacy of clinical experiences at a specific site, the decision was made to move students to another site where better experiences were available.

As an example of a curricular revision, there was concern that the pharmacology course (2 credits) in the first semester of the sophomore year was not sufficient and was not integrated with the medical-surgical clinical courses also being taken at the same time. As a result, the BSN faculty proposed that there be two pharmacology courses in the sophomore year and that the content between the two medical-surgical and pharmacology courses match. To keep the course load allocation from exceeding what was taken by other undergraduates within CWRU,

the two courses are 1.5 credits each. This change was reviewed by the Curriculum Committee, forwarded to the Faculty Executive Committee and approved by the faculty as a whole.

Strengths and Areas for Improvement/Plan:

Strengths of the program: Our students receive extensive clinical experiences with more than 1500 hours by graduation. We also have nationally known clinical sites (University Hospitals of Cleveland, The Cleveland Clinic) that serve a diverse population and provide extensive experiences.

A second strength is the community engagement courses that provide a service learning experience to the children in the Cleveland Municipal School District. Our students spend 5 semesters in the community engagement courses, acquiring clinical and communication skills.

Third, we are one of the few BSN programs in the country to offer a peri-operative clinical experience.

Areas for Improvement/Plan: One area where we will be focusing our efforts in the BSN program is in providing more health policy exposure. Our students recognize the impact of health policy decisions on patient outcomes and some have been active in the National Student Nursing Association. Our plan is to explore additional possibilities for all students to participate in health policy-related activities (e.g. Nurse's Day at the Statehouse, attending City Council meetings where health issues are discussed).

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.

MN program

The MN program is a second degree program, designed for persons with an undergraduate degree in another field. Detailed information about the MN program is available at:

<http://fpb.case.edu/GradEntry/curriculum.shtm>

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 overall MN curriculum, each course, and the outcome learning objectives for each course are designed to meet the MN SLOs (see below). The MN curriculum progresses from the acquisition of basic nursing theory and skills to complex clinical reasoning at the graduate level. Assignments, learning experiences and exams in each course are designed to support individual student achievement of each of course objectives and, thus, the MN SLOs.

The SLOs for the MN program are:

- Quality Improvement: Leads interprofessional, culturally-sensitive, and evidence-based initiatives within organizations and systems to continuously improve the safety and quality of healthcare.
- Research and Scholarship: Initiates use of theory and research to identify clinical problems or solutions, participates in scientific inquiry, and translates scholarship into practice
- Nature of Practice: Assumes the direct and indirect roles and functions of advanced nursing practice to promote health, prevent illness, and improve the health of patients and populations.
- Leadership: Promotes implementation of the full scope of nursing practice and assumes leadership positions in employer, professional, or community organizations at the local/state/national level.
- Ethics: Incorporates ethical principles in complex situations of advanced nursing practice and clinical inquiry.
- Collaboration: Collaborates with other health care professionals to initiate intra- and/or interprofessional teams to enhance practice and patient/population health outcomes.
- Communication: Integrates information, technology, and practice guidelines to promote effective communication among patients and colleagues within health care systems.

- **Advocacy and Policy Development:** Advocates for the development of health and social policy to improve health and practice by community engagement and participating in employer and professional organizations.

According to the SON Systematic Plan for Evaluation (Appendix A), the courses are reviewed at least every five years. Additionally, the MN program director and faculty teaching in both the MN and MSN programs attended MSN faculty meetings and monitor to assess whether changes in the MSN curriculum will impact MSN courses incorporated in the MN curriculum. Revisions are initiated and recommended at the MN program meeting and changes are approved by the Curriculum Committee and the faculty as a whole. Likewise, the admission requirements are reviewed by the MN admission committee. Suggested changes are brought to the MN faculty and proceed as per changes in curriculum.

For example, the table below uses NURS 451, Leadership for Improving Healthcare within Organizations and Systems to illustrate linkages to the SLOs and curricular review. As part of continuous improvement of the curriculum, in 2014 faculty identified the needs for enhanced content on leadership for quality improvement. This course, approved by the SON faculty in May, 2014, is required for all MN students effective with the class enrolling in Fall, 2014. It was taught as a pilot in Spring, 2015 semester. Students could elect the course in place of NURS 459 Health Assessment for Advanced Nursing Practice.

Table 7 Linkage between course objectives, teaching/learning strategies and evaluation methods

Course Outcome Learning Objective	Teaching/Learning Strategies	Evaluation Methods
1. Analyze the dynamic nature of factors, including economic, legal, political, and communication, that influence-organizational and system change.	1. Students completed relevant IHI Open School courses. 2. Assigned readings in Ogrinc, G. et. al. (2012) <i>Fundamentals of health care improvement</i> . 3. Lecture and discussion in class including guest speakers. 4. Team CQI field project in collaboration with clinical partner organization. 5. Regular faculty-team – sponsor meetings throughout semester.	1. Points assigned for completing IHI courses and the IHI Basic Certificate. 2. Assignments A, B, and D of the Field Project. Faculty graded each section and provided feedback. Students could revise before submitting final project. 3. Mid-and final term reflections.
2. Analyze leadership skills needed to promote ethical and critical decision-making and effective interprofessional relationships within organizations and systems.	1. Students completed weekly assignments in George, B.(2008) <i>Finding your true north: A personal guide</i> and took turns leading seminar discussion of the assigned section. 2. Team CQI field project in collaboration with clinical partner organization. 3. Regular faculty-team – sponsor meetings throughout semester.	1. Students were awarded points for participation in, and leadership of, seminar discussions. 2. Assignments C and E of the field project. Faculty graded each section and provided feedback. Students could revise before submitting final project 3. Mid and final term reflections.

Course Outcome Learning Objective	Teaching/Learning Strategies	Evaluation Methods
3. Explain the use of current and emerging information technologies to improve health outcomes.	1. Students completed relevant IHI Open School Courses and assigned readings in text. 2. Class lecture and discussion on Process map and data plans (run charts, etc)-Guest speaker. 3. Students utilized information technology to collect data for field project. 4. Related content covered in concurrent required NUMN 403B, separate 1 cr. system informatics course. Effective Spring, 2016 semester the relevant content will be incorporated in this course.	1. Points assigned for completing IHI courses and the IHI Basic Certificate. 2. Assignments of the Field Project, particularly C and E. Faculty graded each section and provided feedback. Students could revise before submitting final project. 3. Evaluation methods for NUMN 403B.
4. Identify processes, measures, context, and standards needed to improve quality within an organization.	1. Students completed relevant IHI Open School Courses and assigned readings in text. 2. Class lecture and discussion including guest speakers. 3. Team CQI field project in collaboration with clinical partner organization. 4. Regular faculty-team-sponsor meetings throughout semester.	1. Points assigned for completing IHI courses and the IHI Basic Certificate. 2. Assignments of the Field Project, particularly C and E. Faculty graded each section and provided feedback. Students could revise before submitting final project. 3. Mid and final term reflections.
5. Apply theories of systems and organizations to improve the quality of health care.	1. Students completed relevant IHI Open School Courses and assigned readings in text. 2. Class lecture and discussion including guest speakers. 3. Team CQI field project in collaboration with clinical partner organization. 4. Regular faculty-team – sponsor meetings throughout semester.	1. Points assigned for completing IHI courses and the IHI Basic Certificate. 2. Assignments of the Field Project, particularly C and E. Faculty graded each section and provided feedback. Students could revise before submitting final project. 3. Mid and final term reflections.

Individual student outcomes are evaluated using uniform clinical evaluative tools that are adapted to reflect individual clinical content and course objectives. Each clinical course uses a core clinical evaluation tool which has a section added with behaviors unique to the objectives of that course. The clinical evaluation tools used in various courses throughout the curriculum are developed in a consistent manner with variations to reflect individual course clinical content and objectives. These tools are used to assess and evaluate individual student achievement of course objectives in clinical experiences. These clinical evaluation tools are based on course learning objectives and serve as the framework to evaluate individual achievement of clinical course objectives. (Appendix S).

For example, in NUND 407 Acute Care of Adults, the focus of the course is the implementation of the nursing process in clinical practice, with particular emphasis on nursing strategies, interventions, and the evaluation of the effectiveness in the care of the acutely ill adult. Clinical experiences are designed to allow students the opportunity to provide compassionate and coordinated patient centered care as members of an interdisciplinary team. In addition to clinical experiences (2 days/week; 16 hours total) in the acute care setting, students are also exposed to the intensive care and hospice environments. Students also participate in an interdisciplinary educational event in an effort to improve understanding of other health professions perspectives and to enhance communication.

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

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:

The curriculum incorporates the knowledge and skills identified in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998) and *The Essentials of Master's Education in Nursing* (AACN, 2011). The MN program is designed to prepare graduates for the role of an advanced generalist. Appendix T (MN Crosswalk maps the courses and SLOs to the Baccalaureate and Master's *Essentials*) reflects the courses in which each of the identified knowledge and skills can be found in the NUMN, NUNP, and NURS courses.

A careful analysis by the MN program faculty identified the presence of all Baccalaureate and Masters Essentials threaded throughout the curriculum. Individual course syllabi delineate the specific assignments appropriate for attainment of level competencies. Course syllabi will be available in the resource room.

Examples of results and action taken based on evaluation of the MN curriculum include: 1) during 2013-2014, review of the Masters Essentials led to faculty concern that the objectives for the introductory Altered Human Function course (NUMN 405) were not at the graduate level. The program faculty reviewed the objectives and title and revised them to reflect higher level thinking and performance. This change was reviewed by the Curriculum Committee, forwarded to the Faculty Executive Committee and approved by the faculty as a whole; 2) In 2014-2015, the MN curriculum was revised to respond to the decrease, by MSN faculty, of NURS 405 Inquiry credits from 3 to 2. Based on faculty review of the curriculum in light of trends in healthcare and the Baccalaureate Essentials, the one credit was added to the didactic for NUMN 411, public health nursing and 3) in regard to admission requirements, faculty identified a gap in student knowledge and skills around human nutrition. After review of approaches to address this gap, the admission committee recommended to revise the pre-requisite courses for admission to the program to include a course in human nutrition. This proposal was endorsed by the MN faculty, reviewed by Curriculum Committee and approved by the SON faculty.

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:

College graduates entering CWRU's MN program are required to have a strong background in science, social studies, and English. The program pre-requisites are noted below:

- BA, BS or BFA with acceptable overall undergraduate GPAs (3.0 cumulative; 2.75 natural science; 2.75 behavioral sciences). A grade of C (2.0) or higher is required for individual pre-requisite courses.
- English Composition: One course or approved equivalent; at least 3 credits
- Psychology, Sociology, or Anthropology- one course, at least 3 credits
- Human Growth and Development Across the Lifespan: One course; at least 3 credits
- Chemistry: Two courses. One course in general or inorganic chemistry (lab preferred), plus one course in organic chemistry or biochemistry equivalent to Case Western Reserve's BIOL 121 within 5 years prior to enrollment (lab preferred). At least 6 credits total.
- Human Anatomy and Physiology: With labs, at least 6 credits within 5 years prior to enrollment.
- Microbiology: One course, at least 4 credits, with lab within 5 years prior to enrollment.
- Nutrition, one course, 3 credits
- Statistics: One course, at least 3 credits, equivalent to Case Western Reserve's STAT 201 (must include ANOVA) required within 5 years prior to enrollment in the program

Students are directly admitted to the SON and begin nursing courses in the first semester of the MN program. There is also an option for students in their senior year of college to apply and start coursework as part of the Senior Year in Professional Studies. There are few students who elect this option.

Requirements and information are available at:

<http://fpb.case.edu/GradEntry/curriculum.shtm>

The MN program requires 72 credits over 4 semesters for completion. Required courses for nursing include: physiology, pharmacology, informatics, ethics and clinical nursing courses.

The nursing curriculum builds upon the foundation of the sciences, humanities and arts attained in the undergraduate program. The following examples illustrate the application of this foundation in the MN curriculum: (Appendix U).

- The MN course description for NUMN 405, Pathophysiology for the Advanced Generalist Nurse, includes “this course in clinical pathophysiology examines the biological basis and pathophysiological outcomes of selected disease processes that alter human physiologic and cognitive function.” This course builds on the student's foundation of normal anatomy and physiology which are prerequisites for program admission (Human Anatomy and Physiology with lab).
- Prerequisite course: Growth and Development Across the Lifespan. A foundation in lifespan development is required in order to meet this analysis-level objective of NUMN 415: The Childbearing Family (Objective--Critique the influence of intervening variables, including culture, age, economic status, and use of technology on biological and psychosocial development of the childbearing family in health and illness) and this objective of NUMN 416 Children and Families in Health and Illness: “Incorporate scientific theories, research evidence, legal mandates, cultural sensitivity, and developmental principles relevant to children and families in planning, implementing the nursing process and continual improvement of health care across diverse settings”.

In order to ensure logical progression through the nursing curriculum, course prerequisites and co-requisites have been established. They are reviewed periodically by the MN program committee and revision recommendations are presented to the Curriculum Committee and then the total faculty for approval. The relationship of the nursing courses and their respective pre-requisites/co-requisites is found in Appendix U. At the time of the site visit, the faculty will be evaluating whether the detailed pre-requisites are required or whether it is sufficient to identify that passing grades in all courses in one semester are required to progress. This possible change is in consideration of how the university Student Information System can be challenging to use when there are many pre- and co-requisite courses.

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:

The MN curriculum provides a learning environment that supports the achievement of SLOs. Courses are designed to provide many opportunities for students to demonstrate attainment of course and program objectives. Students are socialized into the profession of nursing in NUMN 401 110 (Introduction to the Discipline and Practice of Nursing) and to public health nursing in NUMN 411. Students then progress into the medical-surgical, health promotion and aging courses in the second semester. In the third semester year, students move into pediatrics (NUMN 416), maternal-child health (NUMN 415), and psychiatric-mental health nursing (NUMN 417). In the fourth semester, students complete critical care nursing (NUMN 418), and leadership courses for quality improvement through didactic and practicum experiences (NURS 451 and NUMN 419).

Teaching learning practices that support the achievement of expected individual learning outcomes include: low faculty to student ratio in lab and clinical settings, use of a consistent clinical evaluation tool within the course, and the integration of technology through simulation and 24/7 access to educational materials through a course management system. Experiential learning opportunities include clinical experiences in a variety of settings, simulation, implementation of a quality improvement project and experience in the hybrid dedicated education unit

As part of the newly developed MN concentration in leadership for quality healthcare, all students will receive didactic content in NURS 451 and then collaborate in teams with a clinical partner organization to implement a quality improvement project in in NUMN 419. In 2014 and 2015, students had an option of taking NURS 451 (or a companion course NURS 468) with approximately half of the students electing to take this course. All MN students have been completing a small scale QI project as part of their critical care course and students electing the QI

course in 2014 and 2015 completed a semester long QI project. The practicum course will be offered for the first time in the spring 2016 and will, in addition to the team QI project, include a project focused on preventive health at the population level

Simulation experiences have been added to clinical courses throughout the curriculum. In the LRC, students practice skills and clinical decision making using low and high fidelity simulation as well as standardized patients. These planned simulation experiences provide hands-on learning opportunities for students in a safe and controlled atmosphere. Private funding has provided monies for acquisition of additional mannequins and a larger dedicated simulation area. This will provide for additional and expanded simulation experiences. The SON is one of a small number of universities that also utilizes simulation in the psychiatric nursing course through a standardized patient encounter focused on focused assessment and communication.

In spring 2014 and continuing in spring 2015, the MN program collaborated with senior and mid-level leaders at University Hospitals Case Medical Center to develop, plan, and implement the hybrid model of a dedicated education unit (H-DEU). The H-DEU is a creative model of clinical instruction designed to address the MN program's goal to provide students with an immersion experience and UHCMC's goal to address challenges in meeting the increasing number of requests of area schools of nursing requests for immersion experiences, some specifically requesting the DEU model. In the H-DEU model, the student works with an RN preceptor for a portion of their clinical time and with the clinical instructor for the remainder of their clinical time. This was initially trialed in NUMN 418 in the CICU and then expanded to include NUND 415 (parents and neonates in health and illness). As part of this educational innovation, outcome and satisfaction data were collected from the faculty, students and preceptors. Recommendations and suggestions from the initial H-DEU project were incorporated into the second year. The students have been very positive about this approach and our clinical partners have positive about this as well. At least 3 students in NUMN 418 who participated in the H-DEU were hired into the CICU unit as new graduates. The H-DEU program is being expanded each year.

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:

Planned clinical experiences are central to the MN program. Students are placed in a variety of clinical settings, from world class academic medical centers with magnet status to local community health agencies. The placement of students is determined by the faculty based on the course objectives. There is continual refinement of placements as practice needs change. Clinical sites and assignments are selected with careful consideration of course content and objectives. A list of the current course specific clinical sites can be found in Appendix V.

All clinical courses have lecture and clinical components and four clinical courses also include a lab. The final grade includes all components which students need to successfully complete before progressing. Our students receive more than 1000 clinical hours over the 4 semester program.

Each clinical site is evaluated by the faculty members involved in the course at the completion of each semester. Each clinical course has a “coordinator” who is responsible for the clinical component of the course including regular communication with the clinical faculty responsible in each site where a student clinical group is placed. The course coordinator also communicates with the nursing leadership within each site. Finally at the end of the semester, the course coordinator leads the evaluation of each clinical site. If there are student performance concerns in the clinical component of the course, the course coordinator is also responsible for assisting the clinical faculty in identifying and remediating the concerns.

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 community of interest (COI) for the SON MN program includes currently enrolled students, potential employers, health care agencies where students practice, and external advisors from within as well as outside the profession of nursing. Input from these groups is obtained through a variety of means. The SON has a Visiting Committee comprised of alumni and local leaders from health care and the business community (See Appendix P). The Alumni Board is composed of alumni from across the age span of nursing graduates. There is also a Chief Nurse Officer advisory group who meets with the dean and her administrative team. At these meetings, the members are updated on the nursing program and are invited to provide valuable input.

Since its introduction in 2009, the MN faculty has used a continuous improvement process to revise the admission requirements and curriculum in response to evaluation findings from diverse internal and external stakeholders within the COI. For example:

- Admission requirements: Prior to Fall 2014, content on human nutrition was integrated throughout the curriculum. However, evaluation findings in response to faculty and student feedback and awareness of the increasing role of nutrition in clinical prevention and disease management, led to revision of the pre-requisite courses required for admission to include a course in human nutrition. As adequate time is necessary for applicants to take pre-requisite courses, this requirement was preferred for the class entering in Fall 2013 and required for the class entering in Fall, 2014.
- Curriculum: The initial MN curriculum implemented in Fall 2009, included an MSN course, NURS 459, Assessment for Advanced Practice, as a required course in semester 4. The first class took the course in Spring 2011. Although grades were satisfactory, feedback from faculty and students in 2011 and 2012 indicated the course as taught at SON may not be appropriate for pre-licensure students as some students were not ready to fully appreciate the depth of the advanced practice content and there was concern that students who did not progress to the MSN program in a timely manner would risk a decline in essential knowledge and skills for the MSN clinical courses. This was borne out in 2013 based on faculty feedback. At the same time, faculty identified a need to add depth and breadth to the “concentration” of leadership for evidence based quality improvement. To address both concerns, students who entered in 2012 and 2013 were offered the option of taking NURS 459 or a course in continuous quality improvement and the curriculum was revised effective with the class entering in Fall, 2014 to replace

NURS 459 with a new MSN course in Leadership for Quality Improvement and a add a required practicum with a clinical partner.

- Curriculum: As students take MSN core courses during the MN program, the MN curriculum may be impacted by changes in the MSN core curriculum. For example, the MN curriculum was revised in response to: discontinuation of the MSN teaching/learning course, addition of the MSN psycho-spiritual course (NURS 431), and decrease of the MSN theory course (NURS 405) from 3 to 2 credits.
- Immersion experience: In response to student requests and hiring preferences of area employers, the faculty has undertaken to provide MN students with an immersion clinical experience. Due to clinical partners' constraints in availability of preceptors, a new model of a Hybrid –DEU was developed, implemented and evaluated in collaboration with UHCMC. It has been quite successful and faculty are seeking opportunities to expand to other clinical partners.

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:

Faculty members evaluate student performance using a variety of evaluation methods. Course objectives provide structure for the evaluation of the overall program objectives. Classroom and clinical evaluations are conducted according to criteria specified in each syllabus and assignments are designed to meet course objectives. The final course grade reflects satisfactory achievement of expected individual SLOs. Examples of exams, presentations, and projects are available in the resource room.

All MNs are expected to utilize the Kaplan Integrated Testing System throughout the two year program. Based on a plan developed by MN faculty in conjunction with Kaplan education consultants, students are required to take designated secure (subject and comprehensive) and focused review (subject) tests within the Kaplan Integrated Testing System each semester. In each course in which a secure or focused review exam is required, up to five points are allocated to the student's final grade in the course based on whether the test was completed and the extent to which it was remediated.

Small clinical group size facilitates attention to individual student learning needs. Standardization of the clinical evaluation tool facilitates student self-evaluation and reflection. Faculty members are encouraged to seek formative evaluation of didactic, lab, and clinical instruction.

The MN faculty members use a continuous improvement approach to promoting student success in the program. Students receive ongoing formative feedback in all courses, particularly in clinical courses. In situations where a student's performance is unsatisfactory, faculty members collaborate with the student to discuss the concern and develop a written performance improvement plan (i.e. remediation plan). See Appendix W for the student performance plan template. Clinical faculty members meet with individual students for a mid-rotation evaluation for all courses except public health and health and aging in which it is optional. Summative evaluations are required for all clinical courses at the end of the clinical experience. Clinical grading is pass/fail in the MN program

and clinical performance must be satisfactory to pass the course. All grading criteria are clearly indicated on each course syllabus.

Students in the precepted clinical experience as part of the hybrid DEU are evaluated by the faculty member assigned to that experience with feedback and input from the RN preceptor. The faculty member is responsible for assigning the grade.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (See Appendix R). It is the responsibility of the student to notify the faculty member regarding the need to receive accommodations. The guidelines are included in all course syllabi.

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:

Plans for evaluation of the curriculum and teaching-learning practices are identified in the Systematic Plan of Evaluation (SPE). A systematic review is completed by the faculty per the SPE and is used to foster ongoing quality improvement (Appendix A). Input from the communities of interest is included in these decisions. Since 2007, program faculty have used multi-stakeholder evaluation data and a continuous improvement process that led to a massive revision of required pre-requisite courses, curriculum changes, and creation of the MN degree in 2008-2009. This has been followed by updating of prerequisites (see previous example of nutrition) and at least annual revisions in curriculum with a substantive revision effective Fall, 2014.

In addition, students are requested to evaluate the faculty and the course at the end of each semester. (CWRU does not require students to complete course evaluations although there has been discussion about this within the Faculty Senate.) Faculty members use this feedback to make revisions to the course and program as necessary. Also, faculty members use both formal and informal strategies to elicit student input throughout the semester to monitor student satisfaction and progress, and clinical site effectiveness. Course and clinical experiences have been revised based upon critical review of the information received.

The following examples, two of which were described in III-D, illustrate how evaluation of curriculum and teaching-learning practices foster ongoing improvement of the MN program:

- The constructivist paradigm and interactive teaching-learning strategies have emerged as best-practices in teaching-learning. NUMN 406 is an example of how faculty members teaching in the MN program have incorporated these approaches to teaching-learning. The course leader applied and was accepted to be a CWRU Teaching-Learning Fellow in 2014-2015. As part of her project, she arranged to hold her Spring, 2015 semester class sessions in the active learning classroom in Nord Hall. Based on the success of this course, she has requested this space for the Spring, 2016 semester.
- The success of the aforementioned Hybrid-Dedicated Education Unit (H-EDU) piloted in NUMN 418, Critical Care Nursing, at University Hospitals Case Medical Center (UHCMC) during Spring, 2014 led to continuation of the H-DEU in spring, 2015 in the CICU at UHCMC and introduction of the model in NUMN 415, the Childbearing Family, in the UHHS women's hospital. Evaluation of that experience led to

continuation in NUMN 415 in fall 2015 semester and plans to approach other clinical partners where students have critical care clinical experiences to request expansion of the model to their units in Spring, 2016.

- Faculty evaluation of the MN SLOs developed with the introduction of the MN curriculum in 2009 indicated the need for stronger emphasis on Quality Improvement. The MN SLOs were revised in 2014 to include a new outcome of Quality Improvement effective with the class entering in Fall, 2014. Faculty review of the curriculum in light of the revised SLOs indicated the existing teaching-learning activities in QI in NUMN 418 Critical Care Nursing were not sufficient to meet the revised MN SLO. Subsequently, the curriculum and teaching-learning practices were revised to incorporate a 3 credit didactic course on Leadership for Quality Improvement (NURS 451) and a 2 credit practicum in which students will complete semester-long team quality improvement projects.
- Faculty review of student feedback in their exit (EBI) evaluation, review of the AACN Masters Essentials, and continuous curriculum review indicated the need for additional content on health economics, and to revise the existing health policy SLO and health policy course (NUMN 409B). In response to this identified need, the health policy SLO was revised and the policy course was moved to semester 4 to be part of the Masters level courses, its course objective on delegation was moved to the management course, and economics was added to the course.

Strengths and Areas for Improvement/Plan:

Strengths: The program produces graduates with extensive clinical experience in a four semester format. As part of the MN program, the students complete 15 credit hours of MSN course work which allows them to progress into the SON MSN program or other MSN programs with advanced standing.

Areas for Improvement/Plan: The immersion component of the program has been improved through the hybrid-DEU model. Because of the local constraints with preceptor availability, we are increasing the sites each semester. The plan is to continue to expand this model. Over the last year, there has been extensive curricular and course changes. At this point, we will collect data and determine whether the changes in the curriculum and courses have met the goals before implementing further changes.

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.

MSN and Post-graduate APRN program

The MSN program is designed primarily for nurses with a BSN who wish to become advanced practice nurses. We prepare nurse practitioners, nurse anesthetists and nurse midwives in addition to nurse educators (who select a population focus). Nurses who are already MSN prepared and wish to add another specialty, post-graduate APRNs completers, are incorporated into the various specialties. Detailed information regarding the curriculum and the specialties are available at:

<http://fpb.case.edu/MSN/>

PROGRAM NOTE: Post-graduate APRN completers mostly follow the MSN curriculum so we address the curriculum for both MSN students and post-graduate APRN attendees in this Standard, pointing out any differences that exist.

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 MSN curriculum provides graduates with advanced education in clinical practice, who are then prepared for an advanced practice role or as a nurse educator. All courses are at the graduate level. Our SLOs for the MSN program are:

- Quality Improvement: Leads interprofessional, culturally-sensitive, and evidence-based initiatives within organizations and systems to continuously improve the safety and quality of healthcare.
- Research and Scholarship: Initiates use of theory and research to identify clinical problems or solutions, participates in scientific inquiry, and translates scholarship into practice
- Nature of Practice: Assumes the direct and indirect roles and functions of advanced nursing practice to promote health, prevent illness, and improve the health of patients and populations.
- Leadership: Promotes implementation of the full scope of nursing practice and assumes leadership positions in employer, professional, or community organizations at the local/state/national level.
- Ethics: Incorporates ethical principles in complex situations of advanced nursing practice and clinical inquiry.
- Collaboration: Collaborates with other health care professionals to initiate intra- and/or interprofessional teams to enhance practice and patient/population health outcomes.
- Communication: Integrates information, technology, and practice guidelines to promote effective communication among patients and colleagues within health care systems.

- Advocacy and Policy Development: Advocates for the development of health and social policy to improve health and practice by community engagement and participating in employer and professional organizations.

According to the SON Systematic Plan for Evaluation (Appendix A), the courses are to be reviewed at least every five years. As part of the evaluation of the MSN program, we noted that there were courses that had not been reviewed within 5 years or if there was review, it was not documented. Thus one of the areas for improvement is a systematic course review cycle.

Additionally, the MN program director and faculty teaching in both the MN and MSN programs attended MSN faculty meetings and monitor to assess whether changes in the MSN curriculum will impact MSN courses incorporated in the MN curriculum. Revisions are initiated and recommended at the MSN program meeting and changes are approved by the Curriculum Committee and the faculty as a whole. Likewise, the admission requirements are reviewed by the MSN admission committee. Suggested changes are brought to the MSN faculty and proceed as per changes in curriculum.

Each MSN course has objectives for student learning. Assignments, learning experiences and in-class activities are focused on assisting individual student achievement of each of those objectives. Individual student outcomes are evaluated using evaluative tools that reflect the course objectives. For example, the advanced pathophysiology course, NURS 453, includes four examinations over the course of the semester. The MSN clinical courses are evaluated for both the classroom components and the clinical components. For example, NUNP 443, Acute Health Problems of Adults and Older Adults in the Acute care (adult-gerontology population focus) includes evaluation of student clinical performance using the clinical performance evaluation tool (Appendix X). There are assignments to evaluate achievement of course objectives such as a presentation of a patient (de-identified) seen in the clinical rotation, writing a paper on a clinical topic (such as geriatric syndrome) linked to a patient seen in the clinical rotation (again, de-identified), and developing and presenting an algorithm that demonstrates clinical reasoning around an assigned clinical puzzle.

Both NURS 543 and NUNP 443 courses address the SLO of Nature of Practice (Assumes the direct and indirect roles and functions of advanced nursing practice to promote health, prevent illness, and improve the health of patients and populations) but different evaluation methods are used to establish achievement. Examples of different assignments used to evaluate student outcomes will be provided in the resource room.

APRN post-graduate attendees are expected to meet the MSN essentials. They take the same courses (core, 3P's or specialty) as the MSN students and the evaluation methods used are identical.

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.
 - e. 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.
 - f. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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:

The curriculum incorporates the knowledge and skills identified in *The Essentials of Master's Education in Nursing* (AACN, 2011). The curriculum also incorporates the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). In Appendix Y we provide the crosswalk between *The Essentials of Master's Education in Nursing* (AACN, 2011) and the courses in the MSN program. We also provide the NTF crosswalk as well. (See Appendix Z.)

Post-graduate APRN attendees are individually evaluated using a gap analysis which is done by the program director for consistency. Courses from previous accredited NP programs are evaluated for equivalency. All students must have the pathophysiology, advanced assessment and advanced pharmacology documented on a transcript. As well, all applicants must have clinical hours that are to be counted toward the APRN certificate documented

from previous course work via a transcript. On occasion, clinical experience is accepted for a course like NURS 444B, Health Care Delivery and Finance in Advanced Practice.

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

- NURS 453: Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
- NURS 459: Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
- NURS 430: Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

In addition, each of the population focus areas has a specific curriculum identified that shares core courses in the 3 P's (as noted above), the professional development core (NURS 431, 443B, 444A, 444B, 444C, and 451), and the scientific inquiry core (NURS 405, 425 and 502).

Professional development core:

NURS 431: Psychosocial and spiritual dimensions of advanced nursing practice

NURS 443B: Role development in advanced practice

NURS 444A: Health care delivery, legal and ethical issues in advanced practice: Ethical issues

NURS 444B: Health care delivery, legal and ethical issues in advanced practice: Finance

NURS 444C: Health care delivery, legal and ethical issues in advanced practice: Legal

NURS 451: Leadership for Quality in Health Care Systems

Scientific inquiry core:

NURS 405: Inquiry I: Theoretical Foundations

NURS 425: Inquiry II: The Research Process

NURS 502: Inquiry III: Evidence Based Nursing Practice

The population focus areas (with the relevant curriculum) are:

Adult-gerontology acute care NP: <http://fpb.case.edu/MSN/AdultGeroACNP.shtm>

Adult-gerontology primary care NP: <http://fpb.case.edu/MSN/adultgero.shtm>

Family NP: <http://fpb.case.edu/MSN/FNP.shtm>

Family systems psychiatric-mental health NP: <http://fpb.case.edu/MSN/familysystems-psych.shtm>

Neonatal NP: http://fpb.case.edu/MSN/nnp_curriculum.shtm

Nurse Anesthesia: http://nursing.case.edu/MSN/anesthesia_curriculum.shtm

Nurse Midwifery: http://fpb.case.edu/MSN/midwifery_curriculum.shtm

Pediatric NP: <http://fpb.case.edu/MSN/PNP.shtm>

Pediatric NP in acute care: <http://fpb.case.edu/MSN/PNPacute.shtm>

Women's health NP: <http://fpb.case.edu/MSN/WHNP.shtm>

Each of the population focus areas has a core set of clinical courses that vary by major. For example, the FNP students and post-graduate APRN completers have the following clinical courses that they take:

NUNP 419: Adult and Older Adult Clinical Management

NUNP 429: Family health nursing: Health of the family during childbearing years

NUNP 439: Child and Adolescent Clinical Management

Nursing Education majors choose a population focus area (e.g. adult/gerontology or pediatrics) and participate in the same classes with the NP students but have different course requirements. Notably, they do not undertake

clinical like the NP students. For example, in the adult-gerontological primary care nursing education major, the nursing education major students take:

NUED 432: Common and Acute Health Problems of the Adult and Older Adult

NUED 449: Primary Care of the Older Adult

NUED 434: Advanced Management in adult and older adult primary care

An example of evaluation of the MSN curriculum and revisions include: In 2014-2015, the MSN curriculum was revised to add a course in leadership and quality improvement (NURS 451 Leadership for quality healthcare within organizations and systems) as an evaluation of the curriculum identified that we did not have sufficient content in this AACN Master's Essential. As a result of this, we decreased the credit hours for NURS 405 Inquiry I (theory) from 3 credits to 2 credits. The decrease in credits was in response to national trends where contemporary MSN education has less focus on theory and more focus on the role of the master's prepared nurse in quality improvement and leadership.

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:

The MSN program has several options for entry into the program. The most common is for applicants who already have a BSN. Their admission requirements are:

- Three professional recommendations
- RN licensure in Ohio

- Satisfactory scores on the Miller Analogies Test (MAT) or the Graduate Record Examination (GRE).
- Completion of an accredited first professional degree program in nursing.

Some majors and sub-specialties such as ACNP, AGACNP, PNPACNP, NNP, Flight and Anesthesia require specific work experience. Nurse Midwifery and Anesthesia require interviews. A college or university statistics course equivalent to STAT 201 that includes ANOVA must be completed within 5 years of admission or prior to registering for NURS 425.

For RNs with National Certification in Advanced Nursing Practice but not an MSN: Registered nurse applicants must have a BSN from an accredited nursing program. Applicants must have certification from a national accrediting organization as a nurse practitioner, clinical nurse specialist, nurse midwife, nurse anesthetist, or AORN first assistant. The national certification in advanced nursing practice takes the place of the clinical coursework in the specialty where the person holds certification. An MSN can be obtained by completing 18 credits (6 courses) at SON. These include the core courses in Scientific Inquiry, Professional Development, and Nursing Practice. Each applicant is individually evaluated to determine whether their past coursework meets certification requirements.

For post-graduate APRNs with an MSN, each applicant is individually evaluated by the MSN program director to determine what courses they have had in the past and what courses they need to meet certification examination requirements. A “gap analysis” is created (see Appendix AA) and used to advise the completer of the course work required. APRN applicants, depending on the length of time since their initial MSN preparation, may only need to complete the clinical courses for the certificate. For example, a common certificate applicant is a PNP who wishes to also obtain FNP certification. This applicant generally only needs to complete NUNP 419 and NUNP 429.

In order to ensure logical progression through the nursing curriculum, course prerequisites and co-requisites have been established. They are reviewed periodically by the MSN program committee and revision recommendations are presented to the Curriculum Committee and then the total faculty for approval. The relationship of the nursing courses and their respective pre-requisites/co-requisites is found in Appendix BB.

For example, NURS 453, advanced pathophysiology, builds on the baccalaureate courses in anatomy and physiology. Similarly, the clinical courses, based on the population foci, build on previous baccalaureate coursework. For example, NUNP 432, Common & Acute Health Problems of the Adult and Older Adult, includes content on differential diagnosis and treatment that includes pharmacologic and non-pharmacologic modalities. This content then builds on medical-surgical nursing for adults and older adults, pharmacology, and aging content from the baccalaureate program.

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:

The MSN curriculum provides a learning environment that supports the achievement of SLOs. Courses are designed to provide many opportunities for students to demonstrate attainment of course and program objectives.

Teaching learning practices that support the achievement of expected individual learning outcomes include: one-to-one precepted clinical experiences in a variety of settings, depending on the specialty, the integration of simulation (low to high-fidelity task trainers, standardized patients and avatars), and 24/7 access to educational materials through Blackboard, the course management system.

As part of the newly developed course for leadership for quality healthcare systems (NURS 451), all students will receive didactic content in NURS 451 and then collaborate in teams to develop a quality improvement project as part of a classroom assignment.

In the LRC, students may practice skills and clinical decision making using low and high fidelity simulation as well as standardized patients. These planned simulation experiences provide hands-on learning opportunities for students in a safe and controlled atmosphere. Private funding has provided monies for acquisition of additional mannequins and a larger dedicated simulation area, including a perioperative suite that is available to the nurse anesthesia students. This will provide for additional and expanded simulation experiences. The SON utilizes simulation in the advanced assessment course through a simulated patient encounter using an avatar based system (Shadow Health™).

One innovation in the psychiatric-mental health NP program involves the use of 2nd Life and Avatars to simulate assessment skills and delivery of therapy by the students in a nonthreatening clinical environment. Students and faculty develop their individual Avatar and meet in 2nd Life. The faculty developed an Avatar Family whose members seek therapy in the various classes throughout the courses. The family members represent patients with a psychiatric diagnosis that is one of the foci in the program. This coordination in the clinical simulations provides the students with knowledge related to the effect of mental illness on the entire family system. APRN certificate completers participate in the same approaches as this content is new to them like it is with MSN degree seeking students.

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:

Planned clinical experiences are central to the MSN program. Students are placed in a variety of clinical settings, from world class academic medical centers, local community health agencies, and a variety of primary care practices including federally qualified health centers. The placement of students is determined by the faculty based on the course objectives. There is continual refinement of placements as practice needs change.

Clinical preceptors are selected with careful consideration of course content and objectives. As noted in Standard III-G, clinical sites and preceptors are evaluated each semester by students and faculty. A list of the current course specific clinical sites can be found in Appendix CC. Students have access to clinical agencies that are recognized centers of excellence.

All clinical courses have lecture and clinical components and some courses also include a lab (e.g. NURS 459). Clinical courses within each major specify the clinical requirements for the course. Students are placed with individual preceptors based on the faculty- and student-identified needs for learning. There is an MSN preceptor coordinator who handles many preceptor placements. Exceptions include nurse anesthesia which handles its own clinical placements to meet COA requirements, nurse midwifery where the faculty manage the placements and psychiatric-mental health where the faculty manages the placements. The final grade is for all components which students need to successfully complete before progressing. The number of clinical hours varies by major. See Appendix DD, population focus hours.

For example, in the nurse anesthesia program, students are placed in operating rooms in across Northeastern Ohio. Cleveland Clinic, Summa Health System and University Hospitals provide our students with 80% of the required clinical experiences, set forth by the Council on Accreditation for Nurse Anesthesia Educational Programs (COA). The specialty experiences, obstetrics, pediatrics and peripheral nerve blocks are completed at Fairview Hospital, Akron Children's Hospital, and Findlay Surgery Center, respectively. Our clinical affiliations provide our students an exceptional experience; our average clinical case totals and hours per student are well above the minimum of 550 cases and 2000 clinical hours required by the COA.

Each clinical site is evaluated by the faculty members involved in the course at the completion of each semester. Faculty members in each clinical course make site visits or have regular phone contact with preceptors (for students out of state, for example). We will provide access to the preceptor log of contacts in the resource room. If there are student performance concerns in the clinical component of the course, the faculty is also responsible for working with the preceptor in identifying and remediating the concerns.

Post-graduate certificate completers follow the same clinical placement approaches. There are no differences between the post-graduate certificate students and the MSN students.

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 community of interest for the SON MSN program includes currently enrolled students, potential employers, health care agencies where students practice, and external advisors from within as well as outside the profession of nursing. Input from these groups is obtained through a variety of means. The SON has a Visiting Committee comprised of alumni and leaders from health care and the business community (See Appendix P). The Alumni Board is composed of alumni from across the age span of nursing graduates. There is also a Chief Nurse Office advisory group who meets with the Dean and her administrative team. At these meetings, the members are updated on the nursing program and are invited to provide valuable input.

As an example where we have responded to communities of interest, as part of a HRSA-funded training grant, the psychiatric-mental health NP program developed an innovative approach to individual and family therapy. Prior to seeking this funding the previous adult psychiatric-mental health program was redeveloped as a family systems psychiatric-mental health program. The program change to a family systems approach was in response to national trends for psychiatric-mental health NPs to use a family approach and from communities of interest who employ psychiatric-mental health NPs. The new program incorporates a well-defined systems theory perspective throughout the specific psychiatric nursing courses. In addition to the new course design, a new course delivery

was developed as a web based hybrid program (some courses synchronously online and some in person on campus). The synchronous online courses are delivered in a virtual classroom in real time. The change in the program delivery was made in response to prospective applicants and their employers who requested a program that would allow for students to matriculate without having to relocate to Cleveland. With this innovative design and delivery, the program increased enrollment and diversity in the student population.

In another example, regarding the development of the new NURS 451 course (Leadership for Quality in Health Care Systems), the faculty had meetings with graduates, employers and supervisors in the local area to determine the best content for the new course. The course was first offered in August 2015.

Finally, the NP program preceptors have requested some revision in our clinical evaluation tool so the MSN faculty has responded by making revisions. The evaluation tools will be available as onsite documents.

There are no differences between the post-graduate certificate students and the MSN students.

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:

Faculty members evaluate student performance using a variety of methods. Course objectives provide structure for the evaluation of the overall program objectives. Classroom and clinical evaluations are conducted according to criteria specified in each syllabus and assignments are designed to meet course objectives. The final course grade reflects satisfactory achievement of expected individual SLOs.

Faculty members are committed to student success and provide frequent formative evaluation. Students identified at risk of not meeting clinical and/or course objectives are quickly identified, informed of their status in the clinical and/or course and support is provided to facilitate student success in the course. Individually precepted clinical facilitates attention to individual student learning needs. Standardization of the clinical evaluation tool within the course facilitates student self-evaluation and reflection. Faculty members are encouraged to provide formative evaluation of didactic, lab, and clinical instruction.

The MSN faculty uses a continuous improvement approach to promoting student success in the program. Students receive ongoing formative feedback in all courses, particularly in clinical courses. In situations where a student's performance is unsatisfactory, faculty collaborates with the student to discuss the concern and develop a written performance improvement plan (i.e. remediation plan). See Appendix EE for an example. Summative evaluations are required for all clinical courses at the end of the clinical experience. Clinical grading is pass/fail in the MSN program and clinical performance must be satisfactory to pass the course. All grading criteria are clearly indicated on each course syllabus. Course syllabi will be provided in the resource room.

As MSN students are in precepted clinical experiences, the faculty member assigned to the course provides the grade with feedback and input from the preceptor. The faculty member is responsible for assigning the grade. Examples of student assignments will be provided in the resource room.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (See Appendix R). It is the responsibility of the student to notify the faculty member regarding the need to receive accommodations. The guidelines are included in all course syllabi.

There are no differences between the post-graduate certificate students and the MSN students.

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:

Plans for evaluation of the curriculum and teaching-learning practices are identified in the Systematic Plan of Evaluation (SPE). A systematic review is completed by the faculty per the SPE and is used to foster ongoing quality improvement (Appendix A). Input from the communities of interest is included in these decisions. The MSN faculty members use a continuous improvement approach to evaluating and revising the admission requirements and curriculum.

For example, the SPE requires that the certification examination rates are reported to the Committee on the Evaluation of Programs. When the rates fall below the threshold, the specialty program needs to provide a report to the Committee on the Evaluation of Programs. Section IV C provides current examples of the plans.

In addition, students are requested to evaluate the faculty and the course at the end of each semester. (CWRU does not require students to complete course evaluations although there has been discussion about this within the Faculty Senate.) Faculty members use this feedback to make revisions to the course and program as necessary. Also, faculty members use both formal and informal strategies to elicit student input throughout the semester to monitor student satisfaction and progress, and clinical site effectiveness.

An example of a response to input from preceptors occurred in the adult/gerontology acute care NP (A-G ACNP) program. Laboratory experiences for A-G ACNP track/clinical courses were revised in 2012 and 2014 to reflect best practices in common procedures encountered in practice: airway management, ventilator management, and line placements (central, arterial and thoracotomy tube). Most recently we have added the use of ultrasound to identify anatomy (normal and abnormal and sites for line placement). Preceptors for this specialty often participate as station leaders ensuring best practices and common practices are addressed.

Another example of content change from preceptor input and institution feedback was the addition of content about electronic prescriptions (e.g., common formats; concerns around messages related to drug-drug interactions) in NURS 430, Advanced Pharmacology.

More broadly, the MSN program and the tracks within the program have responded to national changes to the NONPF and AACN Master's Essentials to remove course content that was no longer a focus area and to include additional content on collaboration. Examples will be provided onsite.

There are no differences between the post-graduate certificate students and the MSN students.

Program Strengths and Areas for Improvement/Plan:

Strengths: Our programs are designed to make it possible for students to be eligible to sit for multiple certification examinations. For example, our CNM students are also eligible for the women's health NP certification examination.

A second example is that our primary care PNP program accommodates students and post-graduate applicants who wish to pursue dual certification in primary care PNP and acute care PNP.

Areas for improvement/plan: First, we identified that our syllabus review cycle in the MSN program was not timely or that the review was conducted but not documented. We have instituted a new plan with a requirement that all syllabi are reviewed at least every 5 years with the review documented.

Second, unlike the other programs in the SON, we do not have a systematic way of obtaining student feedback via meetings with student groups or student representatives and recognize that each specialty track needs to develop a mechanism to do so. There are informal mechanisms in place but these are not sufficiently documented. We will be working on this in the next year.

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.

DNP program

The DNP program is a post-MSN program. It includes course work, a practicum and a scholarly project. The curriculum is flexible in the course sequencing and there are both semester long as well as intensive courses (offered sequential days). Detailed information on the curriculum is available at:

<http://fpb.case.edu/DNP/curriculum.shtm>

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 DNP curriculum prepares graduates with expertise in leadership roles on the front lines of nursing, in clinical practice, teaching and research, and in health policy design and development. Our SLOs for the DNP program are:

Scientific Underpinnings for Practice: Integrate nursing science and theory with knowledge and theory from ethics, the biophysical, psychosocial, cultural, and organizational sciences to develop and evaluate new practice approaches.

Organizational and Systems Leadership for Quality Improvement and Systems Thinking: Demonstrate leadership in the development and evaluation of care delivery approaches that meet current and future needs of patient populations from findings of nursing and other clinical sciences, as well as organizational, political and economic sciences. Develop and evaluate effective strategies and ensure accountability for leading organizations, addressing quality improvement and patient safety initiatives, and managing ethical dilemmas inherent in patient care and research.

Clinical Scholarship and Analytical Methods for Evidence-Based Practice: Use analytic methods to critically appraise existing evidence to determine best practices. Apply relevant findings and use quality improvement methods to develop recommendations to improve practice and the practice environment. Disseminate findings from evidence-based practice and research to improve health care outcomes.

Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care: Evaluate programs that monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems. Provide leadership in the evaluation and resolution of ethical and legal issues within health care systems relating to the use of information, information technology, communication networks and patient care technology.

Health Care Policy and Advocacy in Health Care: Demonstrate leadership in the critical appraisal, development, and/or implementation of institutional, local, state, federal, and international health policy.

Interprofessional Collaboration for Improving Patient and Population Health Outcomes: Collaborate using communication, consultative, and leadership skills, with intraprofessional and interprofessional teams to improve quality and safety in health care.

Clinical Prevention and Population Health for Improving the Nation's Health: Analyze scientific data and synthesize concepts related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion and disease prevention efforts.

According to the SON Systematic Plan for Evaluation (Appendix A), the DNP courses are reviewed at least every five years. Revisions are discussed at the DNP program meeting and changes are approved by the Curriculum Committee and the faculty as a whole.

For example, there was feedback from students and concern by the faculty that the informatics content was included in the leadership course (NUND 506) and was not sufficiently distinct from the rest of the content. In response, the DNP program faculty developed a one credit stand-alone informatics course (NUND 510) that is offered online in each semester. As well, one credit hour was removed from the NUND 506 leadership course to reflect this change. Other changes to the curriculum, also based on feedback from students, were to change the sequence of the inquiry courses (NUND 540 and 541) so they would be exposed to approaches to research commonly used in practice earlier in the program. These changes were reviewed by the Curriculum Committee, forwarded to the Faculty Executive Committee and approved by the faculty as a whole.

Each nursing course has objectives for student learning. Assignments, learning experiences and assignments are focused on assisting individual student achievement of each of those objectives.

Individual student outcomes are evaluated using uniform evaluative tools that are adapted to reflect individual course content, course objectives, and assignments.

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.
 - b. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

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:

The DNP curriculum incorporates the knowledge and skills identified in the ***The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)***. The DNP program is a post-MSN program and does not prepare nurse practitioners. The DNP program is designed to prepare graduates as leaders in the profession. Appendix FF is a crosswalk that reflects the courses in which each of the identified knowledge and skills can be found in the NUND courses.

A careful analysis by the DNP program faculty identified the presence of all of all the DNP Essentials threaded throughout the curriculum. See Appendix GG (figure) and Appendix FF (crosswalk). Individual course syllabi delineate the specific assignments appropriate for attainment of level competencies. Course syllabi will be available in the resource room.

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:

Registered nurses (RNs) who hold a Master of Science in Nursing (MSN) degree are admitted directly into the DNP program upon satisfactory fulfillment of the following requirements. Admission requirements include:

- Graduation from an accredited college or university with a master's degree in nursing
- An interview with the faculty by phone or in person to discuss career goals
- A completed application that includes the following:
 - Statement about practice/research issues of interest (for your scholarly project)
 - Three recommendations
 - Resume or CV
 - Official transcripts
- Satisfactory scores on the Graduate Record Examination (GRE) or Miller Analogies Test (MAT); previous scores as documented on an original official report will be accepted.
- Advanced practice nursing certification or eligibility for the certification is required for the Practice Leadership Elective.

Applicants with master's degrees in fields other than nursing (e.g. BSN with an MBA) are evaluated on a case-by-case basis by the program director. Depending on the educational background, applicants may need to take additional master's level courses.

In order to ensure logical progression through the nursing curriculum, course prerequisites have been established for the Inquiry courses and the project development courses. For instance, NUND 450, Applied Statistics, is a prerequisite for NUND 540, Practice-Focused Inquiry I. The relationship of the DNP courses and their respective

pre-requisites is found in Appendix HH. The courses were designed to build on masters-level course work. For instance, NUND 504, Theories for Nursing practice and Scholarship, focuses on the integration of theory into practice with the assumption that masters-level courses provide the foundation of nursing theory development.

Courses are reviewed periodically by the DNP program faculty and revision recommendations are presented to the Curriculum Committee and then the total faculty for approval. For example, initially students were required to have completed NUND 541 before starting the DNP practicum course (NUND 611). After this had been in effect for an academic year, the student input indicated that they did not see the rationale for this requirement, that the practicum often took longer than one semester and that the requirement sometimes interfered with opportunities for the student practicum experience that were time limited. Thus the change was made that students could begin their practicum anytime following the completion of NUND 504.

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:

The curriculum provides a learning environment that supports the achievement of SLOs. Courses are designed to provide many opportunities for students to demonstrate attainment of course and program objectives. With relatively few prerequisites, students have the opportunity to enroll in courses on a schedule that meets their personal and professional needs. Three courses are online and follow the 15 week semester format: NUND 510 informatics, NUND 610 evidence based practice, and NUND 450 Statistics. The remainder of the courses are offered as intensives: 5 contiguous days of class from 9am to 5pm with assignments turned in through the learning management system, Blackboard. Intensive courses are offered in two-week sessions in August, January and May with two courses generally offered in July (NUND 509 and NUND 609).

With permission of the state Departments of Education, we also offer intensive courses to cohorts of students. Each cohort starts with at least 10 students and we bring four of the courses to their local site. The intensive format may be modified slightly to be over two weekends with the time in class the same, regardless of whether the course is offered on campus or remotely.

Teaching learning practices that support the achievement of expected individual learning outcomes include: a low faculty to student ratio, seminar style approaches to learning and the integration of technology with 24/7 access to educational materials through Blackboard, the course management system.

Faculty members are committed to frequent formative evaluation. Struggling students are quickly identified and supported for attainment of course objectives. Small class size facilitates attention to individual student learning needs.

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:

The DNP program is a post-MSN program. DNP students are required to complete a practicum, which is designed to synthesize previous coursework. Under the guidance of the faculty coordinator (advisor) and designated Preceptor(s), the student develops, implements, and evaluates a specific practice experience concerning an area of interest.

Upon successful completion of the practicum, the student is able to synthesize practice expertise and knowledge from DNP coursework to influence practice at community, state, national or international levels. The number of practicum hours is determined by the DNP Program Director based on the number of post-BSN clinical hours obtained in the MSN program. Students must complete between 200 and 400 practicum hours. DNP students have undertaken a number of worthwhile projects including: (a) develop and implement with a team a practice improvement project concerning delayed cord clamping in the delivery room and (b) collaborate with leaders in a national organization to review and revise policy and position statements related to nursing and health. Examples of completed practicum requirements will be available onsite.

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 community of interest for the SON DNP program includes currently enrolled students, potential employers, health care agencies where students practice, and external advisors from within as well as outside the profession of nursing. Input from these groups is obtained through a variety of means. The SON has a Visiting Committee comprised of alumni and leaders from health care and the business community (See Appendix P). The Alumni Board is composed of alumni from across the age span of nursing graduates. There is also a Chief Nurse Officer advisory group who meets with the dean and her administrative team. At these meetings, the members are updated on the nursing program and are invited to provide valuable input.

Specific to the DNP program, we work with the leaders at the cohort sites to evaluate how well the program meets the needs of the organization. This is distinct for the DNP program where the leaders at the cohort sites are considered part of the COI. This process often begins through discussion between the cohort members, the CNO and the DNP program director to identify the organization's priorities (e.g. Magnet designation). The program director then suggests approaches the students can take in their scholarly projects to address those needs. When the student is admitted, the program director can then assign a faculty member with the appropriate background as the student's adviser. The program director maintains regular contact with the site coordinator and CNO once the cohort students begin their courses and as they proceed through the program.

The program director meets with students over dinner during each intensive session (August, January and May) and solicits feedback and questions during these dinners. For issues that students may be reluctant to discuss in a group setting, she offers to meet with individual students or small groups.

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:

Faculty members evaluate student performance using a variety of evaluation methods. Course objectives provide structure for the evaluation of the overall program objectives. Classroom assignment evaluations are conducted according to criteria specified in each syllabus and assignments are designed to meet course objectives. The final course grade reflects satisfactory achievement of expected individual SLOs.

For the practicum experience, the preceptor provides an evaluation of the student's performance but the grade is assigned by the faculty adviser in reviewing the evaluation and seeking additional information if necessary.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (See Appendix R). It is the responsibility of the student to notify the faculty member regarding the need to receive accommodations. The guidelines are included in all course syllabi.

The DNP program implemented a portfolio requirement for students entering in the spring of 2014. As these students complete their programs, the DNP program will evaluate the content of the portfolio to determine if the intent (identifying how the students attain the SLOs) is being met. More information on the portfolio can be accessed at:

<http://fpb.case.edu/DNP/thesis.shtm>

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:

Plans for evaluation of the curriculum and teaching-learning practices are identified in the Systematic Plan of Evaluation. A systematic review is completed by the faculty per the SPE and is used to foster ongoing quality improvement (Appendix A). Input from the community of interest is included in these decisions.

In addition, students are requested to evaluate the faculty and the course at the end of each semester. (CWRU does not require students to complete course evaluations although there has been discussion about this within the Faculty Senate.) Faculty members use this feedback to make revisions to the course as necessary. Also, faculty members use both formal and informal strategies to elicit student input throughout the semester to monitor student satisfaction. Students provide an overall evaluation at the completion of the DNP program that is used by the program director and the program faculty to make course revisions. Courses have been revised based upon critical review of the information received. For example, faculty members teaching NUND 610, Translating Evidence into Nursing Practice reported that students had expressed the wish that the course had been taught earlier in the program of study so they could have used the content from NUND 610 in developing their scholarly project, a process that begins when students take NUND 540 and 541, Practice-Focused Inquiry I and II. The decision was made by the DNP faculty to remove prerequisites from 610 so that it could be taken earlier in the program, a proposal that was approved by the faculty.

Strengths and Areas for Improvement/Plan:

Strengths: The strengths of the DNP program include the executive intensive format, in that courses are offered three times a year with a 3-credit hour course running over 5 days. This format allows students who work full time to pursue a doctoral program and accommodates those who live outside the Cleveland area. The three online courses offer additional flexibility as does our curriculum which is not “lock-step”; students develop their own part-time or full-time programs of study, based on their life demands. Additionally, students in the classroom come from all over the country and develop professional relationships that last beyond their time in the program.

Areas for Improvement: One area is the Inquiry sequence which will be addressed in late fall 2015 and spring 2016: A taskforce will review the Inquiry sequence courses (NUND 504, 540 & 541). We recognize that although key content on population health is included in NUND 540, this is not evident in the course objectives. A second taskforce will review the Leadership course (NUND 506) to make revisions for content reflecting developing and monitoring budgets. This need for improvement arose through the mapping of the DNP Essentials with the courses and curriculum.

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 has an established systematic plan of evaluation (SPE), (see Appendix A), that guides the evaluation of each program's effectiveness. The SPE was developed and is revised and utilized by the faculty Committee on the Evaluation of Programs. The SPE identifies the required metrics, the benchmarks to determine whether the metric has been met, the kind of data used to evaluate the elements, timelines for how often elements are reviewed or reported and who is responsible for the elements.

The plan underwent a major revision in academic year 2013-2014 and was updated in the spring of 2015 after having the revision in place for one academic year. Onsite documents will include the SPE for 2013-2014 and the revisions made in spring and fall 2015.

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:

BSN: The completion rate for the past three years is presented below. The entry point is defined by the time point when the student is admitted to the program. Our BSN students are directly admitted to nursing when they apply. In addition, there are transfer students who are internal to CWRU and who transfer from outside CWRU. Their entry point is defined by when they enter the program. The completion time point is when the student has met requirements for graduation. Completion, therefore, is calculated by the number of students who start at any point and then graduate. For reasons related to health and/or academic progression, students have up to 5 years to complete the program. The completion rate for the last three years exceeds 70%.

Table 8 Completion rate for BSN for graduates from 2013, 2014 and 2015

	Number entering in the fall	Number graduating within 5 years	% graduating within 5 years
2013 (entered 2008)	68	56	82.3%
2014 (entered 2009)	59	52	88.1%
2015 (entered 2010)	52	42	80.7%

MN: The MN program admits students who begin the MN program in the fall and complete in 4 regular (fall and spring) semesters. There are no MN summer semester courses. The MN program has very few transfer (advanced standing) students, although we can and do accommodate such requests after a review of the program they have attended. Their entry point is when they enter the program. Completion is when the student has met requirements for graduation. Completion, therefore, is calculated by the number of students who start at any point and then graduate within 4 semesters. The completion rate for the last three years exceeds 70%.

Table 9 Completion rate for MN for graduates from 2013, 2014 and 2015

	Number entering in the fall	Number graduating within 2 years	% graduating within 4 semesters
2013 (entered Fall 2011)	36	33	91.6%
2014 (entered Fall 2012)	33	30	91.9%
2015 (entered Fall 2013)	24	24	100%

The MN completion rate is 93.5% over three years.

MSN: The MSN program admits students throughout the academic year and students may be full- or part-time in the program. These two factors complicate determination of completion rates. Our expectation is that students complete the MSN program within 5 years, thus we have used a five year time frame for completion. We use the calendar year for MSN entrants and graduation within 5 years.

Table 10 Completion rate for MSN for graduates from 2013, 2014 and 2015

	Number entering	Number graduating within 5 years	% graduating within 5 years
2013 (entered 2008)	41	37	90.2%
2014 (entered 2009)	62	57	91.9%
2015 (entered 2010)	92	81	88.0%
Total	195	175	89.7%

The completion rate for the most recent year is 70% or higher. The average completion rate is 89.7%

Post-graduate APRN: The post-graduate APRN program admits students throughout the academic year and students may be full- or part-time in the program. These two factors complicate determination of completion rates. Our expectation is that students complete the post-graduate APRN program within 5 years.

Table 11 Completion rate for Post-graduate APRNs from 2013, 2014 and 2015

	Number entering in the fall	Number graduating within 5 years	% graduating within 5 years
2013 (entered Fall 2008)	9	7	77.8%
2014 (entered Fall 2009)	6	6	100%
2015 (entered Fall 2010)	12	12	100%
Total	27	25	92.6%

The completion rate for the most recent year is 70% or higher. The average completion rate is 92.6%.

DNP: The DNP program admits students throughout the academic year and students can start coursework at three time points, August, January and May and proceed in the program full- or part-time. The expectation is that students will complete the program in five years. Table 12 reflects the number of students admitted, number of active students, number of graduates, attrition rate, graduation rate and persistence rate from 2009 to 2011. We calculated the graduation rates as the # of graduates/total # of students admitted minus those still actively taking classes. We calculated persistence rate as the (# of graduates + number of active students)/total # of students admitted. The persistence rate formula is the one used by the university. We also have reviewed the transcripts of students who have left the program (not registered for courses for two regular semesters) and determined they were in good standing academically when they last enrolled. Their reasons for leaving the program were related to changes in their personal lives (e.g. health issues) or changes in employment status resulting in a loss of employer-sponsored tuition support. This information has been obtained anecdotally. We have a plan to improve this tracking by a more systematic approach to contacting students. Students who have not registered for two semesters will be contacted by their advisers to determine their reasons for not registering, provide advisement and recommend a leave of absence if they intend to return to the program. If there is no response, then the program director will send a follow up letter requesting additional information and recommending a leave of absence. See Table 12.

Table 12. Program Completion rates by Year of Admission and Current Student Status

Admitted in	Number admitted	Number active	Graduates	Attrition n/%	Graduation rate	Persistence rate
2009	54	7	24	21/41.2%	24/47=51.0%	31/54=57.4%
2010	91	21	43	27/29.7%	43/70=61.4%	64/91=70.3%
2011	40	8	22	10/25%	22/32=68.8%	30/40=75%

If we use CCNE calculation method 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. Using this definition, our completion rate is 100% for the DNP program as we have no information from students who do not complete that are not related to health issues, family obligations or financial barriers.

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:

The NCLEX-RN® pass rate for the past three years is reported below for the BSN and MN programs. We report on the calendar year basis for all first time test takers who tested during that year. We exceed our 80% benchmark for both programs. Our goal is 95% for both programs.

BSN: Our January 2013 BSN pass rate was 72.73% for 22 graduates. At that time, we undertook an analysis of the preparation for NCLEX-RN® and developed a plan to identify those at risk through use of the Kaplan Integrated Testing System. These students were then remediated through a number of approaches including individual faculty coaching for some students. Our May 2013 BSN pass rate was 91.67% (N = 36). When our January 2014 BSN

graduates (N = 18) had a pass rate of 77.78%, we refined the plan to include additional remediation approaches and intermittent checks of students. Our May 2014 (N = 28) graduates had a pass rate of 85.71%. This led to further refinement of the plan under the leadership of the interim BSN program director. The current *NCLEX-RN*® plan is presented in Appendix II. Our 2015 first and second quarter reports indicate that our BSN pass rate is 94.12% and 92.68%, respectively. While this gives us indication that our current plan is working, we continue to closely monitor the pass rates. Our three year average is 83.6% for all test takers from the BSN program.

MN: The MN program has been above 90% for the past three years. The average pass rate for the past three years is 93.75%. The MN program also has an *NCLEX-RN*® preparation plan that they use, reported in Appendix JJ.

Table 13 *NCLEX-RN*® pass rate for the BSN and MN programs

Program	Pass rate 2012	Pass rate 2013	Pass rate 2014
BSN	88.89%	80.3%	81.63%
MN	93.94%	90.63%	96.67%

MSN: Our goal for MSN certification examination pass rates is 95%. Certification results are presented in Table 13 below. Because of the nature of the reporting from the certification bodies, we are unable to determine whether the test takers are MSN graduates or post-graduate MSN certificate completers. One of the challenges for the MSN certification results is that a number of the certifying bodies do not report the names of the graduates who are testing during the time period. Thus, we have difficulty determining which graduates have taken the certification examination and, more importantly, which graduates have not passed the certification exam. We have some graduates who stay in contact and let us know when they have passed but this is not systematic. In addition, in many of the specialties we have small numbers within any graduating class and thus one failure in a cohort of 4 students, for example, dramatically impacts the overall pass rate.

Table 14 Certification pass rate for first time test takers

Major	2014	2013	2012	Two- three year average
Anesthesia: UH/Summa	91% (n = 11)	82% (n = 11)	86% (n = 14)	86.1%
Anesthesia: Cleveland Clinic	50% (n = 14)	94% (n = 16)	100% (n = 12)	80.9%
Neonatal NP *	NA*	75% (n = 4)	100% (n = 3)	85.6%
Women's Health NP	75% (n = 4)	100% (n = 3)	100% (n = 2)	88.9%
Midwifery	75% (n = 4)	100% (n = 3)	100% (n = 2)	88.9%
Family NP	80% (n = 30)	92% (n = 28)	93% (n=18)	88.1%
Adult/Gero Primary Care NP	100% (n = 9)	80% (n=16)	100% (n=12)	91.8%
Adult/ Gero Acute Care NP	100% (n = 5)	100% (n=9)	75% (n=4)	94.4%
Acute Care NP	NA*	100% (n=5)	75% (n=4)	88.9%
Family Systems Psych/MH NP	100% (n = 9)	100% (n=7)	100% (n=5)	100%
Pediatric Primary Care NP	100% (n = 6)	75% (n=7)	100% (n=4)	88.2
Pediatric acute care NP	100% (n = 5)	NA	NA	One year of data

NA indicates no test takers or fewer than 3 test takers during this time period.

The pass rate for the 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. Our pass rates exceed our 80% benchmark when averaged for all majors over the three year period but all do not meet our goal of 95%.

We have developed improvement plans for the following majors:

Women's health/midwifery: The women's health/midwifery students mostly overlap as our CNM students also are prepared to take the women's health NP certification examination. The midwifery program has implemented three initiatives to address the issue of passage rates for the certification exam.

1) We have revised the preparation requirements for the midwifery students entering NURS 457, Labor and Birth. In the past we were confident that students entering Labor and Birth understood electronic fetal monitoring (EFM) data, knew how to provide labor support and could skillfully participate in neonatal resuscitation. Since the last accreditation, we have recognized that students generally are entering the program with different and less nursing experience than in the past. Therefore, we now require students to complete the AWONN basic EFM course, neonatal resuscitation and a doula workshop prior to beginning clinical for NURS 457. 2) A core faculty member with particular expertise in preparing for test taking worked with the students in NURS 557 in the spring semester to provide additional information in test taking strategies. In the event that a student fails the first time, the program director reviews the test breakdown with the student to find the areas to concentrate on studying for the subsequent exam attempt. The program director has test bank questions she can give the student for additional review, once the areas for concentration are identified. 3) The faculty is planning a one day retreat in early September to discuss the Task Analysis and the Core Competencies along with the AACN Master's Essentials to identify areas for curriculum improvement.

Family nurse practitioner: The certification bodies do not provide the names of the students who do not pass. Nevertheless, the FNP faculty met and determined that a comprehensive examination in the last semester of the program (during the last clinical course) would identify students at risk of not passing the certification examination. These students would then be advised to do additional certification examination preparation or to take a certification review course. This plan is being implemented in the fall 2015.

Anesthesia: The most recent pass rate for the anesthesia examination was 91% at one site (University Hospitals/Summa Health System) and 50% at the Cleveland Clinic site. The faculty leading the program at the Cleveland Clinic site identified a number of measures that they will take to improve the performance including taking the self-evaluation exam (provided by the National Board on Certification and Recertification of Nurse Anesthetists), review sessions, study days and a specific Blackboard site with study resources.

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:

We expect that 70% of our graduates are employed within one year. We collect data on employment rates from our alumni survey that is sent within one year following graduation. Table 14 includes data for the past three years by program.

Table 15 Employment rates

	BSN	MN	MSN	DNP
2015 (2014 graduates)	<p>Survey sent to 50; 12 responses (24% response rate)</p> <p>92% (n=11) employed fulltime (32+hours/wk)</p> <p>8% (n=1) not employed</p> <p>100% of those employed (n=11) employed in nursing</p>	<p>Survey sent to 31; 4 responses (13% response rate)</p> <p>50% (n=2) employed fulltime (32+hours/wk)</p> <p>25% (n=1) employed part-time (20-31 hours/wk)</p> <p>25% (n=1) not employed</p> <p>100% (n=3) of those employed are employed in nursing</p>	<p>Survey sent to 101; 6 responses (6% response rate)</p> <p>83% (n=5) employed fulltime (32+hours/wk)</p> <p>17% (n=1) employed part-time (20-31 hours/wk)</p> <p>83% (n=5) employed as APN</p> <p>17% (n=1) not employed as APN</p>	<p>Survey sent to 34; 1 response (3% response rate)</p> <p>100% employed (n=1)*</p>
2014 (2013 graduates)	<p>Survey sent to 63; 26 started survey, 22 complete responses (35% response rate)</p> <p>92% (n=23) employed fulltime (32+hours/wk)</p> <p>8% (n=2) not employed</p> <p>100% of those employed (n=23) employed in nursing</p>	<p>Survey sent to 33; 17 responses (52% response rate)</p> <p>82% (n=14) employed fulltime (32+hours/wk)</p> <p>12% (n=2) employed part-time (20-31 hours/wk)</p> <p>6% (n=1) employed 1-19 hrs week</p> <p>94% (n=15) of those employed are employed in nursing</p>	<p>Survey sent to 84; 16 started survey, 15 complete responses (18% response rate)</p> <p>100% (n=16) employed fulltime (32+hours/wk)</p> <p>81% (n=13) employed as APN</p> <p>19% (n=3) Not employed as APN</p>	<p>Survey sent to 33; 10 responses (30% response rate)</p> <p>100% (n=10) employed</p>

	BSN	MN	MSN	DNP
		6% (n=1) not employed in nursing (16 responded to this question)		
2013 (2012 graduates)	<p>Survey sent to 57; 20 started survey, 17 complete responses (30% response rate)</p> <p>100% (n=17) employed fulltime (32+hours/wk) (17 responded to this question)</p> <p>100% employed (n=18) employed in nursing</p>	No data due to program change	<p>Survey sent to 84; 15 started survey, 13 complete responses (16% response rate)</p> <p>86% (n=12) employed fulltime (32+hours/wk)</p> <p>14% (n=2) employed part-time (20-31 hours/wk)</p> <p>93% (n=13) employed as APN</p> <p>7% (n=1) Not employed as APN</p>	<p>Survey sent to 35; 20 started survey, 17 complete responses (49% response rate)</p> <p>94% (n=17) employed</p> <p>6%(n=1) retired</p>

Our employment rates indicate that for 2012-2015 at least 92% of our graduates from the BSN, MSN and DNP programs are employed. For the MN program the employment rate was 100% in 2014, and 75% in 2015 but only 3 graduates reported in 2015.

Because of the low response rates for the employment data, we sent a mailing that included a post card with the link to the survey and a small gift from the SON with an explanation for the importance of collecting employment data. We anticipate that this strategy will increase our response rate and we will evaluate the success of this strategy for use in future years.

To date we have not separated our post-graduate APRN completion students from our MSN students. To address this gap, we will start surveying the post-graduate APRN graduates separately going forward.

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:

In addition to the completion rates, licensure and certification examination rates, and employment rates, we also collect quantitative and qualitative data from our students and alumni.

Alumni and Employer Surveys: For all 5 programs, we conduct alumni surveys at one and five years following graduation. We also conduct employer surveys at these same time points. The alumni survey questions vary by program as they use the SLOs that are specific to that program. We provide the last alumni survey results by program in Appendix KK.

Highlights from the last alumni surveys by program are as follows:

BSN 2010 and 2014 Alumni surveys:

The 2010 cohort reported that 63% (n=5) was enrolled in graduate school. In the 2014 cohort the majority, 75% (n = 9), have not enrolled in graduate school but it is important to note that these alumni graduated less than one year ago.

The 7 SLOs are measured on a 5 point Likert scale from poor (score of 1) to excellent (score of 5). For the 2010 graduates, the means ranged from 4.71 (SD 0.49) (providing direct patient care) to 3.71 (SD 0.76) (research/inquiry). All the means are 4.00 or above except for research/inquiry.

The means for the 2014 graduates shown a similar high score of 4.58 (SD 0.5) for the SLO, providing direct patient care. The lowest score, 3.83 (SD 0.83) is for the SLO, health policy development. All of the means are 3.92 or above except for health policy.

All of the 2010 and 2014 graduates felt they were adequately prepared for the NCLEX.

MN 2014 alumni survey:

The majority of the graduates are employed in acute care 82% (n=4).

The 7 SLOs are measured on a 7 point Likert scale from to very dissatisfied (score of 1) to very satisfied (score of 7). The respondents were very satisfied with ethics and moderately satisfied with the SLO of Collaboration. There were no responses for four of the SLOs. Note that the means are not reported as only 2 (50%) graduates responded to this section and they responded to different SLOs

All of the 2014 graduates felt they were adequately prepared for the NCLEX.

There was no 2010 alumni survey as these alumni were not in the MN program but a predecessor program (certificate of professional nursing). The current MN program has not had 5 year alumni yet.

MSN 2010 and 2014 alumni surveys:

A total of 90% (n=9) of the 2010 respondents completed the majority of their program as full-time students. The majority of the 2014 respondents 67% (n=4) took their program as part-time students.

All (n=10) of the 2010 respondents felt that the program was good, very good or excellent in preparing them for the advanced practice role in nursing. Of the 2014 respondents, two (33%) felt that the program was excellent in preparing them for the advanced practice role in nursing while four (66%) felt it provided good preparation.

The 8 SLOs are measured on a 5 point Likert scale from poor (score of 1) to excellent (score of 5). For the 2010 cohort the means ranged from 4.50 (SD 0.71) for ethics to 3.80 (SD 0.92) for collaboration. The 2014 respondents reported means ranging from 4.50 (SD 0.84) for communication to 3.50 (SD 0.84) (health policy development). For the 2014 cohort the means were 3.83 or above except for health policy.

DNP 2010 alumni surveys:

A total of 57% (n=13) of the 2010 respondents completed the majority of their program as part-time students. The 2010 alumni have been involved in many scholarly activities since graduation including multiple publications, podium and poster presentations at local, national and International conferences, PI on research grants, involvement in evidence based projects, and innovative practice. Many have obtained leadership positions in professional organizations. Some have received additional certifications.

The 8 SLOs are measured on a 6 point Likert scale from poor (score of 1) to excellent (score of 6). For the 2010 alumni, the means ranged from 5.48 (SD 0.59) (for both collaboration, and dissemination of knowledge and evidence (SD 0.67)) to 4.52 (SD 1.38) (health policy development). All of the means are 5.09 or above except for health policy.

Only one graduate responded from the 2014 alumni cohort. As a result, the survey was re-sent in August 2015 to the DNP alumni from 2014.

Employer survey summary (full report provided in the Appendix KK):

BSN

2010 (n=2) Majority of scores were very good to excellent

2014 (n=3) All scores ranged from good to excellent

MN

No responses

MSN

Employer surveys 2010 and 2014, all scores excellent (n=2).

DNP

2010 (n=3) Scores very good to excellent.

2014 (n=1) All scores excellent.

We are pleased that the employer surveys are positive but concerned that there is such low response rate. As a result, the dean holds meetings with the local CNOs.

Meetings with Chief Nursing Officers: In addition, the dean and her administrative team meet with the chief nursing officers (CNOs) from the local academic medical centers on a regular basis. During these meetings, the CNOs provide feedback regarding the transitions of the graduates from our programs into their settings. This includes newly licensed RNs (e.g. BSN and MN graduates) as well as new NP graduates. As an example of the feedback and response, the CNOs identified that one of the needs of their staff across units was palliative care. In response, we had developed a series of 4 one credit hour palliative care courses that will start in fall 2015 (two in the fall and two in the spring). These courses are available to our students who want more depth on palliative care as well as nurses in practice who are not seeking a degree. Minutes from these meetings will be available onsite.

EBI Graduating Student Exit surveys: In addition to the alumni and employer surveys, we also use the Educational Benchmarking Incorporated (EBI) exit surveys for our graduating students from the BSN, MN, and MSN programs. The most recent EBI reports are now only online. Prior to this, there were printed copies. We provide the EBI report executive summaries in Appendix LL for the last year that we have the data results. Onsite documents will

provide access to the entire online reports and summaries from the printed reports. Overall program effectiveness rates are provided in Table 15.

Table 16 Overall Program Effectiveness Rates from EBI Reports

	BSN	MN	MSN
2013-2014	Mean 5.88 SD 1.04	Mean 4.14 SD 1.61	Mean 5.41 SD 1.37
2012-2013	Mean 4.55 SD 1.58	Mean 3.76 SD 1.60	Mean 4.86 SD 1.94
2011-2012	Mean 4.87 SD 1.34	Mean 4.20 SD 1.35	Mean 3.91 SD 1.88

Rating scale for all questions ranges from: 1 not at all to 7 extremely

The EBI reports are reported to the respective program faculty meetings by the program directors. The program faculty members then decide how to address areas of concern. As an example of how we use the EBI data, we noted in 2014-2015 that there was a trend wherein the lowest rated (although still relatively positive) parts of the program concerned health policy content. When these results were reported to the Committee on the Evaluation of Programs in fall 2014, the Committee recommended that each program review the results and provide a report to the Committee within the next 6 months. There were different responses from each program. For example, the MN and MSN programs revised their SLOs to include health policy related to organizations (health care and professional) as well as for larger health policy issues, recognizing that master's prepared nurses may influence local policy in their work setting and in professional organizations. As a second example, the MN program revised their health policy course (NUMN 409) to more clearly address issues related to health care finance.

This issue also led to larger discussion about whether the SLOs should be identified in the syllabi for each course as a way to help the students understand how the course fits in to the overall curriculum. Faculty members in some programs are trialing this approach fall 2015.

Table 17 Health Policy Related Content- Rates from EBI Reports

	BSN	MN	MSN
2013-2014	Understand the effects of health policies on diverse populations Mean 5.38 SD 1.25	To what degree did your MN program enhance your ability to: Intervene at the system level through the policy development process Mean 4.35 SD 1.36 To what degree did your MN program enhance your ability to: Employ advocacy strategies to influence health and health care Mean 5.00 SD 1.49	To what degree did your MSN program enhance your ability to: Intervene at the system level through the policy development process Mean 5.49 SD 1.22 To what degree did your MSN program enhance your ability to: Employ advocacy strategies to influence health and health care Mean 5.79 SD 1.11
2012-2013	Understand the effects of health policies on	Intervene at the system level through the policy development process	Intervene at the system level through the policy development process

	BSN	MN	MSN
	diverse populations Mean 4.93 SD 1.37	Mean 4.09 SD 1.61 Employ advocacy strategies to influence health and health care Mean 4.39 SD 1.56	Mean 5.35 SD 1.27 Employ advocacy strategies to influence health and health care Mean 5.39 SD 1.56
2011-2012	Understand the effects of health policies on diverse populations Mean 5.41 SD 1.13	To what degree did your Master's courses prepare you to understand health policy issues Mean 5.41 SD 1.44 To what degree did your Master's courses prepare you to understand implications of health policies for nursing practice Mean 5.59 SD 1.40	To what degree did your Master's courses prepare you to understand health policy issues Mean 5.04 SD 1.51 To what degree did your Master's courses prepare you to understand implications of health policies for nursing practice Mean 4.96 SD 1.48

Rating scale for all questions ranges from: 1 not at all to 7 extremely

The onsite documents (Committee on Evaluation of Programs minutes; program meetings) will provide evidence of the actions and the feedback to the Committee as requested.

Meetings with students: Qualitative data is collected from the program directors, who meet with student representatives and individual students (as requested).

The BSN program director and assistant director meet with the representatives of the Undergraduate Student Nurses Association at least twice a semester.

The MN program director meets with each class of students at least twice a semester and as needed. Additionally, each class elects three student representatives; the MN program director meets monthly with these representatives and maintains email contact to gain feedback and input. The MN Director also communicates with the leaders of the Graduate Student Nurses Association which all MN students are members and in which MN students hold leadership roles.

The MSN specialty program directors meet with their respective student groups on an ad hoc basis. The MSN program director is also available to meet with student groups if there are concerns or recommendations regarding the MSN programs. Because of the number of tracks within the MSN, there is no day or time that accommodates all MSN students. These meetings also include the post-graduate APRN attendees as well.

The DNP program director meets with students at dinners held every intensive session (January, August and May) where she answers questions and solicits feedback. In addition, each program director is available to individual students who have feedback for the program. The DNP program has a newsletter "The Pinnacle" which is sent electronically to students and alumni three times a year. Each issue highlights the accomplishments of a student and an alumnus. Consequently, in addition to being a mechanism for keeping students who live across the

country connected to the SON, it also provides exemplars of achievement of DNP SLO. (<http://fpb.case.edu/DNP/newsletter.shtml>).

In addition to this outcome data, we also receive data and information from the university office of institutional research and other campus offices. For example, the First Destination Survey of our graduating undergraduates indicates their plans following graduation. See page 12 of this document where it indicates that 82% of the nursing graduates had job offers:

<http://students.case.edu/careers/students/explore/survey/doc/fds14new.pdf>

Note that there was a 74% response rate to this survey (39 graduates of 53 possible respondents). In addition, we use the information from this report to track our experiential learning activities (page 10) of our undergraduates.

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:

Our faculty members are productive members of the scientific community and make contributions in research, scholarship, teaching and service to the profession. Accordingly, these are the criteria by which they are evaluated. The expectations differ between tenured/tenure track and non-tenured faculty. Tenured/tenure track faculty are expected to meet the expectations in research/scholarship, teaching and service whereas non-tenure track faculty choose two of the three areas. The performance indicators are included in Appendix MM.

Evidence of CE must be produced if requested by the OBN and is evident in faculty curriculum vitae. The SON has not historically tracked CE program completion in the annual faculty review process. Recognizing that this is a gap, we started requesting this information for the 2015 faculty activity system. The first reports will not be available until early 2016 as we use a calendar year system for reporting. Faculty members who have advanced practice certification must meet the continuing education and practice hour requirements for re-certification by the selected credentialing agency. During RN licensure renewal years (odd years), RN licensure status is verified by a program assistant using the Ohio Board of Nursing online verification system.

We have historically evaluated faculty outcomes by the numbers of grants submitted and received, publications, and appointments to national and international bodies. Recognizing that this was not sufficient to evaluate the components required (research, scholarship, teaching and service to the profession), the Appointment, Re-appointment Promotion and Tenure (ARPT) committee decided to use the annual evaluation report for each faculty member and to aggregate the data. The evaluation report for each faculty member identifies whether that particular person has exceeded, met or is below the expectation for each of the following: research, scholarship, teaching and service to the profession and an overall rating. Faculty members use an online system to record their activities. This online system produces a faculty activity report which is submitted on an annual basis. These reports are uploaded to a secure server in the SON and faculty members are also requested to provide their teaching evaluations and an updated CV. The ARPT uses this information, along with reports from the program directors, to develop an annual evaluation report in the form of a letter. Appendix NN contains the draft letter. The

evaluation report is developed through the consensus of the ARPT committee and reviewed with the faculty member in individual meetings between the faculty member and a representative of the ARPT. The evaluation report is then sent to the dean who makes the final status determination.

The following table presents the aggregate information for the last three years by element. Instructors are not included in the calculation for publications or grants as this is not part of their expectations.

At the May 2015 meeting of the ARPT, the past two years of data (2012 and 2013) were presented with the draft of the third year (2014) as the final evaluations were not yet complete. ARPT then set a benchmark of 80% for all elements.

Table 18 Percent of Faculty Meeting or Exceeding Expectations in the Aggregate

Year	Overall	Teaching	Publications/scholarship	Grants	Service
2012 (n = 92)	91%	93%	60%	70%	96%
2013 (n = 83)	96%	97%	69%	79%	99%
2014 (n = 97)	97%	98%	72%	72%	94%

The complete data from 2014 (in Table17) were presented at the ARPT meeting in September 2015 and selected faculty development activities for academic year 2015-2016 were discussed to address the identified barriers. In addition there was discussion of the expectation for the involvement of instructors in scholarship activities (presentations and publications). There is a lack of clarity on this and this issue is to be discussed at the November APRT meeting.

We also track grant submissions at the school level (versus the individual faculty level) for federal research and training grants. Two years of data are reported below:

Table 19 Federal grant submissions

	FY 2015	FY 2014
Overall		
Submitted	30	38
Scored	17/30 (1 pending)	17/38 (44.7%)
Funded	7/30 (2 pending)	6/38 (15.8%)
Research Only		
Submitted	24	33
Scored	13/24 (1 pending)	12/33 (36.4%)
Funded	6/24 (1 pending)	4/33 (12.1%)
HRSA Only		
Submitted	6	5
Scored	4/6	5/5 (100%)
Funded	2/6 (2 pending)	2/5 (40%)

While there were fewer research only grants submitted in FY 2015 (ending July 2015), 54% were scored compared to the prior year where 36.4% were scored. Thus, the quality of the grants improved, increasing the likelihood of funding.

Analysis: Based on this data, we have identified publications/scholarship to be less than the benchmark of 80% set by ARPT at the May 2015 meeting. While we have improved each year over the last three years, we need to continue to focus on this area. The gap is primarily related to insufficient numbers of publications. This occurrence was somewhat surprising in that there are a number of resources available to faculty, including an in-house editor as well as senior faculty who are journal editors and have offered to work on publications with faculty. As a result of this finding, the faculty development officer generated a survey regarding the barriers to publication that was

sent in August 2015. This survey provided direction for a faculty development series scheduled for academic year 2015-2016.

We also have identified grant submission to be less than our benchmark in 2012 and 2013. This information has been reported to the associate dean for research and she will be developing the action plan. Based on the grant submission and funding data, however, the quality of the research grants has increased, resulting in an increase in scored and funded grants. With the challenges related to the NIH budget and the funding line, this increase in the proportion of research grants scored is positive news. As this is the first year we have reviewed this aggregate data, we will continue to monitor our progress in these two areas and address the barriers identified by faculty.

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 university has established a system for handling complaints. There are two flowcharts: one for complaints about students and one for complaints from students. These flowcharts (in Appendix OO) are used to document the complaints. Onsite documents will provide the evidence of the complaints and how they have been managed. The dean's office is responsible for logging these complaints.

In addition to the university system, the SON also has a grievance committee and process as well as an academic integrity committee and process. The grievance committee is for complaints generated by students regarding course grades, progression issues and separation. The process for filing a grievance and the grievance process is contained in the SON student handbook. The grievance committee is authorized within the SON bylaws for its make-up of faculty. The grievance process in the student handbook identifies how students are involved. For example, in spring 2015, there were three grievances filed by students. One grievance (by an MN student) was withdrawn prior to a hearing. The other two grievances, both filed by BSN students for the NURS 211 course (Pharmacology) did result in hearings. In one case, the student grievance resulted in a change in the course grade. In the second case, the grievance did not influence the course grade. Onsite documents will provide the details on the cases.

Academic integrity (AI) violations are identified faculty in response to student behavior or conduct. BSN and PhD student AI cases are adjudicated at the university level through Undergraduate Studies and Graduate Studies, respectively. AI cases for MN, MSN and DNP students are handled within the School. The SON handbook details how these cases are heard and the processes to be followed. For example, in spring 2015, there were two AI violations, both against MSN students. One was a Level I (lowest level) violation which resulted in a lowered grade and the requirement to complete a module on plagiarism. The second was a Level III violation and resulted in separation from the university for one semester and the requirement to complete an ethics course. Onsite documents will be provided with the details on the cases.

Faculty and students have access to the details on academic integrity and grievance in the Student Handbook. In addition, there is more detail on the SON web site. Faculty members have access to additional resources in the password-protected section of the SON web site regarding what constitutes an AI violation (for example).

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:

As noted in Key elements IV-B, IV-C, IV-D, IV-E and IV-F, the SON has expected outcomes and we compare our actual performance in each area to the expected outcomes. When we identify a gap, such as in the BSN *NCLEX-RN*® pass rates, we develop a plan to address the discrepancy. The outcome of the plan is evaluated for its effect on performance and revised as necessary. The BSN *NCLEX-RN*® pass rate decline is a good example in which a plan was developed and implemented in January 2014 and then revised in May 2014 to further improve the outcome. Faculty members were actively involved in the development of the BSN *NCLEX-RN*® improvement plan and implemented the plan as part of their faculty role. Faculty members were well informed of the progress made as key stakeholders in the outcome of the plan.

A second example of this process is the faculty outcomes for publications and scholarship. We set expected outcomes for publications and scholarship and noted a discrepancy in achieving the expected outcomes. As a result, a faculty survey was reviewed and faculty development activities were generated to address the identified barriers to publication.

Strengths and Areas for Improvement/Plan:

Strengths: The implementation of our evaluation plan by the faculty and the evaluation processes have improved greatly over the past three years. Our students are succeeding as graduates with improvements in the NCLEX passage rates for the BSN and MN programs following a dip for the BSN in 2013. Our MSN certification rates are generally positive and when we see a dip in the rates, we have track-specific plans that are developed by the lead faculty in these tracks. The faculty outcomes are improving and we effectively use the additional evaluation tools to help guide faculty development activities.

Areas for Improvement: We will continue to closely monitor our employment rates, primarily to determine if our new plan is improving the response rate. If it does not improve our response rate, we will implement additional strategies. We also will continue to refine our tracking of the DNP students' completion rates. Our current process does not give us the information we need to fully evaluate reasons why DNP students do not finish, i.e., personal issues (e.g. family demands, employment changes) or academic issues.