Commission on Collegiate Nursing Education

Baccalaureate of Science in Nursing Program

Master of Nursing Program

Master of Science in Nursing Program

Post-Graduate APRN Certificate Program

Doctor of Nursing Practice Program

Self-Study

August 2020

Table of Contents

List of Appendices

A	Systematic Plan of Evaluation
B	Student Learning Outcomes by Program
C	Criteria for Appointment, Reappointment, Promotion and Tenure
D	Faculty Membership in Standing Committees
E	SON Bylaws
F	Complaint Policy and Flowcharts
G	Clinical Facilities
H	Alumni Association and Visiting Committee Rosters
I	Dean Musil CV
J	Calculation of Faculty Effort – Teaching Assignment Guidelines
K	Master Faculty Grid
L	Faculty in Scholarly Academies
M	Faculty Leadership Roles in State, National and International Groups
N	Student Evaluation of Preceptor form—MSN
O	Preceptor Letter
P	BSN Clinical Evaluation Tool
Q	MN Clinical Evaluation Tool
R	MSN Clinical Evaluation Tool
S	BSN Crosswalk
T	MN Crosswalk
U	MSN Crosswalk
V	DNP Crosswalk
W	BSN Curriculum
X	BSN Pre-Requisites and Co-Requisites
Y	MN Curriculum
Z	MN Pre-Requisites and Co-Requisites
AA	MSN Pre-Requisites and Co-Requisites
BB	MSN Gap Analysis
CC	DNP Pre-Requisites and Co-Requisites
DD	BSN Course Specific Clinical Sites
EE	MN Course Specific Clinical Sites
FF	MSN Course Specific Clinical Sites
GG	MSN Population Focus Hours
HH	BSN Performance Plan Template
II	MN Performance Plan Template
JJ	MSN Performance Plan Template
KK	Faculty Course Evaluation form (Part I and Part II)
LL	Faculty Performance Indicators
MM	Annual Faculty Evaluation Letter - Template
NN	Skyfactor Analysis Measures

List of Tables

Introduction

<u>Case Western Reserve University (CWRU)</u>

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 Case School of Applied Science in 1880). CWRU immediately became a leading institution for academics and research and one of the nation's top ranked universities. It is composed of one college and eight schools organized on a federation model with significant decentralization of programs and services. Four schools (The Frances Payne Bolton School of Nursing, College of Arts and Sciences, Weatherhead School of Management, and Case School of Engineering) offer both undergraduate and graduate programs. Four schools offer primarily 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 school in which the major resides. The Frances Payne Bolton School of Nursing (SON) offers five academic degrees: a Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), Master of Nursing (MN), Doctor of Nursing Practice (DNP), and a Doctor of Philosophy (PhD) in Nursing. A Post-Graduate Advanced Practice Registered Nurse (APRN) certificate program is also offered. Degree requirements and policies for the BSN program are shared between the SON and the Faculty Senate Committee on Undergraduate Education and Undergraduate Studies. Degree requirements, curricula and academic policies for the MN, MSN, and DNP programs are set within the SON. The PhD curriculum and progression policies are set by the SON PhD Council and are consistent with policies of CWRU School of Graduate Studies where the PhD is conferred.

History of Frances Payne Bolton School of Nursing (FPB)

The SON is a leader in nursing research, education, and scholarship and consistently ranks among the leading schools of nursing in *U. S. News and World Report* and funding from the National Institutes of Health (NIH). The 2019 edition of *QS World University Rankings* places the SON in the top 100 nursing schools in the world based on academic reputation and research impact.

FPB has a proud heritage beginning in 1898 with the opening of the Lakeside Hospital Training School for Nurses in Cleveland. In 1923, the SON established one of the first university-based nursing education programs in the country, with a dean and dedicated faculty as a part of Western Reserve University. Frances Payne Bolton, an Ohio congresswoman, provided a generous endowment to support the school. Bolton's landmark gift was significant for the entire nursing profession. In 1935 the school was renamed the Frances Payne Bolton SON.

The spirit of innovation and emphasis on discovery of knowledge remain two of the hallmarks. For example, the development of the first nursing doctorate program and the first MSN sub-specialty program in advanced practice flight nursing originated here. The SON is committed to providing an outstanding supportive environment and research infrastructure for investigators. In FY-2019, the SON ranked 10th in NIH funding for research and training, a trend of top twenty rankings that has continued for nearly two decades. Many of the faculty are nationally and internationally known. Additionally, the SON has fifteen endowed chairs, more than any other nursing school in the country.

In the fall of 2019, the SON was home to 849 students: there were 380 BSN students, 79 MN students, 222 MSN students, 5 post-graduate certificate students, 118 DNP students and 45 PhD students.

The 91 SON faculty (instructor through full professor) 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 with support from associate deans (academic affairs, research, global affairs, finance, and alumni and development) and assistant deans (research, and research administration). The associate and assistant deans constitute the dean's cabinet as the administrative leadership within the SON.

FPB is seeking re-accreditation by CCNE for our BSN, MN, MSN, DNP, and Post-graduate APRN Certificate programs.

Standard I
Program Quality: Mission and Governance

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

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

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

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

Program Response:

Congruence with the parent Institution:
The mission, goals and expected program outcomes of the Frances Payne Bolton SON (SON) are congruent with those of Case Western Reserve University (CWRU). CWRU operates on a decentralized model, giving the eight schools and one college autonomy in their administration. The bylaws of the faculty of each school are expected to be consistent throughout the university. CWRU has clear guidelines regarding SON's relationship to the central university governance. The organizational chart of the deans' reporting structure provides evidence that Dean Musil has the same reporting structure as the other deans at CWRU
https://case.edu/president/org/cwru-org-chart-july2019.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 mission is to create and empower nurse leaders who develop and implement innovative and interprofessional research, education and practice activities that make a positive difference in the health of individuals and communities.	Case Western Reserve University *improves and enriches people's lives* through research that capitalizes on the power of collaboration, and education that dramatically engages our students. *We realize this goal through:*

	Frances Payne Bolton SON	Case Western Reserve University
		• 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 be recognized globally as an academic community of excellence that builds on our strengths and traditions to provide leadership in nursing research, education and practice in evolving, interprofessional health and scientific communities.	We aim to be recognized internationally as an institution that *imagines and influences the future*. Toward that end we will: • Support advancement of *thriving disciplines as well as new areas of interdisciplinary excellence.* • *Provide students with the knowledge, skills and experiences* necessary to become leaders in a world characterized by rapid change and increasing interdependence. • Nurture a community of *exceptional scholars who are cooperative and collegial, functioning in an atmosphere distinguished by support, mentoring and inclusion.* • Pursue *distinctive opportunities* to build on our special features, including our *relationships with world-class health care, cultural, educational, and scientific institutions in University Circle and across greater Cleveland.*

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's strategic plan was completed in 2018 and can be accessed at: https://case.edu/nursing/sites/case.edu.nursing/files/2019-08/CWRUFPBSON-StrategicPlan2018-2022Approved.pdf . The university strategic plan, Think Big, can be accessed at: https://case.edu/thinkbig/

The CWRU and SON strategic plans are congruent in many areas. The university strategic plan addresses health and the SON's contribution to the health-related and global 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 SON and CWRU embrace the core values of academic excellence; inclusiveness and diversity; integrity and transparency; and, effective stewardship. SON leadership use both strategic plans to identify annual goals and for annual reports, including the annual State of the School report. Program plans and outcomes, then, reflect the overall university and school goals and plans. Virtual resource room documents provide the goals identified through the annual reports that are provided to the university where goal attainment is tracked.

Reviewed periodically and revised as appropriate:
In 2018, the SON revised its strategic plan. In 2019, the CWRU began the process of revising the university strategic plan and the schools were asked to revisit their plans in light of the new university plan. Minor revisions to the SON plan were made accordingly. Members of the CWRU colleges and schools were involved with developing the new CWRU Think Big

Strategic Plan, which was finalized in December 2019. In February 2020, faculty and staff participated in two half day retreats to begin aligning the School of Nursing 2018-2022 Strategic Plan with the Think Big Plan when the work of the SON and CWRU was interrupted by COVID 19. Issues related to racial and social justice and healthcare equity have also emerged and we are working with the FPB Diversity and Inclusion Committee to address strategic planning in these areas, which aligns with the Think Big Pathway, 2020. A consistency review was conducted for the bylaws throughout CWRU in 2018. The SON bylaws were revised in 2019 based on this review and on faculty-driven initiatives in the SON. For example, the SON revised the membership and function of the grievance committee and academic integrity board.

Consistent with the systematic plan of evaluation (SPE) for the SON (see Appendix A), the mission, goals and expected program outcomes are reviewed and revised at least every five years or more frequently as needed. Multiple sources of information are used for this review including the professional standards (AACN Essentials, NONPF and NTF criteria), Ohio Board of Nursing regulation for nursing practice (for the prelicensure BSN and MN programs), larger health care system trends, and input from the community of interest (COI). Our COI includes 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). Three notable sources of input include the SON Visiting Committee (community, business, and nursing education leaders from health care organizations), the SON Alumni Board, and the Chief Nursing Officers (CNOs) from University Hospitals, the Cleveland Clinic, MetroHealth Medical Center, and the Louis Stokes Cleveland VA Medical Center. The composition of the former two groups is available in the virtual resource room. The dean participates in quarterly meetings with northeast Ohio deans at University Hospitals of Cleveland, and the associate dean for academics and program directors participate in meetings once a semester with the Cleveland Clinic education and administrative groups; these are our two of the SON's nearest and largest employers of nurses. The main point of contact for each of these groups is Dean Musil, who shares the relevant information with her leadership team, the Dean's Cabinet.

The SON administration and faculty are responsible for ongoing review and revision of programs and curricula. Time frames for review are delineated in the SPE. The SON faculty teach across programs. Each academic program has a director responsible for the operation of the program, a specific budget, and works with the faculty within their respective programs. The SON organizational chart can be accessed at: https://case.edu/nursing/faculty-staff

Program directors are responsible for keeping current regarding relevant national trends, professional standards, and Ohio law. For example, to align with trends in the education and credentialing of CRNAs, the CRNA program, accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and CCNE, identified the need to transition from the MSN to the DNP to align with current trends in the education and credentialing of CRNAs. This project was undertaken from 2017-2019. All necessary approvals were received and the Nurse Anesthesia DNP program began in the Summer, 2020 semester. The Nurse Anesthesia DNP website can be accessed at: https://case.edu/nursing/programs/dnp/nurse-anesthesia-dnp. Minutes documenting this change and the new curriculum are available in the virtual resource room.

Student Learning Outcomes (SLOs) are reviewed and revised every five years or more frequently as needed (see Appendix B for the SLOs by program). Several sources provide input for the revisions to the Student Learning Outcomes (SLOs) including faculty, current students, students who are graduating, and the COI. This input is reviewed by the faculty teaching in each program and the respective program directors. The SLOs are revised as necessary, forwarded to Committee for the Evaluation of Programs, and then to the faculty as a whole. Virtual resource room documents include minutes of the programs, Curriculum Committee, and SON faculty meetings where SLOs were reviewed and/or revised.

Faculty outcomes are outlined in the SON criteria for appointment, reappointment, promotion, and tenure (ARPT) for regular tenure track and non-tenure track faculty members. (Appendix C). Faculty are reviewed annually by ARPT Committee based on rank. Faculty responsibilities and expectations are outlined in the CWRU Faculty Handbook. The 2019-2020 Faculty Handbook can be accessed at: https://case.edu/facultysenate/sites/case.edu.facultysenate/files/2020-03/Faculty%20Handbook%202019-2020%20v2020-03-19.pdf

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

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

E The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008]*;

F The Essentials of Master's Education in Nursing *(AACN, 2011)*;

G The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006)*; and

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

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

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

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

Program Response:

Consistency with relevant professional nursing standards and guidelines:
The mission, goals, and expected program outcomes are consistent with professional nursing standards. Specifically, all programs use the Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition and the professional nursing standards from AACN as follows:
BSN program: The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008]*
MN program: The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008]* and The Essentials of Master's Education in Nursing *(AACN, 2011)*
MSN / APRN programs: The Essentials of Master's Education in Nursing *(AACN, 2011);* Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016], National Organization of Nurse Practitioner Faculties (NONPF) Competencies, 2017; Accreditation Commission for Midwifery Education (ACME),* 2019*; Council on Accreditation of Nurse Anesthesia Educational Programs (COA),* 2019.
DNP program: The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006), and COA (2019).*

Appendices S, T, U and V (program crosswalks BSN, MN, MSN/APRN, DNP, respectively), map the standards for each program. Complete syllabi are available in the virtual resource room.

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

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

Program Response:

Our 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). The community of interest plays an integral role in shaping the direction of the school. For example, two critical groups, who meet regularly and provide input and feedback are the FPB Alumni Board, and the Visiting Committee comprised of nursing and health care leader as well as business and community leaders. The dean meets with nurse leaders from the clinical partners who provide clinical placements, and with nursing deans in Ohio and nationally. Program directors attend roundtables with clinical and education nursing leaders at clinical placement sites such as the Cleveland Clinic. Feedback and information from such meetings are discussed at the Dean's Cabinet and at the regularly scheduled program directors' meetings. Such input is then used in consideration of curriculum development and revisions, and program planning.

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

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

Program Response:

Faculty expectations are clearly identified, in writing and are communicated to the faculty. Expectations of all university faculty are delineated in the University Faculty Handbook, specifically pages 52-53, Professional responsibilities: https://case.edu/facultysenate/handbook--by-laws.

The performance indicators are specific to rank and tenure status and provide detailed information regarding the annual evaluation and requirements for promotion and/or tenure decisions. These expectations are explained to faculty during their orientation process, and used for the annual review as well as for promotion and tenure for faculty on the tenure track (Appendix C). 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:
- expert knowledge of his or her academic field and a commitment to continuing development of this competence;
- dedication to effective teaching;
- 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
- willingness to assume a fair share of university administrative and service tasks."

Full time faculty are provided with one day per week for practice or consultation. Faculty with less than 51% effort negotiate release time (if any) with the dean of the SON. https://case.edu/nursing/faculty-staff/faculty-resources
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 can be accessed at: https://case.edu/facultysenate/handbook--by-laws and information on the SON policies on appointment, promotion, tenure, and the faculty bylaws can be accessed at: https://case.edu/nursing/faculty-staff/faculty-resources

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

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

Program Response:
CWRU and the SON support full participation by faculty and students in the organization of CWRU.

CWRU Faculty Governance
Faculty of the university are organized into nine constituent faculties (one college and eight schools) including the SON. Each constituent faculty is governed in accordance with bylaws adopted by the constituent faculty and approved by the CWRU Faculty Senate.

All powers of CWRU faculty, not reserved to CWRU faculty itself, are exercised by the Faculty Senate, whose members are elected by the constituent faculties. The Faculty Senate is comprised 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 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.

Faculty Senate delegates oversight for undergraduate education to the Faculty Senate Committee on Undergraduate Education (FSCUE). The FSCUE sub-committees are: Academic Standing, Admission and Aid, Curriculum, and Student Life. FSCUE, through its sub-committees, is responsible for issues 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). Through FSCUE, constituent faculties 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 are among other FSCUE functions. Faculty delegates are elected or appointed for terms of three years, students for one- year terms. For example, the SON revision of the informatics content in the BSN program was forwarded to FSCUE's subcommittee on curriculum for review and approval. Information about FSCUE structure can be accessed at: https://case.edu/facultysenate/about/committees-and-panels/committee-undergraduate-education/fscue-academic-standing-subcommittee

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 ex-officio members, four 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. For example, the committee is reviewing the executive track for the DNP program to allow the offering to be a formal track on student transcripts.

SON faculty are well represented on Faculty Senate Committees including the Executive Committee. In the 2020-21 academic year, SON Professor Voss chairs the CWRU Faculty Senate. SON faculty are engaged in campus wide activities including the Provost's Commission on Undergraduate Education (PCUE). Since 2016, baccalaureate faculty from nursing have joined baccalaureate faculty from across the university in a faculty-led initiative sponsored by the provost. The goal is to assess and improve undergraduate education across the university with a focus on the science rich and liberal arts tradition of the university. SON faculty is active in community engagement activities under the umbrella of a Carnegie Foundation for the Advancement of Teaching collaborative. The University is exploring an elective community engagement classification in which FPB faculty are involved.

SON faculty participated in the University-Wide Faculty Development Learning Partners Program and refined their instruction, pedagogy, collaboration and impact. Faculty continue to lead cross campus efforts to advance inter-professional education with a strong emphasis on learning together in the classroom and applying that learning to practical community-based experiences. Continued support from The Macy Foundation and other awards contribute to a strong and sustained collaboration between Medicine, Dental Medicine, Applied Social Sciences, and Engineering schools. The list of the faculty membership in committees is provided in Appendix D.

CWRU Student Governance
Undergraduate Student Government (USG) represents all undergraduate students. USG acts as a liaison between students and 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. Representatives 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 representatives also are members of the Health Education Center (HEC) interprofessional student governance group established in Fall of 2019. SON students from all levels participate in the Dean's Student Advisory Committee (minutes are confidential maintained in a secure file). SON student representation on the various university committees is provided in the virtual resource room.

SON Faculty Governance

SON faculty have 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 acts on behalf of the faculty between regular faculty meetings. The SON Bylaws (see Appendix E) specify the composition of the Executive Committee.

Full Faculty and Staff meetings are scheduled regularly on the first Monday of the month, September through May with no meeting in January. The agenda is sent to faculty electronically in advance of the meeting with documents addressing specific issues when appropriate (e.g. past minutes, standing committee reports, and course changes coming from the curriculum committee). All full and part time faculty may participate in these meetings since SON faculty are a faculty of the whole. Minutes of prior meetings are available online. Due to the COVID-19 situation, full faculty and staff meetings continue to be held using the Zoom platform. Faculty and Staff meetings are well-attended. Minutes and attendance lists for the faculty staff meetings are available in the virtual resource room.

Program directors (BSN, MN, MSN, DNP, PhD, and CNESI) typically hold monthly faculty meetings throughout each semester. Issues are discussed and input is gathered from faculty to facilitate continuous improvement. For example, after the rapid move to remote courses in Spring 2020, program directors held additional meetings and open forums on a weekly basis to address the delivery of courses in their respective programs.

Faculty Committees

SON Bylaws define the duties of the faculty, committees and officers, and provides for the establishment of committees (see Appendix E). Standing committees include: the Executive Committee of the Faculty, Budget Committee, Committee on Curricula, Committee on Admission to the Master of Nursing Program (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 committee is composed of faculty who function according to the respective charge in the bylaws.

In addition to the committee structure defined by the bylaws, task forces were implemented by the dean during the 2016-2017 academic year to increase engagement of faculty and staff;

- The Strategic Planning task force is comprised of faculty of all ranks from the tenure and non-tenure track as well as staff from all areas of the school. The group has conducted focus groups, engaged teams in development of the 2018-2022 Strategic Plan, recruited feedback and prepared the revised plan for consideration by the full faculty and staff in December 2018.
- The Diversity & Inclusion task force has established an ongoing dialog focused on achieving meaningful diversity and true inclusivity in the school. Students participate in this group as well. A series of programs and events has been launched to achieve the goals set by the group.
- The Culture & Climate task force has hosted regular events, retreats, and conversations with the goal of creating a civilized and respectful workplace for all, including staff, faculty and students.

Three faculty and staff retreats have been held since the inception of these groups with a strong focus on collaboration and improving the climate of the school. Each faculty retreat integrated diversity/inclusion goals and content into the activities.

SON Student Governance

Three formal groups in the SON represent student governance: the Undergraduate Student Nurses Association which represents BSN students (USNA); the Graduate Student Nurses Association (GSNA) which represents MN, MSN, & DNP students; and the PhD Student Nurses Association (PSNA). Each group has a faculty advisor and by-laws and elects their own leaders who are the official representatives to the SON. All groups make recommendations for, or elect representatives to, their respective program's leadership. For example, the PSNA appoints student representatives to the PhD Council. In addition, student representatives to the various school committees are facilitated by the leadership from each group. Information about these and other nursing student organizations can be accessed at https://case.edu/nursing/students/student-organizations

Student representation is called for in the bylaws for specific committees (i.e. Curricula and Evaluation of Programs). Student attendance is variable despite efforts to change the meeting times to accommodate their schedules. In addition, attempts to hold meetings via conference call or Zoom have also had limited success. Faculty advisors and elected leadership for the USNA and GSNA groups have worked together to address this issue and will continue to seek meeting times that accommodate faculty and student representation.

However, student representation on the Grievance Board and the Academic Integrity Committee has been consistently high. Student involvement is sought for each hearing by contacting leadership from the relevant student groups. Student representatives are contributing members of all hearings.

Student input into the governance of the SON also occurs informally within each program. For example, the DNP program director hosts dinner meetings with DNP students, during their weeks on campus in January, May, and August, to solicit their input on the program. The BSN and MN program directors meet with student leaders on a regular basis to solicit their input. Additionally, students are encouraged to meet with their advisor, program director and/or SON leadership to discuss programmatic concerns and recommendations.

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

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

Program Response:

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 on the Dean's Advisory Group on Recruitment (DAGOR). 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, during prospective student visits, students interested in or who 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 (VPEM). The BSN program director meets with the VPEM 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. CWRU undergraduate students follow undergraduate requirements for retention and progression with additional requirements for nursing students regarding grades for nursing courses. For example, the SON faculty members have determined progression in the sophomore clinical nursing classes (NURS 230 and NURS 240) is sequential so students who do not pass NURS 230 with a C or better cannot progress into NURS 240. The progression policies 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 due to a lack of 8-16 clinical hours or who needs to make up a quiz or exam or has an assignment due may request permission to progress despite the "incomplete". The "incomplete" is incorporated into a remediation plan with a specific date for the work to be competed.

MN, MSN, Post-graduate APRN Certificate, and DNP programs:
Recruitment for the MN, MSN, Post-graduate APRN Certificate, and DNP programs is facilitated through the Office of Enrollment and Recruitment (OER), with support from the Technology Director and Admissions Coordinator. The OER director 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.

Admissions for the MN, MSN, Post-graduate APRN Certificate, 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's requirements for admission, reflect the differences in the programs. The requirements are published in the University Bulletin and can be accessed on the program webpages:
MN program: https://case.edu/nursing/programs/mn-graduate-entry/admission-requirements
MSN program: https://case.edu/nursing/programs/msn/admission-requirements
Post-graduate APRN: https:// case.edu/nursing/programs/post-masters-certificate
DNP program: https://case.edu/nursing/programs/dnp/admission-requirements

The admissions committees for each program also makes recommendations to the program director regarding changes in admission requirements. For international students, FPB follows the required TOEFL and IELTS thresholds set by the University for all programs.
For graduate students: https://case.edu/gradstudies/
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 focuses on retention, particularly to support success of students at risk and from underrepresented populations. During the evolving COVID crisis and transition to remote learning, Students Services has been responsible for identifying and monitoring student needs including financial need and mental health concerns. The director liaisons with CWRU offices of Student Life and Disability Accommodations while also being a resource to faculty and academic leaders.

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 part-time students, have continued to re-examine their retention metrics and time to completion rates. In Fall of 2019, a DNP cohort planning group was created and implemented monthly meetings with cohort co-coordinators, the DNP program and cohort directors, student services and recruitment to facilitate communication and follow-up. Also, the assistant DNP program director followed used a report generated by student services to offer and facilitate individualized plans for completion by students who had not maintained enrollment.

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). New students are oriented to the Student Handbook and current students are notified of changes to the Student Handbook by email with detail regarding the changes and the impact of the changes. Policies affecting curriculum, progression or other substantive changes are not enforced until a new cohort of students has been admitted, with the date of the policy change clearly communicated to students. For example, in the BSN program, policy changes to the Student Handbook are placed in banner form on the BSN website and left up for 6 months. The policy change is also sent via email from the program director to each BSN student. SON-wide changes, are made by the associate dean for academic affairs in consultation with the relevant stakeholders and reviewed with the faculty.

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

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

Program Response:

The University has a system for handling complaints. There are two flowcharts: one for complaints about students and one for complaints from students. These flowcharts (see Appendix F) are used to document the complaints. CWRU's Office of Equity handles Title IX complaints as well as other discrimination and equity complaints. Student Affairs operates a Community Concerns website and addresses complaints that come in through that portal.   In addition, there is an Integrity Hotline where anonymous complaints can be filed for follow-up by the appropriate CWRU office or officer. Staff employment-related concerns or complaints are referred to the Office of Employee Relations within Human Resources. There are additional processes for Distance Learning complaints and Grievances and Disabilities complaints.

At the SON, most complaints are addressed through the SON Grievance Committee and process as well as an Academic Integrity Committee and process. The Grievance committee is concerned with complaints by students regarding course grades, progression issues, and separation. The grievance process, is contained in the SON Student Handbook. The composition and functions of the Grievance committee are indicated in SON bylaws. The grievance process in the Student Handbook identifies how students are involved. For example, a grievance regarding a course grade was filed by a BSN student in summer 2019. The Committee found in favor of the student because there was inadequate preparation to establish testing accommodations for the first and subsequent quizzes. In Fall 2019, the interim academic dean provided feedback to the Executive Committee regarding the Grievance Committee's recommendation related to student accommodations. The Executive Committee invited the Office of Accommodations to a faculty/staff meeting to address student testing and disability guidelines.

Academic integrity (AI) violations are identified by 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 SON. The SON handbook details the process for hearing these cases. During the 2019-2020 school year, issues regarding academic integrity were handled at the program level. No academic integrity violations were filed in the SON administrative office.

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. Informal complaints, concerns, questions or comments can be addressed to the SON or University administration for review, discussion and response. Faculty have access to additional resources in the password-protected section of the SON web site regarding what constitutes an AI violation.

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

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2]

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

---

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

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

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

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

Program Response:

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 can be accessed at: https://case.edu/bulletin/

The SON specific information can be accessed at: http://bulletin.case.edu/schoolofnursing/

The Bulletin describes 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 BSN, MN, MSN, DNP, and PhD in nursing). It also describes the congruence of the SON's mission with that of the University. Other important information, such as a full list of its administrative officers and personnel, is included. Because the Bulletin is updated 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 website for their academic program, which can be updated easily, and to the online Student Information System (SIS) 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. It includes a list of SON personnel.

The SON's website (https://case.edu/nursing/), an important resource, supports these documents with rich, 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.

Additional resources include brochures for the educational programs and Centers of Excellence and research publications 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.

The Manager of Internal Communications, in association with the program directors, is responsible for keeping the website up to date. She is provided updated information by the responsible parties. For example, the associate dean for academic affairs and the respective program director provide 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. For example, the DNP director, assistant program director, cohort coordinators and other faculty and staff meet monthly to facilitate communication and coordination of the DNP cohorts.

Following any policy changes to the SON or University and/or changes in the SON Student Handbook, an email is sent to all students with information on the change and how it may impact them. For example, in 2018, the University restructured undergraduate advising adding the role of navigators in Student Affairs instead of undergraduate advisors in the Office of Undergraduate Studies. Modifications were made to the Advising section of the Student Handbook to explain this policy and procedural change that included a description of the navigator role and the nursing academic advisor role as part of the

advising team. Regulatory policy changes by the Ohio Board of Nursing specifically regarding student conduct are incorporated in the Student Handbook and communicated to BSN and MN students.

Transcripts for APRN graduates reflect the role and population focus of the graduate or certificate holder (for post- graduate APRNs). Examples of transcripts are available in the virtual resource room.

The University Bulletin, http://bulletin.case.edu/schoolofnursing/ and the SON website, https://case.edu/nursing/about/accreditation-approvals, indicate the BSN, MN, MSN, Post-graduate APRN Certificate, and DNP programs are accredited by CCNE and note other bodies with which approval or accreditation is held. Table 2 indicates locations of documents and publications for specific programs/policies:

Table 2 Documents and publications

Information	Location
Program offerings	**BSN:** http://bulletin.case.edu/schoolofnursing/bsn/ and http://fpb.case.edu/BSN/ **Graduate entry nursing program/MN:** http://bulletin.case.edu/schoolofnursing/mn/ and http://fpb.case.edu/GradEntry/ **MSN:** http://bulletin.case.edu/schoolofnursing/msn/ and http://fpb.case.edu/MSN/ **DNP:** http://bulletin.case.edu/schoolofnursing/dnp/ and http://fpb.case.edu/DNP/
Outcomes	**Student Learning Outcomes** available within each program's pages of the Bulletin:
	BSN: http://bulletin.case.edu/schoolofnursing/bsn/ **Graduate entry nursing program/MN:** http://bulletin.case.edu/schoolofnursing/mn/ **MSN:** http://bulletin.case.edu/schoolofnursing/msn/ **DNP:** http://bulletin.case.edu/schoolofnursing/dnp/
Accreditation/Approval status	**University accreditation:** https://www.case.edu/ir/cwru-facts/accreditation/ **SON accreditation and approvals:** http://bulletin.case.edu/schoolofnursing/ (end of page)
Academic calendar	http://www.case.edu/registrar/calendar/
Recruitment and admission policies	**Admission policies by program:** **BSN:** https://case.edu/admission/ **Graduate entry nursing program/MN:** https://case.edu/nursing/programs/mn-graduate-entry/admission-requirements **MSN:** https://case.edu/nursing/programs/msn/admission-requirements **DNP:** https://case.edu/nursing/programs/dnp/admission-requirements

Information	Location
Grading policies	See course syllabi for course-specific detail. Overall grading policies by program for progression are in the Student Handbook, pages 23-28 Student Handbook https://case.edu/nursing/sites/case.edu.nursing/files/2019-09/2020%20handbook.pdf
Degree/certification requirements	**BSN:** https://case.edu/nursing/law/programs/bsn/degree-requirements **Graduate entry nursing program/MN:** https://case.edu/nursing/programs/mn-graduate-entry/degree-requirements **MSN:** https://case.edu/nursing/programs/msn **DNP:** https://case.edu/nursing/programs/dnp/program-requirements
Tuition and fees	**BSN:** http://www.cwru.edu/studentaccounts/tuition-fees/undergraduate- tuition-fees/ **Graduate entry nursing program/MN; MSN; and DNP:** https://case.edu/studentaccounts/tuition-fees/graduateprofessional-tuition-fees/frances-payne-bolton-school-nursing

Standard II
Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response:

Fiscal 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. Shared expenses (e.g. library and information technology) are charged based on a formula that takes in to account numbers of students and faculty, credit hours, square footage of the building and other relevant aspects. The budget is reviewed monthly by the dean and associate dean for finance and administration. There is regular (at least quarterly) communication with the university budget office and the provost regarding the actual versus budgeted items. The dean has the authority to identify new sources of revenue and additional expenses. For example, changes in the numbers and type of faculty needed depending on enrollment. In addition, the dean and associate dean for finance and administration review the quarterly forecasts and budget trends with the SON Budget Committee. SON budget information will be provided in the virtual resource room upon request.

Compensation: Faculty compensation is adequate to allow the recruitment and retention of qualified faculty. The dean and the associate dean for finance and administration 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, *2019-2020 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing.* Washington, DC: American Association of Colleges of Nursing to determine the metrics. Data from Table 33 of the report (page 54).

Table 3 Faculty Compensation by rank

Rank	SON Faculty Average for FY 19-20	AACN 2019-2020 Mean*
Professor (N =11)	$190,247	$177,951
Associate Professor (N =21)	$122,334	$130,124
Assistant Professor (N = 24)	$105,870	$107,266
Instructor (N = 27)	$84,440	$83,899**

*Doctoral mean reported **Non-doctoral mean reported as 18 out of 29 instructors were not doctoral prepared.

SON comparison is to academic health centers, which are located in major metropolitan cities. The cost of living in Cleveland is favorable to many of our comparison schools. We are above the mean for full professors, and .4 standard deviations ($7,900) below the mean for associate professors. We are slightly above the mean for instructor level faculty and .08 standard deviations ($1,760) below the mean for assistant professors. We have not had any difficulty recruiting faculty.

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

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

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

Program Response:

Physical space
The physical space is sufficient to enable the program to fulfill its mission, goals and expected outcomes. As a research intensive school, FPB's research activities are located at the **Health Research Campus (HRC)**, adjacent to University Hospitals Cleveland Medical Center. The nursing research building has 20,000 square feet (on the second and third floors) dedicated to nursing research. Research faculty, staff, and trainees occupy the space that provides a wet lab; offices for faculty, staff, and trainees; conference rooms of varying sizes; and private interview rooms. In addition, dedicated space is provided for all postdoctoral trainees, which includes desks, computers, and printers. Pre-doctoral and postdoctoral trainees are provided space in the labs of their faculty advisors. Academic and research facilities offer faculty and trainees modern facilities designed to promote interdisciplinary collaboration, innovation, and learning. In the spring of 2019, the SON moved all educational programs to the new **Health Education Campus (HEC)**. The HEC provides a state of the art interprofessional education environment where nursing, medical, dental medicine and physician assistant students learn with, from and about each other. The eleven-acre campus is the site of the Sheila and Eric Samson Pavilion. This 477,000 square-foot facility features a central atrium where students can gather, study and eat together, an innovation laboratory, 26 academic classrooms (including "team-based learning" classrooms) and simulation labs were collaborative learning takes place.

All SON faculty members have offices within the HEC; faculty with funded research or projects also have offices in the Health Research Campus (HRC) building. All full-time assistant/associate/full professors, regardless of tenure status, and instructors have private offices. Part time lecturers and special faculty have assigned, shared, open spaces to work from when they are on the HEC campus. Student privacy issues for faculty assigned shared open spaces are accommodated through the use of conference rooms available on the 2nd and 4th floor of the HEC assuring private discussions.

Equipment and supplies: Equipment and supplies are available and sufficient to achieve the program's mission, goals and expected outcomes. Each faculty member is provided a computer (desktop or laptop based on their preference), a phone with private voice mail capacity and extensive information technology (IT) services including high-bandwidth Internet access. The IT services support remote access to library resources, Student Information System (SIS) which is used for enrollment, tracking of advisees and grading, and Canvas, the learning management system. Students typically bring their own devices to the SON and have access to the university wireless services. Laptop computer policy and requirements for students are outlined in the Student Handbook (page 19) https://case.edu/nursing/sites/case.edu.nursing/files/2019-09/2020%20handbook.pdf. There are a limited number of desktop and laptop computers located in the SON that can be loaned from the U-Tech Teach Bar in the HEC lobby for nursing students needing access to computers while in the HEC building. Computer support is available at the U-Tech Bar and remotely for faculty, staff and students. Printing capability for faculty and staff is located in multiple sites on campus and students have access to printing kiosks on the 2nd and 4th floors of the HEC.

Center for Nursing Education, Simulation & Innovation (CNESI)

The [Center for Nursing Education, Simulation, and Innovation](#) is located on the second floor of the Samson Pavilion at the HEC and is composed of two ten bed labs: Physical Assessment Lab and Clinical Teaching Bed Lab, and a separate Medication Room. https://case.edu/nursing/students/center-nursing-education-simulation-and-innovation

Physical Assessment Lab: This ten-bed lab is for students learning basic and advanced physical assessment skills. The room is fully equipped with ten electronic exam tables with inclining headrests, extending leg supports, storage drawers, and optional stirrups. To ensure privacy, the lab has ceiling-mounted privacy drapes at each bed station. Each station has electronic Welch Allyn otoscopes along with 3 sizes of clean gloves, sharp disposal units and wall-mounted blood pressure cuffs. The physical assessment lab has extensive locked storage for 10 Welch Allyn and 16 ADC Diagnostic kits, 20 various-sized blood pressure cuffs, 4 electronic blood pressure cuffs, and 10 single and 6 double headed stethoscopes for student and faculty use. Students also have access to several high fidelity Laerdal human patient simulators, task trainers, anatomical ear and eye models, two full body skeletons, breast and prostate models, male and female models, a DVD library, and two large screen video display boards to support undergraduate and graduate lab sessions.

Clinical Teaching Bed Lab: This lab is comprised of 10 patient hospital bed stations each with a low fidelity Laerdal Medical manikin. The lab simulates an in-patient medical-surgical or step-down unit and has a full-sized ADA hospital bathroom so students can learn how to transfer patients in that environment. The center contains all of the common devices seen in the hospital setting including a Hoyer lift, Geri chair, wheel chairs, canes, crutches, linen carts, ventilators, privacy drapes, sharps disposal units, and head wall units at each patient bed to simulate oxygen delivery and wall suction. Pre-licensure students learn and practice every essential nursing skill from hand washing and bed making to wound irrigation and managing a ventilated patient. The center also has 3 medication carts, 6 smart IV pumps, and extensive locked storage for IV tubing, IV solutions, dressing supplies, catheters, chest tubes, foley catheters, sterile gloves, sterile gowns, bed pans, urinals, and tracheostomy supplies. The lab has an extensive DVD library and two large screen video display boards to support lab sessions.

Medication Room: The medication room is adjacent to the Clinical Teaching Bed Lab equipped with an academic version of the Pyxis Medication dispensing system, bar coding techniques, and synthetic medications. The room has extensive locked cabinetry, a sink, medication refrigerator, and counter space to provide a realistic setting for best practices of preparing patient medications.

In the HEC, nursing students have access to the following shared lab spaces that foster interprofessional education:

Acute Care Flexible Simulation Labs: These three labs are set up with portable head walls, one-way glass, a large screen video display board, and video/audio capabilities for recording, debriefing and high-stakes testing. The labs can be set up for high-fidelity simulation utilizing Laerdal and Gaumard high fidelity human patient simulators: Sim-Man Essential, Sim-Baby, Sim Child, Sim Newbie, Sim Junior, and Lucinda birthing simulator. All pre-licensure and nurse practitioner students use these labs for simulation training on human patient simulators; practicing various advanced nursing skills on task trainers; viewing skills and simulation videos; and conducting pediatric and obstetric labs and simulation sessions. Each acute care flexible simulation lab has a large screen video display board to facilitate student learning.

Private Exam Space: Twenty private exam spaces, each equipped with a physician-grade exam table, side chair, exam stool, and built in otoscope and ophthalmoscope allow students to practice and review communication and assessment skills with faculty, peers, and standardized patients. Each room has one way glass, video and audio capability, and a small screen video display board allowing faculty to record exemplars and provide feedback on student practice, testing, and final examinations. Standardized patients (SPs) are hired for formative, summative, and high stakes testing situations. Adjacent small and large debriefing rooms allow for private or class meetings prior to or following SP sessions.

Steris Perioperative Lab: This interprofessional lab contains a fully functioning Steris 3080 operating room table and fluid/blanket warmer, a full set of surgical instruments, back and gown tables, locked supply cabinets, pulse oximeters, and an educational anesthesia machine, endoscopy, and Bovie machine. Students learn basic perioperative safety skills including; aseptic technique, patient positioning, handling of surgical instruments, and communication hand-over techniques related to perioperative nursing and nurse anesthesia patient care. Audio and video capabilities allow for recording of formative and summative simulations and adjacent classrooms allow for pre-briefing and debriefing opportunities. The Steris Perioperative lab has two large screen video display boards to support lab sessions.

The Dorothy Ebersbach Academic Center for Flight Nursing: The Dorothy Ebersbach Academic Center for Flight Nursing (DEACFN), formerly the National Flight Nurse Academy, serves as part of the MSN program's Adult-Gerontology Acute Care Nurse Practitioner Flight Nursing subspecialty. It is the first formal training program to prepare nurses at the advanced practice level to provide care to individuals outside of hospitals, but at a hospital level of care. Students, including acute care nurse practitioner (ACNP) students, specializing in flight nursing at CWRU train in the nation's first state-of-the-art simulator built in a full-scale Sikorsky S76 helicopter. The helicopter simulator allows faculty to input any two flight coordinates in the world, the time of day, weather pattern, and level of turbulence for students to experience the flight as though it was actually occurring. The helicopter features the most advanced medical equipment with authentic aerial views projected within the windows and the motion platform provides 11 degrees pitch and roll that mimics changing altitudes and weather conditions throughout the flight. The learning environment allows students to experience the physical confines of an actual helicopter while practicing the delivery of patient care to high fidelity human patient manikins to create the most realistic training for the caring of critically injured patients from takeoff to landing. The center also has a static-full scale ambulance for students to practice effective patient hand-offs from first-responders including fire, rescue, EMT, and paramedics. The center is located on the ground floor of the HEC directly below the Steris Perioperative Lab allowing faculty to simulate taking a patient from the helicopter or ambulance up the elevators, directly to surgery. Both the helicopter and ambulance are equipped with video and audio capabilities to capture student interactions during formative and summative evaluations and provide the means for debriefing in the center or in any of the adjacent classrooms or debriefing rooms. The DEACFN has a large screen video display board to support interprofessional training within the center.

Clinical Facilities
Instructional facilities are abundant and varied. All clinical sites provide sufficient and appropriate opportunities to achieve the program's mission, goals, and expected outcomes. SON assumes and maintains responsibility for ensuring adequate clinical sites are available for all students. The following facilities support SON students for clinical experiences at all levels (see Appendix G):

University Hospitals Cleveland Medical Center (http://www.uhhospitals.org)
The Cleveland Clinic Health System (https://my.clevelandclinic.org)
MetroHealth Medical Center (https://www.metrohealth.org)
The Louis Stokes Cleveland Veterans Administration Medical Center (https://www.cleveland.va.gov)

Additional opportunities for clinical experiences are available in a variety of health, social, and educational agencies. Examples include Benjamin Rose Institute, Hospice of the Western Reserve, Judson Park Retirement Community, The Visiting Nurses Association of Cleveland, Cleveland Department of Public Health, the Cleveland Metropolitan School District, McGregor Program for All Inclusive Care of the Elderly (PACE), and many others. Campus and clinical resources are evaluated at a minimum of one to two times each academic year. Evaluation information is obtained through a variety of processes including but not limited to faculty surveys, faculty evaluations of clinical sites, student evaluations of clinical sites and evaluations of laboratory experiences.

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

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

Program Response:

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 such as the Division of Student Affairs and the Office of Equity, the SON has specific resources dedicated to supporting the programs as detailed below. Resources are reviewed each year as the new fiscal year budgets are developed by the dean, associate deans, program directors and directors of CNESI and student services. The dean also receives feedback from the SON Budget Committee.

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 5:

Table 4 List of CWRU Resources for academic and student support

Service	Provider	Available To	URL
Tutoring	Educational Services for Students	Undergraduates	https://case.edu/studentsuccess/academic-resources/peer-tutoring
English language assistance	Educational Services for Students	All students	https://case.edu/studentsuccess/academic-resources/english-language-resources
Diversity Awareness	Office of Inclusion, Diversity and Equal Opportunity	All students, faculty and staff	https://case.edu/diversity/programs/diversity-awareness-training
Information Technology resources	Software, information regarding use of campus resources, training	All students, faculty and staff	http://case.edu/its/students/ https://case.edu/utech/resources/faculty-and-staff-resources
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://writingcenter.case.edu/
Counseling and mental/behavior al health	University Counseling Services	All students	https://case.edu/studentlife/healthcounseling/counseling-services
Health care	University Health Service	Free to all students, regardless of insurance coverage	https://case.edu/studentlife/healthcounseling/health-services https://case.edu/studentlife/healthcounseling/medical-planwaiver-information/health-waiver-process
Sexual assault or sexual harassment	Office of Inclusion, Diversity and Equal Opportunity	All students, faculty and staff	https://case.edu/diversity/university-policies/sexual-harassment-sex-discrimination-and-sexual-misconduct

There are additional services for specific types 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 necessary actions. The TABIT information makes a distinction between urgent and non-urgent situations and notifies CWRU police of urgent situations. https://case.edu/academicaffairs/ and https://case.edu/publicsafety/

Libraries
The CWRU Library system provides a wide range of library resources available to students, faculty, and staff. There are multiple libraries on campus (http://case.edu/dir/libraries.html). An extensive online journal access service uses highly regarded portals including OhioLINK (connecting higher education sites throughout the state) as well as access to Interlibrary Loan (ILL) materials not available on campus. The ILL includes campus libraries throughout Ohio as well as the public library systems in Ohio. All on-line library materials are accessed via CWRU's FortiClient VPN. The FortiClient Two-Factor Authentication Virtual Private Network (VPN) service provides added security for students, faculty and staff of CWRU.

The **Kelvin Smith Library**, a 144,000 square foot building completed in 1996, houses most of the collections of Case Western Reserve University. This includes over 1,290,000 monographs, 7,363 serial titles, U.S. Government publications, company annual reports, newspapers, CDs, technical reports, over 12,000 DVDs and videos, and more. The library enables users to integrate both traditional resources and state-of-the-art technology into teaching, research, and learning. A variety of seating styles accommodates 900 people and provide electrical ports for connecting personal laptop computers. CWRU's wireless network enables personal laptops to have internet access throughout the library. Two multimedia rooms include scanners and sound and video digitizers. Individual study spaces, meeting rooms, conference areas, and social gathering places are available. The user-friendly interface to the online catalog, databases, and other resources allows library staff to focus their attention on working in-depth with faculty and students.

The **Cleveland Health Science Library** (CHSL) serves as the library system for the Schools of Medicine, Dental Medicine, Nursing, and the Departments of Biology and Nutrition. The CHSL was formed in 1965 by an agreement between the Cleveland Medical Library Association (CMLA) and Western Reserve University. CHSL operates in two locations: The **Allen Memorial Medical Library**, which has a collection of clinical books and journals, basic sciences, nursing, dentistry, and biology books, journals, audiovisuals, microforms, as well as a collection of rare and historical books; and the **Health Education Campus Library**, located on the second floor of the Shelia and Eric Samson Pavilion. This library space is a dedicated Quiet Zone, with 24/7 access and is a quiet study area, and the place where students can check out books on reserve for courses. The combined collections total over 430,000 volumes including electronics and collectibles, with print and electronic journal subscriptions numbering in excess of 60,000, electronic books numbering over 60,000 and print books numbering over 118,500. Personal and institutional members of the CMLA and faculty, students and staff of CWRU have borrowing privileges. The CHSL serves as a resource library in the Greater Midwest Region of the **National Network of Libraries of Medicine**. CHSL also participates in **OhioLINK**, **OHIONET**, and **OCLC**.

School of Nursing Support for Students
The SON 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 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.
https://case.edu/nursing/students/office-student-services

School Support for Faculty
Resources for faculty within the SON include support for travel, faculty development, and sabbatical, as well as 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 may 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 also assists with poster preparation. In addition, faculty are supported to attend courses and programs for professional development. For example, in spring 2019, five faculty members, including the MSN

program director attended the National Organization of Nurse Practitioner Faculties (NONPF). In 2020, after travel was prohibited due to COVID-19, the meeting was held in virtual format; three faculty attended. Faculty also regularly present at NONPF. Faculty members, when eligible, may be supported with a sabbatical of six months with full pay or one year half pay, for the purpose of renewal or to study in an area that would advance their careers.

The SON had a faculty development officer through June 2019 who worked with the associate dean for academic affairs in prioritizing topics and identifying speakers in areas faculty requested to enhance development, with a number of development workshops/presentations offered over 2017-2019. Since 2019 the dean and academic dean have collaborated with the Executive Committee to identify and plan for faculty development needs. In addition, a faculty member has been identified to provide faculty orientation. A list of faculty development programs is available in the virtual resource room. As the SON moved to remote education, multiple programs were made available to faculty on remote teaching and technology by University Technology ([U]Tech) and the University Center for Innovation in Teaching and Education (UCITE). All faculty have mentors, and the ARPT and non-tenure track full professors have been updating mentoring recommendations.

As the SON moved to remote teaching and programing due to COVID 19, the dean also initiated a series of roundtable sessions for faculty. Three Zoom sessions focused on the topics of clinical and simulation and three sessions focused on remote teaching and learning activities. Each 60-90 minute session reflects on past processes and looks toward improving capacity to provide exceptional remote learning experiences. The University provided remote teaching workshops and technology resources have been readily available to support faculty.

Each academic program has their own budget which includes funds to support representation at meetings critical to their program functioning (e.g. the DNP program director attends the AACN Doctoral Forum). Full-time faculty are allotted one day a week for practice or to engage in consultation activities. This supports the maintenance of clinical skills including those required for maintaining advanced practice certification. Consulting activities may be directed to other schools or professional organizations, nationally or internationally. Both faculty and staff are encouraged to participate in community and public service, i.e. Habitat for Humanity and Case for Community Day which is held yearly.

Each academic program has a program director and program assistant. The BSN and DNP programs each have an assistant program director who works directly with the respective program director. In the MSN program each specialty program has a specialty leader who reports to the MSN program director. The program directors and program assistants work closely with the office and staff of the associate dean for academic affairs.

CWRU's decentralized model of organization means 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, and the Center for Research and Scholarship located in and funded by the SON. At the HEC building, information technology staff and services are immediately available to all faculty, staff and students from the SON, medicine and dental medicine. Service includes a Tech Bar on the first floor of HEC available during business hours for walk up support. Resources are 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. The CFRS 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. CFRS services include training, human subjects training, awards, and poster printing. Oversight for the CFRS is provided by the associate dean for research. The CFRS also has an editor on staff who works with faculty for manuscript preparation and submission of grants. Statistical experts are employed to consult with faculty and their students concerning thesis and dissertation research.

Alumni Relations and Development
Part of the SON's ability to balance the budget stems from the successful Alumni Relations and Development Department which coordinates with central University Development. The department staff and the dean make visits across the country to alumni, foundations and individual donors, and plan various alumni activities and fundraising events. In FY 2020 over $9.5m was raised compared to $3.2m in FY19. In addition, the SON has an endowment fund valued at $91,999,702.

The alumni are a committed 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 (Appendix H). Other alumni 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 $139,627 for BSN scholarships.

Marketing and Communications/Internal Communications
In September 2019, the university centralized the Marketing and Communications Department. All external facing marketing and communications (e.g. recruitment, advertising, etc.) is handled by the central University Marketing and Communications (UMC). Each school has an Internal Communications Manager (ICM) who is an employee of UMC but is stationed within their respective school. The SON - ICM serves as a liaison between the SON and UMC, and handles internal communications for faculty, staff and students. The ICM oversees the school's social media presence, maintains the school's website and assists with communications from the dean. The ICM role is dual reporting, with primary supervision by the Director of Internal Communications at UMC and the school's dean.

Information Technology Services (IT)
The SON has an Information Technology Services team which is a part of the University Technology ([U]Tech) Division. They manage all IT related operations within the school. The team assists faculty, staff and students with any computer problems, issues, needs, or equipment purchases. This team manages the Help Desk, troubleshoots problems, and repairs all school-owned equipment. The SON [U]Tech team assists with the SON's website and develops web applications to meet SON needs. The team also administers systems for online applications, review and customer relations management systems, as well as a variety of other IT systems and tasks. At the HEC in the Samson Pavilion, repair and computer support services are provided for all faculty, staff and students. The HEC has extensive wireless access for all users, including access to the Internet and university software tools throughout the building. Students also have access to wireless printing kiosks throughout the building. The HEC provides advanced technology to enhance the educational experience. For example, in response to requirements of COVID-19 safety, [U]Tech adapted HEC classrooms for optimal hybrid teaching.

CWRU uses Canvas as its learning management system. University-level support is provided through [U]Tech and the CWRU Canvas Support Team. This group provides training for new faculty and supports all faculty in the use of Canvas. In addition to regularly scheduled training sessions, personnel are available to provide one- on-one instruction. SON IT staff are also available to assist with Canvas questions.

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 (CE) programs for the SON. The provider unit has participated in the development and review of four faculty directed programs in 2019 and one independent study activity. The provider unit consists of an adjunct faculty member who serves as Primary Nurse Planner assisted by volunteer reviewers.

Analysis: As part of the university governance, SON faculty provide input into resources through the Faculty Senate Committees associated with academic support services (i.e. IT, library, and personnel). In addition, the SON Budget Committee surveys faculty annually regarding a "wish list" of additional resources or services. When there is sufficient discretionary income, additional resources are provided. *Skyfactor* exit surveys of BSN, MN, and MSN graduates are used to analyze academic support. For example, in 2018 and 2019, the MSN student *SkyFactor* ratings for hands on lab experiences and labs related to diagnostic procedures/skills were lower than the set benchmark. In response, MSN faculty collaborated with the CNESI to increase the number of students involved in lab and simulated experiences and added telehealth capabilities, software to provide virtual experiences, and mid & high fidelity simulators and equipment. MSN program minutes (November, 2019) are available in the virtual resource room. CNESI hired one additional simulation technician to increase capacity to develop and implement more lab and simulated clinical experiences.

II-D. The chief nurse administrator of the nursing unit:

Z is a registered nurse (RN);

AA holds a graduate degree in nursing;

BB holds a doctoral degree if the nursing unit offers a graduate program in nursing;

CC is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and

DD provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

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

Program Response:

Dean Carol Musil assumed the deanship in July 2019. Her extensive curriculum vitae (CV) is included in the Appendix I. A double alumna (holding graduate and doctoral degrees in nursing from FPB), Dr. Musil brings four decades of experience as a student, scientist, and faculty member to the Office of Dean. She is an internationally recognized researcher whose NIH-funded studies focus on the effects that caring for grandchildren have on the physical and psychological health of grandmothers. She is academically and experientially qualified to lead the SON in accomplishing the mission, goals and expected student and faculty outcomes. Dean Musil has the same reporting structure, authority, and responsibility as the other deans at CWRU. She provides outstanding leadership to the SON. By example, she shepherded the school's physical transition to its new home on the HEC as well as its joint efforts among all of the school leaders to advance interprofessional education. Dean Musil played an integral role in the launch of the school's Marian K. Shaughnessy Nurse Leadership Academy. Starting Spring, 2020, she acted quickly and responsibly in leading the SON's response to the dramatic changes required due to COVID-19. She has collaborated closely with other deans and CWRU leadership while advocating for unique needs of the SON.

Dean Musil consults with the COI (Chief Nursing Officers), the Visiting Committee, and the Alumni Board at least twice per year. In addition she participates in the quarterly board meetings with the CWRU Board of Trustees. Soon after the COVID pandemic crisis began, the dean quickly convened a combined meeting with the Visiting Committee, The Alumni Board, and the associate deans to rapidly address the transition to remote courses and discuss the implications for students, faculty, staff, the SON budget and future planning.

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

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

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

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

certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

Full time equivalency (FTE) is determined by the percent of the salary paid. At CWRU, any faculty whose salary/effort is 51% or greater is considered full time. Calculations for effort according to employment status (full or part time) and rank (tenure or non-tenure) and term of contract (9 or 12 month) are presented in Appendix J (Calculation of Faculty Effort – Teaching Assignment Guidelines).

Faculty are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The Master Faculty Grid (Appendix K) 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 (2019-2020). In addition to regular faculty (noted in the listing), part-time faculty are hired to meet specific needs, particularly in clinical specialties and settings. For example, part time instructors are hired for fall and spring semesters for BSN and MN programs based on scheduled course needs (i.e. psychiatric mental health, pediatrics, critical care clinical experiences), and number of students.

Faculty: student ratios: For pre-licensure (BSN and MN) programs, the Ohio Board of Nursing (OBN) requires at least one clinical faculty person for each 10 students. To increase the interaction of the faculty and students, the SON uses a 1:8 ratio. In some settings, clinical partners require 1:6 ratios (pediatrics, obstetrics, and psychiatric mental health). The MSN program uses an individual preceptor model. For lab sessions, the prescribed 1:10 ratio is maintained.

Programs do not have a set classroom ratio. Class sizes are monitored and large classes may be split into two sections or provided with two faculty. For example, in the BSN program, two instructors and two sections are provided for the pharmacology course (NURS 211) and the fundamentals course (NURS 115) due to class size. In the simulation labs of CNESI, an additional teaching assistant is provided for groups larger than 10 students.

Full-time non-tenure track faculty teaching assignments are 18-20 credits for the academic year for a 9-month contract with a typical assignment of three courses per semester. This assignment provides an opportunity to spend one day per week in clinical practice or consultation. Tenured and tenure track faculty typically teach 12 credits providing an opportunity to spend time engaged in research. This assignment may be further reduced based on external funding for research. For example, due to significant NIH funding, Dr. Webel currently teaches one course per year. In addition, assistant professors on the tenure track have reduced assignments (3 to 6 credits per academic year) allowing them to focus on their research and scholarship for the first three years of employment. Faculty in administrative positions also carry reduced teaching assignments 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 education mission of the SON and for carrying out the research and service missions according to their expertise. Although all faculty are expected to teach across programs, teaching responsibilities generally focus at a particular level consistent with their expertise. Faculty members teaching in the BSN and MN programs meet the regulations of the OBN. 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 advanced practice level courses, faculty meet specific requirements of specialty accrediting and certifying bodies. We report in this section on the faculty employed in academic year 2019-2020. The qualifications of all 91 regular full-time faculty and the special faculty members are in Appendix K.

All regular faculty (instructor through full professor rank) have graduate degrees in nursing or a related field, (n = 91), with 75 at the doctoral level. The regular faculty includes 35 instructors, 24 assistant professors, 21 associate Professors and 11 professors. The articulation between 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. DNP and PhD students are assigned advisors based on faculty's expertise or clinical focus.

Six faculty are not nurses but have been hired for their special knowledge and programs of research. 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=56), 26 are tenured or on the tenure track.

Recent increases in the number of full-time faculty at the instructor rank occurred as a result of 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 hiring part-time nurses with strong clinical skills. These instructors often supplemented their income by teaching for other colleges and universities. Administration determined the SON was better served by hiring MSN prepared individuals in full time lecturer or instructor positions who would teach exclusively for the SON. To create full-time positions, these individuals teach content in both the BSN and MN programs. As we do not meet 100% of our clinical, laboratory and classroom teaching with full time faculty, we carefully evaluate the qualifications of those teaching part- time.

All faculty teaching clinical courses at the advanced practice 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, PCPNP-BC, NNP-BC, RN	BSN Program	ANCC; NCC National Certification Corporation
Evelyn Duffy, DNP, AGPCNP-BC, RN	Adult/gerontology primary care NP	ANCC
Mary Franklin, DNP, MSN, CNM	Nurse Midwifery	American Midwifery Certification Board (AMCB)
Susan Painter, DNP, PMHCNS- BC	Coordinator, Family Systems Psych/Mental Health NP	American Nurses Credentialing Center Advanced Practice Psychiatric-Mental Health Nurse Practitioner
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, DNP, MSN, CRNA	Nurse Anesthesia	Council on Accreditation

The SON engages "special" faculty who may be designated as Lecturers, Clinical Faculty, Preceptors, or Adjunct faculty. The SON also has Emeriti faculty.

Lecturers The majority of special faculty members are lecturers. These individuals are hired on a part-time basis based on special expertise required for a given course or are engaged in clinical teaching of pre-licensure students. All special faculty are prepared at the master's level in nursing (see Appendix K). These faculty are expected to maintain their clinical expertise. In spring 2020, the SON employed 10 special faculty; 3 doctoral prepared and the remaining 7 all have masters' degrees in nursing. Of these 10 lecturers, 3 taught in the BSN program and 4 taught in the MN and MSN program, in clinical instructor roles and in simulation labs. At the MSN level, the lecturers teach specialty clinical courses or didactic courses in the core courses; eight taught at the master's level and two visiting professors taught at the DNP level.

Clinical faculty include all persons designated at university ranks of clinical professor, clinical associate professor, clinical assistant professor, and instructor. These faculty appointments are in service agencies whose resources provide the 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. For example, faculty at University Hospitals and Cleveland Clinic are CRNAs who work with SON faculty CRNAs to support student experiences. In 2018, the SON entered into a new collaborative agreement with MetroHealth which assures students have priority access to clinical experiences and professional staff from MetroHealth. The arrangement promotes high quality clinical experiences aligned with the mission, vison, and values of the nursing program. The Chief Nurse Officer of MetroHealth is recognized as Clinical Associate Dean for the facility.

Research professors are those faculty supported through funded research. According to the bylaws of the SON, they cannot independently teach courses or advise students. Research professors are encouraged to provide guest lectures and serve as additional members on DNP and PhD student committees (scholarly project and dissertation, respectively). At present, there is one person appointed in this role.

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 special expertise consistent with the regulations of the university. Currently, the SON does not have anyone in this position.

Graduate Teaching Assistants (TAs) are used in the CNESI under the supervision of the director of the CNESI and in clinical teaching in coordination with faculty assigned to the course. In the CNESI, the TAs work with students on skills practice, simulation and assist setting up the lab stations in the CNESI. In the clinical setting, the TAs 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 course 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. TAs do not assign grades, all grading and evaluation activities are done by the assigned faculty.

Faculty expertise has been recognized by the profession through appointment to scholarly academies (see Appendix L) and elected or appointment to leadership roles in state, national, and international organizations (see Appendix M).

It is the expectation of the SON that all faculty maintain their expertise in teaching, clinical practice, and research according to their areas of responsibility. In addition, the OBN requires that all registered nurses complete 24 contact hours every two years to qualify for license renewal.

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

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

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

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

Program Response:

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 OBN requirements including; graduation from an approved RN program and experience in the practice

of nursing as a registered nurse with demonstrated competence in the area of clinical practice in which the preceptor provides supervision to a nursing student, related certification or demonstrated expertise in the specialty area, and RN licensure in the state of Ohio or in the jurisdiction of the students' clinical experience. Preceptors 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 junior year in Care of the Perioperative Patient (NURS 339), senior year during the semester of precepted Practicum (NURS 352, 354 or 356), in Critical care (NUMN 418), and Capstone (NURS 373). In collaboration with clinical partners, highly qualified staff nurses are identified to serve as preceptors. Information is collected on their education and credentials each semester. Preceptors are oriented by SON faculty who supervise student placements. Assigned faculty for the senior preceptor courses (NURS 352, 354 or 356) generally supervise between 5 and 10 students. Faculty evaluates and assigns the grade for clinical performance in conjunction with the preceptor.

In person orientation is provided to groups (NURS 352, 354, 356) or individually (NURS 339). Preceptors and students are provided with printed documents regarding the student responsibilities, the preceptor responsibilities, and faculty responsibilities. Examples of the documentation are available in the virtual resource room. In Capstone (NURS 373), the preceptor is responsible to support the student at the clinical site and monitor completion of required clinical hours and a capstone quality improvement project.

In the MSN program, preceptors are used in clinical courses. The SON assumes the responsibility of finding appropriate preceptors based on clinical expertise. Each preceptor is provided information related to their role, responsibilities, and non-monetary benefits based on Ohio Board of Nursing regulations or specific program accrediting requirements related to advanced practice. 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 registered nurses (APRN). Occasionally physicians are used for a limited experience when APRNs are not available, which is acceptable to the certifying agencies. All preceptors submit a preceptor qualification form or a curriculum vitae, and the SON verifies licensure status (including advanced practice status) prior to student contact. Preceptor credentials for APRN programs are reviewed to confirm NTF (2016) criteria are met. In the MSN program, a preceptor coordinator provides support to the preceptors, including an online program for preceptor training. Site visits or site contacts are made by the faculty responsible for 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 N). Preceptors provide support for clinical learning without pay; however, there are benefits including access to the CWRU library, a tuition benefit, and access to continuing education offerings (see Appendix O). Special awards, selected by students, are announced at the end of the year to recognize outstanding preceptors.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.
Y Faculty have opportunities for ongoing development in teaching.
Z If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
AA If service is an expected faculty outcome, expected service is clearly defined and supported.
BB If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.
CC Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.

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 campus IT services and in collaboration with

the SON associate dean of academic affairs utilize these resources based on identified learning needs. The Office of Faculty Development provides comprehensive support services at the University level to support faculty development, including new faculty orientation, affinity groups, career development and mentoring, writing and teaching resources, and leadership training opportunities. https://case.edu/facultydevelopment/

UCITE "is dedicated to working with faculty and students at CWRU to create an enriching and rewarding learning environment for everyone" (https://case.edu/ucite/). UCITE helps faculty strengthen teaching skills through individual programs and services and also offers grants and fellowships to promote excellence in teaching. Learning Fellowship are available through which faculty are supported to re-design courses. https://case.edu/utech/departments/teaching-and-learning-technologies/initiatives/active-learning https://case.edu/ucite/grants-fellowships/learning-fellowships.   In 2019 four faculty were selected as UCITE Learning Assessment Fellows. Most recently, six SON faculty participated in UCITE's remote dual delivery summer camp. Faculty from across campus worked together to redesign courses for remote delivery. The UCITE Director consults and provides school-specific faculty development sessions as requested.

University Technology ([U]Tech), a division of the CWRU Information Technology Services, focuses on technological support for the educational mission. Detail can be accessed at: https://case.edu/utech/help. Since Spring 2020 semester, they have collaborated with the CWRU Provost's office and leadership of the college and schools to provide comprehensive training and support as faculty adapt their teaching to non-traditional learning environments. All faculty and staff have unlimited free access to LinkedIn Learning, a library of over 9,000 digital courses taught by industry experts including; training courses on products including Google Apps, Adobe Creative Suite, Microsoft Office, as well as instruction on topics such as web development, audio/video production, computer programing, 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. https://case.edu/utech/help/knowledge-base/linkedin-learning In addition to providing training on use of Canvas, [U]Tech also has the Active Learning program where classrooms are retrofitted to support experiential learning.

Recent SON Faculty Development initiatives include:

- **Learning Partners Program**: (2018-2019) confidential faculty self-referrals for 1:1 consultations with the Director of Faculty Development to enhance classroom management, pedagogy, and technological innovation.
- **"Important Conversation" Series:** In 2018-2019, lunchtime discussions were held focusing on culturally responsible, culturally responsive pedagogy in the nursing classroom and clinical settings. Recent discussions have embraced opportunities to increase faculty cultural competence in working with LGBTQ+ students and understanding gender identity and bias.
- **Certified Nurse Educator (CNE) study support group**: (2018-2019) a self-paced study and support group for our faculty seeking the National League for Nursing's Certified Nurse Educator (CNE) certification. Two faculty earned the CNE credential after participating in this group. Currently, six faculty have the CNE credential. Strategies to increase that number and exploring ways to support faculty to prepare for the exam are underway.
- **Comprehensive FPB new faculty orientation**: A structured one-day event with additional, orientation at the university, program, and course levels as well as at clinical sites when applicable.
- **Structured training workshop for part-time clinical facult**y: A four hour, CE structured workshop was offered twice to support the unique learning needs of part-time clinical faculty. Over 30 faculty attended. Topics included time management, grading techniques, and successful pre- and post-conferences.
- **Weekend Writing Workshops**—Held at least twice each semester, these weekend workshops offer continuing education as well as expert consultative support for faculty writing. To date nearly 90 manuscripts have resulted from these successful workshops.

Faculty scholarship at the SON is defined as publications and presentations and is supported in a number of ways. In addition to the editor in the CFRS, a senior faculty, who is an international leader within nursing scholarship and an editor of a number of journals, regularly offers sessions on publication for interested faculty. She is also available for individual consultation with faculty. Other approaches to assist with faculty scholarship have included "writing workshops" which are retreats where participants provide a draft of a manuscript and receives support from other attendees for focused writing.

The CFRS assists with poster production and printing for professional and scientific meetings. Faculty are encouraged to collaborate in writing efforts.

Support for SON faculty practice, based on university policy for all faculty, is provided as one day per week that all faculty may use for practice or consultation. Certified advanced practice faculty maintain their certifications and practice skills through this mechanism. Forty six faculty (instructor through full professors) are certified advanced practice nurses. (see Appendix K).

Service is an expectation of all faculty and is defined in the performance indicators within the description of faculty responsibilities. There are many opportunities for service at the SON and university levels through various committees. In addition, opportunities for service to the discipline exist through involvement in community boards, task forces and professional organizations. For the latter, faculty may be provided release time for travel to professional conferences.

Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

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

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

Program Response:

BSN PROGRAM

The BSN program is a traditional BSN program (admitting high school graduates), following an eight semester sequence of courses. Detailed information about the curriculum is available here:
https://case.edu/nursing/bsn/curriculum

The BSN curriculum progresses from the acquisition of basic nursing theory and skills to complex clinical reasoning. Student Learning Outcomes (SLOs) for the BSN program were revised in 2018 and initiated with students matriculating in Fall 2019 and later:
- Demonstrates the ability to integrate principles of evidence-based practice and quality improvement to deliver safe patient-centered care.
- Exhibits leadership skills to optimize health care outcomes, influence health policy, and advance the nursing profession.
- Demonstrates clinical reasoning that promotes a culture of quality and safety to individuals, families, and populations.
- Collaborates with interprofessional teams, fostering open communication and shared decision making to ensure safe, high quality, and cost-effective care.
- Integrates behaviors, values, and the professional code that reflects the nursing profession.
- Explains the benefits of utilizing health care information systems and technologies to promote safe, patient-centered care and support decision making.
- Recognizes the individual as a full partner in coordinating care that promotes health and well-being based on respect of their preferences, values, and needs.

According to the SPE (Appendix A), BSN courses are reviewed every five years or more frequently as needed. Revisions are discussed at BSN program meetings and changes are approved by the Curriculum Committee and the faculty as a whole.

Each nursing course is guided by the objectives for student learning. Assignments, learning experiences and exams focus on assisting student's achievement of each objective and establishes the foundation for the faculty to assess the student meeting those objectives. For example, an objective in the NURS 115 (Fundamentals of Nursing) course states, "perform fundamental nursing interventions that promote patient physiological and psychological comfort and safety in the clinical setting". This objective is in alignment with the SLO, "recognizes the individual patient/client as a full partner in coordinating care that promotes health and wellbeing, while respecting their preferences, values and needs". All course objectives can be linked to program SLOs which are clearly identified in each nursing course. Students participate in basic nursing interventions; hand hygiene, 2 point patient identifiers, physical assessments, pain assessments and interventions,

patient communication and education, and documentation of clinical findings and behaviors. Students are coached and evaluated on their performance.

Individual student outcomes are evaluated using uniform clinical evaluative tools adapted to reflect individual clinical content and course objectives. Clinical evaluation tools serve as the framework to assess and evaluate student achievement of clinical course objectives. (see Appendix P). Course syllabi are available in the virtual resource room.

BSN faculty continue to engage the communities of interest to better understand their needs and prepare graduates for entry to practice. The BSN and MN program directors attend quarterly meetings with Cleveland Clinic hospital nursing administrators and deans from other schools of nursing. Discussion topics include: new graduate preparedness, clinical faculty preparation, student education initiatives, and projected RN workforce needs in the greater Cleveland area.

For example, in partnership with the COI, the BSN program and University Hospital Cleveland Medical Center developed a nurse internship program for nursing students between the junior and senior year. The 10-week program is a temporary, paid, summer position providing nursing students the opportunity to work with highly skilled RN preceptors in a supportive learning environment in a major academic medical hospital. The program assists the nurse intern to improve communication, critical thinking, clinical, and time management skills while increasing self-confidence and clinical competence. Students participating in the program may receive priority placement for employment upon graduation. Faculty oversee the students and collaborate with the RN preceptor at the hospital.

MN PROGRAM

The MN program is a second degree program, designed for persons with an undergraduate degree in a non-nursing major. Detailed information about the MN program can be accessed at:
https://case.edu/nursing/law/programs/mn-graduate-entry/curriculum

The overall MN curriculum, each course, and the outcome learning objectives for each course are designed to meet the MN SLOs. 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 course objectives and, thus, the MN SLOs. In AY 2019-2020, the MN faculty reviewed and approved the SLOs without revision. The SLOs will be re-examined when the new AACN Essentials are released to ensure congruity and alignment.

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), courses are reviewed every five years or more frequently as needed. Additionally, the MN program director and faculty teaching in both the MN and MSN programs and attend MSN faculty meetings to assess whether changes in the MSN curriculum will impact MSN courses incorporated in the MN

curriculum. Revisions initiated and recommended at the MN program meetings are forwarded to the Curriculum Committee. The Curriculum Committee reviews the recommended changes, and the approved changes are presented to the faculty for approval or return to the Curriculum Committee for further revision. Course syllabi are available in the virtual resource room.

Individual student outcomes are evaluated using QSEN based clinical evaluative tools adapted to reflect individual clinical content and course objectives. The clinical evaluation tools used in courses throughout the curriculum are developed in a consistent manner 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. The clinical evaluation tools are based on course learning objectives and serve as the framework to evaluate individual achievement of clinical course objectives. (See Appendix Q). In 2019, an MN faculty taskforce reviewed and revised each clinical evaluation tool to ensure congruity and consistency with a focus on quality, safety and professionalism. Faculty meeting minutes (April, 2019) are available in the virtual resource room.

MSN PROGRAM

The MSN program is designed primarily for nurses with a BSN or MN degree who wish to become advanced practice nurses. The program prepares nurse practitioners, nurse anesthetists and nurse midwives in addition to nurse educators (who select a population focus). MSN prepared nurses who wish to add another specialty, post-graduate APRN completers, are incorporated into the various specialties. Detailed information regarding the curriculum and the specialties can be accessed at: https://case.edu/nursing/programs/msn/curriculum

The MSN curriculum provides graduates with advanced education in clinical practice, who are prepared for an advanced practice role or as a nurse educator. All courses are at the graduate level. 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 reviewed every five years or more frequently as needed.

Synergistically, the MN program director and faculty teaching in both the MN and MSN programs attend MSN faculty meetings 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 through the same process as curriculum changes.

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 the course 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, the Acute Health Problems of Adults and Older Adults in the Acute Care (adult-gerontology population focus), (NUNP 443), includes evaluation of student clinical performance using the clinical performance evaluation tool (Appendix R). 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. Course syllabi are available in the virtual resource room.

The MSN COI is the same as outlined in Standard I. The program faculty and leadership use a continuous improvement approach ensuring the MSN curriculum prepares students for advanced practice nursing roles and meets the current needs of the COI. In alignment with the SON's strategic plan, the MSN program works with the COI to monitor trends in APRN practice to remain at the forefront of new expectations, knowledge and skills required to prepare MSN advanced practice nurses in the coming years. MSN faculty identify and propose curriculum revisions as needed. Changes endorsed by the MSN faculty are forwarded to the Curriculum Committee and then to the SON faculty as a whole, for approval. In addition, the MSN SLOs are reviewed every five years or more frequently as needed.

POST-GRADUATE APRN PROGRAM

Post-graduate APRN completers follow the MSN curriculum and SLOs. Post-graduate curriculum details including specialty tracks offered can be accessed at: https://case.edu/nursing/programs/post-masters-certificate

Post-graduate APRN students are expected to meet the MSN essentials. The same courses (core, 3P's or specialty) outlined in the MSN curriculum are taken by the Post-Graduate APRN students and the evaluation methods used are identical. The Post-Graduate APRN COI is the same as outlined in Standard I.

DNP PROGRAM

The DNP program prepares graduate nurses to apply their knowledge and expertise in leadership roles on the front lines of nursing, in clinical practice, administration, education, system improvement, and health policy development. The Student Learning Outcomes (SLOs), listed below can be accessed at: https://case.edu/nursing/programs/dnp/student-learning-outcomes):

- 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.

DNP Program Pathways:
Students enroll in the DNP Program via one of three pathways. All students are expected to meet the same SLOs.
1. **Post-Master's DNP-** These students hold a master's degree and licensure as a registered nurse. The curriculum can be accessed at: https://case.edu/nursing/programs/dnp/dnp-curriculum. We have offered the Post-Masters' DNP Program since 2005 and prior to that, we offered the Post-Masters Doctor of Nursing degree since 1992.
2. **Post-licensure DNP-** These students hold the baccalaureate or master's entry degree in nursing and licensure as a registered nurse. They apply for admission to the DNP program at the same time as they apply for the MSN program. The students enroll in an advanced practice major other than nurse anesthesia and follow the blended MSN/DNP curriculum which can be accessed at: https://case.edu/nursing/programs/msn-doctorate. They are awarded both the MSN and DNP degrees.
3. **Nurse Anesthesia DNP**- These students hold at least a baccalaureate degree in nursing, are licensed and experienced as RNs, and major in nursing anesthesia. The Nurse Anesthesia program transitioned from awarding the MSN to the DNP in Summer, 2020. The Nurse Anesthesia DNP program is described here https://case.edu/nursing/programs/dnp/nurse-anesthesia-dnp.

NOTE: In further discussion of the DNP Program, 'DNP Program' applies to all 3 pathways. Where relevant in addressing key elements, they may be discussed separately.

The DNP program's purpose and SLOs are congruent with the SON's mission as both emphasize the preparation of nurse leaders. The mission of the SON is to: "Create and empower nurse leaders who develop and implement innovative and interprofessional research, education and practice activities that make a positive difference in the health of individuals and communities". The purpose of the program is to prepare nurse leaders for system level change to improve healthcare delivery and outcomes.

The DNP SLOs and course objectives are congruent with the roles for which students in the DNP program are being prepared. These roles can be viewed from two perspectives depending on the student's pathway within the program. For students following pathways 2 and 3, the roles include those of the advanced practice nursing major plus system level leadership. Beyond system level leadership to improve practice and outcomes, the roles of post-masters DNP -prepared graduates are evolving and may vary with the employer and position description. To prepare students for these diverse roles, the program maintains close contact with the COI. The DNP COI is the same as outlined in Standard I. In addition, the DNP program also obtains input from nurse leaders associated with the SON's Marian K. Shaughnessy Leadership Academy.

The program faculty and leadership use a continuous improvement approach to ensure the DNP curriculum prepares students for roles of nurses holding the DNP degree and meets the current needs of the COI. Aligned with the SON's strategic plan, the DNP program collaborates with the COI, monitoring trends in practice to be at the forefront of anticipating new roles, knowledge and skills for DNP prepared nurses in the coming years. Proposed revisions are brought to the DNP faculty by individual faculty or program leadership. The DNP courses are reviewed at least every five years. Changes endorsed by the DNP faculty are forwarded to the Curriculum Committee, and then the SON faculty as a whole, for approval. In addition, per the SON Systematic Plan for Evaluation (Appendix A), the DNP SLOs are reviewed at least every five years. Detailed information on the curriculum can be accessed at: https://case.edu/nursing/programs/dnp/dnp-curriculum

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

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

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

Program Response:

The BSN curriculum incorporates the knowledge and skills identified in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The baccalaureate program is designed to prepare graduates for the role of a beginning generalist who obtain clinical experience in a variety of healthcare settings. The BSN crosswalk identifies courses which reflect where each of the *Essentials* knowledge and skills requirements are threaded throughout the curriculum (See Appendix S). Individual course syllabi delineate the specific assignments appropriate for attainment of competencies. Course syllabi are available in the virtual resource room.

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

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

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

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

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

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

Program Response:

MN PROGRAM

39

The curriculum incorporates the knowledge and skills identified in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) 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. The MN crosswalk maps the courses and SLOs to the Baccalaureate and Master's *Essentials* (See Appendix T). The crosswalk reflects the courses in which each of the identified knowledge and skills can be found in the NUMN, NUNP, and NURS courses. Course syllabi are available in the virtual resource room.

<div align="center">

MSN PROGRAM

</div>

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, 2016). The crosswalk between *The Essentials of Master's Education in Nursing* (AACN, 2011) and the courses in the MSN program including professional competencies, learning outcomes and examples of how course objectives are met are presented in Appendix U. All relevant APRN criteria are integrated into the MSN crosswalk. (See Appendix U). Individual track crosswalks are available in the virtual resource room.

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

- 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) can be accessed at:
Adult-gerontology acute care NP: https://case.edu/nursing/programs/msn/msn-majors/adult-gerontology-acute-care-nurse-practitioner
Adult-gerontology primary care NP: https://case.edu/nursing/programs/msn/msn-majors/adult-gerontology-primary-care-nurse-practitioner
Family NP: https://case.edu/nursing/programs/msn/msn-majors/family-nurse-practitioner-fnp
Family systems psychiatric-mental health NP: https://case.edu/nursing/programs/msn/msn-majors/family-systems-psychiatric-mental-health-nursing
Neonatal NP: https://case.edu/nursing/programs/msn/msn-majors/neonatal-nurse-practitioner-program-nnp
Nurse Anesthesia: https://case.edu/nursing/programs/msn/msn-majors/nurse-anesthesia
Nurse Midwifery: https://case.edu/nursing/programs/msn/msn-majors/nurse-midwifery-program-cnm
Pediatric NP: https://case.edu/nursing/programs/msn/msn-majors/pediatric-nurse-practitioner

Pediatric NP in acute care: https://case.edu/nursing/programs/msn/msn-majors/pediatric-nurse-practitioner-acute-care
Women's health NP: https://case.edu/nursing/programs/msn/msn-majors/womens-health-nurse-practitioner

Each of the population focus areas has a core set of clinical courses that vary by major. For example, FNP students and post-graduate APRN completers take the following clinical courses:
NUNP 419: Family Health Nursing: Health of Adults and Older Adults
NUNP 429: Health Promotion and Common Reproductive Health Problems of Adolescents and Adults
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. Education track students are required to take Advanced Physical Assessment (NURS 459) and Advanced Pharmacology (NURS 430). Advanced Pathophysiology (NURS 453) is strongly recommended and the majority of students enroll in the course. For students who do not enroll in NURS 453, pathophysiology is integrated in the population foci course.
The MSN curriculum is evaluated and reviewed every five years or more frequently as needed. Course syllabi are available in the virtual resource room.

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
  b. **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

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

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

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

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

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

Program Response:

The curricula of the Post-Master's, Post-licensure and the DNP in Nurse Anesthesia Programs incorporate the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and the *Council on Accreditation of Nurse Anesthesia Educational Programs,* 2019. Students also meet the competencies of the ANA's Code of Ethics.

A careful analysis by the DNP program faculty identified the presence of all of the DNP Essentials threaded throughout the curriculum. The DNP crosswalk is presented in Appendix V. DNP course level crosswalks are available in the virtual resource room. Individual course syllabi delineate the specific assignments appropriate for attainment of level competencies. Course syllabi are available in the virtual resource room.

Post-Master's DNP:
Students enrolled in the Post-Master's DNP Program hold at least a baccalaureate degree in nursing and a master's degree. The curriculum has two components: 1) core courses, and 2) sequences (Clinical Leadership, Educational Leadership, and Executive Leadership). DNP students completes the core courses, at least one sequence, a practicum, and project. The curriculum is flexible in the course sequencing and the didactic content is provided in either executive format (sequential days) or semester long web-based format. Information on course delivery format can be accessed at: https://case.edu/nursing/students/course-listings/intensivedistance-friendly-courses. Detailed information on the curriculum can be accessed at: https://case.edu/nursing/programs/dnp/dnp-curriculum.

Post-licensure DNP:
The Post-licensure DNP program is a post-baccalaureate program. Students receive both the MSN (as outlined in MSN section) and DNP. For the DNP component, the curriculum is the same as that for the Post-Masters' DNP. The DNP curriculum has two components: 1) core courses and 2) sequences (Clinical Leadership, Educational Leadership, and Executive Leadership). At the DNP level, the student's program plan and course format are the same as that for Post-Master's students: core courses, at least one sequence, a practicum, and project. Detailed information on the curriculum can be accessed at: https://case.edu/nursing/programs/dnp/dnp-curriculum. Please refer to the MSN aspects of this self-study regarding how students in the Post-licensure DNP program meet CCNE standards for masters' education including incorporating the AACN *Essentials of Master's Education in Nursing* (2011).

Nurse Anesthesia DNP:
This is a post-baccalaureate program in which a master's degree will not be awarded. The students will receive a DNP degree only. The nurse anesthesia DNP program is fully accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) until 2030 (see https://case.edu/nursing/programs/msn/msn-majors/nurse-anesthesia/nurse-anesthesia-accreditation). Students in the nurse anesthesia DNP program will take all DNP level core courses and complete the clinical leadership sequence and project. They meet the *AACN Essentials of Doctoral Education for Advanced Practice Nursing* and the standards set by the COA (COA accreditation letter is available in the virtual resource room).
The DNP nurse anesthesia students take separate comprehensive graduate-level courses to address the APRN core as defined by CCNE:
- Advanced physiology/pathophysiology, including general principles that apply across the lifespan is covered in Advanced Physiology and Pathophysiology I (NURS 453A) and Advanced Physiology and Pathophysiology II (NURS 453B).
- Advanced health assessment, which includes across the lifespan assessment of all human systems, advanced assessment techniques, concepts and approaches is covered in Advanced Physical Assessment (NURS 459).
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents, is covered in Advanced Pharmacology (NURS 430).

Additional APRN core content specific to the role of the nurse anesthetist and populations for whom they provide care is integrated throughout the specialty didactic and clinical courses of the DNP in Nurse Anesthesia Program. Courses beginning with the prefix NUAN and the full curriculum can be accessed at: https://case.edu/nursing/sites/case.edu.nursing/files/2019-09/Nurse%20Anesthesia%20Sample%20DNP%20Curriculum.pdf

NOTE: The DNP program does not have a Graduate-entry pathway at this time. The SON will explore this option in the near future.

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

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

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

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

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

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

Program Response:

The Post-graduate APRN curriculum incorporates *Criteria for Evaluation of Nurse Practitioner programs (NTF, 2016)* and core population focused content required for the respective population majors.

For consistency, the program director evaluates and completes a gap analysis on all post-graduate APRN students. Courses from previous accredited NP programs are evaluated for equivalency. All students must have advanced pathophysiology, advanced assessment and advanced pharmacology documented on a transcript. All students must have clinical hours counted toward the APRN certificate documented from previous course work via a transcript. Clinical experience can be accepted for the Health Care Delivery and Finance in Advanced Practice (NURS 444B) course.

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

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

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

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

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

Program Response:

<div align="center">BSN PROGRAM</div>

High school graduates entering CWRU are required to have a strong background in math, science, and English. Admission information can be accessed at: https://case.edu/admission/
There is no GPA minimum or minimum required standardized test score.

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

English is taught in the undergraduate curriculum throughout the university through the Seminar Approach to General Education and Scholarship (SAGES). SAGES "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." Nursing students attend SAGES courses with undergraduates from other majors, taught by faculty from across the university. Departmental seminars specific to the student's major are also offered. The SON departmental seminar, Theoretical and Evidence Bases for Best Practice in Nursing (NURS 320) if offered in the junior year. The senior capstone course, Global Health Practicum (NURS 373), is used to meet the capstone requirement for the university.

The nursing curriculum builds upon the foundational courses of the sciences, humanities and arts. The undergraduate curriculum is outlined in Appendix W. BSN students are required to take Human Development: Medical and Social (SOCI 203), which addresses social influences on health and illness across the life span. Nursing students take two semesters of Introduction to Human Anatomy and Physiology (BIOL 116 and BIOL 117) through the College of Art and Sciences. 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. Due to the rigor of the nursing program, students were unable to schedule general education courses that added "breadth" to their foundation of sciences, humanities and arts. As a result, faculty voted the general undergraduate humanities and social sciences requirement for a BSN degree be changed to a "Breadth Requirement" allowing any 12 credits of courses taken outside of the areas of Nursing, Natural Science, and Mathematics at the University. Courses currently accepted include any courses approved by the SON in: the College of Arts and Sciences; Weatherhead School of Management; Case School of Engineering; Jack, Joseph, and Morton Mandel School of Applied Social Sciences; and, Cleveland Institute of Music and the Cleveland Institute of Art. Selection of courses to satisfy this requirement are identified by the student in consultation with the academic advisor(s).

The Bioethics department (BETH) and the Mandel School of Applied Social Science (SASS) offer study abroad courses that can be counted toward the BSN students' humanities and social science breadth or general education requirements. BSN students must complete two arts or humanities courses (6 credits) and one additional social science course (3 credits) as part of the general education requirements. The SON accepts BETH and SASS courses as humanities and social science breadth requirements. Benefits for the undergraduate nursing students includes:

- Participating in study aboard, counting towards degree
- Increasing the number of courses available for students to complete general education requirements
- Connecting general education requirement courses to the humanities and social sciences
- Providing opportunities to take health policy or public health courses with students from other disciplines

To ensure logical progression through the nursing curriculum, course prerequisites and co-requisites have been established. A review is completed annually and recommendations for revision are presented to the Curriculum Committee and then the full faculty for approval. The relationship of the nursing courses and respective pre-requisites/co-requisites is outlined in Appendix X.

<div align="center">

MN PROGRAM

</div>

College graduates entering CWRU's MN program are required to have a strong background in liberal arts which is achieved during their undergraduate studies. There is also an option for students in their junior year of college to apply and start coursework as part of the Senior Year in Professional Studies. There are usually 1-2 students per year who enter the program in this manner.

All prerequisite courses must be completed within 5 years of starting the program. The program pre-requisites include:

- BA, BS or BFA with acceptable overall undergraduate GPAs (3.0 cumulative; 2.75 natural science; 2.75 behavioral sciences). A grade of B- (2.75) or higher is required for individual pre-requisite courses
- Human Growth and Development Across the Lifespan: One course; at least 3 credits
- Human Anatomy and Physiology: With labs, at least 6 credits with labs
- Microbiology: One course, at least 4 credits, with lab
- Statistics: One course, at least 3 credits
- For students with a baccalaureate degree in a major that did not include science courses, a 4 credit chemistry course is required
- GRE scores are not required, but may be requested by the admissions committee in certain cases

Requirements and information can be accessed at:
https://case.edu/nursing/programs/mn-graduate-entry/admission-requirements

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

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

- The MN course description for Pathophysiology for the Advanced Generalist Nurse (NUMN 405), states "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 the analysis-level objective of The Childbearing Family (NUMN 415): stating "Analyze the influence of intervening variables on bio-psych-social development of the children family in health and illness" and the objective from Children and Families in Health and Illness (NUMN 416): "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".

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

MSN PROGRAM

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

- Three professional recommendations
- RN licensure in Ohio
- Satisfactory scores on the Miller Analogies Test (MAT) or the Graduate Record Examination (GRE). These tests are no longer required but can be requested to assist with the admission decision.
- Completion of an accredited first professional degree program in nursing.
- A college or university statistics course equivalent to STAT 201 must be completed within 5 years of admission or prior to registering for NURS 425.
- Some majors and sub-specialties such as ACNP, AGACNP, PNPACNP, NNP, Flight and Anesthesia require specific work experience.
- Nurse Midwifery and Anesthesia require interviews.
- Some majors and sub-specialties such as ACNP, AGACNP, PNPACNP, NNP, Flight and Anesthesia require specific work experience. Nurse Midwifery and Anesthesia require interviews.

Applicants with National Certification in Advanced Nursing Practice but not an MSN must have a BSN from an accredited nursing program. In addition, 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 the SON. These include the core courses in scientific inquiry, professional development, and nursing practice. Each applicant is individually evaluated to determine whether past coursework meets certification requirements.

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 to the whole faculty for approval. The relationship of the nursing courses and their respective pre-requisites/co-requisites is found in Appendix AA.

For example, Advanced Pathophysiology (NURS 453), 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, the Common & Acute Health Problems of the Adult and Older Adult (NUNP 432) course 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.

POST-GRADUATE APRN PROGRAM

For post-graduate APRNs with an MSN, each applicant is individually evaluated by the MSN program director to determine credit for courses taken in the past and courses needed to meet certification examination requirements. A gap analysis is created (see Appendix BB) and used to advise the applicant 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 PNP certificate applicant who wishes to also obtain FNP certification generally only needs to complete Family Health Nursing: Health of Adults and Older Adults (NUNP 419) and Health Promotion & Common Reproductive Health Problems of Adolescents and Adults (NUNP 429).

DNP PROGRAM

Post-Master's DNP:

The Post-Masters DNP curriculum builds on a foundation of master's education. Registered nurses holding a MSN degree are admitted into the Post-Master's DNP program upon satisfactory fulfillment of the admission requirements. Post- Master's DNP students acquire the doctoral-level knowledge and competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Please refer to Appendix V for a crosswalk illustrating linkages between the *Essentials of Doctoral Education for Advanced Nursing Practice* and the DNP core courses.

To ensure logical progression through the nursing curriculum, course prerequisites have been established for the inquiry courses, scholarly project development courses, and courses in the sequences. For example, Applied Statistics (NUND 450), is a prerequisite for Practice-Focused Inquiry I (NUND 540). The relationship of the DNP courses and respective pre-requisites is found in Appendix CC. The courses are designed to build on masters-level course work. For example, when admitted to the program, students who do not document a basic statistics course within the past 5 years must take the on-line Statistics Boot-camp or a course in basic statistics prior to taking Applied Statistics (NUND 450). Please see key element III-H for explanation of how the DNP practicum builds on that completed at the Master's level.

Post-licensure DNP:
The Post-licensure DNP curriculum builds on a foundation of baccalaureate-level education. Registered nurses who hold at least a baccalaureate degree are admitted into the Post-licensure DNP program upon satisfactory fulfillment of the admission requirements which blend those for the MSN and Post-Masters' DNP programs:

Students in the Post-licensure DNP Program, acquire master's level knowledge and competencies delineated in *The Essentials of Master's Education in Nursing* (AACN, 2011) and, when applicable according to their major, *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Please refer to the MSN Program sections of this self-study for documentation of this process.

Post-licensure DNP program students follows the same requirements as noted for the Post-Master's DNP students. Please see key element III-H for explanation of how the DNP practicum builds on those course completed during the Master's component of the program.

Nurse Anesthesia DNP
The nurse anesthesia DNP builds on a foundation of baccalaureate-level education. A baccalaureate or higher degree and RN license are required for admission. Prior to beginning classes and to ensure a comparable foundation for nurse anesthesia, students must meet pre-requisites:
- Basic statistics course within the past 5 years
- Applied Statistics (NUND 450) or comparable course
- Basic writing course
- Basic chemistry course

The program meets requirements of the COA and is fully accredited through 2030. Students also meet the AACN DNP Essentials.

The curriculum of the nurse anesthesia DNP is logically structured to prepare students with the knowledge, skills, and attitudes needed for competency as nurse anesthetists and to assume leadership roles in promoting safe, quality healthcare and optimal patient outcomes in the practice settings. As illustrated in the program's curriculum, foundational courses in nurse anesthesia practice and clinical leadership are taken prior to courses in advanced nurse anesthesia practice and the DNP project. The curriculum can be accessed at: https://case.edu/nursing/sites/case.edu.nursing/files/2019-09/Nurse%20Anesthesia%20Sample%20DNP%20Curriculum.pdf

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

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

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

Program Response:

BSN PROGRAM

The curriculum provides a learning environment that supports the achievement of SLOs. Courses are designed to provide opportunities for students to demonstrate attainment of course and program objectives. Students are socialized into the profession of nursing in a first semester course, Fundamentals in Nursing (NURS 115). NURS 115 (initiated with the freshman class of 2018) combined Foundations of the Discipline (NURS 110 -1 credit) and Foundations of the Practice (NURS 111 -3 credits), allowing increased time for group activities and a more effective and consistent use of flipped classroom and lecture. The NURS 115 course affords an extra hour during the day for students to choose a general education class at the university. Students then progress into the medical-surgical courses in the sophomore year with integrated pharmacology courses in both fall and spring semesters and psychiatric mental health nursing in spring. In the junior year, students take maternal-child health (NURS 315), pediatrics (NURS 316), complex care of the acutely ill adult (NURS 338) and perioperative nursing (NURS 339). In the senior year, students complete public health nursing (integrated with the SAGES capstone course) and the precepted senior experience (280 clinical hours with an RN preceptor).

Teaching learning practices that support the achievement of expected individual learning outcomes include: low faculty to student ratio in lab and clinical settings, the integration of technology through simulation and 24/7 access to educational materials on the university course management system. In addition, BSN students have experiential learning in the form of service learning (NURS 160, 210, 260, 310 and 360), and extensive clinical experiences in a variety of settings. These courses involve students providing care and education in the Cleveland Metropolitan School District (CMSD).

Teaching learning practices also consider the community of interest. For example, the program has collaborated as a partner with the Cleveland Metropolitan School District over the last 15 years. BSN students work with students in the CMSD, who have diverse life experiences, perspectives and backgrounds. The CMSD has 133 preschools and elementary schools and over 38,000 students K-12. Sixty-five percent of students are African-American; 16% are Hispanic; 16 % are white; 2% are biracial and 1% are Asian. In 2019, 50.5% of the city's children live below the federal poverty level according to according to U.S. Census data.

The service learning courses include:
NURS 160 - 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 engage in both traditional classroom and transcultural experiential learning encounters.

NURS 210 - 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 apply leadership concepts in both traditional classroom and transcultural experiential learning encounters.

NURS 260 - utilizes a balance between knowledge centered and skill centered approaches students apply concepts of teamwork and collaboration to experiential learning outcomes. Students participate in a public policy health promoting initiative.

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 apply leadership concepts in both traditional classroom and transcultural experiential learning encounters.

NURS 360 - explores nursing's role as a community health advocate in the promotion of health and the elimination of health disparities. This includes student participation in Open Airways (OAS), Responsible Sexual Behavior (RSB), and Cardiac Rehabilitation (CR). Utilizing a balance between knowledge-centered and skill-centered approaches to delivering culturally competent care, students engage in both traditional classroom and transcultural experiential learning encounters.

Other members of the COI have encouraged greater emphasis on reflective practice and critical thinking as well as additional experiences in simulation and learning labs. As a result, the CNESI hours have been extended into the evening and weekends to allow students greater opportunities to practice skills with support of faculty and teaching assistants. The HEC provides students a state of the art simulation center to practice skills and clinical decision making using both low and high fidelity simulation. These planned simulation experiences added to clinical courses throughout the curriculum, provide hands-on learning opportunities for students in a safe and controlled environment. Students experience high risk - low incidence scenarios and receive feedback from peers and faculty. This approach is designed to increase students' comfort providing care in stressful situations and help students develop basic skills for communication, safety, and teamwork. In the BSN's psychiatric nursing course (NURS 317), students participate in simulated patient encounters using standardized patients.

In 2018, SON faculty were invited by the Cleveland Clinic, a clinical partner, to participate in an observational experience (as part of the SON's participation in the Dean's Round Table community forum). The experience included shadowing two recent graduates employed at the facility. The opportunity included observing the new graduates involved in bedside handoff, morning huddle, and initial nursing assessments with EMR documentation, medication administration, and interdisciplinary team rounds. The activities of the day also include faculty engaging the graduates in conversation about their experiences and opportunity for growth entering the nursing workforce. The goal was to explore and address the challenges of transition to practice.

MN PROGRAM

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 Introduction to the Discipline and Practice of Nursing (NUMN 401) and Population Health Nursing (NUMN 411). Students then progress into the medical-surgical, pathophysiology, health promotion and aging courses in the second semester. In the third semester, 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), a clinical immersion practicum (NUMN 420), evidence based practice (NURS 502), 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 courses, 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 a clinical immersion experience in the final semester. In Population Health (NUMN 411), students are exposed to individuals with diverse life experiences and perspectives in outpatient settings. As part of the MN concentration in leadership for quality healthcare, all students receive didactic content in leadership (NURS 451). Students collaborate in teams with a clinical partner organization to implement a quality improvement project in Advanced Generalist Nurse Leadership (NUMN 419).

Planned simulation experiences are embedded into the majority of clinical courses throughout the curriculum. In the CNESI, students practice skills and clinical decision making using low and high fidelity simulation and standardized patients. In addition to new physical assessment and skills labs outfitted with mannequins and equipment, the ambulance and helicopter simulators in the flight center allow for practice of interdisciplinary handoffs and effective team communication. The medication room, includes a Pyxis system where students can be observed or recorded as they select and verify medications. Students communicate with medical and nurse practitioner students in real time as part of a mock page scenario in the critical care course. The SON also utilizes simulation in the psychiatric nursing course through a standardized patient encounter focused on assessment and communication.

In planning for the new Clinical Immersion course (NUMN 420) offered to students in Spring, 2020, two MN faculty met with a COI health care partner to discuss sites for possible placement. The education administrator suggested a need to expose students to perioperative settings, as many nurses were planning to retire in the next year. The administrator also requested that students be placed in satellite settings rather than the flagship hospital to meet needs in pediatrics, obstetrics and emergency departments. Students are now placed in these settings, with several receiving job offers following graduation.

MSN PROGRAM

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 Canvas, the course management system. The MSN program has clinical sites in a variety of setting across northeast Ohio and throughout the state that are racially, culturally and economically diverse. Students in the MSN program are routinely exposed to individuals from diverse backgrounds in the clinical setting, including patients and healthcare professionals. For example, several students have clinical experiences in rural Amish communities within the state.

In the CNESI, 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 for acquisition of additional mannequins and a larger dedicated simulation area, including a perioperative suite that is available to the nurse anesthesia students. The SON utilizes simulation in the advanced assessment course through a simulated patient encounters using the avatar based virtual system by Shadow Health™. The advanced assessment course also utilizes newly acquired telehealth devices to simulate patient encounters.

The psychiatric-mental health NP program utilizes Second Life® and Avatars to simulate assessment skills and delivery of therapy by the students in a nonthreatening clinical environment. Students and faculty develop individual Avatars who meet in Second 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.

In collaboration with the COI, preceptors and students provide feedback regarding expectations and needs in the teaching – learning environment. The preceptors provide feedback to faculty directly via site visits and/or phone contact, whereas students provide feedback via course evaluations.

POST-GRADUATE APRN PROGRAM

Post-Graduate APRN certificate completers participate in the same approaches as MSN students.

DNP PROGRAM

Post-Master's DNP, Post-licensure DNP, and Nurse Anesthesia DNP
The DNP curriculum provides a learning environment that supports the achievement of the shared SLOs for students in all three pathways. 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 personal and professional needs. Three core courses are online and follow the 15-week semester format: Informatics (NUND 510), Evidence- based Practice (NUND 610), and Statistics (NUND 450). The remainder of the core and sequence courses are offered as executive-format intensives: 4-5 contiguous days of class (9am to 5pm) with assignments submitted through Canvas. Intensive courses are offered in two-week sessions in August, January and May.

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 Canvas.

On admission, each student is assigned a faculty advisor with expertise in the student's expressed area of project interest. Advisors work with students to create an individualized plan of study and engage regularly throughout the program. In line with CWRU's recognition of the importance of academic advising as a part of the student experience, students are required to engage with their advisor prior to registering for courses. During the DNP Proposal (NUND 619) and DNP Project (NUND 620) course, students work one-on-one with their advisor/project chair, as well as their committee, to develop and implement their project. The advisor also supports the student in preparing the portfolio required prior to graduation for students admitted to the DNP programs starting in the Spring, 2020 semester.

Course faculty are committed to frequent formative evaluation. Students having difficulty are quickly identified and supported for attainment of course objectives. Small class size facilitates attention to individual student learning needs.

The DNP intensive format addresses the needs of the COI for post-masters students who desire doctoral education, and for employers who aim to build a cadre of advanced nurses prepared to lead system-level practice change, but desire and value face-to-face education with flexibility in scheduling. The intensive format provides rich opportunities for students from across the US and other countries to engage face-to-face in seminar-style settings while maintaining regular employment. Faculty continue engagement after the intensive sessions one-on-one or through activities such discussion boards on Canvas. The scheduling of the intensive courses when regular classes are not in session allows sufficient classroom space and access to hotels and parking.

In addition to responding to the COI, and with permission of the state Departments of Education, the SON offers intensive courses to cohorts of students. Each cohort starts with at least 10 students and faculty teach four core courses at local sites. The intensive format may be modified slightly to run over two weekends with the time in class the same, regardless of whether the course is offered on campus or remotely. When space is available, non-cohort students may enroll in these courses.

DNP students in each of the three programs are exposed to individuals with diverse life experiences, perspectives, and backgrounds during the DNP level courses. Admission of nurses from diverse geographic areas and diverse roles and practice settings as well as the intensive format, and requirement that cohort students take courses at CWRU, leads to robust discussions during and outside of class. Students learn with and from each other, as much as from faculty, and make valuable and productive life-long professional connections and friendships. During DNP project and practicum work (see III-H), students have the opportunity to engage with patients and colleagues with diverse life experiences, perspectives, and backgrounds. For example, several students have engaged with traditionally underserved and/or at-risk populations to gain a deeper understating of healthcare needs and preferences to promote equitable access to care. Examples of these populations include: young adults in Indianapolis emancipated from foster care; clients of an organization providing multi-site, out-patient services to the LGBTQ+ community in New York City; individuals who were homeless in Honolulu, HI; and Spanish-speaking, Latino, residents of Lorain, OH.

III-H. The curriculum includes planned clinical practice experiences that:
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

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

51

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

Program Response:

BSN PROGRAM

The clinical courses have three components: lecture, laboratory and clinical. The students must successfully complete all three components before progressing. Students begin the program with 4-hour clinical sessions and end the program in a precepted clinical experience (280 clinical hours) following an RN preceptor's schedule for the semester. Students receive more than 1300 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 academic medical centers with Magnet designation to local community health agencies and the CMSD. Faculty determine placement of students based on the course objectives. Placements are continually refined as practice needs change. For example, clinical hours have been decreased by 8 hours per semester for both Foundations of the Practice II (NURS 122) and Nursing Care of the Adult (NURS 230). In NURS 230, 2.0 credits of clinical time were decreased to 1.75 credits (one day less clinical) and the 0.25 credits were added to lab time after learning from students and faculty, that students requested and required increased time in the skills lab.

Students have traditionally been engaged in clinical practice for 15 weeks each semester. The last week of the semester has been reserved so students have the opportunity to make up any clinical time missed due to illness without interfering with end of semester study days or final exam dates.

As part of interprofessional education, the third year nursing students meet twice a month with students from the Lerner College of Medicine, the Case Western University School of Medicine, the Case Western University School of Dental Medicine, the School of Nutrition and the Jack, Joseph and Morton Mandel School of Applied Social Sciences. Students from these disciplines meet to discuss the philosophy of each other's disciplines, collaborate as team players and work on interdisciplinary projects.

Clinical sites are evaluated each semester by students and faculty. A list of the current course specific clinical sites can be found in Appendix DD. Each clinical course has a coordinator, who is responsible for the clinical component of the course including regular communication with the clinical faculty responsible at each site where student clinical groups are placed. The course coordinator also communicates with nursing leadership at each site. 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.

MN PROGRAM

Planned clinical experiences are central to the MN program. Students are placed in a variety of clinical settings, from academic medical centers with magnet status to local community health agencies. Student placement is determined by the faculty based on the course objectives. Continual refinement of placement settings occur as practice needs and the needs of clinical partners evolve. 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 EE.

Interprofessional education is a priority in the HEC. Building a culture of interprofessionalism in the HEC and across the wider university campus along with fostering a community of interprofessionalism is the charge of recently hired associate provost for interprofessional education, research and collaborative practice. While previous IPE experiences were primarily seminar based, there are plans to augment didactic content as well as placing all first year MN student teams in a variety of underserved settings and community agencies in the Fall 2020 and Spring 2021 semesters. A number of MN

faculty are involved in planning this new initiative with medical, dental, social work and physician assistant faculty and students.

All clinical courses have lecture and clinical components and five clinical courses have assigned lab experiences. Final course grades encompass skills and competencies students need to successfully complete before progressing. Students must pass lab, clinical and didactic elements in order to pass each clinical course. Students complete more than 1000 clinical hours over the 4 semester program. Student evaluations consistently show high satisfaction with the variety and quality of clinical experiences and faculty instruction.

Each clinical site is evaluated by faculty involved in the course at the completion of each semester. Each clinical course has a lead faculty who is responsible for the clinical component of the course including regular communication with the clinical faculty at each site where student clinical groups are placed. Per board of nursing and SON requirements, all clinical faculty are oriented to the course and clinical site prior to teaching each semester. At the end of the semester, the lead faculty oversees the evaluation of each clinical site and student. If there are student performance issues in the clinical component of the course, the lead faculty is responsible for assisting the clinical faculty in identifying and remediating any concerns. Lead faculty are also responsible for evaluating students in precepted clinical experiences, and consult with assigned preceptors regarding student attainment of clinical and course objectives.

MSN PROGRAM

Planned clinical experiences are central to the MSN program. Students are placed in a variety of clinical settings, from 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 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. Clinical sites and preceptors are evaluated each semester by students and faculty. A list of the current clinical sites can be found in Appendix FF. 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 an advanced assessment 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. An MSN preceptor coordinator handles many preceptor placements. Exceptions include nurse anesthesia which handles its own clinical placements to meet COA requirements. Nurse midwifery and psychiatric mental health faculty mange the placement in these majors. The final grade reflects all components which students need to successfully complete before progressing. The number of clinical hours varies by major. See Appendix GG, 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 students with 80% of the required clinical experiences, set forth by the COA. The specialty experiences, obstetrics, pediatrics and peripheral nerve blocks are completed at Fairview Hospital, Akron Children's Hospital, and Findlay Surgery Center, respectively. The SON clinical affiliations provide students exceptional experiences. The average clinical case totals and hours per student are well above the minimum of 550 cases and 2000 clinical hours required by the COA.

All MSN students are placed in clinical environments where they interact with health care professionals including: physicians, physician assistants, social workers, physical therapist and others. Students participate in interprofessional simulations with medical and physician assistant students and work with medical and social work students in the community. For example, the family systems psychiatric mental health NP program and the Mandel School of Applied Social Sciences developed a program where psychiatric mental health NP students, graduate Social Work students, and physician residents work collaboratively in teams to evaluate and manage the mental health needs of patients in acute care and community sites.

Each clinical site is evaluated at the completion of each semester by faculty involved in the course. Faculty make site visits or have regular phone contact with preceptors (for example, out of state students). If there are student performance

concerns in the clinical component of the course, the faculty is responsible for working with the preceptor in identifying and remediating the concerns.

Response to CCNE concerns regarding educator track:
The MSN education with population focus track: The students in this track complete coursework in a population focus along with APRN students and participate in assigned labs, simulated clinical experiences, and a teaching practicum. However, these students are not assigned to direct patient care clinical. We believe we may have been unclear in our response dated April 15, 2020. The Nurse Educator track does not provide the direct patient care experiences that would be consistent with AACN's Master's Essentials definition of the direct-care role. In that letter, we stated the plan to address the compliance issue was that the MSN program and the SON leadership would discuss the future of the Nurse Educator track, including potentially revising the track to incorporate direct patient care experiences. Since that time, the program and faculty proceeded to review and discuss the merits and viability of the Nurse Educator track. At present there are two students in that track, and there have been only seven graduates over the last five years from the Educator track. Therefore after careful review and consideration, we have decided to proceed with discontinuing the Nurse Educator track. The full faculty vote is scheduled for September 14, 2020.

POST-GRADUATE APRN PROGRAM

Post-graduate APRN certificate completers follow the same clinical placement approaches as outlined above for the MSN program. There are no differences between the post-graduate certificate students and the MSN students.

DNP PROGRAM

Post-Master and Post-Licensure DNP:
Post-Master's and Post-Licensure DNP students integrate new knowledge and demonstrate attainment of program outcomes by completing a practicum (NUND 611, at least 2 credits). Students admitted to the DNP program on or after March 2016, must complete at least 1000 practicum hours post-BSN. The program director completes a gap analysis for all students admitted to the program. The number of MSN practicum hours are subtracted from 1000 and students receive a written notice of the hours required to complete in the DNP program. Guided by the faculty advisor and designated preceptor(s), the student plans (including outcome objectives), implements, and evaluates one or more experiences allowing the student to acquire new knowledge in practice settings, and address self-identified learning needs in the SLOs.

SLO #6 refers to the student engaging in interprofessional collaborative practice. In 2019, difficulty linking that aspect of the SLO to a specific course objective was identified. This gap was brought to the DNP faculty. Following discussions, and in order to more clearly meet the AACN *Essentials of Doctoral Education for Advanced Practice*, the SLOs, and best practices for promoting system-level change, the second objective of the DNP practicum (NUND 611), was revised incorporating both intra-and inter-professional collaboration (meeting minutes and syllabus are available in the virtual resource room).

The practicum experiences are evaluated by faculty. The preceptor and student work together to evaluate the student's performance and progress to meet outcome objectives. The evaluation is reviewed with the faculty who assigns the grade of Pass/Fail. Examples of completed practicum requirements are available in the virtual resource room.

Nurse Anesthesia DNP
Students in the DNP nurse anesthesia program are afforded ample opportunities to advance their knowledge and expertise as nurse anesthetists. Fully accredited by the COA, students in the nurse anesthesia program meet all requirements of the COA for clinical practice experiences at the advanced practice level. These practice experiences allow students to meet the DNP SLOs.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently.

Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

BSN PROGRAM

Grading policies and related academic policies such as progression and graduation for the BSN program are listed in the Student Handbook. 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.

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 HH for the student performance plan template. In some courses, students complete a weekly self –evaluation/reflection. Clinical faculty 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.

Students in precepted clinical experiences are evaluated by assigned faculty, receiving feedback and input from the RN preceptor. Faculty are responsible for assigning the grade. All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities through the Office of Accommodations and Testing (OATS). OATS provides testing and learning accommodations for CWRU students registered with the Disability Resources office in compliance with Section 504 and the Americans with Disabilities Act (ADA). The SON has technical standards (Student Handbook, pg. 44). It is the responsibility of the student to notify faculty regarding needed accommodations as well as registering with OATS. The guidelines are included in all course syllabi. Examples of examinations, presentations, papers, projects and course assignments and activities are available in the virtual resource room.

MN PROGRAM

Grading policies and related academic policies such as progression and graduation for the MN program are in the Student Handbook. 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 virtual resource room.

The MN program utilizes 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.

MN faculty 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 collaborate with the student to discuss concerns and develop a written performance improvement plan (i.e. Learning Improvement plan). Lead faculty and the program director support faculty in the clinical setting to construct student learning improvement plans as needed (see Appendix II). 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 precepted clinical experiences in the Population Health (NUMN 411) and Clinical Immersion (NUMN 420) courses are evaluated by the lead faculty with feedback and input from the RN preceptor. Faculty are responsible for assigning course grades.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (Student Handbook, pg. 44). 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.

MSN PROGRAM

Grading policies and related academic policies such as progression and graduation for the MSN program are in the Student Handbook. 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. Individualized precepted clinical experiences facilitate attention to student learning needs. Standardization of the clinical evaluation tool within the course facilitates student self-evaluation and reflection. Faculty provide students with 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 (See Appendix JJ). 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. Faculty are responsible for assigning grades for students in precepted clinical courses with input and feedback from the preceptor. Course syllabi and examples of student assignments are available in the virtual resource room.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (Student Handbook, pg. 44). It is the responsibility of the student to notify faculty regarding the need to receive accommodations. The guidelines are included in all course syllabi.

POST-GRADUATE APRN PROGRAM

There are no differences in student evaluation and grading processes between the post-graduate APRN certificate students and the MSN students.

DNP PROGRAM

Grading policies for the DNP programs are in the Student Handbook and related academic policies such as progression and graduation can be accessed at: https://case.edu/nursing/programs/dnp/program-requirements Faculty evaluate student performance using a variety of assessment and evaluation methods. Course objectives provide structure for the evaluation of the overall SLOs and assessment strategies are designed to provide students to demonstrate they meet course objectives. Evaluation is conducted according to criteria specified in each syllabus and provided to students at the start of

the semester. The final course grade reflects the extent to which the learner achieved the course objectives. See comment in section III-H regarding faculty grading of clinical practice activities.

All students must meet the same course requirements. However, CWRU has guidelines for students with disabilities and the SON has technical standards (Student Handbook, pg. 44). Each course syllabus has a standard statement regarding the process for requesting accommodations and it is the responsibility of the student to notify faculty regarding the need to receive accommodations.

Beginning with students enrolling in the Spring, 2020 semester, each DNP student is expected to maintain a DNP portfolio to document achievements during the program. Students are informed of the portfolio requirement in the letter of admission. A complete portfolio, approved by the advisor, is a requirement for graduation. The portfolio can also be used to demonstrate, for employers or other interested parties, achievement of DNP competencies, reflected in the DNP SLOs. As students complete the program, the DNP program evaluates the content of the portfolio to determine if the intent (identifying how the students attain the SLOs) is being met. Information on the portfolio can be accessed at: https://case.edu/nursing/students/student-resources/dnp-guidelines-forms.

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

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

Program Response:

BSN PROGRAM

Plans for evaluation of the curriculum and teaching-learning practices are identified in the SPE (See Appendix A). A systematic review is completed by faculty every five years or more frequently as needed and is used to foster ongoing quality improvement. 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, but highly recommends students complete on-line course evaluations. Faculty use student feedback to revise courses as necessary. Faculty 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 are revised based upon critical review of the information received. For example, when faculty and students in Care of Complex, Acutely Ill Adult and Older Adults (NURS 338) expressed concerns regarding the adequacy of clinical experiences at a specific site, the decision was made to move students to another unit in the same hospital where experiences were available that better aligned with the course objectives.

An example of a curricular revision based on data involved a faculty 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 being taken at the same time. As a result, BSN faculty proposed two pharmacology courses (one 1.5 credit course in both the fall and spring semesters) in the sophomore year, aligning the content with the two medical-surgical courses. This change was reviewed by the Curriculum Committee, forwarded to the Faculty Executive Committee and approved by the faculty as a whole.

MN PROGRAM

Plans for evaluation of the curriculum and teaching-learning practices are identified in the SPE (See Appendix A). A systematic review is completed by faculty per the SPE and is used to foster ongoing quality improvement. Input from the

communities of interest is included in these decisions. Program faculty use a continuous improvement process to refine and guide the program. Student feedback is provide by class representatives elected by their peers who meet with the program director throughout each semester. In Fall 2019, a focus group was conducted with second year students. Themes identified by the focus group are provided to the program director for follow up. Feedback is provided to faculty during program meetings to review student concerns, and concerns are addressed as appropriate.

In addition, students are requested to evaluate the faculty, clinical sites as applicable, and the course at the end of each semester. CWRU does not require students to complete course evaluations although faculty highly encourage participation. Faculty use this data to make revisions to courses as necessary. All faculty submit a course evaluation report to the program director after each semester is complete. (Appendix KK) Both formal and informal strategies to elicit student input throughout the semester are used to monitor student satisfaction, progress, and clinical site effectiveness. Course and clinical experiences are revised based upon critical review of the information received.

The following examples illustrate how evaluation of curriculum and teaching learning practices foster ongoing improvement of the MN program:
- In Spring 2020, three MN faculty were accepted to participate in an interdisciplinary Learning Assessment series sponsored by CWRU. Participants shared new knowledge on backwards design, rubric construction and assessment tools for course design at MN faculty program meetings.
- Per student feedback and in conjunction with faculty teaching in the spring semesters (2019 and 2020), course scheduling was streamlined and organized in block times whenever possible. This allowed more flexibility and time for students applying for RN licensure, applying for RN positions and in some cases, managing family responsibilities. Using NCLEX Kaplan materials, students were offered the option to participate in study sessions with faculty, offered during the open blocks of time made available by the restructuring.
- In AY 2019-2020, faculty review of student feedback (from the program exit evaluation *Skyfactor*), as well as a review of the AACN Baccalaureate and Master's Essentials resulted in identification of the need to strengthen content related to genetics.   In response to this identified need, a pedigree assignment was added in the first semester health assessment course, a genetics guest lecturer was invited to present in the nursing ethics course, and using case studies, the role of the nurse in identifying and referring patients to genetic counseling was emphasized.

MSN PROGRAM

Plans for evaluation of the curriculum and teaching-learning practices are identified in the SPE (Appendix A). A systematic review is completed by the faculty and is used to foster ongoing quality improvement. Input from the COI is included in these decisions. MSN faculty use a continuous improvement approach to evaluate and revise the admission requirements and curriculum.

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 faculty highly encourage participation. Faculty members use this feedback to make revisions to the course and program as necessary. All faculty submit a course evaluation report to the program director after each semester is complete. Faculty use both formal and informal strategies to elicit student input throughout the semester to monitor student satisfaction and progress, and clinical site effectiveness.

For example, in 2018, administrative and faculty review of student feedback on course evaluations and continuous review of curriculum revealed to the need to re-design the Advanced Pathophysiology (NURS 453) course. Faculty responded to the consistent feedback from students that NURS 453 was content heavy for a one semester course. Reports from course faculty indicated insufficient time to cover all content areas in the depth desired. The outcome was a course redesign. A two course sequence NURS 453A (2 credits) and NURS 453B (3 credits) are now part of the new Nurse Anesthesia APRN DNP curriculum. The new course sequence began Summer 2020 and is required for the Nurse Anesthesia DNP students. The MSN APRN students may choose to take the 2 course sequence at this time. MSN program minutes (April, 2018) and faculty meeting minutes (May, 2018) available in virtual resource room.

POST-GRADUATE APRN PROGRAM

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

DNP PROGRAM

Under the leadership of the program director and in collaboration with the SON director of institutional research, the DNP programs function within the context of continuous improvement. The curriculum and teaching learning practices are reviewed and evaluated by the faculty in the timeframes set by the SPE (See Appendix A), and when indicated by input from the COI. The results of these reviews are used to foster ongoing improvement of the programs. As an example, based on faculty and student feedback in 2016, the Inquiry course sequence was thoroughly evaluated. As a result, Practice-Focused Inquiry II (NUND 541) was updated. In 2018, Theories for Nursing Practice and Scholarship (NUND 504) and Practice-Focused Inquiry I (NUND 540), were updated and an objective on population health was added to NUND 540. (DNP program meeting minutes (Oct, Nov, Dec, 2018) are available in the virtual resource room. In addition, the Leadership course (NUND 506) was revised to include content on developing and monitoring budgets.

In addition, during 2019-2020, the DNP website was reviewed and updated to promote consistency among sources of information and more closely align (where indicated) with CWRU School of Graduate Studies policies and AACN's perspective of the DNP. These changes incorporated feedback and suggestions from students, faculty, and staff. Faculty were informed of all updates at DNP program meetings and students were informed via email.
Examples include:
- instructions and forms for students and faculty regarding the DNP practicum and project were consolidated and substantially revised and updated. The AACN Essentials and DNP Project Toolkit were key resources in this endeavor. DNP Student Guidelines and forms can be accessed at: https://case.edu/nursing/students/student-resources/dnp-guidelines-forms
- DNP policy on Incomplete grades were aligned with the FPB website, student handbook and the policies of the School of Graduate Studies. The updated policy can be accessed at: https://case.edu/nursing/programs/dnp/program-requirements and in the student handbook.

Feedback from students, a key source of evaluation data, is used to revise the program and individual courses as indicated. Data are acquired both formally and informally. Informal data is acquired through:
- Question and answer session during two dinners for DNP students during the intensive sessions. These events are hosted by the program director with faculty attending as well.
- Communication from DNP faculty regarding topics that arise during advising with students.

Formal data is acquired through:
- Course-level formative evaluation - Use of formal and informal strategies to monitor student satisfaction and progress toward the course objectives.
- Course-level summative evaluation – students complete university level on-line evaluation of their courses at the end of each semester.
- Focused student satisfaction initiative – from 2017-2019, with assistance of a consultant, the SON implemented an initiative to improve student satisfaction across all programs. Multiple strategies were implemented including focus groups with DNP students and a Dean's Student Advisory Board.
- End-of-program evaluation – new DNP graduates have the opportunity to provide an overall evaluation of the program.

Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

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

Program Response:

The SON has an established systematic plan of evaluation (SPE) (Appendix A), that guides the evaluation of each program's effectiveness. The SPE was developed, revised and utilized by the faculty Committee on the Evaluation of Programs. The SPE identifies required metrics, expected outcomes to determine whether the metric has been met, the kind of data used to evaluate the elements, and timelines for how often elements are reviewed, reported and who is responsible for the elements. The plan underwent a major revision and was approved by faculty in the spring semester of 2019. The SPE was further revised and approved by the faculty as a whole in the spring of 2020. The SPE covering 2017-2018 is available in the virtual resource room.

IV-B. Program completion rates demonstrate program effectiveness.

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

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

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

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

Program Response:

BSN: The completion rate for the most recent calendar year is presented below. The entry point is defined as the time point when the student is admitted to the program. BSN students are directly admitted to the nursing program when they apply. In addition, there are transfer students who are internal to CWRU and who transfer from outside CWRU. Transfer students' 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 6 years to complete the program. Excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education, the completion rate for the most recent calendar year (January 1 through December 31, 2019) exceeds 70%. Specific data related to students excluded from the completion rate can be reviewed with the BSN program director.

Table 6 Completion rate for BSN for graduates for calendar year 2019

Calendar Year of Graduation (Calendar Year of Admission)	# Students Admitted	# Students Excluded	# Graduating within 6 years	% Graduating within 6 years
2019 (2013)	99	22	77	100%

MN: The completion rate for the most recent calendar year is presented below. The MN program admits a new cohort each fall, and students complete the program in four standard semesters (fall and spring). 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 transcripts and the program they attended. Entry point begins when students matriculate. Program completion occurs when the student has met all requirements for graduation. Completion, therefore, is calculated by the number of students who start at any point and then graduate within four years. We use the calendar year of admission and graduation within 4 years. Excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education, the completion rate for the most recent calendar year (January 1 through December 31 2019) exceeds 70%. Specific detail related to the completion rate can be reviewed with the MN program director.

Table 7 Completion rate for MN for graduates for calendar year 2019

Calendar Year of Graduation (Calendar Year of Admission)	# Students Admitted	# Students Excluded	# Graduating within 4 years	% Graduating within 4 years
2019 (2017)	31	0	31	100%

MSN: The completion rate for the most recent calendar year is presented below. The MSN program admits students throughout the academic year and students may progress as either full- or part-time in the program. The expectation is that students complete the MSN program within a 5 year time frame. We use the calendar year of 2019 for MSN entrants and graduation within 5 years. Excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education, the completion rate for the most recent calendar year (January 1 through December 31, 2019) exceeds 70%. Specific data related to students excluded from the completion rate can be reviewed with the MSN program director.

Table 8 Completion rate for MSN for graduates for calendar year 2019

Calendar Year of Graduation (Calendar Year of Admission)	# Students Admitted	# Students Excluded	# Graduating within 5 years	% Graduating within 5 years
2019 (2014)	70	14	56	100%

Post-graduate APRN: The completion rate for the most recent calendar year is presented below. The post-graduate APRN program admits students throughout the academic year and students may be full- or part-time in the program. The expectation is that students complete the post-graduate APRN program within a 5 year time frame. The 2019 calendar year is used for Post-graduate APRN entrants and graduation within 5 years. Excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education, the completion rate for the most recent calendar year (January 1 through December 31, 2019) exceeds 70%. Specific data related to students excluded from the completion rate can be reviewed with the MSN program director.

Table 9 Completion rate for Post-graduate APRNs for calendar year 2019

Calendar Year of Graduation (Calendar Year of Admission)	# Students Admitted	# Students Excluded	# Graduating within 5 years	% Graduating within 5 years
2019 (2014)	16	2	14	100%

DNP: The completion rate for the most recent calendar year is presented below. 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 2019 calendar year is used for DNP entrants and graduation within 5 years. Excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education, the completion rate for the most recent calendar year (January 1 through December 31, 2019) exceeds 70%. Specific data related to students excluded from the completion rate can be reviewed with the DNP program director.

Table 10 Completion rate for DNPs for calendar year 2019

Calendar Year of Graduation (Calendar Year of Admission)	# Students Admitted	# Students Excluded	# Graduating within 5 years	% Graduating within 5 years
2019 (2014)	62	10	43	83%

IV-C. Licensure pass rates demonstrate program effectiveness.

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

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

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

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

Program Response:

The *NCLEX-RN®* pass rate for the BSN and MN programs for first-time takers for the most recent calendar year is reported below. The completion rate for the most recent calendar year (January 1 through December 31, 2019) exceeds 80% for both the BSN and MN programs.

Table 11 *NCLEX-RN®* pass rate for the BSN and MN programs for calendar year 2019

Track and/or Site	Calendar Year	# Graduates taking *NCLEX-RN®* for First Time Takers	% Pass Rate for First Time Takers
BSN	2019	64*	96.6%
MN	2019	34**	94%

*Indicates 60 students that graduated in 2019 within 4 year period and 4 students that graduated in 2018, but were first time test takers in 2019. The 77 students listed as graduates in Table 6 included all students that graduated in the 6 year period that the university allows for undergraduate students.
** Indicates 31 students that graduated in 2019 (admitted in 2017) and 3 students (admitted in 2016, but were first time test takers in 2019).

IV-D. Certification pass rates demonstrate program effectiveness.

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

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

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

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

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

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

Program Response:

The MSN program and Post-Graduate APRN certification track data for all test takers (first time and repeaters who pass) for the most recent calendar year is presented below. The SON expected outcome for certification pass rates is 80%. The 2019 certification pass rates for all MSN programs and APRN tracks as reported by the certification organizations exceeds the CCNE expectation of 80% as well as SON expected outcomes.

Table 12 Certification pass rate for the MSN program/tracks for calendar year 2019

Certification Exam Specialty Area	Certification Organization	Calendar Year	# All Takers by Year	# Passing by Year	% Cert. Pass Rate by Year
Nurse Anesthesia Case Cohort	Council on Anesthesia	2019	14	14	100%
Nurse Anesthesia CCF Cohort	Council on Anesthesia	2019	15	15	100%
Neonatal Nurse Practitioner	National Credentialing Center	2019	N/A	N/A	N/A
Women's Health Nurse Practitioner	National Credentialing Center	2019	1	1	100%
Nurse Midwifery	Accreditation Commission for Midwifery Education	2019	5	5	100%
Family Nurse Practitioner	American Academy of Nurse Practitioner & ANCC	2019	13	13	100%

Certification Exam Specialty Area	Certification Organization	Calendar Year	# All Takers by Year	# Passing by Year	% Cert. Pass Rate by Year
Adult Gero Primary Care Nurse Practitioner	American Academy of Nurse Practitioners	2019	7	7	100%
Adult Gero Acute Care Nurse Practitioner	ANCC	2019	9	9	100%
Family Systems – Psych Mental Health Nurse Practitioner	ANCC	2019	12	11	91.67%
Pediatric Primary Care Nurse Practitioner	Pediatric Certification Nursing Board	2019	13	11	85%
Pediatric Acute Care Nurse Practitioner	Pediatric Certification Nursing Board	2019	N/A		

Table 13 Certification pass rate for the Post Graduate APRN program/track for calendar year 2019

Certification Exam Specialty Area	Certification Organization	Calendar Year	# All Takers by Year	# Passing by Year	% Cert. Pass Rate by Year
Nurse Anesthesia Case Cohort	Council on Anesthesia	2019	N/A		
Nurse Anesthesia CCF Cohort	Council on Anesthesia	2019	N/A		
Neonatal Nurse Practitioner	National Credentialing Center	2019	N/A		
Women's Health Nurse Practitioner	National Credentialing Center	2019	N/A		
Nurse Midwifery	Accreditation Commission for Midwifery Education	2019	N/A		
Family Nurse Practitioner	American Academy of Nurse Practitioner & ANCC	2019	4	4	100%
Adult Gero Primary Care Nurse Practitioner	American Academy of Nurse Practitioners	2019	N/A		
Adult Gero Acute Care Nurse Practitioner	ANCC	2019	N/A		
Family Systems – Psych Mental Health Nurse Practitioner	ANCC	2019	N/A		
Pediatric Primary Care Nurse Practitioner	Pediatric Certification Nursing Board	2019	N/A		
Pediatric Acute Care Nurse Practitioner	Pediatric Certification Nursing Board	2019	4	4	100%

IV-E. Employment rates demonstrate program effectiveness.

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

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

Program Response:

SON expects that 70% of graduates are employed within one year. Data is collected on employment rates from student responses in exit surveys, direct communication with students and from LinkedIn profiles within 12 month of program completion. Data from 2019 graduates for each program under review are represented below.

BSN - Expected Outcome:
70% of baccalaureate degree nursing program graduates who seek employment will be employed within 12 months of graduation.
Actual Outcome:
96% of baccalaureate degree nursing program graduates who sought employment were employed within 12 months of graduation. Two students were excluded from the calculation as they were admitted into graduate school and elected not to be employed. Therefore, baccalaureate degree nursing program graduates exceed the CCNE expected outcome of 70% for employment within 12 months of graduation.

MN – Expected Outcome:
70% of master in nursing degree program graduates who seek employment will be employed within 12 months of graduation.
Actual Outcome:
100% of master in nursing degree program graduates who sought employment were employed within 12 months of graduation. Therefore, master in nursing – graduate entry degree nursing program graduates exceed the CCNE expected outcome of 70% for employment within 12 months of graduation.

MSN – Expected Outcome:
70% of masters of science degree nursing program graduates who seek employment will be employed within 12 months of graduation.
Actual Outcome:
99% of masters of science degree nursing program graduates who sought employment were employed within 12 months of graduation. Therefore, masters of science degree nursing program graduates exceed the CCNE expected outcome of 70% for employment within 12 months of graduation.

APRN CERTIFICATE – Expected Outcome:
70% of APRN Certificate nursing program graduates who seek employment will be employed within 12 months of graduation.
Actual Outcome:
100% of APRN Certificate nursing program graduates who sought employment were employed within 12 months of graduation. Therefore, APRN Certificate nursing program graduates exceed the CCNE expected outcome of 70% for employment within 12 months of graduation.

DNP – Expected Outcome:
70% of doctorate degree nursing program graduates who seek employment will be employed within 12 months of graduation.
Actual Outcome:
100% of doctorate degree nursing program graduates who sought employment were employed within 12 months of graduation. Therefore, doctorate degree nursing program graduates exceed the CCNE expected outcome of 70% for employment within 12 months of graduation.

Table 14 Employment Percentage by Program for calendar year 2019

Program(s) Under Review	Calendar Year	# Graduates*	% Employed within 12 months of Graduation
Baccalaureate	2019	60**	96%
Masters Entry	2019	34	100%
Master's	2019	83	99%
Post-Graduate APRN Certificate	2019	14	100%
Doctor of Nursing Practice	2019	30	100%

*The graduate numbers are different from IV-B. IV-B graduate numbers reflect students who entered in 2013, 2014, or 2017 (by program) and graduated by 2019 (within the program specific, defined timeframes).
**Indicates 60 students that graduated in 2019 within a 4 year period. The 77 students listed as graduates in Table 6 included all students that graduated in the 6 year period that the university allows for undergraduate students.

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

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

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

Program Response:

As noted in Key elements IV-B, IV-C, IV-D, IV-E, the SON has met the expected outcomes and compares actual performance in each area to the expected outcomes. When gaps are identified, plans are developed to address the discrepancy. The outcome of the plan is evaluated for its effect on performance and revised as necessary. Faculty are actively involved in the development of improvement plans and implementation. For example, in 2016, BSN administration identified a gap in the documentation of employment rates of BSN graduates. Data collected from the University Career Center and SON alumni surveys of all undergraduate students yielded poor return rates. The 2016 estimated employment rate of 65% did not adequately identify the graduates who were employed. In the summer of 2017, the BSN program initiated a database including: student names, graduation date, state NCLEX was taken, employment location, and graduate school enrollment. Faculty, especially advisors, ask students about employment during senior year academic meetings. Faculty monitored ongoing progress. In 2017, the employment rate for new graduates was 91% and in 2018 and 2019 documentation of employment rates for new graduates within 12 months of graduation was 96%.

A second example of ongoing process improvement is the Pediatric Acute Care Nurse Practitioner program. In 2017, the 3 year pass rate for first time test takers and the 3 year pass rate for all test takers was 75% respectively. A careful review of the program and outcome data revealed a small number of students were enrolled in the program and several of the students completing the program delayed taking the certification exam by at least one year. Working with faculty, the program director put an action plan together;
- a curricular review was completed and deficits in the program were identified and addressed
- new faculty were hired for the program track
- program faculty attended a special conference session related to preparation for the pediatric acute care nurse practitioner certification exam
- professional organization's updated test bank review questions were purchased to incorporate into learning activities for the students

In addition to the plan, faculty encouraged all students to take the certification exam as soon as possible after completion of the program. The 2019 data demonstrates an improved pediatric acute care nurse practitioner certification pass rate of 100%.

Information is also gathered from the COI about employment and performance of SON graduates in general. For example, CCF nursing administrators host Deans' Roundtable meetings each semester for faculty leadership in northeast Ohio. CCF educators provide data regarding competencies of new RN hires; recommending a focus on critical thinking activities and unfolding case studies to develop problem recognition and safe clinical performance competencies. The SON is also considering tracking students who successfully enter graduate study as an outcome metric while delaying employment.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:
- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

Faculty must meet and maintain criteria for appointment which includes meeting performance criteria set by the university, the SON, and the Ohio State Board of Nursing (OBN). Maintaining state licensure is required for all faculty teaching in the nursing programs. Continuing education (CE) which is part of licensure renewal requirements set by the OBN, must be met during each renewal period. Faculty with 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 the manager of faculty affairs and special projects using one of two online verification systems: the national data base primary source verification system (https://www.nursys.com/LQC/LQCTerms.aspx), or the OBN online verification system (https://elicense.ohio.gov/oh_verifylicense).

The faculty are productive members of the academic and scientific communities. It is the expectation that faculty contribute to the advancement of nursing through scholarly activities that contribute to research, scholarship, teaching, and service. Accordingly, faculty expectations and outcomes differ between tenured/tenure track and non-tenure track faculty. Tenured and tenure track faculty (e.g., assistant professors and above) are expected to meet expectations related to research (e.g., grant submissions and awards, research activity, peer-reviewed publications, and scientific presentations), teaching, and service to the university and profession. However, non-tenure track faculty (e.g., instructors and higher) are expected to meet expectations in only two areas of the school's tripartite mission of research, teaching, and service. The distinction between tenured/tenure-track faculty and non-tenure track faculty is important to note because the expectations for research, teaching, and service varies between these two faculty categories. The performance indicators are included in Appendix LL.

The Appointment, Re-Appointment, Promotion, and Tenure (APRT) committee led by the dean of the school of nursing annually review faculty performance and determine if faculty meet expectations based on their academic track. Annually, the APRT conducts systematic performance evaluations of faculty members and determines if the faculty has met expectations related to the school's tripartite mission (e.g., teaching, research, and service). All faculty (instructor to full professor) use an online system to record their activities and generate a faculty activity report which is submitted annually to ARPT. Reports are uploaded to a secure server, and faculty enter teaching evaluation data and an updated CV annually. ARPT uses this information, along with input from the program directors, to develop an annual evaluation report in the form of a letter for faculty at the rank of assistant and associate professors. For instructors, the evaluation report is

prepared by the relevant program director and reviewed with the faculty member. The associate academic dean reviews the instructor and lecturer letters and provides a summary report to the dean for final status determination. The dean prepares evaluation letters for full professors. All faculty evaluation reports and draft letters to faculty are reviewed by the dean for final approval. Appendix MM contains a draft evaluation letter.

Table 15 presents the aggregate outcomes for faculty in terms of meeting expectations in teaching, research, and service from 2017 through 2019. Since 2017, we have defined scholarship for faculty as published manuscripts, clinical practice guidelines, books, presentations and other scholarly products that advance nursing science, education, or practice. In Table 15, the percentages of faculty who met the school's expectation in teaching (e.g., faculty who have above average ratings from students), research (e.g., faculty who met research expectations by the APRT) and service (e.g., appointments to university, national and international bodies) is provided. Instructors and non-tenure track faculty are not included in the calculation for grants as this is not part of their expectations. First year faculty can, but are not expected, to be engaged in service. According to the SPE, the expected outcomes for the aggregate faculty outcomes is 80% for all of the previously described indicators.

Table 15 Aggregate Faculty Outcomes for Teaching, Research, and Service Expectations

Year	Teaching[1]	Research[2]	Service[3]	Scholarship[4]	Grant Submissions[5]
2019	97% (n=87/90)	76% (19/25)	100%	84% (n=85)	63% (n=30)
2018	95% (n=83/87)	78%(21/27)	100%	94% (n=83)	69% (n=32)
2017	91% (n=84/91)	76%(19/25)	100%	84% (n=85)	81% (n=32)

Note. The expected outcome for the percentage of faculty meeting expectations is $\geq$80% for excellence in teaching, research, and service;
[1]Percentage of faculty who received satisfactory and above ratings by students on end course evaluations;
[2]Percentage of tenured/tenure track faculty who met the expectations for research by the APRT committee;
[3]Percentage of all faculty who met expectations for service by the APRT committee;
[4]Percentage of faculty who met expectation for the dissemination of scholarship (e.g., publications and presentations); and
[5]Percentage of tenured/tenure-track faculty and non-tenure track faculty who submitted a research or training grant.

Aggregate Faculty Expectation Outcomes: The aggregate faculty outcomes meet or exceed the expected outcomes of 80% in the areas of teaching, scholarship and service. As noted in Table 15, the quality of the faculty's teaching, as rated by students, has met and exceeded the expected outcome. Although not explicitly noted in our SPE, the aggregate faculty outcomes related to scholarship (e.g., publications and presentations) and service to the university and professional organizations have consistently been above the above 80% expected outcome. Similarly, tenured and tenure-track faculty have also consistently approached the expected outcome related to research. Research productivity expectations increase across time for tenure track faculty, and include two grant submissions a year and [progress toward] substantial extramural research funding in order to meet the criteria. On average, more than two-thirds of faculty who were tenured or tenured track, as well as several non-tenure track faculty, submitted a research or training grant. The faculty is engaged in scholarly activities to advance nursing education, research, and profession. The aggregate faculty outcomes are outstanding, and the percentages presented in Table 15 underscore that the faculty has met most expected outcomes outlined in the SPE.

Faculty Research and Training Outcomes: As a research-intensive SON, the faculty's research productivity complements and substantially adds to the quality of academic programs. The SON is top-ranked in research funding and is a well-resourced environment for this training program. In FY 2018-19, the SON faculty amassed more than $10.3 million in sponsored research and training grants, which positioned the school as the 10th top school of nursing in NIH funding. Our current research portfolio remains robust and includes 14 R-series grant awards, a T32 award in its final year, and 12 other extramurally funded projects. Faculty and trainees have 23 applications under review at the NIH and other federal and non-federal sponsors. Of these applications, there are 3 K-series applications under review at the NIH submitted by three of our five post-doctoral trainees. As shown in Table 16, the faculty is productive in terms of submitting competitive grant submissions resulting in the receipt of extramural funding from a variety of federal and non-federal sources.

The productivity and accomplishments of tenured and tenure track faculty create opportunities for students to engage in research activities that enhance the quality of the academic programs and offers a rich learning environment. Since 2009, the SON has had a strong record of funding to support pre- and post-doctoral trainees and has been awarded more than

$4.5 million in individual and institutional training awards from the NIH. Research training awards include seven individual NRSAs and research career awards (e.g., F31, K01, and administrative supplements) and four institutional training programs (e.g., T32 and R25).

To further underscore the productivity of our tenured and tenure-track faculty's research productivity, Table 17 provides a comparative analysis of faculty based on their academic track (tenured/tenure-track vs. non-tenure track). Since 2017, at least one-half of the tenured and tenure-track faculty were principal investigators of externally funded research, and on average, nearly 10% of these faculty were the program directors of externally funded training grants. Our tenured and tenure track faculty are highly committed to advancing nursing research and creating opportunities for students to engage in cutting-edge research, as evidenced by the faculty's research outcomes presented in Tables 16 and 17.

Table 16 Faculty Research Productivity

	FY 2017		FY 2018		FY 2019	
	n	Amount	n	Amount	n	Amount
Federal Research Grants Submitted	27	$34,178,620	29	$42,435,037	20	$29,054,960
Federal Research Grants Awarded	8	$5,828,400	5	$7,016,804	7	$6,590,957
Non-Federal Research Grants Submitted	21	$2,108,368	36	$1,163,051	26	$3,131,970
Non-Federal Research Grants Awarded	7	$339,740	12	$971,089	21	$1,451,999
Non-Federal Training Grants Submitted	12	$5,383,333	9	$2,534,990	3	$3,085,694
Non-Federal Training Grants Awarded	5	$61,731	8	$1,755,133	2	$2,286,093
Total Grants Submitted	60	$41,670,321	74	$46,133,078	49	$35,272,624
Total Grants Awarded	20	$6,229,871	25	$9,743,026	30	$10,329,049

Note. Only grant submissions and awards to faculty appointed to the rank of assistant professor or above are included.

Table 17 Faculty Research Productivity: Tenure vs. Non-Tenure Track Faculty

Faculty	2017		2018		2019	
# Tenured/Tenure Track (T) (Assistant to full professor)	26		28		26	
# Non-Tenure (NT) (Assistant to full professor)	29		31		31	
Faculty PIs conducting funded research	Research Projects	% Faculty	Research Projects	% Faculty	Research Projects	% Faculty
T (Assistant to full professor)	19	50%	24	50%	16	62%
NT (Assistant to full professor)	5	14%	3	6%	3	10%
Faculty PIs conducting funded training grants	Training Projects	% Faculty	Training Projects	% Faculty	Training Projects	% Faculty
T (Assistant to full professor)	4	12%	5	7%	2	8%
NT (Assistant to full professor)	2	5%	4	10%	1	3%

Note. Only faculty appointed to the rank of assistant professor and above are included.

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

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

Program Response:

Faculty remain engaged in process improvement. Outcome data are used to prompt program improvements. For example: although the publications/scholarship actual outcomes meet or exceeds the expected outcome of 80%, this remains a performance focus for faculty. Faculty development activities are ongoing to provide support developing and submitting publications including weekend writing workshop scheduled at least once a semester. During these workshops, faculty bring draft manuscripts and work with colleagues to edit, finalize and submit their work. An in-house editor as well as senior faculty who are journal editors are available to work on publications with faculty. Faculty development program offerings and attendance records are available in the virtual resource room.

Several other programs are in place to support faculty development including;
- Goldbag research presentations – monthly presentations by faculty and invited guests who share their work.
- Lecture and consultation series with nurse leader and author, Rose Sherman
- Professional seminars available to faculty presented at the Weatherhead School of Management

While there were fewer research only grants submitted in 2019 compared to 2018, of those submitted grants that were scored, all received funding. As a result, the SON national ranking in National Institutes of Health funding improved from 11th up to 10th among all of schools of nursing. Thus, the overall quality of scored grants improved and resulted in an increase in Federal funding. This information has been analyzed by the associate dean for research who will be developing an action plan to both increase federal grant submissions and the number of scored submissions. Based on the grant submission and funding data, however, the overall quality of the research grants submitted has increased, resulting in an increase in funded grants. With the challenges related to the NIH budget and the funding line, this increase in the proportion of research grants funded is positive news. We will continue to monitor progress in these two areas and address the barriers identified by faculty.

IV-I. **Program outcomes demonstrate program effectiveness.**

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

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

Program Response:

In addition to the completion rates, licensure and certification examination rates, and employment rates, the SON uses a mixed methods approach to evaluate program outcomes. Quantitative data derived from *Skyfactor* is used as an exit survey for graduating students from the BSN, MN, and MSN and Post Graduate APRN Certificate programs. *Skyfactor* data are monitored each academic year (as outlined in the SPE). Qualitative data also contributes to ongoing program improvement efforts for the BSN, MN, MSN and Post Graduate APRN Certificate programs. A student experience task force was initiated in 2016 in order to translate a methodology commonly used to understand and improve the experience of patients in hospitals to the academic setting in order to improve the student experience. Focus groups were held with students in each program and key areas were identified as opportunities for improvement. DNP students do not complete a *Skyfactor* survey at this time, but participate in focus groups and exit surveys.

Skyfactor reports are provided as written and online reports. 2019 *Skyfactor* executive summaries for each program (except DNP) are available in the virtual resource room. Students respond to questions in the *Skyfactor* survey that link to the overall outcomes. *Skyfactor* questions linked to each identified overall outcome are available in Appendix NN. The expected outcomes set by the SON for the three major satisfaction scales for the *Skyfactor* survey is a score of 5.0 (on a scale of 0-7). Program specific actual outcome data are provided below.

Table 18 Skyfactor Outcomes – Overall Satisfaction

PROGRAM	2016-2017	2017-2018	2018-2019	2019-2020
BSN	5.03 (N=71/71)	4.86(N=63/67)	4.72* (N=7/7)	5.53 (N=59/60)
MN	4.04 (N=28/33)	5.31 (N=21/28)	5.28 (N=32/34)	4.95* (N=32/39)
MSN**	5.39 (N=46/91)	5.59 (N=74/90)	4.78*(N=81/97)	Data Not Available

* Score was below expected outcome of 5.0
**MSN data includes Post Graduate APRN Certificate

Table 19 Skyfactor Outcomes – Overall Learning

PROGRAM	2016-2017	2017-2018	2018-2019	2019-2020
BSN	5.75 (N=71/71)	5.71 (N=63/67)	5.06 (N=7/7)	6.12 (N=59/60)
MN	5.00 (N=28/33)	5.40 (N=21/28)	5.75 (N=32/34)	5.66 (N=32/39)
MSN**	4.93 (N=46/91)	6.30 (N=74/90)	5.62 (N=81/97)	Data Not Available

**MSN data includes Post Graduate APRN Certificate

Table 20 Skyfactor Outcomes – Program Effectiveness

PROGRAM	2016-2017	2017-2018	2018-2019	2019-2020
BSN	5.39 (N=71/71)	5.19 (N=63/67)	4.93*(N=7/7)	5.68 (N=59/60)
MN	4.32 (N=28/33)	5.18 (N=21/28)	5.29 (N=32/34)	5.11(N=32/39)
MSN**	5.53 (N=46/91)	5.83 (N=74/90)	5.09 (N=81/97)	Data Not Available

* Score was below expected outcome of 5.0
**MSN data includes Post Graduate APRN Certificate

NOTE: 2018-2019 BSN *Skyfactor* data is based only on December 2018 graduates (N=7). Due to process issues and personnel changes, the *Skyfactor* exit survey was not given to the May 2019 BSN graduates. When the omission was discovered, the *Skyfactor* exit survey had closed and was unavailable to the May graduates.
2019-2020 MSN data is expected in September 2020.

Additional outcomes demonstrating program effectiveness include evaluation measures. The on line evaluation system provides students an opportunity to evaluate faculty and courses at the end of each semester. The information provides key performance indicators that demonstrate program effectiveness. The SON monitors several measures (as outlined in the SPE) including; student participation rates in the on line evaluation process (Table 20), student evaluation of faculty (Table 21), and student evaluation of courses (Table 22). The overall campus response rate has been low for student participation in the on line, end of semester evaluations. SON participation rates fell below the expected outcomes in academic year 2017-2018. Strategies including course faculty sending reminder emails and providing time in class for students to complete the electronic survey were implemented to improve participation rates, increase available evaluation data, and reveal process improvement opportunities.

Table 21 Student Participation Rate in University on line Evaluations

SEMESTER	EXPECTED OUTCOME	ACTUAL OUTCOME
Fall 2017	50%	32.65% (843/2583)
Spring 2018	50%	43.4% (1131/2602)
Fall 2018	50%	51.69% (1303/2521)
Spring 2019	50%	56.11% (1639/2921)

Fall 2019 and Spring 2020 data not yet available

Table 22 Student Evaluation of Faculty

SEMESTER	EXPECTED OUTCOME (rating scale 1-5)	ACTUAL OUTCOME
Fall 2017	3.0	3.91 (843/2583)
Spring 2018	3.0	3.78 (1131/2602)
Fall 2018	3.0	3.92 (1303/2521)
Spring 2019	3.0	3.84 (1639/2921)

Fall 2019 and Spring 2020 data not yet available

Table 23 Student Evaluation of Course

SEMESTER	EXPECTED OUTCOME (rating scale 1-5)	ACTUAL OUTCOME
Fall 2017	3.0	3.66 (843/2583)
Spring 2018	3.0	3.67 (1131/2602)
Fall 2018	3.0	3.67 (1303/2521)
Spring 2019	3.0	3.47 (1639/2921)

Fall 2019 and Spring 2020 data not yet available

The university office of institutional research also provides data on graduates from all of the schools and college. https://case.edu/postgrad/about/outcomes-and-data/first-destination-survey-reports . For example, the First Destination Survey of graduating undergraduates indicating their plans following graduation can be accessed at: https://thedaily.case.edu/first-destination-survey-shows-great-outcomes-for-the-class-of-2019/ and for the SON specifically at: https://case.edu/postgrad/sites/case.edu.postgrad/files/2020-03/2019%20FDS%20Infographic%20for%20Frances%20Payne%20Bolton%20School%20of%20Nursing.pdf

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

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

Program Response:

As noted in Key elements IV-B, IV-C, IV-D, IV-E and IV-F, the SON has expected outcomes and compares actual performance in each area to the expected outcomes. For example, in 2018-2019, BSN program scores for overall satisfaction and program effectiveness fell below expected outcomes. BSN faculty reviewed the data and identified five improvement goals which contribute to the scores of overall satisfaction and program effectiveness.
- Improving the quality of instruction
- Improving student wellbeing (*not measured in Skyfactor*)
- Improving communication (*not measured in Skyfactor*)
- Improving the quality of courses (*not measured in Skyfactor*)
- Improving advising

Faculty participated in creating actions plans for the goals and student focus groups provided additional input into the process. Below is a summary of the plans. The 2019-2020 *Skyfactor* outcome data provides evidence of the success of the plans as well as faculty commitment to the improvement process.

Improving the quality of instruction and courses –The SON, in collaboration with the University Technology office provides ongoing faculty training, coaching and problem solving sessions for SON faculty (i.e., Canvas Clinics, Exam Soft, Advanced PowerPoint) to introduced technology enhancements for the classroom and to support faculty with course revision. The BSN program director encouraged faculty having difficulties to take advantage of the University Center for Innovation in Teaching and Education (UCITE), to learn different teaching methods, and explore new teaching technologies.

Improving student wellbeing - Based on initial focus group data two fundamental freshman courses were combined (NURS 110 and NURS 111 into NURS 115) to allow more theory time in class and more time outside class for students to study. This change freed up an hour in what is a rigorous schedule allowing students more options for taking the general education requirement classes across the CWRU campus community and more flexibility to support studying and engaging in campus life. At the same time, clinical requirements were decreased by 40 hours in the senior preceptorship course (NURS 352, 354 and 356) to provide students time to interview for nursing positions.

Improving communication -Transparency has been identified as a priority by all students. Meetings with each class (freshmen, sophomore, junior and senior classes) are now held once a semester to assure flow of information, opportunities for feedback and conversations about the effectiveness of strategies implemented in response to earlier feedback. The faculty level leader, faculty who teach in each level, and the program and assistant program directors attend these meetings. Information provided includes; course changes, planned semester activities (such as IPE sessions), and updates involving campus life activities. In response to feedback, all students receive timely announcements of important information via e-mailed as well as updates in banner form on the BSN website.

Improving the student advising -Two faculty have been assigned as first year advisors for freshmen students. Faculty advisors help students with questions and concerns about nursing, nursing courses, clinicals and other points related to the launch of their careers in the profession. Student nurse athletes (N=38) provided feedback that they struggled to manage academics and athletics. A third advisor with insight into both the nursing program and athletics was added in the fall of 2018. This new process allows student athletes to compete in their sport and successfully complete their academic requirements. In the fall of 2018, the largest freshmen nursing class in the school's history was enrolled (N=135). An advising task force was created and advising was completely revamped in response to *Skyfactor* data. Students were surveyed at the end of their first year to determine their top three interests in nursing. Students were assigned to a faculty advisor expert in their area of interest or who practices in the specialty area(s). Twenty six faculty members were assigned as advisors to the rising sophomore students. These faculty members facilitate group advising sessions 1-2 times a semester as well as schedule individual academic sessions with students. During group advising sessions, faculty selects a topic to discuss with a small cohort of students. Faculty observes students supporting each other and building camaraderie within their group. In addition, advisors post open hours on their office doors to encourage drop in visits outside of the time scheduled for private appointments.

Program meetings with students: All programs hold student meetings where qualitative data is collected by program directors. Group meeting formats vary by program. Information learned during group and individual student meetings (as requested) is shared with faculty during program meetings to identify themes and develop action plans as needed to advance program effectiveness and support ongoing improvements.

BSN

The BSN program director and assistant director meet with the representatives of the Undergraduate Student Nurses Association at least once a semester. The program director, assistant director, and level leaders for each cohort meet with the students of each cohort once a semester to discuss the upcoming semester, any changes in policies or courses, answer questions, get input and feedback from students. Many faculty also attend these meetings.

MN

The MN program director meets with both first and second year student classes each semester and oversees new student orientation. Each class elects three student representatives; the MN program director meets with these representatives each semester and as needed. Student feedback and responses are discussed with MN faculty during regularly scheduled meetings. MN faculty are engaged with the students, and communicate concerns arising in courses with the director. The MN director also communicates with the leaders of the Graduate Student Nurses Association; all MN students are members and many hold leadership roles. An analysis of the MN *Skyfactor* outcome data in 2017, revealed a need to improve faculty advising in the program. In addition to curricular knowledge, MN advisors needed help guiding students with portfolio construction (a graduation requirement) and information about MSN majors. In response to faculty feedback and *Skyfactor* results, an advising policy was developed, approved and implemented in fall, 2017 (program meeting minutes October, 2017 are available in the virtual record). The program director oriented and mentored all new faculty to the advising role. Written information developed in 2019 helped advisors guide advisees in constructing portfolios. Regular advising updates are discussed at program meetings. Student satisfaction with faculty advising has increased each year from 5.0 in 2017 to 6.16 in 2020.

MSN

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. In an effort to obtain additional student feedback and as a part of the SON student experience initiative, MSN students are asked to participate in a focus group. These meetings also included post-graduate APRN students. The focus group resulted in 5 priority areas of improvement identified by the students. The outcomes of the focus group and plans for process

improvements were addressed and presented to student representatives on the Dean's Student Advisory Committee. The meeting minutes for September, 2019 are in a confidential folder, and can be shared during the virtual survey visit upon request.

For 2018-2019, the MSN program met the SON expected outcomes for the SkyFactor measures; learning outcomes and program effectiveness (Tables 18 and 19 respectively). However, the MSN program did not meet the benchmark in overall program satisfaction (Table 17). MSN faculty addressed the lower than expected 2018-2019 overall satisfaction score by conducting student focus groups to gather additional information regarding student satisfaction with the program. These focus groups were conducted with each MSN program track. Results from the individual program tracks were discussed with program track directors and lead faculty at an MSN ad hoc meeting (ad hoc leadership meeting notes, January 2020, area available in the virtual resource room). Common themes of all the program tracks were tallied combined and presented to the MSN faculty (program meeting minutes February, 2020 are available in the virtual resource room). MSN faculty discussed strategies to address the students' concerns including facilitating board preparation opportunities, developing relevant electives for the program and providing more information regarding logistics of clinical placement. The program revised and updated the MSN Community Site on Canvas to include clinical placement guidelines, clinical facility and preceptor information, and board certification information. All MSN students receive access to this Canvas site upon admission to the program. The program added an in-person orientation and included breakout sessions for each program track director or lead faculty to meet with students. During orientation the clinical coordinator meets with each program to discuss program specific placement guidelines.

DNP
The DNP program director meets with students at dinners held during every intensive session (January, August and May) where questions are answered and feedback is solicited. In addition, each program director is available to meet with students individually who prefer to provide program feedback outside of the group format. The DNP program does not currently use *Skyfactor*. An exit survey was recently developed and administered to Fall 2019 and Spring 2020 DNP graduates. Of the graduates who responded, 85% reported their overall satisfaction with the DNP program as extremely satisfied. As an example of continuous improvement, in 2019-2020, the DNP program reviewed current trends in the roles of nurse leaders. Feedback from students and faculty determined the core leadership course and the two courses in the clinical leadership sequence would benefit from revisions to reflect current theory and practice and to better coordinate course content. A task force reviewed and revised, Leadership in Organizations & Systems (NUND 506), Management for Advance Practice (NUND 507), and Advanced Leadership & Management (NUND 607). The changes were discussed, edited, and endorsed by the DNP faculty. Revision recommendations were presented to the Curriculum Committee and then the faculty as a whole for approval.

In addition to program student meetings and to augment the *Skyfactor* data, the dean holds meetings with the Chief Nursing Officers (CNOs) from local hospitals to highlight additional opportunities for improvement. The dean and administrative team meet with CNOs from the local academic medical centers on a regular basis. During these meetings, CNOs provide feedback regarding the transitions of the graduates from our programs into their settings. This includes newly licensed RNs (BSN and MN) as well as new NP graduates. In recent meetings with local CNOs, several indicated that SON BSN and MN graduates have overwhelmingly positive performance; a general concern not specific to SON graduates is the temporary RN licensure prior to taking the NCLEX due to the COVID crisis.