

UNIVERSITY OF SAN FRANCISCO SCHOOL OF NURSING

# Self-study for the Commission on Collegiate Nursing Education

Initial Accreditation of the Bachelor of Science in Nursing Degree Program and the Master of Science Degree in Nursing Programs



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# Overview

University of San Francisco founded by Jesuit priests in 1855 was the first college in San Francisco. Over the years, the University has made numerous contributions to the civic, business, and educational leadership of the times—educators, a Pulitzer Prize winner, business executives, members of Congress, college presidents, sport figures, and scientists. Today, the USF graduate is grounded with a liberal education, named for enlightened leadership in the professions, and fortified with the ideals of a Jesuit education.

The University's principal mission is the liberal education of students in Arts & Sciences, as well as the preparation of professionals for education, nursing, business, and law. The University of San Francisco is made up of six colleges and schools that include College of Arts & Sciences, School of Law, McLaren School of Business, School of Education, School of Nursing, and College of Professional Studies. A wide variety of ages, cultures, and religions are found in USF's richly diverse multinational student population.

University of San Francisco's School of Nursing began in the 1940s as a cooperative effort with the Sisters of Mercy, so that registered nurses from nearby St. Mary's Hospital could earn their baccalaureate degrees. The School of Nursing became the first private nursing program in California, formed in 1954 and accredited by the National League for Nursing when the first students graduated in 1958. The School has been continuously committed to the preparation of professional nurses within the Jesuit academic tradition, with strong liberal arts and science foundation coupled with professional knowledge in the discipline of nursing. The School began offering a Master of Science in Nursing in the fall of 1984.

The School of Nursing has maintained its deep commitment to the Jesuit tradition by placing great value on the highest academic standards in all of its programs for it believes that a nursing career requires not only strong academic ability in the women and men who choose its rigorous course of study, but also the ability to care for and about people. In return, the graduates receive the satisfaction only a career in caring can provide.

# STANDARD I. PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, philosophy, and goals/objectives of the program should be congruent with those of the parent institution, should reflect professional nursing standards and guidelines, and should consider the needs and expectations of the community of interest. The faculty and students of the program should be involved in the governance of the program and in the ongoing efforts to improve program quality.

# Standard I. Program Quality: Mission and Governance

The mission, philosophy, and goals/objectives of the program should be congruent with those of the parent institution, should reflect professional nursing standards and guidelines, and should consider the needs and expectations of the community of interest. The faculty and students of the program should be involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements:

I-A. The mission, philosophy and goals/objectives of the program are congruent with those of the parent institution and are consistent with the professional nursing standards and guidelines for the preparation of nursing professionals.

University of San Francisco is a Jesuit Catholic University. Its mission, vision, strategic initiatives, and core values were reviewed and revised with guidance from the community, faculty, administration, and Board of Trustees in 2000. They reflect Ignatian philosophy and concepts as stated in USF's On-Line General Catalog. A written copy of the Mission, Philosophy and Values of the University of San Francisco can be found in Appendix AI. <a href="http://www.usfca.edu/acadserv/catalog/USF">http://www.usfca.edu/acadserv/catalog/USF</a> Catalog.htm

The University recognizes the uniqueness of the individual. It fosters close student-teacher relationships resulting from a special concern for the entire life of the student – intellectual, spiritual, moral, social, psychological, and physical. It promotes high standards of academic excellence and prepares leaders who work for justice for all people and "fashion a more just and humane world".

The University's mission as a Jesuit institution is based upon the concepts of justice, community, respect, service, concern for the person, a life modeled after Jesus Christ, total formation of the self, and excellence in all one does for the greater glory of God (*Go Forth and Teach: The Characteristics of Jesuit Education*, 1987). "Jesuit-educated nurses commit themselves to compassionate excellence through scholarship, leadership, service, and personal growth" (*Jesuit Conference of Nursing Programs*, Summer 1990).

As part of its commitment to the development of the whole person, the University sponsors a yearlong program in spiritual direction which is open to any member of the faculty, administration or staff, of an faith or of no faith, at no charge. The guidance and direction is provided by trained members of the faculty, administration, and staff. Director and Directee meet for one hour per week throughout the academic year. The hour is made available on

university time. Sr. Brian Kelber, RSM has been active in this program, acting as a spiritual Director for individual members of the University community.

# **University Strategies**

The University wrote a new Vision, Mission and Values statement in 2001. Each year, the Leadership Team of the institution collaboratively identify Strategic Priorities for the upcoming year which are grounded in that Vision, Mission and Values statement. These Strategic Priorities serve as practical applications for University action. A facilities Master Plan, ongoing academic and non-academic program evaluation processes, the new planning and budget procedure, the priorities identified for the upcoming capital campaign, and the participatory review process for new programs are examples of activities that reflect the University's vision, mission, and values and function in lieu of a more traditional long-range Strategic Plan. The University President regularly cites the School of Nursing as an example of a college that embodies the vision, mission, and values in its programs and overall operation.

Two years ago, School of Nursing faculty identified two major directives for action: (1) increase the RN-NCLEX pass rate and (2) increase and stabilize enrollment. In addition to these directives, the dean presented three goals: (1) increase the School's external support and donor base; (2) increase minority faculty representation in both gender and ethnicity; and (3) develop new and refine existing programs that reflect the Jesuit, Catholic missions.

The University's organizational structure is in transition, with the appointment of a new president in 2000. The current model includes a provost, whose council is composed of deans and other administrative staff whose roles impact academic programs. Additionally, the president has organized a Leadership Team made up of divisional vice presidents and deans. USF's organizational chart clearly defines the University's structure and may be found in the appendix. *Appendix A2* shows the organizational structure of the Executive Division and Provost Division of the University, and the organizational chart of the School of Nursing.

USF's School of Nursing is an autonomous unit that functions in the same manner; operates under the same vision, mission, and values; and has the same resources available as the other 5 colleges. It is essential to note that as a private university, revenue is predominantly tuition-generated and budgets are based on enrollment projections.

#### School of Nursing Vision Statement

The School of Nursing maintains a commitment to (a) fostering scholarship and life-long learning; (b) respecting the dignity and uniqueness of each human being in a diverse society; (c) supporting excellence in teaching and research; and (d) preparing excellent and ethical nurses. It acknowledges past accomplishments and embraces future challenges.

## Statement of Mission

The University of San Francisco, School of Nursing supports the mission, vision, strategic initiatives, and core values espoused by the University of San Francisco and Jesuit community and declares its commitment to the highest standards of lifelong learning and excellence in the Jesuit tradition. The faculty and administration of the SON:

- are committed to preparing women and men for compassionate practice as competent professionals through scholarship, leadership in service to the community, the nursing profession, and personal growth.
- encourage close student-teacher relationships in preparing nurses who exemplify the highest ethical standards, integrity, and passion for justice in health care.
- are dedicated to developing critical reasoning vital to judgment and ethical decision making in professional practice.
- in the tradition of Jesuit education, provide a foundation for nursing knowledge and a spirit of inquiry.
- foster the search for human and ethical alternatives to solve contemporary nursing and health care problems through applied clinical research.
- welcome and respect all students as full partners in learning, who create an environment that celebrates a multicultural society through sensitivity, compassion, respect, and creativity.
- motivate students to eloquently advocate for patient needs and high quality care,
   balancing technology with a humanistic approach.
- emphasize a holistic view and integration of the intellectual, psychological, and social aspects of personhood in the promotion and maintenance of health and in the provision of nursing and health care.
- foster a perspective that considers the ecological influence on human needs and health for nursing and health care in the 21<sup>st</sup> century.

The philosophy of the SON and the nursing program goals/objectives for the undergraduate and graduate programs are also congruent with the mission, vision, strategic initiatives and core values of the University. They share similar beliefs regarding the Jesuit tradition, diversity of community (internal and external), social responsibility, quality scholarship, moral dimensions in professional nursing practice and education, learning, freedom, faith, and reason. *Appendix A3* presents the relationship among USF mission, Jesuit educational characteristics, SON philosophy and SON program objectives.

The Essentials of Baccalaureate Education for Professional Nursing Practice was chosen by faculty as undergraduate standards for the baccalaureate degree education at the USF SON. The nursing faculty believe that the Essentials reflect the philosophy of the school and that they are compatible with the program and mission of the University and SON. These components are used as evaluative criteria in the nursing courses and clinical practice and reflect outcomes of not only a professional education but one in liberal arts as well.

The graduate programs adhere to the Essentials of Masters Education for Advanced Practice Nursing (AACN, 1996) and to the professional nursing standards of their applicable professional associations such as the, Domains and Competencies of Nurse Practitioner Practice (NONPF), and the Master's Nursing Education for Nursing Administration Advanced Practice from the Council of Graduate Education in Administrative Nursing (CGEAN 1995) for the same reasons. Appendix A4 cites the Domains and Competencies of Nurse Practitioner Practice presented by NONPF and identifies the Advanced Practice Nursing course(s) in which they are emphasized; Appendix A5 identifies the Essentials of Masters Education for Advanced Practice Nursing and the graduate course in which the essential is emphasized; and Appendix A6 identifies the Council on Graduate Education for Administration in Nursing (CGEAN) criteria and the graduate course (s) in the Core and in the Clinical Systems Management track which it is emphasized.

All nursing programs are currently accredited by the National League for Nursing and the University is accredited by the Western Association of Schools and Colleges. The Baccalaureate and Nurse Practitioner programs are in compliance with the California Board of Registered Nursing (CA BRN). These standards are set forth in *Article 3, Title 16, Chapter 14, section 1424-1429 California Code of Regulations* for school of nursing and *Article 8, Title 16, Chapter 14, Section 1484, California Code of Regulations for* the Nurse Practitioner program. In California, compliance is reflected in a self-study and in the accreditation process. The CA BRN last accredited the SON in Spring 2000. This body must also approve any curriculum revisions in the undergraduate and the graduate Advanced Practice program. The last minor curriculum revision occurred in Fall 2002 when the new University Learning Core Curriculum was approved by the Board of Trustees and submitted to the CA BRN for review.

I-B. The mission, philosophy and goals/objectives of the program are reviewed periodically and revised not only to reflect professional standards and guidelines but also to reflect the expectations of the community of interest, all in pursuit of the continuing advancement and improvement of the program.

At a faculty retreat in 1999, the faculty of the School of Nursing reviewed, revised and reaffirmed its mission, philosophy statement and its undergraduate objectives and graduate program outcomes. Again in 2000 and 2001, faculty reviewed the mission, philosophy and program objectives/outcomes to validate their congruence with the revised University mission, vision, strategic initiatives, and core values. These guiding documents are reviewed periodically to determine faculty's continued understanding of intent and operationalization.

The SON Faculty Development Committee coordinated a Spring Retreat for the SON faculty based on the Western Conversations Model. The faculty explored how it integrates the Jesuit mission and values and Catholic values in to their teaching and curriculum. Dean Jeff Brand from the Law School and John Savard, S.J., Director of Campus Ministry provided direction and inspiration in these essential areas.

The communities of interest for the SON include students, faculty, clinical agencies. consumers, alumni, health care leaders, and accrediting agencies. Expectations of these groups regarding program improvement and continued advancement are varied and are identified in several ways. First, in an effort to assist the Dean in developing USF's School of Nursing into one of the nation's top nursing schools, to strengthen the School's ties with the City of San Francisco and its health care milieu, and to promote a positive and productive environment for learning for our nursing students, an external advisory council has been assembled. This council is composed of health care consumers, distinguished alumni, civic leaders, and nurse executives who are responsible for providing nursing care in various areas of nursing practice. The External Advisory Council (EAC) serves to effect three critical outcomes: to create vital links between our programs and the public, our existing students; and potential students, increase recruitment activities and enhance retention; to provide career resources and professional opportunities for our students and graduates; and to provide career resources and professional opportunities for our students and graduates. The EAC meets with the Dean for one day, twice annually. During this meeting it receives an update regarding the SON current activities and future plans and provides the Dean with information regarding issues concerning alumni relations, school image and resource development. This committee has been instrumental in reactivating the Nursing Alumni Society. Appendix A7 identifies the membership of EAC for 2002-2003.

A second method of identifying the expectations of the community of interest is through formal and informal interaction with agencies that provide students with clinical laboratory opportunities for the clinical component of the nursing program. Formal face to face meetings are held between agency representatives and the SON Administration and/or faculty to discuss

shared expectations, employment opportunities for students and graduates, job responsibilities and expectation of agencies for new graduates, and clinical placement needs and expectations of both the agency and the SON. These meetings have been very helpful as a sharing device for both the agency and the SON. Clinical agencies and individual SON courses have made modifications to enhance clinical placements for groups of students and preceptorships as well as graduate practica. For instance, meetings with Kaiser Hospitals and UCSF indicated that new graduates from area schools have problems with drug calculation. This information was shared with the Department Heads of the three undergraduate departments at the next Administrative Council Meeting and with the Curriculum Committee. An ad hoc committee of Curriculum Committee was formed to review the content in our curriculum regarding drug dosage and calculation. First, the Curriculum Committee is currently reviewing a proposal to pre-assess incoming Freshmen or Sophomore I nursing students in drug dosage and calculations and provide on-line and/or textbook remedial work to achieve competency. Second, each department is reassessing the way in which the student's ability to calculate drugs and solutions is determined prior to each clinical laboratory course at the beginning of each semester and the consequences of lack of competency.

Surveys are also used to gather information from the agencies used as clinical sites. Data collected assist the SON in identifying required changes in the nursing program. This will be discussed in greater detail in Standard IV

Another method of determining needs of our community of interest includes interaction with current nursing students, graduate and undergraduate. Each semester, time is identified for a Dean's Forum with nursing students. It affords the students an opportunity to interact with the Dean and discuss issues that are important to them and also receive an update by the Dean of issues affecting the school.

I-C. Documents and publications should accurately reflect the mission, philosophy, and goals/objectives of the program.

Reference to the mission, philosophy, and goals/objectives of the nursing programs is found in a wide variety of University and SON publications. These may include but not be limited to the University On-Line Catalog, BSN and MSN Student Handbooks, SON Faculty Handbook, program flyers, electronic information regarding the University and SON. Although there are still hard copies of documents most are now in an electronic format for the SON and for the University.

I-D. Roles of the faculty and students in the governance of the program are clearly defined and enable meaningful participation.

The Dean who is responsible for overall administration of the SON is also a full professor in the School of Nursing. He reports to the Provost/Vice President of Academic Affairs.

There are four departments in the SON: Adult Health Nursing, Family Health Nursing, Community-Mental Health Nursing and Graduate Nursing. There is a chairperson for each department and a coordinator of Advanced Practice Nursing. Each department meets monthly with its faculty members and student representatives to discuss course and departmental issues. Student input is encouraged and supported. Nursing students selected as representatives by the Nursing Student Council, act as the spokespersons for the students enrolled in nursing courses and represent the students at the monthly department meetings. Student representatives have an opportunity to serve as participants from their class on the Curriculum Committee and may be invited to attend the Academic Standards Committee and the Program Evaluation Committee meetings. Student representatives are not invited to attend Peer Review and Faculty Develop Committees. All University students are eligible to serve as committee members on University—wide committees. The Association of Students at USF (ASUSF) appoints these students. A list of all students who participate in SON committees during this present academic year, 2002-2003 can be found in the Exhibit Room.

The University of San Francisco recognizes the USF Faculty Association (USFFA) as the exclusive collective bargaining representative of all full-time and part-time faculty members for the purpose of collective bargaining with respect to wages, hours, and conditions of employment. The Faculty Association of the School of Nursing (FASON) identifies in its By-Laws, five standing committees: Curriculum Committee, Faculty Development Committee, Program Evaluation Committee, Peer Review Committee, and Academic Standards Committee. Within *Appendix A8* are the FASON by-laws and the definition and charge of each committee in the SON. At the last spring semester meeting each year, a chairperson is elected by committee members. The Associate Dean co-chairs the Curriculum and the Program Evaluation Committees and the Dean serves as co-chair of the faculty Development Committee and is an advisor to the Academic Standards Committee.

SON faculty and administration also participate in the governance structure of the University by serving as members on University-wide committees and task forces. *Appendix* 

A9 identifies the representation of faculty in SON committees and faculty representation on University-wide Committees and Task Forces.

The Dean, Associate Dean, the four chairpersons, and the chair of the FASON constitute the <u>Administrative Council in the SON</u>. The Administrative Council meets biweekly throughout the academic year and is a collaborative communication vehicle and a management tool used by and for the Dean which:

- · provides input regarding problems, decisions, and future directions of the SON
- · explores issues related to faculty, student, and administration
- · communicates concerns of faculty, and departments
- · briefs Dean on outcomes of department meetings
- · provides opportunity for budgetary recommendations
- · serves as forum for problem solving SON issues
- · discusses faculty workload and class/clinical schedules
- · provides input into the strategic plan

It is strongly supported by the members of the Council and the Dean.

The Dean of the SON is a member of the <u>President's Leadership Team</u>, which meets monthly and is chaired by the President of USF and composed of all Vice Presidents, the Chief Information Officer, and the Deans. Its purpose is to advise the President regarding issues that affect the whole university. Emphasis is placed on long range planning and how the USF is meeting its mission.

The Dean is also a member of the <u>Provost's Council</u> which meets bi-weekly. This committee is a recommending body to the Provost regarding academic issues and provides an opportunity for the Dean of the SON to interact with other deans and vice presidents whose roles impact the nursing programs. Topics such as strategic planning, space allocation and availability, program marketing, budget, and student life are discussed and debated.

STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support. The institution makes available resources to enable the program to achieve its mission, philosophy, goals/objectives and expected results. The faculty, as a resource of the program, enables the achievement of the mission, philosophy, goals/objectives and expected results of the program.

# Standard II. Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment and support. The institution makes available resources to enable the program to achieve its mission, philosophy, goals/objectives and expected results. The faculty, as a resource of the program, enables the achievement of the mission, philosophy, goals/objectives, and expected results of the program.

### **Key Elements:**

II-A. The parent institution and program should provide and support an environment that encourages faculty teaching, scholarship, service and practice in keeping with the mission and philosophy of the program.

The USF mission states that, "the University distinguishes itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor", and is "committed to advancing excellence as the standard for teaching, scholarship, creative expression, and service to the University community." The Core Values of the University further stress the, "Jesuit Catholic tradition... of faith and reason and the search for truth", "freedom and pursuit of truth and following evidence to its conclusion", and "a culture of service that respects and promotes the dignity of every person." This professes that teaching, service, and research are expected behaviors of members of the USF community.

#### http://www.usfca.edu/mission/index.html

#### Teaching

The University of San Francisco is viewed as an institution with teaching as its primary mission. In addition, at the annual review (ACP) of full time faculty members, teaching is evaluated. Teaching must be either adequate or outstanding when a faculty member is applying for tenure and promotion.

Educational opportunities are available to faculty from the Center for Instructional Technology (CIT) <a href="http://www.usfca.edu/cit/">http://www.usfca.edu/cit/</a>. The CIT provides training in current desktop and media applications, and demonstrations, and workshops on the latest technology solutions for classroom teaching. A yearlong technology integration pilot project is underway at USF, and nursing has been selected as the first college to participate. The project is planned to support SON faculty as to further develop and understand instructional technology through a variety of training, instructional design support services, and examples of the best practices. In early

November 2002, SON faculty completed a web based Technology Needs Assessment which was designed to guide project planning and implementation. Results of the survey are found on <a href="http://www.usfca.edu/cit/nursing/needs">http://www.usfca.edu/cit/nursing/needs</a> results.htm and the project website may be found at <a href="http://www.usfca.edu/cit/nursing/">http://www.usfca.edu/cit/nursing/</a>.

Annually, a joint committee of the University of San Francisco Faculty Association (USFFA) and University Administration seek nominations from the University community to select a Distinguished Teacher. A stipend of \$2,500 and a plaque are awarded to the USFFA member who has distinguished her/himself in the area of teaching. The award is presented to the recipient prior to the spring graduation. In 2002, Dr. Gregory DeBourgh from the School of Nursing was the recipient. Two other faculty members have also received this award, Drs. Betty Carmack and Jane Vincent Corbett.

The University also recognizes teaching through the awarding of the Sarlo Prize. This prize recognizes the primary role of teaching, service to students, and support of the moral values that lie at the foundation of the USF identity. It is awarded to a full-time faculty member-approved effective teacher who conveys through his or her teaching and example the ethical values identified in the University's founding principles and mission. The award consists of a plaque of recognition and a check for \$5,000. In addition, the University has created a position for Director of Assessment and Teaching Resources that are charged with planning and coordinating institution-wide professional development opportunities and activities for faculty members.

# Scholarship

Scholarship is viewed as important and is supported by the University and the School of Nursing. Faculty, full time and part-time, may apply for funds from the SON Faculty Development Committee to augment their pursuit of scholarly activities. This joint committee of the SON Administration and the FASON disburses funds to faculty who submit academically meritorious proposals which include research, research related activities (e.g. presentation at conferences), and enhancement of professional effectiveness activities, (e.g. professional conferences, computer hardware and software for teaching purposes). Funding amounts vary depending on numbers of full time faculty but generally average \$40,000 per year in the School of Nursing and \$1,600 for part time faculty. An average of \$2,000 is awarded annually to each full time faculty recipient. Awards are presented each semester. Priority is given to junior faculty and faculty on the tenure tract as a way to encourage continued scholarship.

Full time tenure track and tenured faculty may be given up to three workload hours each semester as research release time based on a review of their scholarship goals during ACP.

Currently, all faculty have been given research release time and scholarly outcomes for the last three years include over 30 articles; 3 books; numerous book chapters, and presentations locally, nationally and internationally.

Sabbatical leaves are provided to faculty members according to Article 30 of the Collective Bargaining Contract. The purpose of a sabbatical leave is to increase the scholarly effectiveness of faculty and to afford them opportunity for professional development. Generally, full time faculty members are eligible for a sabbatical leave beginning in the seventh year of continuous service at the University and the seventh year following each sabbatical. An eligible faculty member who selects one semester of sabbatical leave receives full compensation, if the faculty member who selects two semesters will be compensated at 75% of their annual academic salary. Dr. Jane Corbett used her 2001-2003 sabbatical to complete a sixth edition of Laboratory Tests and Diagnostic Procedures with Nursing Diagnoses. She collected information about laboratory tests from interviews with health care professionals in the Bay Area and in London when she was a visiting scholar at St. Bartholomew School of Nursing and Midwifery. She also compared nursing education in the UK and the USA with a particular focus on how pharmacology is taught. These sabbatical experiences enhance her current teaching course in Pharmacology.

Prior to each sabbatical, the applicant must present a definite plan for the scholarly use of the sabbatical as part of the application. At the conclusion of each sabbatical, faculty write a Sabbatical Summary to report on the extent to which the faculty has achieved the purpose for which the leave was granted, which is placed in their file in the Nursing Office.

Commencing with the 1999-2000 year, a full time faculty member in the fourth year of a probationary appointment is eligible for a one or two semester sabbatical. A sabbatical taken at this time assists the probationary status faculty member to delve more deeply into their research and produce significant outcomes to assist them with the tenure and promotion process.

A Tuition Remission program is available to full time and part time faculty members through employee benefits and is part of the Collective Bargaining Agreement Article 35.5. Full-time Faculty Association members as well as their academically eligible spouses and dependent children are eligible for full remission of tuition for all University courses. Part-time faculty members also have access to tuition remission subject to University regulations and eligibility requirements as set forth in Article 20 of the Collective Bargaining Agreement for Part-Time Faculty.

The University and the School of Nursing provide support to faculty for grant writing through the Office of Sponsored Projects. The SON has recently submitted a grant to support a Mental Health/Psychiatric Nurse Practitioner tract in our Advanced Practice Nurse curriculum.

Annually a joint committee of the USFFA and University Administration seek nominations for a Distinguished Research Award. This award is presented to a full-time faculty member from the College of Arts and Sciences, McLaren School of Business and Management, and the School of Nursing. The award honors individuals whose research is original, significant, outstanding, and scholarly. The award is a purse of \$2,500, and a plaque and is awarded annually prior to the spring graduation.

#### Service

The University of San Francisco espouses in its Core Values, "a culture of service that respects and promotes the dignity of every person," Faculty are expected to provide service to students, the University, the profession and the community at large. Annually, the University recognizes a full time faculty member for this outstanding behavior. The Ignatian Service Award is awarded to the individual who has demonstrated creative commitment to the realization of the legacy of St. Ignatius through his/her accomplishments. The award is a plaque of recognition and an honorarium of \$750. Dr. Roberta Romeo, a nursing faculty member, received this award in 2000.

Many nursing faculty are active in professional organizations at the local, state and national and international levels. They also serve as resources and advisors to nursing students' organizations at the college, state, and national and international levels. Some of those organizations include the American Heart Association, Bay Area Lupus Foundation, American Red Cross, American Cancer Society. as well as the American Psychiatric Association, Association of California Nurse Leaders, American Nurses Association-California, American Association of Critical Care Nurses, and American Nursing Informatics Association.

As part of the undergraduate Learning Core, students must participate in Service Learning. Service Learning at USF is defined as, "a pedagogical method that engages students in organized service activities and guided refection". Clinical learning activities reflect this definition and meet the expected outcomes of the service requirements of the Core. All clinical nursing courses have a Service Learning designation.

# http://138.202.136.20/cssl/home/index.asp

Service learning is integrated in all clinical nursing classes. The thrust of service learning is that the faculty and student interface with Community Partners to identify what projects would be both useful to the agency and to the students' learning about the services

provided. The student is expected to evaluate their learning and relate how the experiences have contributed to their growth that is then relayed to the agency personnel by the faculty.

An example of the SON commitment to service learning is the recent grant awarded to the SON for a Parish Nursing Program. Sr. Ellene Egan, RSM and Sr. Brian Kelber, RSM applied for and were awarded a \$30,000 grant from the Bill Hannon Foundation located in Southern California. This Foundation awards money to Catholic Institutions and Organizations for use in programs which expand Catholic values and traditions in a variety of settings. This proposal was designed to enhance and complement the service-learning component of USF education. Through the Parish Nursing Program, student will collaborate with and be supervised by practicing nurses to provide non-invasive, home based health services to poor and needy children and adults. Students will learn practical care-giving skills and help meet the spiritual, physical and emotional needs of patients. It is anticipated that students in Sophomore I will participate in this program as part of their first clinical laboratory experience.

In hospital settings, the students are meeting the agency needs by providing services to clients based on their abilities and level in the program. In community settings, the student teach stress reduction and take blood pressures and help clients find resources as needed, provide health teaching to groups, based on the level of knowledge and level in the program. The students are expected to report their experiences to their instructors and discuss the impact these interactions have on their knowledge of the community needs and possible outreach programs. The faculty and students evaluate the clinical agencies on a regular basis to assess the learning opportunities available. Faculty interface with agency personnel continually to assure that the students are working to potential and meeting present and future needs of the agency

The University provides support for the development of service learning courses through the Service Learning Fellowship program in which faculty can apply for a \$2,500 fellowship program to develop new courses or revise courses using the pedagogy of service learning.

Additionally, the Officer for University Advancement assists faculty seeking funding to support creative projects (e.g. the Guatemala Immersion Program).

The Coordinator of Service Learning and the Director of the Leo J. McCarthy Center for Public Service and the Common Good translate the University's mission of service learning into concrete experiences and programs in which students may participate.

In keeping with the Jesuit mission to educate professional women and men who are grounded in ethics, the School of Nursing in collaboration with Catholic Healthcare West sponsors an annual, one-day Ethics in Health Care Summit. This year's summit is entitled: How

Do We Do The Right Thing? Excellence in End of Life Care. Topics included are: palliative care, the ethics of foregoing life-sustaining treatments, pathophysiological aspects of the dying person, pain management, and spiritual care at end of life.

#### Practice

The University and the SON do not specifically direct faculty to participate in professional practice nor is it required for promotion and tenure. However, many faculty members within the SON participate in clinical practice activities and do this in addition to their teaching and research activities within the SON.

An example of the use of both practice and service to the community can be found in the example set by Dr. Robin Buccheri. Dr. Buccheri leads a support group for clients who hear voices. The group "Managing Voices" is conducted at the Marin Community Mental Health center on the second Tuesday of every month. It is from 12-1 during one of her N450 (Community Mental Health Nursing Clinical Laboratory V) clinical days. She takes 2-3 students with her who get a chance to observe her co-facilitate the group or sometimes they even co-facilitate the group with her. This allows Dr. Buccheri to do community service, provide an excellent learning opportunity for the students, and work with clients in her research area all at the same time.

II-B. Resources are sufficient to enable the program to fulfill its mission, philosophy and goals/objectives, and these resources are reviewed, revised and improved as needed.

Academic support services are improved and upgraded on a regular basis to meet program needs.

SON Staff support is sufficient to meet the program mission, philosophy and objectives. In the Administrative office, in addition to the Dean, the following positions form the framework for the administrative team. A brief description of the position's duties is included:

Associate Dean/Program Assistant to the Associate Dean: This office is accountable for student recruitment and advisemen,t and registration of ongoing undergraduate and graduate students. The Associate Dean is responsible for clinical placement of all undergraduate students (group and individual preceptorships/practicum), maintenance of contractual agreements with clinical agencies, student progression, maintenance of health requirements and course scheduling for the SON. The responsibilities of curricular leadership, program evaluation, and quality instruction are also charged to this office.

Assistant to the Dean: The Assistant to the Dean enhances and supports the duties of the Dean. Major elements of this position include university strategic planning, all personnel issues (staff and faculty), faculty development, student problems, all budget concerns, grant development, agency reports, and general office and school of nursing operations.

Assistant Dean: This person is responsible for the recruitment and pre-advisement of students in the School of Nursing. The Assistant Dean reports to and is accountable to the Dean, School of Nursing. With the guidance of the Associate Dean for Academic Programs and the Director of Admissions, the Assistant Dean has the responsibility for developing, implementing, and evaluating the recruitment of quality students and assists the Dean and Associate Dean in the provision of services to current students that will contribute to their success in completing the nursing program (for example upkeep of current student information via web). This position is also responsible for maintaining positive nursing alumni relations.

Coordinator, Learning Resource Center: Assumes responsibility for the learning/teaching resources that support the SON educational mission. The Coordinator supervises the performance of nursing skills, provides resources for skills teaching, provides remediation of skills as prescribes by clinical faculty, acts as a consultant to the Curriculum Committee and documents competency of students in the performance of nursing skills.

Administrative Assistant to Faculty: The individual in this position provides administrative support to the graduate and undergraduate faculty, faculty committees and events; assumes responsibility for computerizing materials, i.e., syllabi, exams, test analysis, and other areas of faculty activities.

<u>Program Assistant/Receptionist</u>: This position requires front-line interaction (i.e., in person and by telephone) with students and others who seek information from the School. The individual in this position performs a wide variety of general administrative duties as well.

Refer to the SON Organizational Structure in for a schematic.

Academic Support Services http://www.usfca.edu/acadserv/acadsupp/index.htm

The Academic Support Services office provides assistance to students with learning disabilities, with physical disabilities and with students in academic difficulty. It also assists the University in ADA compliance. Academic Support Services staff members can help students develop better study habits or resolve academic problems. This office also coordinates new student orientation programs.

Learning and Writing Center http://www.usfca.edu/Learning\_Center/ The Learning and Writing Center provides individual and group tutoring for USF students and assists students interested in forming study groups. Student tutors, recommended by nursing faculty, provide

small group and individual academic support to nursing students. These tutors conduct both face-to- face and on-line sessions via asynchronous and synchronous real-time Web-based interaction. In addition, the Center holds workshops in study skills, test taking, and other areas. The Learning and Writing Center houses printed, video, and computer learning resources. Staff members in the Learning and Writing Center also work with students individually to solve academic challenges. The Learning and Writing Center employs Rhetoric and Composition faculty members to work with students to help them improve their writing skills. Staff members provide feedback on students' writing and can tailor a program of instruction to meet individual needs. In the 2001/2002 academic year the Learning and Writing Center say that out of 1296 students, a little over 10% or 131 students were from the School of Nursing. Although, many students visit the Center for assistance with writing skills, the overwhelming majority, 911, visit to receive tutoring.

Student Disability Services http://www.usfca.edu/acadserv/acadsupp/disabilities.html
The Academic Support Services office provides assistance to students with disabilities. The
department staff screens students for Learning Disabilities (LD) and Attention Deficit Disorders
(ADD). The Coordinator of Student Disability Services helps to create University-wide
awareness of disability and accessibility by providing the following support services:

- Determination of eligibility for and provides appropriate accommodations and/or services for students with documented disabilities
- Liaison with faculty and staff for students with disabilities and medical conditions to assist them with the provision of appropriate accommodations and/or services to enable them to achieve their academic goals
- Advocacy of measures to increase the physical and attitudinal accessibility of campus facilities and programs
- Academic counseling and problem solving
- Promotion of awareness and personal advocacy
- · Library of relevant books, periodicals, and assistive devices

Pursuant to the Americans with Disabilities Act, USF and the SON will make reasonable accommodations for those individuals with disabilities. However, there are mental and physical qualifications for professional practice required for admission of applicants to the USF nursing program and to professional nursing practice that must be adhered to by all applicants

#### Student Resources

Career Services Center http://www.usfca.edu/career/ The Priscilla A. Scotlan Career Services Center (CSC) provides undergraduate, credential, and graduate students and alumni

with counseling in career decision making, occupational exploration, and job search. The CSC resource library houses information on occupations, industries, graduate schools, and employers. Listings for part-and full-time employment, and internships, are available 24 hours a day through the CSC Web site as well as in the resource library.

The Learning Resource Center (LRC) is located on the first floor of Cowell Hall. It is vital to the students of the School of Nursing. The facility was established to provide students with a variety of learning tools and experiences to enhance their understanding of and competence in providing nursing care. The current center has been totally renovated to include state-of-the-art equipment and technology. It includes interactive video to enhance student learning in a simulated setting. The center contains five beds, two exam tables and one crib. One of the beds is critical care equipment, and as such, has functions specific for critical care needs (e.g., various angle positioning, a scale). Four complete adult mannequins and numerous infant mannequins are available for student use as well as a variety of equipment. Two of the adult mannequins are electronically equipped so that students can conduct assessments by hearing heart, lung and bowel sounds with their stethoscopes. Computer assisted learning for students is available with six (6) computers (5 PCs and 1 IMAC).

Student Health Services <a href="http://www.usfca.edu/shep/health/default.htm">http://www.usfca.edu/shep/health/default.htm</a> The University of San Francisco Student Health Clinic is part of the Sr. Mary Philippa Memorial Clinic, located at Hayes and Schrader streets. Primary care services (those services provided without charge) are offered by Nurse Practitioners and include the treatment of acute illness, minor injuries, skin conditions, screening and management of many STDs, immunization and testing for some communicable diseases, health education classes, referrals to specialists or outsides services, and annual gynecological exams for female students. There is no charge to visit the clinic, with the exception of the co-payment associated with gynecological exams. Non-primary care services (e.g. emergency room, specialist referral, medication, laboratory tests, x-rays) are the financial responsibility of the student. Specialty clinics are available on an ability to pay basis.

The Clinic is open Monday through Friday (except major holidays) from 9-10:30 and 1-2:30 for drop-in visits. Students may schedule an appointment between 11-11:30 and 3-4:15 each day. The Clinic is also open on Tuesday evenings during the school year from 5-7pm for drop-in visits.

Counseling <a href="http://www.usfca.edu/shep/health/default.htm">http://www.usfca.edu/shep/health/default.htm</a> The purpose of the Counseling Center is to assist students in developing greater self-understanding and resolving problems that may interfere with their ability to function in an optimal manner. All counseling is confidential. Issues brought to counselors include interpersonal relationships, depression,

stress, sexual concerns, substance abuse, time management, self-esteem, eating problems, test anxiety, rape, sexual harassment, and life transitions. After an initial assessment is made, the counselor may recommend individual, couples, or group counseling. When the concern requires longer-term counseling or a more specialized approach, an appropriate referral will be made.

Licensed psychologists, who are experienced in working with student concerns, staff the Counseling Center. Doctoral-trained interns and post-doctoral fellows who work under the supervision of the professional staff also provide counseling services to students. Counseling services are provided free of charge to currently enrolled students for up to 12 sessions of individual or couples counseling per academic year.

During the Academic year 1999-2000 faculty worked closely with the Counseling Center to provide assistance for nursing students who were injured clinically through needle sticks or exposure to blood borne pathogens. Although this service is not needed frequently it provides relief to students who are involved in a traumatic event such as either or both of these.

University Ministry <a href="http://138.202.136.20/ministry/home/default.asp">http://138.202.136.20/ministry/home/default.asp</a> The Office of University Ministry attends to the pastoral needs of the University community by providing a variety of liturgical, reflective, and educational opportunities. University Ministry is attentive to the individual and collective spiritual life of the University. Rooted in the Roman Catholic faith, University Ministry affirms the rich diversity of faiths represented at USF. Campus Ministry recognizes the diversity of religious backgrounds represented at the University and welcomes those of any faith (or no religious faith) to participate in its many activities, which include:

- Retreat weekends in the Sierra foothills, which encourage reflection upon selected themes in prayer, discussion and silence.
- Social justice education (e.g. lectures, community events, hunger banquet) including community based volunteer activities. Programs include the Justice Lecture Series, community action events, Habitat for Humanity, the School of the Americas Watch, and the Arrupe Immersion Experience, which takes place in San Francisco, Guatemala, Tijuana, and Cuba.
- Sacramental preparation opportunities for those who would like to join the Catholic Church or for Catholics who want to celebrate Reconciliation (confession), first communion, or Confirmation. Marriage preparation is also available.
- Small groups which meet for discussion, reflection and education in the areas of scripture, prayer and faith sharing as well as provide support for the former Catholics, the divorced, and the grieving.

Residence Life. http://usfca.edu/residence life/ All students under the age of 21 must live on campus unless they live within a 30 mile radius of campus and have notified Residence Life that they plan to live off campus. The Office of Residence Life at USF oversees six traditional style residence halls as well as apartment style living. A variety of living options are available to accommodate the diverse students who attend USF. For example, residents can live on specialty floors such as, the Phelan Multicultural Community, the Erasmus Project Floor, the Martin Baro Scholars community, the Global Living Community or the St. Ignatius Institute Wing. In addition, each residence hall offers different character and capacity. The largest, Phelan. houses about 475 students, primarily sophomores. Gillson Hall and Hayes Healy Hall are the two major freshman residences and accommodate 370 and 380 residents respectively. Both halls have floors exclusively for men and women, with co-ed floors available only in Phelan Hall. Lone Mountain Hall houses 175 students, primarily juniors; Xavier Hall, formerly the Jesuit residence, the only single-sex hall is home to 176 sophomores and juniors; Pedro Arrupe Hall houses about 100 students in a close knit community about 6 blocks from the campus proper; and, Loyola Village accommodates about 375 students in apartment-style housing. This unique housing project is home to about 50 faculty and staff members as well.

Peer Resident Advisors and professional Residence Hall Directors are available in each building to assist residents in adjusting to student life, providing a sense of security and helping to create community. Resident Ministers are assigned to each hall and provide support as well as a religious presence. The main desk in each building provides 24-hour security, emergency assistance, and general information about the hall and campus. Staff and residents alike regularly address lessons of tolerance, understanding, negotiation, citizenship and cooperation. Nursing faculty has volunteered in the past to facilitate some of these group sessions.

## Living Learning Communities at USF

http://www.usfca.edu/residence\_life/oncampus/index.html Many examples exist of effective and collaborative learning communities at USF. Long-standing living learning communities such as the Phelan Multicultural Community: the Saint Ignatius Institute community, the Erasmus Project, and the Pedro-Arrupe Justice Education Community have been joined by the new Martín-Báros Scholars community. The Global Living Community in the Lone Mountain Residence Hall began accepting residents in Fall 2002. Student interest in living learning communities is high, and a student group is currently researching additional living learning community experiences that they will propose for start in Academic Year 2003-2004.

The assessment of the impact of existing living-learning communities has been irregular and mostly qualitative. Initial evaluations of the early living-learning communities highlight increased

retention and slightly higher GPA's for participants when compared to other students in the residence halls. The Martín-Báro scholars program has an ambitious assessment plan to help determine the impact of this community on the student participants. This plan is available for review in the team resource room.

The careful attention to assessment during the development of the Martín-Báro program has prompted a renewed interest in a formal assessment plan for the other living-learning communities. Several undergraduate students have expressed interest in participating in a comprehensive assessment of the current living learning programs as the first step in a plan to create additional residential learning opportunities.

Multicultural and International Student Services (MCISS) <a href="http://www.usfca.edu/MCISS/">http://www.usfca.edu/MCISS/</a> MCISS has two major thrusts:

- To initiate programs and services that support the development of a multicultural community
- To provide services related to the unique needs of International students

It also provides a mentor program for undergraduate students of color and international students as well as advising related to cross cultural adjustments and immigration regulations and requirements.

# Fiscal Resources

# Budget http://www.usfca.edu/budget/planning budget/budget/

Resources are sufficient to enable the nursing program to fulfill its mission, philosophy and objectives. The total budget for School of Nursing in 2002-2003 is \$3,290,467. This allocation is broken down into three major accounts. The (1) Instruction Account (\$2,485,300) covers the sub accounts of personnel, general operations, travel and entertainment and capital. Revenues for the (2) Skills Lab Account (\$55,190) are generated by way of the \$80 undergraduate and \$150 graduate (per clinical course) lab fee, and (3) the Dean's Account (\$749,977), which, like the Instruction Account covers personnel, general operations, travel and entertainment and capital.

A Planning, Budget and Annual Review Process for the University that supports the University Mission, Vision and Values and Strategic Initiatives was developed in the Fall 2002 and will be initiated for the 2003-2004 budgetary process. This new process is designed to be comprehensive in scope, inclusive, transparent, easy to administer and more strategically effective in redirecting the University's resources for academic priorities. Further, this process has been developed to align department's goals and activities in support of the Mission, Vision and, Values of the University.

Departments (Schools and Colleges) may request approval for new plans throughout the year following discussion, review, and prioritization within the department. These plans may include the need for additional faculty, staff positions, programs, or capital items and must be consistent with and support the Mission, Vision, and Values of the University. A completed one page standardized Planning Initiative Support Page must be submitted for each plan by the Dean or Vice President to the Leadership Team for their consideration at any time throughout the year. However, annually all plans submitted by Deans or Vice Presidents are considered simultaneously for their relevance to University priorities and are reviewed and approved with respect to other plans being proposed by other departments. This process prevents duplications, encourages inclusiveness, and is forward thinking. The recommendations from the Leadership Team are submitted to the President for his approval. This annual approval process takes place in January. The budget will be balanced each February for the fiscal year that begins June 1.

Operationally, office supplies, computers, clinical travel expenses (parking, mileage), and postage are provided for by the SON faculty during and/or at the end of each semester. Annually each department chair is given a small discretionary amount of money by the Dean to be utilized as deemed by the department. Learning resources of the sort found in the LRC (computer assisted instruction, interactive learning, computer programs, models, etc.) may be recommended by the faculty and then purchased by the LRC with monies from the LRC budget. <a href="https://www.usfca.edu/online/gen\_info/tour.html">Physical Facilities</a> http://www.usfca.edu/online/gen\_info/tour.html

The University of San Francisco is a 55-acre campus located near Golden Gate Park in the western section of the city of San Francisco. The 20 main campus facilities house administration, classrooms and offices, and administrative and support services for the University community. It has five regional campuses located in Sacramento, Santa Rosa, Cupertino, Oakland and San Ramon. It also offers programs in Los Angeles, Phoenix, Hong Kong, Thailand, and Budapest.

The School of Nursing is located on the main USF campus in San Francisco on three floors of Cowell Hall; the first floor of which holds the administrative offices of the SON. There are 27 offices on the second and third floors of Cowell Hall for faculty; one of these offices is designated for part-time faculty and each full-time faculty member has her/his own office. Each faculty member has a private office, which facilitates student and faculty conferencing and independent work. The Administrative Assistant to the Faculty has a separate office on the second floor, closer to the faculty offices. A faculty mailroom is located on the second floor of Cowell Hall. This mailroom contains mailboxes for all full- and part-time faculty, supplies, large

bulletin boards, and 2 laser printers that serve faculty computers. In addition to equipment, announcements for meetings, faculty and Dean's memos, notices for conferences, and the Learning Resource Center bulletin board can be found in the faculty mailroom. All Administration, office staff and faculty have computers in their offices with software including but not limited to Word, Power Point and Excel and are linked to USF Connect, the Student Information Systems (SIS), and the Internet. Training for these applications is provided from various sources and is available on an on-going basis.

Two rooms are designated specifically for student use. One room is reserved for the Nursingt Students Association (NSA). In this room, NSA holds their meetings and uses it to assist students, as in their tutoring. A second room is the student lounge on the first floor of Cowell Hall.

This space is an informal meeting place for all nursing students. It also houses student mailboxes that serve as a source of communication between faculty and students, and student and student. Bulletin boards are on all three floors of Cowell Hall and provide information to the students regarding events in the nursing school, professional groups in which students participate, and general information of interest to nursing students. It is a quiet convenient area where students can go to study, rest and share information.

The School of Nursing conference room (Cowell 223) is used primarily for scheduled faculty, student, and administrative meetings. It can accommodate approximately 30 people. Adjacent and attached to the conference room is the faculty lounge (Cowell 222), which has a small kitchen and can accommodate approximately 25 people. School of Nursing faculty and staff also have access, on a "space available" basis, to the faculty lounge and the conference rooms in University Center, as well as the auditorium and conference rooms at Lone Mountain and McLaren Center.

# **Educational Support Facilities**

Library Resources <a href="http://www.usfca.edu/library/">http://www.usfca.edu/library/</a> The Gleeson Library/Geschke Learning Resource Center (the latter dedicated in 1997) houses the University's central collection of print and electronic resources. These resources include over 728,800 bound materials, 617,700 books, 111,100 bound periodicals, 2400 current periodical subscriptions including the new electronic subscriptions, 435,700 monograph titles, 2424 periodical titles, 238,200 U.S. government documents, 696,300 other materials, and numerous online databases, and Internet sources keep pace with the needs of the expanding programs and curricula of the University. Approximately, 170 journals requested by nursing faculty and used by the nursing students are included in the Library's resources. A listing of these may be found in the Exhibit Room. The

Library's holdings have now passed the 1.6 million mark. The periodicals and circulating books, including U.S. Government documents, are on open shelves for easy browsing. Additionally, the University provides access to on-line reference databases and electronic journals. Librarians and staff in the Reference and Research Services Department assist with all aspects of research. A state-of-the art electronic classroom allows for collaborative, interactive classroom instruction in research methods. Annually, a faculty member from the SON is designated as a liaison to the library. That faculty member communicates program and school needs and reviews books and periodicals. In addition to the liaison any faculty member may make a request to the library for book and/or periodical purchase. Locke Morrisey, Head of Collection, Reference and Research Services is the library liaison to the SON and provides in class presentations to nursing students on such topics as searching electronic databases and evidenced-based practice.

The pattern of services for the main resources of the Library is based upon an open-shelf book and periodical collection, freely available to students and accessible through the Reference, Circulation, Periodicals, and Government Documents departments. Ignacio, the online catalog and circulation system, and the Reference & Research Services databases are powerful online tools that allow users to explore the Library's resources and the world of information, either within the Library or from a remote location. Skilled librarians and staff are available to assist students with their research and a variety of services, such as Interlibrary Loan, are available through the Library's web page.

Instructional Media This service provides faculty, administrative staff and students with assistance in academic planning, learning, and instruction. Its two major functions are instructional development service and management of the Audio Visual Center. The instructional development service provides assistance in instructional planning and special presentation planning. The Audio-Visual Center provides services and equipment to complement the instructional/learning process. Services comprise media preparation, film ordering, television production, audiotaping, slide copying, overhead transparency production, and related activities. Although the Department is oriented specifically toward faculty assistance with instruction and learning, student-centered services are also available.

USF Connect <a href="http://connect.usfca.edu/cp/home/loginf">http://connect.usfca.edu/cp/home/loginf</a> USF Connect is a central electronic resource where members of the USF community can access all of the web-based information and services they need. Using a single username and password, students, faculty, and staff can: get and send e-mail, keep a personal calendar, access administrative services, access and

deliver online course materials, and form dynamic group sites around common interests, organizations, or committees

cIT The Center for Instruction and Technology (CIT) (<a href="https://www.usfca.edu/cit/">https://www.usfca.edu/cit/</a>) is a teaching and research facility that began as a joint project of the School of Education and USF Information Technology Services. It is a teaching, learning, and research facility designed to provide USF faculty, staff, and students with access to the tools for the successful integration of technology into today's classrooms. The CIT provides training in current desktop and multimedia applications, and demonstrations and workshops on the latest technology solutions for higher education office. This site is a starting point for USF faculty and staff interested in improving their skills and effectiveness using computers and instructional technology. Basic and advanced level classes are offered. Online class registration is available. The CIT labs are also available to USF instructors who want to integrate technology-based instruction, such as the Web based course management system (Blackboard), into the learning and instruction process. Individual training, project-based training and alternative training resources such as on-line learning, training videos, CD ROM and other self-paced media are available for home or office-based learning.

Computer Labs Students are given a wide variety of opportunities to learn about and use computers at USF (<a href="http://www.usfca.edu/its/labs/">http://www.usfca.edu/its/labs/</a>). A number of microcomputer labs provide students' access to both Macintosh and Windows computers for use in pursuit of their studies. These computers allow students to use a variety of software applications including word processing, database, and spreadsheet programs from a number of major software publishers. The computer labs are also part of a University-wide network for which connections are available in every residence hall room.

A major aspect of faculty and administrative life at USF and a source of support to faculty is the <a href="USF-USFFA">USF-USFFA</a> Collective Bargaining Agreement for full time faculty and USFFA Part-time Faculty Agreement, which clearly defines faculty involvement in the decision-making process at USF and in the SON. These documents articulate academic freedom, governance, and collegiality as well as administrative responsibilities for human resources and curriculum matters. These contracts provide a formal mechanism in the decision-making process for workload, promotion and tenure, intellectual and other essentials of an academic community. Grievance policies and procedures are defined. If an issue of major concern is voiced it may be taken to the bargaining table. Overall, this is a respectful and collaborative process.

The USF-USFFA Collective Bargaining Agreements for full time and part time faculty may be found in the **Exhibit Room**.

II C. The chief nursing administrator is qualified to lead the program in its pursuit of accomplishment of the mission, philosophy, goals/objectives, and expected results.

Dr. John Lantz is appointed as Dean of University of San Francisco's School of Nursing and is a tenured, full professor in the School. Dean Lantz earned a BSN from Duquesne University in Pittsburgh, Pennsylvania in 1969. In addition to a Masters in Education (1970) and in Public Health (1975), Dr. Lantz earned an MSN in psychiatric/mental health nursing in 1981 from University of Texas at El Paso. Also in 1981, Dr. Lantz earned his PhD in nursing from Texas A & M University. His emphasis was adult education and community health. Dean Lantz has been in nursing education and has served in an administrative role for 14 years. He was most recently director at San Diego State University's School of Nursing (1986-1990).

Dean Lantz's defined clinical areas of expertise include, gerontological, psychiatric/mental health, and community health nursing. He most recently worked in psychiatric/mental health nursing on a part-time basis at Mesa Vista Hospital, San Diego (1992-1995). Prior to that, he had worked as an occupational health nurse, operating room nurse and a medical-surgical nurse. A copy of Dean Lantz's curriculum vitae is on file and is available to review.

II-D. Faculty members are qualified and sufficient in number to accomplish the mission, philosophy, goals/objectives, and expected results of the program.

Faculty members are qualified and in sufficient number to accomplish the mission, philosophy, goals/objectives, and expected results of the nursing program. Faculty teaching theory and clinical courses are educationally and experientially prepared in those nursing specialties. Table B1 lists full time faculty and identifies the specialty areas approved for each by the CA BRN.

All faculty, full time and part time, meet the criteria for appointment as defined by the California Board of Registered Nursing.

The School of Nursing has 23 full-time faculty members and 17 part time faculty members as well as one full time Learning Resource Center Coordinator. All full-time faculty members have a minimum of a master's degree in nursing and twenty full time faculty members have earned doctorates; two faculty members are currently enrolled in doctoral programs. Table B2 lists part time faculty and identifies the specialty areas approved for each by the CA BRN.

Table B1 Full-Time Faculty Approved by Board of Registered Nursing Specialty Areas

Table B1 Full-Time Facult Faculty Name	M-S	0	C	P/MH	G
Barter	1				
Bosco	1				
Buccheri				1	
Bunnell	1				
Carmack				1	
Corbett	1				
DeBourgh	1				
DeNatale		1		1	
Egan	1				1
Fonteyn	1				
Harr			1		
Higgins			1		
Kelber	1				1
Lantz				1	
Leonard			1		
Maag	1				
Romeo				1	1
Rush			1		
Seed				1	
Solomon	1				
Stetson		1			
Torkelson				1	
Walsh		1			
Totals	10	3	4	7	3

Table B2 Part-Time Faculty Pool Approved by Board of Registered Nursing Specialty Areas

Faculty Name	M-S	0	C	P/MH	G
Alexander	1				
Brown			1		
Christensen-Waldear	1				1
Cleave		1	1		
Cooper	1				
DeMayo			1		
Grimley-Baker	1	1			
Jacob			1		
Johnson	1				1
Mangini		1			
Mark	1				
Martin				1	
O'Neill			1		
Otanez		1			
Quon	1				
Sellin				1	
Voss	1				
Weiant	1				
Totals	9	4	5	2	2

The faculty teaching theory classes have teaching experience in either or both an academic and/or service setting and are assigned to courses based on expertise. Each faculty member has an opportunity to request the course or courses they wish to teach. All faculty, teaching theory or clinical courses are academically and experientially prepared, and approved by the CA BRN to teach in California.

Four full-time faculty members and three part-time faculty members are certified nurse practitioners. One full time faculty member is a nurse mid-wife.

Faculty is responsible for planning and preparing instructional materials for the accomplishment of the program and course objectives. Faculty are also responsible for implementing the class, evaluating the students, assigning student grades, and revising the syllabi when needed after consultation with the appropriate level faculty, department chairperson, and/or Curriculum Committee. Course outlines/syllabi are created and/or revised every semester by faculty.

If students develop academic difficulty or have some other kind of problem that hampers successful achievement of the course objectives, the faculty member is responsible for referring those students to their advisors, Dean and/or resources on campus for assistance with problem. Intervention. All faculties are required to have at least 2 hours of office time posted each week to meet with students. Faculty schedule additional hours upon request, are accessible to students via email, and schedule additional weekly on-line office hours via synchronized real-time Web-based meetings.

Faculty meetings, and committee minutes are created and distributed to all appropriate faculty in the SON. Additionally, copies of each category of minutes are kept on file in the office of the Administrative Assistant to the Faculty. All committees meet at regularly-scheduled times each semester. The Department Chairpersons, Chairperson for FASON, and Nursing Administration (Administrative Council) with faculty input create the academic schedule. Copies are distributed to faculty members and posted for students.

All full time faculties is contracted for 12 workload hours per semester. Three of these hours are research release time. Additionally, reduction in workload assignments is granted for special assignments such as Department Chair.

<u>Salaries</u> There are a total of 23 full-time faculty members (14 tenured, 6 probationary and 3 term) and 16 part-time faculty.

Full and part-time faculty salaries are set forth in the Agreement Between USF and the USFFA March 18, 2002 – June 30 2007. Information showing rank, position, and salary for

these groups may be found in Table B3: Full Time Faculty Salaries and Table B4: Part Time Faculty Salaries

Table B3:--Full Time Faculty Salaries

	FULL	TIME F	ACULTY S.	ALAR	Y 2002-20	003 A	Y:
trac	tenure k, term ition		Professor	(Tenu	ire track, pro	obatio	nary)
Inst	ructor	Assistant Professor		Associate Professor		Professor	
Step	Salary	Step	Salary	Step	Salary	Step	Salary
1	41,002.25	1/A	45,102.49	1/A	56,719.78	1/A	70,387.22
2	43,053.37	2/B	47,152.61	2/B	59,453.29	2/B	73,120.69
3	45,102.49	3/C	49,202.71	3/C	62,488.63	3/C	77,345.84
4	47,152.61	4/D	51,501.62	4/D	64,920.25	4/D	80,114.33
5	49,202.71	5/E	53,986.31	5/E	67,653.72	5/E	83,773.09
6	51,501.62	6/F	56,719.78	6/F	70,387.22	6/F	87,841.87
		7/G	59,453.29	7/G	73,120.69	7/G	91,903.83
		8/H	62,488.63	8/H	77,345.84	8/H	99,446.50

Table B4:-- Part Time Faculty Salaries

PART TIME FACULTY SALARY Eff	ective 1/1/03	
Program and Hiring Pool Status	atus Salary	
Undergraduate, non-preferred hiring pool*	\$1213 per unit	
Undergraduate, preferred hiring pool	\$1487 per unit	
Graduate, non-preferred hiring pool	\$1403 per unit	
Graduate, preferred hiring pool	\$1694 per unit	

# Preferred Hiring Pool (PHP) Eligibility

Part-time faculty who are evaluated and judged to be good teachers and competent in their teaching assignment by the dean according to Article 13 of the Collective Bargaining Agreement Between the University of San Francisco and The University of San Francisco Faculty Association Part-Time Faculty, and have taught at least 24 units, shall be placed in the preferred hiring pool. Such application shall be made to the dean and the decision of the dean shall be final.

# \*Preferred Hiring Pool Seniority

Once an individual is placed into the preferred hiring pool, part-time faculty will be assigned to teach by the dean on the basis of seniority (as determined by the date of entrance to the PHP) and established competence.

The University does not operate with a merit-salary system; the full-time length of appointment is nine months. Summer teaching may be part of the annual workload or may be calculated as additional income.

Faculty and administrative salary levels support recruitment and retention of prepared individuals. Table B5 illustrates that salaries for faculty in the SON are competitive. The salaries for faculty were compared with the data from all schools listed in the AACN 2000-2001 Salaries of Instructional and Administrative Nursing Faculty at religious affiliated schools in the West. The salaries for rank of professor, associate professor and assistant professor were all above the 75th percentile. Instructors (master's prepared) were all above the 50<sup>th</sup> percentile.

Table B5. Salaries For Faculty In The SON as Compared to AACN Mean & Percentiles

Rank	#	Mean Salary USF	Length of Apt.*	AACN 2000-2001	Percentile
Professor	6	\$84.916.86	9	\$74,477	>75 <sup>th</sup>
Associate Professor	8	\$67,032.81	9	\$62,200	>75 <sup>th</sup>
Assistant Professor	6	\$53,795.56	9	\$53,275	>75 <sup>th</sup>
Instructor	3	\$46,251.35	9	\$43,264	>75 <sup>th</sup>

<sup>\*</sup>Length of appointment

## **Evaluation of Faculty**

The students enrolled in the course or courses taught by that faculty member evaluate faculty at the completion of each academic semester. Analyses of these evaluations are sent to the Dean who then forwards copies to the faculty member. These results are reviewed at (Academic Career Prospectus) ACP and are included in promotion and tenure deliberations and to determine strengths and challenges regarding the individual faculty member's perceived teaching ability. Examples of Summa Evaluations and Course Evaluations with more extensive evidence can be found in the **Exhibit Room**.

II-E. The faculty roles in teaching, scholarship, service, and practice are identified clearly and correlate to the mission, philosophy, goals/objectives and expected results of the program.

Nursing faculty roles and responsibilities found in the Faculty Handbook support the mission, philosophy, goals/objectives, and expected outcomes of the University and the program. Faculty is expected to participate in teaching activities, research or other creative work and professional recognition as well as service to the University and the profession.

Criteria for appointment to faculty ranks are defined in the collective bargaining agreement. In order to be considered for promotion and tenure a faculty must be judged to be superior in two of the three categories and at least adequate in the third. The criteria are teaching, research and service. In the tenure promotion process, four external reviews are solicited. These individuals evaluate:

- Quality of scholarship
- · Significance of contribution to the field
- Originality of scholarship
- Quality of publication

An ongoing process of each probationary and tenured faculty occurs annually via an Academic Career Prospectus (ACP). Examples of the ACP can be found in the Exhibit Room

Exhibit Room has examples of Tenure and promotion packets

II-F. Documents and publications accurately reflect resources available to the program.

All documents, hard copied printed material and electronic material, clearly state the resources available to the program. Brochures, catalogs and handbooks directed to prospective students, current students, alumni and faculty accurately reflect a realistic review of available resources for students. <a href="http://www.usfca.edu/online/colleges/son.html">http://www.usfca.edu/online/colleges/son.html</a>, <a href="http://www.usfca.edu/online/colleges/son.html">http://usfca.edu/online/colleges/son.html</a>, <a href="http://usfca.edu/online/colleges/son.html">http://usfca.edu/online/colleges/son.html</a>, <a href="http://usfca.edu/online/colleges/son.ht

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

The curriculum is developed in accordance with clear statements of expected results derived from the mission, philosophy and goals/objectives of the program with clear congruence between the teaching-learning experiences and expected results. The environment for teaching, learning and evaluation of student performance fosters achievement of the expected results by the students.

## Standard III. Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with clear statements of expected results derived from the mission, philosophy, and goals/objectives of the program with clear congruence between the teaching-learning experiences and expected results. The environment for teaching, learning, and evaluation of student performance fosters achievement of the expected results by the students.

## **Key Elements:**

III-A. The curriculum is based upon clear statements of expected results for students derived from the mission, philosophy and goals/objectives of the program

The program objectives for both the baccalaureate and the master programs seen in Table C1 provide a clear statement of the expected results of the nursing curricula. The curricula for the baccalaureate and the master in nursing programs at the University of San Francisco School of Nursing reflect a commitment to the mission of the University, which proclaims that it, "offers undergraduate, graduate and professional students the knowledge and skills to succeed as persons and professionals..."... Furthermore, the mission, philosophy and goals of the nursing program are reflected in the curriculum of each course, learning activities, instructional approaches, and evaluation methods (course syllabi) at each level of the programs.

#### Table C1 Undergraduate Program Objectives

#### The graduate of the SON:

- 1. Synthesizes knowledge from the basic sciences, social sciences, humanities and nursing science to conceptualize and resolve patient and heath care delivery problems.
- 2. Uses the nursing process to provide comprehensive, individualized contemporary nursing care to diverse individuals, families, and communities who experience a wide range of health conditions.
- 3. Implements effective, individualized health teaching plans/ programs that promote and support health behaviors along a health-illness continuum.
- 4. Articulates the role of the professional nurse within the broader social systems to improve the quality of life.
- Advocates ethical practices in nursing and health by applying the principles of ethical decisionmaking.
- 6. Participates in identifying community and social health care needs and in designing nursing roles to meet these needs.
- 7. Incorporates critically evaluated research findings into nursing practice.
- 8. Promotes responsibility and accountability for health care delivery.
- Assumes nursing leadership roles in collaborating and coordinating with other health care
  professionals to provide and promote optimal future oriented health care in a cost-effective
  manner.
- 10. Advocates self-determination for consumer groups interested in health care that function in the roles of strategic planner, consultant, teacher and administrator.

The Challenge of Jesuit Education The Jesuit Pedagogical Paradigm states that, "Ignatian education strives to go beyond academic excellence. It is a collaborative process between and among teachers and students, which fosters personal and cooperative study, discovery, creativity, and reflection to promote life-ling learning and action in service to others. Its ultimate goal is to develop men and women of competence, conscience and compassion."

School of Nursing Vision Statement The faculty of the SON is committed to (a) fostering scholarship and life-long learning, (b) respecting the dignity and uniqueness of each human being in a diverse society, (c) supporting excellence in teaching and research, and (d) preparing excellent and ethical nurses.

Statement of Mission The University of San Francisco, School of Nursing declares its commitment to the highest standards of lifelong learning and excellence in the Jesuit tradition. We are committed to preparing men and women for compassionate practice as competent professionals through scholarship, leadership in service to the community, the nursing profession, and personal growth. We encourage close student-teacher relationships in preparing nurses who exemplify the highest ethical standards, integrity, and passion for justice in health care. We are dedicated to developing critical reasoning vital to judgment and ethical decision-making in professional practice. In the tradition of Jesuit education, we provide a foundation for nursing knowledge and a spirit of inquiry. We foster the search for human and ethical alternatives to solve contemporary nursing and health care problems through applied clinical research. The faculty welcomes and respects all students as full partners in learning. who create an environment that celebrates a multicultural society through sensitivity, compassion, respect, and creativity. We motivate students to eloquently advocate for patient needs and high quality care, balancing technology with a humanistic approach. We emphasize a holistic view and integration of the intellectual, psychological, and social aspects of personhood in the promotion and maintenance of health and in the provision of nursing and health care. We foster a perspective that considers the ecological influence on human needs and health for nursing and health care in the 21st century.

<u>Conceptual Framework</u> The Conceptual Framework of the School of Nursing of San Francisco includes four major concepts: Nursing, Person, Health and Environment. These concepts are emphasized in each nursing course throughout the six semesters of nursing. The seven roles of the nurse: Leader, Advocate, Manager, Consumer of Research, Case Manager, Care Giver, Collaborator and Rehabilitator are developed throughout the program within the theory and clinical courses.

<u>Philosophy</u> Consistent with the Mission and Goals of the University of San Francisco, which are reflective of the Jesuit philosophy, the faculty of the School of Nursing believe that Jesuit educated nurses are competent professionals who believe that their clientele, whatever their environment, are deserving of nursing practice that is based on and incorporates the principles of human spirituality, critical thinking, professionalism, and respect for one's health throughout the life span. The philosophy is based on our commitment to the highest standards of lifelong learning and excellence.

The faculty believes that the learning-teaching environment is an active shared responsibility of both students and faculty. Learning is value-centered, directed toward personal growth, and is ultimately the responsibility of each individual learner.

The faculty believes that the learning-teaching process must incorporate the four aspects of professional effectiveness: expertise, autonomy (identity, independence and authority), commitment to the profession, and responsibility to self and society. The SON faculty sees its aim as the facilitation of professional growth, leadership, and independence. In a community of faith, the ways in which the faculty fosters this aim are:

- Maintaining unconditional positive regard for each student's unique responses and capacities including their cultural and ethnic background, learning styles, goals, and support systems
- Guiding students toward realization of their greatest learning potential through ongoing collaboration
- Establishing realistic learning goals which maintain a standard of excellence in nursing practice
- Providing a learning environment for students in the classroom and multiple clinical settings that are conducive to professional practice

Four major concepts actualize and direct the philosophy of the School of Nursing and exemplify faculty beliefs. The concepts are person, health, environment, and nursing. Each concept, its definition, and how it is actualized at the undergraduate and graduate levels at USF are as follows:

<u>Person:</u> Refers to the recipient of nursing actions, including individuals, families, communities, and other groups.

- Each individual strives to be an integrated being created to live in harmony with self, others, and his/her God or spirituality.
- Individuals, families and communities develop and change within a social context.
- Life is sacred and must be valued.

- Self-determination is an intrinsic quality in human beings that is present across the life span and must be respected and protected.
- As an individual negotiates or resolves each age-specific crisis or task, the individual gains strengths and attitudes that ultimately contribute to the health of the individual in his/her culture.
- The individual's value system and his/her belief in the nature of God and/or spirituality are the foundation for the meaning and purpose of his/her life.
- All human beings have intrinsic worth. They deserve respect, acceptance, and attention.
   Social discrimination is unacceptable on any basis.

Health: Refers to the multidimensional dynamic state of well being of the recipient. It is:

- Holistic integration of the spiritual, intellectual, psychological, physiological, and social aspects of a person's quality of life and sense of well being.
- Interpreted within the context of the cultural, environmental, and value system of the person and/or community.
- Supported through a responsive, integrated health care system that promotes, maintains, and/or restores the person's quality of life and sense of well being, and empowers the community.

<u>Environment:</u> Refers to the context in which nursing occurs, which ranges from the person's home to clinical agencies to society as a whole.

- A person's environment is a major determinant of health.
- It includes the spiritual, social, political, physical, economic, spatial and temporal aspects in which the individual, family, community, or health care system exists.

Nursing: Refers to the interactions and actions taken by nurses on behalf of or in conjunction with the recipient, and the goals or outcomes of those nursing actions. Nursing practice involves the diagnosis and treatment of actual and potential health care problems. Jesuit educated nurses commit themselves to compassionate excellence through scholarship, leadership, science, and personal growth (from: Jesuit Nursing). Nurses also use:

- Promotion actions to help persons, and/or health care systems, to improve or advance their level of functioning to an optimum level.
- Preventive actions to help persons, and/or health care systems to keep healthy, avoid illness and/or dysfunction, and to take measures against possible threats to well being.
- Maintenance actions to support and retain the person's and the health care system's ability to maintain health.

Restorative actions to help persons regain a quality of life and/or health care systems regain
a quality of operation that is functional and facilitative.

Roles of the Professional Nurse As a baccalaureate program committed to the preparation of the professional nurse, the following roles are developed as strands of the conceptual framework:

- Professional nurses make informed and responsible choices that help shape the future of the nursing profession and the future of society (leader).
- Professional nurses at the baccalaureate level are first-level managers who supervise direct providers of patient care (manager).
- Professional nurses are the advocates for their clients and for their right to selfdetermination (advocate).
- Research is the basis of and the process for validating and improving care and that the
  professional nurse evaluates and uses research findings and the research process to plan
  and provide care (consumer of research).
- Professional nurses provide, coordinate, and/or direct the care of individuals, groups, families, and other aggregates of the community (case manager).
- Professional nurses provide a unique service that takes the form of a helping relationship
  whereby the helper and the help evolve through a facilitative process of self-exploration,
  better understanding, commitment to change, and appropriate action (communicator).
- Caring, compassion, responsiveness to human and system needs and adherence to legal and ethical principles are essential elements of professional nursing practice (caregiver).
- 8. Teaching is a major role of the professional nurse (teacher).
- The nurse engages in joint decision-making regarding actions towards the prevention and/or resolution of client health problems and promotion of optimum health. The collaboration always includes the client and significant others as well as all appropriate health care providers (collaborator).
- 10. The nurse engages in actions toward limiting the incapacitation caused by health problems and toward the prevention of recurrences of health problems (rehabilitator).

At the graduate level, in addition to assuming all the roles of professional nursing, graduates are prepared to:

 Diagnose and treat human responses to actual and potential health problems of adult clients, including furnishing medication in accordance with nurse practitioner furnishing law. (Adult Health Advanced Practice Nurse and Family Nurse Practitioner)

- 2. Diagnose and treat human responses to actual and potential system problems of health care organizations. (Clinical Systems Management)
- 3. Interpret, translate and apply research findings within the practice setting
- 4. Apply leadership skills for the improvement of health care and health care delivery
- Interpret the role functions of expert clinician, teacher, researcher, manager, and consultant and implement these roles, as appropriate, based on specialty preparation, in the provision of health care

All of these nursing actions may occur simultaneously based on the ongoing nursing assessment of the needs of the person and/or health care system. Professional nurses provide care and/or services wherever there are individuals or groups who may benefit from nursing

III-B. The baccalaureate-nursing curriculum builds upon a foundation of the arts, sciences and humanities, which is essential to professional nursing. The master's curriculum builds on the competencies of baccalaureate graduates and focuses on advanced nursing roles.

The SON, consistent with the mission of the University, believes that a basis for the care of the whole person is knowledge from a rich core of disciplines. The undergraduate nursing program builds-on and integrates the arts, sciences and the humanities into the curriculum. The SON as an integral part of the university offers the student this educational emphasis through the Learning Core, a cadre of eleven (11) courses in six (6) areas for forty-four (44) units, based on learning outcomes that was implemented in the Spring semester 2003. Prior to that, a 51 unit General Education Curriculum was in place for all undergraduate students at the University. This change was implemented to coincide with the change in course unit designation from 3 to 4 units. This new Learning Core is mandatory for all incoming students, freshmen and sophomore undergraduate students who have accumulated up to 60 units but is optional for all other undergraduate students. During the Fall 2002 semester, students were advised regarding the change and for those for whom it is optional an opportunity was afforded to decide on the efficacy of the change for them. The vast majority of undergraduate nursing students have chosen to move to the new Learning Core. The USF Learning Core Curriculum enhances and supplements the nursing program outcomes of critical thinking, communication, nursing therapeutics, and clinical competency.

The University believes that, "the University's Core Curriculum embodies the Jesuit, Catholic tradition that views faith, reason, and service to others as complementary resources in the search for truth and full human development. The Core promotes these values through their integration across the curriculum. As it develops its course offerings, the University affirms its commitment to provide the students with learning opportunities that embrace the fullness of the Catholic intellectual tradition. The Learning Core is composed of six major fields of concentration: Foundations of Communication 8 units (Speaking and Writing), Math and Sciences 8 units, Humanities 8 units (Literature and History), Philosophy and Theology 12 units (Philosophy, Ethics and Theology), Social Sciences 4 units, and Fine and Performing Arts 4 units. These courses play a central role in the structure and support of the nursing curriculum. These courses provide the student with a foundation for the nursing program's emphasis on critical thinking, communication skills, scientific inquiry, nursing diagnosis, interventions, and knowledge of self and working with others. Additionally, they provide a breadth and depth of education that will enable the student to gain knowledge of individuals and events which shape their present, future and the profession of nursing. Appendix C1 provides an overview of the USF Learning Core Curriculum.

The BSN degree requires 128 total units for the traditional undergraduate program. The Nursing requirements for a BSN are 64 units plus 20 units in required support courses from the sciences and the social sciences in addition to the 44 Unit required in the Learning Core. The BSN Curriculum plan can be found in *Appendix C2*.

The California Board of Registered Nursing requires for licensure that graduates from a Nursing Program in the State of California must have skills in written and oral communication, and the ability to work with groups. Thus, three additional courses are required of all BSN graduates: Written Communication, Public Speaking and Sociology. These courses, fulfilled by the Core Learning requirements, must be passed with a grade of "C" or better.

In addition to completing the Core course requirements, all baccalaureate degree candidates must complete a minimum of two courses within the Core or within his/her major that integrate two mission-driven characteristics: Service Learning (SL) and Cultural Diversity (CD). The CD Requirement is met by courses that promote understanding and appreciation of the richness and diversity of human culture. The SL Requirement is be met by courses that integrate a form of community/public service into the academic undergraduate learning experience. Nursing students may fulfill these requirements within the nursing major. SL requirements are met through each of the clinical nursing courses and the CD content is

incorporated in all nursing courses but N-430 Nursing Therapeutics III in the Community Mental Health Nursing Content had been awarded the designation of CD.

In addition, selected Liberal Arts and Humanities programs as well as a special immersion nursing program are available to students to increase the breadth and scope of a university education. These programs include but are not limited to:

Martin Baro Program offers an exciting opportunity for freshman to live, learn, and build community in a multicultural city. In this two-semester program, issues of social justice and diversity will be explored through an innovative blend of academic study and real-world applications. Fieldtrips, excursions, and cultural events are just a few ways in which students explore the diversity of San Francisco and participate in creating a better city.

Erasmus Project: offers a program designed to bring together sophomore students from the College of Arts and Sciences, the School of Business and Management, and the School of Nursing in a special enrichment program. The project seeks to develop, relate, and balance intellectual pursuits, genuine involvement in a community of peers, and responsible participation in community service and world affairs. To fulfill its mission, the Project fosters close relationships between faculty and students. Each semester, Erasmus students take one Core Curriculum course, focused on a particular theme. Erasmus courses are generally available for credit, or may be taken as electives.

St. Ignatius Institute: offers an integrated liberal arts curriculum organized historically and sequentially. The main curricular threads are history, literature, philosophy, and theology. The Institute is designed for those who want the solid foundation of a Catholic liberal arts education in the Jesuit tradition as well as the academic preparation necessary for a professional career. The SII curriculum, based largely on the great books and authors of Western civilization, grounds the student in the rich tradition of Christian humanism. Many of the great works of Christianity are included, particularly of the Catholic tradition. A unique feature of this program is the seminar/lecture combination.

<u>Honors program in the Humanities</u> is designed for high-achieving students seeking an integrated program of intellectual challenge. Appreciation of the classical expressions of Western civilization and skill in analysis and critical thinking are developed through the examination and discussion of major figures, works, and ideas from antiquity to the present. Students who complete the program with at least a 3.30 USF grade point average and a 3.00 average in Honors seminars will be graduated from the University "In Honors."

<u>Guatemala Immersion Program</u> is offered to nursing students who have successfully completed the Family Health experience (Junior II). Twice each year, in January during

intercession and during the first semester summer school, students have the opportunity to enroll in a Global Issues and Community Health course (N448) which includes a two-week international immersion experience in Guatemala. The experience provides an opportunity for the student to work with a Guatemala physician, clinic nursing staff, and indigenous midwives in clinic, in-patient hospital, and community settings. A doctorally prepared faculty member who is also a certified nurse-midwife accompanies the students and provides clinical instruction. Opportunities are also available to students to participate in the study abroad programs and the University's international programs.

The Nursing Curriculum reflects the mission, philosophy, program outcomes, and conceptual model identified by nursing faculty and noted in Section III A. The Nursing Roles and Major Concepts of Nursing, Person, Health, and Environment set the organizing framework for both the graduate and undergraduate curricula. All nursing roles and the four major concepts are emphasized throughout the nursing curriculum. Table C2 identifies courses in the undergraduate and graduate programs where each role and concept receives particular attention. Syllabi for all courses, graduate and undergraduate may be found in the Exhibit Room.

Table C2: Baccalaureate And Graduate Program Organizational Framework

Nursing Roles:	Level	Nursing Course	Concept							
			Person	Environment	Health	Nursing				
Communicator Caregiver Advocate	Soph1	N230/232 N240 N250/252 N210 N212	Seniors And Children	Community Senior Centers, Day Care Centers, Hospices	Healthy seniors and children Grieving individuals and families	Health promotion and prevention				
	MSN	N615, N625, N675 N620, N640, N650, N673 N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance restorative				
Teacher	Soph 2	N231 N241 N251 N211	Adults And Seniors	Skilled Nursing and Sub Acute Units (hospitals)	Recuperating adults and seniors	Health promotion, maintenance, and restorative				
	MSN	N609 N620, N640, N650, N673 N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative				

Consumer of Research Collaborator	Junior 1	N330 N340 N350 N423	Adults	Acute care facilities	Adults with complex acute care health problems	Health promotion, maintenance and restorative
	MSN	N620,N640, N650, N673 N645, N655 N683, N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
Case	Junior 2	N331 N341 N351 N352	Families: Maternal, Infant, Child And Families	Community and Acute Care settings	Women, infants, children and families with common and acute care problems	Health promotion, prevention, maintenance, restorative
manager MSN		N625, N630 N620, N640, N650, N673 N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
Rehabilitator	Senior 1	N430 N450	Community: Seniors, Adults And Children	Community	Community members with acute and chronic MH issues	Health promotion, prevention, maintenance, restorative
	MSN	N620, N640, N650,N673	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
Leader Manager	Senior 2	N451/452 N461 N481	Individuals, Families And/Or Communities	Various health care settings	Individuals, families and/or communities with health care issues	Health promotion, prevention, maintenance, restorative
	MSN	N620,N640, N650,N672, N673, N625 N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
Diagnostician	MSN/ APN MSN/ CSM	N606, N621 N620,N640, N641 N650,N673 N690, N691	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
Treatment	MSN/ APN MSN/	N607, N620,N640, N650,N651, N672,	Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities/systems with health care issues	Health promotion, prevention, maintenance, restorative
CSM   N673.N685   MSN/ N625   N620,N640, N650,N673   N690, N691   CSM   N690, N691   N690, N690   N690, N690   N690, N690   N690, N690   N690, N691   N690, N690   N690   N690, N690   N690			Children, Adults, Seniors	Various health care settings	Individuals, families and/or communities /systems with health care issues	Health promotion, prevention, maintenance, restorative

In 2000, minor curriculum changes were made in the undergraduate nursing curriculum. These changes included revision of end of program and course objectives, stating them at a higher level and determining consistency within the undergraduate program. Faculty members reviewed course objectives to determine congruency between them and the end of program objectives. Following a review by the curriculum committee and each department faculty members, it was verified that each of the courses within the nursing major demonstrated congruency with the program objectives. Each course either introduces content specific to the end of program objective, builds on or synthesizes concepts which lead to culmination at the Senior II level. In a 2002 Educational Benchmarking, Inc. (EBI) survey conducted for the first time on all graduating seniors from December 2001 and May 2002 from the nursing program, only 44% of these graduates believed that their senior level courses "built on the foundation laid by previous nursing courses. Although this finding is consistent with those of the other 87 schools participating in the survey, it is not what was expected. The senior level courses include a Community Mental Health Nursing course and the Capstone course. Both series of courses, theory and clinical, appear to synthesize knowledge from previous semesters and introduce content appropriate to the level. The Curriculum Committee and the three undergraduate nursing department chairpersons and faculty are reviewing this information to determine the validity of the comment, review content and its sequence and identify an appropriate plan of action. Another survey will be completed following the May 2003 graduation and the results will be compared to determine any trending.

Table C3 presents the objectives in the Master in Nursing Science (MSN) program and the two tracks, Advanced Practice Nursing and Clinical Systems Management, and indicates the course (s) in which each objective is emphasized. All graduate students achieve competency in the MSN program objectives and also in their area of interest, Advanced Practice Nursing or Clinical Systems Management.

<u>ADN-BSN Completion Program</u> The ADN-BSN Completion program is designed for graduates of ADN Nursing programs who are seeking a baccalaureate in nursing degree. Nurses may transfer up to 80 units into USF. Each graduate is required to take 30 units of nursing courses and 20- 40 additional units from the Learning Core depending on numbers of units transferred into the University. The student may take as few as 3 semesters to complete the program.

- Acquire leadership skills for the improvement of health care and health care delivery.
- Participate, interpret, and translate research into practice.
- Acquire a foundation for doctoral study

Master in Nursing Program Objectives	Course			
Use knowledge and skills from a specialized area of nursing practice to manage or provide quality nursing care to individual clients from a variety of social and ethnic backgrounds and/or groups of clients or organizations.	N620,N640,N650, N673,N690,N691			
Develop, implement, and evaluate educational programs and counseling strategies for clients and and/or staff within health care systems	N609			
<ol> <li>Interpret, disseminate and apply research findings for the improvement of nursing practice.</li> </ol>	N645,N655, N663			
4. Provide expert consultation to other health care providers to resolve complex problems related to client-care situations and/or health care delivery systems.	N625, N609			
5. Utilize professional skills to assume a leadership role in the nursing profession.	N685			
6. Interpret the role and functions of the nurse prepared at the master's level to clients, nurses and other health care providers, and policy-makers.	N620,N625,N640, N650,N673,			
7. Design and implement programs for the delivery of health care that provide services that improve the quality of life for individuals, aggregates, and/or organizations.	N609,N620,N640,N650 N673N690,N691			
Advanced Practice Nursing Program Objectives	Course			
Provide comprehensive and continuous primary care to patients across the life span with actual or potential health care problems.	N620,N640,N650,N673			
Collaborate, negotiate, refer and consult with and delegate to other health care professionals.	N620,N640,N650,N673			
3. Demonstrate reasoning skills required to manage the problems encountered in practice, incorporating knowledge from research, theory and previous clinical experience.	N620,N640,N650,N673			
4. Identify health care needs of culturally diverse individuals and populations and design, implement and evaluate micro and macro strategies to assist in meeting these needs proactively.	N620,N640,N650,N673			
5. Demonstrate an ongoing commitment to professional growth and development that includes making significant contributions to the discipline of nursing.	N620,N640,N650,N673			
Clinical System Management Program Objectives	Course			
Design and implement systems for the delivery of health care to manage or provide quality nursing care to individual clients from a variety of social and ethnic backgrounds and/or groups of clients or organizations	N690, N691			
2. Collaborate, negotiate, refer and consult with and delegate to other health care professionals to resolve complex problems related to client-care situations and/or health care delivery systems	N690, N691			
3. Demonstrate reasoning skills required to manage the problems encountered in practice, incorporating knowledge from research, theory and previous clinical experience	N690, N691			
Pursue the investigation of a researchable nursing problem as the basis for improved nursing practice	N690, N691			
5. Interpret the role and functions of the nurse prepared at the master's level to other nurses, other health care providers and consumers	N690, N691			
6. Assume the role of administrator, manager or case manager in a nursing or health care facility	N690, N691			

<u>Master's in Nursing</u> In 1984, the first MSN students were admitted into the School of Nursing to pursue graduate degrees. Initial NLN accreditation was granted in Spring 1994. In 1996, NLN revisited the School of Nursing and continued another 8-year accreditation.

## Purpose of the Program:

The master's degree program in Nursing at the University of San Francisco provides the student with the opportunity to:

- Develop advanced knowledge in a specialized area of nursing practice.
- Implement an advanced practice or clinical systems management role in a variety of health care delivery settings.

## Area of Emphasis within the Master's Degree Program in Nursing

The student in the master's degree programs in Nursing must select one of the following tracks:

- Advanced Practiced Nurse (blended role: Nurse Practitioner and Clinical Nurse Specialist), or
- 2. Clinical Systems Management

Students enrolled in the CSM track, may select a dual degree in Business, Public Administration or Information Systems Management

- a. MSN/MBA for nurses with previous administrative experience that wish to assume executive and senior management positions in large health care agencies and integrated systems
- b. MSN/MPA with a concentration in Health Services Administration
- c. MSN/MSIS degree in Nursing and Information Systems; Graduates will have opportunities as managers of health care information systems, and in technical careers in processing, analyzing and reporting information.

There are 15 units in core curriculum course requirements at the Graduate level; an additional 38 for Advanced Practice Nursing, and 21 for Clinical Systems Management.

Students enrolled in the Advanced Practice Nurse program must complete 53 units in order to graduate; Clinical System Management students are required to complete 36 units in order to graduate. All students must successfully complete a written comprehensive examination during their last semester in order to fulfill graduation requirements.

Master's Entry Option Program (MEO) This program is designed for the student who has a non-nursing baccalaureate degree or higher and who wishes to earn a Master's Degree in Nursing. The MEO program will prepare the student with skills in health and wellness promotion, critical thinking and decision making, knowledge of diversity in terms of culture, life cycle and family forms: skills which experts predict will be increasingly important in the future.

Graduates of this program will be on the cutting edge of professional nursing as we move into the 21<sup>st</sup> century. The MEO combines the pre-licensure courses in the SON and a choice of one of two master's degree programs: Advanced Practice Nursing or Clinical Systems Management.

The student is admitted as part of a cohort beginning classes in the first summer session. During the fall and spring semester the student is integrated into baccalaureate and graduate courses with other nursing majors. After completing the pre-licensure courses, the student is eligible to take the NCLEX (RN licensure exam). A BSN is not awarded.

The Master's in Nursing curriculum is consistent with the AACN Essentials of Master's Education, the National Organization of Nurse Practitioner Faculty and CGEAN. These guidelines and standards were chosen so there would be consistency in content competencies regardless of teaching methodology or placement. *Appendix A4 in Standard I Key Element 1A*, provided a Curriculum Map of AACN Master's Education Essentials and the course in which it is emphasized and *Appendix C3* identifies the Curriculum Plan for the Family Nurse Practitioner Program from NOHPF, and *Appendix A6 in Standard I Key Element 1A* identifies Nursing Administration Advanced Practice by identifying CGEAN Essentials of Master's Level Education for Nursing Systems and the courses in which they are presented

III-C. The curriculum, teaching-learning practices and teaching environments foster behaviors consistent with professional nursing standards and guidelines.

The baccalaureate and graduate curricula of the USF SON are derived from the mission, philosophy, conceptual framework, and program outcomes identified by the faculty and reflected in the course objectives, learning activities, teaching approaches and evaluation/measurement methodologies.

Professional values, core competencies, technical skills, core knowledge and role development as identified in the AACN Essential of Baccalaureate Education have directed the baccalaureate curriculum at USF and have been reflected in clinical performance of the student and evaluated by course measurement instruments and an end exit examination, HESI (Health Education Services, Inc.), given as part of the N481 a Senior II course, Senior Seminar. The faculty of the SON is committed to the value of the AACN Essentials because they reflect the philosophy of the SON and they are compatible with the program and its mission.

The HESI report began including the AACN categories in the Spring 2002. The results are given in probability scores. The higher the number the greater the probability that the student will pass the NCLEX. Table C4 lists the AACN categories and their subcategories and the

probability score for each. Master's Entry Option students also take the HESI in their last semester of pre-licensure course work. Their scores as well as the traditional BSN students' scores are presented. Scores below 85% probability on individual items as well as on the test are considered worrisome and indicate that the student needs remedial in that area. The Program Evaluation Committee and the undergraduate department chairs receive complete copies of these results to work with the faculty, determine trends and design appropriate course interventions, if necessary

Table C4 HESI Results of AACN Categories (reports started in Spring 2002)

AACN Categories	02S BSN	02F ALL	02F MEO	02F BSN
Core Competencies	90.85	89.18	93.39	84.23
Critical Thinking	90.85	89.79	94.25	84.54
Technical Skills	90.08	90.44	94.96	85.12
Assessment	91.07	89.24	94.81	82.69
Communication	87.38	87.36	83.58	91.80
Core Knowledge	90.72	88.25	92.31	83.47
Illness & Disease Management	90.99	87.29	92.82	80.79
Health Care System & Policy	93.08	80.72	86.03	74.47
Health Promo/Risk/Prevention	90.78	93.23	95.74	90.29
Info & Health Care Tech	89.89	86.06	88.63	83.04
Global Health Care System	99.99	99.99	99.99	99.99
Human Diversity	98.03	95.18	96.28	93.89
Ethics	72.72	87.29	83.78	91.42
Role Development	90.85	89.46	93.75	84.42
Provider of Care	91.45	88.98	93.17	84.06
Manager of Care	88.50	87.84	92.08	82.86
Member of Profession	89.18	85.02	82.72	87.74

Graduating students in the Fall of 2001 and Spring 2002 participated in an Educational Benchmarking (EBI) survey and rated the presence of the AACN essentials in the USF nursing program. Students identified Professional values, Technical Skills, Core Competencies, Role Development, and Core Knowledge as ranking 1 through 5 out of a field of 11 factors presented on the survey. Table 5 shows this ranking and the means for each of these five AACN Essential factors identified.

Table C5 Educational Benchmarking (EBI) 2002

Note: Item rated on a Likert scale of 1-7 (7 = highest, 1 lowest)

FACTOR	MEAN	RANK AT USF
Professional values	6.24	1
Technical skills	5.96	2
Core competencies	5.93	3
Role development	5.83	4
Core knowledge	5.53	5

Clinically, objectives are met in a variety of setting (acute and chronic, hospitals and medical centers, clinics and community agencies) within a 40-mile radius of San Francisco. Each agency has been approved by the California BRN and has signed a letter of agreement with USF to serve as a clinical learning facility for nursing students. Each agency has a designated clinical placement spokesperson that works with the Associate Dean of the USF SON for the placement of nursing students each academic semester. Examples of agency files are available in the Exhibit Room.

## Agencies are selected as clinical sites on the following criteria:

- · Accredited or approved by a governing body
- · Patient care objectives are compatible with the philosophy and mission of USF SON
- Agency learning environment is conducive to the students' education
- Type and quality of care meets course objectives
- Staff is supportive of learning process

Faculty evaluates each clinical site annually to determine its appropriateness for meeting course and student learning needs. The evaluations are reviewed by the department chairpersons and faculty and then kept in the agency file folder in the office of the Associate Dean.

Nursing courses employ the principles of Adult Learning advocated by Knowles, including but not limited to the belief that the learner is capable of self direction, brings a life time of experiences to the learning situation, moves to a high level of role competence and perceives learning as a problem solving method. Examples of class learning activities are: lecture, interactive discussion of concept application, use of advanced organizer activities, and quizzes, structured group learning activities, problem management, and case study analyses.

Technological competence is essential to all students and to the learning process. Nursing students must demonstrate competence in access and use of electronic mail systems, electronic data base systems, and multimedia resources. Campus classrooms vary in size, location, and technological ability and are assigned based on size of class, technological

demand of faculty, and in some instances location. Smart classroom are available to faculty members who use sophisticated methods of educational technology. Information about these classrooms may be found at the following Web site

http://www.usfca.edu/fac-staff/bansavich/smclassroom2003/

Advanced Practice Nursing (APN): The foremost purpose of this program is the preparation of the registered nurses to provide primary care. Primary health care is defined, as "the provision of integrated, accessible health care by clinicians who are accountable for addressing a large majority of personal health needs, developing a sustained partnership with patients, and practicing in the context of the family and community" (Institute of Medicine, 1996).

Built on this definition and the philosophical beliefs of faculty, a graduate program with a curriculum track for an Advanced Practice Nurse (APN) in Adult Health was implemented in 1995. The Family Nurse Practitioner (FNP) option was added in spring 1997. The non-nursing Masters Entry APN Option was added in 1999. These programs were developed in consideration of societal and professional needs and demands and with full support of the faulty and administration of the SON. The FNP program because of its versatility is more heavily enrolled in than Adult Nurse Practitioner program.

From a professional perspective, the program is defined as an advanced practice program. The program is developed as a merged program. Its goal is to prepare advanced practice nurses (APNs) who blend the expertise of the adult nurse practitioner, family nurse practitioner, and the clinical nurse specialist in adult health. This provider is prepared to provide primary health care to individuals and families in a variety of community settings and across the continuum of care. In this role the provider has the ability to provide acute care therapeutic modalities in the home and community settings that have traditionally been provided in more acute care environments. This graduate preparation provides the APN with the requisite knowledge and skills to assume roles that reflect this merger, such as expert clinician, teacher, researcher, manager and consultant. The advantage of this blended preparation is that it allows graduates to fulfill the need for advanced practice nursing care in a variety of new community based settings to meet the future health care needs of our society. Knowledge of human responses, health promotion, disease prevention, advanced health assessment, and diagnosis and management of health problems will allow graduates to create new and innovative roles with adults, their families, and communities within the changing health care system. Appendix C4 Curriculum patterns for each MSN program and tract.

Clinical Practica are used by students in the Advanced Practice Nurse program and the Clinical Systems Management programs. Students in Advanced Practice Nursing blended

program must perform 675 clinical hours, 120 hours of which are specific to the CNS role.

Other competencies for the CNS role are seen in common with the NP role. Students in the CSM focus must perform 240 hours in role development and implementation practica.

Preceptors are selected by faculty from a variety of settings: hospitals, clinics, community agencies, private practice setting of both physicians and nurse practitioners. *Appendix C5* presents the criteria for selection of a preceptor.

III-D. Curriculum and teaching-learning practices consider the needs and expectations of the community of interest.

The communities of interest affecting the SON include the geographical, social and economic environments in which the University is located and in which the students acquire the skills inherent in the roles of professional nursing at the graduate and undergraduate levels.

The communities also include the students, the graduates, and the employers of the graduates of the SON.

USF is an urban University located in the Western Addition of San Francisco near Golden Gate Park. The nursing students in both the baccalaureate and graduate programs provide health care to culturally, ethnically, and economically diverse, and underserved populations within the city and outlying areas. Students at the undergraduate program participate in clinical experiences in facilities within a 40-mile radius of the main campus in San Francisco. A faculty member is either on site with the students in a hospital setting or within beeper distance of students in the community mental health rotations or a senior precepted experience. Graduate students enrolled in APN or CSM clinical courses may participate in practica within a 120 mile radius of campus.

The student body of the SON is our most important asset. Its ethnic, religious and age distribution can be found in *Appendix C6*. Clinical and class hours are designed to meet the needs of the traditional undergraduate and graduate students and the clinical facility in which they practice. Schedules of students involved in varsity sports and ROTC are modified on an individualized basis. Modifications are also made for students who need special accommodations for test taking.

Over the past few years, freshmen admission has seen an increase. In Fall 2002, 67 new freshmen students were enrolled in the SON. The gains experienced in freshmen admission have been off set by the decreases in the transfer population. Consistently the transfer

population has seen lower figures than those experienced in the late 90s when the peak occurred in 1999 with 44 students. In Fall 2002 the SON enrolled 35 new transfer students.

\*\*Appendix C7\*\* presents the admission and retention data for the SON

The traditional MSN market has seen stable enrollment over the last few years. The School has averaged 4 new students annually. Peak enrollment was in Fall 1999 with 7 students. The Master's Entry Option degree program has seen the most growth. The program began in Summer/Fall 1999 with 15 students and has increased to 39 students in May of 2002.

III-E. Curriculum and teaching-learning practices are reviewed on regularly scheduled intervals to foster ongoing improvement.

At the conclusion of each semester, students have the opportunity to evaluate theory and clinical courses as well as the faculty who teaches them. The evaluations are scored on the Scantron and the results are used to strengthen curriculum and learning teaching practices of faculty. *Appendix C8* provides a copy of the course evaluation, theory and clinical..

An example of course strengthening as a result of the use of this instrument occurred in the Family Health 1 (Maternity). Student comments indicated that there was a lack of information on reproductive cancers and life span issues. As a result these comments, additional content was added to the course. Another faculty member clarified weekly course objectives following student comments. In the Adult Health Nursing Department any item on the course evaluation which scores 3.5 (out of 5) or lower is reviewed in Departmental meetings and appropriate interventions are implemented.

In addition, student representatives at Departmental Meetings provide information to the faculty which leads to change. For example, students representatives in Adult Health Nursing shared with departmental members that students in N340, Principles and Methods of Practice, felt that the Critical Elements in use at that time in the LRC were not specific and were unclear. Faculty reviewed and made changes in these elements and resultant Critical Elements were met with enthusiasm and satisfaction by the students.

A comprehensive plan for program evaluation has been developed and implemented and is discussed in Standard IV. Additionally, Dashboard Performance Indicators have been put into place as part of Continuous Quality Improvement (CQI) to

serve as a method of data display and facilitate communications among and between SON faculty and administrators. The indicators and thresholds for assessment provide data meant to identify areas in Learning Teaching such as communication, nursing therapeutics, critical thinking/clinical reasoning and Program Effectiveness as assessed by graduating students, alumni and their employers which indicate the need for curricular adjustment or revision.

III-F. The curriculum is sequentially and logically organized to facilitate student achievement of expected results.

In 2001-2002, faculty members in each undergraduate department reviewed each course within their department to 1) determine the congruence between course objectives and weekly objectives and 2) assess for duplication of content. Outcomes demonstrated consistency between course and weekly objectives and although some duplication was noted it was believed that a concept was treated differently, moving from simple to complex problems and judged appropriate.

# a. The baccalaureate nursing curriculum incorporates content and learning experiences essential to practice in professional nursing.

The nursing curriculum has been planned to guide the student through the learning process using a simple to complex approach over four years (8 consecutive semesters). Courses are clearly defined as pre or co requisites. The content in higher-level courses is built on previous courses. **Appendix C9** identifies the Progression Format for Baccalaureate Students.

Learning objectives and testing methodologies use high level, psychomotor and affective domains to facilitate critical thinking and clinical reasoning within each course. The nursing curriculum begins with establishing a foundation in basic natural and social sciences: Anatomy, Physiology, Microbiology, Psychology and Sociology. Learning Core courses are interspersed throughout the four years curriculum pattern. Nursing major courses begin at Sophomore I with N230, Conceptual Foundations of Professional Nursing, N240 Assessment of Human Response I, N210 Introduction to Pathophysiology, N212 Nutrition, and N250 Clinical Lab I in which students work in the community setting with healthy seniors and children and individuals suffering loss. It ends six semesters later with N461 Leadership in Managed Care Systems and N451 Clinical Lab VI Capstone, a synthesis course.

As students move through the curriculum clinical time increases from 6 to 15 hours per week and content progresses from the care of healthy clients in the community to skilled nursing facilities; acute care hospitals with patients who have complex problems to newborn nurseries and NICUs and to the community to individuals with psychopathologies complicated by age (child through elder) and co morbidities. Nursing Research N423, is offered in the Junior I semester and prepares the learner for critiquing research and utilizing evidence based practice during the next three semesters.

Students enrolled in the MEO program, complete the same courses in the same order during the pre-licensure component of the program. Students in the ADN-BSN program, begin the nursing curriculum with N210 Introduction to Pathophysiology, N211 Pharmacology and N423 Nursing Research. They then move into Senior I courses N-430 Community Mental Health Nursing Therapeutics III and N450 Clinical Lab V students end the program with N461 Leadership in Managed Care Systems, N451 Capstone Clinical Lab VI and N481 Senior Seminar.

# b. The master's nursing curriculum incorporates content and learning experiences essential to performance in advanced nursing roles.

The master's of science in nursing curricula follows a pattern for both theory and clinical courses. All students must complete 15 units of core courses that are interspersed with either APN courses or CSM courses. Courses are offered once a year and may be taken in any order with the exception of Nursing Research. This two-part course must be taken in a sequence, N645 and then N655.

The APN curriculum is offered in a sequential manner beginning with N606 Advanced Physiology and Pathophysiology and progresses to N672 and N673 Primary Care Women's Health and Pediatrics, theory and practicum. Students must complete 38 units in the APN curriculum in addition to the core courses.

The CSM curriculum is offered in a sequential manner beginning with N663

Management of Financial Resources and ending with N691 Role Implementation Practicum.

Students must complete 21 units in the CSM curriculum in addition to the core courses.

III-G. Academic policies related to students are fair, equitable, published and are reviewed and revised as necessary to reflect ongoing improvement.

University policies at USF are written and found in the general catalog in hard copy or on the WEB <a href="http://www.usfca.edu/acadserv/catalog/USF">http://www.usfca.edu/acadserv/catalog/USF</a> Catalog.htm and in the student handbook, the Fogcutter. (<a href="http://www.usfca.edu/fogcutter/4">http://www.usfca.edu/fogcutter/4</a>. General Regulations.pdf)

These policies include but are not limited to, the Institutional Policy on Freedom of Expression, Student Academic Honesty Policy and Procedures, Appeal Process for Change of Course Grade, Nonacademic Student Conduct and Disciplinary Procedures, Sexual Office Policy and Policy, Process and Procedures for obtaining Approval to Conduct Research that involves Human Subjects. In addition, policies specific to the SON such as Program Progression, Mental and Physical Qualifications for Professional Nursing, Health Requirements, Unsafe Clinical Practice, and others are also found in the general University catalog, but may be found in course syllabi and in the BSN and MSN Student Handbooks in hard copy or online. (<a href="http://www.usfca.edu/nursing/current.html">http://www.usfca.edu/nursing/current.html</a>)

III-H. Academic policies are justifiable. Academic policies relate to and support the mission, philosophy and goals/objectives of the program and institution.

University and SON academic policies are published in the USF Catalog, Fogcutter, BSN and MSN Handbooks. All four of these publications are available on the USF Website.

(<a href="http://usfca.edu/">http://usfca.edu/</a>) They are available to students, prospective students, faculty and staff. Hard copies are available on request. Changes in policy and procedures are posted on the Web and reflected in all publications and announced in class when appropriate.

University and SON policies are consistent with the mission, philosophy and program goals of the University and the SON. Policies such as Institutional Policy of Freedom of Expression, Student Academic Honesty Policy, Grade Appeal, Non-Academic Student Conduct and Discipline, Drug Free Policy, Prevention of Sexual and other Harassment Policy, Sexual Offence Policy, and others actualize the values of USF.

In addition to the policies listed above, published material contains information about admissions, academic regulations, resources and services, institutes, centers, and enrichment programs and Core curriculum requirements

The program is effective in fulfilling its mission, philosophy, goals/objectives and expected results. Satisfactory student performance reflects achievement of the expected results by the students in congruence with the mission, philosophy and goals/objectives of the program as well as with professional nursing standards and guidelines. Alumni satisfaction and the accomplishments of graduates of the program attest to the effectiveness of the program. Faculty accomplishments in teaching, scholarship, service and practice are congruent with the mission, philosophy and goals/objectives of the program and with professional nursing standards and guidelines. Program effectiveness reflects ongoing improvement. Program integrity is reflected in documents and publications concerning the program.

# Standard IV. Program Effectiveness: Student Performance and Faculty Accomplishments

The program is effective in fulfilling its mission, philosophy, goals/objectives and expected results. Satisfactory student performance reflects achievement of the expected results by the students in congruence with the mission, philosophy and goals/objectives of the program as well as with the professional nursing standards and guidelines. Alumni satisfaction and the accomplishments of graduates of the programs attest to the effectiveness of the program. Faculty accomplishments in teaching, scholarship, service and practice are congruent with the mission, philosophy and goals/objectives of the program and with professional standards and guidelines. Program effectiveness reflects ongoing improvement. Program integrity is reflected in documents and publications.

## Key Elements:

IV-A. Student performance is evaluated by the faculty and reflects achievement of expected results. Grading policies are defined and consistently applied.

The systematic evaluation of the program, student, and faculty at the SON is guided by the Program Evaluation Protocol, developed and revised by the SON Program Evaluation Committee, and approved by the faculty and Administration in the 1999/2000 academic year. The purpose of the program evaluation is to identify mechanisms and responsibilities, to carry out and document a process to ensure that the mission, philosophy, goals/objectives and expected outcomes of the SON are met." Additionally, the plan also ensures that continuous quality improvement is made, as measured by selected performance thresholds and areas identified for ongoing assessment. Indicators in four areas of teaching learning have been identified and Dashboard Performance Indicators (benchmarks) were put into place in the Spring 2002. The Program Evaluation Protocol can be found in *Appendix D1* and *Appendix D2* contains the Dashboard Performance Indicators (DPI) for Nursing Program.

Dashboards Performance Indicators address four focus areas, three of which highlight Teaching and Learning and include:

- Communications, which includes assessment of oral and written communication,
- Nursing Therapeutics which includes HESI pass rates for BSN and MEO students and comprehensive examination for MSN
- Clinical Reasoning/Critical Thinking,

### The fourth focus area is:

remedial work as appropriate.

 Program Effectiveness which looks at the results of the Graduating Student Survey and the EBI as well as NCLEC results, National and State Certification post graduate, employment rates, employer satisfaction and alumni satisfaction.

Expected outcomes, frequency of data collection, target dates, actual outcome and action taken or planned are all included as part of the framework for the DPI. As data are collected and analyzed, they are forwarded to the appropriate department of committee for review and action. The loop is completed when the committee or department reports back to PEC regarding their action and need for future evaluation and data collection. During this past academic year, the PEC has worked to close the loops of the evaluation process to ensure feedback to the appropriate committee and identification of action taken.

Program outcomes, e.g. oral and written communication, nursing therapeutics, critical thinking, reasoning, and program effectiveness are evaluated using various rubrics and assessment instruments. These outcomes and their corresponding performance measures are identified in Table D1. The faculty is considering using the rubric currently used for summative evaluation of

oral and written communication for formative evaluation of oral and written communication assignments in all courses throughout the program. They believe that this would promote consistency, identify trends and growth of students in those areas, and would lend itself to

There are three types of students enrolled in the SON: pre-licensure students (BSN and MEO), advanced placement (transfer) students, and graduate students. All student performance is evaluated by criteria identified by the faculty. Each course within the nursing curriculum is defined by a course description and by course objectives that reflect the program objectives/goals. Syllabi are available to the student from the bookstore prior to each course and/or online via the course management system (Blackboard) and are reviewed during the first class/clinical day each semester. They contain, but are not limited to, the following information: course description, course objectives, required and recommended texts, learning/teaching strategies, standards for academic performance, academic honesty policy, attendance policy, course forms, advanced organizers, testing type and frequency, grading policies for theory and clinical courses, performance evaluation/ grading and course and faculty evaluation. Students and faculty use these syllabi to identify clarify course expectations. Syllabi for SON courses,

Students are evaluated in each course based on the weekly and end of course objectives using a variety of instruments and measures. These instruments include teacher made tests

undergraduate and graduate, are found in the Exhibit Room.

and quizzes, written and oral group and individual presentations, a computerized comprehensive test, graduate written comprehensives, and clinical performance. Examples of student evaluation instruments can be found in the Exhibit Room. Additional assessment criteria for specific assignments are included in each course syllabus. Evaluation criteria are shared with the students via the course syllabus and are reviewed with the student at the beginning of each course.

Table D1 Expected Results and Performance Measures for Students

Expected Results	Undergraduate Performance Measures	Graduate Performance Measures			
Nursing Therapeutics	Teacher made tests HESI Exit Exam NCLEX Results	National Certification Comprehensive Examination			
Critical Thinking/Clinical Reasoning	Clinical performance evaluations Teacher made application style critical thinking/reasoning tests HESI Exit Exam NCLEX	Clinical Practica Evaluations			
Written and Oral Communications	Communication rubric for written papers or oral presentations	Communication rubric Comprehensive Examination			
Program Satisfaction	Alumni survey Employer survey EBI Survey Graduating Student Survey	Alumni survey Employer survey EBI Survey Graduating Student Survey			

Teacher made test items are generally multiple choice and reflect application style critical thinking items designed to assess clinical reasoning judgment, decision-making, problem solving and skills. In 1999, faculty determined that test item writing was needed to demonstrate a higher-level critical thinking assessment. Faculty used Morrison's textbook on item development (Morrison, S, Smith, P. & Britt, R. (1996) Critical Thinking and test item writing, Livingston, TX: Century Printing), and reevaluated and redesigned test questions to reflect a higher level of application. In addition, the SON purchased the Par Score (Scanform Analyses) test item analysis software to enable faculty to conduct an in depth item analysis for each question on all exams (discriminate analysis, item and exam reliabilities, scores and distracter analysis). Faculty attended onsite workshops for test item writing and test item analysis. The Exhibit Room has copies of tests and test analyses for review. During the Fall and Spring semesters of 2002-2003, selected faculty participated in an online test item writing and analysis

course sponsored by NCLEX. Faculty participants use this new information to assist other faculty in continued improvement in test construction and analysis.

Nursing faculty adhere to University grading policies which may found both online and in hard copies of the USF Catalog and the Fogcutter. Grading criteria is also contained in each course syllabus. <a href="http://www.usfca.edu/acadserv/catalog/USF">http://www.usfca.edu/fogcutter</a>.

http://www.usfca.edu/fogcutter.

In addition to teacher made tests and other evaluation methodology to determine student performance, the HESI exit examination, a computerized comprehensive examination is given in Senior II, N481, Senior Seminar, and provides information about the student's ability to synthesize a variety of program achievement indices. It is a useful source of information for the students of their ability to pass the NCLEX. Faculty in Senior II with the support of the full faculty began using the HESI Exit Examination in the Fall semester 2000 as one remedy for low NCLEX results. The HESI, as part of N481, must be passed with a score of an 85% probability. The student has three opportunities to achieve this goal during the semester and if it is not achieved, the student receives failing grade in the course and must retake the course. Students receive rigorous remedial work throughout the semester if not successful on the initial attempt or the second attempt.

Table D2 shows the HESI test results since the Fall of 2000 when it became part of the curriculum in N481, Senior Seminar.

Table D2 HESI Results of first time test takers

NURSING	00F	00F	00F	01S	01F	01F	01F	02S	02F	02F	02F
PROCESS	ALL	MEO	BSN	BSN	ALL	MEO	BSN	BSN	ALL	MEO	BSN
Over all pass rate (average probability %)	78.99	85.22	78.99	81.19	85.52	90.66	81.27	90.85	88.54	92.40	84.23

The SON CQI Dashboard Performance Indicator identified expected outcome of 100% of all N481 students will pass the HESI by the completion of that course. This has not been achieved. In Spring 2002, two BSN students( 2 of 43 or 5%) did not pass the HESI and withdrew from the course, returning in Fall 2002 to repeat N481. Both students passed the course and the HESI. In the Fall of 2002, 2 BSN students out of 17 or 11% and 2 MEO students out 17 did not pass HESI by the completion of the course. The BSN students are repeating N481 in the Spring of 2003. The MEO students are taking a semester to think about their future.

The SON implemented a number of additional strategies over the last 4 years to improve the pass rates on the NCLEX RN examination. These strategies included:

- · Review of admission policies
- · Enforce academic progression policies
- · Add more value to exams and less value to things like homework assignments
- Test construction workshops for faculty as a whole and on an individual basis with National Council of State Boards (online)
- · NCLEX prep course added to nursing curriculum as an elective
- Individual preparation plans for students including practice testing, encouragement to take outside review classes, and encouragement to take NCLEX exam soon after graduation
- · Peer support in writing exam questions
- Curriculum analyses for inclusiveness of test plan components

Table D3 reflects the NCLEX analysis of all students who have completed the new prelicensure curriculum plan which was implemented in Fall of 1996 with the first graduation in May 1999. As noted in the table, there has been continued improvement in the percentage of first time pass rates.

Table D3 NCLEX Analysis

Date Nursing Requirements Completed	BSN	MEO	# of Grad	Pass	Fail	Not Rprtd	Pass % First Timer	Nat. Pass %	State Pass %	School Pass %	Total #	# Pass	# Fail
05/21/99	V		66	49	17	0	74.2						
12/17/99	V		32	16	15	1	51.6						
1999								83.6		66.3	98/1	65	32
05/20/00	V		63	45	17	1	72.5						
12/15/00		V	14	13	1	0	92.8						
12/15/00	V		16	14	2	0	87.5						
2000								85.5		78.3	93/1	72	20
05/19/01	V		38	36	2	0	94.7						
08/10/01			6	5	1	0	83.0						
12/13/01	V		23	21	1	1	95.5						
12/13/01		V	19	18	1	0	94.7						
2001	181							87.7		94.1	86/1	80	5
05/16/02	V		43	37	2	4	94.9						
12/13/02		V	18	18	0	0	100						
12/13/02	V		16	5	0	11	100						
2002 (to date)										96.1	77/26	49	2

## **Program Progression**

Undergraduate Nursing Students In the nursing support courses (Anatomy, Physiology, Microbiology, Psychology and Life Span) and all nursing major courses, students must earn a

grade of "C" or better to progress to the next semester or series of courses. If this grade is not earned, the student must repeat the course and earn a "B" or better on the next attempt. If a "U" (Unsatisfactory) is earned in a clinical course the student must repeat the course the next semester and earn an "S" before continuing to the next course in the program sequence. If the student is unable to achieve a "B" or better or an "S" on the second attempt in a theory or clinical course, the student is disqualified from the nursing program. If the student earns a "B" or better or an "S" on a second attempt at the course but in the future earn less than a "C" or earns a "U" in another nursing or nursing support course, the student is disqualified from the nursing program. This information is available to the student in the USF Catalog, the BSN Handbook on-line and is part of the curriculum plan provided to all students on admission to the nursing program. http://www.usfca.edu/acadserv/catalog/USF Catalog.htm,

## www.usfca.edu/nursing

Graduate Nursing Students Earning a grade of "B" or better in each nursing course is essential in order to remain in good standing in the graduate nursing program. Students earn a letter grade in all theory courses. The numerical value for each letter grade for each course may be found in the individual course syllabi and is based on the standard for the University. Nursing students may earn a grade Satisfactory or Unsatisfactory in clinical courses.

Graduate nursing students earning a C in any course will be placed on academic probation. Students on academic probation who fail to raise their cumulative grade point average to 3.0 by the time they have completed the next six (6) semester hours of graduate work are subject to disqualification from the program. Students who earn two failures (grade of "C": or below in theory courses) or one Unsatisfactory (grade of "U" in clinical or practicum courses) are subject to disqualification from the nursing program. This information is available to the student in the MSN Handbook on-line at http://www.usfca.edu/nursing/

Academic Difficulty When a faculty member in either a theory or a clinical course identifies a nursing student who appears to be having difficulty meeting the expectation of the course in which he/she is enrolled as exemplified by grades on tests of clinical performance, an Academic Difficulty Form will be written. The content of this form alerts the student and identifies actions to be taken by the student to resolve the difficulty. The faculty member and the student meet and review the form and agree on an action plan and both sign the form. Copies of the form are forwarded to the student's Advisor and to the Dean. Information about this process may be found in the BSN Handbook http://www.usfca.edu/nursing/current2.html

## **Appeal Processes**

Grade Appeal Process If a student believes that his or her final grade for a course was unfair, the student may use the process described in the USF catalog to seek resolution of the matter. The burden of proving a claim of an unfair grade (e.g. discrimination, unjust treatment, or errors in calculation) rests with the student. Grades are awarded or changed only by the course instructor or through this appeals process and the parties should make every effort to achieve consensus and to resolve conflicts at the lowest level and as quickly as possible, especially in cases where a student's timely academic progress is in jeopardy. The full procedure for the Grade Appeal Process may be found in the USF catalog. http://www.usfca.edu/acadserv/catalog/USF Catalog.htm

Disqualification Appeal When a student is academically disqualified from the SON, the Dean notifies him/her in a certified letter. The student is informed of the options available (a change of major at USF, enrolling in another college/university or appealing the disqualification). If the student chooses to appeal the disqualification a letter is submitted to the Dean indicating that an exception to the policy should be made. The Dean forwards the appeal to the Academic Standards Committee to review the student's appeal and conduct a hearing with the student. Following the review of records and the hearing, the committee makes a recommendation to the Dean who makes the final decision regarding the appeal. The University Ombudsperson is invited as an observer at the appeal hearing.

Program changes at the graduate and undergraduate level are guided by the effectiveness of the program in meeting the mission, philosophy and program outcomes as identified by students, graduates, the community of interest and faculty as well as educational expectations identified in the standards described by California BRN, AACN Essentials for Baccalaureate and Master's Degree Nursing and those identified by NONPF and CGEAN. AACN Essentials are used with the CNS blended program with additional modifications as suggested by the National Association of Clinical Nurse Specialists (NACNS). *Appendix D3* includes the certification requirements from the CA BRN for the clinical nurse specialist (CNS). The Master's in Nursing Advance Practice program meets the criteria for Method One certification in California for CNSs..

IV-B. Surveys and other data sources to collect information about student, alumni, employer satisfaction and demonstrated achievements of graduates provide evidence of program effectiveness. Data gathered about demonstrated achievements include, but are not limited to, graduation rates, NCLEX scores and job placement rates.

spring pre-registration advising period. The results of the survey are being tabulated at the writing of this Self Study. When completed they will be will be distributed and discussed by the full faculty and will be available with recommendations for action in the **Exhibit Room**. A follow-up survey is planned for the Spring 2003.

Another example of student involvement with in PEC and in changing perception of Academic Advising can be seen in the following statement made by Dr. Roberta Romeo, Course faculty in Sophomore I N230, Conceptual Foundations of Nursing:

In Fall 2001 during a meeting of the Department of Community Mental Health, Sophomore 1 (N230-N240-N250), the student representatives asked if there was a method for the students to meet with their advisors in Nursing before the expected end of semester class registration time. The department faculty decided to implement a Treasure Hunt in N250 (Clinical) so the student would have to find out the name of advisor, make an appointment and find the answers to questions about their advisor, such as where they went to school, where Master's from and area of focus, any additional degrees, their area of practice and office hours. Students were to bring one question of concern. Faculty as a whole agreed to this trial project, which will be implemented in Spring 2003 and evaluated at end of semester.

In the Fall of 2001 and Spring of 2002 prior to graduation, the first Educational Benchmarking Inc. Survey (EBI) was conducted on all graduating undergraduate and graduate nursing students. The purpose of the study according to EBI is to provide the SON with comprehensive, credible, comparative, and confidential assessment tolls in support of CQI. It gathers information about student perception selected items.

The EBI contains sixty-six (66) individual survey questions grouped into eleven (11) factors plus an additional sixteen (16) demographic items. An additional 10 customized institution specific questions were added and analyzed by frequency distribution only. The survey summary provides the ranking of the USF SON program for each factor mean within each comparative population. The comparative population is the six schools chosen by USF SON based on the Carnegie Classifications and who provide a comparative perspective. Factor means are tabulated and identified for the SON, for each of the six comparative populations and for the total population (87schools). Of the 85 students who graduated 95% or 81 students participated. All students were treated as one group for the purposes of this survey due the constraints of the data tabulation processes at EBI.

In Standard III, Key Element IIIB it was noted that the EBI survey revealed that the senior clinical courses score low in relation to the extent to which the student perceives that they are build on the foundation laid in previous in nursing courses. Even though this is consistent with

perceptions of students the six benchmarking schools, the faculty will attempt to determine if this can be reversed. The PEC and Curriculum Committee are working together to identify if there are any influencing variables for N450, the Community Mental Health Clinical and N452/452 the Capstone Course offered in Senior I and Senior II respectively.

On the EBI survey, students indicated that their overall satisfaction with the nursing program was 4.25 out of a possible 7.0. On the USF Graduating Student Survey in May 2002, 93% of the respondents stated that they were satisfied with their USF education and 93.1% stated that they were satisfied with their major courses. This seems inconsistent and further information is needed to determine what this means and what if anything can be done to change the graduating student's perception about their satisfaction with the nursing program. Additional factors identified in the survey and reviewed by the PEC as needing further discussion and clarification including students' satisfaction with facilities and administration. Because this was the first survey of this type by EBI, subsequent data collection will identify trends, and results of improvement efforts by faculty and administration.

Selected results of the EBI 2001-2002 survey can be found in Appendix D4.

Admission and Graduation Rates Admission and graduation rates of undergraduate and graduate students are calculated using SON and University data to determine retention rates of students. The usual student admitted to the Baccalaureate program is a recent high school graduate; transfer students from Junior Colleges or other four-year institutions are admitted but in lesser numbers. Students are readmitted if they have withdrawn from the program or if they have taken a leave of absence and are in good standing (GPA of 2.0 or better) and if there is space available in the program. Students generally are not readmitted if they have been academically disqualified from the SON. The retention rate for undergraduate students is 91% and for graduate students is 93%. Appendix C7, Standard III Key Element III D, identifies the admission and retention data for the SON

Alumni Surveys Alumni satisfaction and achievements of graduates which provide evidence of program effectiveness is assessed via a mailed survey. In the summer 2002, a three page, thirty-seven (37) item questionnaire was mailed to sixty-four (64) BSN graduates from the May and December 2001 graduating classes. Thirty-two (32) or fifty percent (50%) of the surveys were returned, twenty-nine were usable. The survey is a Likert type forced response survey but there are opportunities for comments by alumni. Three areas of interest are identified and include program satisfaction, employment patterns, and professional involvement.

Surveys are used to collect data about graduating students, alumni and employer satisfaction to provide evidence of program effectiveness and product satisfaction.

Prior to graduation in December and May, the USF Graduate Exit Survey is distributed and is completed by graduating students during cap and gown distribution on the main campus, and the Educational Benchmarking Inc. Survey is completed by graduating undergraduate and graduate students. Both of these surveys are used to assess program effectiveness and satisfaction as perceived by graduating students.

The USF Graduating Student Survey contains 71 quantitative and 3 qualitative questions, and is analyzed by overall results and by School and College. It is conducted at graduation in December and May of each year. A free transcript is given to all who participate. The May 2002 was the eleventh consecutive survey. Results are distributed to each school and college for their review and are used in those schools and colleges to identify appropriate interventions for change if warranted. In the May 2002 survey, the response rate was 74.5% for the University and 93.4% for the SON with 45 nursing graduates participating ( 91% female and 91% undergraduate students). Selected results are listed in Table D4. The total May 2002 Graduating Student Survey will be found in the Exhibit Room.

Table D4: USF Graduating Student Survey May 2002

ITEM	Overall	Nursing
Instructors took an active role in my learning (highest rating)	94.3%	97.7%
Overall satisfaction with my USF Education	88.5%	93.0%
Overall satisfaction with major courses	86.8%	93.1%
Academic Advising (poorest rating)	15.8%	14.6%
During degree program held a paying job on/off campus	87.6%	91%

The Program Evaluation Committee (PEC) and the Full Faculty are aware that Academic Advising is an area of concern. In the Fall 2002 semester, a two-hour faculty development program was conducted prior to Spring 2003 registration to assist faculty with Academic Advising in light of the new Learning Core Curriculum that was to be implemented during the Spring 2003 semester. The student representatives to the PEC, with the support of committee members for instrument development, created and administered a student survey instrument to gather additional data about undergraduate and graduate student's perceptions of academic advising. The survey was conducted at the conclusion of the fall semester, 2002, following the

Results have not been tabulated at this writing but will be available in the **Exhibit Room** during the CCNE visit.

Eighteen, five page Alumni surveys were mailed in January 2003. This number represents graduates from the May and December 2001 graduating classes. This survey will be the first one completed by graduates from the MEO program. The survey is similar to the BSN Alumni survey in areas of interest. Limited numbers of responses have been to this date and the results will be available in the **Exhibit Room** during the CCNE visit.

The PEC will use the data gained from these surveys to determine if the nursing program at the BSN, MEO and traditional MSN levels is doing what it purports to do. Subsequently, the Curriculum Committee and the appropriate department chairpersons and faculty will have an opportunity to identify appropriate program changes based n effectiveness and satisfaction of the customer.

When these surveys have been tabulated results they will be reviewed by the PEC, shared with the Curriculum Committee and with the Full Faculty for review and appropriate interventions.

In general, the University does not have a reliable system to track alumni. A new computer Web page has been proposed to ameliorate this problem. This project is under discussion by University Leadership. This will assist the SON in meeting their objective to determine alumni satisfaction and program effectiveness

Employer Surveys To augment the results of the Baccalaureate Alumni and Graduat Alumni Surveys, in 2001 the PEC recommended a series of focus groups with major employers of USF graduates. The SON Dean and Associate Dean sent an informational letter to the Chief Nursing Officer (CNO) at each institution describing the process and inviting participation in the project. The CNO was asked to contact a designated person at USF to schedule the interview according to the institution's time constraints. After contacting the CNO's at each hospital, it became clear that a focus group approach would not be feasible for most nurses at their hospitals. After further discussion, an alternate plan for information collection was devised. Another letter was sent to contacts at selected hospitals in the Bay Area. In that letter from the Dean and Assistant Dean, they were asked to schedule an interview with a relevant person on their staff who is personally knowledgeable about the job performance of USF graduates and might contribute additional insights into our curriculum and clinical experiences. Unfortunately, this assessment approach did not generate a confirmed response from the hospitals and we are currently contacting those CNO's to follow-up and attempt to schedule an interview.

Consequently, the SON has no hard data to report. However, anecdotally, the Directors of Education in the hospitals in which our students seek employment as new graduates frequently call to ask about visiting classes to recruit our students as employees while they are students and then as graduate nurses. One hospital uses on of our graduates on a brochure advertising their facility. They have shared with the SON that the graduates of USF SON are prepared to function as graduate nurses and they like their attitude toward patients, visitors and staff.

The PEC is now exploring alternative methods of collecting data from the employers of USF graduates, undergraduate and graduate.

IV-C. Faculty accomplishments in teaching, scholarship, practice and service demonstrate program effectiveness and reflect the process of ongoing improvement.

The SUMMA Student Opinion Questionnaire is used by students to evaluate faculty in each class surveyed. It uses a Likert scale with (5) being strongly agree and (1) strongly disagree for all evaluation questions. The Questionnaire contains 22 items common to most courses plus an additional 11 optional items used to customize the questionnaire. Results are compared to the National Standards and USF standards. In addition, nursing faculty are benchmarked to faculty from Arts, Science, Business and Education Schools and Colleges at USF. Reports provide valuable information for faculty development and identify areas of competence as well as areas that need improvement.

Students enrolled in each course, theory or clinical, have an opportunity to evaluate faculty each semester. The USFFA support and approve the use of the faculty teaching evaluation tool from SUMMA. The major reasons use of SUMMA are 1) specific data questions are available for individual faculty to enhance or change instructional methodologies, and 2) scoring of responses reflects actual numerical scored. Faculty has consistently voiced positive comments regarding the SUMMA tool. Data obtained from this evaluation are used by faculty to identify the perceived effectiveness of their teaching and to provide direction planned. The results of these evaluations are also shared with the Dean and are included in the Academic Career Prospectus (ACP) yearly planning meeting. In addition to evaluation for teaching effectiveness, faculty is evaluated for scholarship, practice and service.

In addition to individual faculty evaluation, students provide input into course content and process via course evaluations. Course evaluations are conducted on both theory and clinical courses. Course evaluations for undergraduate courses are conducted at the end of each fall

semester (and additional semesters at the discretion of the faculty) and each semester for graduate course. Data are collected using open-ended questions and a Likert-type questionnaire that is analyzed by Scantron. Survey results show a blend of qualitative and quantitative data and are analyzed in regard to the type of instructional design and other variables that might impact particular courses. Faculty prepares summaries of student feedback with a response plan, and forwards them to their department chairs for review. The department chairs forward an analysis of course evaluations throughout their department to the Curriculum Committee for discussion of trends and additional interventions as necessary.

Nursing faculty in addition to their commitment to quality teaching are actively involved in scholarship, clinical practice, and community service. Faculty have published 3 books, between 10-12 articles annually in both on-line journals and traditional refereed journals like: Science of Nursing, JONA, Journal of Pediatric Nursing, Journal of Gerontological Nursing, and Computers in Nursing. In the last three years nursing faculty published in over 15 journals. In addition, faculty has made numerous presentations nationally and internationally.

Copies of faculty scholarship will be available in the Exhibit Room.

Faculty are actively involved in school and university committees as well as in local, national and international organizations like Bay Area Lupus Foundation, American Red Cross, American Heart Association, American Cancer Society, American Nurses Association California, and Sigma Theta Tau, International to name a few. Some faculty maintain part-time practices in major health care facilities like UCSF, Langley Porter Psychiatric Hospital, Marin Treatment Center, and Lucile Salter Packard Children's Hospital. Faculty diversity and expertise contribute to the essence of quality education and quality programs at USF.

IV-D. Records of student satisfaction/formal complaints are reviewed as a part of the process of ongoing improvement.

Information regarding student satisfaction in the SON programs is gathered formally and informally. End of program satisfaction data in the SON is obtained by the USF Graduating Student Survey and the EBI Survey completed prior to graduation. The results of the overall University survey are provided for each school and/or college and for each as they are benchmarked with other school and/ or colleges at the University. The SON is one of the highest-ranking units in the University. As noted earlier, an area of constant concern is academic advising. The results of the survey are given to the faculty and actions are facilitated via department and school committees as well as the total faculty.

Ongoing input from students is solicited via a number of ways. The major input regarding concerns about specific courses occurs at the department level through the student representatives at departmental meetings and through written course evaluation. Overall school input is also solicited via a suggestion box available to students in the nursing office and in the nursing student lounge. The student may make suggestions, comments or offer opinions anonymously. Suggestions are responded to in writing by the dean and posted on the dean's bulletin board. In addition, the dean conducts three town meetings each semester providing an opportunity for the dean to update students regarding son issues and to solicit student concerns. In the last year town meetings focused on two topics: academic integrity and CCNE accreditation. Regretfully, attendance at these town meetings is minimal. New ways of sharing and soliciting information from students are being explored.

The LRC also has a suggestion box for students and/or faculty who have suggestions or concerns about any aspect of the LRC. Nursing student representatives to the adult health department meetings made the use of a suggestion box in the LRC. LRC coordinator responds to concerns noted in the LRC.

IV. E Current documents and publications distributed accurately reflect student performance and satisfaction, as well as faculty accomplishments (i.e., truth in advertising).

All documents, online or hard copies reflect an accurate portrayal of the performance of students on tests such as the NCLEX, their satisfaction with the nursing program and the accomplishments of the nursing faculty. BSN and msn handbooks are reviewed and revised as necessary annually and updated online as needed. The faculty handbook had not been revised for several years and was recently updated with input from nursing administration, current faculty and staff. All new faculty receive a copy of the USFFA for either full-time faculty or part-time faculty as appropriate.

The schedule of classes, published each semester in hard copy and online reflect the courses offered in all University departments, schools and colleges. The schedules are available to current and prospective students within three week prior to registration each November for the spring semester and April for the fall semester. http://usfca.edu/schedules/schedule03S/

## University of San Francisco School of Nursing CCNE Self Study 2003

### Conclusions and Recommendations:

Ongoing evaluation is an integral part of the plan of action for the School of Nursing as we continue to improve the undergraduate and graduate nursing programs. The philosophy is to be proactive rather than reactive to situations. The Self Study is a reflection of this evaluation process. The study represents how faculty believe that we have met the standards set by the CCNE. On completion of the Self Study we believe that we continue to meet the four standards and the following is a summary of our conclusions:

- > Administration of the University is supportive of the SON and its programs
- > The curriculum plan is reflective of the mission and directives of a Jesuit institution
- > Current SON Administration provides leadership and support to faculty and staff
- > The curriculum plan is reflective of the Vision, Mission, and Values of the University and Mission, Philosophy and Goals of the SON
- > Baccalaureate graduates have a strong foundation in the arts, sciences and humanities
- > Undergraduate and graduate curricula are modeled on AACN's Essentials for Baccalaureate and Master's Education
- > Nursing students are prepared to meet the changing needs of nursing practice in a variety of setting with a diverse population
- ➤ University and SON resources are adequate to meet and support the University Vision, Mission, and Values and the Mission, Philosophy and Goals of the SON
- > The staff is conscientious and supportive in meeting the operational needs of the SON
- Faculty and administration work collaboratively in problem solving issues that impact the SON and in long range planning
- > The SON has developed a strong relationship with the clinical agencies in which we place students for clinical experience
- Faculty is active in scholarly endeavors
- > Use of technology by faculty for learning and teaching activities in both theory and clinical is strong
- The student body is culturally diverse
- Clinical practice provides opportunities to work with a culturally, economically and socially diverse population
- Master's in Nursing program offers a variety of tracks to meet the needs of students
- Class calendars for graduate courses support the working adult's needs
- Academic policies are clear, fair, available to all students and are published
- Graduate performance rate of first time NCLEX test takers has continued to increase
- > Student performance is assessed using a variety of methods and instruments in both classroom and clinical area
- > The SON has a strong evaluation plan with Dashboard Performance Indicators (DPI) to direct assessment of teaching and learning and program effectiveness

In reviewing the Standards some Challenges became apparent:

1. A formalized faculty practice plan

Plan:

Work with faculty through current FASON committee structure to develop and implement a formalized plan for faculty practice

The follow-up plan of action needs to be improved for gathering and analyzing alumni and employer satisfaction data in a timely manner Plan:

Develop and adhere to dashboard indicators for gathering and analyzing collected data

Develop an endowed faculty chair in ethics and or gerontology and develop endowed scholarships to assist students in uncertain times

Plan:

Currently this has been identified by the Dean as a capital campaign priority

4. A culturally diverse faculty to meet the needs of a culturally diverse student population and patient population in the Bay Area

Plan:

Continue to explore Irvine Fellowship as a recruitment tool as well as work with University to develop a "hard to find" faculty pay scale

5. ADN-BSN Program does not meet the needs of the working nurse

Plan:

Determine if it is feasible to continue program as it is currently offered

6. Clinical Placements for Advanced Practice Nursing students are limited

### Plan

Develop partnerships with agencies that support Advanced Practice Nurses

Vision, Mission and Values of the University of San Francisco



# VISION, MISSION and VALUES of the University of San Francisco

Approved by the Board of Trustees September 11, 2001

### VISION

The University of San Francisco will be internationally recognized as a premier Jesuit Catholic, urban University with a global perspective that educates leaders who will fashion a more humane and just world.

SANCT

### MISSION

The core mission of the University is to promote learning in the Jesuit Catholic tradition.

The University offers undergraduate, graduate and professional students the knowledge and skills needed to succeed as persons and professionals, and the values and sensitivity necessary to be men and women for others.

The University will distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice. The University will draw from the cultural, intellectual and economic resources of the San Francisco Bay Area and its location on the Pacific Rim to enrich and strengthen its educational programs.

### CORE VALUES

The University's core values include a belief in and a commitment to advancing:

- [1] the Jesuit Catholic tradition that views faith and reason as complementary resources in the search for truth and authentic human development, and that welcomes persons of all faiths or no religious beliefs as fully contributing partners to the University
- [2] the freedom and the responsibility to pursue truth and follow evidence to its conclusion
- [3] learning as a humanizing, social activity rather than a competitive exercise
- [4] a common good that transcends the interests of particular individuals or groups; and reasoned discourse rather than coercion as the norm for decision making
- [5] diversity of perspectives, experiences and traditions as essential components of a quality education in our global context
- [6] excellence as the standard for teaching, scholarship, creative expression and service to the University community
- [7] social responsibility in fulfilling the University's mission to create, communicate and apply knowledge to a world shared by all people and held in trust for future generations
- [8] the moral dimension of every significant human choice: taking seriously how and who we choose to be in the world
- [9] the full, integral development of each person and all persons, with the belief that no individual or group may rightfully prosper at the expense of others
- [ 10 ] a culture of service that respects and promotes the dignity of every person.

### STRATEGIC INITIATIVES

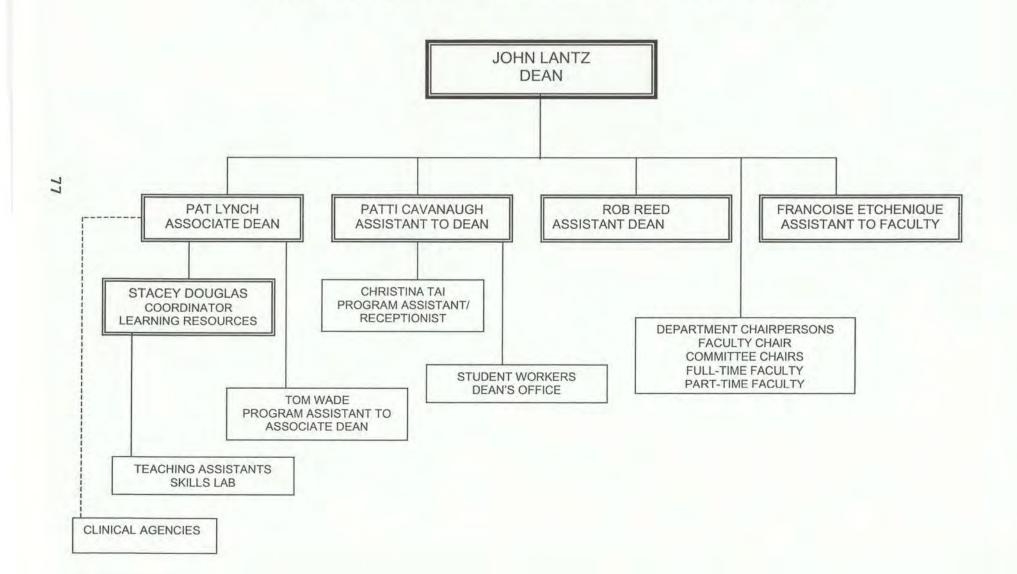
The following initiatives are key to the University's achieving recognition as a premier Jesuit Catholic urban University.

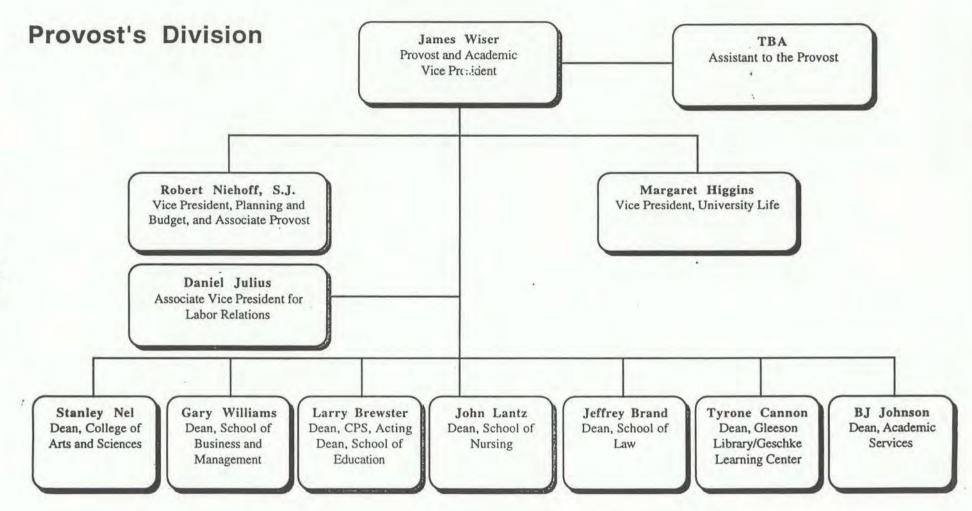
- [1] Recruit and retain a diverse faculty of outstanding teachers and scholars and a diverse, highly-qualified, service-oriented staff committed to advancing the University's mission and its core values.
- [2] Enroll, support and graduate a diverse student body, which demonstrates high academic achievement, strong leadership capability, concern for others and a sense of responsibility for the weak and the vulnerable.
- [3] Provide an attractive campus environment and the resources necessary to promote learning throughout the University:
  - Technology solutions to enhance learning and improve service
  - Facilities to support outstanding educational programs
  - Learning resources that improve the curriculum and support scholarship

Organizational Charts
School of Nursing
Executive Division
Provost Division

## SCHOOL OF NURSING

# ORGANIZATIONAL CHART





Relationship Among USF Mission, Jesuit Educational Characteristics, SON Philosophy & SON Program Objectives

# Relationship among USF MISSION, JESUIT EDUCATIONAL CHARACTERISTICS, SON PHILOSOPHY & SON PROGRAM OBJECTIVES

USF MISSION	SON PHILOSOPHY	BSN PROGRAM OBJECTIVES	MSN PROGRAM OBJECTIVES
The University:	The SON faculty:	The graduate of the BSN Program:	The graduate of the MSN Program:
Vision:  The University San Francisco will be internationally recognized as a premier Jesuit Catholic, urban University with a global perspective that educates leaders who will fashion a more just and humane world.  Mission: The core mission of the University is to promote learning in the Jesuit Catholic tradition. The University offers undergraduate, graduate and professional students the knowledge and skills needed to succeed as persons and professional, and the values and sensitivity necessary to be men and women for others.  The University will distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice. The University will draw from the cultural, intellectual and economic resources of the San Francisco Bay area and its location on the Pacific Rim to enrich and strengthen its educational programs.	Vision Statement  "We are committed to (a) fostering scholarship and life-long learning; (b) respecting the dignity and uniqueness of each human being in a diverse society; (c) supporting excellence in teaching and research; and (d) preparing excellent and ethical nurses. We acknowledge our past accomplishments and embrace our future challenges."  1. Jesuit educated nurses are competent professionals who believe that their clientele whatever their environment, are deserving of nursing practice that is based on and incorporates the principles of human spirituality, critical thinking, professionalism and respect for one's health throughout the life-span.  2. The SON commitment is to the highest standards of life long learning and excellence  3. The learning/teaching environment is a shared responsibility of both students and faculty.  4. Learning is value centered, directed toward personal growth	1. Synthesizes knowledge from the basic sciences, social sciences, humanities and nursing science to conceptualize and resolve patient and heath care delivery problems.  2. Uses the nursing process to provide comprehensive, individualized contemporary nursing care to diverse individuals, families, and communities who experience a wide range of health conditions.  3. Implements effective, individualized health teaching plans/ programs that promote and support health behaviors along a health-illness continuum.  4. Articulates the role of the professional nurse	1. Uses knowledge and skills from a specialized area of nursing practice to manage or provide quality nursing care to individual clients from a variety of social and ethnic backgrounds and/or groups of clients or organizations.  2. Develops, implement, and evaluate educational programs and counseling strategies for clients and and/or staff within health care systems.  3. Interprets, disseminate and apply research findings for the improvement of nursing practice.  4. Provides expert consultation to other health care providers to resolve complex problems related to client-care situations and/or health care delivery systems.  5. Utilizes professional skills to assume a leadership

### Strategic Initiatives:

The following initiatives are key to the University's achieving recognition as a premier Jesuit Catholic urban University.

- 1. Recruit and retain a diverse faculty of outstanding teachers and scholars and a diverse, highly-qualified, service oriented staff committed to advancing the University's mission and its core values.
- 2. Enroll, support and graduate a diverse student body which demonstrates high academic achievement, strong leadership capability, concern for others and a sense of responsibility for the weak and vulnerable.
- 3. Provide an attractive campus environment and the resources necessary to promote learning throughout the University:
  - Technology solutions to enhance learning and improve service
  - Facilities to support outstanding educational programs
  - Learning resources that improve the curriculum and support scholarship

### Core Values:

The University's core values include a belief in and commitment to advancing:

 The Jesuit Catholic tradition that views <u>faith and reason</u> as complementary resources

- directed toward personal growth and is ultimately the responsibility of each individual learner.
- The teaching/earning process must incorporate the four aspects of professional effectiveness: expertise, autonomy, (identity, independence and authority), commitment to the profession and responsibility to self and society.
- The aim of learning/teaching process is the facilitation of professional growth, leadership and independence by:
  - Maintaining unconditional positive regard for each student's unique responses and capacities; including their cultural and ethnic background, learning styles, goals, and support systems
  - Guiding students toward the realization of their greatest learning potential through ongoing collaboration
  - Establishing realistic learning goals which maintain a standard of excellence in nursing practice
  - d. Providing a learning environment for students in the classroom and multiple clinical settings that are conductive to professional practice

- within the broader social systems to improve the quality of life.
- Advocates ethical practices in nursing and health by applying the principles of ethical decision-making.
- Participates in identifying community and social health care needs and in designing nursing roles to meet these needs.
- Incorporates critically evaluated research findings into nursing practice.
- Promotes
   responsibility and
   accountability for
   health care delivery.
- Assumes nursing leadership roles in collaborating and coordinating with other health care professionals to provide and promote optimal futureoriented health care in a cost-effective manner.
- Advocates selfdetermination for consumer groups interested in health

- role in the nursing profession.
- Interprets the role and functions of the nurse prepared at the master's level to clients, nurses and other health care providers, and policymakers.
- Designs and implement programs for the delivery of health care which provide services that improve the quality of life for individuals, aggregates, and/or organizations.

in the search for truth and	care that function in	
authentic human	the roles of strategic	
development, and that	planner, consultant,	
welcomes persons of all	teacher and	
faiths or no religious beliefs	administrator.	
as fully contributing partners	administrator.	
to the University;		- 1
The <u>freedom</u> and the		
responsibility to pursue truth		
and follow evidence to its		
conclusion;		
Learning as a humanizing,		
social activity rather than a		
competitive exercise;		- 1
A common good that		- 1
transcends the interests of		- 1
particular individuals or		- 1
groups; and reasoned		
discourse rather that		
coercion as the norm for		
decision making;		
<u>Diversity</u> of perspectives,		
experiences and traditions as		- 1
essential components of a		
quality education in our		
global context;		
Excellence as the standard		- 1
for teaching, scholarship,		- 1
creative expression and		
service to the University		- 1
community;		- 1
Social responsibility in		- 1
fulfilling the University's		
mission to create,		
communicate and apply		
knowledge to a world shared		
by all people and held in trust		
for future generations;		
The moral dimensions of		
every significant human		
4.3.1 - G (18.118.1		

choice: taking seriously how and who we choose to be in the world	
The full, integral	
development of each person	
and all persons, with the	
belief that no individual or	
group may rightfully prosper	
at the expense of others;	
A <u>culture of service</u> that	
respects and promotes the	
dignity of every person	

Domains and Core Competencies of Nurse Practitioner Practice (NONPF)

# Nurse Practitioner Primary Care Competencies in Specialty Areas:

Adult, Family, Gerontological, Pediatric, and Women's Health

April, 2002

Prepared for:

Department of Health and Human Services
Health Resources and Services Adminstration
Bureau of Health Professions
Division of Nursing
5600 Fishers Lane, Room 9-35
Rockville, MD 20857
Prepared under Contract Number:
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Submitted by:

The National Organization of Nurse Practitioner Faculties (NONPF) www.nonpf.com

in partnership with

The American Association of Colleges of Nursing (AACN) www.aacn.nche.edu

# Domains And Core Competencies Of Nurse Practitioner Practice (NONPF)

DOMAIN/CORE COMPETENCY	COURSE
DOMAIN 1 MANAGEMENT OF PATIENT HEALTH/ILLNESS STATUS	
A. Health promotion/health protection and disease prevention	620,640,641
Differentiate between normal, variations of normal and abnormal findings	606,620.621
Provides health promotion and disease prevention services to patients who are healthy or have acute and chronic conditions, based on age, developmental state, family history and ethnicity	620,640,641,650,651
Provides anticipatory guidance and counseling to promote health, reduce risk factors, and prevent diseases based on age, developmental state, family history and ethnicity	608,620,640,641,673
Develops or uses a follow-up system within the practice to ensure that patients receive appropriate services	
Recognizes environmental health problems affecting patients and provides health protection interventions that promote health environments for individuals families and communities.	620,621,673
B. Management of Patient Illness	
Analyzes and interprets history, including presenting symptoms, physical findings and diagnostic information to develop appropriate differential diagnoses.	
Diagnoses and manages acute and chronic conditions while attending to the patient's response to the illness experience.	606,650,651
Prioritizes health problems and intervenes appropriately including initiation of effective emergency care.	
Employs appropriate diagnostic and therapeutic interventions and regimes with attention to safety, cost, invasiveness, simplicity, acceptability, adherence and efficacy.	620,640,650,651,673
Formulates an action plan based on scientific rationale, evidenced based standards of care ad practice guidelines.	620,640,650,651,673
Provides guidance and counseling regarding management of the health/illness condition.	620,640,650,651,673
Initiates appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioner's scope of practice an/or expertise.	620,640,650,651,673
Assesses and intervenes to assist the patient in complex, urgent or emergency situations	620,640,650,651,673
Appropriate to both sub-domains:	620,640,650,651,673
Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making	620,640,650,651,673
Obtains a comprehensive and problem focused health history from the patient	620,640,650,651,673
Performs a comprehensive and problem focused physical examination	620,640,650,651,673
Analyzes the data collected to determine health status	620,640,650,651,673
Formulates a problem list	620,640,650,651,673
Assesses, diagnoses, monitors, coordinates and manages the health/illness	620,640,650,651,673
Demonstrates knowledge of the pathophysiology of acute and chronic disease or conditions commonly seen n practice	606,607,621,651,671,672
Communicates the patient's health status using appropriate terminology, format and technology	620,621,640,650

DOMAIN/CORE COMPETENCY	COURSE
Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease and effectiveness of prevention and intervention	N641
Uses community/public health assessment information in evaluating patient needs, initiating referrals, coordinating care and program planning	673
Applies theories to guide practice	620,640,650,670,673
Applies/conducts research studies to area of practice	655
Prescribes medications based on efficacy, safety and cost as legally authorized and counsels concerning drug regimens, drug side effects and interactions with food supplements and other drugs.	620,640,650,670,673
Integrates knowledge and pharmacokinetics processes of absorption, distribution, metabolism and excretion and factors that alter pharmacokinetics in drug dosage and route selection	620,640,650,670,673
Selects/prescribes correct dosages, routes and frequencies of medications based on relevant individual patient characteristics, e.g. illness age, culture, gender, and illness	620,640,650,670,673
Detects and minimizes adverse drug reactions with knowledge of pharmacokinetics and dynamics with special attention to vulnerable populations such as infants, children, pregnant and lactating women and older adults.	620,640,650,670,673
Evaluates and counsels the patient on the use of complementary/alternative therapies for safety and potential interactions.	620,640,650,670,673
Integrates appropriate nonpharmacokinetic treatment modalities into a plan of management	620,640,650,670,673
Orders, may perform, and interprets common screening and diagnostic tests	620,640,650,670,673
Evaluates results of interventions using accepted outcome criteria, revises the plan accordingly and consults/refers when needed	620,640,650,670,673
Collaborates with other health professionals and agencies a appropriate	620,640,650,670,673
Schedules follow-up visits to appropriately monitor patients and evaluate health/illness care	620,640,650,670,673
DOMAIN 2 THE NURSE PRACTITIONER-PATIENT RELATIONSHIP	
Creates a climate pf mutual trust and establishes partnerships with patients	620,640,650,670,673
Validates and verifies findings with patients	620,640,650,670,673
Creates a relationship with patients that acknowledges their strength and assist patients in addressing their needs.	620,640,650,670,673
Communicates a sense of "being present" with the patient and provides comfort and emotional support	620,640,650,670,673
Evaluated the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families and communities)	620,640,650,670,673
Applies principles of self-efficacy/empowerment in promoting behavior change	620,640,650,670,673
Preserves the patient's control over decision making, assesses the patient's commitment to the jointly determined, mutually acceptable plan of care and fosters patient's personal responsibility for health	620,640,650,670,673

DOMAIN/CORE COMPETENCY	COURSE
Maintains confidentiality while communicating data, plans, and results in a manner that preserves the dignity and privacy of the patient and provides a legal record of care	620,640,650,670,673
Monitors and reflects on own emotional response to interaction with patients and uses this knowledge to further therapeutic interaction	620,640,650,670,673
Considers the patient's needs when termination of the nurse practitioner-patient relationship is necessary and provides for a safe transition to another care provider.	620,640,650,670,673
Evaluates patient and/or caregiver support system	620,640,650,670,673
Assists the patient and/or caregiver to access the resources necessary for care	620,640,650,670,673
DOMAIN 3 THE TEACHING COACHING FUNCTION	
Timing	
Assesses the patient's on-going and changing needs for teaching based on a0 needs for anticipatory guidance associated with growth and development stage, b) care management that requires specific information skills, and c) patient's understanding of his/her health condition	620,640,650,670,673
Assesses patient's motivation for learning and maintenance of health related activities using principles of change and stages of behavior change	620,640,650,670,673
Creates an environment in which effective learning can take place	620,640,650,670,673
Eliciting	
Elicits information about the patient's interpretation of health conditions as a part of the routine health assessment	620,640,650,670,673
Elicits information about the patient's perceived barriers and supports to learning when preparing for patient's education	620,640,650,670,673
Elicits from the patient the characteristics of his/her learning style from which to plan and implement the teaching	620,640,650,670,673
Elicits information about cultural influences that may affect the patient's learning experience	620,640,641,650,670,673
Assisting	
Incorporates psycho-social principle into teaching that reflect a sensitivity to the effort and emotions associated with learning about how to care for one's health conditions	620,640,650,670,673
Assists patients in learning specific information or skills by designing a learning plan that is comprised of sequential, cumulative steps and that acknowledges relapse and the need for practice, reinforcement, support and re-teaching when necessary	620,640,650,670,673
Assists patients to use community resources when needed	620,640,650,670,673
Educates patients about self management of acute/chronic illness with sensitivity to the patient's learning ability and cultural background.	620,640,650,670,673
Providing	
Communicates health advice, instruction and counseling appropriately using evidence based rationale	609,621,641,651,671

DOMAIN/CORE COMPETENCY	COURSE
Negotiating	
Negotiating  Negotiating  Negotiates a mutually acceptable plan of care based on continual assessment of the patient's readiness and motivation, resetting goals and optimal outcomes.	620,640,650,670,673
Monitors the patient's behavior and specific outcomes as a useful guide to evaluating the effectiveness and need to change or maintain teaching strategies such as weight loss, smoking cessation and alcohol consumption.	620,640,650,670,673
Coaching	
Coaches the patient throughout the teaching processes by reminding, supporting, encouraging and the use of empathy.	620,640,650,670,673
DOMAIN 4 PROFESSIONAL ROLE	
Develops and implements role	
Uses scientific theories and research to implement the nurse practitioner role	608,609,625
Functions in a variety of role dimensions: health care provider, coordinator, consultant, educator, coach, advocate, administrator, researcher and leader	609,625
Interprets and markets the nurse practitioner role to the public, legislators, policy makers and other health care professionals	625
Advocates for the role of the advanced practice nurse in the health care system	609,625
Directs Care	
Prioritizes, coordinates and meets multiple needs and requests of culturally diverse patients	620,640,650,670,672 621,641,651,671,673
Uses sound judgment in assessing conflicting priorities and needs	620,640,650,670,672 621,641,651,671,673
Builds and maintains a therapeutic team to provide optimum therapy	620,640,650,670,672 621,641,651,671,673
Obtains specialist and referral care for patients while remaining the primary care provider	620,640,650,670,672 621,641,651,671,673
Advocates for the patient to ensure health needs are met	620,640,650,670,672 621,641,651,671,673
Consults with other health care providers and private/public agencies	620,640,650,670,672 621,641,651,671,673
Provides Leadership	
Recognizes the importance of participating in professional organizations	609,625,675
Evaluated implications of contemporary health policy on health care providers and consumers	609,625,675

DOMAIN/CORE COMPETENCY	COURSE
Participates in legislative and policy making activities that influence advanced nursing practice and the health of communities	609,625,675
Advocates for access to quality, cost effective health care	609,625,675
Evaluates the relationship between community/public health issues and social problems (poverty, literacy, violence, etc) As they impact the health care of patients.	609,625,675
DOMAIN 5 MANAGING AND NEGOTIATING HEALTH CARE DELLIVERY SYSTEMS	
Managing	
Demonstrates knowledge about the role of the nurse practitioner in case management	685
Provides care for individuals, families and communities within integrated health care services	685
Considers access, cost, efficacy and quality when making decisions	685
Maintains current knowledge of the organization and financing of the health care system as its affects delivery of care	685
Participates in organizational decision making, interprets variation in outcomes and use data from information systems to improve practice	685
Manages organizational functions and resources within the scope of responsibilities as defined in a position description	685
Uses business and management strategies for the provision of quality care ad efficient use of resources	685
Demonstrates knowledge of business principles that affect long term financial viability or practice, the efficient use of resources and quality care.	685
Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services	685
Negotiating	
Collaboratively assesses, plans, implements and evaluates primary care with other health care professionals using approaches that recognize each one's expertise	620,640,650,670,672
Participates as a key member of an interdisciplinary team through the development of collaborative and nnovative practices	620,640,650,670,672
Participates in the planning, development and implementation of public and community health programs	620,640,650,670,672
Participates in legislative and policy making activities that influence health services/practice	620,640,650,670,672
Advocates for policies that reduce environmental health risks	620,640,650,670,672
Advocates for policies that are culturally sensitive	620,640,650,670,672
Advocates for increasing access to health care for all	620,640,650,670,672
DOMAIN 6 MONITORING AND ENSURING THE QUALITY OF HEALTH CARE PRACTICE	
Ensuring quality	A CONTRACTOR OF THE CONTRACTOR
Interprets own professional strengths, role and scope of ability to peers, patients and colleagues	625,675
Incorporates professional/legal standards into practice	625,675

DOMAIN/CORE COMPETENCY	COURSE	
Acts ethically to meet the needs of patients	625,675	
Assumes accountability for practice and strives to attain the highest standards of practice	625,675	
Engages in self evaluation concerning practice and uses evaluative information, including peer review, to	625,675	
improve care and practice		
Collaborates and/or consults with members of the health care team about variations in health outcomes.	625,675	
Uses the evidence based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.	625,675	
Evaluates the patient's responses to health care provided and the effectiveness of the care	625,675	
Uses the outcomes of care to revise care delivery strategies and improve the quality of care	625,675	
Accepts personal responsibility for professional development and the maintenance of professional competence and credentials	625,675	
Considers ethical implications of scientific advances and practices accordingly	625,675	
Monitoring Quality		
Monitors quality of own practice and participates in continuous improvement based on professional practice standards and relevant statutes and regulation	620,625,640,650,670,673	
Evaluates patient follow-up and outcomes including consultation and referral	620,625,640,650,670,673	
Monitors research in order to improve quality care	625,645,655	
DOMAIN 7 CUTURAL COMPETENCE		
Shows respect for the inherent dignity of every human being whatever their age, gender, religion, socioeconomic class, sexual orientation and ethnicity	620,621,640,641,650,670,673,675	
Accepts the rights of individuals to choose their care provider participate in care and refuse care	620,621,640,641,650,670,673,675	
Acknowledges personal biases and prevents these from interfering with the delivery of quality care to persons of differing beliefs and lifestyles	620,621,640,641,650,670,673,675	
Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways	620,621,640,641,650,670,673,675	
Incorporates cultural preferences, health beliefs and behaviors and traditional practices into the management plan	620,621,640,641,650,670,673,675	
Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient	620,621,640,641,650,670,673,675	
Accesses culturally appropriate resources to deliver care to patients from other cultures	620,621,640,641,650,670,673,675	
Assists patients to access quality care within a dominant culture	620,621,640,641,650,670,673,675	
Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care.	620,621,640,641,650,670,673,675	
Spiritual		
Respects the inherent worth and dignity of each person and the right to express spiritual belief as art of his/her humanity	620,621,640,641,650,670,673,675	

DOMAIN/CORE COMPETENCY	COURSE	
Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services	620,621,640,641,650,670,673,675	
Assesses the influence of patient's spirituality on his/her health care behavior practice	620,621,640,641,650,670,673,675	
Incorporates patient's spiritual beliefs in the plan of care appropriately	620,621,640,641,650,670,673,675	
Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision making and care	620,621,640,641,650,670,673,675	
Respects wishes of patients ad families regarding expression of spiritual beliefs	620,621,640,641,650,670,673,675	

Curriculum Mapping
Incorporating Essentials of
Master's Education For
Advanced Practice
Nursing

CURRICULUM MAPPING Incorporating Essential Of Master's Education For Advanced Practice Nursing

Graduate Core Curriculum Content	Course Placement	Program Outcomes
I. Research coursework provides grad with knowledge and skill to		
A. Assess current and relevant data needed to answer questions identified in one's nursing practice	N 645, N655, N675, N683	MSN 3
B. Utilize new knowledge to analyze the outcomes of nursing interventions, to initiate change and to improve practice	N621, 621 N645,N655, N683	MSN 3, APN 3. CSM 1,4
C. Use computer hardware and appropriate software, and to understand statistics and research methods	N621, 621 N655	MSN 3, APN 3, CSM 1, 4
D. Utilize information systems for storage and retrieval of data, consistent with the particular population of focus	N621, 621 N685, N684, N691	MSN 3, APN 3,4, CSM 4
E. Initiate a line of inquiry into comprehensive data bases in order to utilize available research in the practice of nursing	N621, 621 N645, N655, N683	MSN 3, APN 3, CSM 4
F. Write and communicate effectively (identify clinical problem, demonstrate an understanding of the research related to this problem, critically analyze the problem and current knowledge, and develop a strategy for the incorporation of the research into the treatment regimen	N621, 621 N645, N655, N683, N686, N691	MSN 3, APN 3,4, CSM 3
Il Policy, organization and financing of Health care		
A. Health Care Policy coursework provides grad with knowledge and skill to:		
1 analyze the results of policy research relevant to health care delivery	N675, N683	MSN 6,
2 differentiate and delineate legislative and regulatory processes	N609, N686	MSN 6
3 articulate the interaction between regulatory controls and quality control within the health care delivery system	N686	MSN 6

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Graduate Core Curriculum Content	Course Placement	Program Outcomes
4 evaluate local, state and national socioeconomic and health policy issues and trends	N675 N683	MSN 6
5 articulate health care issues/concerns to elected and appointed officials, both public and private, a d to health care consumers	N675, N690	MSN 6
6 serve on boards or task forces that influence health policy	N691	CSM 6, APN 5
7 interpret health care research for consumers and officials	N691	MSN 3 APN 4
8 serve as a consumer advocate on health issues	N675	MSN 1, 4
9 articulate and interpret the significance of the advanced practice nursing roles to policy makers, health care providers and consumers	N685, N690	MSN 6 APN 4 CSM 5
B. Organization of the Health Care Delivery System coursework provides grad with knowledge and skill to:		
1 understand how various health care delivery systems are organized, including community and population based systems	N685, N683, N684, N686	MSN 4,5 CSM 1
2 deliver health care services in a variety of health carte delivery systems, including acute and ambulatory are delivery systems and managed and integrated care systems	N684, N690, N691	CSM 1,2 APN 1,2
3 provide leadership in the health care delivery system	N685, N686	CSM 6 APN 5 MSN 5
C. Health Care Financing coursework provides grad with knowledge and skill to:		
1 comprehend the economic implications of health planning, the organization of personnel and resources, the design of payment systems, and the outcome analysis of health care delivery or cost effectiveness of services	N663,N685, N690, N691	CSM 1,2,3
2 use of basic principles of fiscal management and budgeting, and health economics.	N663, N685, N691	CSM 1,2,3
3 analyze and monitor the cost effectiveness of clinical decisions and make recommendations for increasing the cost effectiveness of care	N663, N685, N690	CSM 1,2,3
4 make high quality cost effective choices in the use of health care resources	N663,N685, N690	CSM 1,2,3
5 demonstrate fiscal accountability for one's own practice while providing quality care	N685, N690, N691	CSM 1,2,3

Graduate Core Curriculum Content	Course Placement	Program Outcomes
6 develop a budget and manage resources, including knowing when to seek the services of external resources such as a lawyer or practice consultant	N663,685 N609	CSM 6
III. Ethics coursework provides grad with knowledge and skill to:		
A. Identify and analyze common ethical dilemmas and the ways in which these dilemmas impact patient care	N675, N609	MSN 4
B evaluate ethical methods of decision making and engage in an ethical decision making process	N675	MSN 4, 6
C. Evaluate ethical decision making from both a personal and organizational perspective and develop an understanding of how these two perspectives may create conflicts of interest	N675	MSN 1, 5
D. Identify areas in which a personal conflict of interest may arise	N675	MSN 6
Propose resolutions or actions to resolve conflict	N675	MSN 1
F. Understand the purpose of an ethics committee's role in health care delivery systems;	N675	MSN 6 APN 2 CSM 6
G. Serve on an ethics committee	N690	CSM 6
H. Assume accountability for the quality of one's own practice	N675, N690, N609	MSN 7 CSM 6 APN 5
IV. Professional Role Development coursework provides grad with knowledge and skill to:		
A. Communicate with other health care professionals	N620, N625, N684, N609	MSN 4,6,7 APN 2 CSM 5,6
B develop and work in collaborative and interdependent relationships	N690, N691, N609	MSN 2,7 APN 2 CSM 5,6
C. Assume the role of advocate for consumers and changer agent within the health care system	N620, N625, N675, N609	MSN 2,6 APN 4
D. Actualize/implement the advanced practice roles of teacher, researcher, advocate, clinician, consultant, collaborator, and manager of systems	N620, N625, N690, N691	MSN 5,6,7 CSM 5,6
E. Negotiate one's role within the practice system	N625, N690, N691	CSM 6 APN 2
	Course	Program

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Graduate Core Curriculum Content	Placement	Outcomes
Effect change within the health care system, not merely react to changes brought on by others- monitor changes that are occurring within the health care system, through both internal and external forces, and make appropriate changes n order to improve the system, the delivery of health care, and health care outcomes	N 609, N625, N683, N686, N690,	MSN 1 APN 5 CSM 1
V. Theoretical Foundation of Nursing Practice coursework provides grad with knowledge and skill to:		
A. Critique and evaluate a variety of theories from nursing and related fields	N615, N683	MSN 1,2,3
B. Apply and utilize appropriate theories from nursing and related fields to provide quality health care to clients	N615, N683, N609	CSM 1,3,4 APN 3
C. Understand the health care delivery system in which they practice through the application of appropriate theories	N683, N615	MSN 1,2,3 CSM 1,3,4
VI. Human Diversity and Social Issues coursework provides grad with knowledge and skill to:		
A. Perform a community assessment, utilizing appropriate epidemiological principles	N673, N686	CSM 1,4
B. Differentiate and compare the wide range of cultural norms and health care practices of groups of varied racial and ethnic backgrounds	N609, N684	MSN 1 APN 4 CSM 1
C. Define, design and implement culturally competent health care	N620, N621, N684	MSN 1 APN 4 CSM 1
D. Ensure that systems meet the needs of the population(s) served and are culturally relevant	N609, N 684	MSN 1 APN 4 CSM 1
E. Recognize the variants in health, including physiological variations, in a wide range of cultural, racial, ethnic, age, and gender groups that may influence the assessment and plan of care	N606, N686, N684,	MSN 1 APN 1, 4 CSM 1
F. Practice in collaboration with a multicultural work force	N685, N686	MSN 1,2,5 APN 2 CSM 1
VII. Health Promotion and Disease Prevention coursework provides grad with knowledge and skill to:		
Graduate Core Curriculum Content	Course Placement	Program Outcomes

A. Use epidemiological, social, and environmental data to draw inferences regarding the health status of client populations, i.e., individuals, families, groups and communities	N686	MSN 1,7 APN 3,6 CSM 1, 3
B. Develop and monitor comprehensive, holistic plans of care that address the health promotion and disease prevention needs of client populations	N609, N686	MSN 1,2,7 APN 1 CSM 1
C. Incorporate theories and research in generating teaching and counseling strategies to promote and preserve health and health lifestyles in client populations	N609, N683	MSN 1,2, 4,7 APN 3 CSM 1,3,5
D. Foster a multidisciplinary approach to discuss strategies and garner multifaceted resources to empower client populations in attaining and maintaining maximal functional wellness	N683, N686, N609	MSN 4,5 APN 2 CSM 1,2, 3
E. Influence regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities	N683, N686	MSN 5,6,7 APN 5 CSM 5

CGEAN Essentials of Nursing Administration Advanced Practice CGEAN Essentials of Nursing Administration Advanced Practice

CONTENT	COURSE
Nursing Science and Social Science Cognates	COUNCE
Nursing frameworks and theories	N615,N683, N685
Organization, leadership and Management frameworks and theories	N685, N685
Social-psychology theories of communication, group dynamics, political	14000, 14000
negotiation and conflict management	N683. N685
Teaching-learning theories	N609
Social/political change theories	N683. N685
Economic theories	N663
Ethics frameworks and theories	N675, N685, N686
Law	N685, N686
Social Policy	N675
Social Folicy	14073
Nursing Administration/Management	
Nursing Process: organization, aggregate and community levels	N683, N686
Nursing Administration history and theory	N683, N685
Nursing Administration and Policy research	N675, N683
Ethical and legal issues in Nursing Administration	N675, N683, N685
Patient and Staff education	N609
Case management and system development	N684, N685, N686
Quality improvement processes and implementation	N686
Nursing information systems	N684, N685
Nursing care delivery system design and implementation	N684, N685
Nursing professional practice models	N684
Nursing system career paths and career development	N685
Nursing applications in financial management	N663, N685
3 Rusiness Administration/Public Administration/Healthcare	
Business Administration/Public Administration/Healthcare     Administration	
Administration	N663 N685
Administration Strategic planning	N663, N685 N675
Administration Strategic planning Health care public policy	N675
Administration Strategic planning Health care public policy Human resource management	N675 N684
Administration Strategic planning Health care public policy Human resource management Health care systems	N675 N684 N683, N684, N68
Administration Strategic planning Health care public policy Human resource management Health care systems Environmental health	N675 N684 N683, N684, N685 N686
Administration Strategic planning Health care public policy Human resource management Health care systems Environmental health Health services research	N675 N684 N683, N684, N689 N686 N45, N655, N683
Administration Strategic planning Health care public policy Human resource management Health care systems Environmental health Health services research Mentoring	N675 N684 N683, N684, N685 N686 N45, N655, N683 N690, N691
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change	N675 N684 N683, N684, N689 N686 N45, N655, N683 N690, N691 N683, N685
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design	N675 N684 N683, N684, N685 N686 N45, N655, N683 N690, N691
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management	N675 N684 N683, N684, N688 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing	N675 N684 N683, N684, N689 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management	N675 N684 N683, N684, N685 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing  Management information systems  Policies, procedures and governance	N675 N684 N683, N684, N688 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85 N664, N685
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing  Management information systems  Policies, procedures and governance  4. Methodology	N675 N684 N683, N684, N688 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85 N684, N685 N606
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing  Management information systems  Policies, procedures and governance  4. Methodology  Biostatistics	N675 N684 N683, N684, N688 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85 N664, N685 N606
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing  Management information systems  Policies, procedures and governance  4. Methodology  Biostatistics  Program evaluation	N675 N684 N683, N684, N689 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85 N664, N685 N606  N645, N655 N609
Administration  Strategic planning  Health care public policy  Human resource management  Health care systems  Environmental health  Health services research  Mentoring  Organizational culture and change  Work design  Financial management  Marketing  Management information systems  Policies, procedures and governance  4. Methodology  Biostatistics	N675 N684 N683, N684, N685 N686 N45, N655, N683 N690, N691 N683, N685 N683 N663 N663, N85 N684, N685 N606

CONTENT	COURSE
Accreditation, Standards of Nursing and Standards of Care	N685, N686
Measurement of patient satisfaction and outcomes	N685, N686
Organizational assessment	N683, N690
Consultation	N609, N684
Quality Assurance/Performance Improvement	N685, N686
Research utilization	N645, N655, N683
Technical writing and business writing	N663, N685

The listing of content areas is a guideline for identifying areas of knowledge and skill that all graduates should master. There are multiple ways that this content may be arranged into courses within graduate programs in schools of nursing. Some of the content students may learn in courses within the broader academic community. Nursing students taking coursework outside the school not only reduces the duplication of content across the university but also broadens the student's educational perspective through study within another disciplinary perspective

School of Nursing (SON) External Advisory Board

# University of San Francisco (USF) School of Nursing (SON)External Advisory Board

Member	<u>Profession</u>	Comments
Pamela Bunnell	USF SON Term Faculty	BSN USF 1963
JoAnn Cahill	Director of Contract Services, Concentra Health Services	BSN USF 1966; USF Board of Trustees, Board of Governors
Mary Caldwell	Partner, Medical technology Partners	BSN USF 1971
William J. Casey	CEO, William J. Casey, Inc.	BSN USF 1967
Edward A. Chow	Edward A. Chow, MD	USF Alum (sciences) 1959
Kathleen Dolan	Manager, CCSA, Inc (a clinical research agency)	BSN USF 1964
Barbara Durand	Dean & Professor, College of Nursing, Arizona State University	EdD USF1985
Sr. Ellene Egan	Sisters of Mercy, USF SON Faculty Chair	BSN USF 1979, EdD USF 1989
Cheryl Fama	President, CEO, Catholic Healthcare West, St. Francis Memorial Hospital	BSN USF 1970, MPA USF 1997
Kathleen Farrell	Faculty, St. Brendan School	BSN USF 1962
Linda Fitzgerald	Liver Transplant Coordinator, Stanford University Medical Center	BSN USF 1984
Rosemary Fox	CEO, VP Dialysis Operations, Satellite Health	BSN USF 1972
John Lantz	Dean & Professor, School of Nursing USF	
Kathleen Lynaugh	Sr. Counsel, Blue Shield of California	MBA USF 1980
Kevin Reilly	Community Organizer, California Nurses Association	BSN USF 1992
Louise Trygstad	Faculty Emeritus, USF School of Nursing	Former Associate Dean, USF SON
Sharon A. Wicher	Director, Psychiatric Nursing, San Francisco General Hospital MC	BSN USF 1975

# **APPENDIX A8**

**FASON By-Laws** 

### By-Laws of the School of Nursing Division

#### I. Name

This organization shall be known as the School of Nursing Division of the USF Faculty Association, hereinafter referred to as the Faculty Association of the School of Nursing (FASON).

#### II. Objectives

- (1) To identify and represent FASON members in collective bargaining issues.
- (2) To coordinate the educational and academic activity in the School of Nursing.
- (3)To maintain open and effective channels of communication between the School of Nursing Faculty and other educational units within the University; between the Faculty and students of the School of Nursing; between the Faculty and the administrative officers of the School of Nursing; between the Faculty and USFFA Policy Board; and between the Faculty and the personnel of participating agencies and the surrounding community.
- (4)To stimulate and foster leadership in nursing and nursing education.
- (5)To identify and review current and/or ongoing problems relative to the USF School of Nursing Faculty and the School of Nursing, and work toward their solution.
- (6) To plan, recommend and implement curricular goals which meet the educational needs of students.
- (7) To promote the ongoing development of faculty in the areas of teaching, research and community and professional service.
- (8) To implement an ongoing program evaluation and recommend any revisions that may be indicated as a result of such an evaluation process.
- (9) To facilitate the peer review process of faculty related to tenure and promotion.
- (10) To facilitate the development of policies related to the admission and progression of students in the School of Nursing.
- (11)To perform all other functions as necessary under these by-laws, the Constitution of the Faculty Association, and the Collective Bargaining Agreement.

#### III. Membership

- (1) Membership in FASON shall consist of all faculty who hold full-time appointments in the School of Nursing and who are members in good standing of the USF Faculty Association.
- (2) All members have voting privileges unless otherwise designated in either the USF Faculty Association Bargaining Agreement or in these by-laws.
- (3) Selected but non-voting committee participation privileges are extended to part-time faculty and nursing students.
- (4) Nursing students, as representatives of their constituency, may attend School of Nursing Faculty meetings, Academic Standards Committee meetings, Curriculum Committee and Evaluation Committee meetings upon invitation.

#### IV. Officers

- (1) The officers of FASON shall be:
  - (a) A faculty chairperson, who shall be an elected faculty member from the School of Nursing.
  - (b)A faculty vice chairperson, who shall be an elected faculty member from the School of Nursing.
  - (c) One Policy Board representative, who shall be an elected faculty member from the School of Nursing, shall serve as the USFFA Grievance Committee representative and on the USFFA Negotiating Team.

- (2) The duties of the officers shall be such as are implied by their respective titles and as further specified in these by-laws.
  - (a) The faculty chairperson shall:

(1.) Preside at all Full Faculty, FASON and Executive Council meetings.

(2.)Prepare the agendas for Full Faculty, FASON and Executive Council meetings. Accept agenda items no later than five working days preceding a meeting and oversee the distribution of agendas to faculty members three working days preceding each meeting.

(3.)Inform member(s) prior to the publishing of the agenda of the reason(s) if an agenda item was not accepted.

- (4.) Cancel meetings in the event there are no agenda items, or for other reasons deemed necessary.
- (5.) Coordinate assignments among and between School of Nursing committees and University committees.
- (6.) Send and answer correspondence related to FASON.
- (7.) Attend and participate in other School of Nursing activities/meetings as required and expected of this role.
- (b) The faculty vice chairperson shall:
  - (1.) assist the chairperson as necessary in presiding at Full Faculty, FASON and Executive Council meetings.
  - (2.)preside at Full Faculty, FASON and Executive Council meetings in the absence of the faculty chairperson.
  - (3.)coordinate the work of the standing committees in relation to their specified functions.
  - (4.) publish notices for special meetings to all members.
  - (5.) answer correspondence as requested by the faculty chairperson.
  - (6.)coordinate social functions within the School of Nursing.
  - (7.) set due date for FASON dues at the beginning of the Fall semester.
  - (8.) collect yearly FASON dues.
  - (9.) devise and maintain a budget for such expenditures.
  - (10.) consult with faculty chairperson on matters pertaining to funds as needed.
- (d) The USFFA Policy Board Representative shall:
  - (1.) attend biweekly USFFA Policy Board meetings.
  - (2.) attend and give an overview of the USFFA, FASON and their officers during the orientation sessions for new faculty.
  - (3.) provide USFFA Policy Board reports at FASON meetings.
  - (4.) serve on the USFFA Grievance Committee and shall represent FASON members in the grievance process.
  - (5.) serve on the Negotiating Team for the USFFA.
  - (6.) clarify the rights of each FASON member under the current Collective Bargaining Agreement.
- 3) Terms of Office: All officers of FASON shall serve for three years. They may be re-elected.

#### V. Department Chairpersons

There shall be four Department Chairpersons, who shall Members.

be elected by FASON

a) the department chairperson shall:

(1.) see Article 29 in the 2002 - 2007 USF-USFFA Collective Bargaining Agreement for information regarding the duties and responsibilities of departments chairs, election of chairs, Dean's request to elect another chair, etc.

(2.) provide reports at FASON meetings.

2) Term of Office: All Department Chairpersons shall serve for three years. The may be re-elected.

#### VI. Election and Recall Procedures

(1) Election Procedures:

(a) The Executive Council shall conduct all necessary election of FASON Officers and Department Chairs according to the procedures outlined in this Article.

(b) Elections shall be held (1) to fill a vacancy due to untimely resignation, recall, or death; or (2) to provide a successor when a vacancy is anticipated due to expiration of term or timely notice or resignation. This will normally be done in the Spring to have FASON Officers in place for the Fall semester.

(c) When an unanticipated vacancy occurs, the Executive Council shall

immediately appoint an individual to serve in an interim capacity.

(d) The Executive Council begins the election procedures for a given office by polling the constituency, soliciting names of eligible individuals interested in serving. All full-time faculty are eligible to serve. The polling procedure shall be initiated not less than two (2) weeks prior to the circulation of the ballot.

(e) The Executive Council shall issue ballots to all eligible to vote. All full-time

faculty are eligible to vote.

(f) The Faculty Chairperson and the Faculty Vice Chairperson shall tally the votes cast and notify the constituency of the results. The individual(s) receiving the greatest number of votes shall be elected. In the case of a draw, a run-off election shall be held.

(2) Recall Procedures:

(a) Each FASON Officer, Department Chair and committee member is expected to carry out the duties and responsibilities of his/her office/role. This includes regular attendance at meetings, and where appropriate, adequate representation of the views of his/her constituency. Failure to adequately carry out the duties of office is grounds for recall.

(b) The Executive Council shall conduct all recall proceedings according to the

procedures outlined in this Article.

(c) Upon receiving written petition from not less than fifty (50) percent of the constituency, stating the case for recall, the Council shall immediately issue notice to the entire constituency that this action has been initiated.

(d)After one week, the Executive Council shall issue a recall ballot to the

constituency. Ballots shall be due one week after their issuance.

(e) The Executive Council shall tally the votes cast and notify the constituency of the results. A two-thirds (2/3) majority of votes cast shall be necessary for recall.

(f) In the case that the recall procedure is successful procedures described in Election Procedures in these by-laws shall be followed.

#### VII. Meetings

1) The regular meetings of FASON shall be held as needed during the academic year.

2) Meetings may be called by the faculty chairperson, or by petition of at least 30% of the membership. Special meetings must be announced in writing or by e-mail to all members of FASON at least 5 academic business days prior to the time of a special meeting.

3) A quorum shall consist of a simple majority of the members of FASON.

 Decisions to hold faculty workshops will be determined by a simple majority of FASON members in consultation with administration. 5) Non-members who may wish to address FASON members regarding an issue before the membership may request time though the faculty chairperson. Such requests are to be published in the agenda and will be regarded as informational in the decision-making process of the membership. Non-members must give advance notification of the date and the topic to be discussed.

#### VIII. Minutes

Responsibility for taking FASON minutes is rotated among members. The person taking the minutes oversees distribution of minutes to all members of FASON prior to the next regularly scheduled meeting.

#### VIX. Executive Council

- (1) Membership
- (a) The Executive Council shall be composed of the Faculty Chairperson, the Faculty Vice Chairperson, the Policy Board Representative, and the Chairpersons of each of the following standing committees: 1) Curriculum, 2) Faculty Development, 3) Program Evaluation, 4) Peer Review and 5) Academic Standards. The Faculty Chairperson will invite the Dean and/or Associate Dean to attend meetings at the direction of the Executive Council.
- (2) Purpose
- (a) The purpose of Executive Council meetings is to discuss matters related to the objectives of FASON as outlined in these by-laws.
- (3) Meetings
  - (a) The Executive Council shall hold meetings as needed during the academic year.

    Meetings are open to all FASON members who may have voice but no voting privileges. The Executive Committee may close their meetings, if in their opinion, the issue under discussion warrants it.
- (4) Minutes:

Minutes will taken by members on a rotating basis. The member of the Executive Council who is responsible for taking the minutes will oversee their distribution to all Executive Council members prior to the next meeting.

#### X. Committees

- (1) The Standing Committees of FASON shall be:
- (a) Curriculum Committee (Joint)
- (b) Faculty Development Committee (Joint)
- (c) Program Evaluation Committee (Joint)
- (d) Peer Review Committee
- (e) Academic Standards Committee
- (2) With the exception of the Peer Review Committee, members shall be appointed by the Faculty Chairperson to each of the standing committees. The Chairperson of each standing committee shall be elected from among the faculty members of the committee at the first meeting of the Fall Semester. Committees may elect a Vice Chairperson.
- (3)Minutes:

Minutes will be taken by standing committee members on a rotating basis. The member of the standing committee who is responsible for taking minutes will oversee their distribution to all members of the standing committee. All minutes of each standing committee meeting are to be kept by the standing committee chairs. Upon change of standing committee chairs, the minutes will be passed on to the newly

elected chair. Minutes of each standing committee meeting, except the Peer Review Committee, shall be available to any FASON member upon request.

(4) Chairpersons of Standing Committees shall be responsible for:

- (a)accepting agenda items, preparing agendas and overseeing their distribution three working days prior to each meeting.
- (b) convening meetings monthly or as needed.
- (c)annually reviewing the functions of their committee with their committee members.
- (d)presenting reports and recommendations of the committee to the faculty at its regular meetings. preparing an annual report in writing and overseeing its distribution to all FASON members and administration.
- (f)facilitating the implementation of the identified goals and/or changes of the School of Nursing as they relate to each standing committee.

(5) Terms of Office:

(a)All officers and members of standing committees serve for three year terms. They may be re-elected. Committee members may be reappointed or reelected. (b)Ordinarily, no faculty member should serve on more than one standing committee or as Faculty Chair or Policy Board Representative at any one time.

(6) Meetings:

- (a) Standing committees shall meet monthly or as often as necessary to meet their responsibilities
- (b)Regular standing committee meetings dates shall be set at the beginning of each semester.
- (c)Standing committee meetings (except Peer Review) are open to all FASON members who may have voice but no voting privileges. Standing committees may close their meetings if the issue under discussion in their opinion warrants it. (d)Non-members of FASON who wish to address a standing committee relative to an issue being discussed by the standing committee may do so by requesting time from the chairperson. Non-members of FASON may be invited to attend a standing committee meeting by invitation of the chairperson of the standing committee.
- (e)There will be undergraduate and graduate student representation on the Curriculum Committee. Students may be invited to attend Academic Standards Committee and the Program Evaluation Committee meetings. Peer Review and Faculty Development Committee meetings are closed to students.
- (f)All standing committees are directly responsible and accountable to FASON.
- (g)All standing committees shall make general guidelines of their procedures available to any FASON members upon request.

(7) Academic Standards Committee

(a) Functions: This Committee shall:

- (1.) represent admission and progression issues for all undergraduate and graduate students in the School of Nursing.
- (2.) review, revise, organize and recommend a comprehensive admission and progression policy to FASON.
- (3.) assist faculty members with interpretation of academic standard policies.
- (4.) advise and recommend to individual/groupsof faculty members including faculty development about academic standards.
- (5) serve as a forum for faculty regarding student progression and retention issues.
- (6)Hold student appeal hearing for students disqualified from the SON and advise the Dean regarding each student's continued enrollment in the nursing

program. The procedures that are followed are document ed in the University catalog under the SON undergraduate program in the progression section (The Dean will not participate in the appeal hearings).

(b) Membership: There shall be a minimum of three (3) full-time faculty members including at least one (1) tenured faculty member and the Dean of the School of Nursing.

#### (8) Curriculum Committee

- (a) Functions: This Committee shall:
- (1.) maintain the integrity of the curriculum, i.e., consider and approve proposed changes in light of the mission/philosophy of the University and of the School of Nursing, i.e., conceptual framework, objectives and placement of concepts.
- (2.) review and/or initiate new courses and/or programs.
- (3.) review proposed changes in curriculum design, course content and clinical experiences submitted by individual faculty members.
- (4.) evaluate the results, in conjunction with individual faculty and/or Department, of curricular pilot projects as they affect the Nursing Program.
- e. reviews yearly course evaluation summaries submitted by Department Chairs and makes necessary recommendations for curricular change to faculty based on analysis of the course evaluation data.
- (6.) make proposals and recommendations to the School of Nursing Faculty regarding curricular changes for their approval or disapproval.
- (7.) forward proposals and recommendations for curricular changes from the School of Nursing faculty to the School of Nursing Administration.
- (b) Membership: There shall be at least seven (7)full-time faculty on this committee including the four Department Chairs, the Director of the APN Program, the Associate Dean to serve as co-chir and the Coordinator of Learning Resources (ex-officio).

#### (9) Program Evaluation Committee

- (a) Functions: This Committee shall:
- 1. formulate an Evaluation Plan for the School of Nursing.
- 2. oversee the approved Evaluation Plan for the School of Nursing according to the schedule in the plan
- 3. . in response to identified needs of departments or programs, designs and conducts data collection and analysis
- select or develop, and periodically reevaluate instruments to measure specific program outcomes.
- develop procedures for collection, analysis, interpretation, and dissemination of data related to program outcomes.
- review actions taken by departments and committees in response to data outcomes to ensure continuous quality improvement.
- Membership: There shall be at least four (4) full-time faculty on this committee one (1) of whom should be tenured. Membership may include ad hoc members

#### (10) Faculty Development Committee

- (a) Functions: This Committee shall:
  - (1.) develop and maintain evaluation guidelines to critically appraise faculty development proposals submitted to the committee for funding.

- (2.) review applications and award funds based on their academic merit. Article 39.4 of the 2002-2007 Collective Bargaining Agreement between the USFFA and the University identifies the following award criteria:
  - (A) "for research endeavors which may support a candidate's request for consideration for promotion or tenure;
  - request for consideration for promotion or tenure;
    (B) to faculty who wish to enhance professional effectiveness, as such defined is the Collective Bargaining Agreement.

    Awards shall be based on their academic merits alone. Normally, preference for FDF in each college shall be awarded to junior faculty." (p. 113)
- (3.) disseminate guidelines and coordinate the faculty selection of the School of Nursing Teaching Effectiveness Award (one full-time award and one part-time award).
- (4.) serve as a resource to faculty for development of research endeavors.
- (5.) coordinate on-going faculty development programs.
- (b) Membership: The membership shall consist of at least four (4) members, one of whom should be a tenured faculty member. "The Dean and USFFA may each appoint up to five individuals to serve a three-year term" (Article 39.5, 2002-2007 USF-USFFA Bargaining Agreement).
- (c) Awards: According to Article 39.5 of the 2002-2007 USF-USFFA Bargaining Agreement, "Awards shall not be decided by simple majority vote, but by mutual agreement between parties".

#### (11) Peer Review Committee

- (a) Functions: This Committee shall:
  - (1) select a chair and two (2) members to serve on the Universitywide Peer Review Committee.
  - (1.) receive from the Dean of the School all applications for promotion and tenure from members of the School of Nursing Faculty.
  - (2.) review these applications in accordance with standards published in the most current Collective Bargaining Agreement between the USF Faculty Association and the University.
  - (3.) vote on a recommendation for each candidate, according to the instructions in the Collective Bargaining Agreement.
  - (4.) the chair of the committee shall send the voting record to the appropriate people as outlined in the Collective Bargaining Agreement between the USF Faculty Association and the University.
  - (5.) respond as directed in the Collective Bargaining Agreement to a grievance petition by the candidate.
- (b) Membership: The committee shall consist of at least five (5) members elected in a School-wide election for three-year terms. "This committee shall be composed of at least three (3) distinguished full professors (tenured) and no more than two (2) associate professors (tenured). Deviations from the above shall be by mutual agreement only between the University and the USFFA. Such agreement shall be in writing. The committee shall be composed of five (5) individuals elected by all full-time bargaining unit faculty consistent with College procedures and the provisions of Article 22. The committee shall elect a chair." (Article 21.81, 2002-2007 USF-USFFA Collective Bargaining Agreement, p. 31)

#### XI. Organizational Relationships

(1) Any proposed action of the School of Nursing which would affect members in another division shall be forwarded to the Policy Board for approval.

(2) The Policy Board may submit agenda items for action by the School of Nursing.

### XII. Parliamentary Authority

Robert's Rules of Order, Newly Revised shall govern meetings of this organization in all cases to which they apply and in which they are not inconsistent with these by-laws.

#### XIII. Subordination

No part of the School of Nursing by-laws or proceedings shall stand in contradiction to the Faculty Association's Constitution the Faculty Association's published policy, or the Collective Bargaining Agreement.

#### XIV. Amendments to the By-laws

- (1) These by-laws may be amended by a majority of FASON members at any regular FASON meeting provided written notice has been given at least one week prior to the meeting.
- (2) These by-laws may be amended by a two-thirds (2/3) majority vote of FASON members present and voting at any regular FASON meeting even though no previous notice has been given.
  - (3) All such amendments must be submitted to the Policy Board for approval.
  - (4) Amendments shall become effective immediately upon ratification by 2/3 vote of FASON members.

adopted by USF FASON Members 11/14/94 revised and approved by USF FASON Members 4/28/97 revised and approved by USF FASON Members 3/8/99 revised and approved by USF FASON Member

## **APPENDIX A9**

Faculty Participation in University and SON Committees 2002-2003

Nursing Representatives to University-Wide Committees/Task Forces

<b>Faculty Member</b>	2001-2002	2002-2003
Marjorie Barter	Institutional Review Board-Protection of Human Services (IRBPHS)	Institutional Review Board-Protection of Human Services (IRBPHS)
Robin Buccheri	USFFA Policy Board	USFFA Policy Board
Pam Bunnell	FASON USFFA-Appeals	FASON USFFA-Appeals
Betty Carmack	Service Learning Committee Disciplinary Hearing Committee	Sabbatical
Jane Corbett	FASON History Committee	FASON History Committee
Gregory A. DeBourgh	University Information Technology Committee University Web for Students/Faculty Committee University Task Force for Development of Standards for Classroom Instructional Technology Faculty Liaison Web Grading and Registration University Information Technology Committee University Web for Students/Faculty Committee	University Information Technology Committee University e-Campus Advisory Committee University Action Team for USF Connect (Web portal) University Task Force for Development of Standards for Classroom Instructional Technology Faculty Liaison Web Grading and Registration University Information Technology Committee University e-Campus Advisory Committee
Mary Lou DeNatale	Health Education Advisory Committee	Health Education Advisory Committee
Sr. M. Ellene Egan, RSM	Exec. Office USFFA-Treasure USFFA Policy Board USFFA Negotiating Team USFFA Events Coordinator Domestic Partner Benefits Committee	Exec. Office USFFA-Treasure USFFA Policy Board USFFA Negotiating Team USFFA Events Coordinator Domestic Partner Benefits Committee
Judith Harr	USF Children's Committee Disaster Committee.	USF Children's Committee Disaster Committee.
Sally Higgins	Core Curriculum Foundations of Communications Committee	Core Curriculum Foundations of Communications Committee
Sr. Brian Kelber, RSM	Honorary Degree Committee Peer Review Committee University Ministry Retreat Directors)	Honorary Degree Committee Peer Review Committee University Ministry Retreat Directors)
Roberta Romeo	USF Planning Actin Task Force (PATF-Budget and Finance) Service Learning Committee	USF Planning Actin Task Force (PATF-Budget and Finance) Service Learning Committee
Mary Seed	University of San Francisco Committee on Children and Youth Physiology Faculty Search Committee	University of San Francisco Committee on Children and Youth Physiology Faculty Search Committee

	Distinguish Teaching Award Committee	Distinguish Research Award Committee Health Education Advisory Committee
Margot Solomon	Joint University Curriculum Committee (JUCC)	Joint University Curriculum Committee (JUCC)
Betsy Stetson	Joint University Curriculum Committee (JUCC) General Education Curriculum- Core Committee Disciplinary Hearing Committee	Joint University Curriculum Committee (JUCC) General Education Curriculum- Core Committee
Diane Torkelson	Joint Committee for Library and Media Services Joint University Curriculum Committee Library Committee	Joint Committee for Library and Media Services Joint University Curriculum Committee Koret Advisory Board Distinguished Teaching Award Committee Library Committee
Linda V. Walsh CNM, PhD	President's Advisory Committee on the Status of Women (Chair Ad hoc Committee to Implement PTAF Recommendation #2 (Restructuring Student Affairs)	President's Advisory Committee on the Status of Women (Chair) Steering Committee for the Leo McCarthy Center for Public Policy and the Common Good Student Life Committee

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RSM	Committee Administrative Council FASON Council Chair SON External Advisory Committee	Administrative Council
Judith Harr	Student Council Advisor	Student Council Advisor
Sally Higgins	Administrative Council Curriculum Committee Department Chair-Family Health Nursing	Administrative Council Curriculum Committee Department Chair-Family Health Nursing
Sr. Brian Kelber, RSM	Academic Standards Committee Peer Review Committee Graduate Committee	Academic Standards Committee Peer Review Committee Graduate Committee
Vickie Leonard	NA.	Program Evaluation Committee
Margaret Maag	Academic Standards Committee Ad Hoc Math Committee	Academic Standards Ad Hoc Math Committee
Roberta Romeo	Curriculum Committee (Co-Chair) NSNA Advisor	Curriculum Committee (Co-Chair) NSNA Advisor
Mary Seed	Academic Standards Committee	Academic Standards Committee (Chair Psychiatric Mental Health Nurse Practitioner/Clinical Nurse Specialist Curriculum Task Force MHNP/CNS Curriculum Development Task Force Sigma Theta Tau, In't Advisor
Margot Solomon	Academic Standards Committee	Academic Standards Committee Search Committee
Betsy Stetson	Curriculum Committee Search Committee Tri-Gamma Sorority Advisor	Curriculum Committee Search Committee Peer Review Tri-Gamma Sorority Advisor
Diane Torkelson	Chair, Faculty Development Committee Community Mental Health Department member Graduate Department member FASON Executive Committee	Chair, Faculty Development Committee Chair, Community Mental Health Department Graduate Department member Curriculum Committee Administrative Council FASON Executive Committee
Linda V. Walsh CNM, PhD	Program Evaluation Committee	Program Evaluation Committee FASON Vice Chair

Department Chair Graduate Department Peer Rview

Faculty Member

Marjorie Barter

Robin Buccheri

Valerie Bosco

Pam Bunnell

Betty Carmack

Jane Corbett

Sr. M. Ellene Egan,

Nursing Representatives to School of Nursing Committees/Task Forces

Administrative Council

Curriculum Committee

**USFFA Policy Board USFFA Policy Board** Fason Executive Committee MHNP/CNS Curriculum Development Task Force

Peer Review Committee Graduate **FASON Executive Committee** Peer Review Committee Committee

Graduate Committee

Administrative Council

Curriculum Committee

Peer Review Committee Chair

Department Chair Graduate Department

Search Committee Co Chair

Psychiatric Mental Health Nurse Practitioner/Clinical Nurse

2002-2003

Specialist

Curriculum Task Force, Chair Graduate Department Committee

**Program Evaluation Committee** 

**BRN-CNS Task Force** 

Faculty Development Committee **Program Evaluation Committee** 

SON External Advisory Committee

Department Chair Community Mental Health Sabbatical

Nursing

MHNP/CNS Curriculum Development Task

Graduate Department Committee

**Program Evaluation Committee** 

Faculty Development Committee

SON External Advisory Committee

**Program Evaluation Committee** 

**BRN-CNS Task Force** 

2001-2002

Force

Nursing

Sabbatical Peer Review Committee Curriculum Committee

Search Committee

Administrative Council

Department Chair-Adult Health Nursing

Program Evaluation Committee (Co-Chair) Program Evaluation Committee (Co-Chair) Gregory A. DeBourgh Faculty Recruitment Committee

Search Committee

Mary Lou DeNatale Faculty Development Committee Faculty Development Committee Acting Department Chair-Adult Health

Administrative Council FASON Council Chair

SON External Advisory

USF Undergraduate Learning Core Curriculum

#### USF Core Curriculum

#### Preamble

The University of San Francisco, as a Jesuit, Catholic, urban University with a global perspective, is committed to educating leaders who will fashion a more humane and just world. The University's Core Curriculum embodies the Jesuit, Catholic tradition that views faith, reason, and service to others as complementary resources in the search for truth and full human development. The Core promotes these values through their integration across the curriculum. As it develops its course offerings, the University affirms its commitment to provide our students with learning opportunities that embrace the fullness of the Catholic intellectual tradition.

#### Learning Outcomes for the Core Curriculum

#### Area A: Foundations of Communication

#### Public Speaking

Students will be able to:

- Understand the importance of oral argument in citizenship and public decisionmaking
- Understand key concepts from the tradition of rhetoric and use these concepts to assess both their own speaking and that of others
- Identify and evaluate ethical issues in public address, including plagiarism and gender and cultural stereotyping
- Fashion a clear and concise thesis statement
- Identify and use compelling, credible evidence and anticipate audience support of, or opposition to, evidentiary claims
- Identify and evaluate lines of reasoning (both logical and fallacious), and types of proofs and appeals
- Adapt arguments to various audiences and occasions
- Demonstrate facility in multiple genres/modes of public discourse, organizing material in a manner appropriate to the speech genre/mode
- Create a speech outline that categorizes and subordinates ideas to produce a clear, appropriate organizational pattern
- Properly cite a variety of sources
- Adjust voice appropriately to audience, room, and material
- Demonstrate appropriate vocal variety (e.g., pitch, rate, volume) while controlling speech anxiety
- . Demonstrate fluency when delivering speech from notes or outline
- Use nonverbal cues to enhance the speech rather than detract from it
- Use visual aids (e.g., multimedia) effectively

#### Rhetoric and Composition

#### Students will be able to:

- Respond appropriately to different rhetorical situations within academic, professional and civic arenas of discourse
- Demonstrate an understanding of ethos, logos, and pathos and their application in particular rhetorical situations
- Establish exigence and formulate arguable claims, including a central argument and a coherent set of sub-arguments advancing the central argument

- Organize on the whole-text, paragraph, and sentence-level for focus and emphasis, demonstrate an understanding of how organization is shaped by audience and purpose
- · Support claims with credible, compelling, and sufficient evidence
- Demonstrate an understanding of the research process, including locating outside sources, assessing the credibility of sources, practicing appropriate documentation, and integrating sources as evidence to support claims
- Anticipate audience objections and acknowledge complexity in order to establish credibility as writers
- · Use appropriate syntax, grammar, punctuation, and spelling to establish credibility
- · Use language that is free of gender and culturally-biased references
- . Be capable of working through multiple drafts to create a successful text
- Develop flexible strategies for generating, revising, editing, and proofreading, and recognize these as recursive yet distinct activities that, when performed as separate steps, can help writers produce more persuasive prose
- Critique their own and others' work
- Understand and use the power of writing in a socially responsible manner to shape thought and effect change in the world

#### Area B: Math and Science

#### Math

Students will be able to:

- . Determine whether a problem lends itself to a mathematical\* solution, and, if so,
- Design a mathematical solution
- Implement the design or identify and correct problems with the design, and
- Evaluate the validity of a solution and its relevance to the original problem using reasoned discourse as the norm for decision making
  - \* In these outcomes "mathematical" can mean one or more of "algebraic,"
  - "algorithmic," "statistical," "symbolic," "numerical," or computational"

#### Science

Students will be able to:

- Demonstrate understanding of and literacy in the content and principles of a scientific discipline
- Perform laboratory or field procedures and that explore the content and principles of these disciplines
- Carry out scientific procedures in a socially responsible manner
- Accurately observe, record, analyze, and report data collected in the scientific laboratory or the field

#### Area C: Humanities

#### History

Students will be able to:

 Demonstrate a basic knowledge of a significant span of history (e.g., from the Renaissance to the present, from the Civil War to the present)

- Write about how historical forces (e.g. colonization, slavery, immigration, war, social movements) shape the development of societies, with the aim of equipping students with the knowledge, values, and sensitivity to succeed as persons and professionals
- Understand basic principles of historical research that enable the search for truth and the pursuit of evidence to its conclusion
- Differentiate among a variety of historical perspectives, including the moral dimensions of every significant human choice
- Display historical consciousness (i.e., understand past civilizations in their own contexts) with a view to fashioning a more humane and just world

#### Literature

#### Students will be able to:

- Demonstrate a basic understanding of the literary, historical, social, or cultural influences that inform literary works, including diversity of perspectives, experiences, and traditions in a global context
- Articulate in writing and discussion their responses to literary texts with a view toward acquiring the knowledge, values, and sensitivity to succeed as persons and professionals
- Demonstrate a basic critical ability to identify, interpret, and evaluate the ideas and formal features of an integrated body of literary texts in the context of a socially responsible learning community of high quality scholarship and academic rigor
- Show a sensitivity to the plurality of meanings within a literary text, including the moral dimensions of human choice

### Area D: Philosophy and Theology

#### Philosophy

Students will be able to:

- Understand the value of thinking philosophically by reflecting on the meaning of one's own life, the conceptual foundations of human actions and beliefs, the nature of the self and of human responsibility
- Understand and coherently discuss central philosophical issues, such as the problem
  of evil, the existence of God, free will, the mind/body relation, human knowledge, and
  the question of being
- Demonstrate an ability to identify and articulate, both orally and in writing, the primary philosophical themes and issues found in the writings of major philosophers
- Demonstrate an ability to evaluate philosophical arguments critically, both orally and in writing, using philosophical methods that have been developed by either historical or contemporary philosophers

#### **Ethics**

#### Students will be able to:

- Identify and articulate central ethical problems concerning equality, justice, and rights, and understand the role these play in personal and professional life
- Compare and contrast major ethical theories, to show how actions can be determined to be just or unjust, right or wrong, or good or bad, and to demonstrate knowledge of the major strengths and weaknesses of major ethical theories
- Investigate ways of settling ethical disputes in arriving at ethical judgments
- Think and write critically about classic and contemporary moral issues
- Identify the contributions of diversity and recognize the challenge that it presents in resolving contemporary ethical issues

 Demonstrate an ability to apply ethical theories and values in personal decisionmaking

#### Theology

Students will be able to:

- Investigate, appraise, and engage the spiritual dimensions of their own lives
- Evaluate the need for both prayer and action, as exemplified by Catholic social teaching, to cooperate effectively for the good of the entire human family and the environment that sustains it
- Articulate the relevance of "faith that does justice" and its related praxis, a solidarity
  in the interests of liberation and the "option for the poor," inspired by the Gospel and
  the teachings of other religious traditions
- Identify and articulate the dynamic between religious institutions and religious practice, utilizing a discerning reflection upon faith, or "faith seeking understanding"
- Gain sensitivity to different values and experiences of the sacred, through familiarity
  with a variety of human religious experiences, to become familiar with Christianity
  and other religious traditions in keeping with Vatican II's stance on the Catholic
  Church's relationship with other faiths systematically.
- Analyze religion through theological and interdisciplinary perspectives that emphasize skills of analysis, evaluation, and synthesis
- Understand religious traditions in terms of their emergence, genealogies, major texts and figures, ritual practices and symbolic forms of expression, senses of the sacred, and ethical positions
  - Explore the role of religion in the contemporary world, drawing conclusions about religion's role in human dignity, freedom, morality, and responsibility, as well as its role in social and political conflicts

#### Area E: Social Sciences

Students will be able to:

- Engage in the systematic and logical study of human beings and their interrelationships, with an appreciation of human diversity
- Employ one or more social science methods or social science theories and philosophies
- Analyze explanations of human behavior, human relations, or human institutions
- Apply social science knowledge to contemporary social problems, including ways to improve the human condition and promote justice
- Understand and demonstrate social responsibility
- Communicate social science knowledge to a world shared by all people and held in trust for future generations

#### Area F: Visual and Performing Arts

Students will be able to:

- Demonstrate orally or in writing the social, political and economic context surrounding significant works of art
- Demonstrate orally or in writing the ability to chronologically sequence selected works of art
- Demonstrate orally, in writing, or through production, how themes or movements developed over time in the subject art. Such demonstration should include social, political and aesthetic development.

- Demonstrate orally or in writing, an understanding of critical approaches to evaluating key works in the subject art
- Recognize evaluative norms proper to specific works and movements
- Articulate and defend their judgments through a studied, engaged, and informed process of reflection as well as action
- Attend displays of the subject art (performance, museum, etc.) outside the classroom/campus experience, with an emphasis on marginalized/artistically underrepresented communities as well as the traditional canon
- Access a broad variety of traditional and non-traditional cultural resources locally and globally
- In the case of studio or performance-based courses, produce socially and critically engaged work through outreach and service to under-served communities, demonstrating through their creations/performances that they have understood and integrated the goals stated above

#### The Service Learning Designation (SL)

For courses across the curriculum to receive the Service Learning Designation (SL), the course must be approved as meeting the service learning criteria outlined below. The College Curriculum committees will determine whether or not a course receives the designation through normal college curriculum procedures. The integration of service learning into a course has five key components:

- Service activities are mandatory
- Clear connections exist between service activities and the academic discipline
- Service activities benefit the client or community in a meaningful way
- Students engage in a carefully articulated reflection process around the service, the discipline, and themselves; and
- Faculty assess the student learning outcomes of the service experience
- \* Course Sections with an SL designation meet the graduation requirement for a service learning course experience as described in the New GEC Proposal. SL-designated courses are specifically directed to meet mission identity in curricular structure, as articulated in the GEC proposal. Service learning activity may vary by course and discipline. The national average across the nation is 20-25 hours of service per 15-week semester.

#### The Cultural Diversity Designation (CD)

The CD designation will also be assigned by the College Curriculum Committees. Courses with the CD designation must develop the following capacities in students:

#### Students will:

- Demonstrate familiarity with the factors that create diversity in human societies, including, for example, gender, race, class, and ethnicity
- · Understand the relationships among diversity, inequality, and justice
- Demonstrate an understanding of the effects of global interdependence on contemporary societies, for example, the role of migration and immigration, economic, political, and cultural globalization, on contemporary societies.
- Demonstrate familiarity with the historical contributions of traditionally marginalized groups to contemporary ideas, values and culture

**BSN Curriculum Pattern** 

#### UNIVERSITY OF SAN FRANCISCO SCHOOL OF NURSING BACHELOR OF SCIENCE IN NURSING CURRICULUM PATTERN (Students may enter in the Fall or Spring semester)

(This BSN Curriculum Pattern effective for the Fall 2002 semester.)

		FRI	ESHMA	N	
*(B)	Biology 113: Human Anatomy Lec	4 units	*(B)	Biology 115: Physiology and Lab	4 units
	Biology 114: Human Anatomy Lab	0 units	*(B)	Biology 134: Microbiology Lec	4 units
+(A)	RC 220 Advanced Writing/Comm	4 units		Biology 135: Microbiology Lab	0 units
*(E)	Psych 101 General Psychology	4 units	(A)	Public Speaking	4 units
(D)	Theology and Religious Studies	4 units	##	Sociology	4 units
		16 units		******	16 units
		S	OPHON	MORE	
N230	Conceptual Foundations of		N231	Nursing Therapeutics I	3 units
	Professional Practice	3 units	N241	Assessment of Human Response	es II 3 units
N240	Assessment of Human Responses	3 units	N251	Clinical Lab II	2 units
N250	Clinical Lab I	2 units**	*N211	Pharmacology	3 units
**N210	Intro to Pathophysiology	3 units+	+(B)	Math101: Statistical Reasoning	4 units
**N212	Nutrition	2 units			15 units
HS:	Life Span Development	4 units			
		17 units			
			JUNIO		
	Nursing Therapeutics II	3 units		Family Health I	3 units
	Principles & Methods of Practice	3 units		Family Health II	3 units
	Clinical Lab III	4 units		Clinical Lab IV-A	2 units
	Nursing Research (C)	3 units		Clinical Lab IV-B	2 units
(C)	Humanities: Literature	4 units	(F)	Fine Arts	4 units
		17 units		Elective (nursing or other)	4 units
					18 units
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	Nursing Therapeutics III	3 units		Clinical Lab VI	5 units
	Clinical Lab V	5 units		Leadership in Managed Care Sys	
(D)	Philosophy	4 units		Senior Seminar	1 unit
(C)	Humanities: History	4 units	(D)	Ethics	4 units
		16 units	#N49	1 Review Seminar (optional)	1 unit
					13 or 14 units

Total number of units = 128

<sup>\*</sup>Prerequisite to N230, 240, 250.

<sup>\*\*</sup>Must be taken prior to or concurrently with N230, 240, 250.

<sup>\*\*\*</sup>Must be taken prior to or concurrently with N231, 241, 251.

<sup>+</sup>Prerequisite to N330, 340, 350.

<sup>++</sup>Prerequisite to N423.

<sup>+++</sup>Must be taken prior to or concurrently with N330, 340, 350.

<sup>#</sup>This course is not required for Graduation.

<sup>##</sup>BRN requirement for NCLEX.

Curriculum Plan for
The
Family Nurse Practitioner
Program
NOHPF

## CURRICULUM PLAN FOR NP PROGRAM NONPF

FNP POGRAM	K S COLUMN TO THE RESERVE OF THE RES
GRADUATE CORE COURSES	Content found in
Research	N645, N655
Theoretical Foundations of Nursing Practice	N615
Organizational Theory	N685
Ethics	N675
Human Diversity	N620, N621, N640, N641, N650, N651, N672, N673
Health Policy	N675
Health Delivery System	N685
Health Care Financing	N685
NP PROGRAM CONTENT	
Advanced Health Assessment	N620, N621
Advanced Pharmacology	N607
Advanced Physiology & Pathophysiology	N606
Health Promotion & Disease Prevention	N640, N641
Community Based Practice	N621, N641, N651, N673
Professional Role Development	N625
Family Theory	N630
Growth Development	N620. N621, N640, N641
Clinical Decision Making	N621, N641, N651, N673
LIST OTHER REQUIREDS COURSES	
Professional role development within practice area	N621,N625, N641, N651, N673
Diagnosis & management of health & illness	N620, N621, N640, N641, N650, N651, N672, N673

Curriculum Patterns
For
MSN Program,
APN and CSM Tracks

### UNIVERSITY OF SAN FRANCISCO SCHOOL OF NURSING

### MASTER OF SCIENCE IN NURSING (MSN) CURRICULUM PATTERN

	CORE COURSES	
N609	Teaching, Learning, and Program Planning	2 units
N615	Theory for Health Care	3 units
N645	Research I	2 units
N655	Research II	2 units
N675	Health Care Policy and Ethics	3 units
N685	Health Care Systems Management I	3 units
		15 units
	ADVANCED PRACTICE NURSE	
	Adult Health Nurse Practitioner* and Family Nurse P	ractitioner**
N606	Advanced Physiology and Pathophysiology	3 units
N607	Applied Drug Therapy for APN	3 units
N620	Advanced Assessment Skills: Practicum	2 units
N621	Advanced Assessment Skills	3 units
N625	Advanced Practice Roles	2 units
N630	Family Theory	3 units
N640	Primary Care I: Practicum	2 units
N641	Primary Care I: Health Care Across the Lifespan	3 units
N650	Primary Care II: Practicum (#)	4 units
N651	Primary Care II: Adult & Geriatric Health	3 units
N670*	Primary Care III: Practicum (#)	7 units
N671*	Primary Care III: Advanced Response to Illness	3 units
N672**	Primary Care III: Women's Health & Pediatrics	3 units
N673**	Primary Care III: Practicum	7 units
		38 units
	CLINICAL SYSTEMS MANAGEMENT	
N663	Management of Financial Resources	3 units
N683	Organizational Theory & Research	3 units
N684	Management of the Internal Environment	3 units
N686	Management of the External Environment	3 units
N690	Practicum I: Role Development	3 units
N691	Practicum II: Role Implementation	3 units
10450	Elective	3 units
		21 units

Advanced Practice: Adult Health Nurse Practitioner & Family Nurse Practitioner = 53 units Clinical Systems Management = 36 units

All clinical practicums for students are at a ratio of 1 unit = 3 clock hours per week.

(#) Clinical nurse specialist hours included in practicum.

Students in the Nurse Practitioner programs are eligible for Method I certification as an Adult Nurse Practitioner/Family Nurse Practitioner (CA BRN) upon graduation from the program and the posting of the degree denoting confirmation of the MSN.

Criteria For Selection of a Preceptor For Graduate Student

### **Preceptor Guidelines**

The following criteria are used when choosing a preceptor.

- 1. Master's prepared
- 2. RN credential in California
- 3. Availability to the student.
- 4. Understands and supports the appropriate role.
- 5. Provides role-modeling behavior.
- 6. Assists the student in identifying strengths and weaknesses.
- 7. Provides appropriate feedback in the clinical setting.
- 8. Guides the student's critical thinking ability.
- Encourages the student to assume increasing responsibility throughout the practicum.
- 10. Explores alternative management styles with the student.
- Communicates clinical knowledge.
- 12. Provides the student with a written evaluation
- 13. Offers a supportive staff who is accepting of student's role.
- Provides a clinical site that is a reasonable distance from the University and residence of student.

In addition, the following guidelines are considered when selecting a clinical placement for Nurse Practitioner students:

- Sufficient number of patients must be accessible.
- 2. Varying types of clients as to age, gender, types of problems, etc.
- 3. Ancillary and support services must be available, i.e. x-ray, laboratory, etc.
- Follow-up provisions for clients and families available to both student and patients.
- 5. Philosophy of site provides disease diagnosis and treatment modalities.
- Philosophy of placement congruent with health promotion and disease prevention.
- 7. Offers differential diagnosis in the clinical setting.
- 8. Referral patterns established and available to student.
- Introduces the student to referral criteria and follow-up provisions within the scope of practice.
- 10. On site approved protocols

Ethnic, Religious and Age Distribution of SON

## University of San Francisco School of Nursing Fall 2002 Demographics

### Breakdown by Gender

Undergraduate

Ondergraduate		
Male	27 or 8 percent	
Female	295 or 92 percent	
Totals	322 students	

#### Graduate

Male	11 or 12 percent
Female	81 or 88 percent
Totals	92 students

### Breakdown by Ethnicity

Undergraduate

Asian-American	121 or 38 percent
African-American	11 or 3 percent
Latino-Hispanic-Chicano	41 or 13 percent
Native American or Alaskan Native	4 or 1 percent
International	3 or 1 percent
Multi-ethnic	8 or 3 percent
Native Hawaiian-Pacific Islander	23 or 7 percent
White (Non-Hispanic)	97 or 30 percent
Other	7 or 2 percent
Unspecified	7 or 2 percent
Totals	322 students

#### Graduate

, 61 51 51 51
29 or 32 percent
5 or 5 percent
10 or 11 percent
N/A
N/A
1 or 1 percent
N/A
41 or 45 percent
1 or 1 percent
5 or 5 percent
92 students

## Breakdown by Age Undergraduate

Olidorgiadado				
17-21	234 or 73 percent			
22-24	52 or 16 percent			
25-27	13 or 4 percent			
28-30	11 or 3 percent			
31-34	4 or 1 percent			
35-39	8 or 3 percent			
40-44	N/A			
Over 45	N/A			
Totals	322 students			

#### Graduate

N/A		
22 or 24 percent		
42 or 46 percent		
16 or 17 percent		
6 or 7 percent		
2 or 2 percent		
2 or 2 percent		
2 or 2 percent		
92 students		

## Breakdown by Religion Undergraduate

Ondergraduate			
Buddhist	10 or 3 percent		
Catholic	190 or 59 percent		
Hindu	2 or 1 percent		
Jewish	2 or 1 percent		
Muslim	N/A		
Protestant	23 or 7 percent		
Not Specified	72 or 22 percent		
No Religion	23 or 7 percent		
Totals	322 students		

### Graduate

Buddhist	1 or 1 percent		
Catholic	35 or 38 percent		
Hindu	N/A		
Jewish	1 or 1 percent		
Muslim	2 or 2 percent		
Protestant	6 or 7 percent		
Not Specified	47 or 51 percent		
No Religion	N/A		
Totals	92 students		

Admission and Retention Overview

## University of San Francisco School of Nursing Admission Overview

#### Undergraduate

#### Freshmen Admission

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	138	149	134	151	183
Accepted	106	116	112	119	155
Enrolled	53	48	46	58	67

#### Transfer Admission

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	113	120	110	101	116
Accepted	86	93	79	70	85
Enrolled	37	44	29	26	35

#### **TOTAL Undergraduate Admission**

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	251	269	244	252	299
Accepted	192	209	191	189	240
Accept rate	76 %	78 %	78%	75 %	80%
Enrolled	90	92	75	84	102
Yield rate	47 %	44 %	39 %	44 %	43 %

#### Graduate

#### **MSN Admission**

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	7	13	15	22	15
Accepted	5	9	12	15	10
Enrolled	2	7	4	5	4

#### MEO Admission (actually begins in Summer)

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	N/A	18	32	79	112
Accepted	N/A	18	29	52	76
Enrolled	N/A	15	21	25	39

#### **TOTAL Graduate Admission**

	Fall 1998	Fall 1999	Fall 2000	Fall 2001	Fall 2002
Applicants	7	31	47	101	127
Accepted	5	27	41	67	86
Accept rate	71 %	87 %	87 %	66 %	68 %
Enrolled	2	22	25	30	43
Yield rate	40 %	81 %	61 %	45 %	50 %

### **Retention Overview**

Undergraduate

	Fall 2001	Spring 2002	Fall 2002	Spring 2003
Prior Semester's Headcount	281	297	270	322
Less Graduates	43	25	44	18
Total Available to Continue	238	272	226	304
Leave of Absences/ Withdraws/Disqualified	26	9	7	28
Actual Continuing Students	212	263	219	276
Retention Rate	89 %	97 %	97 %	91 %

### Graduate

	Fall 2001	Spring 2002	Fall 2002	Spring 2003
Prior Semester's Headcount	55	72	59	92
Less Graduates	5	13	4	21
Total Available to Continue	50	59	58	71
Leave of Absences/Withdraws/Disqualified	6	2	7	5
Actual Continuing Students	44	57	51	66
Retention Rate	88 %	97 %	88 %	93 %

**Undergraduate and Graduate Combined** 

ii ii	Fall 2001	Spring 2002	Fall 2002	Spring 2003
Prior Semester's Headcount	336	369	329	414
Less Graduates	48	38	48	39
Total Available to Continue	288	331	284	375
Leave of Absences/Withdraws/Disqualified	32	11	14	33
Actual Continuing Students	256	320	270	342
Retention Rate	89 %	97 %	95 %	91 %

Course Evaluation:

Theory and Clinical

# University of San Francisco School of Nursing \*Theory Course Evaluation Form Course number

This questionnaire is designed to evaluate the course you have just completed. Please be frank since your responses will play a role in helping to improve the course.

#### Directions:

Please respond by blackening the number that best represents your viewpoint: poor, fair, average, good or excellent.

1. All things co	nsidered, this cours	e was:				
□ poor	□ fair		average		good	excellent
2. The content	taught as theory in t	his course was:				
□ poor	□ fair		average		good	excellent
3. The clarity of	f course objectives		average		good	excellent
4. The lectures/	seminar presentation	ons were:				
□ poor	□ fair		average		good	excellent
5. The assigned	d readings were:					
□ poor	□ fair		average		good	excellent
6. The required  □ poor	text(s) were:		average		good	excellent
7. The recomm	end texts were:		average		good	excellent
8. The course s	syllabus was:					
□ poor	□ fair		average		good	excellent
9. The course a	assignments were:					
□ poor	□ fair		average		good	excellent
10. The method	d for grading the cou	ırse was:				
□ poor	□ fair		average		good	excellent
11. The exams	reflecting course of	jectives and co	ntent were:			
□ poor	□ fair		average		good	excellent
12. The on-lir	ne/distance learning	activities were :	(leave blank if	not app	licable)	
□ poor	□ fair	□ average	□ good		= excellent -	

*	
14. The limitations of this course were:	
	* · · · · · · · · · · · · · · · · · · ·
15. What helped me the most in this course	was:
16. What helped me the least in this course	was:
	12/
	14)
. The on-line/distance learning activities in t	his course were: (leave blank if not applicable)
. The on-line/distance learning activities in t	his course were: (leave blank if not applicable)
The on-line/distance learning activities in the	his course were: (leave blank if not applicable)
The on-line/distance learning activities in t	his course were: (leave blank if not applicable)
. The on-line/distance learning activities in the	his course were: (leave blank if not applicable)

# University of San Francisco School of Nursing Clinical Course Evaluation Form Course number

This questionnaire is designed to evaluate the course you have just completed. Please be frank since your responses will play a role in helping to improve the course.

#### Directions:

Please respond by blackening the number that best represents your viewpoint: poor, fair, average, good or excellent.

1. All things co	nsidered, this course w	as:		
□ poor	□ fair	□ average	□ good	□ excellent
2. The syllabus	was:			
□ poor	□ fair	□ average	□ good	□ excellent
3. The course of	bjectives were:			
□ poor	□ fair	□ average	□ good	□ excellent
4. The written a	ssignments in this cou	rse were:		
□ poor	☐ fair	□ average	□ good	□ excellent
5. The learning	environment was:			
□ poor	□ fair	□ average	□ good	□ excellent
6. The agency s	staff (RN or professiona	ls) as role models were:		
□ poor	□ fair	□ average	□ good	□ excellent
7. The opportu	nity in clinical practice t	or the application of theor	y and skills was:	
□ poor	□ fair	□ average	□ good	□ excellent
8. The clinical e	evaluation form used fo	r measuring student perfo	rmance was:	
□ poor	□ fair	□ average	□ good	□ excellent
9. The on-line/ (Leave blank if	distance learning activi	ties were:		
□ Poor		□ Average □ Good	□ Excellent	*

Please continue to the other side

. The strengths of th	s course were:
	*
The limitations of the	nis course were:
	4
What holped me th	e most in this course was:
. What helped me th	e most in this course was.
. What helped me th	e least in this course was:
. The on-line/distance	e learning activities in this course were:
eave blank if not app	licable)
	~ *

## **APPENDIX C9**

Progression Format for Baccalaureate Students

## CURRICULUM PROGRESSION Effective Fall 2002

Course Name	Course Number
Anatomy	0201-113
Anatomy Lab	0201-114
Microbiology	0201-134
Microbiology Lab	0201-135
Physiology w / Lab	0201-115
General Psychology	0123-101
The state of the s	
Pathophysiology	0401-210
Nutrition	0401-212
N 230	0401-230
N 240	0401-240
N 250	0401-250
Pharmacology	0401-211
N 231	0401-231
N 241	0401-241
N 251	0401-251
Statistical Reasoning	0206-101
Rhetoric & Composition 220	0102-220
Life Span Development	0123-210
N 330	0401-330
N 340	0401-340
N 350	0401-350
N 423	0401-423
N OO4	0404 004
N 331	0401-331
N 341	0401-341
N 351	0401-351
N 352	0401-352
N 430	0401-430
N 450	0401-450
11 400	0101 400
N 451	0401-451
N 461	0401-461
N 481	0401-481

## **APPENDIX D1**

**Evaluation Protocol SON** 

### UNIVERSITY OF SAN FRANCISCO SCHOOL OF NURSING

PROGRAM EVALUATION PROTOCOL

Reviewed and Revised, September 2002

Gregory A. DeBourgh, RN, EdD Chairperson, Evaluation Committee

Modified from a Previous Edition, Adopted, December, 1999
Compiled by Marsha E. Fonteyn, Ph.D., RN, CS
UNIVERSITY OF SAN FRANCISCO
SCHOOL OF NURSING

PROGRAM EVALUATION PROTOCOL

#### Introduction

The systematic evaluation of the program at the School of Nursing is an essential component of our educational system, and is the primary means by which we ensure that we are consistently carrying out our mission and meeting our program goals and objectives. Our evaluation protocol uses quantitative and qualitative data to assess the process (formative evaluation) and product (summative evaluation) of our undergraduate (leading to a Baccalaureate of Science in Nursing) and graduate (leading to a Master's of Science in Nursing) programs.

The Program Evaluation Committee of the University of San Francisco, School of Nursing, is chartered by the Faculty Association of the School of Nursing, directed by the Chairperson of the Committee, and has the overall responsibility for coordinating program evaluation. The Dean, Associate and Assistant Deans, Department Chairpersons, academic faculty, and administrative staff assist the committee with the various aspects of program evaluation, including conceptualizing and actualizing the structure and framework; designing and revising data collection instruments; collecting, analyzing, and interpreting data; and using the findings to further improve the program. External support from other individuals and groups at the University is sought for various aspects of this process as needed. An annual evaluation report is completed by the Chairperson of the Evaluation Committee, and is distributed to the academic faculty, the Dean, Associate and Assistant Deans, and others as appropriate.

### Objectives of Program Evaluation

The primary objective of program evaluation is to carry out and document a process to ensure that the mission, philosophy, goals/objectives, and expected outcomes of the School of Nursing are met. In addition, the evaluation plan ensures that continuous quality improvement is made, as measured by selected performance thresholds and areas identified for ongoing assessment. The specific objectives of program evaluation includes the following:

- To develop, revise, and oversee a comprehensive plan for program evaluation, guided by a conceptual framework;
- To collect, analyze, document, and report the necessary data for ongoing program evaluation:
- 3. To facilitate the process of formative and summative program evaluation;
- To provide an ongoing database related to program evaluation for faculty, staff, other stakeholders, administration, and accrediting bodies.
- 5. To ensure that the process of continuous quality improvement is enacted.

### Conceptual Framework of Evaluation

Program evaluation is guided by the conceptual framework described by Stufflebeam, Foley, Gephart, Guba, Hammond, Merriman, and Provus, (1971), which is centered on the following components: context, input, process, and product.

Context focuses on the mission, philosophy, goals/objectives, and expected outcomes of the program to determine whether and how well these aspects are being met within the context in which all program-related activities occur. Context is evaluated by periodic review of the program's mission, goals, and objectives to determine if they continue to be congruent with those of the University, and if they reflect the current needs of our stakeholders, the community, and the greater society which we serve.

Input focuses on the intended means of the program, delineates the resources available to the program, assesses policies and procedures, and plans for resource utilization to achieve our mission, goals, and objectives. Input evaluation is concerned with strategic planning, evaluation instruments and reports, resources (such as the budget, staff, facilities, supplies and equipment, and school and university services), and the factors related to structure and governance, such as committee structures, teaching schedules, and mechanisms for student input.

Process focuses on the means or procedures used to monitor the implementation of the planned program. Process is evaluated by examining both the operational protocols for assessment and the output from the various data collection instruments and assessment activities conducted by the Program Evaluation Committee, the academic faculty, the Dean, Associate and Assistant Deans, and the University. Continuous quality improvement is conducted in the School of Nursing through ongoing review of evaluation data (Appendix 1). Annually, performance thresholds are identified for selected outcome criteria. Performance is monitored and communicated to key stakeholders using the "dashboard display reports" (Appendix 2).

Product focuses on the outcomes of the program, leading to decisions to maintain, discontinue, or modify relevant areas of the curricular and operational aspects of the program. Product, as program outcomes, measures and interprets attainment of identified goals and performance thresholds during and at the conclusion of individual courses and program cycles. Product is evaluated by examining graded learning activities, final course grades, comprehensive exams, course evaluations, scores on tests designed to measure specific outcome criteria (e.g. the Health Information Systems Incorporated nursing therapeutics assessment exam-HESI), student satisfaction exit surveys, NCLEX-RN scores, certification pass rates, alumni surveys, and employer surveys.

#### Sources of data

Evaluation of program outcomes is conducted through focused assessment activities and data collection using a variety of evaluation instruments. Specific outcome criteria are delineated in the School of Nursing Program Evaluation Protocol (Appendix 1, Evaluation Foci). Four areas of ongoing assessment activities are coordinated and conducted by members of the Program Evaluation Committee, assisted by the academic faculty, the Dean, Associate and Assistant Deans, and staff of the University (Appendix 3, PEC Activities). The remainder of assessment activities that evaluate program outcomes are conducted by various staff, faculty, and administration of the School of Nursing as outlined in the Program Evaluation Protocol (Appendix 1).

The program outcome indicators of the HESI (therapeutics qualifying exam), NCLEX-RN scores, and output from the four areas of assessment (see appendix III) of our undergraduates are consistently examined, and provide data to direct modifications to curricular and operational standards and processes (Appendix 2, Dashboard

Displays). Program outcomes for graduate students are also evaluated through the four areas of assessment.

### **Evaluation Reports**

Data are collected and analyzed as directed by the School of Nursing Evaluation Protocol, and are summarized in a written report that is provided to the academic faculty, the Dean, Associate and Assistant Deans, and School of Nursing committee chairs as appropriate. Communication of these reports and modifications to the programs of the School of Nursing are facilitated through the Continuous Quality Improvement Dashboard Displays. The Chairperson of the Program Evaluation Committee prepares an annual written report that is distributed to the academic faculty, the Dean, and Associate and Assistant Deans.

#### Reference

Stufflebeam, D.L., Foley, W.J., Gephart, W.J., Guba, E.G., Hammond, R., Merriman, H. & Provus, M. (1971). *Educational evaluation and decision-making*. Itasca, IL: Peacock

## Evaluation Focus: Strategic Planning & Program Goals

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Annual Admission Rate	Administrative     Council	Annually	Provides direction for recruitment & retention plan	Admission data from Admissions Office	Administration     Department Chairs     Faculty
Student Demographics	Administrative     Council	Annually	Profiles student body	Summarized from data sources	Administration     Department Chairs     Faculty
Attrition/ Retention Rate/Reasons	Administrative     Council     Academic     Standards	Annually	Refinement of program     Refinement of recruitment & retention plan	Obtained from central university data sources     Interview     Committee minutes	Administration     Department Chairs     Faculty
Strategic Planning	Administrative     Council     All personnel	Every 5 years	Provides direction for program changes	Verbal & Written     Written minutes of meetings	Administration     Department Chairs     Faculty
Grant Development Endowment Efforts	Administrative     Council     Consultants	As needed	Provides strategies for funding of special projects, traineeships	Written request	Administration     Funding Agencies

**Evaluation Focus: Resources** 

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Faculty: Search for vacant positions	Administration     Search     Committee	As needed	Provides method for assessing applicant's qualifications fairly & objectively	Applicants' written applications     Data from each search process	Administration     Search     Committee     Interested review     groups
Staff: Search for vacant positions	Administration	As needed	Provides method for assessing applicant's qualifications fairly & objectively	<ul> <li>Applicants' written applications</li> <li>Data from each search process</li> </ul>	Administration     Interested review groups
Equipment : Needs Assessment	Department Chairs     LRC Coordinator	Annually	Preparation of annual budget     Strategic planning	Written requests from faculty & students     Needs assess by Chairs & faculty	Administration     Department     Chairs     Faculty
Audiovisual Needs Assessment	Department     Chairs     LRC     Coordinator	Annually	Preparation of annual budget     Strategic planning	Written requests from faculty & students     Needs assess by Chairs & faculty	Administration     Department     Chairs     Faculty
Library Needs Assessment	Program Eval Committee     Students     Faculty	Annually	Provides method for assuring faculty & students that general campus library resources are current & comprehensive	Written requests from faculty & students     Needs assess paper/pencil form	Administration     Department     Chairs     Faculty     Head of Gleeson     Library     Resources
Classroom facilities	Administration     USF     Registrar's     Office	Every Semester	Preparation of class schedule	Faculty written requests     Needs assessment: students, chairs, faculty	Administration     Department     Chairs     Faculty     Students

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Learning Resource Center Services	Coordinator of Learning Resources	Annually	Strategic planning     Data for annual budget	Written requests from faculty & students     Needs assessment by Coordinator of LRC     Student     Satisfaction Survey	Associate Dean     LRC Coordinator     Department     Chairs

## **Evaluation Focus: Curriculum**

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Review of program philosophy & objectives	Curriculum     Committee     Faculty	Annually	Provides foundation & direction for program planning	Curriculum Committee     minutes     Faculty meeting minutes	Administration     Department     Chairs     Faculty     Students
Review of courses	Departments     Curriculum     Committee     Students	Annual review & update by faculty in each department     Periodic review by Curriculum Committee     Student evaluation upon completion of courses	Provides direction for refining & updating courses     To implement changes as needed	Department minutes     The Curriculum Committee minutes	Administration     Department     Chairs     Faculty
Self-Study	Administration     Faculty	Every 5-8 years	Program self- evaluation     National accreditation     BRN approval	Written report of comprehensive evaluation of all aspects of program & curriculum	Administration     Faculty     BRN of California     National     accrediting     agency
Review of Program	Program Evaluation Committee	Data are obtained semiannually, & evaluated annually	To refine & improve the overall program	Student Satisfaction Survey; interview data	Administration     Faculty     Accrediting     Agencies
Specific student outcome criteria	Program Evaluation Committee	Annually	Assesses BSN & MSN students' skills in clinical reasoning, communication, & nursing therapeutics	BSN/MEO rubrics & HESI     MSN: rubrics & comprehensive exam	Administration     Faculty     Accrediting     agency

## Evaluation Focus: Potential Clinical Faculty/Clinical Sites

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
<ul> <li>Hiring of Clinical Faculty</li> <li>Appointment of Adjunct Faculty (Preceptors)</li> </ul>	Administration     Department     Chairs	Prior to hire/clinical placement	To identify qualified clinical faculty or preceptors	Written resume     Verification of qualifications: license, certification (when applicable)	Administration     Faculty     BRN of California     National     accrediting agency
Site Visit	Select faculty	Periodically, when new clinical sites identified	To identify & verify appropriate clinical sites	Verbal or written report of appropriateness of setting for student learning	Administration • Faculty • BRN of California • National accrediting agency
Evaluation of Clinical Site	Student     Faculty	Annually	To provide constructive critique of the clinical site	Paper/pencil form	Administration     Faculty     BRN of California     National     accrediting agency

## **Evaluation Focus: Structure & Governance**

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Staff Personnel	Administration	Annually	To review staff performance	Paper/pencil form     Interview	Administration     Staff
Faculty Governance	Faculty	Monthly faculty meeting     Periodic committee meetings	Faculty input into program operations	Verbal     Written minutes     of meetings	Faculty     Administration
Committee Structure	Faculty Chair	Annually	Faculty input into program operations	Written memo	Administration     Faculty     Student Representatives
Student Representation	Department     Chairs     Committee     Chairs	Annually	Student input into program operations	Written minutes	Administration     Faculty     Students
Policies & Procedures	Administration, School of Nursing & University	Annually or Biannually	To assure that the program operates within established guidelines	<ul> <li>Faculty</li> <li>Handbook</li> <li>Student</li> <li>Handbook</li> <li>Fogcutter</li> <li>Catalogue</li> </ul>	Administration     Faculty

## **Evaluation Focus: Technology**

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Review of Computer Resources	Administration     Information     Technology     Service (ITS)	Ongoing	To assess current resources & identify additional needs	Written needs requests     Responses to problem solving     Student Satisfaction Survey	Administration     All users
Data Management Systems	Administration     Staff	Annually	To assess the adequacy of the system, & identify need for improvement	Verbal & written requests     Responses to problem solving	Administration     All users
Educational Technology Development	Administration     Learning Resource     Center Coordinator	Ongoing	To identify program needs for increased educational technology	Verbal & written requests	Administration     Faculty     Students

## **Evaluation Focus: Student Academic Performance**

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Qualitative during academic or clips academic or		To assess student academic or clinical progress To provide for early identification of student learning problems	written on students' written work early of student lems written on students' other comments received from faculty about students Academic difficulty forms		
Graded Learning Activities	Student     Faculty	Throughout individual courses	To provide formative evaluation of students	Written, proctored exams     Written assessment of student papers & projects	Faculty     Students
Course Grades	Faculty	Course Completion	To provide summative evaluation of students	Academic course grade	Administration     Faculty     Student     Registrar
Summative Exit Exam	Faculty	During last academic semester	Summative evaluation of students' abilities to synthesize program content	HESI Exit Exam     Graduate     Comprehensive Exam	Administration     Faculty     Students     Student advisors

## **Evaluation Focus: Student Clinical Performance**

Process	Assessment Assessment Data Function Data Source (Instruments)		Data Utilization (Stakeholders)			
Clinical Faculty (qualitative comments)	Student     Faculty     Preceptor	Throughout clinical courses	To provide formative evaluation of students' clinical performance	Written assessment of student care plans, clinical logs, & other clinical activities     Verbal assessment of student's clinical skills     Academic difficulty forms	Faculty     Students     Preceptor     Dean's Office	
Clinical Site Visit	Faculty of capstone course & graduate clinical courses	Periodically throughout the semester	To provide ongoing assessment of students' performance	Verbal & written data from on-site visit	Faculty     Students     Preceptor	
Clinical Performance Evaluation Tools	Student     Faculty	At mid-semester & end of semester	To provide formative & summative evaluation of students' abilities to apply theory to clinical practice	Clinical Performance Evaluation Tools	Faculty     Students     Preceptors	

## Evaluation Focus: Faculty & Preceptors

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
Faculty Evaluation	Student	Completion of each course	To assess faculty performance in academic role	Written form	Faculty     Dean
Faculty Self- Evaluation	Faculty	Annually	To assess faculty performance in teaching regarding set objectives	Written form     Confidential discussion     with the Dean	Faculty     Dean
Clinical Site Visit	Faculty of capstone course & graduate clinical courses	Periodically throughout the semester	To provide ongoing assessment of student/preceptor relationship	Verbal or written data from on-site meetings of faculty, student, & preceptor	Faculty     Students     Preceptor
Evaluation of preceptors	Student & Faculty of capstone course & graduate clinical courses	At end of semester	To evaluate the preceptor from the students' & faculties' perspective	Preceptor Evaluation Form	Faculty     Students     Department Chairs

**Evaluation Focus: Graduate Performance** 

Process	Assessment Accountability	Assessment Frequency	Data Function	Data Source (Instruments)	Data Utilization (Stakeholders)
NCLEX-RN Pass-Rate	Administration     Faculty	Quarterly	Comparison of USF performance on NCLEX-RN with state/national performance of BSN graduates	Written report (dashboard data displays)	Faculty     Administration
National/state Certification(s)	Administration & Program Evaluation Committee	Each semester (intent via Student Satisfaction Survey) Annually (actual via Alumni Survey- 2yrs post graduation)	Assess enactment of professional development post graduation     Comparison with like schools	Student     Satisfaction     Survey     Alumni Survey	Faculty     Administration
Alumni Survey	Program Evaluation Committee	Annually (two years post graduation of each class)	To assess the impact of program in preparing nurses for practice To assess perceptions of graduates about adequacy of the program	Paper/pencil form	Faculty     Administration
Graduating Student Survey	University Office of Assessment	Fall & Spring Graduation	Provides feedback about School of Nursing operations & student resources     Compares SON with other USF schools and colleges	Written report	Faculty     Administration
Employers of Graduates Survey	Program     Evaluation     Committee     Administration	Annually	To assess the impact of program in preparing nurses for practice	Focus group/Interview employers of graduates	Faculty     Administration

## **APPENDIX D2**

Dashboard Performance Indicators

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>

Area One: Teaching and Learning - Communication

Indicator	Expected Outcome	Frequency & Target Date	Actual Outcome	Action Taken or Planned	Desired Change in Actual Outcome
Oral Communication	100% of graduating students demonstrate average or better for each criterion as assessed using the "USF Oral Communication Evaluation Instrument"	Summative assessment conducted in senior course appropriate to level (i.e. BSN in N461; MEO & MSN in N675) each semester	Data collection using new standardized tool initiated Fall 2002; previous data per individual courses.  Report to follow, Jan 2003	Fall 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
		Formative assessments conducted in all nursing courses with oral presentation assignment	Pilot data Soph I course using new standardized tool Fall 2002; Plan use in all courses with oral assignment to begin spring, 2003; current data per individual courses.  Report to follow, Jan 2003	Recommendation sent to department chairs to establish performance thresholds for each course/level, employ standardized data tools; collate & communicate outcomes to PEC and Curriculum Committees.	
Written Communication	100% of graduating students demonstrate average or better for each criterion as assessed using the "USF Written Communication Evaluation Instrument"	Summative assessment conducted in senior course appropriate to level (i.e. BSN in N461 each semester and; MEO & MSN per comp exam)	Data collection using new standardized tool initiated Fall 2002; previous data per individual courses.  Report to follow, Jan 2003	As above.	
		Formative assessments conducted in all nursing courses with written presentation assignment	Pilot data Soph I course standardized tool Fall 02; Plan use in all courses with oral assignment spring 2003; current data per individual courses. Report to follow, Jan 2003	As above	

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>

Area Two: Teaching and Learning — Nursing Therapeutics

Indicator	Expected Outcome	Frequency & Target Date	Actual Outcome	Action Taken or Planned	Desired Change in Actual Outcome
HESI Pass rate for BSN/MEO students	100% of HESI takers will pass at 85% probability score each semester	Assessment is administered in Senior Seminar Course (N481) semi-annually (Fall & Spring)	Fall 2001 (see "HESI/NCLEX-RN Data Display" attached)	Fall 2001 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
			Spring 2002 (see "HESI/NCLEX-RN Data Display" attached)	Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
Comprehensive Exam for MSN students	100% of graduate students will demonstrate proficiency on the "USF Graduate Comprehensive Exam" using the assessment rubric	Exam is administered as culminating event of graduate curriculum.	Fall 2001 Total taking = (_%) Total passing = (_%)	Fall 2001 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
			Spring 2002 Total taking = (_%) Total passing = (_%)	Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>

Area Three: Teaching and Learning – Clinical Reasoning/Critical Thinking

Indicator	dicator Expected Outcome Frequency & Target Date Actual Outcome				Desired Change in Actual Outcome
CR-CT BSN students  100% of HESI takers demonstrate a score of 90% or better on the critical thinking/ clinical reasoning elements of the exam (factor analysis from		Assessment is administered in Senior Seminar Course (N481) semi-annually	Fall 2001 HESI data report not available; assessment per individual courses	Per departments.	
	HESI)	(Fall & Spring)	Spring 2002 (see "CR-CT HESI Data Display" attached)	Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
CR-CT MEO & MSN students	100% of graduate students will pass the comprehensive examination.	Exam is administered as culminating event of graduate curriculum semi-annually (as needed)	Fall 2001 Total taking = (_%) Total passing = (_%)	Fall 2001 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
			Spring 2002 Total taking = (_%) Total passing = (_%)	Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>
Area Four: Program Effectiveness – Alumni Performance and Satisfaction (1 of 3)

Indicator	Expected Outcome	Frequency & Target Date	Actual Outcome	Action Taken or Planned	Desired Change in Actual Outcome
Student Satisfaction  BSN students MEO students	85% of graduating nursing students complete EBI Nursing Student Survey (NSS) [program exit survey]	EBI NSS semi-annually (Fall & Spring) Results reported annually (Fall)	Fall 2001 & Spring 2002 (See attached report)	Fall 2001 & Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
MSN students	100% of graduating nursing students responding to the survey, rate survey items reflecting values for Jesuit education institutions (68, 69, 70, 71, 72, 73, and 76) as moderately agree or better (score 6 or better)	EBI NSS semi-annually (Fall & Spring) Results reported annually (Fall)	Fall 2001 & Spring 2002 (See attached report)	Fall 2001 & Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
	100% of graduating nursing students responding to the survey, rate survey items 1-66 as moderately agree or better (score 6 or better)	EBI NSS semi-annually (Fall & Spring) Results reported annually (Fall)	Fall 2001 & Spring 2002 (See attached report)	Fall 2001 & Spring 2002 data analysis by PEC; for items with unmet thresholds, data & analysis sent to department chairs for action as appropriate.	

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>

Area Four: Program Effectiveness – Alumni Performance and Satisfaction (2 of 3)

Indicator	Expected Outcome	Frequency & Target Date	Actual Outcome	Action Taken or Planned	Desired Change in Actual Outcome
NCLEX-RN pass rates	98% of first-time takers from each graduating cohort will pass the NCLEX-RN exam	Exam offered continuously	See "HESI/NCLEX-RN Data Display" attached	- HESI exam initiated - Program for individual remedial instruction and re-test initiated - Faculty review of all course content to assess alignment with NCLEX-RN blueprint & AACN essentials - Initiated NCLEX-RN review	
National/State Certification(s) Post-graduation	50% of USF graduating BSN students will indicate their intention to take a certification exam (e.g. CCRN) measured by EBI Nursing Student Survey)	EBI survey semi-annually (Fall & Spring) Results reported annually (Fall)	Fall 2001 & Spring 2002	Fall 2001 & Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
	100% of USF graduating APN students will indicate their intention to take a certification exam (measured by EBI Nursing Student Survey)	EBI survey semi-annually (Fall & Spring) Results reported annually (Fall)	Fall 2001 & Spring 2002	Fall 2001 & Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	
	100% of USF APN alumni indicate they have obtained certification (via Alumni Survey)	Alumni Survey (2 years post-grad)	Spring 2002 (data not available, item not included until spring 2003 survey)		
Employment rates	100% of USF alumni who seek employment will be employed within 1 year of graduation	Alumni Survey (2 years post-grad)	Spring 2002 for graduating cohort of fall 2001-spring 2002	Spring 2002 data analysis by PEC; data & analysis sent to department chairs for action as appropriate.	

USF School of Nursing-Program Evaluation

<u>Dashboard Performance Indicators- Academic Year 2001-2002</u>

Area Four: Program Effectiveness – Alumni Performance and Satisfaction (3 of 3)

Indicator	Expected Outcome	Frequency & Target Date	Actual Outcome	Action Taken or Planned	Desired Change in Actual Outcome
Employer satisfaction with alumni performance	Surveyed employers of USF graduates will rate confidence in the performance attributes of graduates (BSN/MEO/MSN) as acceptable 85% of the time [confidence in skills and abilities for entry into their nursing practice role)	Survey annually (Fall)	Fall 2001		
Alumni satisfaction	100% of USF alumni responding to the survey, report they would recommend the program to others	Alumni Survey Annually (spring) (sample is 2 years post-grad) Results reported annually (Fall)	Spring 2002		
	100% of USF alumni responding to the survey, report the program successfully prepared them for entry into their nursing practice role	Alumni Survey Annually (spring) (sample is 2 years post-grad) Results reported annually (Fall)	Spring 2002		

## **APPENDIX D 3**

California Board of Nursing Certification of Clinical Nurse Specialist



#### BOARD OF REGISTERED NURSING

P.O. BOX 944210, SACRAMENTO, CA 94244-2100 TDD (916) 322-1700 TELEPHONE (916) 322-3350

> Ruth Ann Terry, MPH, RN Executive Officer



#### CERTIFICATION OF CLINICAL NURSE SPECIALIST

#### Background:

In 1993, the Board of Registered Nursing (BRN) conducted a study regarding the recognition and definition of the title *Clinical Nurse Specialist*, (Business and Professions Code, Division 2. Healing Arts, Chapter 6. Nursing, Article 1. Administration, Section 2718). To conduct the study, the BRN developed a task force who consulted with clinical nurse specialists (CNSs); statewide professional associations representing registered nurses (RNs); physicians and surgeons who have experience working with CNSs; employers of CNSs; and other interested parties as determined by the Board. The study addressed the following areas:

- The appropriate level of education, including clinical experience and didactic education, for a CNS;
- The alternative means for measuring and ensuring competencies of an RN who holds or wishes to hold her-/himself out to be a CNS;
- 3. The means for protecting the public from confusion regarding the use of the title CNS:
- 4. The barriers to practice facing a CNS
- 5. The relationships of a CNS to other health professionals, including, but not limited to, physicians, surgeons, and other RNs. (Added by Stats.1993, c.77 (AB 518), 2.)

The Board reported the results of the study to the California State Legislature in December of 1994. The Legislature declared that various and conflicting definitions of a CNS were being created and applied by public agencies and private employers within the State of California. In addition, the Legislature found that the public was being harmed by conflicting usage of the title *CNS* due to the disparity in qualifications of the RN using this title. Therefore, the Legislature declared that the public interest would be served by determining the legitimate uses of the title *CNS* by RNs. (Added by Stats.1997, c.6(AB 90).

Effective July 1, 1998, the Legislature added Article 9., "Clinical Nurse Specialists," commencing with the addition of section 2838 of the Nursing Practice Act, to Chapter 6 of Division 2 of the Business and Professions Code.

NPR-B-24 BOARD APPROVED 9/1999 (REV 12/2002) <u>Section 2838.</u> This code requires that any RN who holds out as a CNS, or who desires to hold out as a CNS, <u>must</u> be certified by the BRN for the State of California. A registered nurse cannot use the title CNS, <u>unless</u> certified by the BRN.

Clinical Nurse Specialist Certification: The BRN has accepted the standards of the National Association of Clinical Nurse Specialists (NACNS) Statement on CNS Practice and Education, and the American Association of Colleges of Nursing (AACN) Essentials of Masters Education for Advanced Practice. In addition, the national organizations/associations that have met the Clinical Nurse Specialist certification requirements and are equivalent to the BRN standards for CNS certification are the American Nurse Association-American Nurses Credentialing Center (ANCC), Oncology Nursing Certification Corporation (ONCC), and the American Association of Critical Care Nurses (AACCN).

Five Component Areas of Competency for Clinical Nurse Specialists.

In order to be eligible to be certified as a CNS in the state of California, an RN must have completed <u>an accredited advance practice nursing program</u>, <u>or a</u> minimum of 400 hours of clinical experience concurrently with Master's level course work in the five component areas of competency. This course work may be completed at any nationally accredited master's/post-master's nursing academic program.

There are five major components of the CNS role. Activities within these role components may include the following:

### **Expert Clinical Practice \***

- 1. Works with staff to improve clinical care.
- Uses advanced theoretical and empirical knowledge of physiology, pathophysiology, pharmacology, and health assessment.
- 3. Assesses and intervenes in complex health care problems within a selected clinical specialty area and selects, uses, and/or evaluates technology, products, and devices appropriate to the specialty area of practice.
- 4. Manages populations of clients with disease states and non-disease based etiologies to improve and to promote health care outcomes.
- 5. Precepts students and mentors other nursing staff.

#### Education

- 1. Assists with and promotes staff development.
- 2. Provides formal education classes (i.e., community education and/or presentations) and informal education classes (i.e., in-services).

NOTE: A CNS has completed an advanced nursing education program with a clinical focus with an identified patient population concurrently with component areas of competency. An applicant with expert clinical practice in a given field of nursing (i.e. a nurse who has worked fifteen years (entire career) in Labor and Delivery with accompanying clinical expertise, or an applicant in a field related to nursing are NOT advanced practice nurses. These nurses will need to remediate in the five component areas of competency in order to qualify for CNS certification \*\*NOTE: A valid verifier of CNS experience is on who is knowledgeable about CNS roles and must have observed the applicant performing the roles of the five advanced nursing CNS component areas of competency.

NPR-B-24 BOARD APPROVED 9/1999 (REV 12/2002)

- 3. Serves as a preceptor to nursing students, new RN graduates, RNs reentering the workforce, and advanced practice RN students and RNs.
- 4. Mentors and coaches staff and students.

#### Research

- 1. Uses clinical inquiry and research in an advanced specialty area of practice.
- Uses a performance improvement model as an avenue to improve advanced clinical practice and care.
- 3. Stays abreast of current literature in the specialty area of practice.
- 4. Initiates research into topics that directly impact nursing care and uses measurement and evaluation methodologies to assess outcomes.
- 5. Publishes data from research topics related to the specialty area of practice.

#### Consultation

- 1. Performs consultative functions in multiple health care settings.
- Provides clinical expertise and makes recommendations to physicians, other health care providers, insurance companies, patients, and health care organizations.
- Reviews standards of practice to determine appropriateness and to reflect current nursing clinical practice.
- 4. Evaluates policy and procedures for clinical practice in a specialty area.
- Uses evidence-based clinical practice to develop methods to improve patient care and patient care outcomes.

### Clinical Leadership

- Uses theory/research as a foundation for clinical leadership and CNS research based practice.
- Demonstrates mastery in theories including Change Theory, Persuasion, Influence, and Negotiation Theory, Systems Theory, Consultation Theory, Research Theory, and Research Utilization.
- Participates in the professional development of self, others, and the nursing profession.
- 4. Belongs to and participates in professional organizations.
- Serves as a change agent in health care settings by developing health care standards, assisting in the implementation of standards, facilitating goal setting and achievement, and evaluating outcomes.
- 6. Serves in a leadership role in the community.

## The Process of Application and Requirements for Clinical Nurse Specialist Certification:

## An RN may meet the requirements for CNS certification through one of the following methods.

(Please note that it is the responsibility of the employer to verify CNS status when verifying the RN's licensure status at time of employment or at the time of RN license renewal.)

Method One: Possess a master's degree in a clinical field of nursing that conforms to the

NPR-B-24 BOARD APPROVED 9/1999 (REV 12/2002) standards set forth in 2838.2 and expert clinical practice.\*

Method Two: Possess a master's degree in a clinical field of nursing or a clinical field related to nursing,\*\* and certification by a national organization/association whose standards are equivalent to those set forth in 2832.2.

Method Three: Possess a master's degree in a clinical field related to nursing, \* and is able to demonstrate graduate level advanced practice nursing course work and clinical experience for the following CNS component areas of competency: a) Expert Clinical Practice; b) Education; c) Research; d) Consultation; and e) Clinical Leadership.

\*NOTE: Clinically competent means that one possesses and exercises the degree of learning, skill, care, and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. (CCR 1480).

\*\*NOTE: A "clinical field related to nursing" is defined by the existence of a therapeutic relationship between a client and the health care provider. The clinical fields related to nursing include, but are not limited to, psychology, public health, social work, education, health sciences, behavioral sciences, nutrition, and bioethics.

#### References

Beecroft, Pauline, PhD., R.N., Editor.(1997). National association of clinical nurse specialists statement on clinical nurse specialist practice and education. Lippincott: Philadelphia, Pa.

American Association of Colleges of Nursing Task Force. (1996). Essentials of masters education for advanced practice nursing. AACN: Washington, D.C.

## **APPENDIX D 4**

EBI 2001-2002 Survey

## EBI Question Analysis 2002 (N=81)

Question	USF	Select 6	All Schools
1 Milest account on a fear life with a fear life in a line in a	Mean	mean	mean (N=87
1.What percentage of faculty who taught clinical courses would you rate as excellent or exceptional?	5.15	5.40	5.17
2. What percentage of faculty who taught clinical nursing			
courses would you rate a very poor or poor? (scale reversed)	6.03	6.20	6.11
<ol><li>What percentage of faculty who taught classroom nursing</li></ol>			
courses would you rate as excellent or exceptional?	4.83	5.22	4.92
4. What percentage of faculty who taught classroom nursing			
courses would you rate as very poor or poor? (scale revered)	6.25	6.09	5.86
5. How would you rate the quality of nursing curriculum			
regarding the teaching in your clinical courses?	4.99	5.13	4.89
6. How would you rate the quality of the nursing curriculum			
regarding teaching in your classroom courses?	4.72	5.08	4.62
7. How would you rate the quality of feedback on			
assignments (other that grades) you received from	4.93	4.80	4.66
instructors in your clinical courses?			
8. How would you rate the quality of feedback on			
assignments (other than grades) you received from	4.68	4.63	4.43
instructors in your classroom courses?			
9. How would you rate the extent that your senior clinical			
courses built on the foundation laid in previous nursing	2.52	2.59	2.99
courses?			
10. How satisfied are you with the accessibility of faculty			
outside of class?	6.07	5.86	5.60
11. How satisfied are you with faculty responsiveness to			
student concerns?	5.65	5.49	5.18
12. How satisfied are you with the amount of work required in			
your classroom courses?	5.07	5.02	4.89
13. How satisfied are you with the amount of work required of			
you in your clinical courses?	4.94	4.94	5.02
14. How satisfied are you with the average size of your	-		
required courses?	5.43	5.94	5.56
15. How satisfied are you with the amount of collaboration			
required in your courses?	5.37	5.35	5.15
16. How satisfied are you with the value you derived from			
your collaboration experiences?	5.40	5.43	5.21
17. How satisfied are you with the ability of the faculty to			
relate concepts to the real world?	5.68	5.82	5.48
18. How satisfied are you with the ability of the faculty to			
draw on the experience of the students?	5.35	5.68	5.32
19. How satisfied are you with the ability of the faculty to			
engage the students in discussions?	5.32	5.70	5.53
20. How satisfied are you with the ability of the faculty to			
lecture effectively?	5.33	5.51	5.09
21. How satisfied are you with the ability of the faculty to			
effectively sequence the content of courses?	5.35	5.64	5.17
22. How satisfied are you with the ability of the faculty to	2.30		
interact with students one-to-one?	5.61	5.60	5.31
23. How satisfied are you with the ability of the faculty to act			2,2,1
as effective role models in clinical practice?	5.73	5.84	5.56
as singenty tota modele in aminan practical	00	0.04	0.00

Question	USF	Select 6	All Schools
	Mean	mean	mean
24. How satisfied are you with the ability of the faculty to provide quality academic advising?	4.91	4.68	4.63
25. How satisfied are you with the quality of the classrooms?	4.89	5.26	4.97
6. How satisfied are you with the computing resources at			
our school?	4.95	5.53	5.31
7. How satisfied are you with the training to utilize the			
computing resources at your nursing school?	4.65	5.00	4.88
8. How satisfied are you with the responsiveness of the			
rogram administration to student concerns?	4.06	4.64	4.45
9. How satisfied are you with the tuition/fee level of the			
rogram?	2.59	3.41	4.14
0. How satisfied are you with the program course schedule?	4.33	4.94	4.73
1. How satisfied are you with the amount of work experience			
f your fellow students?	5.15	5.44	5.28
2. How satisfied are you with the quality of work experience			
f your fellow students?	5.16	5.56	5.35
3. How satisfied are you with the academic ability of your			
ellow students?	5.42	5.68	5.55
4. How satisfied are you with the ability of your fellow			
tudents to work in study groups?	5.31	5.45	5.29
5. How satisfied are you with the level of camaraderie of			
our fellow students?	5.91	5.45	5.42
6. How satisfied are you with the academic integrity of your			
ellow students?	5.52	5.73	5.55
7. To what degree did the nursing program teach you to act			
s an advocate for vulnerable patients?	6.12	6.11	6.03
8. To what degree did the nursing program teach you to			
onor the right of patients to make decisions about their	6.39	6.24	6.19
nealth care?			
9. To what degree did the nursing program teach you to			
provide culturally competent care?	6.20	6.05	5.99
0. To what degree did the nursing program teach you to			
lemonstrate accountability for y our own actions?	6.28	6.30	6.19
1. To what degree did the nursing program teach you to			
support fairness in the delivery of care?	6.21	6.20	6.10
2. To what degree did the nursing program teach you to			
pply research-based knowledge as a basis for practice?	6.02	5.87	5.76
3. To what degree did the nursing program teach you to			
ssist patients to interpret the meaning of health	6.01	5.89	5.74
nformation?			
4. To what degree did the nursing program teach you to			
valuate the ability of an individual to assume responsibility	5.93	6.01	5.81
or self care?			
5. To what degree did the nursing program teach you to		Total Control	
nake effective presentations?	5.77	5.88	5.76
6. To what degree did the nursing program teach you to			
ssess vital signs?	6.39	6.37	6.25
7. To what degree did the nursing program teach you to			
pply infection control measures?	6.13	6.28	6.14
8. To what degree did the nursing program teach you to			
nanage wounds?	5.69	5.76	5.54
9. To what degree did the nursing program teach you to			
dminister medications by all routes?	5.94	5.95	5.82

Question		Select 6	All Schools	
FO To what down did the consistence of the bound	Mean	mean	mean	
50. To what degree did the nursing program teach you to		0.00		
provide pain reduction measures?	6.06	6.09	5.96	
51. To what degree did the nursing program teach you to		- 00		
provide physical support in preparation for therapeutic procedures?	5.64	5.86	5.65	
52. To what degree did the nursing program teach you to				
provide emotional support in preparation for therapeutic	5.90	5.96	5.79	
53. To what degree did the nursing program teach you to				
assess predictive factors that influence the health of patients?	5.74	5.83	5.66	
54. To what degree did the nursing program teach you to				
assist patients to achieve a peaceful end of life?	5.07	5.26	5.30	
55. To what degree did the nursing program teach you to use				
appropriate technologies to assess patients?	5.31	5.82	5.58	
56. To what degree did the nursing program teach you to				
apply an ethical decision-making framework to clinical	5.93	5.94	5.84	
situations?				
57. To what degree did the nursing program teach you to				
understand the effects of health policies on diverse	5.66	5.61	5.59	
populations?				
58. To what degree did the nursing program teach you to				
understand the global health care environment?	5.29	5.40	5.35	
59. To what degree did the nursing program teach you to				
understand how health care delivery systems are organized?	5.71	5.42	5.41	
60. To what degree did the nursing program teach you to		- 4-		
ncorporate knowledge of cost factors when delivering care?	5.51	5.17	5.25	
61. To what degree did the nursing program teach you to	5.83	5.96	5.59	
ntegrate theory to develop a foundation for practice?	5.03	5.96	5.59	
62. To what degree did the nursing program teach you to delegate nursing care while retaining accountability?	5.79	5.79	5.58	
	5.79	5.79	5.56	
33. To what degree did the nursing program teach you to ncorporate nursing standards into practice?	5.86	6.00	5.83	
	3.00	0.00	3.03	
64. To what extent did your nursing program fulfill your expectations?	4.59	5.14	4.69	
	4.59	5.14	4.03	
65. When you compare the expense to the quality of education how do you rate the value of the investment you	3.91	4.62	4.52	
made in y our nursing program?	3.31	4.02	4.52	
66. How inclined are you to recommend your nursing				
program to a close friend?	4.25	5.13	4.66	
Note: The scale is a Likert type with a range of 1 to 7, with 7 being h		0.10	1100	

Note: The scale is a Likert type with a range of 1 to 7, with 7 being highest.

The population of nursing students (registered students in the final semester of study, Fall 2001 and Spring 2002) was 85 students.

The sample for this survey was 81 students, representing a 95% response rate.

## Educational Benchmarking (EBI) 2002 (N=81)

Note: Survey contains 66 items which reduce to 11 factors; each item rated on a Likert-type rating scale of 1-7 (7 = highest, 1 lowest)

Factor Definition	Factor	Mean	Rank at USF	USF rank in 6 select*	USF rank out of 87**
Quality of nursing instruction (teaching in clinical and classroom courses/feedback on assignments build on previous course work /accessibility and responsiveness of faculty) (Q5,6,7,8,1,10,11)	Quality of nursing instruction	5.17	9	3	24
<ol> <li>Satisfaction with amount of work in classroom and clinical courses/ average size of required courses/ amount and value or required collaboration (Q12,13,14,15,16)</li> </ol>	Work and class size	5.24	8	5	39
<ol> <li>Satisfaction with ability of the faculty to relate concepts to real world/ engage and interact with students/ lecture and sequence course effectively/ act as role models/ academic advising (Q17,18,19,20,21,22,23,24)</li> </ol>	Course lecture and interaction	5.40	7	5	33
<ol> <li>Satisfaction with facilities (classrooms/ computing resources/ computing training) and administration (responsiveness/ tuition and fees/ course schedule) (Q25,26,27,28,29,30)</li> </ol>	Facilities and administration	4.24	11	5	79
<ol> <li>Satisfaction with classmates (amount and quality of work experience/ academic ability/ ability to work in groups/ level of camaraderie/ academic integrity) (31,32,33,34,35,36)</li> </ol>	Classmates	5.41	6	5	44
<ol> <li>Degree that program taught professional values (advocates for vulnerable patients/ honor patients rights/ provide culturally competent care/ demonstrate accountability/ support fairness) (Q37,38,39,40,41)</li> </ol>	Professional values	6.24	1	2	31
<ol> <li>Degree that program taught core competencies (research based knowledge/ assist interpretation of information/ evaluate ability of self care/ make effective presentations) (Q42,43,44,45)</li> </ol>	Core competencies	5.93	3	2	29
<ol> <li>Degree that program taught technical skills (vital signs/ infection control/ manage wounds/ administer medications/ pain reduction/ physical support/ emotional support) (46,47,48,49,50,51,52)</li> </ol>	Technical skills	5.96	2	4	43
<ol> <li>Degree that program taught core knowledge (factors/ peaceful end of life/ assess patients/ decision-making/ effects of policies/ global environment/ delivery systems/ cost factors) (Q53,54,55,56,57,58,59,60)</li> </ol>	Core knowledge	5.53	5	5	42
<ol> <li>Degree that program taught role development (foundation for practice/ delegate care/ incorporate nursing standards) (Q61,62,63)</li> </ol>	Role development	5.83	4	4	33
11. Overall satisfaction with nursing program (Q64,65,66)	Overall satisfaction with program	4.25	10	4	63

<sup>\*</sup>Based on criteria identified by EBI we have selected 6 similar schools for comparison/benchmarking \*\*87 schools participated in the study during the 2002 year in which our initial study was conducted

## Educational Benchmarking (EBI) 2002 Additional Questions customized by USF\*

Additional Questions  1. Average number of hours worked per week during your freshman, sophomore and Senior years while attending school.  (Answered: between 11-30 hours per week)		Standard Deviation	
		1.38	
How valuable are the LRC practice experiences to reinforce classroom and clinical content.	4.25	1.75	
3. My nursing faculty individualized learning opportunities and tailored experiences so I could reach my personal learning goals.	4.73	1.57	
4. My nursing faculty offered a variety of methods (questions, class discussions, conferencing, journaling, care planning, reaction/reflection papers) to help me discover meaning in my nursing experiences.	5.45	1.22	
5. My nursing teachers evaluated me as a whole person using effective methods such as mentoring, class discussions, journal reflections and clinical conferencing	5.14	1.49	
6. The Capstone course was valuable in helping me to integrate theory and clinical learning in a realistic experience.	5,64	1.80	
<ol> <li>As a graduate of he USF School of Nursing, I value holistic patient care with a particular emphasis on the patient's spiritual needs.</li> </ol>	5.63	1.45	
8. The library has adequate availability of print and electronic nursing resources.	3.79	2.18	
9. The research assistance available from the library is adequate	4.60	1.82	
10. I have the opportunity to influence changes within the School of Nursing	3.85	2.11	

<sup>\*</sup> Scale is a Likert type with a range of 1 to 7, with 7 being highest.

The population of nursing students (registered students in the final semester of study, Fall 2001 and Spring 2002) was 85 students.

The sample for this survey was 81 students, representing a 95 % response rate.