UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

University of San Francisco
Self-Study Document
Commission on Collegiate Nursing Education (CCNE)

Bachelor of Science in Nursing (BSN)
Master of Science in Nursing (MSN)
Doctor of Nursing Practice (DNP)
Post-Graduate Certificate Program

Onsite Evaluation
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Overview

The University of San Francisco (USF) was founded by the Jesuit Fathers in October 1855 under the name Saint Ignatius Academy. It was San Francisco's first institution of higher education and was initially located in the downtown area of San Francisco. In 1930, on the occasion of the Diamond Jubilee, the name was changed to the University of San Francisco to better reflect the growing size and complexity of the educational institution and the organization of distinct units within the University. Currently there are five colleges and schools that make up the University, the College of Arts & Sciences and the Schools of Law, Management, Education, and Nursing and Health Professions.

The School of Nursing and Health Professions (SONHP) began in the 1940s as a cooperative effort with the Sisters of Mercy in order for registered nurses, from nearby St. Mary's Hospital, to earn their baccalaureate degrees. The original School of Nursing at USF was the first private baccalaureate nursing program in California, established in 1954 and accredited by the National League for Nursing when the first students graduated in 1958. Since that time, the nursing programs have been continuously accredited and committed to advancing the preparation of professional nurses within the Jesuit academic tradition, a strong liberal arts and science foundation coupled with professional knowledge in the discipline of nursing. The School began offering a Master's of Science in Nursing (MSN) in the fall of 1984 and the Doctor of Nursing Practice (DNP) in 2007, the first in the state of California.

In 2010, the School, taking seriously the Institute of Medicine Report on *The Future of Nursing* http://thefutureofnursing.org/recommendations, regarding the call for *expanding opportunities for nurses to lead and diffuse collaboration* (Recommendation #2) and *preparing nurses to lead change* (Recommendation #7), actively started on a trajectory to add health professions programing to its portfolio. As a result of a commitment to health professions education, then USF President Fr. Stephen A. Privett named a President's Commission on Health Professions Education that was charged to build on the stature of the USF nursing programs to make recommendations to advance excellence in health professions education by developing additional educational options at USF. The first non-nursing health profession program was the Master of Public Health (MPH). It was with this addition that the School changed its name to School of Nursing & Health Professions (SONHP). The MPH program graduated its first class in 2013 and received full Council of Education for Public Health (CEPH) accreditation as soon as it was eligible. Last fall, the doctoral degree in clinical psychology (PsyD) and integrated Master of Science in Behavioral Health (MSBH) programs, both with a focus on behavioral health and an emphasis on underserved populations, were started. In January 2014, the Health Informatics program was launched and fall, 2014, the new Master of Science in Healthcare Simulation will start. All of these health professions programs are part of the SONHP strategy to educate future health professionals with an inter-professional approach and move forward in creating a learning environment that prepares the graduate for the "real world." As a result, the departments in the SONHP have nursing and non-nursing degree options clustered around contemporary ways to conceptualize health, health care, and clinical practice.

Currently the SONHP offers 1) a **BSN program** on the USF **San Francisco Hilltop Campus** and will be adding a **Sacramento** track as a result of recent funding for a Veterans Affairs VA Nursing Academic Partnership (VANAP) program in collaboration with the VA Northern

California Health Care System (Appendix A); 2) an **MSN program** to prepare a) Clinical Nurse Leaders (CNLs) with tracks for **master's entry students (ME-MSN)** [CNL, Model C] on the Hilltop, for b) **RNs with BSNs**, c) **RNs with BS/BA degrees,** and d) **RNs with associate degrees (RN-MSN)** at the USF Branch Campuses in i) **Santa Rosa,** ii) **Pleasanton**, iii) **San Jose,** and on the iv) **Hilltop,** as well as, v) fully **Online;** And, 3) a **DNP program** with a post-baccalaureate track that prepares APRNs as i) **Family Nurse Practitioners** (FNP), ii) **Psychiatric-Mental Health Nurse Practitioners** (PMHNP), iii) population focused leaders in the **Healthcare Systems Leader track** (HCSL), iv) a **DNP Completion** track for the masters prepared nurses and v) an **Executive Leader** DNP (EL-DNP) track for the master's prepared nurse executive.

Standard I
Program Quality: Mission and Governance

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

I-A. The mission, goals, and expected program outcomes are:

- **congruent with those of the parent institution; and**
- **consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

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

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

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

A program may select additional standards and guidelines.

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

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

Program Response:

Articulating a shared vision and mission for the University was a priority for USF President Stephen A. Privett, S.J. who served as president from 2000 until this summer. In August 2014, the 28th President of the University of San Francisco, Paul J. Fitzgerald, S.J. assumed office. However, the Mission, Vision, and Values adopted in 2001 by the Board of Trustees, after an inclusive process connecting faculty, students, administrators and communities of interest, remain in effect. The USF tagline ***"Change the world from here"*** has become the central feature in the fabric of the University and a commitment made enthusiastically by USF students, faculty, and staff www.usfca.edu/about/mission.

USF 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.

USF 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.

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

- 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
- The freedom and the responsibility to pursue truth and follow evidence to its conclusion
- Learning as a humanizing, social activity rather than a competitive exercise
- A common good that transcends the interests of particular individuals or groups; and reasoned discourse rather than coercion as the norm for decision making
- Diversity of perspectives, experiences and traditions as essential components of a quality education in our global context
- Excellence as the standard for teaching, scholarship, creative expression and service to the University community
- 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
- The moral dimension of every significant human 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 culture of service that respects and promotes the dignity of every person

In the fall of 2013, the Board of Trustees voted to articulate the expected outcomes across all undergraduate majors at the University and approved USF Institutional Learning Outcomes (ILO). This work was an outgrowth collaboration with the faculty, students, administration, alumni and designed to be aligned with the USF mission. The IOL constitute the university's promise to the students, families, and the community regarding the expectations for USF baccalaureate graduates and outline the core competencies integrated across the undergraduate majors.
https://www.usfca.edu/assessment/Institutional_Learning_Outcomes_%28ILOs%29/

The SONHP BSN program outcomes are in consort with these university ILOs (Appendix B). Plans are underway to expand the USF ILO to graduate programs and the SONHP is working closely with the USF constituencies to assure the SONHP graduate degree options support the university ILO expectations.

In 2006 Judith F. Karshmer was recruited as Dean of the School of Nursing. Her initial work was to lead the faculty in re-examining the Vision, Mission and Values foundational to the nursing degree options and to assure that they were fully aligned with those of the University as well as the nursing profession. The current SONHP Vision, Mission, and Values were initially adopted in 2007 and have been re-visited and updated on a regular basis.

Vision
The School of Nursing & Health Professions at the University of San Francisco advances the mission of the University by preparing health professionals to address the determinants of health, promote policy and advocacy and provide a moral compass to transform health care in order to further equity and positively influence quality, delivery, and access.

Mission
The mission of the School of Nursing & Health Professions is to advance nursing and health professions education within the context of the Jesuit tradition. The school uses dynamic and innovative approaches in undergraduate and graduate education to prepare professionals for current and future practice domains. The goal is to effectively link classroom, clinical, and field experiences with expectations for competence, compassion, and justice in health care, protection and promotion within the context of the highest academic standards.

Values
Congruent with the core values of the university, the values of the School of Nursing & Health Professions are to:

- Create and maintain an environment that promotes excellence in the health professions' academic endeavor based on
    - Mutual respect
    - Transparency
    - Collaboration
    - Professionalism
    - Creativity
    - Diversity
    - Cultural sensitivity
    - Spirituality
- Demonstrate the personal values of
    - Integrity
    - Academic excellence
    - Respect for self and others
    - Compassion and caring
    - Personal growth, responsibility, and accountability
    - Professionalism
    - A passion for justice

    - Personal health and well-being
- Positively influence nursing practice and health care environments by promoting
    - Health and wellness
    - Holistic, patient-centered care
    - Patient advocacy
    - A spirit of inquiry and evidence-based practice
    - Safety and quality improvement
    - Cost effective care
    - Emerging technologies balanced with a humanistic approach
    - Professional and ethical decision-making
    - Increased access to care, especially for vulnerable populations
    - Lifelong learning

The mission and goals, for the SONHP are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. The nursing programs at USF have utilized key standards to advance competency for graduates and include:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* http://www.aacn.nche.edu/education-resources/baccessentials08.pdf
- *The Essentials of Master's Education in Nursing* http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf
- *The Essentials of Doctoral Education for Advanced Nursing Practice* http://www.aacn.nche.edu/dnp/Essentials.pdf
- *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* http://www.aacn.nche.edu/publications/white-papers/cnl
- *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf
- *American Organization of Nurse Executives (AONE) Nurse Executive Competencies* http://www.aone.org/resources/leadership%20tools/nursecomp.shtml
- The Quality and Safety Education for Nurses (QSEN) competencies http://qsen.org/competencies/
- Nurse Practitioner Core Competencies http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf
- NCLEX –RN Test Plan https://www.ncsbn.org/2013_NCLEX_RN_Test_Plan.pdf

These guidelines and standards are congruent with the mission of the University offering, "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." They are aligned with the mission of the SONHP offering, "dynamic and innovative approaches in undergraduate and graduate nursing education to prepare professionals for current and future practice domains." And, they provide a broad and inclusive base upon which to grow inter-professional health programing and graduate expectations.

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

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

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

Program Response:

The *SON Evaluation Plan* provides the framework for a systematic evaluation of all SON programs. The evaluation plan for the nursing programs, referred to as the SON Evaluation Plan, was developed in 2009 and revised in 2013 when the Standards of Accreditation of the Baccalaureate and Graduate Nursing Programs were revised. The *SON Evaluation Plan* includes timelines, sources of data and data collection methods, as well as expected outcome data included in the SONHP Evaluation Plan Dashboard for all nursing programs (Appendix C **-** *SON Evaluation Plan***).**

Communities of interest for the SONHP are varied and include current and potential students, faculty, clinical agencies, consumers, alumni, health care leaders, possible funding sources, and accrediting agencies. Expectations of these groups regarding program improvement and continued advancement are wonderfully broad. Input is solicited using an array of strategies and data sources.

School of Nursing & Health Professions Vision, Mission and Values

The SONHP Mission, Vision, and Values were reviewed by faculty and developed in fall, 2006 and adopted by faculty in January, 2007. This work established the framework for review of the programs and their expected outcomes in light of the innovations in nursing education including the Doctor of Nursing Practice (DNP), evolution of the Clinical Nurse Leader (CNL) role, and how to infuse Quality and Safety Education for Nurses (QSEN) competencies into the expectations for nurse graduates. This work has provided significant ground work for expanding the school to include other health professions' programs and the nursing competencies and priorities continue to lead deployment of additional educational options. With the expansion of the school to include other professional programs and re-naming of the school to Nursing and Health Professions, the Vision, Mission, and Values were once again reviewed and updated to be more inclusive, adopted by faculty on September 12, 2011. And, most recently, as part of the 2013-14 Strategic Planning Process, minor revisions were made with adoption of the new school administrative structure in May, 2014.

Alumni & Professional Nursing Community

The SONHP seeks continual input from the alumni, employers, professional nursing community, and the greater Bay Area community. The SONHP Dean's Circle, Alumni Board, and the SONHP Nursing Advisory Board provide ongoing input to the tactical and strategic planning for the school and the nursing programs. The Alumni Board meets two-three times a year and has as its charge … "to represent the school as a well-informed ambassador in the

health care community, both locally and more broadly, promote and participate in School events and programs assist in securing clinical placements, internship opportunities and mentors for baccalaureate, master's and doctoral students, promote and support scholarships for students in the School of Nursing and Health Professions, making academic success attainable for all admitted students, personally make an annual financial contribution to scholarships for the School of Nursing and Health Professions at a meaningful level."

The Dean's Circle is a philanthropic board that serves to champion the School's strategic direction and assist in securing the financial resources to achieve its mission and the Nursing Advisory Board is a leadership board, providing advocacy for advancing nursing program priorities in the School. Members of the Nursing Advisory Board have Affiliate Faculty Appointment in the School (Appendix D - Board Membership).

These boards provide ongoing input for program improvement and new directions for the SONHP. Most recently, the Alumni Board provided input and financial support for a collaborate outreach of BSN, MSN, and DNP students on a two-week immersion in the Central Valley and the leadership of an Francisco General Hospital held its nursing leadership strategic planning retreat on the USF campus with facilitation by SONHP Associate Dean Borges. Members of the Dean's Circle are hosting an all school event on August 28 with Sheila Burke, Washington Health Lobbyist (and USF graduate) to provide an overview of policy changes and their impact for nursing and nursing education.

In addition to the USF specific boards, a key community of interest for the nursing programs is the California Board of Registered Nursing (CA-BRN). Approval standards for California nursing pre-licensure programs are set forth in *Article 3, Title 16, Chapter 14, section 1424-1429 California Code of Regulations* and for nurse practitioner programs http://www.rn.ca.gov/regulations/title16.shtml#1424 and *Article 8, Title 16, Chapter 14, Section 1480, California Code of Regulations for the Nurse Practitioner* program http://www.rn.ca.gov/regulations/title16.shtml#1480. USF monitors requirements set by the board and works hard to assure that program changes and advances are aligned with expectations. The CA-BRN must approve any curricular revisions in any pre-licensure program (undergraduate or graduate) and any for advanced practice program. The CA-BRN last approved the USF BSN, MSN, NP/ DNP programs in 2009 and the School will host a site visit in Spring 2015.

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

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

Program Response:

Expected faculty outcomes are written, communicated, and accessible to faculty in the Collective Bargaining Agreement http://www.usffa.net/wp content/uploads/usffacba.2013-2018.pdf and support the mission and values of the University and the SONHP. An evaluation process for each term, probationary, and tenured faculty occurs annually. This process and the

resulting documentation is the Academic Career Prospectus (ACP). As part of their ACP, faculty review their goals and accomplishments from the previous year and develop goals and strategies for the next, in light of their interests, the mission of the school, and needs of the programs in regards to the three areas of teaching, scholarship, and service. In collaboration with the Dean, the faculty member reviews his/her productivity and makes plans for future success. In resource files there are examples of ACPs. The ACPs provide the basis upon which the faculty prepares for tenure and promotion. Part-time faculty are also evaluated at the end of each didactic or clinical course. Only faculty who have adequate or outstanding evaluations are asked to return for the next academic year.

SONHP faculty roles and responsibilities are outlined in the Faculty Handbook, available for review in the resource files. This is a key resource for faculty and foundational for developing as an academic. As part of their ACP planning and preparation of a promotion or tenure case, faculty must demonstrate their commitment to the Vision, Mission and Values of the University by their focus on the pledge to ***change the world from here***. In their teaching, faculty advance the values of *mutual respect* and *collaboration*. Students are treated with *professionalism* with a major emphasis on *diversity, cultural sensitivity*, and *spirituality*. Faculty model *integrity* and have, in place, processes to advance *academic excellence.* In their interpersonal and inter-professional activities they demonstrate *respect for self and compassion for others* and exhibit a *passion for social justice*. In their scholarship, the focus is on *holistic patient-centered care, advocacy, evidence-based practice*, *safety and quality improvement* and *cost effective care.* In their service, they work *to increase access to vulnerable populations* and hold to the standard of *ethical* as well *as professional decision-making* and throughout them all, they demonstrate a commitment to *lifelong learning.*

Teaching

USF is an institution with excellence in teaching as its main priority. High value is placed on assuring that the teaching endeavor is a paramount consideration. An infrastructure has been built that supports and advances teaching. Every semester, the teacher for every course in the University is evaluated using a standardized form (SUMMA) to gauge teaching effectiveness and student satisfaction. The findings are normed against national, university, and school standards. The findings are shared with the faculty and reported to the Dean so outstanding accomplishments may be recognized and, if needed, steps taken to improve teaching outcomes. In order to achieve promotion or tenure, the individual's overall evaluation for "teaching" must be either adequate or outstanding. In order to make the SUMMA process more useful, a new online version has been piloted by the University and will be implemented in the fall. This new process should be useful in making timely decisions regarding teaching assignments as well a way to provide better feedback for faculty to revise and modify their courses.

Scholarship

Faculty scholarship is a critical component of the academic endeavor and is supported by the University and the SONHP. A number of support services to advance scholarship and research productivity are in effect at USF. Tenured and tenure-earning faculty receives three units of release time every semester to pursue their scholarship. This is equal to, approximately, one course release. It is during their ACP that the faculty focuses on their scholarship trajectory and

work with the Dean to explore what resources would be of help to increase their scholarly outcomes. The Dean works closely with faculty to develop measured plans for success and articulate strategies to help achieve them. All new faculty are assigned a mentor from the School to help them develop as academic citizens and advance their scholarship. At the University level, there are an array of resources to facilitate productivity in scholarship and research http://www.usfca.edu/Provost/Research,_Scholarship_and_Creative_Work_Support/ and the Office of Contracts & Grants provides pre and post award services to faculty scholars http://www.usfca.edu/ocg/.

Practice

Faculty in the School are encouraged to hold national certification as part of their commitment to advancing nursing practice. Teaching assignments are made in order to facilitate faculty practice opportunities. Some nurse practitioner faculty have their assigned teaching load spread over the entire calendar year instead of only the nine month academic year (A. Curtis, K. Cox). Faculty who engage in advanced practice in a leadership and consultant role are able to have ongoing relationships with area health systems (CINHC, UCSF, VA; KT. Waxman, E. Cooper, O. Struve). Other faculty engage in practice by providing leadership and expertise in health and social service agencies in the area (SF Impact, IHSS; M. DeNatale, E. Trevathan). Faculty practice has become a priority for SONHP as part of an overall strategy to live the USF mission by expanding services to underserved populations through faculty work linked to student experiences. NP faculty who have student preceptors with them in their practice setting are able to receive credit toward teaching effort as part of their assigned load.

With the recruitment of the new associate Dean for graduate program and academic-practice partnerships, Dr. Wanda Borges, a redoubled effort has been placed on developing partnerships that expand outreach services. Innovative academic-practice partnerships that include faculty practice are now in place at Asian Pacific Island Wellness Center in San Francisco, San Francisco Impact, and the *Joint Venture Program*, a collaborative with UC-Berkeley, UCSF, and La Clinica de la Raza. A listing of SONHP academic-practice partnerships is available for review in the resource files.

Service

Service is a cornerstone of the mission of USF. SONHP faculty actively participate in school, university, and professional service. Several hold local, regional, and national office in professional organizations. They are heavily involved in USF governance and the work of the University. In addition, the faculty and the Dean are well networked in the nursing community, serving as consultants and invited speakers, participating with practice partners on key health related task forces, and advancing their reach and impact on the profession. Perhaps most the most significant service of SONHP faculty members is their operationalization of the USF value of being men and women for others as manifested in their community service and outreach. The expected faculty outcomes in service are consistent with the University and SONHP mission and values and represent a standard for professional behavior in the school. A listing of faculty service participation is available for review in the resource files.

As testimony to the success of faculty in teaching, scholarship, service, and practice is the success of SONHP faculty in securing tenure and/or promotion. In the last three years, Drs.

DeBourgh, DeNatale, Lambton, and Seed were promoted to Full Professor. Dr. Nosek was awarded tenure and promotion to Associate Professor and Dr. James was promoted to Associate.

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

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

Program Response:

The University of San Francisco recognizes the USF Faculty Association (USFFA) as the exclusive collective bargaining representative of faculty members for the purpose of collective bargaining with respect to wages, hours and conditions of employment http://www.usfca.edu/uploadedFiles/Destinations/Offices_and_Services/General_Counsel/usffacba.2013-2018.pdf. Faculty participation in the governance of the University is outlined in the USFFA Bylaws http://www.usffa.net/wp-content/uploads/Entire-bylaws-clean.pdf.

There are dozens of university-wide committees, (Appendix E) and almost all of them have a SONHP faculty representative. Some of the University committees are part of the USFFA Faculty Governance; others are part of the Provost's or President's network to engage faculty across all schools and colleges in the decision-making of the University. Not only are faculty from the School on these University committees, staff as well as students serve. In 2011-12 the student representative to Board of Trustees was a nursing graduate student, Julianne Fusaro. Assistant Dean, Mary Kate Wood is a member of the USF Budget Committee, Enrollment and Projection Committee and University Faculty On-boarding Committee; SONHP Recruiter, Susana Torres serves on the USF Diversity Council; and Associate Dean Lynch is a member of the USF Retention & Persistence Committee, Inauguration Committee, New Student Orientation Steering Committee and Enrollment and Projection Committee.

Faculty and students are also involved in the governance of the school itself. The Faculty Association of the School of Nursing and Health Professions (FASONHP) identifies in its By-Laws (Appendix F) six standing committees: Curriculum, Faculty Development, Program Evaluation, Peer Review, Academic Standards, and Simulation. There are student members on the Curriculum and Program Evaluation Committees. At the last spring semester meeting each year, a chairperson is elected by committee members. An 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. All committees meet monthly and the minutes are posted for faculty review on the Jade Server and will be available to site visitors for review in the resources files site. Committee membership is found in Appendix G.

Additionally, task forces and all-school work groups are formed to address selected topics. During the 2013-14 academic year, all the faculty and staff in the school participated in working groups that spanned the three phases of Strategic Priority Planning for the SONHP. There were six *Step 1 Work Groups,* two with a focus on Goals, two with a focus on Internal Assessment, and two with a focus on External Assessment. There were two *Step 2 Work Groups* that focused on Strategic Objectives and Resource Requirements and there was one *Distillation Work Group.*

This group synthesized all the work from phase one and two and made recommendations that were distributed to faculty, staff and SONHP students. This document provided the opportunities for ongoing discussions, confidential voting and re-distribution, and then a final faculty and staff meeting where the priorities were adopted. As result of this year long planning process, 12 strategic priorities were identified and summarized in *SONHP 2020* (Appendix H) that produced a revision of the organizational structure of the school (Strategic Priority #1) and changes in the by-laws that will be presented for faculty review at the first FASONHP Meeting of the fall semester. Plans are underway to address the other strategic priorities in *SONHP 2020* over the next five-to-six years. All the materials from the work groups and phased development were posted and available to faculty and staff on the SONHP Faculty & Staff Portal https://usfca.instructure.com/courses/1219645 and will be available for site visitor review in the resource files site.

The School is now organized into five departments: Baccalaureate Nursing Department (BND), Master's Nursing Department (MND), Healthcare Leadership and Innovation Department (HLID), Population Health Sciences Department (PHSD) and Integrated Primary Care & Behavioral Health Department (IPCBHD). The SONHP Organizational Chart is found in Appendix I. There is a chairperson and a chairperson-elect for each department, elected by faculty and accountable to the Dean. Department chair duties include, but are not limited to: "communication with faculty, student advising, scheduling, budgeting, program development and review, recruitment, report writing, planning department functions, working with the Dean on administrative responsibilities, evaluation and review of appointment procedures, reporting to the Dean on faculty accountability for workload or for funds spent for departmental activities, curriculum and the like." http://www.usffa.net/wp-content/uploads/usffacba.2013-2018.pdf.

The department chairperson is compensated with three units of release time each semester. Within the department there are program directors who are appointed by the Dean and who are responsible for the management and oversight of all aspects of the individual program. They work with their department chairperson and attend the SONHP Leadership Council Meetings. These programs directors are compensated with a varied number of release time units depending on the enrollment with in each program.

The SONHP programs that are housed in each department are: the BSN-San Francisco Hilltop Program and the BSN-Sacramento Program housed in the Baccalaureate Nursing Department; the ME-MSN Program, the On-ground RN-MSN program, and the Online RN-MSN Program housed in the Masters of Nursing Department; the DNP Completion Program, Healthcare Systems Leader Program, the EL DNP Program and the Master of Science in Healthcare Simulation Program housed in the Healthcare Leadership and Innovation Department; the MS in Health Informatics Program, the MS in Behavioral Health Program, the BS in Health Sim Program and the MPH Program housed in the Population Health Sciences Department; and the Behavior Health Program, FNP-DNP Program, PMHNP-DNP Program and PsyD Program housed in the Integrated Primary Care Department, and the job descriptions for each Department Chairperson and Program Director are found in Appendix J. Each department meets monthly with the faculty (full time and adjunct) teaching courses in that department along with student representatives to discuss course and departmental issues and advance the work of the

school. Minutes are posted on the Jade Server for faculty review and copies are available in the resource files.

The Dean, Associate Deans, Assistant Dean, Department Chairpersons and Chairpersons-elect, Program Directors and the Chair of the FASONHP, constitute the Leadership Council in the SONHP. The Leadership Council meets monthly 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 SONHP,
- 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 SONHP issues,
- discusses faculty workload schedules and provides input into the strategic plan

Minutes of the Leadership Council meetings are posted on the Jade Server for faculty review: copies are available in the resource files.

Student input is encouraged and supported in the SONHP. The Nursing Student Association (NSA), is a chapter of the National Student Nurses' Association (NSNA), a student run organization comprised of over 300 diverse, undergraduate and graduate nursing students, dedicated to providing community service, student representation, and professional development in the University and Jesuit tradition. The organization is focused on contributing to the students' nursing education, proving opportunities to gain leadership experience, communication and organizational skills that distinguish the professional nurse, and providing quality health care through its affiliation with local, state and federal student nursing organizations. The primary goal is to have direct input into the standards of nursing education and to influence the nursing education process, health care, and practice through legislative and community service activities. The organization promotes and encourages participation in community affairs, student educational and health care activities, and students' participation in interdisciplinary opportunities and collaborative relationships within nursing and health-related organizations.

The NSA chapter at USF is responsible for securing student representation on SONHP committees and works to engage students in the governance of the school. Nursing students selected as representatives by the NSA, act as the spokespersons for the students' enrolled in nursing courses in the various programs and represent the students at the monthly department meetings. Students formally serve as representatives on the Curriculum and Program Evaluation Committees and may be invited to attend the Academic Standards Committee meetings in addition program specific workgroups. Appendix K lists student representatives on various SONHP committees.

Students in the ME-MSN program are represented though the NSA. However, because the RN-MSN students only attend classes one or two days a week and may only journey to one of the USF Branch Campuses, they are provided with opportunities for participation in the work of the school. At the beginning of each academic year the Director of the RN-MSN On-Ground Track sends an email is sent to each RN-MSN cohort, at each location, asking for a class representative to volunteer to attend the MSN Department meetings and/or the RN-MSN, on-

ground level meetings. The students can call-in or attend the meeting in person. Student participation is variable, but when issues arise, the student involvement is active. For instance, at the Pleasanton Campus, students reported issues in relation to online registration and conflicting information they received from the branch campus personnel and SONHP staff. This was brought to the attention of Dr. Seed who was able to identify the root cause and take steps to eliminate the problem. The Program Director meets each semester with the specific student groups in order to solicit feedback and the standard course evaluations that are completed each term, provide regular feedback for faulty to review and make plans accordingly. As is the case for all SONHP students, RN-MSN Online students participate in the governance of the program through faculty and course evaluations. These are reviewed at the end of each semester by all the faculty teaching in the online program and used for course reviews. They also are afforded the opportunity to provide input regarding the curriculum and methods to teaching online. For example, the epidemiology course was offered for the first time Fall 2013. The students had significant concerns about how the final exam was or was not linked to the course content and expected unit outcomes. This concern prompted the Online Program Director to solicit input from two online instructors in addition to the feedback from the students. Some minor changes were made in the course as a result. However, after offering the course a second time, it still was not to the satisfaction of the students or the instructors. As a result, the Program Director requested an early full revision of the course with the USF online partner, Pearson-Embanet. Working with the instructional design and instructors teaching the on-ground course resulted in a decision to change the course manual and use standardized quizzes and final exam. The unit work and assignments were altered and the third time the course was offered online, it was deemed a success by all those involved.

Because of student and alumni interest, the RN-MSN Program Directors have started a local CNL Chapter. The chapter meets monthly with over 30 members throughout the Bay Area. http://www.cnlassociation.org/chapters. The mission of the Northern California Chapter of the Clinical Nurse Leader Association is to provide a forum for members in all practice settings to collaborate, network, promote high standards of practice, and stay informed of issues affecting their practice. At each monthly meeting, a speaker is asked to share their success at implementing the CNL role in the practice setting. Speakers have shared success at a local level implementing the CNL role and speakers have spoken to the group virtually from other parts of the country.

Students in the DNP program attend classes on the weekend, in "intensives," and online. They stay connected to the University both in-person and virtually. In order to facilitate student participation in the work of the DNP program, department meetings have been scheduled to align with the course schedule and students are invited to attend. DNP curricular issues are considered by faculty in their meetings on Friday afternoon, prior to the start of classes on DNP teaching weekend. At each Executive Leader DNP Intensive weekend, the Department Chair and Program Director meets with students to ask about issues, listen to their concerns, and update them on University and department activities and new policies. Any issues that cannot be resolved in real-time are forwarded for consideration at a department meeting for resolution and future planning. As appropriate, the EL-DNP students can Zoom into a discussion of the issues. Results of the meetings and implications for students are communicated via the *DNP*

Portal, which also allows students to post questions, review department minutes, as well as relevant policies.

One of many valuable suggestions made to the DNP Department Chair was the suggestion to establish organization specifically for DNP students and alumni. Reilly and Fitzpatrick (2009) found that there was a statistically significant inverse relationship (r = -.49, P b .01) between perceived stress and sense of belonging among DNP students. The mission of the California Organization of Doctors of Nursing Practice (CODNP)) is to provide DNPs located in California a unified means of networking and advocating for professional issues that are unique to their educational backgrounds and practice https://www.doctorsofnursingpractice.org/links.htm. The goal is to connect at the regional and national level utilizing Doctors of Nursing Practice website along with other regional DNP groups. There are currently over 80 members of CODNP.

The School also has a number of other nursing student organizations that contribute to the USF community and the learning environment for students. There is a Male Student Nurses Society (MSNS), a University-sponsored student organization that works to empower the male student nurse population at the University of San Francisco through active involvement in volunteerism and activities that build moral character both on and off campus. Last year there were 20+ members in the organization that aims to develop leaders in health care and promote academic excellence and competent nursing practice among its members while also creating and sustaining peer-mentor relationships. Tri-Gamma, USF's first organization for women was established in 1946. The Greek letter "Gamma" was chosen to represent the organization as a symbol of the legacy Goodness, Graciousness, and Generosity. With membership close to 80 active members, the purpose of Tri-Gamma is to establish friendship, create a bond of sisterhood, to broaden the moral, intellectual, and spiritual life, and to provide networking opportunities to its members as professionals. Tri-Gamma also serves to develop leaders to provide services to the USF community. The Sigma Theta Tau International chapter at USF has 433 active members.

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

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

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

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

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

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

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

Program Response:

Information is made available to potential students and current students regarding the nursing programs and tracks across a variety of medium, including print and online. Policies related to admission and transfer of credit, grading, and degree completion requirements are specified in the materials. In addition accreditation/approval status, academic calendar, tuition and fee information are posted. Every effort is made to assure that online and printed documents and publications are accurate. Online postings are the most common medium for potential students to access information about USF and the nursing programs: the University no longer publishes a print catalogue. General University information such as the calendar http://www.usfca.edu/academic_calendar/ and tuition http://www.usfca.edu/tuition/ is accessed through the USF homepage. Information related to individual majors is located on the school homepage and the specific program landing page. The SONHP homepage http://www.usfca.edu/nursing/ lists the admission, progression, and graduation requirements for the nursing programs. Recruitment materials reflect the information found in the catalog and websites, but are customized for the audience and location. In spring 2014, the School received authorization to hire a new web-master. With this new position, it is the expectation that the most current information will be updated in a timely fashion and available online on the SONHP Website. Copies of print materials related to the SONHP are available for review in the resource files as well as links to online materials.

The SONHP also uses an online mechanism to help current students stay informed. Current students also use an online mechanism to stay informed. The SONHP Student Portals on Canvas, create the interface between students and the activities of the School. These portals are password protected and used to connect with specific student groups throughout the year. Any policy changes in the nursing programs are communicated to students via the relevant Student Portal. (CCNE onsite evaluators will be able to view the portals when on campus in the resource files). The student portal for pre-licensure students (BSN, MSN) provides key information for this student group https://usfca.instructure.com/courses/1104361. The goal is to provide one place for students to get all the information they need so postings range from policies and forms for health clearances, the curricula, or the virtual clinical skills stack. The MSN post licensure student portal information is tailored to the needs of this student population and https://usfca.instructure.com/courses/1104357 the DNP student portal https://usfca.instructure.com/courses/1104360 provides the same service for the doctoral students. Each portal has ongoing announcements, student handbooks, employment opportunities, funding resources, health requirements information, course evaluations and surveys, information about the SONHP structure and department-course connection as well as advising information. Syllabi are accessible through the student portals. Having one place for

both faculty and students to access common information or polices has helped to clarify expectations and keep lines of communication open across students, faculty, and SONHP staff.

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

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

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

Program Response:

USF polices and those of the School of Nursing and Health Professions are congruent with and support the mission, goals, and expected outcomes of the programs. The University strives to "distinguish itself as a diverse, socially responsible learning community of high quality scholarship and academic rigor sustained by a faith that does justice" http://www.usfca.edu/catalog/policies/. USF is one of only a handful of nursing programs that has "freshmen admission." Applicants apply as nursing majors and are able to progress through the curriculum and graduate in four years, if they successfully completed the eight-semester sequence http://www.usfca.edu/admission/freshman/. This policy results in a highly qualified freshman class and a very competitive application pool. Incoming freshmen nursing majors in 2013 had the highest average SAT scores and high school GPA as compared to all other majors.

Figure 1: Freshmen SAT Scores by College

VERBAL	ARTS	SCIENCES	BUSINESS	NURSING
• Applied	559	553	527	532
• Accepted	601	597	564	611
• Deposited	591	576	537	604
MATH				
• Applied	558	585	580	545
• Accepted	600	636	617	629
• Deposited	582	622	607	632

Figure 2: Freshmen GPA by College

	ARTS	SCIENCES	BUSINESS	NURSING
1. Applied	3.52	3.68	3.49	3.66
2. Accepted	3.70	3.88	3.63	3.97
3. Deposited	3.62	3.75	3.51	3.92

With a student pool that is so accomplished academically, it is an ongoing commitment of the School to maintain a focus on diversity. The USF *Inclusion Statement* articulates the institutional commitment to cultural diversity and cultural competence that provides a foundation for its recruitment, progression, and graduation policies in relation to diversity.

The University of San Francisco strives to promote safe, affirming, and inclusive communities for all students, faculty, and staff to learn and work together in alignment with the University's mission. These communities are enriched by the presence of people of different abilities, ages, colors, creeds, cultures, races, ethnicities, family models, gender identities, gender expressions, health statuses, nationalities, political views, religious, spiritual, and philosophical beliefs, sexual orientations, socioeconomic statuses, educational backgrounds and veteran statuses. We welcome, expect, and encourage the continued pursuit of knowledge, skills, and abilities necessary to build a more inclusive community which celebrates diversity and works toward justice.

These efforts related to the recruitment and retention of underrepresented minorities have paid off. In 2013-14 there are 1,277 students, across all majors in the School of Nursing and Health Professions, 745 undergraduate and 532 graduate students. Fifty-eight percent were students of color: 5% African American, 36% Asian, 14% Hispanic, 2% Native American, and 1% Pacific Islander. In the ME-CNL program there were 149 students, 50% being students of color: 3% African American, 30% Asian, 15% Hispanic, 1% Native American, and 1% Pacific Islander. This compares favorably to the population of the county of San Francisco, which currently has this ratio of underrepresented groups in its population: 6% African American, 15% Hispanic, <1% Native American, and <1% Pacific Islander.

Review of academic policies are part of the *SON Evaluation Plan* (Appendix C) that focuses on how the mission and goals of USF and SONHP are being met and if the policies in place are fair, equitable, accurate and accessible. Ongoing reviews of these are regular and part of the SONHP Leadership and Administration staff responsibilities. Changes in policy in the nursing programs are communicated to students via the Student Portals.

Standard II
Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response
The fiscal and physical resources made available to the school are sufficient to enable it to fulfill its mission and goals across all programs.

Fiscal Resources: The total budget for SONHP for the 2014-15 academic year is $17,285,756, and is divided into three major accounts. The (1) Instruction Account ($4,452,382) covers the sub accounts of instructional personnel and operations, travel and entertainment, and capital. Revenue for the (2) Skills Lab Account ($339,363) is generated by way of a $155 clinical course lab fee and funds are used to managed the Learning Resource Center (LRC) and Simulation Center. The (3) Dean's Account ($2,722,672) covers administrative and staff personnel and operations, travel and entertainment, and capital. Faculty development, scholarships, and endowed funds are monitored in separate designated accounts. The dean has the budgetary authority for administering the funds within the guidelines outlined by the University and funding source requirements. Specific information related to the ledger accounts is available in consultation with Mary Kate Wood, Assistant Dean for Administration. The SONHP budget for the current and previous two fiscal years are found in Appendix L.

Salaries: Full and part-faculty salaries are set forth in the Agreement between USF and the USFFA http://www.usfca.edu/usffa/legal/salary.html. 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. Tables 1-3 illustrate that salaries for faculty in the SONHP are competitive. The salaries were compared with the data from the schools listed in the AACN

Salaries of Instructional and Administrative Nursing Faculty at religious affiliated schools in the West. The salaries for rank of professors, associate professor and assistant professor are all above the 75th percentile.

Excellent part-time faculty are an important part of the SONHP success. It is ideal to adjunct full-time faculty with part-time expertise. The School seeks out professionals who are actively employed full-time in advanced nursing practice, part-time faculty who bring proficiency as APRNs, and nurse executives with organizational and political savvy to enrich the learning environment. In order to keep highly qualified part-time faculty, the University has a preferred hiring pool (PHP) that provides financial and seniority incentives. Part-time faculty who receive outstanding teaching evaluations may be placed in the PHP and receive enhanced compensation and preferential treatment in their assignments.

Table 1 Full-time Faculty Salaries

FULL TIME FACULTY SALARY — 2014-2015							
Instructor		**Assistant Professor**		**Associate Professor**		**Professor**	
Step	Salary	Step	Salary	Step	Salary	Step	Salary
1	$60,955.66	1	$67.051.25	1	$84,322.00	1	$104,640.59
2	$64,003.46	2	$70.099.04	2	$88.385.76	2	$108,704.27
3	$67,051.25	3	$73,146.81	3	$92,898.22	3	$114,985.57
4	$79,099.04	4	$76,564.47	4	$96,513.16	4	$119,101.33
5	$73,146.81	5	$80,322.00	5	$100,576.85	5	$124,540.59
6	$76.564.47	6	$84,322.00	6	$104,640.59	6	$130,589.39
		7	$88,385.76	7	$108,704.27	7	$136,628.08
		8	$92,898.21	8	$114,985.57	8	$147,841.31

Table 2 Part-time Faculty Salaries

PART TIME FACULTY SALARY	
Program and Hiring Pool Status	**Salary**
non-preferred hiring pool	$1753 per unit
preferred hiring pool	$2122 per unit

Table 3 AACN Salaries of Instructional & Administrative Nursing Faculty at Religious Affiliated Schools of the Western Region 2013-2014

Instructor	25%	**$68,465**
	50%	**$74,869**
	75%	**$79,813**
Assistant Professor	25%	**$72,428**
	50%	**$79,444**
	75%	**$87.044**
Associate Professor	25%	**$81,588**
	50%	**$96,476**
	75%	**$117,909**
Professor	25%	**$108,152**
	50%	**$118,556**
	75%	**$132,507**

Faculty, staff, and administrative salary levels support recruitment and retention of well-prepared individuals. Salary schedules as negotiated by the various collective bargaining agreements can be found at http://www.usfca.edu/generalcounsel/employee-labor/. In addition to the salary, employment at USF assures a generous benefit package that includes health insurance, life and accident insurance, retirement planning, financial planning, a wellness program, and employee assistance http://www.usfca.edu/hr/benefits/.

Planning

The University has a yearly budgetary planning process during which fiscal and physical resources are reviewed and decisions made for changes. This process is designed to be comprehensive in scope, inclusive, transparent, easy to administer, strategically effective in redirecting the university's resources for academic priorities in order to align departmental goals and activities in support of the Mission, Vision and Values of the University. In order to support this process, in 2012, the university opened the Center for Institutional Planning & Effectiveness (CIPE) https://www.usfca.edu/provost/cipe/about/ that brought together the five offices that must work together in order to provide the data resources and services, institutionally and externally, to enhance the decision-making process and capture funding implications. Part of CIPE, the Office of Planning and Budget (OBP) serves the institution's Strategic Priorities through budget development, financial analysis, and report dissemination, ensuring future plans support the Vision, Mission, and Values of the University of San Francisco https://www.usfca.edu/opbr/. CIPE and OBP worked closely with the SONHP as new programs were proposed and resources requested. The collaborative relationship has resulted in effective support to advance the school.

Departments (Schools and Colleges) may request approval for new funds 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 http://www.usfca.edu/Provost/Request_for_Approval_of_New_or_Changed_Programs/. The University's Executive Officers consider all requests and related plans so that decisions are made in light of University Priorities and proposals are approved with respect to other plans generated by various departments and divisions of the University. This process encourages synergy and eliminates duplication of efforts throughout the University and promotes forward thinking, as plans are proposed with consideration up to five years forward.

As a result of Dean Karshmer's work in this area, additional resources have been secured in order to effectively manage the programs in the school. Since her arrival in 2006, the number of full time nursing faculty has grown from 33 to 42 and nursing support staff from 16 to 24. There are currently 49 full-time faculty and 30 staff in the school. The SONHP has been successful in securing the funding it needs as it has expanded programs both from within the university and through external funding. Most recently, the school received notification that its partnership with the VA Northern California Health Care System (VANCHCS) was awarded the VANAP grant, one of three funded in 2014. This money will provide the funds to expand the BSN program to a cohort at the USF Sacramento Branch campus and add an additional five full time faculty over the next five years.

Physical Facilities 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 addition neighborhood of the city of San Francisco. The 20 main campus facilities house administration, classrooms and offices, administrative and support services for the University community. It has four regional campuses located in Sacramento, Santa Rosa, Pleasanton, and San Jose. In 2010, the University acquired an historic Presidio building, located on Crissy Field with a spectacular view of the Golden Gate Bridge and in 2011, the University purchased the another landmark building, the Folgers Coffee building in downtown San Francisco. Both of these locations have allowed for expansion of USF graduate programs. The SONHP currently occupies three floors of Cowell Hall on the USF San Francisco Hilltop Campus and in fall 2013, the SONHP moved several graduate programs to the Presidio location. Although space remains a premium, as at most urban campuses, the SONHP has been able to acquire the resources required to offer top quality programs. All full-time faculty have dedicated office space and part-time faculty share offices in order to have a place to meet with students. All full-time faculty have their choice of a laptop or desktop computer. The university participates in a three-year replacement program that upgrades the computers and related software. Annually each Department Chair is allocated a small discretionary amount of money to be utilized as deemed by the department for programmatic expenses.

The SONHP conference room (Cowell 212) is used primarily for scheduled faculty, student, and administrative meetings and can accommodate approximately 40 people. It will be re-purposed as the CCNE Resource Room for the purpose of the on-site evaluation. The Dean's Conference room in the SONHP Administrative Suite is booked for faculty and staff meeting and can accommodate 10-12 participants. SONHP faculty and staff also have access, on a "space available" basis, to the conference rooms in University Center, and the auditorium and conference rooms at Lone Mountain and McLaren Center. There is an informal meeting area for students at the entrance of the Cowell Hall. The large gathering space at the Presidio Site is used extensively for events, meetings, and as a reception area. It is highly sought after space and can provide a point of pride for San Francisco focused events.

Learning Resource Center & Simulation Center
The Sister Geraldine McDonnell Learning Resource Center (LRC) is located on the first floor of Cowell Hall. The facility was established to provide students with an environment in which they could practice clinical skills with the materials and equipment representative of the clinical setting. The LRC is hosts a number of hospital beds and essential equipment, emulating the acute care setting. Students both practice in the LRC and schedule opportunities for "skills check-off". The goal is to assist students in developing a level of comfort with a given skill-set prior to their implementing that nursing intervention in the clinical setting.

The Simulation Center allows students the opportunity to engage in a hands-on approach to patient-centered care within a simulated clinical environment. The Simulation Center increases student confidence, improves communication skills, increases knowledge and skills acquisition, and enhances critical thinking. The Simulation center learning objectives are based upon the didactic and clinical course expected outcomes and each simulation learning objective incorporates the QSEN competencies: patient centered care, teamwork and collaboration, safety, quality improvement, evidence based practice, and informatics. The Simulation Center also

allows for student and to engage with other healthcare professions as they manage specific scenarios.

The nursing students interact with state of the art mannequins that simulate various real life patient symptoms and conditions. The facility features one large control room with one-way mirrors, four high fidelity simulated rooms that are sound proof, two medium size conference rooms seating six students and one large conference room seating 10-12 people, a computer room, and storage room. Each simulated room has audiovisual cameras and recording equipment. The two high fidelity rooms can also be used as an exam rooms for nurse practitioners, a conversion that takes place weekly, when the Advanced Assessment course is being taught. The computer room and storage rooms also have tables that seat six. All conference rooms, computer room and storage room have audio/visual capabilities. The center is opened Monday through Saturday and is available to all students within the SONHP. The Center was built with seed money from US Department of Defense grant money and the total cost of the build-out was covered by University funds.

Testing Lab

Over the past several years the pre-licensure nursing programs have increased the use of Evolve, Elseveier HESI specialty and exit exams to benchmark students' progress throughout their program. Each semester the SONHP offers an average of twenty-eight (28) exam sessions in the last few weeks of each term. With the demand for office and classroom space increasing, the SONHP has had increasing difficulty with securing the necessary computer labs. Further complicating the situation, one of the primary computer labs utilized for testing will be permanently taken offline starting in the fall 2014 term. In response to the decreasing lab availability, a team of SONHP and ITS staff met to develop solutions to the situation. The team identified solutions that include securing standing access to the Law Library and Lo Schiavo Computer Labs, the reconfiguration of existing computer labs to include more computers/connections to increase capacity, and the possible creation of a new computer lab with SONHP priority use. With these solutions, both immediate and long-term, the SONHP is able to continue the use of HESI specialty and exit exams to benchmark student performance.

The University has been extremely supportive of SONHP and responsive to needs as they develop. When the school expressed interest starting a DNP program, the university provided enthusiastic support for the idea and the fiscal resources and support services to launch the program. When the school decided to expand its portfolio to other health professions, the University President appointed the President's Commission Health Professions Education, a group of 30+ representing health care, venture capitalists, the food industry, pharmaceuticals, and Bay Area businesses who helped to counsel the President and Dean on who to add programing relevant to emerging trends for the 21st century. When the school decided to add an online option for the RN-MSN program, the University worked with an external vendor to secure the expertise in course development and online pedagogy to create and offer a high quality program with far-reaching accessibly.

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

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

Academic support services exist to insure that students are able to meet their education goals and are in place to provide the support for faculty to be successful in the academic role. The adequacy of these services are monitored and changes or modifications are made as appropriate. Each support service unit has its own review schedule and all USF support services have formal and informal arrangements with SONHP to facilitate the ongoing critique.

USF Academic and Enrollment Services
https://www.usfca.edu/Provost/Vice_Provost_Strategic_Enrollment_Management/

The Vice Provost for Strategic Enrollment Management serves as the University's chief enrollment services officer. *The mission of the Academic and Enrollment Services team is to realize the university's vision in three essential ways: 1) To foster student learning in the Jesuit tradition by providing essential admission, financial aid, student accounts, and registrar services and resources to prospective, admitted, enrolled and graduated students, as well as the families of students, alumni, faculty and staff colleagues and the broader University, California and national higher education communities; 2) Supporting diversity in our community by respecting and actively engaging with applicants, students, students' families and colleagues of diverse cultural, ethnic, and religious, social and economic backgrounds, abilities, and personal orientation; and, 3) Assisting in the facilitation of student success by developing, implementing, administering and assessing appropriate, accessible, efficient, useful and consistent enrollment and academic services, programs, policies and processes.*

Members of academic and enrollment services meet each semester with the SONHP administrative team to identify projected enrollment for the undergraduate and graduate nursing programs and modify requirements and enrollment plans appropriately. For pre-licensure students, the numbers are based on opportunities for clinical experiences in agencies and facilities used by the SONHP nursing programs.

Student Life http://www.usfca.edu/studentlife/
The mission of Student Life is to *fully support holistic student development within a social justice framework centered in preparing students to be caring, socially responsible citizens in our global and local community. While each office within Student Life holds a specialized mission, our work is in service to and collaboration with the University's mission to offer "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 Departments within Student Life include:

1. **Career Services Cente**r http://www.usfca.edu/csc/. The USF Career Center provides support for students and alumni on writing resumes and cover letters, interview practice, finding a job or internship, exploring careers and majors, and applying to graduate school.

Career services has a staff member dedicated to work with the nursing program. This individual meets with incoming nursing students in the pre-licensure programs and helps them chart a trajectory toward employment upon graduation.

2. **Counseling and Psychological Services (CAPS) http://www.usfca.edu/caps/** seeks to assist students in developing greater self-understanding and help resolve problems that interfere with their optimal personal functioning. It is normal to experience adjustment problems, especially during periods of transition.

   Students from SONHP regularly seek services in CAPS and a relationship exists among SONHP faculty and CAPS staff to proactively addresses student issues. For instance, the students in the BSN program are required to take exit HESI exams during their final semester. This has generated a great deal of stress among the students. As this issue surfaced, CAPS staff worked with SONHP faculty to explore the nature of the problem and take steps to help reduce the level of anxiety. This resulted in HESI test stress reduction program for students that has been implemented as a way to help students cope, so they are able to best showcase their knowledge.

   CAPS provides services to students in the online programs, as well as those at the branch campuses that include: 1) low-fee referrals in their area of residence, 2) online self-assessment, 3) telephone consultation, and 4) psycho-educational material via the CAPS website. In 2013-2014, 785 individuals were seen in CAPS and of those, 9% were nursing students. The majority concern demonstrated by SONHP students is anxiety. Annual report from CAPS is available for review in the resource files.

3. **Health Promotion Services http://www.usfca.edu/hps/.** HPS staff, working in collaboration with USF campus community and utilizing the latest technology, strive to provide students with access to quality health care and education to strengthen students' learning and their life long well-beings. In the Jesuit tradition that is *faith does justice*, HPS staff, based on the harm reduction model, strive to inform, educate, provide, assess, and train USF students in ten health indicators: physical activity, nutrition, tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence prevention, environmental quality, immunization, and access to health care. These ten health indicators reflect the major health concerns in the United States for college students and were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues.

   Students in SONHP regularly work with the Health Promotion Services in outreach activities, health fairs, and health education programs for USF students. BSN and ME-MSN students participate in administration of flu shots each fall.

4. **Residence Life** **http://www.usfca.edu/residence_life/** Mission & Values (Student Housing and Residential Education) SHaRE embodies the University and Student Life missions by facilitating each students' holistic development of skills, knowledge and values required for engaged and socially responsible residential community living both on- and off-campus. SHaRE provides safe and secure facilities, with management and operations that meet the needs of students through courteous and efficient service.

Freshmen nursing students are part of residence life at USF. Because USF has freshman admission, the attraction of university residential life, coupled with a guaranteed access to the nursing sequence makes for an active presence of nursing majors across all of the USF community.

5. **Student Disability Services (SDS)** http://www.usfca.edu/sds/ The mission of Student Disability Services, (SDS) is to help USF students with disabilities serve as fully contributing and actively participating members of the University community while acquiring and developing the knowledge, skills, values, and sensitivity to become women and men for others. Toward that end, SDS promotes a fully integrated University experience for students with disabilities by ensuring that students have equal access to all areas of student life and receive appropriate educational support and services to foster their academic and personal success.

Several SONHP students have taken advantage of the SDS services. Any accommodation prescribed is communicated to appropriate faculty for implementation. The Associate Dean monitors ongoing review of services and updates to faculty are periodic. Because of faculty interest in expanding the scope of SDS Accommodation, an overview of SDS services and how faculty can help troubleshoot issues is a scheduled item for the first faculty meeting of the Fall 2014 term.

6. **The Intercultural Center and The Gender & Sexuality Center** **http://www.usfca.edu/gsc/** *Explore. Honor. Be.* These three words are central to who we are and what we do in The Cultural Centers at USF. The Intercultural Center began as Multicultural and International Student Services and over the years, has become a space for all to explore the complexities of our multiple identities. By beginning with oneself, we are taking responsibility for understanding who we are and the impact we have in the world to be agents of change for social good. While each of us are working on better understanding our own identities, we must honor that others may or may not be deeply reflecting on their own identities as well. Finally, as you continue in your college career to strive towards magis (to be more, greater), you can fully strive to, in the words of Ghandi, "be the change you wish to see in the world."

SONHP students have been active in the Intercultural Center and The Gender & Sexuality Center, as have several nursing faculty and staff who participate in the work of the center.

7. **University Ministry** **https://www.usfca.edu/universityministry/:** University Ministry creates opportunities for University of San Francisco students, faculty, staff , and alumni to explore principles of Ignatian Spirituality and apply them to their studies, careers, and personal lives. In so doing, we inspire members of the USF community to experience inner

freedom, realize the fullness of their humanity, and live lives of hope, passion, integrity, and purpose.

The Mission of the University Ministry is: To embrace and celebrate the richness of the Catholic faith and heritage of USF. At the same time, to welcome and encourage people of all faiths, as well as those with no religious traditions, to join with in creating an inclusive learning community that is reflective and authentic in its search

Dean Karshmer was invited as the featured speaker for the third annual faculty lecture series sponsored by University Ministry related to personal faith experiences as they relate to the USF community. Her remarks, *A Personal Faith Journey: Finding Meaning in Breaking the Rules* **http://www.youtube.com/watch?v=JBh2Wl0x5uU** showcased the ways in which her development as women of conscious informed her abilities as a nurse leader.

8. **Student Leadership and Engagement http://www.usfca.edu/sle/:** "Student Leadership and Engagement understands that you seek out involvement and leadership for a variety of reasons, some of which are serving others, networking, building skills, discovering yourself, making new friends, and creating change. No matter what your interests are, make the most out of your experience here at the University of San Francisco by getting involved and becoming a part of the exciting things happening here. The mission is to provide programs and services that support students' leadership development and promote student engagement in co-curricular activities. USF encourages its students to *change the world from here*."

The Nursing Student Organization (NSA) is an organizational member of ASUSF.

9. **International Student Services (ISS)**: http://www.usfca.edu/isss/

   International Student and Scholar Services (ISSS) promotes a global perspective for the USF community through educational and programmatic outreach while fostering the holistic development of international students/scholars by providing support services and immigration advising. "To fulfill our mission, ISSS offers Orientation Programs, Immigration Advising and Document Support, Informational Workshops, Educational Programs, and Advocacy/Training. ISSS assists various student groups and hosts educational programming to promote the global mission of the University. Student-centered programs include: International Student Association, Global Living Community, International Advisory Council, and International Network Program."

When the SONHP hosted Korean students as part of the reciprocal arrangement linked to the Korean immersion of USF students, ISS was instrumental in helping to facilitate the student experiences at USF and in San Francisco.

Learning & Writing Center: http://www.usfca.edu/lwc/ The Learning & Writing Center (LWC) offers assistance to all USF students in their academic pursuits. Services are free and include tutoring, writing assistance, individual appointments, group workshops and more. *The mission of the Learning & Writing Center is to provide students with opportunities to increase and enhance their academic skills and abilities through cultivating effective learning practices.*

We support investment in learning and studying and respect individual learning styles. We believe in creating an environment that is conducive to learning as well as serving as role models. With the goal of creating lifelong learners, we strive to support students' endeavors towards self-confidence and higher academic achievement and performance. Faculty Writing Consultants work with students to help them improve their writing skills. The consultants provide feedback on students' writing in all disciplines. Come by 215 Cowell or call 422-6713 for an appointment. We also have a drop-in consultant in Gleeson Library from 1-4 Monday through Thursday.

The Learning Writing Center not only provides support for on-ground students through student academic needs with tutoring, review sessions, one-on-one writing reviews, and online support modules. They also provide services to online students, offering writing assistance over the telephone or on Skype, extending these services to students from the branch campuses or those who cannot make it into the LWC during office hours. Nursing students regularly utilize the services and support provided by the LWC. In 2013-14, 308 nursing students used peer tutoring and 398 were involved in writing services that were offered.

Library: The Gleeson Library/Geschke Learning Resource Center (the latter dedicated in 1997) houses more than 1,000,000 books, including access to more than 300,000 e-books. Over 260 research databases are available in all subject areas, with access to more than 60,000 electronic full-text journal, magazine, and newspaper titles. http://www.usfca.edu/library/nursingvideo/ http://www.usfca.edu/library/nursingassessment/

Students and faculty in the SONHP also have access to multiple interlibrary loan services, including Docline, the National Library of Medicine's interlibrary loan and document delivery service, and Link+, a union catalog of more than 50 libraries in California and Nevada. Students currently have access to almost 24,000 DVDs, videos and CDs, including 12,700 streaming videos from eight different collections, six of which are either specific to the nursing and the health sciences, or contain nursing and health sciences related content.

The library provides access to, and training on the use of, several nursing and health science specific databases and resources, including CINAHL Complete, PubMed, Cochrane Library, Joanna Briggs Institute EBP Database, DynaMed, Scopus, and PsycInfo. Furthermore, the multidisciplinary nature of nursing research is supported by the diverse database subscriptions and web scale discovery system, provided by Ebsco Discovery Service, which allows users to search, in one place, the majority of the library's books and databases.

General library resources include:

- "Ask a Librarian" - a 24/7 service that provides direct access to a librarian through email and IM.
- "Mobile Research" provides access through EBSCOhost Mobile which allows students access to search USF's EBSCOhost databases with a simplified interface designed for smartphones and other mobile devices.
- An eBook collection provides a range of resources including both eBooks and research.
- General Education Research Guide
- Assessment Instruments Database

Librarians and staff in the Reference and Research Services Department assist with all aspects of research. The SONHP liaison (Ms. Claire Sharifi, MLIS) is, in partnership with nursing faculty, creating an information literacy instruction plan for the baccalaureate, graduate, and doctoral nursing programs that utilizes both asynchronous and face-to-face instruction. Information literacy instruction sessions occur at regular, key points throughout the programs. Research guides on the library website support self-directed instruction on resources. There are currently research guides on evidence based nursing, epidemiology, locating systematic reviews and meta-analysis, environmental health, and public health. There are also a number of research instruction videos created by the library liaison specifically for the students and faculty in the SONHP. The library liaison is a valuable resource for faculty and students across all programs.

Library services extend to students and faculty at the USF Branch Campuses and to the online students. Each Branch Campus has both physical library and a librarian who works with faculty to assemble the most appropriate resources for the programs offered. Ms. Sharifi works with the branch librarians to secure resources and provide orientation, training, and ongoing services to the students. Online students have full access to the interlibrary loan services, including DVDs, videos and CDs, and streaming videos. They have a special online orientation to library services and, in practice, their access is characteristically similar to on-ground students who, for the most part, choose to interact with the library and the librarian electronically!

Information Technology Services: http://www.usfca.edu/its/ The USF Information Technology Services division provides infrastructure and services in support of our community's teaching, learning, research, and service activities. We strive to provide a high level of service to all members of our community. For help with any ITS service, please contact the ITS Help Desk at itshelp@usfca.edu or 415-422-6668. You can also create a service ticket or look for answers to questions online 24 hours a day with USF Support. Student USF Connect accounts, including access to email, are created automatically at the time of admission and login information is sent via USPS and personal email. Access to auxiliary services, including Canvas (LMS) and the USF network, is added upon receipt of an admission deposit or space reservation.

The majority of SONHP faculty use the LMS Canvas for students enrolled in courses on the Hilltop, in the Branch Campuses and for Online courses. Until fall 2014, Blackboard was the LMS, so the switch to Canvas has been a year-long process. All classes use the LMS to support on-ground classes and faculty use this system to communicate course information and the Student Portals provide a vehicle for all school information to be communicated to both students and faculty in a common resource.

USF Connect: www.usfconnect 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.

Center for Instruction and Technology (CIT): http://www.usfca.edu/its/learning/cit/ The Center for Instruction and Technology 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 classroom. The CIT originated in 1984 as the teaching lab for the Master of Arts in Educational Technology (MAT) program. Today, it has expanded to host university-wide faculty, staff and student training, and support many special projects, including the establishment of the University's first wireless smart classroom, access to state-of-the-art multimedia technologies, and a teaching and learning facility that supports the University's initiatives to integrate technology into the curriculum. CIT staff offer demonstrations and workshops on the latest technology solutions for higher education by maintaining a highly active training schedule on enterprise, desktop productivity, web-based, graphics and design, and multimedia applications.

Computer Labs: Students are given a wide variety of opportunities to learn about and use computers at USF (http://www.usfca.edu/its/labs/). A number of microcomputer labs provide students' access to both Macintosh and Windows computers. 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.

Support for the Online RN-MSN: The success of the Online RN-MSN option has required that the SONHP devote additional resources for an effective online delivery program. Other than the mode of teaching, the online option is the same as the face-to-face program offered at the USF campuses using curriculum. The approach remains highly student-centered. Technical and educational support is provided 24/7 to faculty and RNs enrolled in the program receive similar benefits and support (financial aid, registration support, library and information resources, student development, etc.) that are available to on-campus students. USF has partnered with Pearson Embanet (formerly known as Embanet Compass) for instructional design, marketing, and student registration.

Online students take, on average, two courses in 12-week sessions so that the calendar for online students can conform to the general USF calendar convention. Online library resource documents are available at USF for online students as well as for independent use:
https://www.usfca.edu/library/strategies/
https://www.usfca.edu/Library/handouts/nursing_research_videos/
As part of their preparation for taking online courses, students complete the Online Orientation Course and an online orientation to the library. This tutorial features developing basic library literacy as outlined by the Association of College and Research Libraries (ACRL) [a division of the American Library Association (ALA)] *Information Literacy Competency Standards for Higher Education* and conforms to the *Guidelines for Distance Learning Library Services*. In addition the University of San Francisco provides faculty free access to Lynda.com, a web-based technology training service that includes hundreds of tutorials. Faculty can enroll in certificate tracks in "Online Teaching and Learning" and "Design and Media" and have access to a "Faculty Technology Reference Guide" at www.usfca.edu/its/learning Finally, program directors, the Online Programs Administrator and Pearson Embanet instructional designers provide support for faculty to launch and sustain each online program.

Student Financial Support

Undergraduate Students

The University provides tuition assistance to undergraduate students through various scholarship and tuition grant programs. In addition, alumni and friends of the University have provided funds for tuition scholarship programs. Individual scholarships may be intended to benefit students pursuing a particular major or those who have achieved a specific GPA; most require demonstrated financial need. In addition to the requirement of demonstrated need, these grants require a minimum admitted GPA that is determined after our review of the academic transcripts of the applicant pool. Students must reapply for aid each year, continue to demonstrate need, and make satisfactory academic progress.

- **University Scholars**
  - Freshman applicants who have demonstrated extraordinary aptitude based on their academic grade point average (GPA) and SAT* or ACT scores are invited to enter USF as University Scholars. Scholars receive a renewable scholarship that pays a substantial portion of the cost of full-time tuition for up to eight semesters of undergraduate study. In 2013-14, 55 nursing majors were university scholars, 7% of the total BSN population.
- **USF Academic Merit Award**
  - Freshman applicants who did not qualify for University Scholars may be eligible for merit-based tuition-only awards. Academic merit awards can only be used towards full-time tuition costs for up to eight semesters. In 2013-14, 188 nursing majors received academic merit awards.
- **Athletic Scholarships**
  - Athletic scholarships are administered by the Athletics Department and are offered for inter-collegiate participation in:
    - Women's basketball, cross country, golf, soccer, tennis, track and field and volleyball
    - Men's baseball, basketball, cross country, golf, soccer, tennis and track and field

    In 2013-14, two nursing majors were on athletic scholarships.
- **Army ROTC**

  The USF Military Science program annually provides two, three and four-year Army ROTC scholarships that provide significant assistance towards the cost of tuition, room and board, and books each year, as well as monthly stipends. USF has a history of preparing nurses to enter the US military. In 2013-14, 18 nursing majors were in ROTC.

As supplementary funding, federal loan programs are available to domestic students and their families, including the Federal Direct Loan Programs (Direct Subsidized Loans, Direct Unsubsidized Loans, and Direct PLUS Loans), Federal Perkins Loans, and the Nursing Student Loan. In 2013-14, 32% nursing majors received financial aid from the University.

Graduate Students

Loans

The University's domestic graduate students rely primarily on federal loan programs to fund their graduate studies. The programs available to these students include Federal Direct Unsubsidized Loans, Graduate PLUS Loans, and for advanced-practice students, the Nurse Faculty Loan Program.

The SONHP has received the following amounts from the Nurse Faculty Loan Program:

Year	Total
2011-12	$300,000
2012-13	$420,000
2013-14	$100,000
2014-15	$209,000

Scholarships

The target of the USF/SONHP financial aid office is to provide funds to each student who applies for a scholarship to cover 25% of tuition costs that are not covered by the Federal Loan Programs.

The SONHP has had the following scholarship budgets for graduate financial aid in nursing:

Year	Total
2011-12	$315,734
2012-13	$282,000
2013-14	$339,159
2014-15	$509,500

II-C. The chief nurse administrator:

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

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

Program Response:

The chief nurse administrator is academically and experientially qualified and is vested with the authority required to accomplish the mission, goals, and expected outcomes. The chief nurse administrator provides effective leadership to the nursing unit in achieving its mission, goals, and expected outcomes.

Dean Judith F. Karshmer is the chief academic officer in the School of Nursing and Health Professions. She has been vested with the authority required to advance the school in accomplishment of its mission, vision, and expected outcomes. Dr. Karshmer is serving in her eighth year as Dean and Professor in the SONHP. Dean Karshmer has her BSN from the University of Iowa, MSN from Rutgers-the State University of New Jersey, an MS in psychology from University of Massachusetts and her Ph.D. in social psychology from New Mexico State University. Dr. Karshmer is certified in advanced psychiatric-mental health nursing. A copy of her curriculum vita is available for review in the resource files.

Since taking the position as Dean at USF in 2006, Dr. Karshmer has become well connected with the professional nursing and health care communities in the Bay Area and the state. She served as president of the California Association of Colleges of Nursing from 2010-12. She has been appointed by San Francisco Mayor Ed Lee as a member of the San Francisco Health Commission, the governing and policy-making body of the San Francisco Department of Public Health. In 2013, she was named as one of the 100 Most Influential Women in Business in the Bay Area and is an active participant in San Francisco civic life.

At a national level, Dean Karshmer has been a member of the AACN-AONE Task Force on Academic-Practice Partnerships since its inception. She is a member of the CCNE Accreditation Review Committee and member of the CCNE Board of Commissioners, representing deans. In 2013, she was elected CCNE Board Chair. In addition, Dean Karshmer is the currently the President of the Jesuit Council of Nursing Programs. Dean Karshmer remains active as a clinician and is certified as a PMHCNS. As a leader in innovative approaches to nursing education, she publishes regularly in peer-reviewed journals. A popular speaker for national and regional professional meetings, Dean Karshmer brings her sensibilities as a visionary leader to these presentations while advancing the stature of USF.

At USF Dean Karshmer is a member of the President's Leadership Team, composed of USF Vice Presidents and Deans. Its purpose is to advise the president regarding issues that affect the whole university. Emphasis is placed on long range planning, the budget planning process, and how the USF is meeting its mission. The Dean is also a member of the Provost's Council that meets bi-weekly. This committee is a recommending body to the Provost regarding academic issues and provides an opportunity for the Dean of the SONHP to interact with other deans and vice presidents whose roles impact the nursing programs. The focus is on academic programming, student life, program development, and enhancement of the USF experience.

As the chief academic officer in the school, Dean Karshmer has budgetary, decision-making, and evaluation authority that is comparable to that of the other deans at USF. She is perceived by the communities of interest to be an effective leader of school in the University and the professional community.

II-D. Faculty are:

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

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

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

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

Program Response:

Faculty members are sufficient in number to accomplish the mission, goals, and expected program outcomes and they academically and experientially prepared for the areas in which they teach. All faculty teaching in the pre-licensure programs are approved by the California Board of Registered Nursing (CA-BRA). In order to secure this approval, they meet rigorous standards as clinicians and as educators. http://www.rn.ca.gov/regulations/title16.shtml#1425. There are 42 full-time faculty members and 76 part-time adjunct faculty members teaching across the nursing programs. Twenty-five FTE are devoted to the nursing programs. Teaching 12 units in the fall and spring terms (24 units/academic year) equals one FTE. Full-time faculty have the option to spread the 24 units over the calendar year. The SONHP has taken quite seriously the AACN position on faculty preparation for the professoriate in baccalaureate and graduate nursing programs and is worked toward meeting the goal of all doctoral prepared faculty http://www.aacn.nche.edu/Publications/positions/preferredvision.htm. In order to have a full-time appointment in the school, a faculty member must be doctorally prepared or currently enrolled in a doctoral program. Thirty-eight nursing faculty members have earned doctorates; four faculty members are currently enrolled in doctoral programs. All the part-time faculty have a minimum of a master's degree and many are doctorally prepared. Faculty teaching specialty courses in the FNP and PMHNP tracks of the DNP program are nationally certified in their appropriate areas of expertise. Curriculum vitae for all faculty are kept in Project SONHP, an online database for the school and are available for review in the resource files.

All full-time faculty have academic-year appointments. They are contracted for 15 workload units per semester. Three units are devoted to service, committee work, and professional

activities. For faculty who are tenured or on tenure earning lines, three additional units are accounted for as scholarship. Department chairs receive three units per semester for their administrative assignment. Vice chairs receive one workload unit and program directors receive one-three units depending on the size of the program. All faculty who have term appointments, teach 12 units a semester. The scope of the faculty role is part of the Collective Bargaining Agreement (CBA) http://www.usfca.edu/uploadedFiles/Destinations/Offices_and_Services/General_Counsel/docs/ptcba.2008-2013.032311.pdf between USF and the University of San Francisco Faculty Association http://www.usffa.net/.

Dr. A. Banks and Professor L. Turner co-chair the BSN Department and are Program Directors for the San Francisco Hilltop Program. Dr. O. Struve is the Program Director for the new BSN track that will be in Sacramento. These faculty have 25+ years of collective teaching in both the classroom and clinical setting. Drs. M. Seed and E. Trevathan are Chair and Vice Chair of the MSN Department. Dr. Seed is the RN-MSN On-ground Program Director and Dr. Trevathan is the RN-MSN Online Program Director. Dr. H. Nguyen is the Program Director for the ME-MSN Program. All of these faculty have been teaching in the MSN program for several years, all are certified as CNLs and Drs. Seed and Trevathan have been members of the CNC Board of Commissioners.

The new HCLI Department Chair and Vice Chair are Drs. KT. Waxman and J. Maxworthy, both with DNP degrees. They also serve as Program Directors of the EL-DNP Program and the DNP Completion Program, respectively. The Program Director for the FNP track in the DNP program, Dr. Alexa Curtis holds national certification as an FNP and maintains an active clinical practice. FNP faculty who teach in the program also maintain certification and are licensed as NPs (S. Rowniak, J. Loomis, J. Sandhu, W. Borges). The Program Director for the new PMHNP track has just been recently recruited. Dr. L. Summers is certified as both a PMHNP as well as an FNP. She is currently serving in the role as a consultant, working with faculty and IPCBHD faculty to grow the program. As the program develops, there are plans in place to hire a full-time director and the faculty line has already been allocated. In addition to the Program Director, Dr. Cox and Professor Mason hold national certification in psychiatric-mental health nursing, as does Dean Karshmer.

The activities of the Performance and Simulation Centers are directed by L. Sabatini who also, manages the daily operations and coordination of the Simulation Center. The daily operations of the Learning Resource Center (LRC) is done by D. Mercado. Both of these staff members are instrumental in providing support to faculty and students in the teaching learning activities of the school and part of the overall success of the BSN, MSN, and DNP programs.

As part of an ongoing commitment to preparing for the faculty role, this fall a two-day educational program will be offered for new and continuing clinical nursing faculty, "Transitioning from Practice to Educator: Essential Skills for the Clinical Educator." Co-BSN Department Chair, L. Turner has developed and is coordinating this educational opportunity at the request of the Associate Dean who identified the need in faculty who are new to clinical teaching and by clinical faculty who felt the previous one-day program was not sufficient. End-

of-program and end-of-semester evaluations will be done to determine to impact of the program as well as its effectiveness related to content and presentation.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *congruent with relevant professional nursing standards and guidelines.*

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

Program Response:

Clinical preceptors are used as an extension of faculty for the BSN, MSN and DNP programs. These expert clinicians, nurse practitioners, managers, and nurse leaders work with students to advance their acquisition of clinical knowledge and skills and help to individualize learning. Preceptors are used in the BSN and MSN pre-licensure programs and meet the experiential and academic expectations of both USF and the CA-BRN. The preceptors are instrumental in aiding the student in developing the abilities to function as a professional nurse. Nurse practitioner preceptors are qualified to supervise NP students in their practica, working closely with the NP faculty to assure that the students have the essential clinical opportunities and supervision to develop their patient care management skills as outlined in national standards for advanced practice registered nursing (APRN) education and FNP and PMNHP competencies. The preceptors for the post-licensure MSN students hold the relevant expertise in community/public health and the essentials for educating students for the CNL skill-set. Those working with DNP students in the healthcare system leadership track, have the expertise to help direct the student to the very highest of their acquisition of new knowledge and opportunities for developing their leadership abilities.

Specific qualifications for preceptors depend on the program in which they work with students. For pre-licensure students (BSN, MSN), preceptors are nurses, licensed by the CA-BRN with a minimum degree of BSN. During their community health clinical experiences, the RN-MSN preceptors are licensed in California or in the case on the online program, the state in which the student is practicing. The NP preceptors may be NPs or physicians who have the background as credentialed providers and interest in supervising students. Curriculum vitae and/or bio-sketches are obtained from each preceptor and a data-base is maintained on current preceptors. Preceptors are involved in the formal evaluation process of the student at the middle and end of the semester/experience as part of a team of student, faculty and preceptor. They provide continual feedback throughout the as a method of helping the student identify areas that need improvement in order to facilitate learning. Final evaluation of the student remains a faculty responsibility.

The SONHP graduate programs have developed preceptor handbooks that outline the roles and

responsible of preceptors, students, and faculty and are distributed to preceptors at the start of the term. Given a specific program, the handbook outlines preceptor and faculty expectations, course objectives, and expected student outcomes. The faculty member uses the handbook to coordinate student and preceptor activity and as a vehicle to communicate expected experiences and mastery of specific knowledge, attitudes, and skills. The preceptor handbook for MSN students is particularly important for students and faculty in the online program, as this is a key vehicle to assure that faculty, students, and preceptors have a common expectation and mutual consideration for the student experience. As is the case for part-time faculty, qualified preceptors are an important component of the rich academic environment at USF. Preceptors are part of the fabric of USF nursing success. As clinician experts, they bring a key perspective as the student works to implement high quality, patient-centered care.

FNP and PMHNP program preceptors are evaluated by students and faculty each semester. The data are reviewed by the Program Directors of the NP tracks to ensure that student's are placed at appropriate sites in future semesters. Preceptors in the RN-MSN and DNP program (completion and HCSL track) are evaluated anecdotally based on student feedback to the faculty of record. Given the success of a having a formal preceptor evaluation process, the RN-MSN and DNP completion track will implement an intentional process for faculty and student evaluation of preceptors each semester that preceptors are used. Data from the formal evaluation will be collated and reviewed by the directors of the programs and shared with faculty during department meetings before placement of students in future semesters. The process for preceptor evaluation in the RN-MSN and DNP Completion Track will be reviewed in Fall 2015 and adjustment made as appropriate.

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

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

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

Program Response:

The overarching theme of the mission of the University of San Francisco is ***Change the world from here.*** In order to realize this goal, the University has created an environment that encourages and supports the very best in nursing and health professions education, scholarship and service. The mission of the School, *to advance nursing and health professions education within the context of the Jesuit tradition* with *the goal is to effectively link classroom, clinical, and field experiences with expectations for competence, compassion, and justice in health care, protection and promotion within the context of the highest academic standards,* helps to cement the School at the very core of the University's mission

Support for Teaching - High value is placed on assuring that the teaching endeavor is a paramount consideration. An infrastructure has been built at USF that supports and advances teaching.

- **USF Tuition Remission Benefit** A USF tuition remission program is available to full-time and part-time faculty members through employee benefits. Full-time faculty are eligible for full tuition for all university courses. Part-time faculty members also have access to tuition remission, subject to university regulations and eligibility requirements. A number of SONHP faculty have taken advantage of this benefit and used it to enroll in courses that would contribute to their teaching effectiveness and/or pursue a doctoral degree. All clinical instructors who are not MSN prepared are supported in pursuing advanced education

- **Center for Instructional Technology (CIT)** http://www.usfca.edu/its/learning/training/ The CIT provides training in current desktop and media applications, demonstrations, and workshops on the latest technology solutions for classroom teaching. A number of innovation projects have been implemented to assist faculty to incorporate technology. SONHP faculty participated in the pilot roll-out of Canvas and provided essential feedback as the university moved from BlackBoard to Canvas. All SONHP courses have now include a Canvas site and the majority of the faculty use it as the main source for communication with students. DNP faculty have been involved in the SONHP "iHealth" initiative that is designed to expand use of iPads in the teaching environment. There have been a number of workshops co-sponsored by Apple and CIT and there have been hosted "Appy Hours" at the Presidio, a way for faculty and students to have hands on expertise to expand their use of Apps in the classroom and clinical setting.

- **Center for Teaching Excellence (CTE)** http://www.usfca.edu/cte/ The CTE was established in 2011 and celebrates, supports and develops excellent teaching across all departments and schools/colleges. Its programs are focused on **three central themes**: Building the Teaching Community; Using Technology to Enhance Student Learning; and Presenting Traditional Faculty Development Programs (like brown bags and workshops). All faculty full time and adjunct are encouraged to use this center for personal and professional growth in teaching. Dr. Susan Prion, a member of the nursing faculty is the Associate Director of CTE. She receives release time from teaching to fulfill the responsibilities of this position. Many SONHP faculty members participate in CTE workshops and training. Of particular interest has been inviting a senior faculty from an different USF school to observe the classroom environment and provide structured feedback on how to better manage the both content and processes. Several SONHP faculty have stated to "flip" the classroom and the evaluation of student learning and satisfaction is providing an ongoing program of assessment to improve teaching.

- **Awards:** USF Distinguished Teaching Award. 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 faculty

member who has distinguished her/himself in the area of teaching. This highly competitive award has been won by one SONHP faculty, a number of years ago, Dr. G. DeBourgh.

- **School of Nursing and Health Professions' Outstanding Teaching Award:** The school honors an outstanding teacher. Faculty are encouraged to apply for the Outstanding Teaching Award. Their teaching portfolios are reviewed by faculty and the honor is one awarded by a vote of faculty peers. Most recently, Dr. M. Nosek received the award.

- **Funding:** Faculty, full time and part-time, may apply for funds from the SONHP Faculty Development Committee to advance their professional development. This committee distributes funds to those who submit requests that are designed to either advance their teaching effectiveness or scholarship. Funding amounts vary depending on numbers of faculty. For Academic Year 12/13, $110,093 was awarded to the SONHP Full-Time Faculty Development Committee to support 36 full-time faculty. For Academic Year 13/14, $156,677 was awarded to the SONHP Full-Time Faculty Development Committee to support 43 full-time faculty. In both years research and professional effectiveness awards were granted. The Research Awards included Dr. Prion's research titled "Evaluation of patient outcomes after initiation of a comprehensive wound care program in a Vietnamese Intensive Care Unit" and Dr. Pauly-O'Neill's/Dr. Cooper's research project titled "Nursing Student Engagement during Adult Health Hospital Rotations and Simulations." The Professional Effectiveness Awards supported faculty attendance at conferences, presentation of papers at conferences, and participation in trainings that included the Clinical Nurse Leadership Summit, Simulation in Healthcare Conference, TeamSTEPPS Training, and the Annual Conference for Sigma Theta Tau International. In addition, SONHP was awarded $10,676 in AY 12/13 and $16,726 in AY 13/14 to support faculty development activities for part-time/adjunct faculty for attendance at trainings such as TeamSTEPPS and Magic in Teaching. Priority is given to junior faculty and faculty on the tenure tract as a way to encourage professional development. The budgets for faculty development funds for the last three years are available in Appendix M.

Support for Scholarship - Faculty scholarship is a critical component of the academic endeavor and is supported by the University and the School of Nursing and Health Professions. An infrastructure has been built at USF that supports and advances research and scholarship. Tenured and tenure-earning faculty receive three units of release time for scholarship every semester. This is equal to one course release. As part of the ACP process, faculty meet each year with the Dean to explore his/her scholarship trajectory and how the school can be of assistance. The Dean works closely with faculty to develop a measured plan for success and strategies to help achieve them. All new faculty are assigned a mentor from the school to help them develop as an academic citizen and advance their scholarship. The Provost sponsors mentor-mentee lunches and encourages exploration of collaborative projects. As outlined previously over $150,000 was allocated to full-time faculty in the last academic year, much of it devoted to advancing scholarship.

In an effort to build scholarship capacity, the SONHP offers writing retreats annually funded through faculty development funds. The retreats are held in a secluded area with limited access to cellular networks and meals are scheduled on-site. Ten to fifteen nursing faculty are invited to attend to focus on scholarly writing, whether it be a grant application or a manuscript for publication. Writing support and mentoring are offered through faculty from the rhetoric department who are invited to serve as writing coaches. These writing retreats have been invaluable. One of the SONHP junior faculty reported "I am more thrilled to tell you that a manuscript that I wrote on NPs and health care policy has been accepted for publication in the Journal for Nurse Practitioners and will be published February 2015 in a special health policy edition of that periodical. My ability to create this manuscript in a publishable form was a direct result of the Writing Retreat that the SONHP sponsored and the hard work of Cathy Gabor, the writing coach."

USF Office of Contracts and Grants http://www.usfca.edu/ocg/ OCG helps faculty and staff identify prospective funding opportunities, interpret federal and state agency guidelines, develop realistic budgets, complete application requirements, and prepare competitive proposals. OCG also provides post-award support to faculty and staff to help them manage their grants and contracts by providing financial information, interpreting agency requirements, and helping them to request approvals for no-cost extensions and budget reallocations. The assistance offered by the OCG staff includes:

> *Pre-Award:* Identifying possible funding resources; Completing necessary forms, assurances, certifications, and letters of support; Reviewing proposals for formatting, accuracy, and adherence to agency objectives; Preparing proposal applications online and submitting them electronically; Developing budgets that comply with agency and University guidelines; Clarifying agency policies and procedures; Acting as a liaison to the funding agency
>
> *Post-Award:* Assisting with the timely submission of interim and final reports*;* Requesting approval for budget reallocations*;* Drawing down funds or invoicing funders; Preparing sub award agreements for institutional partners*;* Ensuring timely payment of sub awardees; Requesting approval for no-cost extensions from the funding agency

Appendix N has a list of SONHP Grant Awards 2011-12 to 2014-15

Sabbatical: Sabbatical leaves are provided to faculty members once they earn tenure. 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 selects two semesters, s/he is compensated at 75% of the annual academic salary. In 2012, Drs. Prion and Lambton were on year-long sabbaticals during which, Dr. Lambton completed a DOD funded study on simulation and error in nursing students and Dr. Prion was a Fulbright Scholar in Vietnam. In 2031-14. Dr. Nosek took sabbatical to complete work on a global project for nurses and public health professionals in Columbia and Cuba and DeNatale took a six-month

sabbatical during which she helped San Francisco Impact secure approval as a free clinic, one that has student learning opportunities as a central feature. For the upcoming academic year, Dr. Hansen will be on sabbatical and intends to return to work that she launched while working as a Fulbright Scholar in Iceland.

USF Funding: USF Jesuit Foundation awards grants of up to $5,000 to support research or curriculum that in some way clarifies or creates an experience of Jesuit values. In the Spring of 2014 two SONHP faculty members Drs. S. Rowniak, and C. Ong-Flaherty were recipients of this award for their work entitled. *Open Boundaries: A Community in Dialogue on Transgenderism & the Spectrum of Gender Identity*. In the fall of 2013, Dr. T. Godfrey, S.J., Assistant Professor, SONHP The USF/ICA CNA Program. The is a joint program with Immaculate CO

A USF tuition remission program supports faculty in order to take courses that advance their scholarship and research expertise. Five current nursing faculty are using the benefit to pursue doctoral studies and as a result advance their research and scholarship.

Support for Service - The University of San Francisco supports "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. As part of the undergraduate "Learning Core", all USF students participate in "Service Learning". Service-learning involves three essential elements: service experience, classroom experience, and intentional reflection. Students who take service-learning designated courses participate in community service that relates to their academic coursework. It is an opportunity for students to apply what they have learned in class and to learn from the service experience itself, while at the same time advancing the University's vision of creating a more humane and just world. Clinical learning activities reflect this definition and meet the expected outcomes of the service requirements of the Core. All NURS 325 sections have a Service Learning designation http://www.usfca.edu/centers/mccarthy/service-learning/

Service learning is actually 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 his/her learning and relate how the experiences have contributed to his/her personal growth. In hospital settings, the students meet agency needs by providing services to patients based on their abilities and level in the program. In community settings, the student responds to a myriad of health promotion needs. Examples include stress reduction activities and participation in blood pressure clinics, helping patients find resources and access to community programs. Students provide health teaching and develop evidence-based strategies to positively improve patient outcomes. Faculty and students assess their impact on the clinical agencies on a regular basis and utilize the evidence form one experience to develop an approach to an alternate similar site. Faculty interface with agency personnel continually to assure that the students are working to potential and meeting present and future needs of the agency and patient population.

Awards: 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. Pauly-O'Neill was a finalist for the award in 2014

Support for Practice - As a practice discipline, every dimension of nursing must consider practice. At USF, it is essential that the nature and scope of practice be fully integrated into the teaching, scholarship and service. Recently, the school has been exploring a conceptualization of practice as one that is within the domain of scholarship. Advancing the profession through practice could conceived of as part of scholarship. In order for practice to meet the standard of scholarship, the same rigors must apply to the actions, e.g.:

- Does the practice advance the profession?
- Is the practice evidence-based? What is the documentation?
- How does the practice impact outcomes?
- What are the metrics for evaluation?
- Is the practice documented in peer-reviewed publications?

As faculty at USF consider this approach to managing a practice component of faculty load, it is important to evaluate the long-term implications, particularly for a school offering practice doctorates (DNP, PsyD). As part of that evaluation, faculty who maintain a practice are being asked to take these features into consideration as they conceptualize their work and how they report it in their ACP.

In addition to teaching, scholarship and service, faculty and administration the SONHP highly values and support academic citizenship. To this end, the Jane Vincent Corbett Sprit of Collegiality Award was stared in 2007 and is awarded annually. This is an honor that is named for an emeriti faculty who embodies the vision and values of USF and the school and carried that along to her work with her colleague. The recipient for 2013-2014 was Dr. C. Purpora.

Support for Leadership - In 2012-13, the Dean sponsored a Leadership Development Program for the SONHP faculty and staff. Based on the book *Becoming a Resonant Leader,* (2008) A. McKee, R. Boyatzis, & F. Johnson, Harvard Business Press, Golden Venters facilitated a semester long program for two separate cohorts of faculty and staff, during which they were able to complete a personal self-assessment on leadership style, consider the factors that have continued to their approach to leading, reflect on issues that positively and negatively influence their leadership, and make plans for acceptance and improvement. Twenty plus faculty and ten plus staff participated and one key outcome of the workshops was the initiation of the 2013-14 Strategic Planning Process.

USF has had a Sigma Theta Tau International (STTI) chapter since 1970. The Beta Gamma Chapter recently completed elections of new officers that include, E. Trevathan as President, M. DeNatale, Vice President, J. Maxworthy and P. Lynch as faculty advisors, and C. Purpora, Government Affairs Committee Chair. The local chapter holds an induction ceremony every

fall with an invited nurse leader delivering the keynote. This celebration of nursing leadership attracts well over 200 and is a high point for nurse advocacy. In Fall, 2013 Dr. Mary Lough, recipient of the STTI "Clinical Scholarship Award in 2009 delivered the address. The chapter also participates with area STTI chapters at Samuel Merritt University and the University of California, San Francisco in a Bay Area Research Day where several USF faculty and students present. In addition, the chapter supports the Annual USF Nursing Crawford Lecture. In the Spring 2014, Dr. Jean Watson delivered the lecture which drew attendance of well over 400. The STTI chapter at USF contributes to an environment of professional leadership in keeping with the mission, goals, and expected faculty outcomes in the SONHP culture.

Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

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

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

Program Response:

The curricula of the nursing programs reflect the mission and values of the University of San Francisco and those of the School of Nursing and Health Professions.

BSN Curriculum

In 2009 following a review of changing professional standards and in response to emerging trends in health care, a new baccalaureate curriculum was developed by faculty and implemented http://www.usfca.edu/nursing/bachelor/bsn-curriculum/. Basic to the curriculum was operationalizing the vision of the School to prepare professional nurses who provide a moral compass to transform health care in order to promote equity and positively influence quality, delivery, and access to care. The nursing programs offer dynamic and innovative approaches to undergraduate and graduate nursing education that prepare professionals for current and future practice domains through effective linkages of classroom and clinical experiences with expectations for compassion and justice in health care within the context of the highest academic standards. The Essentials of Baccalaureate Education for Professional Nursing Practice http://www.aacn.nche.edu/education-resources/baccessentials08.pdf and
The Quality and Safety Education for Nurses (QSEN) competencies
http://qsen.org/competencies/ provided the framework for the curriculum development.

As is the case with implementation of any new curriculum, feedback from students and faculty was particularly important to consider as the program was rolled-out. Not surprisingly the input received resulted in a number of modifications in both content sequence and in teaching-learning practices. For example, after teaching the curriculum one time, faculty and student feedback suggested the 135 hours allocated for NURS 225-Clinical Lab I: Applied Assessment in Health and Wellness, the first clinical course, exceeded the time required for students to successfully demonstrate acquisition of the expected outcomes and the course was reduced from 3 units to 2, from 135 hours to 90. On the other hand, clinical hours allocated to NURS 475-Clinical Lab VI: Care Across the Lifespan, the last clinical course, were evaluated as having too few. As a result the credit assignment was increased from 4 units (180 hours) to 5 units (225 hours). Although the total number of credits in the program did not change, it was determined that these clinical hours were best placed at the end of the program in order to better prepare the

graduating nurse for professional practice.

The curriculum pattern for the BSN prepares the graduates to practice nursing across with an array of populations in a variety of settings. The program at USF is an eight-semester sequence that includes 23 didactic and clinical courses in nursing beginning in the freshman year and includes 900 hours of practice commencing in the sophomore year. Graduates of the program demonstrate achievement of the student outcomes identified for the BSN program and University Institutional Learning Outcomes http://www.us https://www.usfca.edu/assessment/Institutional_Learning_Outcomes_(ILOs)/fca.edu/nursing/bachelor/bsn-outcomes/

MSN Curriculum

The MSN curriculum and expected learning outcomes were developed and implemented to reflect professional nursing standards and guidelines and are in congruence with the University's and program's mission, vision and values. The Essentials of Master's Education in Nursing http://www.aacn.nche.edu/publications/order-form/masters-essentials and the CNL Competencies and Curricular Expectations http://www.aacn.nche.edu/cnl were used as fundamental to developing and the ongoing updates of the MSN curriculum and program expectations.

The CNL-MSN Program was developed in accord with AACN CNL materials and the program was started as master's entry, "Model C" Masters-Entry MSN (ME-MSN) option. The goal was to prepare the new nurse with the CNL skill-set in a timely fashion in a way that exploits the non-nurse baccalaureate preparation of the student and links this with required pre-nursing requisites and in the MSN program of study, students master both the *Baccalaureate* and *Master's Essentials.* http://www.usfca.edu/nursing/master/overview/. The curriculum pattern is located at http://www.usfca.edu/nursing/master/cnl-nn-curriculum. The faculty developed a conceptual framework to guide the process and this model has been modified to support all of the nursing programs in the SONHP. The work resulted in a publication: Maag, M., Buccheri, R., Capella, E., Jennings, D. (2006). A conceptual framework for a clinical nurse leader program *Journal of Professional Nursing*, 22: 367-72.

As part of the ongoing evaluation of the program, input from the practice partners, faculty, and students, an RN to MSN a track was developed in 2007 to prepare registered nurses with diplomas, associate degrees or BSN as CNLs. RN student interest and employer needs were considered when developing this program. One key reason to offer the CNL program for the RN was as a strategy to better inform the nursing practice community of the potential that the CNL could bring to improving quality and safety in patient-centered care. Because the ME-MSN graduate is also a new nurse, it was the case that many nursing leaders in the Bay Area confabulated the skills and competencies expected of a new nurse with those of the CNL. One way to address this problem was to ensure a cadre of seasoned nurses who embraced the CNL role, were able to articulate its import for the practice setting. In order to recruit the practicing nurse into this program, the teaching-learning needs of the full-time professional were taken into consideration and the courses are offered one evening a week in a blended format. Students are able to get the best of the face-to-fact time with faculty and colleagues along with the convenience of online mediated classes. The RN-MSN curriculum pattern is located at

http://www.usfca.edu/nursing/master/cnl-rn-curriculum/. Feedback from the RN student has been exceedingly positive and this format now extends to other SONHP graduate programs. Graduates of the program, regardless of track, demonstrate achievement of the student outcomes identified for the MSN program. http://www.usfca.edu/nursing/master/cnl-nn-outcomes/

DNP Curriculum

In 2009, the Doctor of Nursing Practice (DNP) program was started at USF. Faculty worked diligently to respond to the communities of interest by completing an environmental scan that suggested that there were three main areas of need for doctoral preparation: 1) A DNP Completion Track for the master's prepared nurse who is committed to acquiring the additional knowledge, attitude, and skills to function at the highest level of nursing practice. Providing the coursework and clinical opportunities to these nurses was informed by the *Doctoral Essentials* and refined with student, faculty, and employer input; 2) Post-baccalaureate Track for the nurse to prepare as an APRN, particularly as FNPs and PMHNPs, and to also prepare for a population focused, Track of Healthcare System Leaders; And, 3) A Track for Nurse Executives who bring a background and unique set of experiences to DNP study. Input from each of these populations has informed the program and course development of the DNP tracks http://www.usfca.edu/nursing/Doctoral/overview/. Graduates of the program, regardless of track, demonstrate achievement of the student outcomes identified for the DNP program http://www.usfca.edu/nursing/doctoral/dnp-completion-objectives/.

The curricula were informed by *DNP Essentials* http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf, AACN DNP planning documents http://www.aacn.nche.edu/DNP/index.htm and SONHP Vision, Mission, and Values. The APRN tracks of the DNP program were designed to meet the *Criteria for Evaluation of Nurse Practitioner Programs* http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf and the *National Organization of Nurse Practitioner Faculties (NONPF), Domains and Core Competencies of Nurse Practitioner Practice, 2012* *http://www.nonpf.org/?page=14* and the NONPF *Sample Curriculum Template for Practice NP Education* (2007) http://www.nonpf.org/?page=27

The population focused tracks were designed to meet American Nurses Credentialing Center (ANCC) *Guidelines for Advanced Nursing Administration* *http://www.nursecredentialing.org/NurseExecAdv-Eligibility.aspx* and AONE Nurse Executive Competencies (2005) http://www.aone.org/resources/leadership%20tools/nursecomp.shtml. USF DNP curricula plans are located at http://www.usfca.edu/nursing/doctoral/dnp-completion-curriculum/ (DNP Completion), http://www.usfca.edu/nursing/doctoral/hcsl-dnp-curriculum/ (HCSL Track), http://www.usfca.edu/nursing/doctoral/fnp-dnp-curriculum/ (FNP), http://www.usfca.edu/nursing/doctoral/bsn-dnp-pmhnp-curriculum/ (PMHNP), & http://www.usfca.edu/nursing/eldnp/ (EL-DNP).

Post-Graduate Certificate Curriculum

With endorsement of the Consensus Model for ARNP Regulation: Licensure, Accreditation, Certification & Education http://www.aacn.nche.edu/education-resources/APRNReport.pdf there has been increased interest in post-graduate certificates to prepare clinicians. At USF this interest has focused on the FNP or PMHNP roles. The post-graduate FNP and PMHNP

programs are individualized for the student. A gap analysis, that involves reviewing the student's academic background is completed by the NP Program Director in consultation with NP faculty and the necessary courses and clinical experiences that are required for certification are specified in an individualized program of study. Students in the certificate program take the relevant didactic and practica courses with the DNP students and the course expectations are the same. This responsive approach to planning a program of study verifies the students' background and makes apparent the competencies left to be attained.

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

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

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

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

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

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs

who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

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

Program Response:

In the USF SONHP nursing programs, faculty have developed individual student learning outcomes (course objectives) to prepare students to function in the roles for which they are being prepared. Professional nursing standards were used to develop, implement and provide the basis for ongoing evaluation of the curricula.

BSN Curriculum

The BSN curriculum incorporates knowledge and skills identified in *Baccalaureate Essentials* (AACN, 2008) http://www.aacn.nche.edu/education-resources/baccessentials08.pdf, the *QSEN Competencies* http://qsen.org/, the NCLEX-RN Test Plan and meets the standards established by the California Board of Registered Nursing (Appendix O) contains the grids demonstrating incorporation and location of the Ba*ccalaureate Essentials* and the *Test Plan* elements in the BSN curriculum. The *QSEN Competencies* are incorporated in didactic and clinical syllabi. The *QSEN Crosswalk* demonstrates how the competencies are reflected across nursing curricula. (Appendix P). The BSN Program Outcomes were approved by faculty as part of the curriculum revision process in 2007 and re-affirmed in April 2014.

Table 4 ***Bachelor of Science in Nursing Program Outcomes***

University of San Francisco ***Bachelor of Science in Nursing*** ***Program Outcomes***
1. Work collaboratively as a member of the interdisciplinary healthcare team, utilizing effective written and oral communication, and professional behaviors to foster shared decision-making and accountability among team members for patient care outcomes.
2. Synthesize data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.
3. Participate in critical analyses of systems and utilize data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities.
4. Advocate for social justice, equitable access to health care, and policy change through political action.
5. Demonstrate health care technology and information literacy to access, monitor, manage, and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.
6. Demonstrate knowledge of regulatory requirements to employ safeguards to protect the privacy of patients and their healthcare data.
7. Employ knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk, harm, and error.

8. Design, coordinate, implement, and evaluate population-sensitive care to individuals, families, and communities utilizing primary, secondary and tertiary prevention strategies in a variety of environments.
9. Incorporate caring and compassionate behaviors to demonstrate advocacy and respect for patient choice and values that are ethically and legally grounded.

Updates to curricula are made as data are collected and analyzed for each program. For example, when the content related to "informatics" was found to be deficient across all the curricula, each program addressed the need through curricular revisions and the school, as a whole, also responded. For the BSN program, a new course, NURS 322-Evidence Based Inquiry and Informatics, was added to the undergraduate program of study.

MSN Curricula

The master's degree curricula prepare the graduates for practice as Clinical Nurse Leaders (CNLs) and incorporate knowledge and skills identified in *Master's Essentials* (AACN, 2011) http://www.aacn.nche.edu/educationresources/MastersEssentials11.pdf as well as the AACN *CNL Materials* http://www.aacn.nche.edu/cnl/publications-resources. The Pre licensure MSN curriculum also meets the standards required by the CA-BRN (Appendix R) the *Baccalaureate Essentials*. Students who not possess a BSN upon entry, meet the BSN Essentials by graduation.

Table 5 ***Master of Science in Nursing Program Outcomes***

University of San Francisco ***Master of Science in Nursing*** ***Program Outcomes***
1. Work collaboratively as a member of the interdisciplinary healthcare team, utilizing effective written and oral communication, and professional behaviors to foster shared decision-making and accountability among team members for patient care outcomes.
2. Synthesize data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.
3. Participate in critical analyses of systems and utilize data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities.
4. Advocate for social justice, equitable access to health care, and policy change through political action.
5. Demonstrate health care technology and information literacy to access, monitor, manage, and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.
6. Demonstrate knowledge of regulatory requirements to employ safeguards to protect the privacy of patients and their healthcare data.
7. Employ knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk, harm, and error.

Graduates of the MSN program are eligible to sit for the CNL Certification Exam **http://www.aacn.nche.edu/cnl/cnc.** To continue the informatics example, for the MSN the content was moved out of a combined course related to instructional design to a stand alone informatics course (NURS 640-Healthcare Informatics) and at the school level, an Electronic Health Record (DocuCare) was purchased for use as part of all simulation experiences in both the BSN and MSN programs. Additionally, nursing faculty are working closely with faculty teaching in the Master's of Science in Health Informatics program that started in January 2014. This emphasis and focused level of expertise provides the opportunity for faculty with expertise in informatics to teach the content and faculty across programs are exploring options for a core of interprofessional courses needed for all the programs in the school.

DNP Curricula

The DNP curricula has been developed such that graduates of all tracks meet the outcomes documented in the *Essentials of Doctoral Education for Advanced Nursing Practice* 2006, http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf. And, depending on the track, they meet the *Criteria for Evaluation of Nurse Practitioner Programs, (2012)* http://www.aacn.nche.edu/education-resources/evalcriteria2012.pdf and the *National Organization of Nurse Practitioner Faculties (NONPF), Domains and Core Competencies of Nurse Practitioner Practice, 2012 http://www.nonpf.org/?page=14,* use the NONPF *Sample Curriculum Template for Practice NP Education* (2007) http://www.nonpf.org/?page=27, the American Nurses Credentialing Center (ANCC) Guidelines for Advanced Nursing Administration http://www.nursecredentialing.org/NurseExecAdv-Eligibility.aspx as well as the AONE Nurse Executive Competencies (2005 & 2011). http://www.aone.org/resources/leadership%20tools/nursecomp.shtml.

Table 6 ***Doctor of Nursing Practice Program Outcomes***

University of San Francisco ***Doctor of Nursing Practice*** ***Program Outcomes***	
1.	Combine knowledge in nursing, ethics, and the medical sciences to develop and evaluate practices and models of patient care delivery.
2.	Develop and evaluate effective strategies for managing ethical dilemmas present across the health care, technology, and research fields.
3.	Use analytic methods to design, implement, and evaluate best-practice models for patient care and care delivery.
4.	Effectively develop, implement, and evaluate evidence-based approaches to advance the field and systems of health care delivery.
5.	Demonstrate leadership in the development and implementation of institutional, local, state, federal, and international health policy.
6.	Advocate for social justice, equity, and ethical policies in health care.
7.	Advance the effective use of health care information systems to ensure high-quality outcomes.
8.	Effectively lead quality improvement and patient safety initiatives.
9.	Effectively communicate and collaborate with health care teams in developing and implementing organizational and practice models, health policy, and standards of care.
10.	Analyze and synthesize various data related to patient health information.

11. Conduct a comprehensive assessment of health in complex situations, incorporating diverse approaches to design, implement, and evaluate interventions.
12. Analyze the relationship among practical, organizational, population, fiscal, and policy issues to educate individuals and colleagues effectively
13. Develop relationships and partnerships with patients and other professionals to facilitate optimal patient care outcomes.
14. Advance the mission and core values of the University of San Francisco.

The APRN tracks (FNP, PMHNP) require courses in NURS 730-Advanced Assessment Clinical & NURS 731 Advanced Assessment, NURS 706-Advanced Physiology & Pathology and NURS 707-Applied Drug Therapy. As national standards have been revised, the coursework and student expectations have been modified. The NTF (2012) criteria for evaluation and how the USF FNP program meets these requirements are found in Appendix R. The addition of the PMHNP track to the program provided the opportunity to work closely with both the FNP curriculum as well as the clinical psychology (PsyD) curriculum. Students will be able to take several courses together and broaden their inter-professional perspective. Updates to curricula are made as data are collected and analyzed for each program. For example, when DNP students were working on their *Evidence-based Change of Practice Projects,* it became apparent that a project management was a key component of the successful student. This course, NURS 765-Project and Practice Management, was added as a core course for the DNP program.

A progression requirement for all DNP students is national certification in a relevant specialty. For students in the DNP Completion track, this is very often a credential already held by the student. For instance the master's prepared CNS or FNP is most likely already certified. However, if the student has not acquired this national certification, s/he must do so while a student, prior to being admitted to candidacy and completing the final DNP practicum or DNP Evidence-based Change of Practice Project. Students in the Healthcare Leadership Track or EL-DNP track of the program, must also secure national certification in order to progress. Many of them have the administrative and leadership practice background that renders them to be eligible for the ANCC Advanced Administration Certification for the AONE Certification for Nurse Executives and study for the exam while enrolled in the program. Other appropriate certifications that required graduate preparation are discussed with the students' advisors and approved by the Program Director. A complete listing of certifications for DNP students is found in Appendix S.

Students in the FNP and PMHNP tracks must successfully pass the ANCC nurse practitioner certification in the relevant specialty role. These students are able to sit for their certification after completion the APRN core and the specialty courses and must have this credential in order progress into their final semester and complete of their evidence-based change of practice project. As a result, 100% of USF DNP graduates are nationally certified.

Post-Graduate Certificate Programs
For students seeking a post-graduate certificate as an FNP or PMHNP, a gap analysis on the students academic background is completed by the FNP of PMHNP Program Director and the necessary courses and clinical experiences required for certification are specified in an

individualized program of study. Students in the certificate program take the relevant didactic and practica courses with the DNP students and the course expectations are the same.

Table 7 Summary of AACN Essentials and Professional Standards

Program	Essentials	Professional Standards and Guidelines
BSN	*The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)	Competencies – *Quality & Safety Education for Nurses;* California Board of Registered Nursing – RN Standards; NCLEX-RN Test Plan
MSN	*The Essentials of Masters Education in Nursing* (AACN, 2011)	*Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013); California Board of Registered Nursing – RN Standards; NCLEX-RN Test Plan
DNP	*The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)	*AONE Nurse Executive Competencies (*AONE), 2011); *Criteria for Evaluation of Nurse Practitioner Programs*; Nurse Practitioner Core Competencies*, 2012; Criteria for Evaluation of Nurse Practitioner Programs* [NTF on Quality Nursing Education], 2012); *Population Focused Nurse Practitioner Competencies* (Population Focused Competencies Taskforce, 2013); California Board of Registered Nursing – NP Standards
Post-Graduate Certificate		*Criteria for Evaluation of Nurse Practitioner Programs*; Nurse Practitioner Core Competencies*, 2012; Criteria for Evaluation of Nurse Practitioner Programs* [NTF on Quality Nursing Education], 2012); *Population Focused Nurse Practitioner Competencies* (Population Focused Competencies Taskforce, 2013); California Board of Registered Nursing – NP Standards

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

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

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

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in

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

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

Program Response:

BSN

The ability to care for the whole person is knowledge that develops from a rich core of disciplines. The undergraduate nursing program builds on and integrates the arts, sciences, and the humanities, requiring 128 total units. Sixteen units are allocated to sciences and social sciences and the forty-four units to the University Learning Core. Based on the University SLOs and mandatory for all USF undergraduate students, 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 http://www.usfca.edu/catalog/core/. In addition to completing the Core course requirements, all USF baccalaureate degree candidates must complete a minimum of two courses that integrate the mission-driven characteristics of 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 fulfilled in NURS 325-Clinical Lab III Community and Mental Health Nursing and the CD content by is fulfilled by NURS 320-Community and Mental Health Nursing didactic component. In addition, the CA-BRN requires that, for licensure, graduates from a nursing program must have skills in written and oral communication and the ability to work with groups. BSN students meet these requirements through the Learning Core and with the addition of Sociology. The BSN program of study requires 66 nursing units and includes six units of electives http://www.usfca.edu/nursing/bachelor/bsn-curriculum/. As part of the ongoing evaluation of the BSN curriculum the faculty review how the *Baccalaureate Essentials* map into the coursework. The most recent result of this process is located in Appendix V.

It has been the case that the courses for the BSN program at USF are offered on the San Francisco Hilltop Campus and the clinical sites are located all around the San Francisco Bay area, ranging from Marin County to the East Bay to the Peninsula. A list of the clinical sites is available for review in the resource files. In the summer of 2014, the school received notification from the Department of Veterans Affairs that its partnership with the VA Northern California Health Care System (VANCHCS) had been awarded VA Nursing Academic Partnership (VANAP) funding to launch a BSN track at the VANCHCS facilities. This second

track of the BSN program is exactly the same as the track on the Hilltop, except that it will include an intentional focus on the veteran population and prepare the new graduate for this complex patient/family group. These students will have the bulk of their clinical experiences in VA facilities in the Sacramento area and at Travis Air force Base.

The BSN Department is has Co-Department Chairs, Dr. A. Banks and Prof. L. Turner who manage work of the BSN Department, implement policies, monitor curriculum, and actively participate in the implementation of the SONHP Evaluation Plan. With the new VANAP cohort, Dr. O. Struve has been appointed co-program director along with her VA counterpoint.

MSN

The MSN program prepares the graduate as a Clinical Nurse Leader (CNL). The CNL "oversees the care coordination of a distinct group of patients and actively provides direct patient care in complex situations. This master's degree-prepared clinician puts evidence-based practice into action to ensure that patients benefit from the latest innovations in care delivery. The CNL evaluates patient outcomes, assesses cohort risk, and has the decision-making authority to change care plans when necessary. The CNL is a leader in the health care delivery system…" (AACN, 2005). Students in the MSN program at USF have clinical opportunities to develop the essential characteristics needed to practice successfully within dynamic health care environments. The graduates are prepared to provide and improve care to patients, families, and communities and serve in a leadership to advance practice in complex healthcare systems. As was the case at the last CCNE on-site visit, the MSN program has tracks for masters' entry students (ME-MSN) who have baccalaureate degrees but are not yet nurses and well as RNs with a BSN, RNs with a BA/BS in other disciplines, and RNs with associate degrees and diplomas. The curriculum plan for the RN-MSN was designed to respond to the challenge of educational mobility as outlined in the AACN position paper http://www.aacn.nche.edu/publications/positions/edmobil.htm .

The ME-MSN track is structured and integrates the knowledge and competencies of the *Baccalaureate Essentials*. Interwoven and wholly linked with the CNL program objectives is their mastery, including a liberal education, professional values, the core competencies, core knowledge, and role development. The expectation is for the student to evolve a foundation that meets the basic competencies, while, at the same time, focusing on how to improve patient outcomes and care environments while maintaining or improving cost effectiveness and efficiency. In this innovative, dynamic approach to nursing education, the students learn that "basic skills" go beyond a nurse's ability to care for individual patients and incorporates a responsibility for assuring high quality collective outcomes. Students are eligible to take the NCLEX exam after successful completion of all pre-licensure course (semester five), and many do so in order to focus on the CNL role and implementation of their CNL project. That the program has successfully graduated over 450 new nurses is a testament to the success of this endeavor.

The program of study for the BSN prepared nurse is designed to build upon their baccalaureate preparation and extend their practice to include the CNL focus. For the RN without a BSN the program of study includes opportunities for the student to meet the liberal education, professional values, core competencies and knowledge, and role development foundational in

the *Baccalaureate Essentials.* This not only includes community health content and practice, but application of the liberal arts and sciences so integral to the Jesuit educational tradition. With several years of experience offering the RN-MSN program at USF, faculty have become adept at helping students integrate a broader perspective to their world view and to the practice of nursing. By broadening their scope beyond individual patient care, the students successfully navigate the program expectations and master the whole of the graduate preparation as CNLs.

As part of the core course requirements, all MSN students are required to produce a scholarly project that demonstrates their ability to operationalize the CNL skill-set and apply this knowledge to improve patient outcomes. These CNL capstone experiences along with student performance in the major course work enable the faculty to judge achievement of both individual student and aggregate achievement of program outcomes and are presented for public review at the graduation poster presentation. At the final poster presentation for students, all the posters produced by the graduates from all the MSN tracks are showcased at one event. It is impossible to distinguish the achievements of students from one track to an other. They all demonstrate the highest of achievement and tight implementation of the program outcomes for the CNL. In May 2014, the first cohort of online MSN students graduated from USF. The majority of these graduates also attended the poster presentation. For many of them, it was their first time on the USF campus, yet they too presented their CNL projects with the same level of exceptional achievement, indistinguishable from the others. A listing of CNL posters is found in Appendix T. Appendix U illustrates the congruency of the MSN program outcomes, CNL competencies and core course content with the AACN Essentials of Master's Education (2011). Graduates of the MSN program are eligible sit for the CNL certification exam.

Each of the MSN tracks has a program director with expertise as a CNL. The MSN program is coordinated and overseen by the Associate Dean for Graduate Programs and Community Partnerships with expertise from the Associate Dean for Pre-licensure Nursing Programs for Masters Entry (ME-MSN) option. The Chair and Vice-Chair for the MSN Program Committee are elected by faculty who teach in the MSN program. The Chair has the responsibility of convening the MSN Program Department which meets monthly during the academic year in order to review policies, make recommendations regarding curricula and routinely review, discuss and actively participate in the implementation of the SONHP Evaluation Plan.

DNP

The DNP program has tracks for post-baccalaureate students in two APRN tracks, the Family Nurse Practitioner (FNP), Psychiatric-Mental Health Nurse Practitioner (PMHNP), and one population focused role, the healthcare systems leader (HCSL). In addition there is a DNP Completion Track for master's prepared nurses. The DNP curriculum for the BSN student builds upon baccalaureate competencies. The curriculum for the master's prepared nurse is built upon mastery of the graduate level competencies as students progress. Students in the post-baccalaureate tracks take DNP courses while also completing course and clinical expectations for the MSN. Because the only option in the master's program is preparation for the CNL, the goal for students is that they have the opportunity to focus their CNL work on the practice environment for their future role in nursing. The DNP student in the FNP track is able to address patient-care issues in primary care through the lens of the CNL. With this focus, the student is able to consider the primary care issues related to safety, quality, and evidence-based practice in

an inter-professional team, including the role of the FNP. The CNL internship provides the student with the ability to operationalize the CNL role as the scaffolding upon which to develop nurse practitioner skills for direct patient care in the DNP coursework and clinical. The innovative and exciting approach to prepare the APRN is a hallmark of this track in the program. The nurse practitioner graduate from USF has the knowledge attitudes and skills to frame care of the patient within the context of the system. The graduate is able to "demonstrate refined assessment skills and base practice on the application of biophysical, psychosocial, behavioral, sociopolitical, cultural, economic, and nursing science.." as an APRN "…within the larger domain of nursing" (*Essentials*, p.13).

BSN-DNP students who are in the HSL track focus on the in-patient setting during their MSN coursework for the CNL role. The emphasis is on the complexities of delivering secondary and tertiary patient-centered care across the life span with special attention to systems issues of quality and safety and implementing and evaluating the impact of evidence-based practice. Care is conceptualized within the intra-disciplinary team with the CNL managing the outcomes for a designated unit. The progression of the student in the DNP course work advances their executive nurse competencies to "have increased depth in organizational and systems leadership" (*Essentials*, p.8). Upon successful completion of the required units and the internship, students are awarded an MSN.

Post-MSN courses are built on the previous graduate-level coursework and the expected level of academic acumen is higher. Post-master's coursework is designed for the progressing BSN-DNP student as well as the student admitted into the DNP Completion track. Students who have a non-nursing master's degree are admitted to the program and their transcripts evaluated. Didactic courses may be transferred, but students are required to complete a minimum of 1000 supervised clinical hours for a given track.

Students in the APRN tracks complete all the required courses to prepare as an FNP or PMHNP within the DNP program. The curriculum has been developed to prepare graduate to meet the core competencies for NP practice as outlined by NONPF and the California BRN. The required BRN reporting documents approving the NP programs are available for review in the resource files. To ensure sufficient depth and focus, separate courses are required in NURS 730-Advanced Assessment Clinical, NURS 731-Advanced Assessment, NURS 706-Advanced Physiology & Pathophysiology and NURS 707-Applied Drug Therapy. They take four care management courses and linked clinical courses with patients across the life span. They complete 630 hours in direct NP practice.

Students in the HSL track complete all the required courses to prepare the healthcare systems leader at the very highest level, directly responding to the nursing profession's goal to prepare graduates with "leadership skills to strengthen practice and health care delivery" (*Essentials*, p. 5). The curriculum for the Executive Leadership Program has been developed to prepare graduates to meet the core competencies for nurse executives as developed by the American Organization of Nurse Executives (AONE) (2005, 2011). The courses include theory and clinical work and they complete their clinical hours in the DNP Completion Track, which is 42 units. Upon admission an audit of the students clinical course work is completed and individualized clinical sequence is developed that includes acquisition of the required 1000

clinical hours. If theses students are not already nationally certified, they must consult with their advisor regarding which certification requiring graduate preparation is appropriate for them to pursue.

Since initial accreditation in 2009, the program has undergone a series of revisions based on student feedback, faculty assessment, and input from the school's communities of interest. One key component of the modifications was directly linked to record keeping and processes to track students and their clinical experiences. With the addition of a program assistant solely dedicated to the DNP department, much of the confusion regarding student progress through the program was resolved. The "qualifying exam" for students was originally not linked to a course. This was problematic for students and faculty. It is now constituted as a one-unit course and tracking and student success is better managed.

An important evolution in the program has been the way in which the DNP project has developed. With ongoing discussion and faculty participation in the national dialogue, the DNP project at USF is now titled "Evidence-based Change of Practice Project" and all students must submit their prospectus for approval by the department as whole. This is designed to avoid issues that arose when students wandered into answering a research question rather than making a change in practice as foundational to their project. The addition of the Executive Leader DNP (EL-DNP) track was a result of requests from nurse executive colleagues anxious to secure their doctoral degree in a format and environment responsive to their unique learning needs.

The APRN tracks in the DNP program are under continuous review. The NONPF competencies, interpretations of the Consensus Model and the updated NTF criteria, as well as the guidance from ANCC, keep faculty attentive to assuring the program remains contemporary. While the overall conceptual design of the FNP curriculum has not been changed, course descriptions and course objectives were revised after review of DNP Essentials, NONPF Competencies, BRN requirements, as well as student input. In response to input from SONHP communities of interest and in particular the President Health Commission, the PMHNP sequence was added in 2013 (November 18, 2013 CCNE Substantive Change Notification). Emphasizing interprofessional education, the courses there are a number SONHP PsyD program that the PMHNP students take and a number of DNP courses for the PsyD students.

The program of study for master's prepared nurses in the DNP completion track is 42 units. Upon admission an audit of the students clinical course work is completed and individualized clinical sequence is developed that includes acquisition of the at least 1000 clinical hours. If theses students are not already nationally certified, they must consult with their advisor regarding which certification requiring graduate preparation is appropriate for them to pursue. All students in the DNP program are required to secure national certification in the relevant area in order to move into their final semester and completion of their DNP project.

With the implementation of the new organizational structure of the school, the tracks in the DNP program are now is two SONHP Departments. The DNP Completion, Healthcare Systems Leader, and the EL-DNP tracks are housed in the Healthcare Leadership & Innovation Department (HLID), which also include the Master of Science in Healthcare Simulation program. The DNP core courses are delivered through this department as well. However, the

FNP and PMHNP tracks are housed in the Integrated Primary Care and Behavioral Health Department (IPCBH) that also includes the PsyD program. This intentional grouping around the practice domain of the graduate rather than by the discipline or role of the faculty is designed to foster integrated care and innovation in advancing health care delivery. The two departments are co-located at the USF Presidio site and the faculty teach across departments. Key to this organizational structure is to operationalize a "no silo" approach to health professions education.

Post Graduate Certificate

The SONHP offers post-graduate certificates for the FNP and PMHNP APRN roles that require the completion of the advanced practice core, as well as meeting the NONPF competencies for FNP and PMHNP, as appropriate. A Gap Analysis is performed for each student to document achievement of FNP or PMHNP competencies and certificate completion requirements. Gap Analysis forms for the FNP and PMHNP are available by contacting Associate Dean Wanda Borges at wborges@usfca.edu. Gap Analysis is performed by the Director of the NP Program in consultation with NP faculty. Students in the certificate programs take the classes with the students in the DNP program and must complete the designated clinical courses and meet the practica expectations dictated by the certification standards. Certificate programs are administered through the Integrated Primary Care and Behavioral Health Department.

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

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

Program Response:

USF and the SONHP have created environments that support the achievement of student learning outcomes. The Learning Resource Center, a facility used primarily for pre-licensure BSN and MSN students to practice and demonstrate nursing skills is located on the first floor of Cowell Hall on the San Francisco Hilltop Campus. As the number of pre-licensure and nurse practitioner students in the school increased and the need to include clinical simulations as a key component of the education endeavor, the school expanded its lab space to include the Simulation Center with the aid of a Department of Defense grant. The Simulation Center is located in Presentation Hall, also on the Hilltop Campus. The Simulation Center expansion has enabled faculty and staff to plan clinical simulations that cross all levels without conflicting with students' skills' practice. As a result, the two spaces provide environments that strengthen the students' ability to apply core concepts from class to the clinical laboratory, from the Simulation center to patient care.

Simulation Center experiences take place as part of the students' clinical practica. In preparation for each SIM lab, students complete assignments ahead of time and bring the required materials to the lab class. During the in-lab simulation experiences, the lab instructors guide the students through the learning activities and the critique of the experience. The simulated experiences are based on scenarios that prepare students for actual patient-nurse interactions and the identification of responsibilities of interprofessional members of the healthcare team. By using simulations, for example, pre-licensure students can be assured of

caring for patients with an array of common clinical conditions, including caring for patients with sepsis, stroke, hemorrhage, and cancer. They all have the opportunity to deal with a potential order error, a fall, and a code. Clinical nursing courses currently have up to 25% of their time in the simulation center and given the evaluation of the clinical knowledge acquisition, simulation experiences have been an extremely positive addition to the teaching-learning environments at USF.

All USF classrooms and computer labs are University space. Campus classrooms vary in size, location, and technological ability and are assigned to courses centrally based on class size, the requirements of faculty teaching style, and in some instances, location. Smart classrooms are available to faculty members who these educational technologies. As school and program needs change, the University works to assure access to adequate facilities. For instance, since the SONHP added HESI exams as part of individual course requirements, the University has worked closely with the school to assure that students have computer lab access for the secure testing and developed the innovative approach to multiuse testing sites.

Nursing faculty employ a variety of teaching practices to capture the learning needs of the contemporary students. Students participate in class discussions with "flipped classrooms", clickers, demonstrations, small group presentations, pod casts, quizzes, and tests. Classroom student-teacher ratios vary, by program, level, and area. All faculty have weekly office hours (virtual or live) to meet with students and discuss issues and address students' questions. Students and faculty have become accustomed to emails as an effective vehicle for student-faculty interactions. The use of the Canvas course discussion boards and the Student Portals enables student groups and faculty to have ongoing discussions asynchronously.

The clinical learning environment for USF nursing students is top-notch, facilitating student learning in a variety of settings including acute and chronic health care hospitals and medical centers, clinics and community agencies in the San Francisco Bay Area. Pre-licensure clinical agencies have approval by the CA-BRN and a letter of agreement with USF verifying their willingness to serve as a clinical learning facility for nursing students. Each agency has a designated clinical placement spokesperson who works with the Associate Deans and the Clinical Placement Coordinator in the School to successfully secure appropriate clinical sites for nursing students each academic semester. A listing of all the clinical sites is available in the resource files as well as examples of agency files, which include usage and evaluation data.

Agencies are selected as clinical sites on the following criteria: 1) Accredited or approved by a governing body; 2) Patient care objectives are compatible with the philosophy and mission of USF SONHP; 3) Agency learning environment is conducive to the students' education; 4) Type and quality of care meets course objectives; 5) Staff is supportive of learning process

Faculty evaluate 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 to determine how to best utilize a given facility.

BSN

The baccalaureate program is built on an approach that promotes a simple-to-complex approach to learning. Students are expected to bring a strong foundation of natural and social sciences to the beginning nursing courses offered in the freshman year.

The first nursing course, NURS 120-Nursing in the Jesuit Tradition, introduces the student to the mission and values of the university and the SONHP and NURS 170-Introduction to Professional Nursing continues to engage the student in the profession of nursing and to the mission, values and goals of the SONHP and of the BSN program. The support courses of anatomy, physiology, microbiology and general psychology, advance the students to the art and science of nursing. Each level (semester) of the nursing curriculum expects movement to greater depth in knowledge of the mission and goals of the university and of the nursing program as well as theory and application of the practice of nursing. Students are guided through this process in the classroom and clinical setting. BSN class size varying from 20 to 45 and the clinical faculty-student ratio is 1:6/10 for clinical groups and 1:15 for capstone experiences.

The SONHP works to develop unique academic-practice partnerships across all programs. For instance, in 2010 a collaborative was formalized between University of California San Francisco Medical Center and the BSN program in the SONHP. The partnership is heading into its fifth active year. The partnership aims to meet the mission and goals of the nursing program, the various objectives for staff, faculty, and student progress while increasing collaboration between the two institutions. By effectively utilizing UCSF medical center staff and USF faculty, the formal partnership ensures that students participate in meaningful clinical rotations with an emphasis on continual professional and clinical growth. The students complete all clinical rotations at UCSF medical center and are able to immerse themselves in the professional culture which may include participating in committee work, attending continuing education courses, and completing all new hire paperwork and competencies. At the end of their commitment, partnership students may serve as ideal candidates for hire at UCSF Medical Center in various specialties and settings and have met the student outcomes of the BSN program.

MSN

As a means to accommodate working nurses wishing to return to school, the graduate nursing programs at USF SONHP are delivered in a blended format. In the RN-MSN program, courses are taught one evening a week with a different course on alternating weeks. During the week that students are engaged in one course face-to-face, they are working on the other course content, online. To meet the needs of working RNs wishing to further their education who might not be able to attend courses in a blended fashion, SONHP began a cohort of MSN students using wholly online technology. In partnership with Pearson-Embanet, the online track has successfully recruited and retained a growing number of nurses, surprisingly the majority from the San Francisco Bay area. Clinical experiences for the online RN-MSN students are conducted in their home locations with designated preceptors and under the supervision SONHP faculty. The online program has been particularly successful. Graduates of the first cohort were extremely positive in the quality of the instruction, the attractiveness of the faculty, and the impact that the graduate education has had in their workplace https://vimeo.com/102067647 [password: usf].

In addition to the clinical and didactic linked courses in the MSN program, these students all complete a CNL project in their final residency. These projects are evidence-based and directly responsive to real-time, unit based issues. All MSN students must present their work as a formal, public poster presentation. Regardless of track, the MSN graduates produce high level, thoughtful approaches to advancing patient care. It is not unusual for a student to be encouraged to 1) apply for a nursing job or 2) seek advancement based on the outcome of the CNL project. For instance, MSN student achievement has been remarkable. For example, San Jose Branch Campus student, Ann Nguyen, was dedicated and strived to make a significance difference in the healthcare environment where she practiced. Very passionate about preventing and treating wounds in the vulnerable population such as the elderly and those with diabetics, Ms. Nguyen developed a Wound Care Project, designed to deliver safe, high quality, and cost effective care to the affected patient population at Regional Medical Center in San Jose. Ms. Nguyen's model of care was so effective; she was promoted to Clinical Manager of The Wound Care Center. Ms. Nguyen practically created her current practice position by demonstrating that a highly skilled CNL can positively affect patient care outcomes. Ms. Ngueyn was nominated by the city as an Everyday Hero "In the Scenes" for the month of September 2012 and was chosen by the Everyday Heroes committee as the winner of the coveted quarterly award in October 2012.

Ongoing work to develop strategic partnerships for CNL students continues. It is a goal of SONHP to increase access to health and healthcare services as an intentional way to provide high quality clinical experiences to students. For instance, RN-MSN students have the opportunity to work with schools in the Alliance for Mission District Schools http://www.amdcs.org/amdcs/index.cfm as part of their community health experience. This partnership not only provides students with terrific clinical experiences, but also enhances the health profile of the students who attend these schools.

The students' success and difficulties on the CNL Certification Exam have provided the impetus to undertake a major evaluation of the curriculum and make modifications to courses and the student experience. Specifically a task force was developed that included CNL faculty and students to review CNL role courses and provide recommendations for change. Core content, readings and assignments have been incorporated into all roles courses and implemented in Spring 2014. CNL faculty will continue to evaluate the CNL Certification Exam results and student course evaluations to determine the outcome of the curriculum change.

DNP

The learning environment for the DNP program is constantly evolving to best support achievement of individual and aggregate student outcomes. Initially classes were scheduled for one evening and Saturdays, every other week, but given student feedback, the shift was made to the entire "teaching weekend". Teaching weekends have been employed by the USF School of Education for its doctoral programs for decades. Three-unit courses are offered in four-hour blocks, eight times a semester, on average every other weekend. During the off-week of class, online activities are assigned as part of the course design. This change has been welcomed by students and opportunity to condense class time and then spread out frequency has been particularly useful for both individual success and overall program advancement.

Students who are part of the APRN track shift from the Friday evening, Saturday schedule to all days Friday and Saturday with the expectation for clinical experiences throughout the week once they start their four-semester clinical sequence. Their clinical experiences are provided through collaboration with identified, qualified preceptors, as well as through the simulation center using standardized patients. NURS 730-Advanced Assessment Clinical and NURS 731-Advanced Assessment were re-designed as a result of student input and faculty re-assessment, such that all students have simulation experiences and time with Standardized Patients (SP) before they actually start into a clinical practica.
In addition, academic practice partnerships are being developed to provide students the opportunity to engage in practice with agencies providing safety net services to those most in need, as well as to intentionally assist the agency in providing services. One such collaborative with Asian, Pacific Island (API) Wellness center has resulted in Dr. Green, one of the NP faculty, holding a clinic each week and including an NP student with her as she sees patients. This example typifies the goal of increasing access while providing practice opportunities.

The EL-DNP uses a blended format as well but the students meet face to face during two-three intensives each semester (12 total over two years) and complete coursework in between intensives, online. The learning priorities use an executive model in which the student accommodations are part of the environment, and immersion in the intensive is a break from the constraints of the homework environment.

Post Graduate Certificate
Because all the didactic and clinical courses in the post-graduate certificate program are the same as those in the DNP program, the teaching-learning environment is correspondingly the same.

General Organizational Practices
The program of study is outlined for each SONHP program option. Syllabi utilize a template that provides course descriptions, objectives, faculty contact information, descriptions of assignments and grading criteria as well as standardized University information such as Americans with Disabilities Act Information. Each course has a faculty member who serves as a course lead and is the faculty of record. This person is responsible for ensuring that course objectives are met and standards are maintained by all faculty working within that course. Syllabi for all courses in the BSN, MSN and DNP programs are available in the resource files.

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

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

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the

degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

BSN

Each of the SONHP nursing programs has planned clinical experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes. Clinical coursework is evaluated by the faculty. Students in the BSN program complete 900 hours of clinical across an array of practice sites and patient populations. Clinical learning experiences include the use of the traditional, off-site hospital and/or community facilities for practica in addition to the use of an on-site nursing skills laboratory that houses equipment for providing low fidelity simulation experiences and skills competency checks as well as a Simulation Center that provides high-fidelity simulation and experiences with standardized patients.

Consistent with the overall curriculum design, clinical experiences in the BSN program are designed to advance and enhance the student through progressive attainment of clinical knowledge from simple to complex, with an emphasis on the nursing process. With six to ten students in a clinical group, faculty work closely with the students to meet the weekly clinical objectives, linking the classroom content to the clinical decision-making and skill acquisition necessary for practice as a professional nurse. Students begin with introductory principles of nursing practice and acquire increasing clinical experience and confidence through experiences that focus on specialized patient care or designated populations and communities. The last semester of studies culminates in a 225-hour clinical preceptorship that allows for the integration of all patient care knowledge under the tutelage of a professional nurse.

In the spring of 2013, following a faculty review of issues impacting the BSN curriculum, the baccalaureate faculty recommended a curricular change is to combine two clinical courses, NURS 425-Clinical Lab V-A Women's Health (Maternity) 2 units (90 hours) and NURS 426-Clinical Lab V-B Medical Surgical Nursing Care of Children (Pediatrics) 2 units (90 hours), into a new course NURS 428-Clinical Lab V: Nursing: Care of Women and Children, 3 units (135 hours). Contributing to this decision was the ability of the school to secure high quality clinical sites for maternity and pediatrics in sufficient hours. The standard shifts for nursing in the acute care settings underwent a shift of a "standard" 12-hour shift to a previous norm of eight hours. This had an unintended impact on nursing program clinical arrangements and motivated faculty to re-think how to schedule student experiences. A change was implemented in the Fall 2013 semester with CA-BRN approval and the initial clinical course evaluations from Fall 2013 and Spring 2014 have been positive.

MSN

Students in the ME-MSN program complete 810 pre-licensure hours of supervised clinical practice. In addition, 66 hours are completed in CNL role courses in the pre-licensure portion of the program and 324 in the post licensure portion as part of their CNL internship. Students in the RN-MSN program without a BSN degree complete 90 supervised clinical hours in community health and all MSN students complete 400 hours in CNL roles courses and the CNL internship. Clinical experiences are provided through collaboration with identified, qualified preceptors. With the online MSN program, students come from across the United States. Students in this program are asked to provide potential qualified preceptors and furnish

information about a preceptor prior to the start of the term. The instructor of record reviews the suitability of the preceptor as well as clinical affiliation agreements before the students are allowed to begin their experience. Preceptors working with the MSN students during the internship work closely with the faculty to assist the student in navigating the healthcare system and in meeting the program outcomes. Although preceptors provide input to faculty as part of the evaluation process, all student evaluations are the responsibility of the faculty. ME-MSN students use the LRC and Sim Center for practice opportunities as well as formal simulated experiences in identifies practice situations.

DNP

The DNP graduates meet the *Doctoral Essentials'* requirement for clinical practice. For the Advanced Assessment clinical and didactic course (NURS 730-Advanced Assessment Clinical/NURS 731-Advanced Assessment), NP students use the Simulation Center as the first step in honing their assessment skills. SPs are used for both teaching sessions with students as well as part of the evaluation process in which faculty are able to observe student mastery of the expected course outcomes. In the four semester clinical sequence, students work with NP or physician preceptors in developing their acumen as nurse practitioners. Preceptor qualifications may vary by specialty. For example, students in the FNP track may use a certified FNP or WHP as a preceptor for the women's health practicum. Physicians in practice specialties (Family, Internal Medicine, etc.) are also used as preceptors as appropriate. All preceptors must produce proof of an unencumbered license and CV. A database of preceptors and clinical agencies is kept by in SONHP so that instructors may also help students identify suitable preceptors for their clinical specialty. The database of is available for review in the resource files. It is key to point out, that even with a rich population of clinical preceptors, it is faculty who are responsible for supervising students, making the site visits to observe student progress, consult with the preceptor, and conduct the final evaluation.

NP students currently utilize an excel spreadsheet to track their clinical experiences. The clinical log includes the clinical hours, patient contacts, diagnosis, level of student participation and clinical tasks. The clinical hour log is verified by the clinical preceptor and reviewed by the clinical faculty. An electronic log has been under development during the 2013/14 academic year using student input to integrate similar criteria. Use of the electronic clinical log will begin in the Fall 2014 semester. Face to face clinical conference meetings are held on DNP teaching weekends. The clinical experience is discussed during these meetings including salient topics in APRN practice, case presentations, and clinical placement issues. Student SOAP notes are evaluated each semester in accordance with course objectives: health promotion, management of acute and common illness, management of chronic disease, and complex health issues. Clinical faculty perform an onsite meeting with the clinical preceptor to discuss student progress toward meeting the course objectives. Clinical preceptors are provided with email contact for the clinical faculty to promptly address any issues that may arise during the semester

The DNP completion and DNP Healthcare Systems Leader programs only have preceptors assigned to the students during practicum when the advisor/chair is unable to fulfill the role. Typically the faculty of record, or Advisor/Chair, assumes this role and works with the student and the clinical/practicum site to help the student achieve their objectives. If a preceptor is required due to the need for a content matter expert, they must hold a doctorate degree such as

MD, PharmD, PhD, DNP, or JD. This preceptor is often invited to participate as the student's DNP committee member as a third reader.

Post-Graduate Advanced Practice Certificate
Students in the post-graduate certificate courses complete coursework alongside students in the DNP program and the same process are in effect.

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

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

Program Response:

The SONHP community of interest includes students, faculty and staff, prospective students, alumni, advisory board members, clinical agencies, and accrediting and regulatory boards as described in Standard I. All curricular changes are made based on formal (e.g., student course evaluations) and informal feedback from the communities of interest. Faculty members are not only members of the community of interest; they are decision makers and, as such, are responsible for maintaining the integrity of the curriculum. Faculty members use their expertise to assure that teaching/learning strategies are appropriate to the student population and build on prior learning. They hold positions on numerous community/ professional advisory boards throughout the San Francisco Bay area, which provide them with insight into the challenges faced by healthcare organizations in providing safe, reliable, quality healthcare to patients. A number of faculty have ongoing practice opportunities in clinical agencies throughout area.

The employer community of interest continues to hire USF graduates and provide feedback indicating that they believe them to be well prepared. From 2008-2013, the availably of job options for new nurse graduates diminished and USF graduates increasingly sought employment outside of the SF Bay Area. The school implemented a number of action steps to help graduates prepare for positions as new nurses, including an alumni mentoring program, resume and interview workshops, and a transition to practice program that has successfully helped its participants secure employment in ambulatory and home health settings. The good news is that employment opportunities for new graduates has significantly improved in the last year and a half. For the most part, students in the RN-MSN and DNP programs are employed as students and use the graduate degree as leverage in their career trajectory.

BSN
Because USF admits nursing majors as freshmen, the incoming class is composed of students from the traditional undergraduate population, young, recent high school graduates. The climate of a residential campus is important for this population and all freshmen and most sophomores live on campus. The nursing courses are fully integrated with prerequisite and USF core courses and care is taken to help students have a rich undergraduate experience that mixes the expectation for quality and rigor with a good deal of fun. The new BSN program in Sacramento

is targeting the transfer population who currently wait at least two semesters to start the clinical sequence. These are most likely older students who will view this as an opportunity to secure nursing preparation in a timely fashion. The didactic nursing classes have a class size of approximately 40 students per section (the Sacrament track will have 20) and up to three sections per course to increase faculty student interaction in the classroom. Teaching methodologies vary, but all faculty use technology in the classroom and a range of teaching methodologies, which enhance and support an active learner. Students also participate in class with individual and group presentations.

MSN

The ME-MSN program is a six semester, intensive program during which college graduates from other disciplines develop as professional nurses in the USF tradition. The program of study for this student body is a cohort model that takes advantage of the developing support system that facilitates learning and success. The students in the RN-MSN track are working professionals and the courses are designed for one day/week and clinical expectations that are flexible and student/preceptor driven. The online MSN program is uniquely suited for the nurse in practice and their ability to form cohesive cohorts has been instrumental in their success.

DNP

The students in the DNP program are working nurses, educators, administrators and APRNs. The organization of the curriculum is designed to respond to this reality. There is a trio of courses (NURS 710-Scholarly Inquiry and Communication, NURS 705-Scholarly Communication & NURS 711-Evidence-Based Practice in Healthcare) that students must take initially to demonstrate a basic level of ability to progress in the program, and there are sequenced courses for the those in the BSN-MSN, APRN, and HSL tracks, but the bulk of the remaining courses can be taken in an order that is responsive to the needs of the student, their leaning goals, and their professional commitments. Students may choose to take only one course in a specific term and then pick up three in the next, for example. For students in the FNP and PMHNP tracks, it is made clear from the onset that once they start their primary care clinical sequence, they have a major time commitment in preceptor settings that requires a full time student focus and limits their scheduling options. For the NP students, faculty supervision and conforms to the NONPF guidelines the "evaluation of students is cumulatively based on clinical observation of student performance by NP faculty and the clinical preceptor's assessment" and that “direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor.”
http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/docs/ntfevalcriteria2012final.pdf. NP clinical sections are limited to six students. Evaluation forms are available in the resource files.

Post-Graduate Certificate

Students in the post-graduate certificate tracks have an individualized curriculum plan created for them based on their previous educational experiences. Once the Gap-Analysis is completed and the courses the student must complete are identified, students take courses alongside the DNP students and teaching/learning practices are the same as described above in the DNP section.

Clinical Placement Processes

Students in the pre-licensure programs participate in clinical experiences in facilities in the San Francisco Bay Area. In collaboration with the other nursing programs and a majority of the hospitals, the School has been working to respond to the concerns about processes for securing clinical placements. The Computerized Clinical Placement System (CCPS) funded by Moore Foundation is an approach to enhance the quality of nursing education and improve patient care by streamlining the process for matching clinical site availability with school and student need. This collaboration of schools and facilities is a confluence of common concerns among communities of interest. Much progress has been made through CCPS to decease conflicting schedule demands from area schools and increase student access to clinical sites.

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

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

Program Response:

Nursing faculty adhere to University grading policies http://www.usfca.edu/catalog/regulations/student/ but for specific programs have set standards higher than the general university. Faculty have established a minimum passing grade of 76% for the BSN program and students must earn a grade of "C" or better in all the nursing support courses (anatomy, physiology, microbiology, psychology and life span). 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" (Satisfactory) before continuing in the program sequence. In order to remain in "good standing" at USF, graduate students must maintain a 3.0 GPA. Graduate students in the SONHP must earn a grade of "B" or better in each nursing course in order to remain in good standing. Students earn a letter grade in all didactic courses. Clinical courses are graded as Satisfactory or Unsatisfactory. Any graduate nursing student earning a "C" or below in any course is 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 subsequent six semester hours of graduate work are subject to disqualification from the program. Students who earn two course failures in any program are subject to disqualification from the nursing program in which they are enrolled. This information is available to the student in the USF in Student Handbooks on the USF Student Portals. Students who are disqualified, may appeal the disqualification.

BSN

Student assessment and evaluation are an important part of the learning process and critical to the establishment of effective learning environments. Assessment and evaluation practices have been developed that provide a foundation for student success while also providing faculty with critical feedback about effective teaching practice. The most basic form of assessment is grading and evaluation of student performance in both classroom and clinical learning. HESI specialty exams are used in some courses. The comprehensive HESI has been used in the school since 2000. As a result of student and faculty feedback regarding the helpfulness of the standardized testing, several faculty have decided to include the specialty exams in course expectations and configure them as portion of the students' grades.

Clinical grading is pass/fail using a set of competencies specific to the setting and the level of the student. Lead faculty, in collaboration with other course faculty, develop exams based on learned content and administer these exams. Student assessment techniques include written assignments, student presentations, student poster sessions, and clicker questions embedded in lectures and presentations. These other assignments have the added advantage of encouraging students to develop skills for working in groups and organizing materials for presentation.

Clinical performance measurement is accomplished through the use of rubrics that describe acceptable performance. For example, a passing performance for clinical would be that the student is able to complete a pain assessment and select safe, appropriate pain management strategies for their patient. In the skills laboratory and simulation center students would be asked to enter a scenario, alone or with a group, to manage a patient care situation. For example, the student might be asked to read the patient's chart, address the patient and perform appropriate care activities suitable to that student's level of knowledge. The objective of the scenario would include safety and quality practices, such as checking identification bracelets and medication allergies or the scenario could include higher-level performance expectations, such as assessing the patient's mental status or monitoring for developing cardio-respiratory problems. The rubrics are performance evaluation tools used by faculty for assessment and feedback to students. As an instrument of feedback, these tools are the means for faculty and students together to focus on improvements in clinical performance. If it happens that a student is performing poorly, faculty will develop an individualized clinical learning plan for the student that addresses specific learning goals and performance outcomes. The tools used for each clinical semester are available for review in the resource files.

MSN

In the ME-MSN program for pre-licensure students, similar tools are used as in the BSN program including the HESI exams. Although the policies and procedure for MSN and BSN students differ, they are consistently applied to students in a given program. Faculty supervision of student clinical experiences conforms to sound principles of pedagogy (more supervision for more novice students) and faculty work closely with preceptors as appropriate. For RNs in the MSN program, the evaluation procedures and policies are the same as in the didactic courses as for the ME-MSN program. However, supervision and expectations for clinical are markedly different depending on the program track and student preparation.

The evaluation of RN-MSN student performance is consistent with identified student learning outcomes for didactic and clinical content. Each course includes objectives and assignments, as well as performance indicators for successful completion. Outcome competencies and grading criteria are clarified in the course syllabi. Throughout the course, students are aware of their progress and have an accounting before the final course grade is assigned. For those clinical courses that involve the use of preceptors, faculty communicate in person or via telephone/e-mail with preceptors to gain input on student performance. However. faculty are ultimately responsible for evaluation of student learning outcomes. Tools used by preceptors/faculty are available for review in the resource files.

DNP

Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. The course syllabi outline the course expectations and the graded activities. All faculty use CANVAS to post student progress and evaluation standards are applied consistently. For clinical courses, performance is evaluated by the faculty using the clinical evaluation tools. These tools have been developed by faculty and are used to document student progress and abilities. When the student is working with a preceptor the tool helps guide the feedback from preceptor to student and helps frame the evaluation process of the faculty members. The faculty member is responsible for evaluating students' performance. The tools used for each clinical semester are available for review in the resource files.

Faculty supervise students' clinical experiences across all tracks of the DNP program. For the FNP and PMHNP students, faculty supervision conforms to the NONPF guidelines such that they are responsible for evaluating the student performance with input from the nurse practitioner or physician preceptor. DNP students in the healthcare systems leadership track work closely with faculty and/or preceptors and committee chairs to articulate the performance standard. The guidelines for clinical courses across the program are posted on the DNP Student Portal and available for student review in anticipation of a given clinical semester.

As is the case across SONHP graduate programs, a variety of assessment approaches are used in both the didactic, web-based learning environment and practicum/clinical courses throughout the program and include weekly, midterm, and final evaluations. An example of quality improvement of an evaluation process is that the nurse practitioner students were using several techniques for documenting clinical experiences to include patient encounters and learning experiences. Student feedback revealed the process to be cumbersome and faculty expressed concern regarding timely submission of forms to document clinical hours obtained during a semester. In consultation with Project SONHP a program for logging clinical experiences that also includes the ability for preceptors to evaluate students and verify completion of hours within the log will be implemented in Fall 2014 for students in clinical practica courses in the FNP and PMHNP tracks.

Post-Graduate Certificate

Students in the post-graduate certificate programs are integrated with students in the DNP courses and are expected to meet the same expected student outcomes within each course. Their performance is evaluated as described above in the DNP section.

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

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

Program Response:

Ongoing evaluation that provides information for program improvement is a important support for successful education program. Curricular changes for a program are initiated at the program level and approved at the department meeting of faculty teaching in those programs. The course (didactic and clinical) evaluations are administered online through survey-monkey and provide timely information that can be used in the immediately subsequent semester. The evaluation results are reviewed by the individual faculty responsible for the course and if 30% or more of the respondents rate a particular item negatively, faculty must suggest a plan to improve satisfaction by completing the Faculty Threshold Review (FTR) and returning it to the Program Evaluation Committee (PEC). The PEC sends a summary of FTRs to each respective department chair by the beginning of the subsequent semester to discuss any curricular change. Recommendations for curricular change go to the SONHP Curriculum Committee with faculty from all departments and students who work together to review ongoing curriculum issues including analysis of the current nursing and health care issues, feedback from clinical facilities and communities of interest, and university initiatives.

Although only a very small number of courses meet the 30% threshold, this has been a very useful tool for ongoing evaluation of teaching-learning practices. For example, in Spring 2014, the CNL students reported having a challenge with APA formatting and indicated they would benefit from a review workshop on the APA 6th ed. before taking the Informatics course. Because the concern was raised in the FTR, an APA 6th ed. workshop has been planned to provide students with an intensive review formatting prior to enrolling in their Informatics course. In the Spring 2013 students reported problems related to manner in which test questions were constructed and complained that some were contradictory. In her response to the FTR, the instructor decided to offer review sessions, one-on-one tutoring, and group Supplemental Instruction sessions that review content as well as question format, prior to the exams. Students will be encouraged to attend these session and attendance at the skills clinics will be mandatory as part of the preparatory assignment.

For all faculty, reflective assessment of feedback provided through different information sources is expected. Each semester students complete an evaluation of faculty and teaching-learning practices. The evaluation process is anonymous unless the students choose to add their name to the form. If a hard-copy evaluation is used, faculty are not present during the evaluation process and a volunteer student will collect the evaluations and seal them in an envelope and return them to the department secretary. With the use of distance technology, web based evaluations are also used which are sent to students electronically at the end of each semester and returned

anonymously to a central server from which the results for each course can be tallied. Faculty are provided a hard-copy summary of semester evaluations prior to the end of the following semester. Faculty use this information in planning for classroom and clinical activities. For example, information provided by students during end-of-course reviews can prompt a change in textbooks or a change in clinical group placements to better meet learning objectives. Student evaluations of faculty performance are used to determine faculty development needs. SONHP faculty are frequent participants in faculty development opportunities. The need to continuously update knowledge and skills related to education technology means that faculty must often attend presentations on newly available technology and upgrades offered by the USF CIT department.

BSN

Didactic and clinical courses are evaluated at the end of each semester on a preplanned rotation, didactic in the spring, clinical in the fall for all BSN courses. As issues arise, they are reviewed by faculty at the department meetings. For instance, the faculty identified an issue with 12-hour shifts for students. The literature and empirical data suggested that these long shifts might contribute to an increase in errors. In addition, many Bay Area facilities are moving away from the 12 hour and back to a more traditional 8-hour shift. Although this resulted in an unexpected decrease in clinical placement options, eight-hour shifts have been adopted for student clinical experiences.

Based on student course evaluations, the medical-surgical course was revised in the spring of 2012 to place greater emphasis on student-centered, interactive knowledge and skills application in the classroom setting. This was achieved by "flipping" the class, designing pre-class learning activities that provided foundational theory-based knowledge via multi-media learning objects rather than in-class lectures (using narrated PowerPoint, video and audio clips, interactive learning modules with pre- and post-tests). While in the classroom, students engage in small-group case and problem-based learning events designed to promote clinical reasoning, transfer of knowledge to clinical contexts, and peer-to-peer teaching and collaboration with additional focus on professional role, scope of practice, and interprofessional team dynamics. After-class activities include written assignments demonstrating synthesis of new knowledge, and clinical practice in simulation and clinical agencies.

As a result faculty and student feedback, there were changes made in the way psychomotor skills are taught. Skills Clinics were initiated to provide guided practice and feedback in the Learning Resource Center prior to performance validation of selected skills. The Skills Clinics are drop-in, two-hour sessions scheduled three times per week and are managed by course TAs under the supervision of the course faculty. This new teaching methodology was evaluated following the spring semester 2013 and have received positive reviews.

MSN

At the end of the spring semester, the MSN faculty reviewed the curricula across all the tracks. The curriculum review uses the objectives from the relevant professional standards as a guide for evaluation of courses, as well as specialty track standards and guidelines. Changes and revisions are made as appropriate. An example of this process is the MSN curriculum review that was completed in Spring 2014 using the *MSN Essentials* and the new *CNL Competencies.* A

crosswalk was completed (Appendix U) and revisions to the objectives of the courses and expected student outcomes are on target to be completed in the fall. These changes will be reviewed by the MSN Department Faculty and be presented to the Curriculum Committee for final approval.

As part of the ongoing monitoring of student success and the negative impact associated with poor writing skills, a required writing course was introduced into the RN-MSN program. However, even with this course, faculty continued to express ongoing concerns about the writing skills of students in the MSN program. This concern was born out in a review of student grades for written assignments across courses and after discussion, and review of options, the decision was made to include the English CLEP test score as part of the admission process. This requirement was implemented for the on-ground RN-MSN program in Spring 2013 and in the online RN-MSN program in Fall 2013. After implementing this change, a marked decrease in applications to the RN-MSN programs was noted. Student, faculty, and applicants to the program were queried and it became apparent the CLEP preadmission requirement was seen as a barrier and it was not addressing the concern regarding how to improve the RN student writing skill. After an exploration of potential options and in consultation with other nursing programs, faculty reviewed MyWritingLab, http://www.pearsonmylabandmastering.com/northamerica/mywritinglab/. This is an online program that reviews a student's writing ability and provides personalized feedback based on skill level and learning style. Providing this type of individual attention, MyWritingLab is designed to improve students' writing by offering personalized and adaptive instruction, with integrated learning aids that foster student understanding of skills and ideas. The MyWritingLab program has been adopted for implementation in Fall 2014 and an evaluation of its impact on 1) student mastery of the prescribed writing competencies, 2) student and faculty satisfaction with the program, and 3) success in subsequent courses will be completed over a two year pilot program.

DNP

DNP program participates in the ongoing SONHP evaluation process that includes course and teaching evaluations each semester. For instance, based on student feedback regarding the challenges of the Finance course NURS 763-Management of Financial Resources, a one unit on-line optional course NURS 762-Financial Resource Management was developed to help students prepare for NURS 763-Management of Financial Resources. Feedback from the students has been positive as they report that they were better prepared for the required sequence. DNP faculty completed a curriculum review using the *DNP Essentials* as part of continuous quality improvement and used the comparison crosswalk for ongoing review (Appendix X). In addition, the EL-DNP faculty used the AACN-AONE Crosswalk (Appendix W) as foundational in their consideration of coursework. Together these comparisons, along with student input resulted revisions to the for Evidence Based Practice and Data Analysis courses such that they better reflect the rigor of doctoral level work.

Now that there have been two cohorts graduated from the FNP sequence, a faculty and student work group are reviewing all of the course, clinical, and preceptor evaluations in relation to the content, unit objectives, grades, as they are or are not linked to student and employer satisfaction and certification pass rates. This comprehensive evaluation and will be completed

by the Spring 2015. Recommendations will be considered by the IPCBHD faculty and once approved sent to the SONHP curriculum committee for implementation. The NONPF crosswalk with the Essentials continues to inform ongoing review (Appendix Y).

Post-Graduate Certificate

Two students have completed the Post-Graduate Certificate. As part of the self-study work, the processes that are in place to recruit, evaluate past academic work, plan a program of study, monitor progress, and document outcomes were reviewed. Because students take their courses with the DNP students, it was not always apparent who was in a certificate program versus a specific DNP track. As a result of this review, a streamlined approach has been developed and method to follow and document progress should make the work of implementing the program more effective as the student numbers grow.

Standard IV
Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

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

- *is written, ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response:

The SONHP Evaluation Plan (Appendix C) provides the framework for a systematic evaluation of SONHP programs. The plan continues to undergo revisions as national standards and professional expectations alter and programs are added to the school and is managed by the SONHP Program Evaluation Committee (PEC). For the BSN, MSN, and DNP programs, **completion (graduation) rates, NCLEX pass rates, certification, and employment rates** are collected and used to monitor program effectiveness. In addition, specific evaluation data are solicited from 1) **students,** regarding a) **satisfaction** with **faculty teaching** using the university standard SUMMA evaluation tool, and b) **satisfaction** with **courses** using an online tool and, 2) **graduates** regarding their **satisfaction** with the programs and their achievements; and, 3) **satisfaction** of **employers** of the USF graduates.

Current Students

Evaluations of Instructor Effectiveness (SUMMA)

Student satisfaction is part of the student evaluation of instructor effectiveness. As outlined by the USFFA contract, students complete a SUMMA evaluation for each instructor in each class at the end of each semester. Student satisfaction is considered a "whole" metric, composed of several subparts. However, in particular, SUMMA questions #18 "In this course I am learning much" and #22 "Overall, I rate this instructor a good teacher" are used by the university to gauge student satisfaction with teaching. The results of these student evaluations provide feedback for faculty that enable them to focus their efforts on improved teaching and are used as part of the hiring, tenure, and promotion process.

Evaluations of Courses

Students evaluate all of their courses and clinical experiences (Course Evaluation) using an online evaluation form. Pre-licensure (BSN, ME-MSN) students evaluate clinical courses in the fall term and didactic courses in the spring. RN-MSN and DNP students evaluate all courses at the end of each semester. To assess students' overall satisfaction with an individual course, the final question from each section of the survey provides insight into the students' perceptions and

level of satisfaction. (e.g. Syllabus: "Overall, an essential course resource for me;" Tests and Assignments: "Overall, fair and acute test of my learning in this course"). The online nature of the evaluation process enables timely access to information that can be used in the immediately subsequent semester.

The evaluation results are reviewed by the individual faculty responsible for the course and if 30% or more of a class is discontent with a particular item (rating an item in the two lowest categories: disagree or strongly disagree for positive stems, and strongly agree or agree for negative stems), the evaluation of the courses is determined to be below the positive threshold of 70%. This requires that a plan of action to improve satisfaction be completed using the Faculty Threshold Review (FTR) form, which must be submitted to the Program Department Chair as well as the PEC.

The PEC sends a summary of FTRs to respective departments chairs in order to facilitate a collective program review that goes beyond individual courses. Recommendations for curricular change go to the SONHP Curriculum Committee with faculty from all departments and students who work together to review ongoing issues including feedback from clinical facilities and communities of interest, and university initiatives.

The evaluations of faculty by students (SUMMAs) are returned to the Dean of the SONHP. The SUMMA ratings figure prominently in the Academic Career Prospectus (ACP), the evaluation process and planning mechanism for faculty. The (ACP) scores that are below the school and university trigger a focused conversation with the Dean about teaching and exploration of the steps to be taken to improve outcomes and increase student satisfaction.

Students & Alumni

Completion (Graduation) Rates

Program completion rates provide an important measure of program effectiveness. Programs monitor the progression and completion data for students on an ongoing basis in conjunction with the USF Academic and Enrollment Services division. USF uses *Banner* for student records. The School's student management system is Project SONHP (P-SONHP). Banner data are fed into this student management system to enable reporting for SONHP staff.

Because of difficulties in projecting exactly how many students will be requiring clinical placements in any given semester, a "Progression Report", which provides a snapshot of student status through the programs at the individual, cohort, or program level, is in development in P-SONHP and will be available to staff in late August. In addition, a new "smart" form for tracking doctoral student progress is under development with the assistance of ITS. This form, the DNP Milestone Form, is being designed to provide a workflow from student to faculty advisor to administrative staff in order to record approval of doctoral milestones, such as membership of the student's doctoral committee, or passing of national certification exam, in an efficient manner. Both of these reports will be available for viewing in the resource files.

Licensure and Certification Rates

NCLEX-RN exam results for individual students are received from the CA-BRN every quarter and are filed in a protected folder on the file server. Staff are in the process of adding NCLEX

results to individual student records in P-SONHP so all outcome data are stored in one location. Testing result summaries for the CNL Certification Exam are received quarterly from the Commission on Nurse Certification and are filed in the protected folder on the file server. These are aggregate results only, not individual results. Receipt of certification data from ANCC is variable. However, because all DNP students must secure national certification as part of their program of study, they are responsible for providing verification of certification to their faculty advisors and the DNP Program Assistant. These data are maintained in the individual student files and are also in the process of being added to P-SONHP.

Graduate Survey
The USF Graduating Student Survey, coordinated by the Office of Institutional Trend Analysis, is conducted and summarized every spring. The survey instrument assesses students' education, work, and living experiences while at USF; attitudes about individual, ethnic, and religious differences; satisfaction with various USF facilities and services; attitudes about education at USF; volunteer services, internships, and community service learning at USF; and plans after graduation.

USF Alumni Survey
USF alumni surveys are designed to query graduates about how well USF educated them to "change the world." An online survey of recently graduated alumni is conducted by the Center for Institutional Planning and Effectiveness every spring semester. Approximately 10,000 alumni residing in the United States receive a postcard and/or an email message inviting them to participate in the survey. This survey is the main tool for gathering information on employment rates and time to employment for recently graduated students. This recently revised survey now asks students to provide details about their clinical area of employment and types of populations they work with, as well as perceptions on the value of their USF degree.

Employers
Employer Survey
A survey of employers of graduates of the nursing programs is conducted every other year in an online format. Employers are asked to report, by USF degree type, the number of nurse employees and to rate them in regards to their abilities related to safety, working collaboratively with others, acting responsibility, advocating for others, meeting the expectations of their roles, thinking critically and if they would recommend USF to someone considering a degree in nursing.

Taken together, these data provide the essential information to assure continuous quality improvement for the School.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:
- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*

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

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

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

Program Response:

USF SONHP students begin the study of nursing in their first semester of attendance. Table 8 presents a summary of expected and actual outcomes for successful performance in retention and graduation of students in all programs. Percentage of completion is calculated based upon the number of students beginning a program and the number of students graduating from that program in the projected final term.

Completion rates for BSN and MSN programs are above 70% for the past three academic years, 2011-12; 2012-13; and 2013-14. Completion rates for the DNP program for the most recent year is above 70%. However, for students admitted in 2008 the rate was 68%, just missing the mark. The applicant pool was not strong and the actual numbers of DNP admits that year was low (17) and there were a number of factors that contributed to students leaving the program. Apart from losing several students because of academic disqualification, two left the program due to serious illness, one relocated with her family and two students from 2008 are still in the program, hoping to graduate in 2015.

Table 8 Summary of Completion Rates

Indicator	Expected Outcome	Outcome
Program Completion Rates	70% of all BSN students will complete the nursing program in 4 years; 85% in 5 years.	Completion rate is above 70% for the past 4 years. See data below.
	70% of all RN-MSN students will graduate in 7 semesters.	Completion rate is above 70% for the past 4 years. See data below.
	70% of all MSN/DNP admits will graduate in 10 semesters; 90% in 12 semesters.	Completion rate fluctuates between 58-77%. See data below.
	70% of APRN Certificate admits will graduate in 6 semesters.	Completion rate is above 70% for the past 2 years. See data below.

Table 9 Completion Rates by Program by Year

*Graduation Rates	Academic Year 2010-11	Academic Year 2011-12	Academic Year 2012-13	Academic Year 2013-14
BSN Program	Completion in 4 years: 77% Completion in 5 years: 87%	Completion in 4 years: 87% Completion in 5 years: 90%	Completion in 4 years: 78% Completion in 5 years: 86%	Completion in 4 years: 80% Completion in 5 years: N/A
MSN Program	Completion in 7 semesters: 76.38% Completion in 9 semesters: 89%	Completion in 7 semesters: 80.15% Completion in 9 semesters: 81%	Completion in 7 semesters: 90.00% Completion in 9 semesters: 92%	Completion in 7 semesters: 87% Completion in 9 semesters: 87%
DNP Program	Completion in 10 semesters: 77% Completion in 12 semesters 81%:	Completion in 10 semesters: 58% Completion in 12 semesters: 68%	Completion in 10 semesters: 64% Completion in 12 semesters: N/A	Completion in 10 semesters: 72% Completion in 12 semesters: N/A
APRN Certificate	N/A	N/A	Completion in 6 semesters: 100.00%	Completion in 6 semesters: 100.00%

* Individual completion data are available in Appendix Z.

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

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

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

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

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

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

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

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

Program Response:

Certification results are received from either the testing or certifying agencies, or the students themselves (in the DNP program), in order to track performance in this area. Table 10 summarizes all pass rates. Tables 11 through 14 show pass rates for each program's licensure or certification exams.

Table 10 Summary of Pass Rates

USF School of Nursing-Program Evaluation Dashboard Performance Indicators - Area: Program Effectiveness		
Indicator	**Expected Outcome**	**Outcome**
Exam Pass Rates	NCLEX pass rate is 80%	Pass rate is above 80% for 3 years. See table 11.
	CNL Certification rate is 80%	Pass rate does not reach 80%. See table 12.
	DNP Certification rate is 80%	Pass rate is above 80% for 3 years. See tables 13-14.
	APRN Certification rate is 80%	Pass rate is above 80% for 2 years. See tables 13-14.

Table 11 NCLEX-RN® Pass Rates

First -time NCLEX Pass Rate						
Program	***2011***		***2012***		***2013***	
	Testers	*Pass Rate*	*Testers*	*Pass Rate*	*Testers*	*Pass Rate*
USF – BSN	104	84.6%	158	87.3%	149	81.2%
USF – MSN	54	85.18%	65	96.92%	64	93.75%

Pre-licensure programs have NCLEX pass rates over 80% for the past three years.

Table 12 Certification Pass Rates - *CNL (Commission on Nurse Certification)*

CNL Certification					
Term	Testers	Passed	Failed	USF Pass Rate	National Pass Rate
Fall 2013 and Spring 2014	82	55	27	67.07%	82%
Summer 2013	50	33	17	66.00%	71%
Spring 2013	36	23	13	63.89%	75%
Fall 2012 and Winter 2013	54	33	21	61.11%	69%
Summer 2012	34	20	14	58.82%	74%
Spring 2012	73	44	29	60.27%	75%
Fall 2011 and Winter 2012	71	30	41	42.25%	60%
Summer 2011	32	18	14	56.25%	73%
Spring 2011	65	38	27	58.46%	68%
Fall 2010 and Winter 2011	36	17	19	47.22%	64%

The CNL certification pass rate does not meet the 80% threshold. This has generated concern among faculty and a compressive review of the curricula was undertaken to explore the factors that may

contribute to the rates. During the 2013-2014 academic year the MSN Department reviewed the 2013 CNL competencies in relation to the USF course objectives and expectations to assure that the students have the opportunities and master the these competencies. Because the data reported by CNC do not disaggregate the ME-MSN student from the RN-MSN student, faculty contacted individual students and graduates to 1) generate pass rate data by track and location, 2) discuss the student or graduates' perceptions of the exam and areas of difficulty, and 3) solicit suggestions for improving the a) acquiring the essential CNL skill-set and b) preparing for the CNL exam. This input, along with the curricula review was used by faculty to put in place a plan of action for improving certification pass rates that includes, content review, affirmation of the importance of success for students, the practice environment, and the school, strategies for test-taking, and considerations related to stress reduction. Success rates have slowly increased and faculty continue to monitor the content as well as process issues as they relate to preparing for and taking the CNL exam.

Table 13 DNP-APRN Certification Pass Rates

Certification Type	Certifying Organization	Date	# Students	Pass Rate
FNP – Family Nurse Practitioner (DNP Program)	ANCC – American Nurses Credentialing Center	2013 2014	5 1	100%
FNP – Family Nurse Practitioner (APRN Certificate Program)	ANCC – American Nurses Credentialing Center	2013 2014	1 1	100%
PMHNP – Psychiatric-Mental Health Nurse Practitioner	ANCC – American Nurses Credentialing Center		0	NA

Students in the APRN tracks of the DNP Program may not progress until they successfully complete the FNP or PMHNP certification exams. The first students completed the required FNP sequence in Spring 2013 and another group completed in Spring 2014. The pass rate for the first group is 100%, and the second group is in the process of applying for certification at this time.

Table 14 DNP Certifications (2011-2014)

Certification Type (100% pass rate for all exams)	Academic Year 2010-11	Academic Year 2011-12	Academic Year 2012-13	Academic Year 2013-14	Total Students
CENP – Certified in Executive Nursing Practice	2	15	4	4	25
CNE – Certified Nurse Educator	1	1			2
CNL – Clinical Nurse Leader	2		1	6	9
CNM – Certified Nurse Midwife		1			1
CNML – Certified Nurse Manager and Leader		1	1	1	3

CNS – Clinical Nurse Specialist		4	1	3	8
CRNA – Certified Registered Nurse Anesthetist		1			1
FACHE – Fellow of the American College of Healthcare Executives				1	1
FNP – Family Nurse Practitioner	6	12	3	5	26
NEA-BC – Nurse Executive Advanced-Board Certified		6	2	6	14

Students in the DNP Completion Program must verify that they are nationally certified in in order to advance to doctoral candidacy. As a result, all DNP graduates have some form of national certification.

IV-D. Employment rates demonstrate program effectiveness.

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.
This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:

Employment rates are collected by annual surveys to alumni. Response rate to surveys is typically close to 10%. Table 15 summarizes expected and actual outcomes. Tables 16 through 16d show data by program.

Table 15 Program Effectiveness Indicators

USF School of Nursing-Program Evaluation Dashboard Performance Indicators - Area: Program Effectiveness		
Indicator	**Expected Outcome**	**Outcome**
Employment Rates	70% of BSN students are employed 12 months after graduation.	75% of alumni reported employment 12 months after graduation. See table 16a.
	70% of MSN students are employed 12 months after graduation.	85% of alumni reported employment 12 months after graduation. See table

		16b.
	70% of DNP students are employed 12 months after graduation.	100% of alumni reported employment 12 months after graduation. See table 16c.
	70% of APRN certificate students are employed 12 months after graduation.	100% of alumni reported employment 12 months after graduation. See table 16d.

The overall employment rate for the School is a strong 85%, and employments rates for each program are above the 70% threshold as shown in the following tables.

Table 16

Time to Employment ALL PROGRAMS	
85% of nursing alumni were employed one-year post graduation	
	20% report being employed before or at graduation
	36% found employment within 3 months of graduation
	20% found employment within 6 months of graduation
	23% found employment within 12 months of graduation

Table 16a

Time to Employment BSN Program	
75% of BSN nursing alumni were employed one-year post graduation	
	9% report being employed before or at graduation
	27% found employment within 3 months of graduation
	22% found employment within 6 months of graduation
	41% found employment within 12 months of graduation

Table 16b

Time to Employment MSN Program	
85% of MSN nursing alumni were employed one-year post graduation	
	16% report being employed before or at graduation
	66% found employment within 3 months of graduation
	16% found employment within 6 months of graduation

Table 16c

Time to Employment DNP Program	
100% of DNP nursing alumni were employed one-year post graduation	
	100% report being employed before or at graduation

Table 16d

Time to Employment APRN Certificate Program	
100% of DNP nursing alumni were employed one-year post graduation	
	100% report being employed before or at graduation

The SONHP also monitors postings on LinkedIn and the employment status of graduates who post their job status and regularly checks the USF LinkedIn summary that provides overall data for graduates who are LinkedIn members. Interestingly, of the close to 60,000 USF graduates following LinkedIn, 414 work for Kaiser Permanente, 298 for UCSF and the UCSF Medical Center, 95 for Stanford Hospitals and Clinics, and 75 for Sutter Health https://www.linkedin.com/edu/alumni?id=17968&unadopted=false&companyCount=3&functionCount=3&facets=CC.1550&trk=edu-cp-com-CC-0. Since until 2013, the only health professions program offered at USF was, nursing, it is likely that the vast majority of these employees are nurses.

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

Program Response:

In addition to the required outcome data, specific evaluation input is solicited from 1) **students,** regarding a) **satisfaction** with **faculty teaching** using the university standard SUMMA evaluation tool, and b) **satisfaction** with **courses** using an online tool and, c) **satisfaction** with their USF SONHP experience as they prepare to graduate; 2) **graduates** regarding their **satisfaction** with the programs and their achievements; and, 3) **satisfaction** of **employers** of the USF graduates.

The students in the pre-licensure nursing programs are invited to participate in an exit interview in the last semester of their program. The feedback from the exit interview is written up in a summary report and provided to the leadership team for the program. This feedback loop provides students with a forum to express their experiences with clinical placements, student services, and their overall experience with all aspects of their program. The leadership team then uses student feedback as one indicator of areas to target for improvement during the next academic year. As a result of this process, pre-licensure programs have streamlined the daily communications from the School of Nursing & Health Professions into the Student Portal, which placed all pertinent announcements into

one location so students are able to refer back to the announcements as needed. Additionally, the process of collecting and maintain health requirements had a manual notification system for sending update requests to students. Through their feedback, the program has explored methods for streamlining the notification process so that students were notified in a timely manner with accurate information. As a result, students have increased access to timely notifications, which has resulted in a higher compliance rate for updating the necessary requirements. The ability for students to share their perceptions has enabled faculty and staff to understand the student's experience and enhance SONHP programs.

Expected Student Outcomes (BSN, MSN, DNP)

Satisfaction:

Student

- 80% of student rankings of faculty teaching effectiveness will be at or above the SUMMA national mean, individually and collectively
- 70% of scores for student course evaluations will be "agree" or "strongly agree" with the summary question for each section.

Graduates/Alumni

- 70% of graduates will agree with the statement "I would recommend the USF nursing program to someone considering a degree in nursing."
- 70% of graduates will agree with the statement "USF prepared me for my current role in nursing."

Employer

- 80% of employers will agree with the statement "I would recommend the USF nursing program to someone considering a degree in nursing."

Table 17 Satisfaction Outcomes

USF School of Nursing-Program Evaluation Dashboard Performance Indicators - Area: Program Effectiveness		
Indicator	**Expected Outcome**	**Outcome**
Student Satisfaction	Nursing student ranking of faculty teaching effectiveness will be above the SUMMA national mean, individually and collectively (BSN, MSN, DNP)	88-89% of faculty received scores above the mean in the past 3 years. See table 17a.
	70% of students will rate courses positively using the online course tool.	87-88 % of students rated the courses positively. See table 17a.
	66% of students about to graduate will report satisfaction with their programs and will recommend USF to others.	80-96% of students about to graduate responded positively to these questions. See table 17b.

Alumni satisfaction	70% of alumni will recommend this program to others and will feel that the USF SONHP Program prepared them for their current role in nursing.	82% of alumni responded positively to these questions. See table 17c.
	70% of graduate students will agree that the USF SONHP Program changed their understanding of nursing, changed the way they practice nursing, and was valuable in their career advancement.	73-100% of alumni responded positively to these questions. See table 17c.
Employer Satisfaction	80% of employers will show satisfaction with the performance of graduates of the USF nursing programs in their abilities to work safely, to think critically, to collaborate with team members, to communicate effectively, to identify patient needs, to act responsibly, to advocate for patients, to meet employer expectations	83% of employers rated USF graduates as "very good" to "excellent." See table 17d.

Table 17a Course and Faculty Evaluations

Student Satisfaction Measures
Course and Faculty Evaluations
88% of faculty received scores at or above the mean in 2013-14
89% of faculty received scores at or above the mean in 2012-13
88% of faculty received scores at or above the mean in 2011-12
94% of courses were evaluated by students at the "agree" or "strongly agree" with the summary question for each section of the course evaluation in 2013-14
92% of courses were evaluated by students at the "agree" or "strongly agree" with the summary question for each section of the course evaluation in 2012-13

Table 17b USF Graduating Student Survey

Student Satisfaction Measures
Fall 2013 and Spring 2014 USF Graduating Student Survey
96.4% of the SONHP students about to graduate reported that "overall, I was strongly satisfied or satisfied with my USF education."
80.5% of the SONHP students about to graduate would recommend USF to others.

Table 17c Alumni Survey

Alumni Satisfaction Measures
Fall 2013 and Spring 2014 Alumni Surveys (69 respondents)
Overall Satisfaction: 82% of alumni would likely or very likely recommend USF SONHP to others
Satisfaction
100% agreed that their USF SONHP program change their understanding of nursing
100% agreed that their program changed how they practice nursing
82% felt that USF SONHP prepared them well or very well for their current role in nursing
73% felt that their graduate degree was valuable or very valuable for advancing their career in nursing

An employer survey is conducted every other year to gather feedback on the performance of USF SONHP graduates. Alumni are asked to provide their nurse managers' contact info and an electronic survey is sent directly to the nurse managers requesting their feedback. The Fall 2012 survey of employers showed strong scores for USF graduates.

Table 17d Employer Survey

Employer Survey	
Fall 2012 (22 respondents – BSN – 55%; MSN – 36%; DNP – 14%)	
Overall Satisfaction: 83% of employers rated USF graduates as very good to excellent in the following areas:	
Work safely	90.48%
Able to critically think	72.73%
Collaborate with team members	86.36%
Communicate effectively	81.82%
Identify patient needs	80.95%
Act responsibly	85.71%
Advocate for patients	80.95%
Meet your expectations	80.95%

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

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

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

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

Program Response:

SONHP faculty outcomes in teaching, scholarship, service, and practice continue to demonstrate achievement of the School's mission, goals and expected outcomes, and enhance program quality and effectiveness of the programs in the School.

Faculty Achievement in Teaching

Teaching is the primary focus for USF and SONHP. University required SUMMA reports faculty teaching effectiveness and compares faculty individually to their unit and the university and a national norm. The results for the nursing faculty indicate that their evaluations are consistently above or meet mean scores for USF units and the national norms. Summary data by semester are available for review in the resource files.

Faculty Achievement in Scholarship
Faculty continue to be productive scholars. In the last three years faculty have published two books, ten book chapters, various professional practice/education manuals and policy papers, and 105 articles have been published or accepted for publication. Faculty have received Department of Defense and HRSA funding and private funding for immersion outreach programs to Vietnam, Latin America, and the California Central Valley, as well as nursing services to K-12 schools in the San Francisco Bay Area.

In the last three years the school received funding from the Gordon & Betty Moore Foundation, the California Institute for Nursing & Health Care, the Kaiser Foundation and the San Francisco METTA Fund for four transition to practice programs for new graduates in primary and ambulatory care and home health nursing. The Moore Foundation also funded a "scholarship project" to facilitate the dissemination plan for the success related to the transition to practice programs in ambulatory and home health settings. Four SONHP faculty have been Fulbright Scholars in the last three years (Dr. Lambton - Lebanon, Dr. Banks – Jordan, Dr. Hansen – Iceland and Dr. Prion – Vietnam). A full presentation of faculty scholarship is available for review in the resource files.

Faculty Practice and Certification
Facilitating faculty practice is a key component of advancing practice as part of scholarship. Eighty-three percent of eligible faculty are nationally certified. The increased focus on linking practice, scholarship, and teaching is a priority for the school. All faculty CVs and a listing of certifications is available for review on the resource files site.

Faculty Achievement in Service
USF is active in service and outreach to the underserved. SONHP faculty actively participate in school, university, and professional service. Several faculty are members of journal editorial boards and many serve as reviewers for professional journals. A number of the faculty hold local, regional, and national office in professional organizations. Faculty are heavily involved in USF governance and the work of the university. In addition, the faculty and the dean are well networked in the nursing community, serving as consultants and invited speakers, participating with practice partners on key health related task forces and advancing their reach and impact on the profession. A full listing of faculty service contributions are available for review in the resource files.

Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Faculty Achievement in Teaching:

- 80% of faculty will receive teaching evaluations (SUMMA) above the school and university mean
- 70% of nursing courses will be evaluated by students at the "agree" or "strongly agree" with the summary question for each section of the course evaluation

Faculty Achievement in Scholarship:

- 100% of tenured/tenure-earning faculty will demonstrate achieving in scholarship as documented by publications and/or peer-reviewed presentations within a 4 year time-frame

- 100% of APRN faculty teaching in the DNP program hold national certification in their specialty areas
- 70% of faculty hold national certification
- 25% of faculty will receive funding for scholarship within a 4 year time-frame

Faculty Achievement in Service:

- 100% of SONHP faculty will demonstrate achievement in professional service within a 4 year time-frame
- 100% of SONHP faculty will demonstrate achievement in university service within a 4 year time-frame

ACTUAL Faculty Outcomes:

Faculty Achievement in Teaching:

- 88-89% of faculty received teaching evaluations (SUMMA) above the school and university mean in the past 3 years
- 92-94% of courses were evaluated by students at the "agree" or "strongly agree" with the summary question for each section of the course evaluation in the past 2 years

Faculty Achievement in Scholarship:

- 100% of tenured/tenure-earning faculty demonstrated scholarship as documented by publications and/or peer-reviewed presentations within a 4 year time-frame;
- 100% of APRN faculty teaching in the DNP program are nationally certified in their specialty
- 88% of faculty are nationally certified
- 36% of faculty received funding since 2011

Faculty Achievement in Service:

- 100% of faculty were active in professional organizations within a 4 year time-frame
- 100% of faculty were involved in university service within a 4 year time-frame

Table 18 Faculty Aggregate Outcomes

USF School of Nursing-Program Evaluation Dashboard Performance Indicators – Area: Program Effectiveness		
Indicator	**Expected Outcome**	**Outcome**
Faculty Achievements	80% of SONHP faculty will receive teaching evaluations (SUMMA) above the school and university mean	88-89% of faculty received scores at or above the mean in the past 3 years.
	80% of courses were evaluated by students at the "agree" or "strongly agree" with the summary question for each section of the course evaluation	92-94% of courses met the threshold in the past 2 years.
	100% of SONHP tenure-earning faculty will demonstrate achievement in scholarship as documented by publications and/or peer-reviewed presentations within a 4 year time-frame	100% of tenure-earning faculty have published or presented their scholarship in peer-reviewed venues since 2011.
	100% of APRN faculty teaching in the DNP program hold national certification in their specialty areas	100% of faculty teaching in the DNP program are nationally certified.
	70% of eligible SONHP faculty will be nationally certified in a specialty	83% full-time nursing faculty are nationally certified.
	25% of SONHP tenure-earing faculty will receive funding within a 4 year time-frame	36% of SONHP tenure-earning faculty have received funding since 2011.
	100% of SONHP faculty will demonstrate achievement in professional service within a 4 year time-frame	100% of SONHP faculty are active in professional organizations.
	100% of SONHP faculty will demonstrate achievement in university service within a 4 year time-frame	100% of SONHP faculty currently contribute service to the university.

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

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

Program Response:

The School of Nursing has a policy and procedure in place in order to review formal complaints and analyze the issues. As an executive officer, the Dean is responsible to report any formal complaint to the appropriate office including the Office of General Counsel. The USF Prevention of Sexual & Other Unlawful Harassment Policy http://www.usfca.edu/uploadedFiles/Destinations/Offices_and_Services/HR/docs/PSOUH%20Policy_CURRENT.pdf and a Workplace Violence Prevention Policy http://www.usfca.edu/uploadedFiles/Destinations/Offices_and_Services/HR/Employment/USF%20Workplace%20Violence%20Prevention%20Policy.pdf spell out the steps that must be taken if there is an issue related to the perceived violation of these policies. Faculty and students may lodge formal complaints to the Human Resource (HR) Department http://www.usfca.edu/hr/ If individuals feel as if they are being singled out and harassed in accordance with the Sexual Harassment Policy at USF, they may make a formal complaint, which will be investigated by HR. If students are harassed by other students, Student Life may be contacted for follow-up http://www.usfca.edu/studentconduct/ Although these incidents are rare, if a student, faculty member or staff member feel as if they are being singled out by someone in the work place and this interferes with the work environment or their ability to perform their job, it must be reported.

Appeal Processes:
Grade and reinstatement appeals are part of the educational climate at USF. The standard in the SONHP for excellence sets the bar for nursing grades higher than for the rest of the university. That, and the policy disqualifying a student from the nursing program for failing two courses, has resulted in students routinely appealing any failing grade

1) Grade Appeal Process: If a student believes that his/her final grade for a course is 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. All parties are encouraged to 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. Students may also appeal a final grade earned in a course using the USF Grade Appeal Policy found in the General Catalog http://www.usfca.edu/Catalog/University_Policies/Appeal_Process_for_Change_of_Course_Grade/and the Fogcutter http://www.usfca.edu/fogcutter/.

2) Disqualification Appeal: When a student is academically disqualified from the SON, the Associate 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, s/he submits a completed Application for Reinstatement form to the Associate Dean and the Academic Standards Committee (ASC) schedules hearing with the student. Following a review of the relevant materials and the hearing, the committee makes a recommendation to the Dean or her designee who makes the final decision regarding the appeal. The ASC works to make recommendations that balance the issues contributing to student poor performance and the rigors of academic nursing and expectations of the profession.

The number of failures and disqualifications has resulted in a school-wide priority for early intervention when students are struggling, including additional TA support for classes, supplemental instruction and discussion sections, increased lab time and referral to CASA.

Results of the Grade Appeals and Appeals for Reinstatement for the past three years are available for review in the resource files.

This spring of 2013, one formal complaint was made against a faculty member, though not to the school or university, but to the California Board of Registered Nursing (CA BRN). The student received a failing grade in a clinical Community Mental Health course and when the faculty assigned the grade, the student made a complaint to the CA BRN about how the clinical instructor treated her. The student also lodged a grade appeal. The process was completed and the documentation of the instructor was overwhelming and the student's grade was upheld. There has been no follow-up from the CA BRN regarding the student's complaint. The USF General Counsel has been informed and will be updated as information is received. While not a formal compliant against the school or university, this situation has caused the SONHP Leadership and General Counsel to review polices and processes that are related to the SONHP student experience. Upon review, the conclusion held that guidelines provide the student, the faculty, and the school with clear expectations and procedures for due process.

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

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

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

Program Response:

The annual analysis of aggregate student outcome data provides ongoing evidence that programs are effective in achieving the expected program outcomes. Program outcomes are common across programs and are directly aligned to the *AACN Essentials*. Data from both direct and indirect measures indicate program effectiveness. Student, graduate/alumni and employer surveys provide indirect program outcome data from graduates from all programs. Evidence-based Change of Practice Projects, student portfolios, clinical evaluation tools, CNL projects, capstone evaluations and other tools provide additional direct evidence of achievement of program outcomes. On the whole, programs are successful in meeting their outcomes. However, in areas needing improvement, data are used to direct the interventions.

BSN

Analysis of the program data regarding NCLEX pass-rates, timely program completion, employment rates, student, graduate, and employer satisfaction have indicated to the faculty that the nursing program has been effective in meeting the outcomes for BSN program. However, over the last year, the BSN NCLEX pass rate has declined. And, although the rates meet the CCNE required standard, faculty believe this should be higher. Clearly USF nursing students are smart and they are able to successfully meet the course and clinical expectations, but their performance on NCLEX has not reflected their expected ability. Because of this disconnect, the BSN faculty conducted a review of the curriculum with a focus on how it maps to the *Baccalaureate Essentials* and the NCLEX Test Plan. They produced a curriculum map to track how course and clinical outcomes were linked to these standards and concluded that the curriculum is sound. This conclusion led to review of the teaching-learning environment and strategies to influence the student culture. As part of the review, a task force of the Academic Standards Committee conducted a review of literature and produced information that significant predictors of NCLEX success were the Fundaments HESI and the HESI Exit Exam.

Since the HESI Exit Exam is already used with some success in the program, it was decided that the Fundamentals HESI would be given as part of the second semester sophomore year, NURS 272, Applied Assessment and Nursing Fundamentals with a required minimum score of 850. The intent of this new policy is that, "ability to apply basic fundamental nursing concepts to patient care is a vital step in building safe, effective, quality care." This policy is intended to identify and assist students who fail to meet the minimum competency requirements early in the program in order to assure success that they progress to more complex concepts. Starting in the fall of 2014, course testing in NURS 272 will be strengthened to encourage critical thinking and student assignments will be revised such that they are aligned with mastery of the basic fundamental competencies. At the completion of the course, the Fundamentals HESI will be administered. Students who do not receive the required 850 score, will take a one-credit "Fundamentals of Nursing Review" course in the January intersession or summer that will provide intensive remediation. Re-take if the Fundamental HESI exam is part of the course and students must pass it in order to progress to the next level in the curriculum. An evaluation of this policy will be conducted over the next three years to determine the effect on 1) student achievement, 2) completion rates, 3) student and faculty satisfaction, and 4) the NCLEX pass rate. Students have been notified of this policy change and it is in the course syllabus. Faculty believe that early intervention is the best approach to improving student success. During the upcoming academic year, a continued review will be conducted of the BSN curriculum with emphasis on teaching methodologies, testing, and course placement in the curriculum. Changes will be made appropriate in response to the findings.

Data related to employment rates have provided an array of interventions. Employment opportunities for new nurse graduates in California hit a low point in 2008. However, there now seems to exist a slow recovery and more and more healthcare facilities are looking to hire new graduates. Because the SONHP monitors the trajectory of new graduates, and the concerns linked to difficulty in securing employment upon graduation became apparent in alumni follow-up, the SONHP pursued grant funding to develop and offer Transition to Practice (T2P) programs. With initial monetary support from the California Institute of Nursing & Heath Care (CINCH), (flow-through money from the Moore Foundation), the school designed and has implemented transition programs in ambulatory care to include clinics, transition care units, schools, and home health and hospice. As a result of the T2P programs, 80+ new graduates have secured employment. Because of this success and monitoring of the healthcare landscape, faculty in the school are convinced that they need to assure

that the pre-licensure curricula include preparing the nurse for the ambulatory and home health settings. Two SONHP faculty participated on the American Academy of Ambulatory Care Nursing Task Force to develop the Ambulatory Registered Nurse Residency White Paper – the Need for an Ambulatory Nurse Residency Program, 2014 https://www.aaacn.org/practice-resources/white-papers, that will be used as a roadmap for curriculum development.

MSN

Outcome data for MSN graduate success on the CNL certification exam has been of particular concern. The CNL certification pass rate does not meet the 80% requirement. This has generated a compressive review of the curricula to explore the factors that may have contributed to the rates. During the 2013-2014 academic year the MSN Department have reviewed the 2013 CNL competencies in relation to the USF course objectives and expectations to assure that the students have the opportunities and master the these competencies. From this work, the plan to improve CNL pass rates is in effect and includes: 1) requiring use of the CNL review book (King & Gerard, 2013) for NURS 628 and NURS 651, 2) assigning relevant chapters from the book to be implemented into the course requirements, 3) implementing a CNL review session for all student prior to graduation, 4) test-taking strategies and stress reduction approaches as part of the preparation for high stakes professional exams and, 5) continued focus on faculty and student scenario work related to implementing the CNL role. The CNL pass rates have begun to improve in last four quarters and faculty continue to monitor content as well as process issues as they relate to preparing for and taking the CNL exam and practice in the CNL role.

Pre-licensure pass rates for the ME-MSN program remain robust and the MSN graduates are able to secure jobs. The school was recently invited to submit an application to the Moore Foundation "Spotlight on Success" Grant Program, offered to previously funded Moore initiatives. The ME-MSN for CNLs was started with seed money from the foundation. Fourteen cohorts have been graduated from the program and the funding request is to secure the resources to seek out all 502 ME-MSN graduates to determine the job status and operationalization of the CNL role. If successful, the grant will provide invaluable data for the USF program as well as the CNL role nationally.

DNP

Graduate employment data for the DNP program and satisfaction with EL-DNP graduates in particular has been used as part of an outreach to secure community of interest input for curriculum revision and modifications in the teaching-learning environment. For instance, the program now relies on the employer sites and clinical placement liaisons to determine whether the student must complete an IRBHS application for implementation of the DNP Evidence-based Change of Practice Project. Their input made it clear that the clinical/employment sites are extremely variable and one approach was not adequate in relation to this requirement. Follow-up with the employers of DNP graduates has been a rich recruitment opportunity. It is the case that three current EL-DNP students were encouraged by colleagues at their place of work to pursue their degree at USF as a result of their working with a USF alumna.

Because of the DNP program requirement for APRN certification, the pass rates as an aggregate are not particularly helpful. However, working closely with students when they take their certification exam produces assessment information related to how the candidate perceives his/her preparation and areas of weakness. This information is captured informally and used by the Program Director to monitor course and clinical experiences and potential problem areas.

Anecdotal data from students and alumni indicted a low satisfaction in the available of international experiences. Because the pre-licensure nursing programs are sequential, it is difficult for students to take a semester to study aboard. Because the RN students in the MSN and DNP programs are usually working, it is difficult for them as well. Because international travel is so expensive, many students cannot afford to participate As a result of this feedback, a number of 2-3 week immersions have been designed by faculty as enrichment opportunities for students and as ways for them to fully explore their developing knowledge, attitude, and skills at a increasingly higher level of nursing practice. These immersions bring students together from across programs and provide both interprofessional and "inter-profession" service learning options. In the last 3 years, faculty have taken groups of student from all programs to Columbia, Cuba, Belize, Vietnam, Mexico, Korea, and the Central Valley of California. These experiences are highly rated by students and faculty and the goal is to increase the number options such that any SONHP student who would like to participate is able to do so.

USF Self-Study Appendices

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C	SON Evaluation Plan	pages 5, 16, 72
D	Board Membership	page 6
E	University Committee Membership	page 9
F	FASONHP By-Laws	page 9
G	SONHP Committee Membership	page 9
H	SONHP 2020	page 9
I	SONHP Organizational Map	page 10
J	Leadership Job Descriptions	page 10
K	Student Representatives on Committees	page 11
L	SONHP Budget	page 17
M	Faculty Development Fund Allocation	page 37
N	List of SONHP grants	page 38
O	Grid of BSN Essentials and Test Plan Elements	page 46
P	QSEN Crosswalk	page 46
Q	BSN Essentials Grid	page 47
R	CA BRN Standards for Pre-licensure Curriculum	page 49
S	NTF Criteria Mapping for USF	page 49
T	Listing of CNL posters	page 53
U	Congruency of MSN program outcomes, CNL competencies and core course content with AANC Essentials of masters education	pages 53, 70
V	CA-BRN & NP Reporting	page 51
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University of San Francisco
Self-Study Document
Appendix Files

DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420

June 3, 2014

David Stockwell, MHA
VA Northern California Health Care System
10535 Hospital Way
Mather, CA 95655

Dear Mr. Stockwell:

The Office of Academic Affiliations is pleased to inform you that the VA Northern California Health Care System has been approved as a site for the VA Nursing Academic Partnerships (VANAP) program for undergraduate nurses. Please share the information regarding your selection with your partnering school and other relevant organizations.

The locations of the approved VA health care facilities and names of the partnering schools are:

VA Partner Location	Academic Partner
Dallas, TX	Texas Women's University
Mather, CA	University of San Francisco
Miami, FL	Florida International University

An implementation conference call will be scheduled for mid-June. Call information will be provided in a separate email. All applicable VA and School of Nursing leadership are welcome and encouraged to attend. Please notify the national program office as soon as possible if the program directors will not be available to attend the conference call.

Questions regarding implementation of this program should be referred to the VA Nursing staff at the Office of Academic Affiliations: Ryan Costanzo, MCJ at Ryan.Costanzo@va.gov or 202-461-9907; Johnnie Guttery, MS (N), RN at Johnnie.Guttery@va.gov or 202-461-1482; or Mary Dougherty, PhD, MBA, MA, RN at Mary.Dougherty@va.gov or 202-461-9498.

Sincerely,

Karen Sanders, M.D.
Chief Academic Affiliations Officer, Acting

Copy: VANCHCS Nurse Executive
VANCHCS Designated Education Officer
VANCHCS VANAP Program Director
School of Nursing Dean
School of Nursing VANAP Program Director

Congruence Between BSN Program Outcomes And
USF Institutional Learning Outcomes

1. Students reflect on and analyze their attitudes, beliefs, values, and assumptions about diverse communities and cultures and contribute to the common good. ***(Critical Thinking)***
2. Students explain and apply disciplinary concepts, practices, and ethics of their chosen academic discipline in diverse communities. ***(Critical Thinking)***
3. Students construct, interpret, analyze, and evaluate information and ideas derived from a multitude of sources. ***(Critical Thinking; Quantitative Reasoning; Information Literacy)***
4. Students communicate effectively in written and oral forms to interact within their personal and professional communities. ***(Written and Oral Communication)***
5. Students use technology to access and communicate information in their personal and professional lives. ***(Information Literacy, Written and Oral Communication***
6. Students use multiple methods of inquiry and research processes to answer questions and solve problems. ***(Critical Thinking; Quantitative Reasoning; Information Literacy)***
7. Students describe, analyze, and evaluate global interconnectedness in social, economic, environmental and political systems that shape diverse groups within the San Francisco Bay Area and the world. ***(Critical Thinking)***

BSN PROGRAM OUTCOMES	**INSTITUTIONAL LEARNING OUTCOMES**
1. Work collaboratively as a member of the interdisciplinary healthcare team, utilizing effective written and oral communication, and professional behaviors to foster shared decision-making and accountability among team members for patient care outcomes.	4. Students communicate effectively in written and oral forms to interact within their personal and professional communities. ***(Written and Oral Communication)***
2. Synthesize data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.	5. Students use technology to access and communicate information in their personal and professional lives. ***(Information Literacy, Written and Oral Communication)*** 6. Students use multiple methods of inquiry and research processes to answer questions and solve problems. ***(Critical Thinking; Quantitative Reasoning; Information Literacy***
3. Participate in critical analyses of systems and utilize data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities.	3. Students construct, interpret, analyze, and evaluate information and ideas derived from a multitude of sources. ***(Critical Thinking; Quantitative Reasoning; Information Literacy)*** 6. Students use multiple methods of inquiry and research processes to answer questions and solve problems. ***(Critical Thinking; Quantitative Reasoning; Information Literacy)***

BSN PROGRAM OUTCOMES	INSTITUTIONAL LEARNING OUTCOMES
4. Advocate for social justice, equitable access to health care, and policy change through political action.	1. Students reflect on and analyze their attitudes, beliefs, values, and assumptions about diverse communities and cultures and contribute to the common good. ***(Critical Thinking)***
5. Demonstrate health care technology and information literacy to access, monitor, manage, and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.	3. Students construct, interpret, analyze, and evaluate information and ideas derived from a multitude of sources. ***(Critical Thinking; Quantitative Reasoning; Information Literacy*** 4. Students communicate effectively in written and oral forms to interact within their personal and professional communities. ***(Written and Oral Communication*** 6. Students use multiple methods of inquiry and research processes to answer questions and solve problems. ***(Critical Thinking; Quantitative Reasoning; Information Literacy***
6. Demonstrate knowledge of regulatory requirements to employ safeguards to protect the privacy of patients and their healthcare data.	7. Students describe, analyze, and evaluate global interconnectedness in social, economic, environmental and political systems that shape diverse groups within the San Francisco Bay Area and the world. **(Critical Thinking)**
7. Employ knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk, harm, and error.	7. Students describe, analyze, and evaluate global interconnectedness in social, economic, environmental and political systems that shape diverse groups within the San Francisco Bay Area and the world. **(Critical Thinking)**
8. Design, coordinate, implement, and evaluate population-sensitive care to individuals, families, and communities utilizing primary, secondary and tertiary prevention strategies in a variety of environments.	7. Students describe, analyze, and evaluate global interconnectedness in social, economic, environmental and political systems that shape diverse groups within the San Francisco Bay Area and the world. **(Critical Thinking)**
9. Incorporate caring and compassionate behaviors to demonstrate advocacy and respect for patient choice and values that are ethically and legally grounded.	1. Students reflect on and analyze their attitudes, beliefs, values, and assumptions about diverse communities and cultures and contribute to the common good. ***(Critical Thinking)*** 2. Students explain and apply disciplinary concepts, practices, and ethics of their chosen academic discipline in diverse communities. ***(Critical Thinking)***

The Program Evaluation Plan for the School of Nursing & Health Professions (SONHP) was developed to facilitate a continuous quality improvement approach to nursing and health professions programing in the school. The *Nursing Evaluation Plan* is a subset of the comprehensive school plan and focuses on the BSN, MSN DNP programs and their effectiveness in meeting the program learning outcomes of the university and the SONHP and meet the professional nursing standards and guidelines.

Standard 1: Program quality: mission and governance

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

Major Question: Are the mission and program goals being met?					
Key elements	**Sub-questions**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
1-A. The mission, goals, and expected program outcomes are: • Congruent with those of the parent institution; and • Consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	• Are the mission, goals and students outcomes of the SONHP congruent with the: • University? • Guidelines for preparation of a Nursing Professional?	Published information about the university and nursing programs, AACN essentials for BSN, MSN, DNP CA-BRN Nurse Practice Act	Review of documents Review of expected student outcomes SONHP Strategic Planning documents SONHP and Committee Annual reports	Curriculum Committee SONHP Administration Nursing Faculty	Annually
1-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect: • Professional nursing standards and guidelines; and • The needs and expectations of the community of interest.	Are the mission, goals and expected std. outcomes reviewed /revised periodically? Do the MVG reflect professional nursing standards & needs of community?	Stakeholders Alumni & employers Health care leaders Funding sources AACN Essentials	Minutes Emails/memos/letters Surveys of Employers AACN publications BRN publications SON Advisory Review info on transcripts	Faculty Curriculum Committee Program Evaluation Committee Transcripts	Minimally every five years As needed
1-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.	Are the expected faculty outcomes congruent congruent with the University and School? Do faculty know what is expected of them? Are the expectations in writing?	SUMMAs Advisory Councils Tenure & Promotion Applications Certification CBA	Surveys Meetings Minutes Memos ACPs Promotion/Tenure	SON Administration Faculty	Each semester Annually
1-D. Faculty and students participate in program governance	How do students and faculty participate in SONHP/University governance?	Committee Membership SONHP/University Minutes Meetings Student Life Memoranda	Committee Minutes Publications	Department Chairs Committee Chairs SONHP & USF Administration	Fall and spring semesters

Major Question: Are the mission and program goals being met?					
Key elements	**Sub-questions**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Do published documents reflect all aspects of the program accurately? Are documents consistent across all media?	Printed material Web sites (Student Portal) Catalog Information Sessions Syllabi Accrediting/Approval agency communication	Review of documents Review of website as needed Review Information presented in info sessions Program advertising Internet	SONHP Administration Leadership Team	Annually and each time a document is published
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals and expected student outcomes. These policies are: • Fair and equitable; • Published and accessible; and • Reviewed and revised as necessary to foster program improvement.	Are the SONHP policies and procedures consistent with those of the University? Are these policies fair to all students? Are the policies reviewed periodically to maintain program effectiveness?	Published material: catalog, website, brochures and flyers Student Handbooks SONHP Student Portal	Review of documents Student handbooks Catalog Review of policies	SONHP administration Department Chairs/Program Directors Committee Chairs Faculty	Annually and as new policies are developed

CABRN 1424 (a & b); 1428 (a)

Standard II: Program Quality: Institutional Commitment and Resources

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

Major Question: Are there sufficient human and material resources to meet the expected program outcomes					
Key elements	**Sub-question**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	Are fiscal resources adequate to meet SON expected outcomes on campus, in the branch campuses and on-line? Are physical and human resources sufficient to meet needs of students, faculty and departmental activities?	Budget Instructional/program accounts LRC Fees Tuition Physical facilities SONHP Staff & Faculty Clinical Sites	Administrative financial reports Planning and Budget annual review process Surveys SONHP evaluations	SONHP Administration Business and Finance Manager	Monthly
II-B Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Are there sufficient academic support services to meet the needs of the SONHP and the expected student outcomes?	SONHP Student Services USF Student & Academic Services Library Technology Advising services, admission, research support	Exits interviews Student feedback & evaluation Faculty minutes ACPs	University Institutional Evaluation SONHP ongoing evaluation	Annually
II-C. The chief nurse administrator: _ is a registered nurse (RN); • holds a graduate degree in nursing; • holds a doctoral degree if the nursing unit offers a graduate program in nursing; • is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; • is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and • provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	What are the academic preparation, leadership ability, management capability and administrative support of the Dean, the chief nurse administrator the SONHP?	CV Leadership Council in SONHP	Review of CV of Dean BRN verification Minutes of Provost Council meetings Dean's participation in university leadership Leadership Council Minutes	SONHP Administration	Annually

Major Question: Are there sufficient human and material resources to meet the expected program outcomes					
Key elements	**Sub-question**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
II-D. Faculty are: • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach.	Is there a sufficient number of FT and PT faculty prepared academically and clinically for he areas in which they teach?	Class Schedules Faculty CV	Review of documents ACPs	SONHP Administration	Annually
II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.	Are clinical preceptors academically and clinically qualified for he areas in which they teach?	CV References Evaluations Preceptor Database	BRN verification References	SON Administration	Upon appointment
II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Is the academic environment supportive and encouraging of teaching, service and scholarship for faculty?	CIT lab Center for Teaching Excellence SUMMAs University Awards Faculty development funds FT/PT	Surveys Publications Budget ACP/ATP	SON Administration	Annually As needed

CABRN 1424 (d),(e), (h),(i), (k); 1425, 1425(a) , (b), (c). (d),(e), (f), ; 1425.1(b), 1425.1(c), 1425.1(d), 1426.1, 1426.1(a), 1426,1(b), 1426.1 (b)(2), 1426.1(b)(3), 1426.1(b)(4), 1426.1(b)(5), 1426.1(b)(6), 1426.(b)(7); 1426.1(c)

Standard III: Program quality: Curriculum and Teaching-Learning Practices

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

Major Question: Do the learners in their respective programs demonstrate the expected behaviors at the completion of their course of study					
Key elements	**Sub-question**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
II1-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.	Do the expected student learning outcomes for each course in our curriculum reflect the mission and goals of the university and the SONHP?	Course Syllabi Course outcomes SONHP program outcomes University M & G statements	Review of syllabi for courses Student work Clinical agencies' feedback Alumni surveys Employer surveys	SONHP Administration Department Chairs Faculty	Each semester Yearly Every 2 years
III-B Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). • Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). • Master's program curricula incorporate professional standards and guidelines as appropriate. a) All master's degree programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b) All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). • Graduate-entry program curricula	Do the BSN, MSN, DNP, DNP /FNP programs prepare graduates to function in the role for which we are saying they are prepared? Are the BSN, MSN, DNP, DNP /FNP graduates prepared based on the essentials established by the AACN and the NONPF criteria? Do the students demonstrate evidence of having met the learning outcomes of the courses they take?	Course Syllabi Review of course objectives and content Course evaluations Student work Student/graduate clinical practice Graduate success on licensure and certification exams Graduate employment	Teacher-made tests Standardized testing Student work Clinical practice NCLEX/Certification exams Curriculum review and content analysis Student/graduate surveys Alumni surveys Employer surveys	Curriculum Committee Faculty Department Chairs Evaluation Committee	Each semester Pre-licensure clinical courses every fall Pre-licensure didactic courses every spring Yearly Every 2 years

incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines. • DNP program curricula incorporate professional standards and guidelines as appropriate. a) All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. b) All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012). • Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012).					
III-C. The curriculum is logically structured to achieve expected student outcomes. • Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level	Does the individual program progress in a logical manner meeting the outcomes identified in the courses and in the program? Are the nursing support courses strong and appropriate? Does each of the nursing programs build on and incorporate the essential knowledge, attitudes, and skills of appropriate lower level of education and practice?	Program outcomes; course outcomes; weekly/daily expectations Clinical practice Employment Licensure and certification	Tests, Assignments, Clinical expectations, NCLEX/Certification exams Student achievements Graduate school admission & attendance	Faculty Department Chairs Curriculum Committee Student Services Alumni reports	Each semester Quarterly Yearly

nursing competencies and knowledge base.					
Major Question: Do the learners in their respective programs demonstrate the expected behaviors at the completion of their course of study					
Key elements	**Sub-question**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Are the teaching learning processes for each program and course consisted with expected achievement of the learners? Are classroom/online environments conducive to the learning teaching process?	Review of teaching methodologies: LMS. Instructional media, etc. Space USF/SONHP support services	Course evaluations Testing NCLEX/Certification pass rates SUMMAS Student work Clinical performance Employment	Faculty Curriculum Committee Evaluation Committee SONHP Administration	Each semester
III-E. The curriculum includes planned clinical practice experiences that: • enable students to integrate new knowledge and attainment of program outcomes; and • are evaluated by faculty.	What are the expectations of employers of our graduates and of the students entering the programs? Are expectations of students met by the programs?	Dean's Advisory Council Employers of alumni Clinical agencies Student feedback Informal meetings with the Deans	Forums Focus groups Course & clinical evaluations Alumni surveys Employer surveys	Dean Associate Deans Faculty SONHP Administration	Each semester Annually At graduation Yearly Every 2 years
III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	Are the course/program expectations measured to determine student progress and outcomes? Are students made aware of the measured to be used to evaluate their progress /outcome in the program?	Syllabi Testing materials Evaluation instruments: clinical and didactic Student Handbook	Testing Standardized tests NCLEX Clinical evaluation Simulated clinical experiences SON Alumni Board Nursing Advisory Board	Faculty Department Chairs Graduates Dean Associate Deans	Each semester Annually At graduation Yearly At board meetings
III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and	How often are clinical and didactic courses evaluated?	Course evaluations Faculty evaluations ACP for FT faculty ATP for PT faculty	SUMMAs Course evaluations Student evaluation and clinical evaluation: quizzes, midterms, finals, standardized tests, performance evaluation tools	Department Chairs Faculty SONHP	Every semester Clinical: Each semester Didactic

consistently applied.				Administration	courses: Each year
III-H Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Are the course and clinical evaluations used to make changes and improve courses and learning environment?	Course evaluations Faculty evaluations	SUMMAs Course evaluations Student evaluation and clinical evaluation: quizzes, midterms, finals, standardized tests, performance evaluation tools	Department Chairs Faculty SONHP Administration	Every year Ongoing

CABRN 1424(g), (k), 1425(f); 1425.1(a); 1426(b),(c), (d), (e), (f), 1427(a),(b),(c),(d)

Standard IV: Program Effectiveness: Student Performance and Faculty Accomplishments

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

Major Question: Do the nursing programs accomplish what they say they will?					
Key elements	**Sub-question**	**Sources**	**Methods of Data Collection**	**Assessment Responsibility**	**Assessment Frequency**
IV-A. A systematic process is used to determine program effectiveness.	Are there process in place to secure relevant data?	Retention & Graduation Rates Course & Clinical Grades Employer Surveys Student achievement on standardized tests, NCLEX, credentialing exams, qualifying tests and project completion Progression to graduate school rate Graduate Scholarship Employer Information Satisfaction Rates	Registrar Report Course grades; GPA Certification NCLEX rates Satisfaction Surveys (Students) Employment Rates Satisfaction Surveys (Graduates) Satisfaction Surveys (Employers)	Program Directors Department Chairs Faculty SONHP Administration	Each semester Quarterly Every semester Yearly Every 2 years
IV-B. Program completion rates demonstrate program effectiveness.	Is the completion rate 70% or higher for all programs? 70% BSN in 8 semesters;	Retention & Graduation Rates Post-graduate certificate completion rates	On-time Progression Graduation/Completion Rate	Registrar Program Assistants	Each semester Annually

	85% in 10 semesters 70% of MSN in 7 semesters 70% DNP in 10 semesters; 90% in 12	Average graduate GPA Completion time period specified for each program			
IV-C. Licensure and certification pass rates demonstrate program effectiveness.	Are the NCLEX and certification rates 80% or higher for all programs? Are certification rates 80% or higher for CNL certification? Are certification rates 80% or higher for APRN certification?	NCLEX pass rates for BSN & ME-MSN program CNL Certfication Rates FNP & PMHNP Certification Rates All post-graduate certification rates	NCSBN Quarterly Report ANCC Certifcation Report CNC Certification Report Graduate self-reports	Program Directors Department Chairs Faculty SONHP Administration	Each semester Quarterly Before progressing to final DNP semester
IV-D. Employment rates demonstrate program effectiveness	Are the employment rates 70% or higher for all programs?	Alumni Employers	Graduate Surveys Employer Surveys LinkedIn Employment Report	USF Administration Program Assistants	Each semester Annually
IV-E. Program outcomes demonstrate program effectiveness	What are the additional outcomes used to demonstrate program effectiveness?	Student, graduate, employer satisfaction Graduate success and productivity	SUMMAs Satisfaction Surveys (Students) Employment Rates Satisfaction Surveys (Graduates) Satisfaction Surveys (Employers)	SONHP Administration Department Chairs Program Evaluation Committee	Every semester Yearly Every 2 years
IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.	How do the faculty outcomes in service, scholarship, practice and teaching enhance the SONHP mission and goals?	Faculty ACPs, promotions, tenure informaton Scholarly work Faculty practice employers Faculty evaluations	Scholarly work by faculty Faculty feedback in ACPs and promotions/tenure packets Faculty activity in service Research/research grants SUMMAs Faculty CVs	SONHP Administration ACP Faculty	Annually

IV-G. The program defines and reviews formal complaints according to established policies.	How is data gathered from formal complaints made by students used to advance program effectiveness?	Grade appeals and disqualification reinstatement appeals Course grades Lunch with the Deans	Appeal letters Reinstatement forms Written complaints/letters	Department Chairs Faculty SONHP Administration	Each semester Annually
IV-H. Data analysis is used to foster ongoing program improvement.	What actions need to be taken to maintain and/or improve our effective program outcomes?	Course evaluations by students Evaluation of course by faculty Feedback from employers Exit interviews	Evaluations Alumni surveys Exit Interviews Employer surveys	Evaluation Committee Department Administrators Program Directors	Annually At graduation Every two years

CABRN 1424 (b) (1),(2)

SONHP Alumni Board

NAME	Org	Address	City	State	Zip	PH	
NAME	**Graduateion Year**	**Address**	**City**	**State**	**Zip**	**PH**	**Email Address**
Rita Widergren	66	479 Fairway Drive	Novato	CA	94949-5852	415.456.5956	som52@comcast.net
Patti Ross	64	11121 Enchanto Vista Drive	San Jose	CA	95127-1346	408.718.1714	pdrossfnp@aol.com
Irene Lewis	65	432 Lanyard Drive	Redwood City	CA	94065-1007	415.235.5846	Irene.Lewis@sjsu.edu
Mary Ann Anderson	66	162 Crestview Drive	Orinda	CA	94563-3922	925.253.4764	andymaryanne@gmail.com
Kathy Brown	70	7 Aliso Way	Portolla Valley	CA	94028-7526	650.854.5094	kathyfbrown@gmail.com
Maureen O'Hara	72	1020 Pine Street	Menlo Park	CA	94025-3405	650.325.7665	maureenohara2008@comcast.net
Lisa Sabatini	83	940 Gull Avenue	Foster City	CA	94404	650.740.4584	lmsabatini@usfca.edu
Elizabeth Dito	97	183 Saint Germain Avenue	San Francisco	CA	94114-2131		Ditoe@medicine.ucsf.edu

Nursing Advisory Board

NAME	Org	Address	City	State	Zip	PH	
Dennis Kneeppel	Saint Francis Memorial Hospital	900 Hyde St	San Francisco	CA	94109		dennisk@dignityhealth.org
Madonna Valencia	Laguna Honda Hospital	375 Laguna Honda Blvd	San Francisco	CA	94116		madonna.valencia@sfdph.org
Sheila Antrum	UCSF Medical Center	505 Parnassus Ave	San Francisco	CA	94131		Sheila.Antrum@ucsfmedctr.org
Peggy Cmiel, RN, MBA	Chinese Hospital	845 Jackson Street	San Francisco	CA	94113		peggyc@chasf.org
Patricia Gooch, MSN, RN	Doctors Hospital of Manteca	1205 East North Street	Manteca	CA	95336		pidge.gooch@tenethealth.com
Deborah Avakian	UCSF Medical Center	130 Dorantes Avenue	San Francisco	CA	94116		Deborah.avakian@ucsfmedctr.org
Ed Chow		285 Topaz Way	San Francisco	CA	94131		eacmd63@yahoo.com
Colleen McKeown		1365 Campus Drive	Berkeley	CA	94708		Colleen.mckeown@kp.org

MPH Advisory Board

Barbara Garcia	San Francisco Department of Public Health	Barbara.garcia@sfdph.org	Faye DeGuzman	faye.deguzman@sfdph.org			
Dr. Jane Gurley	Medical Reporter/Columnist for SF Chronicle	jan_gurley@hotmail.com					
Dr. Mark Smolinski	SKOLL GLOBAL HEALTH THREATS FUND	mark@skollglobalthreats.org					
Dr. David Vlahov	UCSF Dean of Nursing/Epidemiologist	david.vlahov@nursing.ucsf.edu	Mike Hensler	mike.henseler@	415-476-1805		
Dr. Nirmal Patel	Head of Occupational Health - CISCO	nirmapat@cisco.com	Maria Glenn Padilla	mglennpa@cisco.com			
Mary Lou Licwinko, JD, MHSA	Executive Director/CEO of the San Francisco Medical Society	mll@sfms.org					
Amanda Lesky	Food Education Project (Berkeley, CA)	learn@foodedproject.com			415-500-7776		
Jacquelyn Duerr, MPH	APHA North						
Adrianne Davis, MPH	Kaiser Santa Rosa						
Ellen Shaffer , MPH	Director, Food Education Project						
Judy Li	UC Berkeley	jnli@berkeley.edu					

Informatics Advisory Board

Ruth Amos	Ernst & Young	ruth.amos@ey.com	916-458-2667				
Barbara Ficarra	Health in 30	b.ficarra@healthin30.com					
Manuel Lopez	Bay City Capital	manuel@baycitycapital.com					
Josh Nesbit	Medic Mobile	josh@medicmobile.org					
Connie Taylor	Stanford Hosiptal and Clinic	cotaylor@stanfordmed.org					

Psyd/Behavioral Health Advisory Board

Suzanne Guirado	Sutter Health CPMC	GiraudS@sutterhealth.org					
Katie Albright	Child Abuse Prevention Center	katie.albright@sfcapc.org					
Lance Toma	API Wellness	lance@apiwellness.org					

USFFA COMMITTEES

DISTINGUISHED RESEARCH AWARD: Elizabeth Cooper

DISTINGUISHED TEACHING: Anna Kwong, Alexa Curtis

GRIEVANCE: Robin Buccheri

INNOVATION COMMITTEE: Elizabeth Cooper

JOINT UNIVERSITY LIBRARY COMMITTEE: Eben Howard (May need a replacement with Orange County and USF)

PARKING: Candace Campbell (will ask)

UNIVERSITY PEER REVIEW: Greg DeBourgh, Meera Nosek

USFFA APPEALS: Enna Trevathan

UNIVERSITY Core Area Committees

Core A Foundational Communication: need replacement
Core B Math & Science: need replacement Margaret Hansen sabb 2014-15
Core C Humanities: Tim Godfrey
Core D Philosophy & Theology: Octavia Struve
Core E Social Science: Amanda Aaronson
Core F Visual Performing Arts: Mary Lou De Natale need replacement

UNIVERSITY COMMITTEES

ACADEMIC HONESTY COMMITTEE: Chenit Ong-Flaherty

BOARD OF TRUSTEES UNIVERSITY LIFE COMMITTEE: Courtney Keeler

CENTER FOR TEACHING EXCELLENCE: Gregory De Bourgh and Susan Prion

FLU NEAR YOU INITATIVE: Marie-Claude Couture

GRADUATE PROGRAMS: need replacement

HONORARY DEGREE COMMITTEE: Mary Lou De Natale

INTERDISCIPLINARY COMMITTEE ON AGING ISSUES: Mary Lou De Natale

IRBPHS: Christina Purpora and need replacement Brian Budds or Marie-Claude Couture

JESUIT GRANT COMMITTEE: Tim Godfrey

JOBS TASK FORCE INITIATIVE: need replacement (clarifying if this is ongoing committee)

JOINT HOUSING COMMITTEE: Shayne Mason

LEARNING TECHNOLOGIES COMMITTEE: Juli Maxworthy

McCARTHY CENTER STEERING COMMITTEE: Susan O'Neill

MORTGAGE COMMITTEE: need replacement(clarifying if this is ongoing committee)

ORIENTATION TO THE MAJOR: Susan O'Neill

PRESIDENT's ADVISORY COMMITTEE ON THE STATUS OF WOMEN: Courtney Keeler

ST. MARY's ETHICS COMMITTEE: Timothy Godfrey (Not a University Committee)

UNIVERSITY ASSESSMENT STEERING COMMITTEE: Susan Prion

UNIVERSITY DISABILITY ISSUES COMMITTEE: Kim Cox

UNIVERSITY DIVERSITY COUNCIL: Anna Kwong

UNIVERSITY INFORMATION TECHNOLOGY SERVICES: William Bosl

UPWARD BOUND: Laureen Turner

USF COMMITTEE ON CHILDREN AND YOUTH: Helen Nguyen, Mary Seed (John Hurley, Erica Arana)

USF TASK FORCE FOR STUDENT WELLNESS: need replacement (MPH recommended)

USF VIOLENCE PREVENTION: Barbara Sattler

WELLNESS STEERING COMMITTEE FOR STAFF - Marie Claude Couture

SONHP STAFF ON UNIVERSITY COMMITTEES

Alumni Mentorship Committee Lisa Sabatini

Commencement Committee Tom Wade

Council of Associate Deans Pat Lynch, Wanda Borges

Data Governance Committee need replacement

Desktop Computing Subcommittee need replacement

Enrollment Projections Committee Pat Lynch, Wanda Borges, Mary Kate Wood

Graduate Admissions Council Susana Torres

New Student Orientation Committee Justin Moore

Next Steps committee Justin Moore

Student Success Workshops Committee Justin Moore

University Diversity Committee Susana Torres

University Events Committee Michelle Potthoff

University Homepage Committee Michelle Potthoff

Web Track Advising Committee Justin Moore

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

By-Laws of the School of Nursing and Health Professions Division

I. Name

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

II. Objectives

(A) To identify issues and represent FASONHP members in collective bargaining.

(B) To coordinate the educational and academic activity in the School of Nursing and Health Professions.

(C) To maintain open and effective channels of communication between the School of Nursing and Health Professions Faculty and other educational units within the University; between the Faculty and USFFA Policy Board; between the Faculty and the administrative officers of the School of Nursing and Health Professions; between the Faculty and students of the School of Nursing and Health Professions; and between the Faculty and the personnel of clinical agencies and the surrounding community.

(D) To stimulate and foster leadership in nursing and nursing education.

(E) To identify and review current and/or ongoing issues relative to the USF School of Nursing and Health Professions Faculty and the School of Nursing and Health Professions, and work toward their solution.

(F) To identify and review current and/or ongoing issues relative to the USF University and the School of Nursing and Health Professions, and work toward their solution.

(G) To plan, recommend and implement curricular goals which meet the educational needs of students.

(H) To promote the ongoing development of faculty in the areas of teaching, research and community and professional service.

(I) To implement an ongoing program evaluation and recommend any revisions that may be indicated as a result of such an evaluation process.

(J) To facilitate the peer review process of faculty related to tenure and promotion.

(K) To facilitate the development of policies related to the admission, progression and disqualification of students in the School of Nursing and Health Professions.

(L) To perform all other functions as necessary under these by-laws, the Constitution of the Faculty Association, and the Collective Bargaining Agreement.

III. Membership

(A) Membership in FASONHP shall consist of all faculty who hold full-time appointments in the School of Nursing and Health Professions and who are members in good standing of the USF Faculty Association.

(B) All members have voting privileges unless otherwise designated in either the USF Faculty Association Bargaining Agreement or in these by-laws.

(C) Selected but non-voting committee participation privileges are extended to part-time faculty and nursing students.

(D) Nursing students appointed by the Nursing Student Council, as representatives of their constituency, attend School of Nursing and Health Professions Department meetings, Curriculum Committee meetings and Program Evaluation Committee meetings. Nursing students may be invited by the chair of the Academic Standards Committee to attend Academic Standards Committee meetings. Nursing students may also attend faculty meetings upon invitation.

IV. Officers

(A) The officers of FASONHP shall be:

(1) A Faculty Chairperson, who shall be an elected faculty member from the School of Nursing and Health Professions, who may serve as an alternate on the USFFA Negotiating Team.

(2) A Faculty Vice Chairperson, who shall be an elected faculty member from the School of Nursing and Health Professions, who may serve as an alternate on the USFFA Negotiating Team.

(3) Policy Board Representatives as designated by the Constitution and Bylaws of the USFFA, shall be elected faculty member(s) from the School of Nursing and Health Professions, who shall serve as the USFFA Grievance Committee representative and on the USFFA Negotiating Team.

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

(1) The Faculty Chairperson shall:

(a) preside at all Full Faculty, FASONHP and Executive Council meetings.

(b) prepare the agendas for Full Faculty, FASONHP 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.

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

(d) cancel meetings in the event there are no agenda items, or for other reasons deemed necessary.

(e) coordinate assignments among and between School of Nursing and Health Professions committees and University committees.

(f) send and answer correspondence related to FASONHP.

(g) attend and participate in other School of Nursing and Health Professions activities/meetings as required and expected of this role.

(h) coordinate the work of the standing committees in relation to their specified functions.

(i) publish notices for special meetings to all members.

(j) serve as an alternate for the Policy Board Representative on the Negotiating Team for the USFFA.

(2) The Faculty Vice Chairperson shall:

(a) assist the Faculty Chairperson as necessary in presiding at Full Faculty, FASONHP and Executive Council meetings.

(b) preside at Full Faculty, FASONHP and Executive Council meetings in the absence of the Faculty Chairperson.

(c) answer correspondence as requested by the Faculty Chairperson.

(d) coordinate social functions within the School of Nursing and Health Professions.

(e) set due date for FASONHP dues at the beginning of the Fall semester.

(f) collect yearly FASONHP dues.

(g) devise and maintain a budget for such expenditures.

(h) consult with Faculty Chairperson on matters pertaining to funds as needed.

(i) serve as an alternate for the Policy Board Representative on the Negotiating Team for the USFFA.

(j) in the event that the Chair of the FASONHP is unable to fulfill his/her duties, the Vice Chair of the FASONHP will serve as Chair for the remainder of the elected term, or pending a new election.

(3) The USFFA Policy Board Representatives shall:

(a) attend USFFA Policy Board meetings.

(b) give an overview of the USFFA, FASONHP and their officers, and the Collective Bargaining Agreement to new faculty within the first semester of employment.

(c) provide USFFA Policy Board reports at FASONHP meetings.

(d) serve on the USFFA Grievance Committee and shall represent FASONHP members in the grievance process.

(e) serve on the Negotiating Team for the USFFA.

(f) clarify the rights of each FASONHP member under the current Collective Bargaining Agreement.

(g) in the event that the Vice Chair must serve as Chair of the FASONHP because the elected Chair cannot fulfill his/her duties, the Policy Board Representative of the FASONHP will serve as Vice Chair for the remainder of the elected term, or pending a new election.

(C) Terms of Office: All officers of FASONHP shall serve for three years. They may be re-elected.

V. Department Chairpersons

(A) Each Department shall have a Chairperson or Co-Chairs, elected by the FASONHP members.

(1) the department chairperson shall:

(a) see Article 25 in the 2011-2016, 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.

(b) provide reports as needed at FASONHP meetings.

(c) serve as a member of FASONHP Executive Council.

(B) Term of Office: All Department Chairpersons shall serve for three years. They may be re-elected.

VI. Executive Council

(A) Membership

(1) The Executive Council shall be composed of the Faculty Chairperson, the Faculty Vice Chairperson, the Policy Board Representative, Department Chairpersons 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, and 6) Simulation Committee. The Faculty Chairperson will invite the Dean and/or Associate Dean to attend meetings at the direction of the Executive Council.

(B) Purpose

(1) The purpose of Executive Council meetings is to discuss matters related to the objectives of FASONHP as outlined in these by-laws.

(C) Meetings

(1) The Executive Council shall hold meetings as needed during the academic year. Meetings are open to all FASONHP 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.

(D) Minutes:

(1) Minutes will be 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.

VII. Election and Recall Procedures

(A) Election Procedures:

(1) The Faculty Chairperson shall conduct all necessary election of FASONHP Officers and Department Chairs according to the procedures outlined in this Article.

(2) 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 FASONHP Officers in place for the Fall semester.

(3) When an unanticipated vacancy occurs, the Executive Council shall immediately appoint an individual to serve in an interim capacity.

(4) The Faculty Chairperson begins the election procedures for a given office by polling the constituency, soliciting names of eligible individuals interested in serving. USFFA Officers of FASONHP shall be restricted to full-time faculty. The polling procedure shall be initiated not less than two (2) weeks prior to the circulation of the ballot.

(5) The Faculty Chairperson shall issue ballots to all eligible to vote. All full-time faculty are eligible to vote.

(6) 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.

(B) Recall Procedures:

(1) Each FASONHP Officer, Department Chair and Committee Chairs are 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.

(2) The Executive Council shall conduct all recall proceedings according to the procedures outlined in this Article.

(3) 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.

(4) After one week, the Faculty Chairperson shall issue a recall ballot to the constituency. Ballots shall be due one week after their issuance.

(5) 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.

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

VIII. Meetings

(A) Full Faculty meetings are scheduled at least once a semester and more often as needed.

(B) The regular meetings of FASONHP shall be held as needed during the academic year.

(C) Special meetings may be called by the Faculty Chairperson, or by petition of at least 20% of the membership. Special meetings must be announced in writing or by e-mail to all members of FASONHP at least 5 academic business days prior to the time of a special meeting.

(D) A quorum shall consist of a simple majority of the members of FASONHP.

(E) FASONHP members that are scheduled to teach during scheduled Full Faculty meetings may submit their vote to the Faculty Chairperson prior to the meeting. The Faculty Chairperson will confirm the vote with the Faculty Vice Chairperson.

(F) Decisions to hold faculty workshops and working retreats will be determined by a simple majority of FASONHP members in consultation with administration.

(G) Non-members who may wish to address FASONHP members regarding an issue before the membership may request time through 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.

IX. Minutes

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

X. Committees

(A) The Standing Committees of FASONHP shall be:

(1) Curriculum Committee (Joint)

(2) Faculty Development Committee (Joint)

(3) Program Evaluation Committee (Joint)

(4) Peer Review Committee

(5) Academic Standards Committee

(6) Simulation Committee

(B) 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.

(C) 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 and an archival copy should be given to the faculty administrative assistant. 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 FASONHP member upon request.

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

(1) accepting agenda items, preparing agendas and overseeing their distribution three working days prior to each meeting.

(2) convening meetings monthly or as needed.

(3) annually reviewing the functions of their committee with their committee members.

(4) presenting reports and recommendations of the committee to the faculty at its regular meetings.

(5) preparing an annual report in writing and overseeing its distribution to all FASONHP members and administration by the first faculty meeting of the fall semester.

(6) facilitating the implementation of the identified goals and/or changes of the School of Nursing and Health Professions as they relate to each standing committee.

(E) Terms of Office:

(1) All officers and members of standing committees serve for three year terms. They may be re-elected. Committee members may be reappointed or reelected.

(2) Ordinarily, no faculty member should serve on more than one standing committee or as Faculty Chair or Policy Board Representative at any one time.

(3) Ordinarily, no Department Chair should serve as a Chair of a Standing Committee

(F) Meetings:

(1) Standing committees shall meet monthly or as often as necessary to meet their responsibilities

(2) Regular standing committee meeting dates shall be set at the beginning of each semester.

(3) Standing committee meetings (except Peer Review) are open to all FASONHP members who may have voice but no voting privileges. Standing committees may close their meetings to non-members and student representatives if the issues under discussion involve confidentiality.

(4) Non-members of FASONHP 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 FASONHP may be invited to attend a standing committee meeting by invitation of the chairperson of the standing committee.

(5) There will be undergraduate and graduate student representation on the Curriculum Committee, Program Evaluation Committee and the Simulation Committee. Students may be invited by the committee chair to attend Academic Standards meetings. Peer Review and Faculty Development Committee meetings are closed to students.

(6) All standing committees are directly responsible and accountable to FASONHP.

(7) All standing committees shall make general guidelines of their procedures available to any FASONHP members upon request.

(G) Academic Standards Committee

(1) Functions: This Committee shall:

(a) represent admission and progression issues for all undergraduate and graduate students in the School of Nursing and Health Professions.

(b) review, revise, organize and recommend a comprehensive admission and progression policy to FASONHP.

(c) assist faculty members with interpretation of academic standard policies.

(d) advise and recommend to individual/groups of faculty members including faculty development about academic standards.

(e) serve as a forum for faculty regarding student progression and retention issues.

(f) hold student appeal hearing for students disqualified from the SON and advise the Dean and/or Associate Dean regarding each student's continued enrollment in the nursing program. The procedures that are followed are documented in the University catalog under the SON undergraduate program in the progression section (The Dean will not participate in the appeal hearings).

(2) Membership: Ideally there shall be five (5) full-time faculty members including at least one(1) tenured faculty member. A minimum of three (3) faculty members can serve on this committee.

(H) Curriculum Committee (Joint)

(1) Functions: This Committee shall:

(a) 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 and Health Professions, i.e., conceptual framework, objectives and placement of concepts.

(b) review and/or initiate new courses and/or programs.

(c) review proposed changes in curriculum design, course sequencing, course descriptions, and student learning outcomes submitted by individual faculty members and/or SONHP departments.

(d) evaluate the results, in conjunction with individual faculty and/or Department, of curricular pilot projects as they affect the SONHP curricula.

(e) review 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.

(f) make proposals and recommendations to the School of Nursing and Health Professions Faculty regarding curricular changes.

(g) forward proposals and recommendations for curricular changes from the School of Nursing and Health Professions faculty to the School of Nursing and Health Professions Administration.

(2) Membership: There shall be one faculty representative from each SONHP Program faculty on this committee including the Department Chairs and an Associate Dean who will serve as co-chair.

(I) Program Evaluation Committee (Joint)

(1) Functions: This Committee shall:

(a) formulate an Evaluation Plan for the School of Nursing and Health Professions.

(b) oversee the approved Evaluation Plan for the School of Nursing and Health Professions according to the schedule in the plan.

(c) in response to identified needs of departments or programs, designs and conducts data collection and analysis.

(d) select or develop, and periodically reevaluate instruments to measure specific program outcomes.

(e) develop procedures for collection, analysis, interpretation, and dissemination of data related to program outcomes.

(f) receive feedback about actions taken by departments and committees in response to data outcomes to ensure continuous quality improvement.

(2) Membership: There shall be one faculty representative from each SONHP Program faculty on this committee and an Associate Dean who will serve as co-chair. Membership may include ad hoc members.

(J) Faculty Development Committee (Joint)

(1) Functions: This Committee shall:

(a) develop and maintain evaluation guidelines to critically appraise faculty development proposals submitted to the committee for funding.

(b) review applications and award funds based on their academic merit. Article 34.5 of the 2011-2016 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;

(ii) to faculty or librarians who wish to enhance professional effectiveness, as defined in this Agreement. Awards shall be based on their academic merits alone. Ordinarily, preference for FDFLDF in each college or library shall be awarded to junior faculty/librarians."

(c) disseminate guidelines and coordinate the faculty selection of the School of Nursing and Health Professions Teaching Effectiveness Award (one full-time award and one part-time award) and other School of Nursing and Health Professions faculty awards (e.g., Jane Vincent Corbett Spirit of Collegiality Award).

(d) coordinate on-going faculty development programs.

(2) Membership: Ideally, there shall be five (5) full-time faculty members including at least one (1) tenured faculty member. A minimum of three (3) faculty members can serve on this committee. "The Dean and USFFA may each appoint up to five individuals to serve a three-year term" (Article 34.2, 2011-2016 USF-USFFA Bargaining Agreement).

(3) Awards: According to Article 34.2 of the 2011-2016 USF-USFFA Bargaining Agreement, "Awards shall be decided by mutual agreement between parties, and not by a simple majority vote".

(K) Peer Review Committee

(1) Functions: This Committee shall:

(a) select a chair.

(b) select two (2) members to serve on the University-wide Peer Review Committee.

(c) receive from the Dean of the School all applications for promotion and tenure from members of the School of Nursing and Health Professions Faculty.

(d) review these applications in accordance with standards published in the most current Collective Bargaining Agreement between the USF Faculty Association and the University.

(e) vote on a recommendation for each candidate, according to the instructions in the Collective Bargaining Agreement.

(f) 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.

(g) respond as directed in the Collective Bargaining Agreement to a grievance petition by the candidate.

(2) Membership: The committee shall consist of at least three (3) distinguished full professors (tenured) and no more than two (2) associate professors (tenured). 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 18. The committee shall elect a chair. Deviations from the above shall be by mutual written agreement between the parties." (Article 17.8.1 2011-2016 USF-USFFA Collective Bargaining Agreement).

(L) Simulation Committee

(1) Functions: This Committee shall:

(a) select a chair.

(b) facilitate communication, and faculty/staff development for clinical simulation activities.

(c) encourage research and practice activities involving clinical simulation initiatives.

(d) assist in the identification and development of potential funding opportunities for ongoing clinical simulation initiatives and activities.

(e) Identity and develop standards related to simulation pedagogy, faculty development, and operational policies related to instruction, and bring recommendations to the full faculty for adoption vote; all recommendations with a financial impact are subject to vetting and approval by the Dean.

(f) coordinate external partnerships for simulation learning experiences

(2) Membership: There shall be one faculty representative from each SONHP Program faculty on this committee including at least one (1) tenured faculty member.

XI. Organizational Relationships

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

(B) The Policy Board may submit agenda items for action by the School of Nursing and Health Professions.

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 and Health Professions 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

(A) These by-laws may be amended by a majority of FASONHP members at any regular FASONHP meeting provided written notice has been given at least one week prior to the meeting.

(B) These by-laws may be amended by a two-thirds (2/3) majority vote of FASONHP members present and voting at any regular FASONHP meeting even though no previous notice has been given.

(C) All such amendments must be submitted to the Policy Board for approval.

(D) Amendments shall become effective immediately upon ratification by 2/3 vote of FASONHP 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 4/21/03
revised and approved by USF FASON Members 4/06/09
revised and approved by USF FASON Members 4/05/10

minor change made and approved by USF FASON Members 4/04/11
minor change made and approved by USF FASON Members 10/17/11
revised and approved by USF FASON Members 5/07/12
minor addition made and approved by USF FASON Members 10/15/12
revised and approved by USF FASON Members 02/25/13
revised and approved by USF FASONHP Members 11/11/13

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

FASONHP AND UNIVERSITY COMMITTEES

2014 - 2015

FASONHP OFFICERS/EXECUTIVE COUNCIL

Mary Lou De Natale, Chair

Margaret Hansen, Vice Chair on sabbatical 2014-2015

Robin Buccheri, USFFA Policy Representative

Enna Trevathan, USFFA Policy Representative

Angela Banks, Co-Chair, BSN Department

Laureen Turner, Co-Chair, BSN Department

Mary Seed, Co-Chair MSN/CNL Department

Enna Trevathan, Co-Chair MSN Program

Dru Bhattacharya,Director MPH Program

K.T. Waxman, Chair DNP Program

K.T. Waxman, Director of Masters in Healthcare Simulation

Michelle Montagno, Director PsyD Program

Kathy Raffel, Director of the MS Behavioral Health Program

Alexa Curtis, Curriculum Committee Co-Chair

Susan Prion, Program Evaluation Committee Co-Chair

Mary Seed, Peer Review Committee Chair

Jo Loomis, Faculty Development Committee Chair

Susan O'Neill, Academic Standards Committee Chair

Nancy Green & Juli Maxworthy Co-Chairs, Simulation Committee

Curriculum Committee

Alexa Curtis, Co-Chair
Wanda Borges, Co-Chair
Laureen Turner (BND)
K.T. Waxman (HLID)
Mary Seed or Enna Trevathan (MND)
_____Healthcare Leadership & Innovation Department
_____Population Health Department (PHD)
_____Integrated Primary Care & Behavioral Health Department
Tom Wade – Staff
Jaime Maldonado – Staff

*There shall be one representative from each SONHP Department and an Associate Dean who will serve as co-chair.

Academic Standards Committee

Susan O'Neill, Chair
Helen Nguyen (MSD Department)
Amanda Aaronson (BND)
Elizabeth Cooper (BND)
T. Gallo (MSD Department)
Anna Kwong (MSD Department and BND)
Shayne Mason (BND and Integrated Primary Care & Behavioral Health
Need a Health Leadership & Innovation Rep
Need a Population Health Rep
Integrated Primary Care & Behavioral Health Rep
Justin Moore –Staff

Faculty Development Committee

Jo Loomis, Chair and need to follow-up
_____, Chair
_____, Co-Chair
Timothy Godfrey
Christina Purpora
Chenit Ong-Flaherty
Danijela Pavlic
Barbara Sattler
Judy Karshmer
Dorothy Stuebner – Staff

Peer Review Committee

Mary Seed, Chair F'12
Robin Buccheri F'13
Angela Banks F'12
Greg DeBourgh F'12
Meera Nosek, F14
Margeaux Holloway – Staff

Program Evaluation Committee

Susan Prion, Chair
Patricia Lynch, Co-Chair
Courtney Keeler
Kimberleigh Cox
Juli Maxworthy
Michelle Montagno
Nancy Green
Danijela Pavlic
Stefan Rowniak
Rebekah Sypnewski
Justin Moore – Staff

*There shall be one faculty rep from each of the SONHP Department and an Associate Dean who will serve as co-chair. Membership may include ad hoc members.

Simulation Committee

Juli Maxworthy, Co-Chair
Nancy Green, Co-Chair
K.T. Waxman
Gregory DeBourgh
Jo Loomis
Susan Prion
Enna Trevathan
Lisa Sabatini

Francoise Etchenique – Staff

*Note: Candace Campbell would like to serve on Simulation and pending all assigned.

LEADERSHIP COUNCIL

Judith Karshmer, Dean

Patricia Lynch, Associate Dean for Pre-Licensure Programs

Wanda Borges, Associate Dean for Graduate Programs and Community Partnerships

Mary Kate Wood, Assistant Dean for Administration

Mary Lou De Natale, FASONHP Chair

Angela Banks, BND – Co-chair

Laureen Turner, BND -Co-chair

Mary Seed and Enna Trevathan, MND Co-Chairs - 2013-2015

Dru Bhattacharya, MPH Program Director

Mary Seed, RN-MSN Program Director

Helen Nguyen, MSN/CNL Entry Level Program Director

Enna Trevathan, On-Line Program Director

Alexa Curtis, FNP Program Director

K.T. Waxman, DNP Chair

Marjorie Barter, ELDNP Program Director

Kathy Raffel, Director of the MSBH Program

Michelle Montagno, PsyD Director

William Bosl, Health Informatics Director

Eben Howad, Bachelor of Health Services Director

Eben Howad, Faculty Director, Southern California Masters Entry/MSN Clinical Nursing Leader Program in Orange County, CA

Margeaux Holloway - Staff

SONHP ADVISORS

MALE NURSING STUDENTS SOCIETY ADVISOR: Gregory DeBourgh

MPH STUDENT ASSOCIATION ADVISOR: Courtney Keeler

NSNA ADVISORS: Rebekah Sypnewski, Kim Cox

NURSING MULTICULTURAL GROUP ADVISORS: Robin Buccheri, Nancy Green

SIGMA THETA TAU ADVISORS: Julli Maxworthy (USFFA Faculty)
Patricia Lynch (Administration)

STUDENTS FOR CANCER AWARENESS COMMITTEE: Mary Lou De Natale

TRI GAMMA WOMEN'S NURSING SOCIETY ADVISORS: Anna Kwong

UNIVERSITY SCHOLAR: Susan Prion

School of Nursing & Health Professions 2020

Strategic Plan Working Draft – January 2014

The School of Nursing & Health Professions is an entrepreneurial school that offers exceptionally high quality nursing, public and behavioral health degrees, and programs in health leadership, technology, and innovation. The school is know for its commitment to vulnerable and underserved populations and attracting a diverse student population. The SONHP has aggressively strengthened its academic position with quality programs in the health professions, developed new advanced practice majors, advanced inter-professional work, initiated outreach partnerships with the community, and established programs of scholarship that address critical issues in health care. Recent success is remarkable. Over the last five years the number of full-time faculty has grown over 83%, the number of staff positions has almost tripled. Programming expanded from exclusively baccalaureate and master's nursing degree options to those that include doctoral programs in nursing and clinical psychology, masters programs in public health informatics, simulation and behavioral health and a new undergraduate degree in health services. The student population has almost doubled: currently there are over 1300 students in the school across the range of majors.

SONHP 2020

Position Statement
The School of Nursing & Health Professions will attain national and international prominence, recognized for leadership and innovation in health professions education and community outreach.

Strategic Goals

1. Establish and maintain a vital and relevant SONHP organizational structure that includes well-defined roles for administration, faculty, and staff.

TIMELINE: Spring 2014

Responsibility: _Dean; Leadership Team; Faculty; Staff_____

Implementation Team: Dean; Leadership Team_____

Action Steps: Using the Strategic Planning Materials – prepare a recommendation for discussion at the SONHP Leadership and with faculty.

- Materials from all phases of the Strategic Planning Process where synthesized and materials sent to the SONHP Leadership Team for discuss and consideration. (1/13/14)
- Members of the Leadership Team provided feedback and additional input for additional consideration.
- Recommendations distributed to all faculty and staff for discussion at 2/3/14 SONHP Leadership and Faculty Meetings **(See: strategic planning summary; 2) Reco #1; 3) SONHP Structure Options)**

Faculty Approval: May 5, 2014

2. Enhance the student learning experience in order to attract, retain, and graduate highly qualified candidates who are able to translate the vision, mission, and values of the school for their personal lives and professional careers and remain connected with the school as highly engaged alumni.

- Infrastructure to assure student success
    - Enhanced application & admission processes
        - Undergraduate
            - Freshmen
            - Transfer
        - Graduate Programs
            - On-ground
            - Online
            - Branches
    - Increased academic support
        - Tutoring
        - Identification of at-risk students
        - Writing support (My Writing Lab?)
    - Increased Financial support
        - Increased number of scholarships; More financial aid available
    - Enhanced psychosocial support & strategies for healthy lifestyles
    - Additional 4+1 programs
    - Increase nature of flexible learning options
- Increase student life opportunities:
    - Out-of-class connections with faculty and staff
    - Collaborative faculty research/scholarship
    - Student governance & participation in SONHP & USF governance
    - Global & domestic immersions; study abroad
    - Secure safe learning environments
    - Develop a "community of scholars"
- Create a SONHP Career Services Office

TIMELINE: Spring 2014

Responsibility: _Assistant Dean; Associate Deans; Department Chairs; Program Administrators; Faculty

Implementation Team: _____

Action Steps: Using the Strategic Planning Materials – prepare a recommendation for implementation.

3. **Acquire a SONHP building that houses all school programs and includes office, learning, and community spaces to accommodate faculty, students, and staff and enables collaborative learning and advancing priority initiatives.**

- Establish a new SONHP Building as the #1 Priority for the USF Capital Campaign

TIMELINE: 2014

Responsibility:___Dean_____

Implementation Team: Dean & SONHP Development Office

Action Steps: Distribute the SONHP Strategic Plan; Marshal alumni & community partners to participate in Capital Campaign; Work closely with Development Office during Silent Phase; Work closely with Provost & new President to assure SONHP is a priority.

4. Attain national and international prominence for exceptional academic programing that prepares graduates for the dynamic healthcare system of today and the future.

- Program Review Cycle in Place
    - Infrastructure for on-going curricula assessment, review and revision of courses, program outcomes
        - Regularly scheduled review
    - Specialty accreditation for all eligible programs in order to assure high quality, state of the art programing
        - Accreditation Timeline
            - Nursing: CCNE - BSN/MSN/DNP: Spring - Summer 2014
                - (On-site Visit: September, 2014)
            - Public Health: CEPH – MPH: Fall 2013 – Spring 2014
                - (On-site Visit: January 2014)
            - Behavioral Health – APA – PsyD – 2015
                - (On-site Visit: _____)
            - Informatics – AMIA - MSHI – ?2015
                - (On-site Visit: _____)
            - Simulation – SSH - MSIM – ?2014
                - (On-site Visit: _____)
    - Secure Program Recognition Awards

TIMELINE: On-going with Target Dates

Responsibility:___Associate Deans; Evaluation Committee; Department Chairs; Program Directors; Program Assistants; Faculty

Implementation Team: _____

Action Steps: Use appropriate accreditation standards; Review Curricula; Review SLOs & Evaluation Plan; Assure data are collected and analysed and used for on-going review; Apply for program recognition awards

5. Manage enrolment growth to align with resources.

TARGET: STUDENTS

- Planned Enrolment with existing programs = 1480
    - BSN Maintain current enrolment (100 Freshmen 1) (700 Max)
    - MSN (Master's Entry)
        - Hilltop: 34 admits each spring & summer (136)
        - SoCal – 24 admits each fall (48)
    - MSN (RN-MSN)
        - Hilltop: 20 admits each fall and spring
        - Branches:
            - Pleasanton: 20 admits each fall (40)
            - San Jose: 20 admits each spring (40)
            - North Bay: 20 admits each summer (40)
            - Sacramento: 20 admits each summer (40)
        - Online: 25 admits each fall, spring & summer (250)
    - DNP
        - FNP (Post Bacc & Certificate): 18 admits each fall (54)
        - HSL (Post Bacc & Certificate): 4 admits each fall & spring (24)
        - DNP Completion: 8 admits each fall & spring (40)
        - ELDNP: 20 admits each spring (40)
    - MPH 20 admits each fall & spring (40)
    - PsyD 18 admits each fall (72)
    - MSBH 20 admits each fall (20)
    - MSHI 20 admits each fall & spring (40)
    - MSIM 20 admits each summer (40)
    - BHS
        - Pleasanton: 20 admits each spring (40)
        - San Jose: 20 admits each fall (40)
        - North Bay: 20 admits each spring (40)
        - Sacramento: 20 admits each fall (40)

TARGET: FACULTY

- Increase full-time: part-time faculty ratio from **2:3.5** (approximately 50% of units are taught by full-time faculty) to **2:2.7** (such that 58% of units are taught by full time faculty)
    - Constitutes 8 new FT lines with current enrolment and will increase as enrolment projections are met.

TARGET: STAFF

- Maintain **faculty: staff** ratio of **3.8:2**

TIMELINE: Each Fall & Spring

Responsibility: __Dean; Associate Dean; Recruiter; Program Directors; Program Assistants___

Implementation Team: _____

Action Steps: Establish targets; Implement findings of consultant report; Develop Plan of Action and Monitoring Plan for each graduate program.

6. Expand the diversity of SONHP faculty and students with particular commitment to members of underrepresented communities.

- Establish advancing diversity as a priority of the school
  - Identify/define groups for targeted outreach
  - Pipeline & best practices in place to recruit a more diverse population into the SONHP
  - Financial aid sources available for students
  - Funding available for outreach to diverse faculty
- Multicultural (Diversity) Infrastructure
  - Task Force as a standing committee in SONHP with faculty, staff and student representation
  - Multicultural (Diversity) Office/Officer in SONHP

- Increase student diversity by 200% over three years.
- Increase faculty diversity by 500% over three years.

TIMELINE: On-going

Responsibility: ___Diversity Officer; Associate Deans; Assistant Dean; Recruiter_____

Implementation Team: _____

Action Steps: Using the Strategic Planning Materials – prepare a recommendation for implementation.

7. Establish processes to assure productivity in scholarship, excellence in teaching, and on-going professional growth.

SONHP Center for Professional Development

- Comprehensive Faculty Orientation
  - On boarding; Mentoring
- Comprehensive Faculty Development Program in place

    - Ongoing professional development faculty (*Professional Development Plan)*
- Teaching Certificate Program

- Scholarship & Research Mentor Program
- Comprehensive Staff Orientation
    - On boarding; Mentoring
- Comprehensive Staff Development Program in place
- Ongoing professional development faculty (*Professional Development Plan)*

SONHP = a safe and nurturing environment

SONHP *Centers of Excellence*: _____
    - Teaching in Health Professions
    - Simulation
    - Inter-Professional Education
    - Geriatrics

TIMELINE: On-going

Responsibility: ___Dean; Director of Center for Professional Development; Faculty_____

Implementation Team: __ Director of Center for Professional Development_____

Action Steps: Using the Strategic Planning Materials – prepare plan for Centers of Excellence

Action Steps: Using the Strategic Planning Materials – develop PDP planning process; implement phased PDP; Develop & deploy Certificate Program

.

8. Create, cultivate, and nurture inter-professional, academic-practice and community partnerships with public and private health agencies, academic institutions, the USF community, and local and national government agencies.

- High quality student placements for students across all programs
    - Detailed plan in place for growth of clinical, practicum, and fieldwork placements taking into account relevant new and current initiatives
    - Faculty load and staff responsibilities clarified
- Opportunities for faculty practice
- Research collaborations
- Workforce development, healthcare issues, and initiatives
- Collaboration with the Jesuit Schools Network
- USF divisions (e.g., CAPS, Psychology, Counseling, Law, Student Life)

TIMELINE: Start in Spring 2014; On-going

Responsibility: Associate Dean; Practica Directors; Clinical Placement Coordinator

Implementation Team: _____

Action Steps: Using the Strategic Planning Materials – prepare a recommendation for implementation. Monitor benchmarks for implementation

9. Develop an on-going process to monitor the dynamic changes in healthcare and the associated need for health professions' education in order to provide input for consideration as new SONHP options.

- SONHP Priorities
- USF Priorities
- Faculty Passion
- How to remain nimble…

TIMELINE: Spring 2014

Responsibility: Dean

Implementation Team: _____

Action Steps: Using the Strategic Planning Materials – initiate program with Intelligence Officer.

10. Institute a SONHP clinic for the university and neighbourhood that offers integrated primary/community care and behavioral health services and provides placement and training opportunities for students.

TIMELINE: Plans for pilot in Spring 2014

Responsibility: Dean; Program Directors; Faculty

Implementation Team: _____

Action Step: Using the Strategic Planning Materials – prepare a needs assessment; timeline; financial plan; expected outcomes

11. Maintain a healthy and transparent SONHP financial plan.

[USF Financial Model: 98% Student Dependent (i.e. directly linked to enrolment); Salary & Benefits – CBA; Contribution Margin – approximately 40%]

TIMELINE: On-going

Responsibility: ____Dean; Assistant Dean_____

Implementation Team: _____

Action Steps: Using the Strategic Planning Materials – prepare & distribute SONHP financials and budget by program/department. Establish accounting standards.

12. Develop an integrated network of SONHP Advisory Boards in support of school priorities.

- Alumni Board to promote alumni involvement
- Advisory Boards to provide input and expertise in charting the strategic direction of a program and assist in securing financial resources
    - Nursing
    - Public Health
    - Behavioral Health
    - Informatics
    - Simulation
    - Health Services

- Dean's Circle to champion the School's strategic direction and assist in securing the financial resources to achieve its mission

TIMELINE: Fall 2013 & Spring 2014

Responsibility: ___Dean; Associate Deans_____
Action Steps: Using the Strategic Planning Materials – implement program boards and Dean's Circle.

School of Nursing Dean: Chief Academic and Chief Executive Officer of the SONHP; reports to the Provost and is responsible for all aspects of the SONHP. (Karshmer)

Associate Dean for Leadership, Population Health, and Integrated Clinical Programs and Community Partnerships: Oversees SONHP graduate programs and community partnerships**.** (Borges)

- **Program Assistant for the Associate Dean:** Administrative assistant for the Associate Dean (Maldonado)
- **Department Supervisors:** Oversee the administrative services for the Department and the Programs including oversight of student services, academic support services (including admissions, graduate financial aid, curriculum planning), space, information technology/ computer support. (Raynor, Wylie)
- **Graduate Admissions Coordinator:** Reports to the Associate & is responsible for managing student admission processes across SONHP programs
  - **Graduate Admissions Assistant**: Reports to the department chair and supports the functions of the departments within the SONHP.

Associate Dean for Nursing Programs and Accreditation: Oversees all SONHP nursing programs including classroom and clinical curricula, delivery, modality, evaluation, and accreditation and student success**.** (Lynch)

- **Program Assistant for the Associate Dean:** Administrative assistant for the Associate Dean (Wade)
- **Distance Learning:** Reports to the Associate Dean is responsible for coordinating SON programming at regional campuses and distance learning centers and the implementation of effecitive programs using online and video conferencing technologies**.** (Coronel)
- **Department Supervisor:** Oversees the administrative services for the Department and the Programs including oversight of student services, academic support services (including admissions, graduate financial aid, curriculum planning), space, information technology/ computer support. (Moore)
  - **Program Assistants:** Report to the department supervisors and support the functions of the departments and programs, and students and faculty within the SONHP**.** (Davary, De Guzman, Simmons)
- **Director of Performance and Simulation Centers:** Reports to Associate Dean for Academic Programs and manages the clinical learning laboratories and simulated experiences for the SONHP**.** (Sabatini)
  - **Coordinator of the Learning Resource Center:** Reports to the Director of Clinical & Simulated Learning and is responsible for day-to-day management of the LRC. (Mercado)
  - **Simulation Center:** Reports to the Director of Clinical & Simulated Learning and is responsible for day-to-day management of the Simulation Center. (TBA)

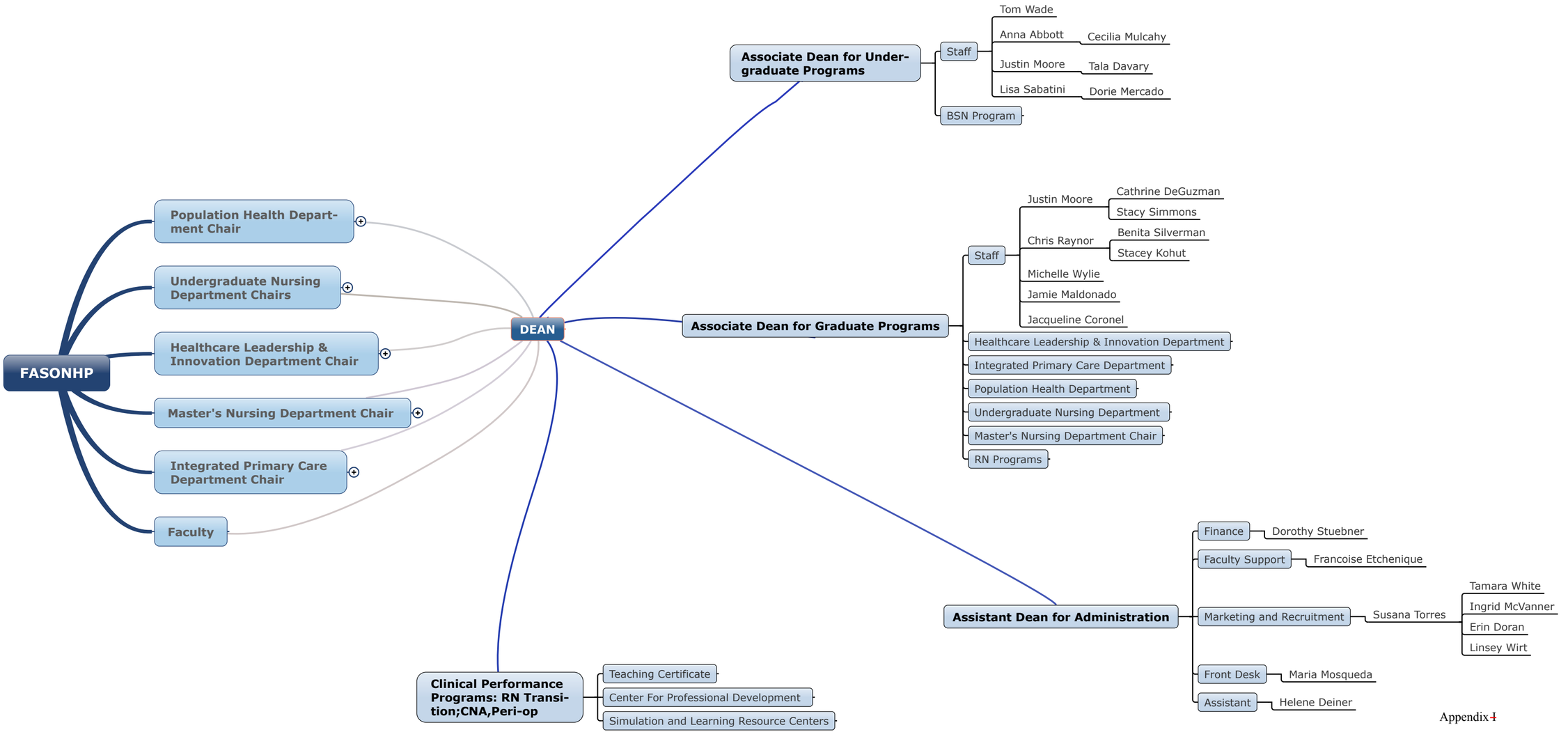
Assistant to the Dean: Administrative assistant to the Dean (Holloway)

Faculty

Assistant Dean for Administration: Manages finance and operations for the SONHP. (Wood)

- **Coordinator for Clinical Placements:** Reports to the Assistant Dean for and is responsible for the overall coordination and management of student clinical placements**.**
  - **Coordinator for Scheduling:** Reports to the Coordinator for Clinical Placements and is responsible for the SONHP course schedule and student placements as assigned.
- **Program Assistant for Administration:** Administrative assistant for the Assistant Dean**.** (Deiner)
- **Director of Recruitment and Marketing:** Reports to the Assistant Dean and is responsible for identifying, establishing and implementing marketing plans and recruitment strategies and drive and achieve graduate enrollment goals.
  - **Graduate Recruiter:** Reports to the Director of Recruitment and Marketing and is responsible for recruiting students, advising on all programs within the School, planning and implementation of outreach strategies.
  - **Web Content Manager:** Reports to the Director of Recruitment and Marketing and is organize, develop, and maintain content on the SOE and SONHP websites and provide technical support and management to website constituents. 51%SONHP/ 49%SOE
- **Financial Specialist:** Manages day to day financial transactions for the SONHP across academic, faculty and student areas**.**
- **Front Desk:** Manages reception and common areas, telephones, and communications across the SONHP
- **Program Assistant for SONHP Faculty:** Reports to Assistant Dean & is responsible for individual faculty support**.**

Appendix I


FASONHP
Population Health Department Chair
Undergraduate Nursing Department Chairs
Healthcare Leadership & Innovation Department Chair
Master's Nursing Department Chair
Integrated Primary Care Department Chair
Faculty
DEAN
Associate Dean for Undergraduate Programs
Staff
Tom Wade
Anna Abbott
Cecilia Mulcahy
Justin Moore
Tala Davary
Lisa Sabatini
Dorie Mercado
BSN Program
Associate Dean for Graduate Programs
Staff
Justin Moore
Cathrine DeGuzman
Stacy Simmons
Chris Raynor
Benita Silverman
Stacey Kohut
Michelle Wylie
Jamie Maldonado
Jacqueline Coronel
Healthcare Leadership & Innovation Department
Integrated Primary Care Department
Population Health Department
Undergraduate Nursing Department
Master's Nursing Department Chair
RN Programs
Assistant Dean for Administration
Finance
Dorothy Stuebner
Faculty Support
Francoise Etchenique
Marketing and Recruitment
Susana Torres
Tamara White
Ingrid McVanner
Erin Doran
Linsey Wirt
Front Desk
Maria Mosqueda
Assistant
Helene Deiner
Clinical Performance Programs: RN Transition;CNA,Peri-op
Teaching Certificate
Center For Professional Development
Simulation and Learning Resource Centers

Appendix I

UNIVERSITY OF SAN FRANCISCO
SCHOOL OF NURSING & HEALTH PROFESSIONS

UNIVERSITY OF SAN FRANCISCO
SCHOOL OF NURSING & HEALTH PROFESSIONS

USFFA Collective Bargaining Agreement

25.2 The department chair shall be accountable to the Dean and shall perform duties and responsibilities as set forth by the Dean. Such duties may include but not be limited to: communication with faculty, student advising, scheduling, budgeting, program development and review, recruitment, report writing, planning department functions, working with the Dean on administrative responsibilities, evaluation and review of appointment procedures, reporting to the Dean on faculty accountability for workload or for funds spent for departmental activities, curriculum and the like. The department chair shall be compensated with released time. Released time shall be from three (3) to six (6) units per semester as determined by the Dean. Should the department chairperson not perform duties as set forth by the Dean, such released time shall be immediately withdrawn and the individual may be reassigned by the Dean.

Position Description: **Baccalaureate Nursing Department Chair**

Provide oversight for all aspects of the BSN curriculum to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, California Board of Registered Nursing, and other accreditation and professional associations as appropriate

Create and maintain an agenda to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes creative approaches to baccalaureate nursing education

Monitor and advance educational policies that positively affect academic study at the BSN level

Collaborate with the Associate Dean to advance interdisciplinary and inter-professional opportunities for students

Collaborate with the Associate Dean in strengthening linkages with other USF Schools and Colleges

Use outcome data to evaluate the BSN curricula and take appropriate steps to affect change as warranted

Collaborate with the Associate Dean in recruitment, interviewing, orientation, and coaching of faculty who demonstrate expertise that is consistent with the needs of the BSN program

Collaborate with the Dean in preparing faculty teaching assignments and monitoring workload

Serve as mentor and resource person for faculty for course related responsibilities

Collaborate with the Dean in the evaluation of adjunct faculty and anticipate in the evaluation of clinical preceptors

Interface with Associate Dean's Office in developing the course schedule

Collaborate with Associate Dean's Office to develop and manage clinical sites for students

Collaborate with Director of Clinical Performance & Simulation Centers and Learning Resource Center Coordinator for activities related to BSN course expectations.

Collaborate with university administration and support serves related to recruitment, marketing, admission, registration, progression and graduation activities

Hold regular department meetings to manage the business of the department, keep meeting minutes and prepare an annual report

Develop a plan for ongoing review of clinical sites and addresses issues requiring attention

Collaborate in producing and updating the BSN Student Handbook

Collaborate in producing and updating the Faculty & Staff Handbooks

Position Description: **Baccalaureate Nursing Department Vice Chair**

The Vice Chair serves as co-chair in preparation for taking on the Chair role after the pre-determined period of time.

Position Description: **Master's Nursing Department Chair**

Provide oversight for all aspects of the MSN program tracks to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, California Board of Registered Nursing, the Commission on Nurse Certification and other accreditation and professional associations as appropriate

Collaborate with the MSN Program Directors to create and maintain an agenda to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes growth and innovation for the CNL role

Monitor and advance educational policies that positively affect academic study at the MSN level

Collaborate with the Associate Dean to advance interdisciplinary and inter-professional opportunities for students

Collaborate with the Associate Dean in strengthening linkages with other USF Schools and Colleges

Collaborate with the Program Directors using outcome data to evaluate the MSN program tracks and take appropriate steps to affect change as warranted

Serve as mentor and resource person for faculty for department related responsibilities

Interface with the Program Directors and Associate Dean's Office in developing the course schedule

Collaborate with the Program Directors and Associate Dean's Office to develop, manage, and evaluated field placement and clinical sites for students

Collaborate with the Office of Student Services, Program and Department Assistants to evaluate applicants for the program and develop degree plans

Collaborate with Program Directors and the Director of Clinical Performance & Simulation Centers and Learning Resource Center Coordinator for activities related to MSN course expectations.

Collaborate with the Program Directors and university administration and support services related to recruitment, marketing, admission, registration, progression and graduation activities

Hold regular department meetings to manage the business of the department, keep meeting minutes and prepare an annual report

Collaborate in producing and updating the MSN Student Handbook

Collaborate in producing and updating the Faculty & Staff Handbooks

Position Description: **Master's Nursing Department Vice Chair**

The Vice Chair serves as co-chair in preparation for taking on the Chair role after the pre-determined period of time.

Position Description: **RN-MSN Program Director**

Provide oversight for all aspects of the RN-MSN curricula to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, State Boards of Nursing, and other accreditation and professional associations as appropriate

Collaborate with the Associate Dean and MSN Department Chair to insure the integrity of curricular plans across sites

Provide creative leadership that promotes growth and innovation for the CNL role

Monitor and advance educational policies that positively affect academic study for the RN student

Manage RN-MSN student advising issues

Collaborate with the Associate Dean and MSN Department Chair in recruitment, interviewing, orientation, and coaching of faculty who demonstrate expertise that is consistent with the needs of the RN-MSN program

Develop and monitor the course schedule across sites in collaboration with the Associate Dean

Collaborate with the Department Chair and Associate Dean in preparing faculty teaching assignments and monitoring workload

Collaborate with the Coordinator of Distance Learning to prepare faculty or teaching in a blended format

Serve as mentor and resource person for RN-MSN faculty for course related responsibilities

Collaborate with the Department Chair and Associate Dean in the evaluation of adjunct faculty and participate in the evaluation of clinical preceptors

Collaborate with Associate Dean's Office to develop and manage clinical sites for RN-MSN students

Collaborate with the Office of Student Services and the MSN Program Assistant to evaluate applicants for the program and develop degree plans

Collaborate with university administration and support serves related to recruitment, marketing, admission, registration, progression and graduation activities

Collaborate in producing and updating the RN-MSN Student Handbook

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Position Description: **Online MSN Program Director**

Provide oversight for all aspects of the online program to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, California Board of Registered Nursing, the Commission on Nurse Certification and other accreditation and professional associations as appropriate

Create and maintain a process to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Collaborate with the Associate Dean and MND Chair to insure the integrity of curricular plans across the program

Provide leadership that promotes growth and innovation in online learning

Interface with the online production personnel to oversee course development

Interface with online recruitment personnel in regards to student recruitment

Participate in evaluation of the online curriculum and take appropriate steps to affect change as warranted

Recruit, interview, orient, and coach online faculty in collaboration with the Associate Dean

Collaborate with the Dean in preparing faculty teaching assignments and monitoring workload

Develop the course schedule in collaboration with the Associate Dean

Work with the program assistants in developing, expanding, and evaluating clinical sites for online students

Serve as mentor and resource person for faculty for course related responsibilities

Collaborate with the Department Chair and Associate Dean in the evaluation of adjunct faculty and participate in the evaluation of clinical preceptors

Collaborate with the Director of Student Affairs to evaluate applicants for the program

Manage the business of the online; keep meeting minutes and prepare an annual report

Lead production and updating of the Online Student Handbook

Contribute to the Faculty & Staff Handbooks

Position Description: **Healthcare Leadership & Innovation Department Chair**

Provide oversight for all aspects of the HLID Department to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, California Board of Registered Nursing, American Nurses Credentialing Center, American Organization of Nurse Executives, Council on Graduate Education for Administration in Nursing, the Society for Simulation in Healthcare and other accreditation and professional associations as appropriate

Collaborate with the HLID Program Directors and Associate Dean to create and maintain a process to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes growth and innovation for all the programs in the department

Monitor and advance educational policies that positively affect academic study in the department

Collaborate with the Associate Dean to advance interdisciplinary and inter-professional opportunities for students

Serve as mentor and resource person for faculty for department related responsibilities

Collaborate with the Program Directors and SONHP staff in arranging, managing, and evaluating the program intensives

Hold regular department meetings to manage the business of the department; keep meeting minutes and prepare an annual report

Collaborate in producing and updating the Student Handbooks

Collaborate in producing and updating the Faculty & Staff Handbooks

Position Description: **Healthcare Leadership & Innovation Department Vice Chair**

The Vice Chair serves as co-chair in preparation for taking on the Chair role after the pre-determined period of time.

Position Description: **Integrated Primary Care & Behavioral Health Department Chair**

Provide oversight for all aspects of the IPCBH programs to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, California Board of Registered Nursing, California Board of Psychology, the American Nurses Credentialing Center, American Psychological Association, and other accreditation and professional associations as

appropriate

Collaborate with the IPCBH Program Directors to create and maintain an agenda to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes growth and innovation across the IPCBH programs

Monitor and advance educational policies that positively affect academic policies across IPCBH programs

Collaborate with the Program Directors and Associate Dean to advance interdisciplinary and inter-professional opportunities for students

Collaborate with the Associate Dean in strengthening linkages with other USF Schools and Colleges

Serve as mentor and resource person for faculty for department related responsibilities

Interface with the Program Directors and Associate Dean's Office in developing the course schedule

Collaborate with the Program Directors and Associate Dean's Office to develop, manage, and evaluated field placement and clinical sites for students

Hold regular department meetings to manage the business of the department, keep meeting minutes and prepare an annual report

Collaborate in producing and updating the Student Handbooks

Collaborate in producing and updating the Faculty & Staff Handbooks

Position Description: **Integrated Primary Care & Behavioral Health Department Vice Chair**

The Vice Chair serves as co-chair in preparation for taking on the Chair role after the pre-determined period of time.

Position Description: **FNP Program Director**

Provide oversight for all aspects of the DNP-FNP track to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, National Organization of Nurse Practitioner Faculties, California Board of Registered Nursing, American Nurses Credentialing Center, and other accreditation and professional associations as appropriate

Create and maintain a process to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes growth and innovation for the FNP role

Monitor and advance educational policies that positively affect academic study for the DNP-FNP student

Evaluate applicants, supervise admission decisions, and collaborate with the Office of Student Services on the DNP-FNP admission process

Manage DNP-FNP student advising issues

Collaborate with the Associate Dean and Department Chair in recruitment, interviewing, orientation, and coaching of faculty who demonstrate expertise that is consistent with the needs of the DNP-FNP program

Interface with Associate Dean and Department Chair in developing the FNP course schedule and in developing, expanding, and evaluating clinical sites for FNP students

Collaborate with the Department Chair and Associate Dean in preparing faculty teaching assignments and monitoring workload

Serve as a resource person for faculty for FNP program related responsibilities

Collaborate with the Department Chair and Associate Dean in the evaluation of adjunct faculty and participate in the evaluation of clinical preceptors

Collaborate with Director of Clinical Performance & Simulation Centers for activities related to FNP clinical experiences

Evaluate applicants, supervise admission decisions, and collaborate with the Office of Student Services on the FNP admission process

Collaborate in producing and updating the DNP-FNP Student Handbook

Contribute to the Faculty & Staff Handbooks

Position Description: **PMHNP Program Director**

Provide oversight for all aspects of the DNP-PMHNP track to insure congruence with the education goals of the School and the University

Participate as a contributing member of the School of Nursing & Health Professions' Leadership Team in creating a climate that advances the Vision, Mission, and Values of the School and the University

Insure congruence with standards established by the American Association of Colleges of Nursing, Commission on Collegiate Education, National Organization of Nurse Practitioner Faculties, California Board of Registered Nursing, American Nurses Credentialing Center, and other accreditation and professional associations as appropriate

Create and maintain a process to uphold curricular quality and integrity, policy development, and consistency with societal and professional trends

Provide leadership that promotes growth and innovation for the PMHNP role

Monitor and advance educational policies that positively affect academic study for the DNP-PMHNP student

Evaluate applicants, supervise admission decisions, and collaborate with the Office of Student Services on the DNP-PMHNP admission process

Manage DNP-PMHNP student advising issues

Collaborate with the Associate Dean and IPCBHD Chair in recruitment, interviewing, orientation, and coaching of faculty who demonstrate expertise that is consistent with the needs of the of the DNP-PMHNP program

Interface with Associate Dean and IPCBHD Chair in developing the PMHNP course schedule and in developing, expanding, and evaluating clinical sites for PMHNP students

Collaborate with the Department Chair and Associate Dean in preparing faculty teaching assignments and monitoring workload

Serve as a resource person for faculty for PMHNP program related responsibilities

Collaborate with the Department Chair and Associate Dean in the evaluation of adjunct faculty and participate in the evaluation of preceptors

Collaborate with Director of Clinical Performance & Simulation Centers for activities related to PMHNP clinical experiences

Collaborate with university administration and support serves related to recruitment, marketing, admission, registration, progression and graduation activities

Collaborate in producing and updating the DNP-PMHNP Student Handbook

Contribute to the Faculty & Staff Handbooks

UNIVERSITY OF SAN FRANCISCO

CHANGE THE WORLD FROM HERE

SONHP Student Representatives

Fall 2014
Senior 2: [Name Redacted]
Senior 1: [Name Redacted]
Junior 2: [Name Redacted]
Junior 1: [Name Redacted]
Sophomore 2: [Name Redacted]
Sophomore 1: [Name Redacted]

Fall 2013-Spring 2014
Senior 2: [Names Redacted]
Senior 1 - [Name Redacted]
Junior 2 - [Name Redacted]
Junior 1 - [Name Redacted]
Sophomore II - [Names Redacted]
Sophomore I - [Name Redacted]
Freshman 2 - [Name Redacted]

Fall 2012-Spring 2013
Senior 2 - [Name Redacted]
Senior 1 - [Name Redacted]
Junior 2 - [Name Redacted]
Junior 1 - [Name Redacted]
Sophomore 2 - [Name Redacted]
Sophomore 1 - [Name Redacted]

Fall 2011-Spring 2012
Senior 2 - [Name Redacted]
Senior 1 - [Name Redacted]
Junior 2 - [Name Redacted]
Junior 1 - [Name Redacted]
Sophomore 2 - [Name Redacted]
Sophomore 1 - [Name Redacted]

FY15 Board Approved Budget
Adjustments by Organization

FISCAL_YEAR	2015
ORG_3_Unit	27 - NURSING AND HEALTH PROFESSIONS

Sum of AMOUNT					
ORGANIZATION	**FY14 Base Budget**	**Academic Programs**	**Net Tuition**	**Web Redesign**	**Grand Total**
270010 - Tuition & Fees Nursing	(25,222,830)		(6,110,594)		(31,333,424)
271001 - Nursing - Dean	2,722,672	292,247		48,125	3,063,044
271002 - Nursing - Instruction	4,452,382	694,415			5,146,797
271003 - Nursing Skills Learning Lab	339,363				339,363
271004 - Nursing - Graduate Admission	98,777				98,777
271005 - Nursing ELDNP	0				0
279020 - Nursing Graduate Scholarships	323,880		110,076		433,956
Grand Total	**(17,285,756)**	**986,662**	**(6,000,518)**	**48,125**	**(22,251,487)**

Fund Balances: 27 - NURSING AND HEALTH PROFESSIONS		
Faculty Development Funds		
FY12 FACULTY DEVELOPMENT	256010 - Nursing Faculty Development	$99,273
	256014 - Nursing P/T Faculty Development	$10,332
FY13 FACULTY DEVELOPMENT	256010 - Nursing Faculty Development	$110,093
	256014 - Nursing P/T Faculty Development	$10,676
FY14 FACULTY DEVELOPMENT	256010 - Nursing Faculty Development	$156,677
	256014 - Nursing P/T Faculty Development	$16,726

SONHP Grant Awards 2011-12 to 2014-15

Project Director	Agency	Award Year	Amount
Karshmer/Jones-Bell	California Institute for Nursing & Health Care	2011-12	$40,000
Karshmer/Wood	HRSA	2011-12	$300,000
Karshmer/Wood	HRSA	2011-12	$25,645
Karshmer/Wood	HRSA	2011-12	$18,375
Penner	Provost's Innovation Award	2012-13	$5,000
Karshmer/Prion	Jonas Center for Nursing and Veteran's Healthcare	2012-13	$10,000
Lambton	Department of Defense	2012-13	$1,747,108
Karshmer/Jones-Bell	San Francisco METTA Fund	2012-13	$34,495
Karshmer/Jones-Bell	Kaiser Foundation	2012-13	$39,994
Karshmer/Jones-Bell	Kaiser Foundation	2012-13	$97,899
Karshmer/Wood	HRSA	2012-13	$300,000
Godfrey	Jesuit Foundation	2013-14	$5,000
Keeler	UCSF	2013-14	$51,464
O'Neill	McCarthy Center	2013-14	$4,000
Curtis	UCSF/SAMHSA	2013-14	$42,979
Karshmer/Borges/Phillips	Veteran's Affairs	2014-15	$381,696
Borges/Wood	HRSA	2014-15	$209,972
Wood/Jones-Bell	Kaiser	2014-15	$99,999
Bosl	New Jersey Governor's Council	2014-15	$56,115
		TOTAL	$3,469,741

NCLEX-RN TEST PLAN CONTENT 2013 BSN Curriculum Sp. 2014

	120	170	220	221	222	270	271	272	320	321	322	370	371	420	421	470	471
CLIENT NEEDS																	
SAFE AND EFFECTIVE CARE ENVIRONMENT																	
Management of Care 20%																	
Advance Directives	X	X			X			X	X								X
Advocacy	X	X		X	X		X	X	X	X		X	X	X	X	X	X
Assignment, Delegation and Supervision		X		X				X	X			X		X	X	X	X
Case Management		X							X								X
Client Rights	X	X			X			X	X	X		X	X	X	X	X	X
Collaboration with Interdisciplinary Team	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Concepts of Management									X	X			X				
Confidentiality/Information Security	X	X		X	X			X	X		X			X		X	
Continuity of Care									X	X			X	X	X		X
Establishing Priorities				X				X	X	X		X	X	X	X	X	X
Ethical Practice	X	X		X			X	X	X		X			X	X	X	X
Informed Consent	X	X					X	X	X		X	X		X	X		
Information Technology	X	X		X				X	X		X			X			
Legal Rights and Responsibilities	X	X		X				X	X		X			X	X		X
Performance Improvement (QI)		X		X						X	X		X	X			X
Referrals	X			X					X			X		X	X		X
Safety and Infection Control 12%																	
Accident/Error/Injury Prevention		X		X	X			X	X	X			X	X	X		X
Emergency Response Plan									X								
Ergonomic Principles														X			
Handling Hazardous and Infectious Materials								X						X	X		
Home Safety								X						X	X		
Reporting of Incident Event Irregular Occurrence/Variance				X	X				X	X			X	X			
Safe Use of Equipment				X				X	X	X		X	X	X	X		

Security Plan									X					X			
	120	**170**	**220**	**221**	**222**	**270**	**271**	**272**	**320**	**321**	**322**	**370**	**371**	**420**	**421**	**470**	**471**
Standard Precautions Transmission Based Precautions Surgical Asepsis				X	X		X	X	X			X		X	X		
Use of Restraints/Safety Devices					X			X	X					X	X		
HEALTH PROMOTION AND MAINTENANCE 9%																	
Aging Process	X		X		X			X	X			X		X			X
Ante/Intra/Postpartum and Newborn Care									X					X	X		
Developmental Stages and Transitions	X								X					X	X		
Health Promotion/Disease Prevention					X	X	X	X	X					X	X		
Health Screening					X				X					X	X		
High Risk Behaviors								X	X					X	X		X
Lifestyle Choices						X			X					X			X
Self-Care								X	X					X			X
Techniques of Physical Assessment					X			X	X					X	X		X
PSYCHOSOCIAL INTEGRITY 9%																	
Abuse/Neglect		X							X					X	X	X	
Behavioral Interventions									X					X	X		
Chemical and Other Dependencies/ Substance Use Disorder	X								X					X	X		
Coping Mechanisms									X					X	X		
Crisis Intervention									X						X		
Cultural Awareness/Cultural Influences on Health	X	X			X			X	X	X			X	X	X	X	
End of Life Care	X			X	X		X	X	X					X	X	X	
Family Dynamics		X							X					X	X		X
Grief and Loss	X				X			X	X					X			X
Mental Health Concepts	X								X					X	X		
Religious and Spiritual Influences on Health	X	X			X			X	X					X		X	X
Sensory/Perceptual Alterations			X					X	X						X		
Stress Management	X				X				X					X			X

	120	170	220	221	222	270	271	272	320	321	322	370	371	420	421	470	471
Support Systems		X							X					X			X
Therapeutic Communication	X	X		X	X			X	X					X	X		
Therapeutic Environment		X						X	X			X		X	X		
PHYSIOLOGICAL INTEGRITY																	
Basic Care and Comfort 9%																	
Assistive Devices								X							X		X
Elimination					X		X	X						X	X		X
Mobility/Immobility					X			X						X	X		X
Non-Pharmacological Comfort Interventions					X		X	X	X					X	X		X
Nutrition and Oral Hydration				X		X	X	X	X					X	X		X
Personal Hygiene					X			X		X			X	X			
Rest and Sleep								X	X					X	X		X
Reduction of Risk Potential 12%																	
Changes/Abnormalities in Vital Signs							X	X	X			X		X	X		X
Diagnostic Tests			X				X	X	X			X		X	X		X
Laboratory Values			X				X	X	X			X		X	X		X
Potential for Alterations in Body Systems			X				X	X	X			X		X	X		X
Potential for Complications from Surgical Procedures and Health Alterations			X					X	X			X		X	X		X
Potential for Complications of Diagnostic Tests Treatments Procedures			X						X			X		X	X		X
System Specific Assessments									X			X		X	X		X
Therapeutic Procedures									X			X		X	X		X
Physiological Adaptation 14%																	
Alterations in Body Systems			X					X						X	X		X
Fluid and Electrolyte Imbalances				X			X					X		X	X		X
Hemodynamics				X								X		X	X		X
Illness Management			X			X	X		X		X	X		X	X		X
Medical Emergencies							X		X			X		X	X		X
Pathophysiology			X				X		X			X		X	X		X
Unexpected Response to			X	X			X		X			X		X			

Therapies																	

Teamwork and Collaboration

Note: competency teaching and learning activities are introduced at specified curricular levels, but are continued thereafter throughout the curriculum.

Definition: Teamwork is characterized by joint actions by two or more people, in which each person contributes with different skills and expresses his or her individual interests and opinions to the unity and efficiency of the group in order to achieve common goals. Collaboration is joint decision making among independent parties involving joint ownership of decisions and collective responsibility to outcomes; working across professional boundaries with meaningful, respectful and mutually-beneficial teamwork that results in the highest-quality care for each patient.

Outcome: Functions effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care and accountability among team members for patient care outcomes.

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Communicates effectively and efficiently orally and in writing	Demonstrates abilities with peers and faculty, describes impact of own communication style on others Explains concepts of therapeutic communication Demonstrates beginning abilities for scholarly writing (APA format)	Demonstrates oral communication abilities with patients, families, and faculty Adapts own style of communication to needs of patients, families, and healthcare team members, and situation Demonstrates intermediate abilities for effective written communication and composition of scholarly writing (APA format)	Demonstrates oral and written communication effectiveness within healthcare team Adjusts communication practice to minimize risks associated with handoffs among providers across transitions in care	Demonstrates competence in oral and written communication with minimal direction for interactions with patients, families, faculty, interdisciplinary team, and with the public
Understands and incorporates into clinical practice, scopes of practice and roles for self and healthcare team members	Describes nurse role and influence in healthcare systems Describes models for systematic decision-making, problem solving, and change process	Enacts professional role, duties, and tasks Initiates requests for help when appropriate to situation	Develops and models role and professional behaviors; uses role to influence self and others; is aware of specialty roles on healthcare team	Fully integrates professional role into practice; explains influence of authority gradients on teamwork, and patient safety and quality outcomes
Demonstrates collaborative behaviors	Describes the types of teams, member roles, dynamics, team communication, professional assertiveness, consensus building and conflict management	Identifies nurse and healthcare team member roles; reporting relationships and hierarchies Acts with integrity, consistency, and respect for differing views	Actively participates as member of healthcare team; asserts nurse role in managing patient care, patient advocacy, managing conflict	Demonstrates proactive, assertive role as member or leader of interdisciplinary teams; establishes teams; initiates conflict management strategies
Uses TeamSTEPPS Interprofessional Collaborative Practice Tools (Introduced by levels & carried forward)	Advocacy & Assertion Task Assistance & Feedback	*Communication Process* (pre-shift briefing, intra-shift huddle, post-shift debriefing); SBAR; CUS	Situation Awareness & Monitoring Cross Monitoring; Call-Out; Check-Back; Two-Challenge Rule	DESC Script (conflict management) Call-Out; Handoff

Evidenced-Based Practice

Definition: Integrating best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

Outcome: Synthesizes data, research information, and clinical expertise to develop, implement, and evaluate patient care protocols and guidelines for clinical practice that achieve optimal client outcomes, improve access to care, and manage healthcare costs.

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Demonstrates scientific methods and process knowledge	Describes the principles of scientific inquiry Defines and describes EBP Describes reliable sources for locating evidence reports	Identifies and utilizes scientific evidence and rationales to support nursing theory and practice; Describes best practice evidence and relevance to patient care management strategies Demonstrates beginning abilities to search online evidence databases	Discriminates between valid and invalid data; critically evaluates research and applicability to inform specific aspects of clinical practice Demonstrates intermediate abilities to search online evidence databases	Synthesizes, applies, and evaluates clinical research to inform direct and indirect nursing clinical practice and interdisciplinary patient care Describes strength of evidence standards Demonstrates abilities to conduct complex, multisite search for evidence
Demonstrates research application	Differentiates clinical opinion from research and evidence Describes need and value for scientific evidence to support patient care management decisions	Differentiates among sources of evidence (research, systematic reviews, clinical practice guidelines, best practices) Recognizes and acknowledges own limitations in knowledge and expertise before determining to deviate from evidence-based practices (seeks consultation)	Critiques and selectively applies data from research sources to provide evidence (rationales) for nursing actions.	Utilizes appropriate data, analysis methods, and data collection techniques to influence clinical practice and interdisciplinary care Participates in data collection and research activities
Demonstrates resource management knowledge	Describes impacts of cost on patient care services delivery Identifies current reimbursement sources for healthcare costs	Defines and locates resources as evidence (rationale) to support patient care management decisions and manage care costs	Incorporates collected evidence related to clinical practice topics and clinical guidelines to support clinical actions and patient care decisions	Utilizes appropriate resources to support and influence clinical practice goals and therapies Facilitates patient access to information to manage self-care and healthcare costs

Quality Improvement

Definition: Use of data to monitor the outcomes of care processes, and use of improvement methods to design and test changes to continuously improve the quality and safety of heath care systems.

Outcome: Participates in critical analyses of systems and utilizes data to continuously monitor patient outcomes and to inform decisions for change that improve the quality of care delivered to individuals, families and communities. Advocates for social justice, equitable access to health care, and policy change through political action.

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Uses awareness of human and systems factors to impact quality of patient care outcomes	Lists human and systems factors that impact performance; identifies metrics (measures) to understand human performance in healthcare settings Recognizes nursing role, impact, and potential contributions to systems of care and care processes that affect outcomes for patients and families	Identifies and articulates quality concerns and issues that impact patient care outcomes Describes patient quality outcome measures (metrics) and the variables that contribute to ideal outcomes	In response to a quality issue identified in a clinical setting, applies knowledge of evidence-based approach and best practice data to identify actions for assessment, planning, and nurse interventions to favorably impact patient outcomes	Uses and understands quality improvement concepts, processes, and outcome measures (metrics) to assist or initiate basic quality and safety investigations Assists in the development of quality improvement action plans Assists in monitoring the results of the actions plans
Identifies and employs factors that create a culture of nurse accountability for quality patient outcomes	Defines the concepts and principles of the continuous quality improvement (CQI) process	Demonstrates an understanding of how CQI is linked to organizational mission, service, strategies, and processes; how projects are managed individually and collectively by healthcare teams, and the role and potential impact of the registered nurse	Applies the concepts of CQI processes to patient care management and evaluates outcomes Participates in a root cause analysis for a sentinel event Identifies gaps between best practices and local agency practice	Participates in patient safety initiatives/programs within a local, clinical environment wherein direct patient care is delivered, evaluated, and monitored Establishes accountability within the scope and role of the registered nurse for patient care outcomes

Quality Improvement (continued)

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Translates knowledge to initiate and monitor nurse actions at the point-of-care, reflecting use of evidence data, systems, regulatory guidelines, politics, and policies	Explains various models and systems of patient care delivery; the interface of core services, delivery processes, customers, and patient outcomes; and performance improvement methods Lists patient outcomes potentially sensitive to nursing actions (nurse-sensitive indicators) and performance metrics within the context of quality improvement initiatives (e.g. 10 million lives protected from harm; 100,000 lives campaign; QSEN; NIH)	Describes situations in which unwanted variation affects patient care, and describes tools for measurement of nurse-sensitive patient care outcomes in clinical settings (e.g. communication, patient handover, error reporting systems, failure to rescue) Identifies quality measures (processes and tools) to understand performance and variation in healthcare delivery systems Describes models for change in processes of care related to the provision of direct and indirect care	Describes resources (tools and methods) used for implementing and evaluating CQI initiatives Defines and articulates the components of the PDCA process for planned change Applies quality improvement processes and tools to assess, plan, and monitor indicators (metrics) for patient outcomes in a clinical setting Identifies nursing-care sensitive patient outcomes relevant to various patient populations and selects nursing actions to achieve intended patient outcomes	Through a field experience, uses the four dimensions of improvement knowledge (knowledge of a system, knowledge of psychology, knowledge of variation, theory of knowledge) to describe a change in patient care Designs a small “test of change” intervention in a clinical setting, using an experiential learning method (e.g. Plan-Do-Check-Act) Identifies the psychology of work (e.g., organizational design, motivation) and psychology of change factors with potential influence on a healthcare problem Examines tools to analyze, display, and communicate data about processes related to quality patient outcomes and the CQI process

Healthcare Informatics

Definition: Use of information and technology to communicate and manage information (data) and knowledge, mitigate error, and support decision making; the intersection of data management and quality.

Outcome: Demonstrates healthcare information technology literacy to access, monitor, manage and communicate data to plan, deliver, and evaluate direct and indirect patient care to improve healthcare outcomes.

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Demonstrates computer literacy	Demonstrates basic computer skills (e.g. word processing, navigates with Internet browser, uses operations software) Completes a literature search using online access to literature	Provides examples of clinical information systems impact on patient care outcomes (quality and safety) and safe clinical practice environments Employs communication technologies to coordinate patient care Recognizes workflow and care processes that impact patient care services delivery and patient outcomes	Demonstrates use of computer skills to facilitate effective communication with nurse, physician, and allied health colleagues; clinical leaders, managers Responds appropriately to clinical decision making supports and alerts Evaluates workflow and care processes that impact patient care services delivery and patient outcomes	Given a complex patient care scenario, demonstrates capability to search, retrieve, collate, and validate best practice, evidence-based patient care interventions consistent with patient-specific outcomes Analyzes, critiques, and suggests improvements for workflow and care processes that impact patient care services delivery and patient outcomes
Demonstrates information literacy	Identifies essential information that must be available in an accessible, interdisciplinary database to support patient care services Recognizes data and information sources, structures, and processes appropriate to the scope of nursing practice and patient population-specific care needs	Given a patient care scenario, locates and selects healthcare information from multiple sources related to patient care management (assessment, planning, implementation, and evaluation of patient responses that reflect nurse-sensitive care) Navigates an electronic health record (EHR) to retrieve data to prepare for patient care delivery that is patient population-specific	Demonstrates abilities to retrieve from an EHR, data to evaluate current patient status, and to construct a plan of care consistent with medically-prescribed and patient-specific outcome goals Demonstrates abilities to enter patient care data into an EHR	Demonstrates abilities to search, locate, retrieve, synthesize, and validate information for a given disease/disorder to construct a plan for patient care (to include patient self-care teaching) Describes a criterion-based process for health information system product selection, procurement, and evaluation

Healthcare Informatics (continued)

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Demonstrates patient advocacy through professional accountability and conduct consistent with standards for data security and confidentiality	Understands laws pertaining to patient privacy, confidentiality, and security of health information Respects patient and healthcare systems confidentiality while using hand-held devices in actual and simulated patient care environments	Demonstrates patient advocacy by protecting confidentiality of health information in an EHR in actual and simulated patient care environments Describes relationship of technology and information management to quality and patient safety	As a member of the interprofessional healthcare team, ensures confidentiality of health information during patient care delivery in actual and simulated patient care environments. Describes strategies to integrate information technology into healthcare systems to promote communication and collaboration across the continuum of care	Assess systems, policies, and protocols in actual and simulated patient delivery environments that ensure protection of confidential health information; suggests improvements Explains the impact of national initiatives, laws, and policies that impact use of healthcare informatics in nursing practice

Safety

Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.				
Outcome: Employs knowledge of human factors implicated in adverse patient outcomes to continuously analyze the delivery and outcomes of care within the context of the healthcare system to identify and minimize patient risk and error.				
Competency Targets	**Level One Behaviors**	**Level Two Behaviors**	**Level Three Behaviors**	**Level Four Behaviors**
Consistently and progressively demonstrates safe and effective nursing care	Identifies potential situations related to patient care that place patients and nurses at high-risk for harm Verbalizes the legal, ethical, and moral responsibilities of the nurse during medication administration and follow up care; verbalizes the 7 rights for safe medication preparation and administration Demonstrates ability to accurately perform mathematical calculations related to medication dosages at the mastery level (100%)	Identifies human and system factors implicated in medical error and harm Follows standard precautions and maintains agency-specific infection control protocols Identifies high-risk patient populations and error-prone clinical procedures that place patients at risk for error, medical complications, and harm; and verbalizes nursing actions to minimize risk and harm Demonstrates safe methods for medication administration via oral and parenteral routes	Identifies interdisciplinary opportunities for collaboration in minimizing the potential for patient risk and harm Identifies in the clinical agency the structures, processes, and individuals designated to lead and monitor patient safety and quality initiatives, and the RN role and accountabilities for agency safety initiatives Demonstrates mastery to calculate IV infusions doses and rates Provides safety education to patients and families	Demonstrates through composition of a scholarly paper, the ability to: identify a high-risk condition or situation for a patient or a nurse; review and synthesize relevant safety and quality literature for validated best practices to mitigate the safety risk; identify the leadership role of the registered nurse and potential collaborative actions among the healthcare team; and identify metrics for monitoring outcomes that suggest success in risk and harm reduction
Protection of self from harm	Completes online self-study modules: *Safe Patient Handling* and *Safe Clinical Practice* Verbalizes the principles of infection control, isolation types, and methods to minimize exposure to self and others during patient care delivery	Consistently demonstrates proactive methods to minimize exposure and injury to self and others during patient care delivery Identifies agency-specific protocols related to safety and highlights nurse responsibilities	During delegation of patient care activities to unlicensed assistive personnel, demonstrates proactive direction and plans for supervision for protective behaviors and strategies to minimize risk for exposure and harm to self/others/patients during patient care delivery	Conducts a systematic "environment of care" safety assessment within a clinical agency; identifies systems and human factors contributing to risk for patient/staff error and harm; prepares and presents findings to agency leadership and staff

Patient-Centered Care

Definition: Care that recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs. The patient and family are in a partnered relationship with their healthcare providers and are equipped with relevant information, resources, access, and support to fully engage in and/or direct the healthcare experience as they choose. Transitions among healthcare providers are respectful, coordinated, efficient, and minimize waste and cost.

Outcome: Designs, coordinates, implements, and evaluates age- and culturally-appropriate care to individuals, families, and communities utilizing primary, secondary and tertiary prevention strategies in a variety of environments. Incorporates caring and compassionate behaviors to demonstrate advocacy and respect for patient choice, values, and needs.

Competency Targets	Level One Behaviors	Level Two Behaviors	Level Three Behaviors	Level Four Behaviors
Integrates patient-sensitive approach to care management	Identifies principles and concepts related to healthcare delivery: person-centered; consumer-centered; personalized; individualized; holistic Demonstrates awareness (inventory self-assessment) of own values, bias, knowledge limitations and the potential for impact on nurse role in managing patient care Identifies the core elements, processes, and nurse accountabilities for patient care planning and documentation of patient care in the healthcare record (assessments, interventions, patient teaching, narrative event notes, evaluative statements, end-of-shift summaries)	Demonstrates beginning abilities for cultural competence, health literacy and patient self-care teaching, generational preferences, therapeutic communication, and nurse role assertiveness Uses the nursing process to contribute to patient care delivery through: patient care planning; administration of medications and treatments; patient teaching for self-care and safety; and documentation of patient care in the healthcare record (assessments, interventions, patient teaching, narrative event notes, evaluative statements, end-of-shift summaries)	Integrates relationship-based patient care management approach and the nursing process to plan, deliver, coordinate, monitor, and evaluate patient care delivered by the healthcare team Extends principles of relationship-based care to interactions with members of the healthcare team and support departments	Identifies clinical agency initiatives for patient/family/staff satisfaction survey data and analysis; and describes how these date are used to promote quality patient care services Identifies and describes agency systems, policies, and procedures that create constraints and capabilities to implement relationship-based, patient-sensitive healthcare services, and describe potential actions of the professional nurse to promote the model for patient care services
Patient advocacy role	Advocates for self as student and in the developing role of nurse	Advocates to peers for patient as partner with healthcare team to support patient preferences, values, and needs related to health care	Demonstrates patient advocacy behaviors to healthcare team	Identifies structures and leadership methods to facilitate change within the healthcare organization to advocate for patient respect as partner in health care

NCLEX-RN TEST PLAN CONTENT 2013 BSN Curriculum Sp. 2014

	120	170	220	221	222	270	271	272	320	321	322	370	371	420	421	470	471
CLIENT NEEDS																	
SAFE AND EFFECTIVE CARE ENVIRONMENT																	
Management of Care 20%																	
Advance Directives	X	X			X			X	X								X
Advocacy	X	X		X	X		X	X	X	X		X	X	X	X	X	X
Assignment, Delegation and Supervision		X		X				X	X			X		X	X	X	X
Case Management		X							X								X
Client Rights	X	X			X			X	X	X		X	X	X	X	X	X
Collaboration with Interdisciplinary Team	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Concepts of Management									X	X			X				
Confidentiality/Information Security	X	X		X	X			X	X		X			X		X	
Continuity of Care									X	X			X	X	X		X
Establishing Priorities				X				X	X	X		X	X	X	X	X	X
Ethical Practice	X	X		X			X	X	X		X			X	X	X	X
Informed Consent	X	X					X	X	X		X	X		X	X		
Information Technology	X	X		X				X	X		X			X			
Legal Rights and Responsibilities	X	X		X				X	X		X			X	X		X
Performance Improvement (QI)		X		X						X	X		X	X			X
Referrals	X			X					X			X		X	X		X
Safety and Infection Control 12%																	
Accident/Error/Injury Prevention		X		X	X			X	X	X			X	X	X		X
Emergency Response Plan									X								
Ergonomic Principles														X			
Handling Hazardous and Infectious Materials								X						X	X		
Home Safety								X						X	X		
Reporting of Incident Event Irregular Occurrence/Variance				X	X				X	X			X	X			
Safe Use of Equipment				X				X	X	X		X	X	X	X		
Security Plan									X					X			

	120	170	220	221	222	270	271	272	320	321	322	370	371	420	421	470	471
Standard Precautions Transmission Based Precautions Surgical Asepsis				X	X		X	X	X			X		X	X		
Use of Restraints/Safety Devices					X			X	X					X	X		
HEALTH PROMOTION AND MAINTENANCE 9%																	
Aging Process	X		X		X			X	X			X		X			X
Ante/Intra/Postpartum and Newborn Care									X					X	X		
Developmental Stages and Transitions	X								X					X	X		
Health Promotion/Disease Prevention					X	X	X	X	X					X	X		
Health Screening					X				X					X	X		
High Risk Behaviors								X	X					X	X		X
Lifestyle Choices						X			X					X			X
Self-Care								X	X					X			X
Techniques of Physical Assessment					X			X	X					X	X		X
PSYCHOSOCIAL INTEGRITY 9%																	
Abuse/Neglect		X							X					X	X	X	
Behavioral Interventions									X					X	X		
Chemical and Other Dependencies/ Substance Use Disorder	X								X					X	X		
Coping Mechanisms									X					X	X		
Crisis Intervention									X						X		
Cultural Awareness/Cultural Influences on Health	X	X			X			X	X	X			X	X	X	X	
End of Life Care	X			X	X		X	X	X					X	X	X	
Family Dynamics		X							X					X	X		X
Grief and Loss	X				X			X	X					X			X
Mental Health Concepts	X								X					X	X		
Religious and Spiritual Influences on Health	X	X			X			X	X					X		X	X
Sensory/Perceptual Alterations			X					X	X						X		
Stress Management	X				X				X					X			X

	120	170	220	221	222	270	271	272	320	321	322	370	371	420	421	470	471
Support Systems		X							X					X			X
Therapeutic Communication	X	X		X	X			X	X					X	X		
Therapeutic Environment		X						X	X			X		X	X		
PHYSIOLOGICAL INTEGRITY																	
Basic Care and Comfort 9%																	
Assistive Devices								X							X		X
Elimination					X		X	X						X	X		X
Mobility/Immobility					X			X						X	X		X
Non-Pharmacological Comfort Interventions					X		X	X	X					X	X		X
Nutrition and Oral Hydration				X		X	X	X	X					X	X		X
Personal Hygiene					X			X		X			X	X			
Rest and Sleep								X	X					X	X		X
Reduction of Risk Potential 12%																	
Changes/Abnormalities in Vital Signs							X	X	X			X		X	X		X
Diagnostic Tests			X				X	X	X			X		X	X		X
Laboratory Values			X				X	X	X			X		X	X		X
Potential for Alterations in Body Systems			X				X	X	X			X		X	X		X
Potential for Complications from Surgical Procedures and Health Alterations			X					X	X			X		X	X		X
Potential for Complications of Diagnostic Tests Treatments Procedures			X						X			X		X	X		X
System Specific Assessments									X			X		X	X		X
Therapeutic Procedures									X			X		X	X		X
Physiological Adaptation 14%																	
Alterations in Body Systems			X					X						X	X		X
Fluid and Electrolyte Imbalances				X			X					X		X	X		X
Hemodynamics				X								X		X	X		X
Illness Management			X			X	X		X		X	X		X	X		X
Medical Emergencies							X		X			X		X	X		X
Pathophysiology			X				X		X			X		X	X		X
Unexpected Response to Therapies			X	X			X		X			X		X			

COMPARISON CROSSWALK
PRE-LICENSURE NURSING PROGRAMS
CA-BRN-CCNE

CABRN		CCNE	Indicators/Evidence
I. 1423. Approval Requirements.	**Indicators/Evidence**	**Purpose**	
(a) In order for a program to be approved by the board or to retain its approval, it shall comply with all requirements set forth in this article and in sections 2786 through 2788 o are f the code. (b) A material misrepresentation of fact by a program applicant or an approved nursing program in any information required to be submitted to the board is grounds for denial of approval or revocation of the program's approval.	.	Accreditation is intended to accomplish: 1. hold programs accountable to the community of interest and to one another 2. evaluate the success of a nursing program in achieving their mission, goals and outcomes 3. assess the extent to which a nursing program meets accred. standards 4. to inform the public of the purposes and values of accred. and to identify nursing program's that meet these standards. 5. Foster CQI in nursing programs	
II. 1424 Administration And Organization Of The Nursing Program			
SECTION 1424(a) There shall be a written statement of philosophy and objectives that serves as a basis for curriculum structure. Such statement shall take into consideration the individual difference of students, including their cultural and ethnic background, learning styles, goals, and support systems. It shall also take into consideration the concepts of nursing and man in terms of nursing activities, the environment, the health-illness continuum, and relevant knowledge from related disciplines.	***Indicators*** • *Phil./obj. of program consistent and a basis for curriculum* • *Phil statement available I writing for all to see* • *Obj clear, behavioral and in syllabus* • *Phil in Self Study* ***Evidence*** A. Students use program phil. in their experiences in the program. B. Phil includes faculty's beliefs about: 1. Person (humanity) 2. Art and science of nursing. 3. Nursing education, including the following individual differences among students, a. Cultural milieu, b. Ethnic background, c. Learning styles, and d. Support systems. C. Prog objectives reflect philosophy.	**Std.1 Program Quality: Mission and Governance** The mission, goals and expected program outcome are congruent with those of the parent institution, reflect professional nursing standards and guidelines and consider needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the on going efforts to improve the program quality. **1-A.** The mission, goals and expected program outcomes are: • Congruent with those of the parent institution • Consistent with relevant professional nursing standards and guidelines for preparation of nursing professionals	***Key Elements*** *The program's mission statement, goals and expected outcomes are written and accessible to current and prospective students, faculty and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks or other terminology congruent with institutional and program norms Professional standards and guidelines required by CCNE include:* • *Essentials of Baccalaureate Education for Professional (AACN 2008)* • *Essentials of Master's Education in Nursing (AACN 2011)* • *Essentials of Doctoral Education for advanced Practice (AACN 2006)* • *Criteria for Evaluation of NP programs*

		1-B. The mission, goals and expected student outcomes are reviewed periodically and revised as appropriate to reflect: • Professional nursing standards and guidelines • The needs and expectations of the community of interest	*(NTF)* *And additional standards and guidelines and role appropriate/area education selected by the program* *There is a defined process for periodic review and revision of program mission, goals and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals and expected student outcomes. Input from the community of interest is used to foster program improvement.* ***DOCUMENTS TO BE INCLUDED:*** Mission, goals and expected program outcomes Copies of all professional standards and guidelines
SECTION 1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.	***Indicators*** • *All policies /procedures reflect its philosophy and objectives.* • *Documents where information is available to students are included in the Self-Study; Nursing Student Handbook with each Self-Study.* ***Evidence*** A. Written policies and procedures are available to student on the following activities: Admissions' Promotion; Retention; Graduation; Dismissal; Grievance policies' Transfer and Challenge policies. B. Students state they are aware of policies and procedures of the program; apply to all	**I-F** Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals and expected student outcomes. These policies are: • Fair and equitable • Published and accessible • Reviewed and revised s necessary to foster program improvement	***Elaboration*** *Academic policies include but are not limited to those related to student recruitment, admission, retention and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between nursing program policies and those of the patent institution are identified and support achievement f the program's mission, goals and expected student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.* ***DOCUMENTS TO BE INCLUDED:*** Polices related to student recruitment, admission, retention and progression. University and nursing program policies related to student grievances, transfer, etc.
SECTION 1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and	***Indicators*** • *The evaluation process assesses the effectiveness of the total educational*	**IV-**A a systematic process is used to determine the program effectiveness	***Elaboration*** *The program uses a systematic process to obtain relevant data to determine program*

selection procedure, attrition and retention of students, and performance of graduates in meeting community needs.	*program, including the effectiveness of the evaluation plan as a quality improvement tool.* • *The faculty as a whole analyze data collected and make appropriate changes based on that input and the continuing evolution of nursing/health care theory and practice.* • *Faculty utilize a system to track problems and responses over time*. **Evidence** A. Written reports of the results of the total program evaluation, including: 1. Attrition rates and patterns, 2. Surveys, e.g., students, graduates, employers, 2. NCLEX pass rates for past five years, and 3. Any student issues or complaints. B. The above reports include: 1. Patterns and trends, 2. Faculty analysis, 3. Outcome of analysis (change, resolution).	**IV-B** Program completion rates demonstrate program effectiveness **IV-C** Licensure and certification pass rates demonstrate program effectiveness	*effectiveness. The process:* • *Is written, ongoing, and exists to determine achievement of program outcomes* • *Is comprehensive (i.e. includes completion, licensure, certification and employment rates as required by the US DOE and other program outcomes)* • *Identifies which quantitative and /or qualitative data are collected to assess achievement of program outcomes* • *Includes timelines for collection, review f expected and actual outcomes and analysis* • *Is periodically reviewed and revised as appropriate* ***DOCUMENTS TO BE INCLUDED:*** Evaluation plan with indicators *The program demonstrates achievement of required program outcomes regarding completion. For each degree (BSN,MSN,DNP) and post graduate APRN certificate programs:* • *Completion rate for each of the three most recent calendar years* • *The program specifies the entry point and defines the time period t completion* • *The program describes the formula it uses t calculate the completion rate* • *The completion rate for the most recent calendar year is 70% or higher*** • *A program with a completion rate of less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance* *The pre-licensure program demonstrates achievement of required program outcomes regarding licensure* • *The NCLEX-RN pass rate for each campus/sire and track is provided for each of t he past 3 most recent calendar years* • *The NCLEX-RN pass rate for each site/campus track is 80% or higher for the first time test takers for the most*

			recent calendar year. ** *As campus/site or track with an NCLEX-RN of less than 80% for first time takers for the most recent calendar year [provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN pass rate for first time test takers. The explanation may include trend data, information about the numbers of test takers, data relevant t specific campuses/sites tracks and, data on repeat takers.*
Section 1424(b)(2) The program shall have procedure for resolving student grievances	***Indicators*** • *Policy for resolution of grievances for SONHP and Univ should be consistent* • *Identify location of written* grievance policy in Self Study **Evidence** A. Written SONHP grievance process printed in at least one official document. B. Grievance process available to students, objective and universally applied.	**IV-G** The program defines and reviews formal complaints according to established policies	*Elaboration:* *The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of forma complaints includes, at a minimum student complaints. The program's definition of formal complaints and the procedure for filing a complaint are communicated to relevant constituencies.*
SECTION 1424(c) There shall be an organizational chart, which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.	***Indicators*** • *There is an organizational plan that shows lines of authority and channels of communication between the program, the institution and all clinical agencies.* • *Director has responsibility and authority to supervise and evaluate all program faculty and staff.* • *All faculty responsible for a nursing course, i.e., lead faculty, are approved as an Instructor and an Instructor, Assistant Director or the Director supervises all Assistant Instructors and Clinical Teaching Assistants.* **Evidence** A. Nursing Department organizational chart to include clinical agencies and relation to administration. B. Administrators, faculty and students verify authority and communication lines as indicated on organizational chart. C. Summary of minutes reflect identified relationships and communications: 1. faculty meetings 2. interdepartmental meetings		

	3. interagency meetings		
SECTION 1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment, including technology, to achieve the program's objectives	***Indicators*** • *There are adequate resources, including use of technology, to assist the students to achieve the program objectives.* • *Faculty have identified and sought to mitigate any limitations in resources or any barriers students' experience in accessing resources.* **Evidence** A. Written evaluation of resources, to include: Faculty; Library; Staff services; Support services; Learning/skills laboratory; Laboratory resources; Physical space; Equipment, include technology, such as equipment for simulation; and hardware/software B. Students and faculty verify adequacy of resources. C. Written report demonstrates tracking of any resource concerns or access problems.	**II-B** Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	***Elaboration*** *Academic support services (e.g. library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals and expected program outcomes. There is a defined process for regular review of the adequacy of the programs academic support services. Review of academic services occurs and improvements are made as appropriate.*
SECTION 1424(e) The director and the assistant director shall dedicate sufficient time for the administration of the program.	***Indicator*** • *Director and assistant director have specified time set aside for the administration of the program.* • *Dedicated time for administration of the program is sufficient time for the director to perform the functions described in CCR section 1420(h). Director functions include the responsibility and authority to:* *1. Develop and implement the program budget,* *2. Plan, manage and evaluate all aspects of the program including, but not limited to:* *a. Faculty and staff,* *b. Curriculum development and implementation,* *c. Compliance with Board rules and regulations, and* *3. Act as a student advocate.* **Evidence** A. Job description for: 1. Director 2. Assistant director B. Semester/quarter schedule for: 1. Director 2. Assistant director	**II-C** The Chief nurse administrator: • Is a registered nurse (RN) • Holds a graduate degree in nursing • Holds a doctoral degree if the nursing unit offers graduate program in nursing • Is academically and experientially qualified to accomplish the mission, goals and expected program outcomes; and • Provides effective leadership to the nursing unit in achieving its mission, goals and expected program outcomes	***Elaboration*** *The administrative authority of he chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and their communities of interest to make decisions to accomplish the mission goals and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).*
SECTION 1424(f) The program shall have a board-approved assistant director who is	***Indicators*** • *There will be at least one Assistant Director,*	**NOTHING FROM CCNE REGARDING THIS**	

knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.	*with a defined duty statement, who meets the qualifications for Assistant Director as stated in Section 1425(b).* • *The amount of release time and responsibilities of the Assistant Director are specified.* **Evidence** A. Credentials of Assistant Director: 1. Assistant Director Approval form 2. Job descriptions of Assistant Director that defines administrative functions performed. B. Nursing Department organizational chart reflecting Assistant Director's role. C. Sufficient dedicated time to perform administrative functions.		
SECTION 1424(g) Faculty members shall have the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the program.	***Indicators*** • *Faculty minutes reflects faculty participation by all faculty with regard to:* *1. Input into program policy development,* *2. Responsibility for program implementation and outcomes, and* *3. Evaluation of all aspects of program.* **Evidence** A. A summary report of minutes demonstrating faculty's participation on their: 1. Development of policies and procedures 2. Planning, organization, implementing and evaluating all aspects of the program. B. Organizational chart reflecting the manner by which the faculty functions C. Faculty handbook D. Validation from students, faculty and director.		
SECTION 1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board, and shall include at least one qualified instructor in each of the areas of nursing listed in section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned	***Indicator*** • *Faculty members teaching in the nursing program will meet qualification listed in CCR 1425(c), (d) or (e).* • *Information shall be available on each faculty's current education and experience in teaching theory and clinical.* • *Faculty numbers, including the ratio of full-time to part-time faculty, will be sufficient to safely implement the curriculum.* **Evidence** A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate		

	faculty expertise and continued clinical competency. B. Identify education and clinical experience that qualifies each content expert for that role. C. List class schedule and faculty assignments and include in Self-Study. D. Faculty Approval/Resignation Notification forms(EDP-P-02)* E. Compliance with policy on content experts.		
SECTION 1424(i) When a non-faculty individual participates in the instruction and supervision of students obtaining clinical experience, his or her responsibilities shall be described in writing and kept on file by the nursing program.	***Indicators*** *Non-faculty individuals shall have expertise in the area in which they are responsible for the clinical supervision of students.* **Evidence** A. Identification of all non-faculty individuals and their responsibilities written and on file.		
SECTION 1424(j) The assistant director shall function under the supervision of the director. Instructors shall function under the supervision of the director or the assistant director. Assistant instructors and clinical teaching assistants shall function under the supervision of an instructor.	***Indicator*** *Describe the hierarchy of the faculty in relation to implementing the curriculum* **Evidence** A. List relationships from Director through all faculty and non-faculty members and responsibility for curriculum. B. Supervision is consistent with program organizational chart.		
SECTION 1424(k) The student/teacher ratio in the clinical setting shall be based on the following criteria: (1) Acuity of patient needs; (2) Objectives of the learning experience; (3) Class level of the students; (4) Geographic placement of students; (5) Teaching methods; and (6) Requirements established by the clinical agency	***Indicator*** • *Plan to show rationale for student/teacher ratio based on criteria, Section 1424(k).* • *Faculty evaluate initial and ongoing clinical placement of students.* **Evidence** A. Written process for determining student/teacher ratio in all clinical sites. B. Minutes of meetings between faculty and clinical agency personnel. C. A written summary report on student evaluations of clinical settings. D. Students report clinical settings are adequate for them to meet course objectives.		

III. 1425 Faculty Qualifications & Changes			
SECTION 1425 All faculty, the director, and the assistant director shall be approved by the board pursuant to the document, "Faculty Qualifications and Changes Explanation of CCR Section 1425 (EDP-R-02 Rev 09/2012), which is incorporated herein by reference. A program shall report to the board all changes in faculty, including changes in teaching areas, prior to employment of, or within 30 days after, termination of employment of a faculty member. Such changes shall be reported on forms provided by the board. Faculty Approval/Resignation Notification form (EDP-P-02, Rev 09/2012) and Director or Assistant Director Approval form (EDP-P-03, Rev 09/2012) which are herein incorporated by reference. Each faculty member, director, and assistant director shall hold a clear and active license issued by the board and shall possess the following qualifications:	***Indicator*** • Director, Assistant Director, and all faculty must have on file in the program and with the Board an approval form, signed by Board staff, approving all administrative or teaching functions performed in the program. • All nurse faculty members, Director, and Assistant Director will have a clear and active RN licensed by the board at all times **Evidence** A. Faculty, Assistant Director, and Director forms on file with Board are consistent with assignments and positions held in the program. B. List all faculty and administrators of the program showing current, active California RN licensure.		
SECTION 1425(a) The director of the program shall meet the following minimum qualifications: (1) A master's or higher degree from an accredited college or university which includes course work in nursing, education or administration; (2) One (1) year's experience as an administrator with validated performance of administrative responsibilities consistent with section 1420(h); (3) Two (2) years' experience teaching in pre- or post-licensure registered nursing programs; and (4) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse; or (5) Equivalent experience and/or education as determined by the board.	***Indicator*** • *RN Director shall meet all requirements of 1425(a).* **Evidence** A. Narrative showing how position is filled: 1. Appointed or elected (process), 2. Term of office, and 3. Amount of time for administrative functions. B. Duty statement that includes functions listed under Indicators for section 1424(e). Also refer to definition of director in CCR 1420(h). C. Copy of approved Director or Assistant Director Approval (EDP-P-03) Note: It is the program's responsibility to demonstrate that a non-nursing degree and/or non-academic administrative experience meets the requirements of 1425(a).		

SECTION 1425 (b) The assistant director shall meet the education requirements set forth in subsections (a)(1) above and the experience requirements set forth in subsections (a)(3) and (a)(4) above, or such experience as the board determines to be equivalent.	***Indicator*** *The registered nurse Assistant Director shall meet minimum requirements of section 1425(b).* **Evidence** A. Narrative showing how position is filled: 1. Appointed or elected position 2. Term of office, and 3. Amount of time for administrative functions. B. Duty statement that includes administrative functions assigned or shared. See definition, CCR section 1420(c) and 1420(e). C. Copy of approved Director or Assistant Director Approval (EDP-P-03).		
SECTION 1425(c) An instructor shall meet the following minimum qualifications: (1) The education requirements set forth in subsection (a)(1); (2) Direct patient care experience within the previous five (5) years in the nursing area to which he or she is assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrate clinical competency; and (3) Completion of at least one (1) year's experience teaching courses related to registered nursing or completion of a post-baccalaureate course which includes practice in teaching registered nursing.	***Indicator*** • *Instructors in the nursing programs shall meet minimum requirements of section 1425(c).* **Evidence** A. Faculty Approval/Resignation Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years.		
SECTION 1425(d) An assistant instructor shall meet the following minimum qualifications: (1) A baccalaureate degree from an accredited college which shall include courses in nursing, or in natural, behavioral or social sciences relevant to nursing practice; (2) Direct patient care experience within the	***Indicator*** • *An Assistant Instructor shall meet minimum requirements of section 1425(d).* **Evidence** A. Faculty Approval/Resignation		

previous five (5) years in the content area to which he or she will be assigned, which can be met by: (A) One (1) year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse in the designated nursing area; or (B) One (1) academic year or of registered nurse level clinical teaching experience in the designated nursing area or its equivalent that demonstrates clinical competency.	Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years.		
SECTION 1425(e) A clinical teaching assistant shall have at least one (1) year continuous, full-time or its equivalent experience in the designated nursing area within the previous five years (5) as a registered nurse providing direct patient care.	***Indicator*** *The clinical teaching assistant shall meet the minimum requirements for section 1425(e).* **Evidence** A. Faculty Approval/Resignation Notification (EDP-P-02). B. Description of clinical experience in approved content area within the previous five years		
SECTION 1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications: (1) A master's degree in the designated nursing area; or (2) A master's degree that is not in the designated nursing area and shall: (A) Have completed thirty (30) hours of continuing education or two (2) semester units or three (3) quarter units of nursing education related to the designated nursing area; or have national certification in the designated nursing area from an accrediting organization, such as the American Nurses Credentialing Center (ANCC); and (B) Have a minimum of two hundred forty (240) hours of clinical experience within the previous three (3) years in the designated nursing area; or have a minimum of one (1) academic year of registered nurse level clinical teaching experience in the designated nursing area within the previous five (5) years.	***Indicator*** • *At least one content expert in the area of geriatrics, medical-surgical, mental-health/psychiatric nursing, obstetrics, and pediatrics with each expert's qualifying credentials listed in the Self-Study. Refer to CCR 1420(f) for the role of a content expert.* • *Identification of content expert role in the curriculum implementation.* **Evidence** A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved nursing area(s). CE hours and/or clinical work experiences are sufficient to demonstrate faculty expertise and continued clinical competency. B. Identify education and clinical experience that qualifies each content expert for that role		

	C. Description on how content expert role is accomplished in program is included in the Self-Study		
IV. 1425.1 Faculty Responsibilities Section			
1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.	***Indicator*** *There shall be a record showing all activities and responsibilities of each faculty member.* • *The Board considers each faculty member responsible for the consistent implementation of the program philosophy, objectives, policies and curriculum.* • *The Board considers part time faculty share the same responsibility as full time faculty.* **Evidence** **Including, but not limited to** A. Schedule of faculty/student rotations. B. Faculty job description C. Program's full-time/part-time policy. D. Students report consistent implementation of philosophy and framework across the curriculum. E. Meeting minutes, such as faculty, curriculum, etc		
SECTION 1425.1(b) Each faculty member shall participate in an orientation program, including, but not limited to, the program's curriculum, policies and procedures, strategies for teaching, and student supervision and evaluation	***Indicator*** • *Policy on orientation of a new faculty member.* • *Faculty handbook* **Evidence** A. Policy on faculty orientation; B. Verification by faculty members.		
SECTION 1425.1(c) A registered nurse faculty member shall be responsible for clinical supervision only of those students enrolled in the registered nursing program.	***Indicator*** • *Registered nurse faculty members are responsible exclusively for clinical supervision of students in the registered nursing program.* • *List names of any faculty with a dual appointment between the institution and service and how position is funded.* **Evidence** A. Schedule of faculty/student rotations.		

	B. Clinical agency contracts reflect faculty responsibility for student supervision.		
SECTION 1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), provides guidelines for attaining and documenting clinical competence, and is herein incorporated by reference.	***Indicator*** *Policy on faculty remediation*. **Evidence** A. Faculty profiles that include the last five years of activities related to their teaching assignment(s) and their approved clinical area(s). CE hours &/or clinical work experiences sufficient to demonstrate faculty expertise and continued clinical competency. B. Completed faculty remediation plans.		
V. 1426 Required Curriculum			
SECTION 1426(a) The curriculum of a nursing program shall be that set forth in this section and shall be approved by the board. Any revised curriculum shall be approved by the board prior to its implementation.	***Indicator*** • *The Board of Registered Nursing shall approve the current curriculum of a nursing program* prior to its implementation. **Evidence** A. Program curriculum forms are signed and consistent with Board files. 1. Total Curriculum Plan form (EDP-P-05). 2. Course of Instruction form (EDP-P-06). B. Hours & units implemented are consistent with Program and Board files.		
SECTION 1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to meet minimum competency standards of a registered nurse.	***Indicator*** • *Curriculum shall have a unifying theme that includes the nursing process and is a plan that provides the necessary knowledge, skills, and abilities necessary for the student to function and meet minimum competency standard for a RN and to meet standards of competence in CCR section 1443.5.* • *Narrative and/or a diagram showing how curriculum model includes nursing process and embodies program philosophy.* • *Each faculty implements curriculum according to agreed upon philosophy,*		

	objectives and theoretical framework/unifying theme. **Evidence** A. Consistency of curriculum will be reflected in: 1. Course syllabi, 2. Student and faculty evaluations, and 3. Pattern of attrition across the curriculum. B. Curriculum is relevant to current nursing practice and reflects standards of competence performance (CCR 1443.5). This is demonstrated by: 1. NCLEX pass rates and trends, 2. Evaluations of graduate and employer surveys and program reviews		
SECTION 1426(c) The curriculum shall consist of not less than fifty-eight (58) semester units, or eighty-seven (87) quarter units, which shall include at least the following number of units in the specified course areas:	***Indicator*** • *The curriculum shall reflect the minimum requirements as stated in section 1426(c).* • *Curriculum forms signed and dated by Board staff on file match program files.* **Evidence** A. Total Curriculum Plan for (EDP-P-05). B. Required Curriculum/Content Required for Licensure (EDP-P-06R) C. Approved units and hours consistent:		
(1)Art and science of nursing, thirty-six (36) semester units or fifty-four (54) quarter units, of which eighteen (18) semester or twenty-seven (27) quarter units will be in theory and eighteen (18) semester or twenty-seven (27) quarter units will be in clinical practice	***Indicator*** *Course syllabi reflect units and hours documented on curriculum forms.* **Evidence** A. Board forms, B. College catalog, C. Course syllabi, D. Class schedule, E. Nursing Student Handbook, F. Verification from students and faculty		
(2) Communication skills, six (6) semester or nine (9) quarter units. Communication skills shall include principles of oral, written and group communication.	***Indicator*** • *College courses that emphasize interpersonal communication skills, oral, written, group.* • *Separate communication courses and may also be included in nursing courses, identify where met.*		

	Evidence EDP-P-06		
(3) Related natural sciences (anatomy, physiology, and microbiology courses with labs), behavioral and social sciences, sixteen (16) semester or twenty-four (24) quarter units.	**Indicator** • A minimum of 16 (semester) /24 (quarter) units of sciences required, e.g., anatomy, physiology, microbiology, psychology, sociology, or cultural anthropology. • Other science units may be included or be apart of other degree requirements. **Evidence** Appropriate Board forms and program sources confirm compliance. *		
SECTION 1426(d) Theory and clinical practice shall be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics, and pediatrics. Instructional outcomes will focus on delivering safe, therapeutic, effective patient-centered care; practicing evidence-based practice; working as part of the Interdisciplinary teams; focusing on quality improvement; and using information technology. Instructional contents shall include, but is not limited to, the following: critical thinking, personal hygiene, patient protection and safety, pain management, human sexuality, client abuse, cultural diversity, nutrition (including therapeutic aspects), pharmacology, patient advocacy, legal, social and ethical aspects of nursing, and nursing leadership and management.	**Indicators** • The curriculum shall reflect all subsections of Section 1426(e). • Include in Self Study the approved (signed by NEC) curriculum forms: • Total Curriculum Plan (EDP-P-05 or EDP-P-05A) • Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01) **Evidence** A. Course syllabi will contain appropriate: 1. Course objectives, 2. Curriculum content, and 3. Clinical experiences, including nursing skills and clinical conference. B. Communication skills and related sciences provided by: 1. Support courses provided on campus and/or accepted as transfer credit 2. Integration into nursing courses C. Narrative summary evaluating relevance and effectiveness of above content.		
SECTION 1426(e) The following shall be integrated throughout the entire nursing curriculum. (1) The nursing process; (2) Basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing; (3) Physical, behavioral, and social aspects of human development from birth through all age	***Indicator*** • *The curriculum shall reflect all subsections of Section 1426(e).* • *Include in Self Study the approved (signed by NEC) curriculum forms:* *1. Total Curriculum Plan (EDP-P-05 or EDP-P-05A)*		

levels; (4) Knowledge and skills required to develop collegial relationships with health care providers from other disciplines; (5) Communication skills including principles of oral, written and group communications; (6) Natural science, including human anatomy, physiology, and microbiology; and (7) Related behavioral and social sciences with emphasis on societal and cultural patterns, human development, and behavior relevant to health-illness.	*2. Required Curriculum/Content Required for Licensure (EDP-P-06 or EDP-P-06 Rev 09/01)* **Evidence** Course syllabi will contain appropriate: 1. Course objectives, 2. Curriculum content, and 3. Clinical experiences, including nursing skills and clinical conference. B. Communication skills and related sciences provided by: 1. Support courses provided on campus and/or accepted as transfer credit 2. Integration into nursing courses C. Narrative summary evaluating relevance and effectiveness of above content.		
SECTION 1426(f) The program shall have tools to evaluate a student's academic progress, performance, and clinical learning experiences that are directly related to course objectives.	***Indicators*** • *There is a formal plan for evaluation of students' achievements that is based upon clinical objectives that are measurable and related to course outcome objectives.* • *The student evaluation plan is consistently implemented across the curriculum.* **Evidence** A. Clinical evaluation tools related to clinical/course objectives that are stated in measurable terms. B. Documentation of student conferences. C. Report by students of consistent implementation of evaluation of students' academic progress based on clearly stated objectives.		
SECTION 1426(g) The course of instruction shall be presented in semester or quarter units under the following formula: 1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit. 2) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit. With the exception of an initial nursing course that teaches basic nursing	***Indicators*** • *Nursing program must utilize semester or quarter units as designated by college policy. Indicate if using a compressed calendar* • *Total hour for theory is based on the number of weeks times one hour/week/unit.* • *Total hour for clinical is based on the*		

skills in a skills lab, 75% of clinical hours in a course must be in direct patient care in an area specified in section 1426(d) in a board-approved clinical setting.	*number of weeks times 3 hrs/week/unit.* *Note: Courses may be compressed as long as total number of hours/unit equals the total for the base number of weeks in the semester or quarter* **Evidence** A. Hours per unit accurately reflected in: 1. Total Curriculum Plan Form (EDP-P-05 or EDP-P-05A) Form 05A will calculate total hours if opened in Excel. 2. College/university catalogue 3. Course outlines/syllabi 4. Student handbook **5.** 5. Credit granted		
SECTION 1426.1 **Preceptorship.** A preceptorship is a course, or component of a course, presented at the end of a board-approved curriculum, that provides students with a faculty-planned and supervised experience comparable to that of an entry-level registered nurse position. A program may choose to include a preceptorship in its curriculum. The following shall apply: SECTION 1426.1(a) The course shall be approved by the board prior to its implementation.	**Indicator** • Preceptorship, if implemented is approved by the Board; • Faculty is assigned to a course that has the supervisory responsibilities for the course; • Policies and procedures for the preceptorship course are clear; • Preceptor orientation is provided to preceptors. **Evidence** Preceptorship course policies. Verified by faculty, preceptor, students.		
SECTION 1426.1(b) The program shall have written policies and shall keep policies on file for conducting the preceptorship that include all of the following: (1) Identification of criteria used for preceptor selection;	**Evidence** Preceptor policy		
SECTION 1426.1(b)(2) Provision for a preceptor orientation program that covers the policies of the preceptorship and preceptor, student, and faculty responsibilities;	***Indicator*** • *Formalized orientation program is available for preceptors;* • *All Preceptors complete an orientation that covers policies and procedures of the preceptorship and responsibilities of the preceptor, student, and faculty prior to being assigned students*; **Evidence** Preceptor policy and records.		

SECTION 1426.1(b)(3) Identification of preceptor qualifications for both the primary and the relief preceptor that include the following requirements: (A) An active, clear license issued by the board; and (B) Clinically competent, and meet the minimum requirements specified in section 1425(e); (C) Employed by the health care agency for a minimum of one (1) year; and (D) Completed a preceptor orientation program prior to serving as a preceptor; (E) A relief preceptor, who is similarly qualified to be the preceptor and present and available on the primary preceptor's days off.	**Indicator** • Preceptors meet the requirements per 1426.1;(b)(3); • Required records for preceptors are maintained**;**		
SECTION 1426.1(b)(4) Communication plan for faculty, preceptor, and student to follow during the preceptorship, that addresses: (A) The frequency and method of faculty/preceptor/student contact; (B) Availability of faculty and preceptor to the student during his or her preceptorship experience. 1. Preceptor is present and available on the patient care unit during the entire time the student is in his or her preceptorship rendering nursing services. 2. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity.	***Indicator*** • *Communication plan during preceptorship is clear to all parties involved.* • *Preceptor and faculty are available to the student during his or her preceptorship experience.* **Evidence** Preceptor course files and responses from student/preceptor interview		
SECTION 1426.1(b)(5) Description of responsibilities of the faculty, preceptor, and student for the learning experiences and evaluation during preceptorship, including following activities: **(**A) Faculty member conducts periodic on-site meetings/conferences with the preceptor and the student; (B) Faculty member completes the final evaluation of the student with input from the preceptor;	***Indicator*** • *Onsite meetings are held at regular intervals;* • *Conduct ongoing monitoring and evaluation* **Evidence** Interview with students/preceptors		
SECTION 1426.1(b)(6) Maintenance of preceptor records that includes names of all current preceptors, registered nurse licenses, and dates of preceptorships; and	**Indicator** Preceptor files kept on file. **Evidence** Preceptor files contain required		

	information.		
SECTION 1426.1(b)(7) Plan for an ongoing evaluation regarding the continued use of preceptors.			
SECTION 1426.1(c) Faculty/student ratio for preceptorship shall be based on the following criteria: (1) Student/preceptor needs; (2) Faculty's ability to effectively supervise; (3) Students' assigned nursing area; and (4) Agency/facility requirements.	***Indicator*** *Criteria on faculty/student ratio for preceptorship are used.* **Evidence** Effectiveness of supervision using the given ratio. Responses from faculty, preceptors, students.		
VI. 1427 Clinical Facilities			
Section 1427(a) A nursing program shall not utilize any agency and/or facility for clinical experience without prior approval by the board. Each program must submit evidence that it has complied with the requirements of subdivisions (b), (c), and (d) of this section and the policies outlined by the board.	***Indicator*** • *List of clinical facilities used by the nursing program is kept.* • *Program will have a Clinical Site Approval form (EDP-P-08) for each facility the program uses for clinical learning experience.* • *Verification that selected clinical sites meet requirements of subdivision (b)(c) below.* **Evidence** A. The following documents verify compliance: 1. Clinical Site Approval form (EDP-P-08),***** 2. Curriculum/Faculty form (EDP-P-11) 3. Clinical contracts, 4. Minutes of interagency meetings, and 5. Written evaluation/verification of clinical sites. (May use Verification Form EDP-P-14.)		
• Section 1427(b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities, and shall assign students only to facilities that can provide the experience necessary to meet those objectives	• ***Indicator*** • *Clinical agencies shall be utilized only when they can provide the experiences necessary to meet course objectives.* • *Written objectives shall be posted and available on each unit or area when students are present* **Evidence.** A. The following demonstrates		

	compliance: 1. Consultants are readily able to obtain current written objectives at each site visited. 2. Students report ability to meet clinical objectives and that faculty and RN staff support the students' learning. 3. Written report that summarizes student and faculty evaluations of clinical sites and changes made when indicated.		
SECTION 1427(c) Each such program shall maintain written agreements with such facilities and such agreements shall include the following: (1) Assurance of the availability and appropriateness of the learning environment in relation to the program's written objectives; (2) Provisions for orientation of faculty and students; (3) A specification of the responsibilities and authority of the facility's staff as related to the program and to the educational experience of the students; (4) Assurance that staff is adequate in number and quality to insure safe and continuous health care services to the patients. (5) Provisions for continuing communication between the facility and the program; and (6) A description of the responsibilities of faculty assigned to the facility utilized by the program.	***Indicator*** *Clinical contracts shall meet the requirements stated in section 1427(c)(1)-(6). (Include in the Self Study as a sample of contract form(s) used.)* *A process that faculty use for discussing the program's philosophy, curricular framework and specific course objectives with clinical agencies. (Include in Self Study.)* *A statement of adequate staffing must be included in the contract with the clinical agency.* *Job responsibilities of the faculty should be delineated in the agency contracts.* *How orientation of faculty occurs and who is responsible to orient students.* **Evidence** A. All clinical agencies used by program will have a signed, current contract that includes all the requirements of 1427(c)(1) – (6). B. Written summary of interagency meetings including resolution of any problems. C. Written plan for the following if not detailed in contract: 1. Communication between agency and college or university. 2. Orientation of faculty and students. 3. Preceptor Program if applicable. 4. Work-Study Program if applicable.		
SECTION 1427(d) In selecting a new clinical	***Indicator***		

agency or facility for student placement, the program shall take into consideration the impact that an additional group of students would have on students of other nursing programs already assigned to the agency or facility.	*Interagency meeting minutes shall reflect considerations of impact being given on placement of a new clinical group at the agency.*		
VII. 1428 Student Participation			
Section 1428(a) students shall be provided the opportunity to participate with the faculty in the identification of policies and procedures related to students including but not limited to: (a) Philosophy and objectives; (b) Learning experiences; and (c) Curriculum, instruction and evaluation of the various aspects of the program, including clinical facilities.	***Indicator*** • *There is active student participation formally or informally with the faculty in the identification of policies and procedures relating to the students in the nursing program.* • *Avenues for student input listed in Self Study, such as:* • *Committee membership(s) and whether students have voting privileges,* • *Student representatives by name and level,* • *Method used to collect written student course evaluations, and* • *Utilization of student nurses organization if applicable.* • *5. Any other avenues open to students to have input into program activities*. **Evidence** A. Written report tracking student issues and complaints and program responses. (Identify location of verifying documentation.) B. Verification from students and faculty concerning student participation. C. Faculty analysis of student evaluations of courses, faculty, clinical sites and program, including changes made as appropriate. D. Description of student representative's responsibilities, how selected and process for student to student communication		
VIII. 1428.6 Policies Relating To Establishing Eligibility For Examination			
SECTION 1428.6(a) At least four (4) weeks prior to its established graduation date, the	***Indicator*** *Procedure is in place for submission of*		

nursing program shall submit to the board a roster of names of those students and their expected date to successfully complete required course work. Except as provided below such a student shall be deemed eligible to take the examination after the date on which the student successfully completed the required course work.	*Board required forms for graduates of the program.* **Including, but not limited to:** **Evidence** Policies and procedures used by the program		
SECTION 1428.6(b) The nursing program shall notify the board immediately by telephone, facsimile, or e-mail of any student who fails to maintain eligibility and such individual shall be deemed ineligible to take the examination.			
IX. 1429 Licensed Vocational Nurses, Thirty (30) Semester Or Forty-Five (45) Quarter Unit Option			
SECTION 1429(a) An applicant who is licensed in California as a vocational nurse is eligible to apply for licensure as a registered nurse if such applicant has successfully completed the courses prescribed below and meets all the other requirements set forth in Section 2736 of the Code. Such applicant shall submit evidence to the Board, including a transcript, of successful completion of the requirements set forth in sub-section (c) and of courses in physiology and microbiology comparable to such courses required for licensure as a registered nurse.	***Indicators*** *Note: This section refers to the California Licensed Vocational Nurse applying for licensure in California as a Registered Nurse through the 30 unit/45 unit Option. The process for program applicants who are applying for advanced placement due to prior education and experience should be addressed under Transfer and Challenge section 2786.6.* **Evidence** Transcripts will reflect eligibility to sit for the licensure examination in California.		
SECTION 1429(b) The school shall offer objective counseling of this option and evaluate each licensed vocational nurse applicant for admission to its registered nursing program on an individual basis. A school's determination of the prerequisite courses required of a licensed vocational nurse applicant shall be based on an analysis of each applicant's academic deficiencies, irrespective of the time such courses were taken.	***Indicator*** • *Counseling is provided to all LVN applicants to the program and shall include the following:* *1. Minimum requirements for licensure shall be explained objectively to each applicant.* *2. Previous courses shall be analyzed on an individual basis.* *3. No recency requirements shall be applied to prerequisite courses for this option.* • *There is at least one officially published document describing this option.*		

	Evidence A. The official school document that indicates all options available to LVNs interested in RN licensure and that each applicant will be individually evaluated. B. Program Director, college/university counselors and students verify option is made available and that counseling is offered. C. Written narrative of program's experience with 30 (45) unit Option students including: 1. Number of graduates, 2. Evaluation of attrition rates, and 3. Licensing exam (NCLEX) pass rates.		
SECTION 1429(c) The additional education required of licensed vocational nurse applicants shall not exceed a maximum of thirty (30) semester or forty-five (45) quarter units. Courses required for vocational nurse licensure do not count toward fulfillment of the additional education requirement. However, other courses comparable to those required for licensure as a registered nurse, as specified in Section 1426, may be counted toward fulfillment of the additional education requirement.	***Indicator*** • *Curriculum requirements for 30/45 unit Option included in Self Study is consistent with Board approved curriculum requirements for this option. (EDP-P-06 or EDP-P-06 Rev.)* • *The program will specify no more that 30 semester or 45 quarter units for completion of minimum requirements for a California LVN to be eligible for the NCLEX-RN.* • *Course work will be beyond the licensed vocational nursing level*. **Evidence** A. Transcripts shall reflect designated courses required by section 1429(c). B. Course syllabi for this option reflect the minimum units/hours as listed on approved curriculum form. C. Implementation of this option verified by students and faculty.		
Nursing courses shall be taken in an approved program and shall be beyond courses equivalent to the first year of professional nursing courses. The nursing content shall include nursing intervention in acute, preventive, remedial, supportive, rehabilitative and teaching aspects of nursing. Theory and courses with concurrent clinical practice shall include advanced medical-	***Indicator*** *Note: Students who complete this option (30/45 unit) will take NCLEX-RN as a non-graduate. This status will not change even if student goes on to obtain a degree. There is no restriction to practice within California. The student may have difficulty in transferring to another state*		

surgical, mental health, psychiatric nursing, and geriatric nursing. The nursing content shall include the basic standards for competent performance prescribed in Section 1443.5 of these regulations.	*or territory. The student may also have difficulty applying to a college/university for an advanced degree.*		
X. 1430 Previous Education CREDIT			
SECTION 1430 An approved nursing program shall have a process for a student to obtain credit for previous education or for other acquired knowledge in the field of nursing through equivalence, challenge examinations, or other methods of evaluation. The program shall make information available in published documents, such as the college catalog or student handbook, and online.	***Indicator*** • *Process for providing alternative entry and completion options for applicants will be described in Self Study and includes:* *1. Challenge examination for theory and clinical practice, if required,* *2. Type and percent of students entered into advanced placement, and* *3. How eligibility for advanced placement is determined.* **Evidence** A. All policies, including alternative entry and completion options are readily available to applicants, and the policies are universally applied B. Written policy for challenge and transfer options. C. The challenge/transfer policy is known by students. D. Students eligible for alternative options were offered the opportunity for challenge and/or transfer of previous education for credit		
	Indicators • *Program has a process to grant credit for previous education for all nursing courses and other acquired knowledge.* • *Policy for challenge and transfer is written and is available to students.* *Note: The Board will accept the college or university's evaluation on granting credit as reflected in the applicants transcript* **Evidence** A. College catalog B. Student handbook C. Written materials for admission		

XI. 1431 Licensing Examination Pass Rate Standard			
SECTION 1431 The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates. SECTION 1431(a) A program exhibiting a pass rate below seventy-five percent (75%) for first time candidates in an academic year shall conduct a comprehensive program assessment to identify variables contributing to the substandard pass rate and shall submit a written report to the board. The report shall include the findings of the assessment and a plan for increasing the pass rate including specific corrective measures to be taken, resources, and timeframe.	**Indicators** Systematic evaluation plan shall include monitoring of licensing exam pass rates; • First substandard performance (first academic year) a. Discuss with the program director b. Ask the director to submit a report outlining the program's action plan. • Second substandard performance (second academic year) a. Schedule an interim visit with specific objectives which include: b. Meeting with director 1. Meeting with administrator 2. Meeting with faculty 3. Establish whether program's action plan is still current, and whether being met. 4. Document on interim visit form. 5. NEC presents finding in a written report to ELC with director present. **Evidence** Systematic evaluation - Data collection and annual evaluation data on pass rates. Faculty/committee meeting minutes ATI and/or other measurement tools being used.		
SECTION 1431(b) A board-approval visit will be conducted if a program exhibits a pass rate below seventy-five percent (75%) for first time candidates for two (2) consecutive academic years.	***Indicator*** *NEC schedules a visit if there is no improvement and pass remains substandard for two consecutive years, within the next six months, per BPC section 2788.*		
SECTION 1431(c) The board may place a program on warning status with intent to revoke the program's approval and may revoke approval if a program fails to maintain the minimum pass rate pursuant to section 2788 of the Code.	***Indicator*** *ELC makes recommendation to the board when indicated.*		

XII. 1432. Changes To An Approved Program.			
(a) Each nursing program holding a certificate of approval shall: (1) File its legal name and current mailing address with the board at its principal office and shall notify the board at said office of any change of name or mailing address within thirty (30) days prior to such change. It shall give both the old and the new name or address. (2) Notify the board within ten (10) days of any: (A) Change in fiscal condition that will or may potentially adversely affect applicants or students enrolled in the nursing program. (B) Substantive change in the organizational structure, administrative responsibility, or accountability in the nursing program, the institution of higher education in which the nursing program is located or with which it is affiliated that will affect the nursing program. (b) An approved nursing program shall not make a substantive change without prior board authorization. These changes include: (1) Change in location. (2) Change in ownership. (3) Addition of a new campus or location. (4) Significant change in the agreement between an approved nursing program that is not an institution of higher education and the institution of higher education with which it is affiliated.	***Indicator*** *Notification is provided to the board* through the program's NEC. **Evidence** Board files and committee and board meeting minutes contain all required information about the nursing program.		

UNIVERSITY OF SAN FRANCISCO | School of Nursing and Health Professions

APPENDIX 10 CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS (2012)
University of San Francisco

DNP Nurse Practitioner Tracks offered at USF SONHP and Certification Exam students are prepared to take:
Family Nurse Practitioner (FNP) – ANCC, AANP
Family Psychiatric Mental Health Nurse Practitioner (FPMHNP) - ANCC
Post-graduate FNP – ANCC, AANP
Post-graduate FPMHNP - ANCC
Number of students in DNP NP program: 61

CRITERION I: Organization & Administration	**Documentation**	**University of San Francisco**
A. The director/coordinator of the NP program is nationally *certified* as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.	**I. A. Required:** • Submit curricula vitae of program director. • Document credentialing as an NP in the state (or territory) of practice. • Provide proof of national certification as an NP in at least one population-focused area. • Provide a statement from the program director describing his/her responsibilities to the program.	The director of the program, Alexa Curtis is certified as a family nurse practitioner. She has responsibility of overall leadership for the Nurse Practitioner program at USF SONHP.
B. The *faculty* member who provides direct oversight for the nurse practitioner educational component or track is nationally *certified* in the same *population-focused* area of practice.	I. B. Required • Submit curriculum vitae of lead NP faculty for each population-focused track • Document credentialing as an NP in the state (or territory) of practice. • Provide proof of national certification as an NP in the population-focused area. • Provide a statement from the lead faculty member, describing his/her responsibilities to the program.	Linda O. Summers, PhD, PMHNP-C, FNP-C serves as the lead faculty consultant for the PMHNP track and serves as adviser to the students in the track. As the PMHNP track grows in number of students, a full time lead faculty will be named. Alexa Curtis serves as the lead faculty for the FNP program.

C. Institutional support ensures that NP *faculty* teaching in clinical courses maintain currency in clinical practice.	I. C. Required: • Submit a copy of institutional policies or guidelines that support or document NP faculty's ability to practice; **OR** • Provide a letter of support from the Dean or a copy of the policy that allows faculty to practice as part of the workload.	SONHP policies assure that NP faculty are able to maintain currency in clinical practice. The Dean has worked with university administration to promote "practice as scholarship" as an attractive concept in a practice discipline. Faculty practice as part of assigned effort is reflected as scholarly productivity. Evidence of the success of this approach is reflected in promotion decisions for NP faculty. Dr. Alexa Curtis was hired into a tenure-track position effective Fall 2014.
CRITERION II: Students A. Any admission criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.	II. A. Required • Submit copy of admission materials with admission criteria clearly highlighted. If criteria for the NP program/track do not differ from the criteria of the overall BSN-DNP degree program, submit program criteria. • Provide examples of documents that demonstrate NP faculty are providing input into admission criteria specific to the NP program/track	Admission criteria for the FNP and Healthcare Systems Leader (HSL) tracks in the DNP program are the same. NP faculty are contributing members of the SONHP committee structure that set and evaluate admission policy. During the development of the DNP program (which included development of the curriculum and admission criteria), FNP faculty were instrumental in the planning decisions. In addition, NP faculty review applications for the NP tracks and made admission decisions for those tracks which are communicated with the DNP Admissions Committee.
B. Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by *NP faculty*.	II. B. Required: • Submit student progression and graduation criteria, including any unique to the NP program/track. If criteria for the NP program/track do not differ from the overall criteria of the graduate program, submit program criteria. Submit the criteria for full-time, part-time, and post- master's study. • Provide examples of documents that demonstrate NP faculty are providing input into progression and graduation criteria specific to the NP program/ track.	NP faculty are contributing members of the SONHP committee structure that sets and evaluates progression and graduation criteria. NP faculty meet immediately before the DNP meetings to address curricular issues, as well as progression issues of students. An example of this is that a requirement to progress to the final semester in the DNP program to complete the DNP Project and residency, a student must obtain national

		certification in their field. Some NP students were sitting for the CNL National Certification exam to meet this requirement. The NP faculty discussed this at a NP meeting and voted to require completion of the national NP certification to meet this requirement for NP students. The decision was taken to the DNP Program Committee and was unanimously approved by the DNP faculty.
CRITERION III: Curriculum **A**. *NP faculty* members provide ongoing input into the development, evaluation, and revision of the NP *curriculum.*	III. A. Required: • Provide examples of curriculum committee minutes documenting that NP faculty are designing/evaluating/and revising the curriculum	During NP Faculty Meetings prior to monthly DNP Program Meetings, NP faculty discuss curricula, as well as evaluation of students. NP courses are revised by NP faculty and the recommendations for the NP program courses are presented to the DNP Program Faculty, which includes the NP faculty, for vote. The NP Program Director is a member of the SONHP Curriculum Committee. SONHP Curriculum Committee Minutes document NP involvement of curriculum decisions.
B. The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies.	III. B. Required • Identify the national standards used for developing curriculum for graduate, APRN, and NP role/population-focused content. • Identify the national standards used for developing curriculum for specialty content, if applicable. • Submit the program of study for master's and post- master's (full and part-time) including courses, course sequence, number of credit hours, number of clinical hours per course, as appropriate. • Submit a brief overview, including course description and objectives for each course, identifying where nationally recognized *graduate core, APRN core,* and NP role/population-focused core competencies are included. • Submit a brief overview, including course description and objectives for each course, identifying where nationally	The curriculum for the FNP and FPMHNP track was designed to be congruent with the American Association of Colleges of Nursing (AACN) *Essentials of Doctoral Education for Advanced Nursing Practice (*2006) and the *NONPF COMPETENCIES.* The program of study is consistent with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008) and conforms to Article 8 of the *Standards for Nurse Practitioner* California Board of Register Nursing. The FNP and PMHNP track prepares the

	recognized specialty competencies are included, when applicable.	graduate for the **certified nurse practitioner** (CNP) role with **family/individual across the lifespan** as its population focus. A crosswalk of competencies and review of the program of study and each course syllabus demonstrates how the DNP core, APRN core, and FNP competencies are addressed in the FNP curriculum and the PMHNP competencies are addressed in the FPMHNP curriculum.
C.1 The NP educational program must prepare the graduate to be eligible to sit for a national NP certification that corresponds with the role and population focus of the NP program. **C.2** The official graduate transcript must state the NP role and population focus of educational preparation.	III. C. (1) Required: • Programs must provide written statement identifying the role and population-focused certification for which they would be eligible to apply upon successful completion of the program. • Programs must state in official documents how they meet the educational eligibility criteria for the national certification exam(s) for each NP track. C. (2) Required: • Provide a sample transcript for a NP graduate showing educational preparation for the NP role and at least one (1) population focus. • Provide a sample of an official letter with institutional seal used to specify the educational preparation for the NP role and at least (1) *population focus.* •	The FNP track prepares students in the program to be eligible for national certification as an FNP. The FPMHNP track prepares students in the program to be eligible for national certification as a PMHNP. In order to progress in the program and complete the DNP project and residency all student must successfully attain national certification. This is spelled out in program documents and the DNP Student Handbook, as well as the FNP handbook. The official transcripts for graduates of the FNP and FPMHNP track in the DNP program **indicate** the family (population focus) of the degree.
D. The curriculum plan evidences appropriate course sequencing.	III. D. Required: • Submit a program of study for graduate degree and post-master's (full/PT) including pre-requisites.	Students are admitted into a BSN-MSN program, but the NP sequence is post-masters. The curriculum plan for students in the FNP track has been carefully developed to move from "simple to complex". Students must first successfully complete course work in advanced Pathophysiology (NURS 706), pharmacology (NURS 707) and advanced

		assessment, didactic and clinical (NURS 731/730). The knowledge and skills mastered in these courses provide the base upon which the primary care management and clinical courses are built. There is a four semesters sequence of concurrent didactic and concurrent clinical courses. The first of the sequence focuses on "health promotion" (NURS 741/740) in primary care. It then progresses to "**common and acute health problems**" (NURS 751/750) in the next semester and builds to "**chronic health problems**" (NURS 771/770). The fourth semester of primary management coursework, is designed to promote **clinical scholarship and integration of knowledge as students learn to manage** "**complex health problems**" **(NURS 781/780).** This sequence provides the foundation upon which the DNP residency is based and the knowledge, attitudes and skills that inform the DNP final project. The FPMHNP curriculum plan also moves students from simple to complex with the completion of Nurs 706, Nurs 707 and Nurs 731/730 prior to FPMHNP Clinical Practicum. The didactic courses that teach FPMHNP interventions are PsyD courses allowing for interprofessional learning to occur as FPMHNP students take courses alongside PsyD students. The FPMHNP practicum courses allow the students the opportunity to implement interventions learned in the PsyD courses in practice in different populations: Adults (Nurs 748), Child and Adolescent (Nurs 758), as well as

		with increasingly complex patients: patients with psychiatric disorders and medical co-morbidities (Nurs 778) and patients with psychiatric disorders from diverse cultures requiring special skills (Nurs 788).
E. The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate	III. E. Required: • Document the process used to verify student learning experiences and clinical hours. • Submit an overview of the curriculum • Submit an overview of the number of required clinical/preceptor hours. For dual NP programs, demonstrate areas of overlap among clinical hours. • Submit a description of types of clinical experiences, including patient populations, types of practices, or settings each student is expected to receive.	Students in the NP tracks in the DNP program complete 630 clinical hours in the NP program with patients from across the life span. In order to graduate with the DNP, students must complete a combined total of 1000 hours of supervised clinical practice that includes the clinical work in the MSN degree and the 630 hours in the DNP program.

F. Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic *graduate NP program* through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a <u>minimum</u> of 500 supervised *direct patient care clinical hours.*	III. F. Required • Complete a Gap Analysis for each post-master's candidate who requests waivers or exceptions. • Provide evidence of school's ability to issue a certificate of completion. • Provide a sample transcript for a Post-Master's NP graduate showing educational preparation for the NP role and at least one (1) population focus.	Although students are admitted into the BSN-DNP program, they must all successfully complete their MSN prior to taking the NP track courses. Technically they are all "post-masters" students. Since the only MSN degree offered at USF is the advanced CNL generalist, the entire FNP sequence is post masters. All students complete 630 hours in the NP role with the family/individual across the lifespan. During clinical hours in the MSN (CNL) program, students are advised to focus on systems' issues in primary care to prepare the MSN graduate to provide primary care to the individual with a firm grasp of the systems issues that influence practice and patient outcomes. All graduates of the NP tracks in the program complete the same didactic and clinical courses and have in excess of 500 supervised clinical hours.
CRITERION VI: Evaluation **A.** There is an evaluation plan for the NP program/track. **(1)** Evaluate courses ar regulary scheduled intervals. **(2)** Evaluate NP program	V. A. Required • Submit the evaluation plan used for the NP program/track. Include evaluation forms, feedback mechanism for change, documentation via minutes, and process of integration. (1) Required • Document current course evaluation process.	The SONHP Evaluation Plan provides the framework for a systematic evaluation of nursing programs, including the FNP and FMMHNP tracks. **Course and Teaching Evaluation** • Evaluations of Instructor Effectiveness (SUMMA) Student satisfaction is part of the student evaluation of instructor effectiveness. As mandated by the USFFA contract, students complete a SUMMA evaluation for each instructor in each class at the end of each semester. The results of these student

faculty competence annually. **(3)** Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter **(4)** Evaluate students' attainment of competencies throughout the program. **(5)** Evaluate students cumulatively based on *clinical observation* of student competence and performance by *NP faculty* and/or preceptor assessment. (6) Evaluate clinical sites at regularly scheduled intervals **(7)** Evaluate preceptors annually.	(2) Required • Document mechanisms or processes used to evaluate NP program faculty (e.g., current list of certifications, student evaluations, peer review). (3) Required • Document methods used to evaluate the students throughout the program (e.g., pass rates, case studies). Submit evaluation forms used (4) Required • Submit the forms used for preceptor and NP faculty evaluation of the student's clinical performance. • Document the availability of completed evaluations. • Document the frequency and process used for evaluation of the student's clinical performance	evaluations are used in hiring, tenure and promotion decisions. Copies of the forms are located in the Student Handbooks. Student satisfaction is considered a "whole" metric, composed of several subparts. However, in particular, SUMMA questions #18 "In this course I am learning much" and #22 "Overall, I rate this instructor a good teacher" are used by the university to gauge student satisfaction with teaching. • Evaluations of Courses Course evaluations are part of the SON process evaluation for student satisfaction. It is administered in an online format and has been administered for every course taught in the DNP program. To assess students' overall satisfaction with an individual course, the final question from each section of the survey provides insight to the students' perceptions and level of satisfaction. (e.g. Syllabus: "Overall, an essential course resource for me"; Tests and Assignments: "Overall, fair and acute test of my learning in this course"). Information from student progress and success and the results of the course and teacher evaluations provide both qualitative and quantitative data. The faculty member prepares summaries of the feedback with corresponding response plans that are shared at departmental meetings and the appropriate SONHP committee. Meeting minutes available for review document the feedback loop for input, discussion, evaluation, and suggested curricular or policy changes.

	(6) Required • Document how preceptors are evaluated	All faculty at USF participate in a yearly evaluation process. An Academic Career Prospectus (ACP) is prepared by each full-time faculty member and submitted to the Dean. This process provides an opportunity for faculty to discuss their contributions in the areas of teaching, scholarship, including practice and service with the Dean and to collaboratively develop an academic agenda for the upcoming year. Faculty whose SUMMA evaluations are below the School or University norm are asked to complete a self- assessment regarding which classes and students are involved and what factors may be contributing to the scores. Plans are made to address and follow-up the findings with future SUMMA results and potential mid-term evaluations, peer coaching and/or referral to a master teacher. The Dean works closely with the faculty to assure that the teaching assignment is a "fit" with faculty interest and expertise and assignments are adjusted as warranted. Implementation of a DNP program intensified the need for faculty scholarship. Faculty have met this challenge and are working to raise the bar as productive scholars. The conceptualization of practice as part of scholarship has been an effective component in documenting APRN scholarship. In 2008-09 two SONHP faculty earned tenure and promotion to associate professor, one of them a NP faculty member. As a practice discipline, a number of SONHP

		faculty maintain an active advanced practice and are nationally certified in their clinical area. Facilitating faculty practice is a key component of advancing practice as part of scholarship and a significant component of the essential preparation for teaching in the DNP program. ***Samples of Current Faculty Scholarship:*** Available for on-site review. Students in the program are evaluated in every didactic and clinical course. Evaluation and grading criteria are spelled out in each course syllabus, available for on-site review. Clinical course evaluations have been developed and are found in Appendix D in the NP Preceptor Handbook. Students' clinical performance is evaluated for each course by both the preceptor and faculty and kept in the student file in the school. Preceptors (as well as clinical sites) are evaluated by students and faculty at the completion of every clinical course using the evaluations in the NP Preceptor Handbook. The results provide feedback regarding the effectiveness of the preceptor and nature of the site for consideration when planning for future clinical experiences.
B. Formal NP curriculum evaluation should occur every 5 years or sooner.	**V. B.** Required • Document frequency of curriculum evaluation. • Document curricular decisions based upon evaluation	The NP program is part of the SONHP Evaluation and parts of curriculum are reviewed every year. Data collected about the curriculum informs decisions about courses, policy, as well as

		progression and graduation. FNP faculty conducted a full curriculum review of FNP courses using NONPF competencies in Spring 2014 with revisions made to FNP course objectives and course foci. The review document and revisions are available in the Exhibit Room.
C. There is an evaluation plan to measure outcomes of graduates.	**V. C.** Required Document the frequency of evaluation and methods/measures used for the evaluation. Outcome measures should include, at a minimum, certification pass rates, practice/ position in area of specialty, employer/ practice satisfaction, and graduate satisfaction with NP preparation. (5) Required • Document how clinical sites are evaluated • adequate satisfaction with NP preparation. Other measures may be used to support further the outcomes of the program.	The evaluation plan is part of the overall SONHP Evaluation Plan. The expected DNP Student Outcomes include: **Satisfaction:** Student • DNP student ranking of faculty teaching effectiveness will be above the SUMMA national mean, individually and collectively • Scores for DNP student course evaluations will be "agree" or "strongly agree" with the summary question for each section. Graduates/Alumni • 80% of graduates will agree with the statement "I would recommend the USF DNP program to someone considering a doctorate degree in nursing." Employer • 80% of employers will agree with the statement "I would recommend the USF DNP program to someone considering a doctorate degree in nursing." **Achievements of Graduates:** • 50% of all DNP students will have a manuscript accepted for publication in a peer- reviewed journal.

		• 80% of DNP graduates will have a manuscript accepted for publication in a peer- reviewed journal within 3 years. **Certification Examination Pass Rates:** • 100% of all DNP graduates will hold national certification **Employment:** • 100% of DNP graduates will secure employment and that graduates are employed in positions in which they are using their advanced clinical, organizational, economic and leadership knowledge **Graduation** • 75% of all MSN-DNP admits will graduate in six semesters; 90% in eight semesters • 75% of all BSN-DNP admits will graduate in twelve semesters; 90% in 14 semesters

USF CNL Project Presentations

“CALL DON’T FALL!!!” Implementation to Decrease Fall Related Injuries and Fall Related Hospitalization in Skilled Nursing Facility
A Step-by-Step Guideline for Successful Transition to Adult Health Care Services: Northern California Kaiser Permanente Oakland Genetics Department: Neurofibromatosis (NF) Transitional Care Binder - Moving from Pediatric to Adult Health Care
Access to Care for Acutely Ill HIV Patients
Alarm Fatigue: An Evidence-Based Approach to Individualizing and Documenting Heart Rate Alarm Settings
An Assessment of Preceptorship on a Medical-Surgical Trauma Unit
Changing Nursing Communication with a Post-it: The Use of a Checklist to Improve Interfacility Phone Handoff Reports
Clean Hands Saves Lives: Improving the Multimodal Hand Hygiene Program at Children's Hospital Oakland
Continuity of care: bridging the gap between inpatient and outpatient stroke support services
Cuddler Program: The Positive Impact on Decreasing Length of Stay and Enhancing Patient Satisfaction in the Acute Care Setting
Decreasing Incidence of Workplace Injuries in Adult Critical Care Unit While Improving Patient Mobility
Decreasing Length Of Stay In The NICU: Implementing A Standardized Feeding Protocol To Improve Patient Outcomes
Educating Nurses to Improve Quality of Sleep for Patients at Kaiser Permanente San Rafael
Effects of Electrode Management on Cardiac Telemetry Monitoring
Empowering Frontline For Change: A Charge Nurse Leadership Training Program
Evaluation of the Preceptor Training Program Process at the Urgent Care Clinic
Failure To Rescue: Reducing Delays in Patient Care on the Medical-Surgical Units
Fall Prevention
Heart Failure Readmission Reduction Using Teach-back Methodology and Patient Home Monitoring Kits
Hospital-Acquired Pressure Ulcer (HAPU) Prevention Among Patients At-Risk For Skin Breakdown: A Research Analysis and Process Intervention
Hourly Rounding To Prevent Falls On An Orthopedic Unit
Hydrating Patients to Prevent Contrast-Induced Acute Kidney Injury

USF CNL Project Presentations

Identifying and Reducing Patient No Shows and Last Minute Cancellations on the Endoscopy Unit
Implementation of a Diabetes Case Management Program at a Health Plan.
Implementing a Sensory Room in the Psychiatric Unit
Improving Group Meetings on the Mental Health Floor
Improving Operating Room Turnover Time
Improving Patient Outcomes and Safety
Improving the Noise level Reduction Score-HCAHPS
Improving the Nurse Preceptorship Training Process on an Inpatient Pediatric/Gynecology Unit
Increasing Programming of Smart Pump Drug Libraries To Reduce Risk of Medication Errors and Enhance Patient Safety
Integrating Panel Management into the Primary Care Workflow
Integrative Palliative Care in the ICU: A Model for Care and Cure
Let's Not Slip and Fall! Fall Prevention In Acute Care Setting By Using Change Theory Model
Management of Congestive Heart Failure to Reduce Emergency Transfer Design and Standardization of a Clinical Pathway in a Skilled Nursing Facility
Motivating Nurses to Become Preceptors for New Hires
No More Counting Sheep: Innovative Methods of Promoting Sleep in Hospitals
Optimizing Delirium Treatment at the Point of Care Why is Treating Delirium more Confusing than CAM ICU+ Patients?
Post-Operative Procedure Telephone Call Follow-Up Program
Promoting Healing Through Noise Reduction In The Cardiac Procedures Unit
Purposeful Hourly Rounding
ReadyList: An Electronic Checklist to Improve Bed Turnover Reliability
Reducing 30 days readmission rate in Home care agency by implementing CHF protocol and medication sheet.
Reducing and Preventing Hospital Acquired Pneumonia
Reducing Frequent ED Utilization Leading to Admissions for Non-Emergent and Social Issues
Reducing Hospital Noise – The Benefits of Nonverbal Communication

USF CNL Project Presentations

Reducing Urinary Tract Infections (UTIs) in Neurosurgery Patients
Retention of New Hires on a Progressive Care Nursing Unit: An Orientation Progress Tool for Tracking and Evaluating Integration
Ripple effect: Preceptor Preparation and Patient Satisfaction
Safe Handling of Narcotic and Non-narcotic Medications
Secondary review of CLABSI events after outbreak
Secret Shopper: Improving Patient Service through Nurse Knowledge Exchange in the Microsystem at Kaiser Permanente Santa Clara Medical Center
Sepsis Screen Compliance: Increasing Nursing Compliance to Conform with John Muir Medical Center, Concord Beta-Test Site Protocol (Justin, on my sheet everything is centered but use your discretion since I'm not sure how you are using this. Also, please put Will Johnson and I at the same table. Thanks!)
Sepsis Screening Compliance
Shhh! Silent Hospitals Help Healing
Standardizing the Preceptor Selection Criteria: Applying Jean Watson's Theory of Caring to the Preceptor Program
Supporting a Healthy Work Environment for Nurse Preceptors: Formalizing Relationships, Recognition, and Knowledge Transfer Between Preceptors
Survivorship Care Plans for Oncology Patients
Taking Care of Our Own: Critical Incident Stress Debriefing and its Effect on Psychiatric Nurses
Taking Charge: Using LEAN Principles to Improve Efficiency of the Resource Nurse Workflow
Telephone Access in the Outpatient Urology Clinic: A Quality Improvement Initiative
The Buddy System & The Three-legged Stool of Success: A Supplemental, Supportive Resource to New Hires and Preceptors
Visual Communication Designs for Rapid Information Transmission in the Emergency Department

CNL Competencies	Covered in CNL Course	Introduces Concept	Develop Concept	Master Concept
Essential 1:				
1. Interpret patterns and trends in quantitative and qualitative data to evaluate outcomes of care within a microsystem and compare to other recognized benchmarks or outcomes, e.g. national, regional, state, or institutional data.	N602/N642; N629; N634/N639 N603/N622 N628;N651/N653	N603/N622	N602/N642 N628 N634/N639 N629	N651/N653
2. Articulate delivery process, outcomes, and care trends using a variety media and other communication methods to the healthcare team and others.	N640; N634/639 N651/N653	N640; N634/639	N640; N634/N639	N651/N653
3. Incorporate values of social justice to address healthcare disparities and bridge cultural and linguistic barriers to improve quality outcomes.	N603/N622; N648; N629; N602/N642; N634/N639 N651/N653	N603/N622 N602/N642; N634/N639	N648; N629	N648 N651/N653
4. Integrate knowledge about social, political, economic, environmental and historical issues into the analysis of and potential solutions to professional and healthcare issues.	N613; N614 N629; N648; N602/N642	N613;	N602/N642 N629 N614	N648; N651/N653
5. Apply concepts of improvement science and systems theory.	N600; N614 N634/N639 N651/N653	N600	N614 N634/N639	N651/N653
Essential 2:				
1. Demonstrate working knowledge of the healthcare system and its component parts, including sites of care, delivery models, payment models, and the roles of health care professionals, patients, caregivers, and unlicensed professionals.	N613;N623 N648; N629 N603/N622 N614 N628; N651/N653	N613 N603/N622	N614 N623 N628 N629	N651/N653
2. Assume a leadership role of an interprofessional healthcare team with a focus on the delivery of patient-centered care and the evaluation of quality and cost-effectiveness across the healthcare continuum.	N623; N614; N612 N634/N639 N628 N651/N653	N614; N612 N634/N639	N623 N628	N651/N653
3. Use systems theory in the assessment, design, delivery, and evaluation of health care within complex organizations.	N600; N623 N614; N628 N651/653	N600; N623	N614 N628	N651/N653
4. Demonstrate business and economic principles and practices, including cost-benefit analysis, budgeting, strategic planning, human and other resource management, marketing, and value-based purchasing.	N629; N628; N651/N653	N629	N629; N628	N651/N653

5. Contribute to budget development at the microsystem level.	N629; N628	N629	N629; N628	N651/N653
6. Evaluate the efficacy and utility of evidence-based care delivery approaches and their outcomes at the microsystem level.	N634/N639; N602/N642 N614 N651/N653	N634/N639 N602/N642	N614 N634/N639 N602/N642	N651/N653
7. Collaborate with healthcare professionals, including physicians, advanced practice nurses, nurse managers and others, to plan, implement and evaluate an improvement opportunity.	N623; N615; N628; N651/N653	N623; N614	N615; N623; N629 N628	N628 N651/N653
8. Participate in a shared leadership team to make recommendations for improvement at the micro-, meso- or macro-system level.	N623; N615; N614; N628; N651/N653	N614: N615; N62	N614; N615; N628	N628 N651/N653
Essential 3:				
1. Use performance measures to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate delivery of higher-value care.	N614; N629; N602/N642; N634/N639; N651/N653	N614; N634/N639 N602/N642	N614; N634/N639 N602/N642	N651/N653
2. Perform a comprehensive microsystem assessment to provide the context for problem identification and action.	N614 N602/N642 N628; N651/N653	N614; N602/N642	N628	N651/N653
3. Use evidence to design and direct system improvements that address trends in safety and quality.	N600 N629; N614 N634/N639 N651/N653	N600	N614; N634/N639	N651/N653
4. Implement quality improvement strategies based on current evidence, analytics, and risk anticipation.	N614; N634/N639; N651/N653	N634/N639	N614	N651/N653
5. Promote a culture of continuous quality improvement within a system.	N600; N613 N622/N624/N603; N634/N639 N614; N648; N651/N653	N600; N613 N622/N624/N603	N614; N634/N639	N648 N651/N653
6. Apply just culture principles and the use of safety tools, such as Failure Mode Effects Analysis (FMEA) and root cause analysis (RCA), to anticipate, intervene and decrease risk.	N614-Not FMEA N628 N651/N653-Not FMEA	N614	N628	N651/N653
7. Demonstrate professional and effective communication skills, including verbal, non-verbal, written, and virtual abilities.	All courses. N634/N639; N629; N602/N642 N651/N653	N603; N622/N624 N602/N642	N634/N639; N6 N602/N642; N6	N651/N653

8. Evaluate patient handoffs and transitions of care to improve outcomes.				
9. Evaluate medication reconciliation and administration processes, to enhance the safe use of medications across the continuum of care.				
10. Demonstrate the ability to develop and present a business plan, including a budget, for the implementation of a quality improvement project/initiative.	N629	N629	N629	N629
11. Use a variety of datasets, such as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), nurse sensitive indicators, National Data Nursing Quality Improvement (NDNQI), and population registries, appropriate for the patient population, setting, and organization to assess individual and population risks and care outcomes.	N614; N628	N614	N614; N628	
Essential 4:				
1. Facilitate practice change based on best available evidence that results in quality, safety and fiscally responsible outcomes.	N629; N614 N602/N642 N634/N639 N651/N653	N614; N634/N639; N602/N642	N614; N634/N639; N602/N642	N651/N653
2. Ensure the inclusion of an ethical decision-making framework for quality improvement.	N614;N629; N648; N602/N642	N614; N602/N642	N614, N629	N648 N651/N653
3. Implement strategies for encouraging a culture of inquiry within the healthcare delivery team.	N600; N614; N622/N603 N602/N642 N634/N639; N651/N653	N600; N614; N622/N603	N614; N602/N642 N634/N639	N651/N653
4. Facilitate the process of retrieval, appraisal, and synthesis of evidence in collaboration with healthcare team members, including patients, to improve care outcomes.	N614; N629; N623 N634/N639; N651/N653	N614; N623	N614, N629; N634/N639	N651/N653
5. Communicate to the interprofessional healthcare team, patients, and caregivers current quality and safety guidelines and nurse sensitive indicators, including the endorsement and validation processes.	N614; N623; N628 N651/N653	N623	N614; N628	N651/N653
6. Apply improvement science theory and methods in performance measurement and quality improvement processes.	N600; N614; N634/N639; N651/N653	N600/N614	N639, N614	N651/N653
7. Lead change initiatives to decrease or eliminate discrepancies between actual practices and identified standards of care.	N614; N648 N602/N642; N651/N653	N602/N642	N614	N648 N651/N653

8. Disseminate changes in practice and improvements in care outcomes to internal and external audiences.	N614; N634/N639 N651/N653	N614	N634/N639	N651/N653
9. Design care based on outcome analysis and evidence to promote safe, timely, effective, efficient, equitable, and patient-centered care.	N614; N629; N612 N602/N642; N634/N639 N651/N653	N614; N612 N602/N642 N634/N639	N629	N651/N653
Essential 5:				
1. Use information technology, analytics, and evaluation methods to:				N651/N653
a. collect or access appropriate and accurate data to generate evidence for nursing practice;	N640 N634/N639; N602; N642; N651/N653	N640; N634/N639; N602; N642	N640; N634/N639; N602; N642	N651/N653
b. provide input in the design of databases that generate meaningful evidence for practice;	N640; N651/N653	N640	N640	N651/N653
c. collaborate to analyze data from practice and system performance;	N602/N642; N651/N653	N602/N642		N651/N653
d. design evidence-based interventions in collaboration with the health professional team;	N634/N639 N629; N612 N651/N653	N634/N639	N629	N651/N653
e. examine patterns of behavior and outcomes; and	N602/N642; N628 N651/N653	N602/N642	N628	N651/N653
f. identify gaps in evidence for practice	N634/N639 N651/N653	N634/N639	N634/N639	N651/N653
2. Implement the use of technologies to coordinate and laterally integrate patient care within, across care settings and among healthcare providers.	N640 N651/N653		N614	N651/N653
3. Analyze current and proposed use of patient-care technologies, including their cost-effectiveness and appropriateness in the design and delivery of care in diverse care settings.	N629; N640; N651/N653	N640; N629	N640; N629	N651/N653
4. Use technologies and information systems to facilitate the collection, analysis, and dissemination of data including clinical, financial and operational outcomes.	N640; N629 N651/N653	N640; N629	N640; N629	N651/N653
5. Use information and communication technologies to document patient care, advance patient education, and enhance accessibility of care.	N603/N622; N615 N640 N651/N653	N603/N622; N615	N640	N651/N653

6. Participate in ongoing evaluation, implementation and integration of healthcare technologies, including the electronic health record (EHR).	N640 N651/N653	N640	N640	N651/N653
7. Use a variety of technology modalities and media to disseminate healthcare information and communicate effectively with diverse audiences.	N615; N640; N651/653	N615; N640	N615; N640	N651/N653
Essential 6:				
1. Describe the interaction between regulatory agency requirements, (such as The Joint Commission (TJC), Centers for Medicare and Medicaid (CMS), or Healthcare Facilities Accreditation Program (HFAP)), quality, fiscal and value-based indicators.	N613 N614; N629; N628	N613	N614, N629; N	
2. Articulate the contributions and synergies of the CNL with other nursing and interprofessional team member roles, to policy makers, employers, healthcare providers, consumers, and other healthcare stakeholders.	N623 N602/N642; N614; N648; N651/N653	N623; N602/N642	N648, N614	N648; N651/N653
3. Advocate for policies that leverage social change, promote wellness, improve care outcomes, and reduce costs.	N648; N629; N602/N642; N651/N653	N602/N642	N629;N648	N651/N653
4. Advocate for the integration of the CNL within care delivery systems, including new and evolving models of care.	N600; N613; N622/N603; N614; N629: N648; N651/N653	N622/N603	N614, N629; N648	N651/N653
Essential 7:				
1. Create an understanding and appreciation among healthcare team members of similarities and differences in role characteristics and contributions of nursing and other team members.	N623; N614; N622/N624/N603; N628	N622/N624/N603	N614; N623	N623; N628
2. Advocate for the value and role of the Clinical Nurse Leader (CNL) as a leader and member of interprofessional healthcare teams.	N613; N623; N614; N629; N648 N628; N651/N653	N613	N614, N623; N629; N628	N648; N651/N653
3. Facilitate collaborative, interprofessional approaches and strategies in the design, coordination, and evaluation of patient-centered care.	N614; N623; N651/N653	N614; N623	N614; N623	N651/N653
4. Facilitate the lateral integration of healthcare services across the continuum of care with the overall objective of influencing, achieving and sustaining high quality care.	N613; N614	N613	N614	

5. Demonstrate a leadership role in enhancing group dynamics and managing group conflicts.	N614; N623; N628 N651/N653	N614; N623	N614; N623; N628	N628 N651/N653
6. Facilitate team decision making through the use of decision tools and convergent and divergent group process skills, such as SWOT, Pareto, and brainstorming.	N614; N629; N651/N653	N614	N614	N651/N653
7. Assume a leadership role, in collaboration with other interprofessional team members, to facilitate transitions across care settings to support patients and families and reduce avoidable recidivism to improve care outcomes.	N614		N614	
Essential 8:				
1. Demonstrate the ability to engage the community and social service delivery systems that recognize new models of care and health services delivery.	N648, N629?			
2. Participate in the design, delivery, and evaluation of clinical prevention and health promotion services that are patient-centered and culturally appropriate.	N602/N642	N602/N642	N602/N642	N602/N642
3. Monitor the outcomes of comprehensive plans of care that address the health promotion and disease prevention needs of patient populations.	N602/N642	N602/N642	N602/N642	N602/N642
4. Apply public health concepts to advance equitable and efficient preventive services and policies that promote population health	N602/N642; N648;	N602/N642	N602/N642	N648
5. Engage in partnerships at multiple levels of the health system to ensure effective coordination, delivery, and evaluation of clinical prevention and health promotion interventions and services across care environments.	N614?		N614	
6. Use epidemiological, social, ecological, and environmental data from local, state, regional, and national sources to draw inferences regarding the health risks and status of populations, to promote and preserve health and healthy lifestyles.	N602/N642 N648;	N602/N642	N602/N642	N602/N642; N648
7. Use evidence in developing and implementing teaching and coaching strategies to promote and preserve health and healthy lifestyles in patient populations.	N615 N602/N642	N615	N602/N642	N602/N642

8. Provide leadership to the healthcare team to promote health, facilitate self-care management, optimize patient engagement and prevent future decline including progression to higher levels of care and readmissions.				
9. Assess organization-wide emergency preparedness plans and the coordination with the local, regional, and National Incident Management System (NIMS).				
Essential 9:				
1. Conduct a holistic assessment and comprehensive physical examination of individuals across the lifespan.	N603/N622/N624	N603/N622/N624	N603/N622/N6	N603/N622/N
2. Assess actual and anticipated health risks to individuals and populations.	N603/N622/N624	N603/N622/N624	N603/N622/N6	N603/N622/N
3. Demonstrate effective communication, collaboration, and interpersonal relationships with members of the care delivery team across the continuum of care.	N603/N622/N624; N614/N623; N651/N653	N603/N622/N624	N603/N622/N6	N614/N623; N651/N653
4. Facilitate modification of nursing interventions based on risk anticipation and other evidence to improve healthcare outcomes.	N603/N622 N602/N642; N634/N639 N651/N653	N603/N622 N602/N642; N634/N639	N634/N639	N651/N653
5. Demonstrate the ability to coach, delegate, and supervise healthcare team members in the performance of nursing procedures and processes with a focus on safety and competence.	N614; N651/N653	N614	N614	N651/N653
6. Demonstrate stewardship, including an awareness of global environmental, health, political, and geo-economic factors, in the design of patient care.	N602/N642; N629; N648; N628; N651/N653	N602/N642	N629; N628	N648; N651/N653
7. Facilitate the lateral integration of evidence-based care across settings and among care providers to promote quality, safe, and coordinated care.	N614; N651/N653		N614	N651/N653
8. Facilitate transitions of care and safe handoffs between healthcare settings, providers, and levels of care.				
9. Evaluate the effectiveness of health teaching by self and others.	N615; N651/N653	N615	N615	N651/N653
10. Facilitate the implementation of evidence-based and innovative interventions and care strategies for diverse populations.	N602/N642; N634/N639; N651/N653	N602/N642; N634/N639	N602/N642; N634/N639	N651/N653

11. Design appropriate interventions using surveillance data and infection control principles to limit healthcare acquired infections (HAI) at all points of care.	N602/N642	N602/N642	N602/N642	N602/N642
12. Advocate for patients within the healthcare delivery system to effect quality, safe, and value-based outcomes.	N603/N622/N624 N614; N648; N628	N603/N622/N624	N614; N628	N648
13. Collaborate in the development of community partnerships to establish health promotion goals and implement strategies to address those needs.	N602/N642	N602/N642	N602/N642	
14. Evaluate the care of at risk populations across the lifespan by identifying and implementing programs that address specialized needs.	N603/N622/N624; N602/N642	N603/N622/N624;	N602/N642	
15. Engage individuals and families to make quality of life decisions, including palliative and end-of-life decisions.	N603/N622/N624; N648	N603/N622/N624		N648
16. Assess an individual's and group's readiness and ability to make decisions, develop, comprehend, and follow a plan of care.	N603/N622/N624	N603/N622/N624		
17. Assess the level of cultural awareness and sensitivity of healthcare providers as a component of the evaluation of care delivery.	N623; N614	N623; N614	N623; N614	
18. Demonstrate coaching skills, including self-reflection, to support new and experiences interdisciplinary team members in exploring opportunities for improving care processes and outcomes.	N600; N623; N614; N628 N651/N653	N600	N623; N614; N628	N651/653
19. Use coaching techniques to assist individuals in developing insights and skills to improve their current health status and function.	N614	N614	N614	
From: American Association of Colleges of Nursing (October 2013). Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice.				

BACCALAUREATE ESSENTIALS AND COURSES IN WHICH THEY ARE INCORPORATED

Baccalaureate Essentials	Support Courses & Learning CORE Courses
1. Liberal education for baccalaureate generalist nursing practice	Anatomy---Nursing Support Physiology---Nursing Support & Learning CORE Microbiology---Nursing Support Writing* Public Speaking* Statistics* History* Literature* Philosophy* Theology* Ethics* Sociology Psychology* Performing/Fine Arts* ***Learning CORE**
	Nursing Major Courses**
2. Basic organizational and systems leadership for quality care and patient safety	120,170,220,221,222,225,270,271,275,320,321, 322,325,370,371,375,420,421,428,470,471,475
3. Scholarship for evidence based practice	120,170,220,221, 225,270,271,275,320,321,322, 325,370,371,375,420,421,428,470,471,475
4. Information management and application of patient care technology	120,170,220,221, 225,270,271,275,320,321,322, 325,370,371,375,420,421,428,470,471,475
5. Healthcare Policy, Finance, and Regulatory Environments	170, 221,222,225,270,271,275,320,321, 325,370, 371,375,420,421,428,470,471,475
6. Interprofessional Communication and Collaboration for Improving Patient Health Outcome	170,220,221,225,270,271,275,320,321,322, 325,370,371,375,420,421,428,470,471,475
7. Clinical Prevention and Population Health	170, 221,222,225,270,271,275,320,321,322,325, 370,371,375,420,421,428,470,471,475
8. Professionalism and Professional values	120,170,220,221,222,225,270,271,272,275,320,3 21,322,325,370,371,375,420,421,428,470,471,475
9. Baccalaureate Generalist Nursing Practice	120,220,221,222,225,270,271,275,320,321,322,325,370, 371,375,420,421,428,470,471,475

****Nursing Major Courses by name and number:**

Freshman 1 and 2	
Nsg. Jesuit Tradition I	NURS 120
Intro Prof Nsg.	NURS 170
Sophomore 1	
Applied Path/Pharm I	NURS 220
Essentials of Pharm	NURS 221
Applied Assess/Nsg Fund I	NURS 222
Clin Lab I: Nsg. Fund	NURS 225
Sophomore 2	
Nutrition	NURS 270
Applied Path/Pharm II	NURS 271
Applied Assess/Nsg Fund I	NURS 272
Clin Lab II: Nsg. Fund II	NURS 275/275Sim
Junior 1	
Comm & Mental Health	NURS 320
Health Care Systems I	NURS 321
Cl. Lab III Comm. Mental Hlth	NURS 325
Evidence Based Inquiry&Informatics	NURS 322
Junior 2	
Med/Surg Nsg I	NURS 370
Health Care Systems II	NURS 371
Cl. Lab IV: Adult M/S	NURS 375/375Sim
Senior 1	
Women's Health	NURS 420
Cl Lab V OB/Peds	NURS 428/428Sim
Med/Surg II (Peds)	NURS 421
Introduction to Sociology	SOC 150
Senior 2	
Nsg. Jesuit Tradition II	NURS 470
Complex Care Across Lifespan	NURS 471
Cl Lab VI: Capstone	NURS 475

CROSSWALK TABLE
American Association of Colleges of Nursing (AACN) The Essentials of Doctoral Education for Advanced Nursing Practice (2006) & American Organization of Nurse Executives (AONE) Nurse Executive Competencies (2005, 2011)

AACN DNP Essential	AONE Competencies
Essential I: Scientific Underpinnings for Practice	
I . Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. 2. Use science-based theories and concepts to: • determine the nature and significance of health and health care delivery phenomena; • describe the actions and advance strategies to enhance, alleviate and ameliorate health and health care delivery phenomena as appropriate; and • evaluate outcomes 3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.	**II. Knowledge of the Healthcare Environment** a. Clinical Practice Knowledge b. Delivery Models/Work Design c. Healthcare Economics d. Healthcare Policy e. Governance f. Evidence-Based Practice g. Outcome Measurement h. Patient Safety i. Utilization/Case Management j. Quality Improvement/Metrics j. Risk Management **V. Business Skills** a. Financial Management b. Human Resource Management/Development c. Strategic Management d. Marketing e. Information Management and Technology
Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences. 2. Ensure accountability for quality of health care and patient safety for populations with whom they work. a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. c. Develop and/or monitor budgets for practice initiatives. d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes. e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.	**I. Communication and Relationship-Building** a. Effective Communication b. Relationship Management c. Influencing Behaviors d. Diversity e. Shared Decision-Making f. Community Involvement g. Medical Staff Relationships h. Academic Relationships **II. Knowledge of the Healthcare Environment** c. Healthcare Economics d. Healthcare Policy e. Governance f. Evidence-Based Practice/Outcome Measurement g. Patient Safety h. Utilization/Case Management i. Quality Improvement/Metrics j. Risk Management **IV. Professionalism** a. Personal and Professional Accountability c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy **V. Business Skills** a. Financial Management b. Human Resource Management c. Strategic Management d. Marketing

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice	
1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care. 4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment. 5. Use information technology and research methods appropriately to: practice • collect appropriate and accurate data to generate evidence for nursing practice • inform and guide the design of databases that generate meaningful evidence for nursing practice • analyze data from practice • design evidence-based interventions • predict and analyze outcomes • examine patterns of behavior and outcomes • identify gaps in evidence for practice 6. Function as a practice specialist/consultant in collaborative knowledge-generating research. 7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes	**II. Knowledge of the Healthcare Environment** a. Clinical Practice Knowledge b. Delivery Models/Work Design c. Healthcare Economics d. Healthcare Policy e. Governance f. Evidence-Based Practice/Outcome Measurement g. Patient Safety h. Utilization/Case Management i. Quality Improvement/Metrics j. Risk Management **IV. Professionalism** a. Personal and Professional Accountability b. Career Planning c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy f. Active Membership in Professional Organizations
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	
1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems. 2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. 3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases. 4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology. 5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.	**I. Communication and Relationship-Building** a. Effective Communication **II. Knowledge of the Healthcare Environment** a. Clinical Practice Knowledge b. Delivery Models/Work Design c. Healthcare Economics f. Evidence-Based Practice/Outcome Measurement i. Quality Improvement/Metrics j. Risk Management **III. Leadership** a. Foundational Thinking Skills c. Systems Thinking e. Change Management **IV. Professionalism** c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy **V. Business Skills** e. Information Management and Technology
Essential V: Health Care Policy for Advocacy in Health Care	
1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums. 2. Demonstrate leadership in the development and implementation of	**Communication and Relationship-Building** a. Effective Communication b. Relationship Management c. Influencing Behaviors

institutional, local, state, federal, and/or international health policy. 3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes. 4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes. 5. Advocate for the nursing profession within the policy and healthcare communities. 6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery. 7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.	d. Diversity e. Shared Decision-Making f. Community Involvement g. Medical Staff Relationships h. Academic Relationships **II. Knowledge of the Healthcare Environment** a. Clinical Practice Knowledge b. Delivery Models/Work Design c. Healthcare Economics d. Healthcare Policy e. Governance f. Evidence-Based Practice/Outcome Measurement g. Patient Safety h. Utilization/Case Management i. Quality Improvement/Metrics j. Risk Management **III. Leadership** a. Foundational Thinking Skills b. Personal Journey Disciplines c. Systems Thinking d. Succession Planning e. Change Management **IV. Professionalism** a. Personal and Professional Accountability b. Career Planning c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy f. Active Membership in Professional Organizations
Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products. 2. Lead interprofessional teams in the analysis of complex practice and organizational issues. 3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.	**I. Communication and Relationship-Building** a. Effective Communication b. Relationship Management c. Influencing Behaviors d. Diversity e. Shared Decision-Making f. Community Involvement g. Medical Staff Relationships h. Academic Relationships **III. Leadership** a. Foundational Thinking Skills b. Personal Journey Disciplines c. Systems Thinking d. Succession Planning e. Change Management **IV. Professionalism** a. Personal and Professional Accountability b. Career Planning c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy f. Active Membership in Professional Organizations

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. 2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations. 3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.	**II. Knowledge of the Healthcare Environment** a. Clinical Practice Knowledge b. Delivery Models/Work Design c. Healthcare Economics d. Healthcare Policy f. Evidence-Based Practice/Outcome Measurement **III. Leadership** a. Foundational Thinking Skills b. Personal Journey Disciplines c. Systems Thinking d. Succession Planning e. Change Management **IV. Professionalism** a. Personal and Professional Accountability c. Ethics d. Evidence-Based Clinical and Management Practice e. Advocacy **V. Business Skills** a. Financial Management b. Human Resource Management
Essential VIII: Advanced Nursing Practice	**NA**
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches. 2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences. 3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes. 4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes. 5. Guide, mentor, and support other nurses to achieve excellence in nursing practice. 6. Educate and guide individuals and groups through complex health and situational transitions. 7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.	

DNP Essentials

Please put the number of the objective that meets the essential in the appropriate column. Contact me if you have any questions.

AACN DNP Essentials	N701	N702	N704	N705	N711	N762	N754	N755	N763	N765	N749	N790	N791	N792	N793	N794	N789	N795
Essential I: Scientific Underpinnings for Practice																		
1.Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.	2,4,5,6	1,2,5	1,2,3,4				2, 5, 6, 7, 8			1,2					3			
2.Use science-based theories and concepts to: ● determine the nature and significance of health and health care delivery phenomena; ● describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and ● evaluate outcomes.		2,4	1,2,3,4				3	2		4,5		3						
3.Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.			1, 2,3,				1			1			3					
Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking																		
1.Develop and evaluate care delivery approaches that meet curren and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic scien			1,2,3				2, 3, 5, 7	1	3	2,3				1	3			
2.Ensure accountability for quality of health care and patient safety for populations with whom they work.			1,2,3				6, 8			2								
a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.			1,2,3				7			2,3		4	4	2,4	4	4		5
AACN DNP Essentials	**N701**	**N702**	**N704**	**N705**	**N711**	**N762**	**N754**	**N755**	**N763**	**N765**	**N749**	**N790**	**N791**	**N792**	**N793**	**N794**	**N789**	**N795**
b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.			1,2,3			1,2,3,4,5,6	5, 7		1-4	1-6		1	3	3	3	1		1,4
c. Develop and/or monitor budgets for practice initiatives.						1	5, 8		4	2,3,4								
d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.									3	1,4,6								

e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.							6, 7, 8		2-3									
3.Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.			1,2,3				1, 6, 7, 8		1									

AACN DNP Essentials	**N701**	**N702**	**N704**	**N705**	**N711**	**N762**	**N754**	**N755**	**N763**	**N765**	**N749**	**N790**	**N791**	**N792**	**N793**	**N794**	**N789**	**N795**
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice									1,2,3, 4									
1.Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.	2-7	2,3,4	1,2,3 ,4	1, 3-4	2-5		6, 8		4	1	3, 4	3	1	3	3	3		3
2.Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.	3	2,3,4	1,2,3	4	2-5		4, 6		3	2-5		2	1	1				5
3.Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.			1,2,3		4		5, 6		2,3	2-6		1	3	2	2,3,4			3,5
4.Apply relevant findings to develop practice guidelines and improv practice and the practice environment.	2,4,5 ,6	4,5	1,2,3	4	2, 4-5		3 - 8		1	6			3	3	1	3		5
5.Use information technology and research methods appropriately to: · collect appropriate and accurate data to generate evidence for nursing practice · inform and guide the design of databases that generate meaningful evidence for nursing practice · analyze data from practice · design evidence-based interventions · predict and analyze outcomes · examine patterns of behavior and outcomes · identify gaps in evidence for practice	1,2, 4-8	2,3,4	1,2,3 ,4	1-2, 4	2-5		2, 6, 8			6								
6.Function as a practice specialist/consultant in collaborative knowledge-generating research.					5		1, 4, 6, 7, 8			6					5	5	5	1,5
7.Disseminate findings from evidence-based practice and research to improve health care outcomes.				5	4		7			6	1,2,3,4,5							5

AACN DNP Essentials	N701	N702	N704	N705	N711	N762	N754	N755	N763	N765	N749	N790	N791	N792	N793	N794	N789	N795
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care																		
1.Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.	4,5		1,2,3,4		4-5					1-6								
2.Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.			1,2,3,4							5-6								
3.Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.	2,6,7									1-6								
4.Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.			2,3				3, 6, 7, 8			2-6								
5.Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.			1,2,3							1								

AACN DNP Essentials	N701	N702	N704	N705	N711	N762	N754	N755	N763	N765	N749	N790	N791	N792	N793	N794	N789	N795
Essential V: Health Care Policy for Advocacy in Health Care																		
1.Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.	3	4	3				1 - 5									1		
2.Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.							3 - 8											4
3.Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.							3, 4, 5, 7											
4.Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.							3 - 8								1			

5.Advocate for the nursing profession within the policy and healthcare communities.			3				3, 4, 6, 7, 8											
6.Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.							1 - 5											
7.Advocate for social justice, equity, and ethical policies within all healthcare arenas.							6 - 8											
Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes																		
1.Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.			1,2,3	1-5			6 - 8			2-6	1,2,3,4,5							
2.Lead interprofessional teams in the analysis of complex practice and organizational issues.					5		4, 7, 8			2-6	1,2,3,4,5							
3.Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.					5		7			2-6	1,2,3,4,5							

AACN DNP Essentials	**N701**	**N702**	**N704**	**N705**	**N711**	**N762**	**N754**	**N755**	**N763**	**N765**	**N749**	**N790**	**N791**	**N792**	**N793**	**N794**	**N789**	**N795**
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health																		
1.Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.	3	2,3,4	2,3,							1					3	2		
2.Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.		1	2,3,				2 - 5			1					3	2		
3.Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.	3	5					2, 3, 4			1,2					3	1		5
Essential VIII: Advanced Nursing Practice																		

1.Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.		1,2,5					6, 8								3	2		
2.Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.	2,4,5, 6	2,3,4					6, 7						5	5	5	5		5
3.Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.							7			2								1,2,4
4.Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.		4,5					2, 6, 7, 8							3		1		5
5.Guide, mentor, and support other nurses to achieve excellence in nursing							6, 7, 8					4						
6.Educate and guide individuals and groups through complex healt and situational transitions.							4, 6, 7, 8			2						1		
7.Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.							1 - 8			2					1			

CROSSWALK For DNP Essentials and NONPF Core Competencies
American Association of Colleges of Nursing (AACN) The Essentials of Doctoral Education for Advanced Nursing Practice (2006) & NONPF Domains and
Core Competencies of Nurse Practitioner Practice (2012)

AACN DNP Essential	NONPF Competencies
Essential I: Scientific Underpinnings for Practice	
I . Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. 2. Use science-based theories and concepts to: • determine the nature and significance of health and health care delivery phenomena; • describe the actions and advance strategies to enhance, alleviate and ameliorate health and health care delivery phenomena as appropriate; and • evaluate outcomes 3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.	**Scientific Competencies** 1. Critically analyzes data and evidence for improving advanced nursing practice. 2. Integrates knowledge from the humanities and sciences within the context of nursing science. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge **Ethics Competencies** 1. Integrates ethical principles in decision making**.** 2. Evaluates the ethical consequences of decisions. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.
Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	
1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences. 2. Ensure accountability for quality of health care and patient safety for populations with whom they work. a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems. b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery. c. Develop and/or monitor budgets for practice initiatives. d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of	**Quality Competencies** 1. Uses best available evidence to continuously improve quality of clinical practice. 2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. 3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care. 4. Applies skills in peer review to promote a culture of excellence. 5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality. **Leadership Competencies** 1. Assumes complex and advanced leadership roles to initiate and guide change.

health care outcomes. e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.	2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 3. Demonstrates leadership that uses critical and reflective thinking. 4. Advocates for improved access, quality and cost effective health care. 5. Advances practice through the development and implementation of innovations incorporating principles of change. 6. Communicates practice knowledge effectively both orally and in writing. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus. **Practice Inquiry Competencies** 1. Provides leadership in the translation of new knowledge into practice. 2. Generates knowledge from clinical practice to improve practice and patient outcomes. 3. Applies clinical investigative skills to improve health outcomes. 4. Leads practice inquiry, individually or in partnership with others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyzes clinical guidelines for individualized application into practice.
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice	
1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.	**Scientific Competencies** 1. Critically analyzes data and evidence for improving advanced nursing practice. 3. Translates research and other forms of knowledge to improve practice processes and outcomes. 4. Develops new practice approaches based on the integration of research, theory, and practice knowledge

4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment. 5. Use information technology and research methods appropriately to: practice • collect appropriate and accurate data to generate evidence for nursing practice • inform and guide the design of databases that generate meaningful evidence for nursing practice • analyze data from practice • design evidence-based interventions • predict and analyze outcomes • examine patterns of behavior and outcomes • identify gaps in evidence for practice 6. Function as a practice specialist/consultant in collaborative knowledge-generating research. 7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes	**Practice Inquiry Competencies** 1. Provides leadership in the translation of new knowledge into practice. 2. Generates knowledge from clinical practice to improve practice and patient outcomes. 3. Applies clinical investigative skills to improve health outcomes. 4. Leads practice inquiry, individually or in partnership with others. 5. Disseminates evidence from inquiry to diverse audiences using multiple modalities. 6. Analyzes clinical guidelines for individualized application into practice.
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	
1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems. 2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. 3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases. 4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology. 5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.	**Technology and Information Literacy Competencies** 1. Integrates appropriate technologies for knowledge management to improve health care. 2. Translates technical and scientific health information appropriate for various users' needs. 2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 2b). Coaches the patient and caregiver for positive behavioral change. 3. Demonstrates information literacy skills in complex decision making. 4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care. 5. Uses technology systems that capture data on variables for the evaluation of nursing care.
Essential V: Health Care Policy for Advocacy in Health Care	
1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.	**Policy Competencies** 1. Demonstrates an understanding of the

2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy. 3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes. 4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes. 5. Advocate for the nursing profession within the policy and healthcare communities. 6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery. 7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.	interdependence of policy and practice. 2. Advocates for ethical policies that promote access, equity, quality, and cost. 3. Analyzes ethical, legal, and social factors influencing policy development. 4. Contributes in the development of health policy. 5. Analyzes the implications of health policy across disciplines. 6. Evaluates the impact of globalization on health care policy development.
Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	
1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products. 2. Lead interprofessional teams in the analysis of complex practice and organizational issues. 3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.	**Health Delivery System Competencies** 1. Applies knowledge of organizational practices and complex systems to improve health care delivery. 2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering. 3. Minimizes risk to patients and providers at the individual and systems level. 4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. 5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. 6. Analyzes organizational structure, functions and resources to improve the delivery of care. 7. Collaborates in planning for transitions across the continuum of care. **Leadership Competencies** 1. Assumes complex and advanced leadership roles to initiate and guide change.

	2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care. 7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	
1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. 2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations. 3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.	**Independent Practice Competencies** 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care. 3c). Employs screening and diagnostic strategies in the development of diagnoses. 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
Essential VIII: Advanced Nursing Practice	
1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches. 2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences. 3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes. 4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing,	**Independent Practice Competencies** 1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling,

delivering, and evaluating evidence-based care to improve patient outcomes. 5. Guide, mentor, and support other nurses to achieve excellence in nursing practice. 6. Educate and guide individuals and groups through complex health and situational transitions. 7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.	disease management, palliative, and end of life care. 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3c). Employs screening and diagnostic strategies in the development of diagnoses. 3d). Prescribes medications within scope of practice. 3e). Manages the health/illness status of patients and families over time. 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

APPENDIX Z – Student Completion Data

BSN Program Completion Data

BSN Student Enrollment and Completion Data	Graduation Term										
First Nursing Term with First Clinical Term	Spring 2011	Summer 2011	Fall 2011	Spring 2012	Summer 2012	Fall 2012	Spring 2013	Summer 2013	Fall 2013	Spring 2014	Cohort Total
Fall 2007	63	2	15	3							89
Spring 2008	1										1
Fall 2008	62	2	14	2							85
Spring 2009			1								2
Fall 2009				1							1
Spring 2008	2	1	6	2							19
Spring 2008	1										6
Fall 2008	1	1									3
Spring 2009			6	2							10
Fall 2008		1	14	68	7	9	6				114
Spring 2009		1	14								18
Fall 2009				68	7	6	4				90
Spring 2010						3	1				5
Spring 2011							1				1
Spring 2009		12	18	9	5	8	3				59
Spring 2009		12	18	3	1	1					38
Fall 2009				6							6
Spring 2010					4	7	2				14
Fall 2010							1				1

BSN Student Enrollment and Completion Data	Graduation Term										
First Nursing Term with First Clinical Term	Spring 2011	Summer 2011	Fall 2011	Spring 2012	Summer 2012	Fall 2012	Spring 2013	Summer 2013	Fall 2013	Spring 2014	Cohort Total
Fall 2009					13	12	54	17	10	4	125
Spring 2010					13	12	6		2		35
Fall 2010							48	17	4	4	84
Spring 2011									4		7
Spring 2010					3	17	1	10	14	6	63
Spring 2010					3	17	1			2	24
Spring 2011								10	14	4	38
Spring 2012											1
Fall 2010								10	22	84	145
Spring 2011								10	22	6	45
Fall 2011										78	99
Spring 2012											1
Spring 2011								3	3		68
Spring 2011								3	3		6
Spring 2012											59
Fall 2012											2
Fall 2013											1
Grand Total	66	16	53	83	28	46	64	40	49	94	

MSN Program Completion Data

MSN Student Enrollment and Completion Data	**Graduation Term**												
Admit Term	Fall 2010	Spring 2011	Summer 2011	Fall 2011	Spring 2012	Summer 2012	Fall 2012	Spring 2013	Summer 2013	Fall 2013	Spring 2014	none	Cohort Total
Fall 2008	2	10						1				1	25
Spring 2009	25	19	1	1	1							10	63
Summer 2009		29	5	2	1							2	39
Fall 2009			3	7	1							9	20
Spring 2010			2	32	23					1		9	67
Summer 2010					38							6	44
Fall 2010				2	4	14	3					5	28
Spring 2011						3	41					4	48
Summer 2011				2				30		1	1		34
Fall 2011									25			3	28
Spring 2012								1		39	12	9	61
Summer 2012									3		64	11	78
Fall 2012												68	68
Total Graduates	27	58	11	46	68	17	44	32	28	41	77	137	603

DNP Program Completion Data

DNP Student Enrollment and Completion Data	Graduation Term													
Admit Term	Fall 2008	Spring 2009	Fall 2009	Spring 2010	Fall 2010	Spring 2011	Fall 2011	Spring 2012	Fall 2012	Spring 2013	Fall 2013	Spring 2014	none	Cohort Total
Fall 2007	5	4	3	3	1		1	1				1	2	21
Spring 2008	1	1											2	4
Summer 2008			1	1	1		1	1					1	6
Fall 2008					2								5	7
Spring 2009					3	1	3			1	1		1	10
Summer 2009						1			1					2
Fall 2009									3	1			5	9
Spring 2010								3	7	1		1	4	16
Fall 2012									4	3	4	1	3	15
Spring 2011									16		2	3	10	31
Fall 2011										1	4	3	6	14
Spring 2012									1		9	1	7	18
Fall 2012												1	16	17
Total Graduates	6	5	4	4	7	2	5	5	32	7	20	11	62	170

APRN Certificate Completion Data

APRN Certificate: FNP	**Graduation Term**		
Admit Term	Spring 2013	Spring 2014	Cohort Total
Summer 2011	1		1
Fall 2011		1	1
Grand Total	1	1	2