

EVALUATION TEAM REPORT ON THE ACCREDITATION REVIEW  
OF THE BACCALAUREATE DEGREE PROGRAM IN NURSING  
AT  
COLUMBUS STATE UNIVERSITY

COMMISSION ON COLLEGIATE NURSING EDUCATION  
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## TABLE OF CONTENTS

INTRODUCTION .....	1
MEETING OF CCNE STANDARDS .....	3
Standard I. Program Quality: Mission and Governance .....	3
Standard II. Program Quality: Institutional Commitment and Resources .....	10
Standard III. Program Quality: Curriculum, Teaching-Learning Practices, and Individual Student Learning Outcomes .....	18
Standard IV. Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments.....	27

## Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), a nationally recognized accrediting body responsible for the evaluation of baccalaureate and graduate degree programs in nursing, regarding the Bachelor of Science in Nursing (BSN) program at Columbus State University and its compliance with CCNE's standards for accreditation. The BSN program is being reviewed for initial accreditation.

The Board of Regents of the state of Georgia established Columbus State University (CSU) as a junior college in 1958. Shortly thereafter it became a 4-year college and, in 1996, was elevated to university status. It was primarily designated as a teaching institution. It is located on a 132-acre campus in the northeast section of Columbus, Georgia. Atlanta is less than two hours travel time by car from Columbus.

At present, CSU has a student body of over 8,000. The Commission on Colleges of the Southern Association of Colleges and Schools has accredited the university to award associate, baccalaureate, master's, and educational specialist degrees as well as the recently instituted doctor of education degree. A new president was appointed to CSU in 2008, and under his leadership, a new strategic plan was developed to cover the years from 2009 to 2012. The position of vice-president for academic affairs became vacant, and the president obtained permission from the board of regents to change the position to provost and vice-president for academic affairs as an initial step in achieving the strategic goals, one of which is to increase graduate programs including doctoral programs.

The nursing program was initiated in 1967 as an associate degree level program. It achieved and maintained National League for Nursing Accrediting Commission (NLNAC) accreditation until its closure in 2001. In 1984, the board of regents granted approval for the establishment of a baccalaureate nursing program (BSN), and the first class was enrolled in the fall of 1984. The BSN program received NLNAC accreditation for 8 years in 1986. The two programs were offered until 2001. Since 2002, the BSN program enrollment has tripled. Each fall, the program plans on admitting 100 students to the junior class. Eighty-three students graduated in May 2009. In fall of 2009, 98 students entered the new curriculum with three additional students repeating courses. As part of the strategic goals, the Department of Nursing was elevated to the School of Nursing (SON) and placed in the newly formed College of Education and Health Professions. This new

status is in keeping with growth of the undergraduate program and the development of a graduate program in nursing.

The nursing program was last visited and received full approval by the Georgia Board of Nursing in April 2008. Accreditation by NLNAC ends in December 2010.

As part of the review, the team verified that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. Several letters were received, which were considered in the evaluation of the program.

The team was afforded full cooperation in its efforts to assess the program and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

## Meeting of CCNE Standards

While visiting the campus in Columbus, Georgia, the evaluation team had an opportunity to interview school and university officials; program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the *CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* by the baccalaureate degree program in nursing at the institution.

### **STANDARD I PROGRAM QUALITY: MISSION AND GOVERNANCE**

**The mission, goals, and expected aggregate student and faculty 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.**

This standard is **met** for the baccalaureate program.

**I-A. The mission, goals, and expected student 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 student outcomes are written and accessible to current and prospective students. 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 programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.*

*The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.*

**Compliance Concerns?**

Baccalaureate:

No

**Rationale:**

The SON's mission, baccalaureate program mission, and student outcomes are congruent with those of the parent institution. This information is easily accessible to both prospective and current students and is consistent in all documents reviewed: CSU catalog, SON student handbook, and university and SON Web sites.

The program identifies the professional standards it uses to develop, implement, and revise the curriculum. In addition to *The Essentials for Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008], the program incorporates the Georgia Board of Nursing standards for registered nurse programs, the Quality and Safety Education for Nurses (QSEN) standards, the American Nurses Association's *Standards of Nursing Practice and Standards of Professional Performance* (2004), and the NCLEX-RN test plan. A review of the level and program outcomes, course descriptions and objectives, and mapping of content across the curriculum clearly provided evidence for the integration of all of the identified standards. Furthermore, committee minutes documented in great detail the processes whereby standards were used to develop the new curriculum; attached to minutes were the crosswalk tables and curriculum maps that were developed to guide and evaluate the comprehensive use of standards.

**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. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

A review of the program evaluation plan and committee minutes documented that the mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect professional nursing standards and the needs and expectations of the community of

interest. GSU's mission, goals, and student outcomes were revised under the leadership of a new president and approved in Spring 2009. In keeping with CSU changes, the SON faculty completed a revision of the SON mission, baccalaureate mission, and student outcomes in June 2009. This coincided with the revision of the curriculum already in progress, and the new curriculum was initiated in Fall 2009 with the present junior students. The standards identified for the new curriculum were used to develop the baccalaureate program mission and program outcomes.

Community members who met with the team spoke clearly about the many opportunities they have had to influence the mission, program outcomes, and new curriculum. Members of the nursing advisory council participated in the development of the new program outcomes and curriculum. They influenced the choice of the QSEN standards as the framework for developing the new program outcomes. There were six letters submitted on behalf of CSU to CCNE. Of these one was from an alumna, one a LPN who works with students, and four from nursing administrators. Two of the four letters from administrators were from chief nursing officers. Both attested that they contributed to curriculum revisions to better prepare graduates for practice. When meeting with students, the team asked what they would like to see changed in their program. The seniors, soon to graduate, listed a number of recommendations they felt would better prepare them for practice. According to the students enrolled in the new curriculum, recommendations made by the seniors have already been integrated into the new curriculum.

The program uses the EBI survey for both graduates and alumni. This information was also used in the development of program outcomes.

**I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.**

*Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.*

**Compliance Concerns?**

Baccalaureate: Yes

**Rationale:**

In 2008, a new president was appointed. By Summer 2009, the president obtained permission to search for a replacement for the vice president for academic affairs. He also obtained permission to change the position to provost and vice president for academic affairs. This

structural change has had implications that have not been made clear to the dean of the College of Education and Health Professions and the director and faculty of the SON. In meetings with the president and provost, the team was informed of the change in direction for CSU to increase enrollment mainly by developing new master's programs and increasing the number of graduate students. Additionally, there will be a higher expectation for scholarship as defined traditionally for faculty who fall under the peer review system. The president pointed out that there is another mechanism for promotion of faculty in non-tenure track positions based on performance evaluation and authorized by mutual agreement between the director and dean. Comments from the dean and director indicated that this two-tiered system has not been made clear.

The expected faculty outcomes in teaching, scholarship, service, and practice as defined by the faculty evaluation format are congruent with the mission, goals, and expected student outcomes and clearly outlined in detail. The performance evaluation tool, with criteria for satisfactory and meritorious performance, was reviewed on-site. This is the only document that describes faculty role expectations. Until the new strategic plan was initiated in 2009, CSU was defined as primarily a teaching institution. Faculty service and scholarship were valued, but there was equal emphasis on service or scholarship; clinical expertise fell within scholarship. In the performance evaluation tool, scholarship is defined very broadly. There is also a high value placed on clinical expertise.

The majority of SON full-time faculty are prepared at the master's level. Though a doctoral degree is a requirement for tenure, faculty have been promoted to associate and full professor without tenure. Two members of the full-time faculty applied for promotion to associate professor in Spring 2009 with the full support of the faculty, director, and dean and clearly expected to receive promotion based on prior communication and performance evaluation. Promotion was denied this past fall by the provost. In meetings with the faculty, director, and dean, the team was informed that this unexpected decision has caused confusion and consternation and has negatively affected morale. When meeting with the team, the provost made it clear that publication in professional journals is an expectation for promotion for faculty in tenure track positions. The criteria for evaluation of faculty performance reviewed by the team are not consistent with those used by the provost. At this point, expected faculty outcomes are unclear, unwritten, and not communicated to the faculty. Minutes from the SON verified that when meeting with the faculty, the dean stated that promotion criteria needs to be fair and written.



#### **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.*

##### **Compliance Concerns?**

Baccalaureate:

No

##### **Rationale:**

Faculty have many opportunities to participate in program governance by committee membership. All faculty participate in one of two committees: program evaluation or curriculum. Both of these committees have been highly active during the curriculum revision and in response to the strategic plan. There are additional standing committees such as student success and leadership team. There are also SON meetings where faculty meet as a whole; committee reports are presented, and votes are taken for final action. The faculty meet in course teams, and level coordinators are appointed. The communication and decision-making structure is clearly delineated. Through a review of committee minutes, the evaluation team verified that all faculty are actively involved in all aspects of governance in the SON. Faculty participate in university governance through the faculty senate.

When meeting with the team, faculty expressed their satisfaction with their involvement in governance within the SON. As mentioned in the self-study document, students rarely participate in committees due to competing time demands. However, as of January, a plan is in place to increase student participation.

When meeting with the team, students spoke of the openness and accessibility of faculty. They gave a number of examples where their concerns regarding teaching-learning practices or policies were heard and action taken in a timely fashion to address concerns to their satisfaction. When asked what they would like to see changed in the program, senior students mentioned a number of curricular issues that have already been addressed in the new curriculum. One student commented that leadership is a major distinction of baccalaureate education and recommended to expand the focus on leadership. The new curriculum addresses leadership concepts in all four semesters of the nursing program.

**I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.**

*Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

Through a review of CSU and SON Web sites and printed documents such as handbooks and university catalogs, the evaluation team verified that information related to the program is accurate, including information related to admission, progression, and graduation. This information is readily accessible to students. Information regarding RN licensure is accurate.

**I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.**

*Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

A review of committee minutes indicated that faculty are involved in the development, review, and revision of academic policies. Differences between the nursing program policies and CSU academic policies are identified and justified with a clear rationale as to why the differences are necessary to support achievement of program outcomes. Most recently, a number of policies were changed in order to improve retention in the nursing major. These are related to admission and progression criteria. Other policies were implemented in order to assure success on the NCLEX-RN exam. All of the policies were developed based on program evaluation data and review of the literature. The policies are implemented consistently. Students stated that they are aware of policies and understand that these are intended to assure their success. All SON policies are published in the student handbook, updated each year, and given to all students in the program. Students sign a document indicating that they have received the handbook and

are responsible for the contents. New policies that have a significant influence on students are printed and given out to students in classrooms. Other policies are posted electronically and on bulletin boards in the SON.

**I-G. There are established policies by which the nursing unit defines and reviews formal complaints.**

*Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

CSU has an appeal process published in the CSU student handbook and in the catalog. When asked about the appeal process, students spoke with confidence that issues are resolved within the SON; faculty listen respectfully to students and make changes when indicated; and if changes are not made, students are given the rationale. When probed further, students were able to describe the appeal process both within the SON and the university as a whole. However, they wanted the team to understand that this process was not likely to be needed because the faculty are highly responsive to students' requests.

## 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.**

This standard is **met** for the baccalaureate program.

**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 student and faculty 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 student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process 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.*

**Compliance Concerns?**

Baccalaureate:

No

### **Rationale:**

The university's primary revenue is allocated by the state legislature. Additional resources are secured through tuition and fees, grants, endowments, and gifts. The SON's primary revenue is from the state legislature. Additional sources of revenue include state grants, private grants, university grants, endowments, foundation gifts, and, increasingly, student fees. In the self-study document, the director pointed out that a percentage of student fees are held by the provost's office, though it is unclear when this decision was made and by whom. The director of the SON has authority for decision-making regarding the SON budget. The budget process at the university level is linked to the university's 2009-2012 strategic goals and objectives, and there was evidence that financial resources are equitably distributed among university units. The SON has demonstrated success in securing external funding for the program including grants, endowments, and gifts.

The SON's strategic plans and strategic planning retreat minutes confirmed that resources are granted to meet goals. The fiscal and physical resources are reviewed annually by the SON

director and faculty; according to minutes and memos reviewed, the SON has been successful at obtaining needed resources. During the past 8 years, the SON has grown from admitting 35 students per year to admitting 98 students per year. There was evidence that this growth has been supported by state grants, matching community hospital partner contributions, and institutional funding. This support has included additional faculty, which were initially added with “soft money” and were then included in ongoing university funding for the SON. Faculty professional development funds were available through an endowment fund until Fall 2008. Since that time, nursing faculty development funds have come from donated private funds and the parent college funds. The College of Education and Health Professions set aside \$30,000 for faculty professional development for the current year and made it available to nursing faculty. All professional development requests by nursing faculty to the dean of the College of Education and Health Professions have been funded this year. Through a review of documents, the evaluation team verified that hospital community partner funding will restore nursing faculty professional development support for the next 5 years (2010-2015).

Based on the observations of the team and interviews with academic leadership, faculty, and students, the SON has satisfactory physical resources conducive to providing high quality learning environments in the classroom, nursing skills lab, and computer lab. The SON is housed in Illges Hall and includes administrative and faculty offices, student and faculty conference rooms, three large (100 seat) media equipped classrooms, two campus labs with a total of 17 beds, a computer lab with 24 student stations and one instructor station, individual faculty offices, a faculty/staff lounge, a student nurses association office, and a Sigma Theta Tau office.

According to the director and faculty, staff support for the SON is good and includes one administrative assistant to the SON director and two other administrative secretaries. In addition, a centralized nursing advising program has two part-time former faculty members (one FTE) who advise all pre-nursing students to ensure eligibility and timely admission to the upper level nursing major courses. These advisors have offices in the SON and are supported by the secretarial staff. Faculty turnover of full-time and part-time faculty has been a problem in recent years with many faculty returning to clinical practice for higher salaries. The provost indicated her willingness to support competitive salaries in order to hire faculty with doctorates for tenure track positions.

**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 student and faculty 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.*

**Compliance Concerns?**

Baccalaureate:

No

**Rationale:**

The university provides a wide array of support services, including on-line resources. There was evidence that students are aware of and use these support services, which include the library and interlibrary loan, instructional technology and computer labs, a writing center, student health center, counseling services, career services, financial aid, reasonable accommodations for students with documented disabilities, and advising. Students reported satisfaction with the availability of campus resources.

Nursing students have access to full-text on-line journals through Ovid *Medical Journals* and *ProQuest Nursing and Allied Health Source*. In addition, the university is a part of a statewide library resource, GALILEO, which has over 300 database resources available to students. The university has one librarian assigned to the SON. This librarian serves as a liaison between the university library and the SON. She attends SON meetings and works closely with students and faculty for collection development and provides instruction to nursing students as needed. The SON librarian stated that library staff frequently provide assistance to nursing students doing evidenced-based practice research and research for clinical or class assignments. Library holdings are adequate to support the program. Community of interest hospital partners made positive comments about the presentations of students' evidenced-based practice research projects; a number of the projects have been translated into clinical protocols to improve nursing practice.

The counseling center offers a variety of services to students, staff, faculty, and alumni. Free counseling is available to students for the duration of the student's enrollment for ongoing therapy/support as well as in areas such as crisis intervention and test anxiety. In addition, several assessments are available including assessment for substance abuse, cognitive issues,

and emotional issues with appropriate follow-up as indicated. Faculty may refer students for counseling services. Confidentiality of client information is strictly held.

Student services provides a “one stop shopping” team approach where students can go to one area for assistance, and that team will coordinate the help the student needs in other areas so the student does not need to go to each department separately. Of particular note is a short, 3-week course (cost \$150) available for non-traditional students interested in returning to college. The course provides helpful information for applying for admission and financial aid, the role of the student, time commitment, required academic skills, skill development (for example, reading skills, note taking, and time management), and resources available to enhance student success. Financial aid assistance is generous. One example is the Hope Scholarship for students with a minimum 3.0 GPA in high school who maintain a minimum 3.0 GPA in a Georgia state institution; the scholarship covers tuition and fees. There are other sources for purchasing books. These services are evaluated annually, and changes are made as needed.

**II-C. The chief nurse administrator:**

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

*Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty 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 if the chief nurse administrator does not hold a graduate degree in nursing.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The chief nursing administrator (director of the SON) is qualified academically and experientially to lead the program in the accomplishment of its mission, goals, and expected outcomes. She is an experienced educator with 25 years teaching experience and also has served in clinical leadership positions. She has been the chief nurse administrator since 2002, and there was

evidence that she has budgetary, decision-making, and evaluation authority similar to other directors within the College of Education and Health Professions and to other areas of the university. According to faculty, community partners, and university administrators who met with the team, the director seeks input, as appropriate, with decision making. This was also documented in program minutes and planning retreat minutes and was voiced during meetings with the communities of interest. She has a MSN in adult health and nursing education and a terminal degree in education with a focus in supervision and curriculum. She is a registered nurse in Georgia. She has overseen many major changes in the SON during her time as the chief nurse administrator including completely remodeling the SON campus lab, classrooms, and offices with updated technology. She is seen as a competent professional leader by faculty, students, community partners, and university administration.

**II-D. Faculty members are:**

- **sufficient in number to accomplish the mission, goals, and expected student and faculty 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 mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty 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 have lead faculty who are nationally certified in that specialty.*

**Compliance Concerns?**

Baccalaureate:

No

**Rationale:**

Faculty members are qualified academically and experientially for the areas in which they teach and are sufficient in number to accomplish the mission, goals, and expected outcomes of the



program. There are 17 full-time and 15 part-time nursing faculty members. All full-time nursing faculty members hold the minimum of a master's degree in nursing. Of these, four hold earned doctoral degrees, and five are currently in doctoral programs. Tenure-track positions require a doctoral degree; once obtained, a faculty member in a non-tenure track position can move from non-tenure to tenure track with administrative approval. From discussions with the president, provost, and SON director, there is strong support for the doctoral development of nursing faculty in terms of release time and financial support.

Of the 15 part-time faculty members, five are master's prepared, and the rest hold baccalaureate degrees in nursing. Two of the BSN prepared part-time faculty members are in master's nursing programs. All BSN prepared faculty work with students in the clinical area except for one who works with students in both the clinical and classroom due to the medical leave of absence of the faculty in that specialty area. This BSN prepared faculty member is in a master's nursing program and is qualified experientially to teach in this area. All BSN clinical faculty members are well prepared clinically and meet stringent standards established by the faculty. In addition, part-time BSN clinical faculty are paired with a full-time faculty member who works closely with them and meets at least one-on-one with them weekly. In addition, all BSN clinical faculty members receive orientation to each clinical course including course objectives, teaching objectives, and strategies to encourage critical thinking in the clinical area.

The majority of faculty members teaching in any given semester are full-time with at least a master's degree in nursing. All full-time and part-time nursing faculty members are currently licensed as registered nurses in Georgia. A review of faculty vitae and statements from community partners indicated that faculty maintain expertise in their areas of responsibility through continuing education offerings and through working in the specialty clinical area. In addition, the nursing program has an endowment that supports annual nursing faculty professional development workshops in areas related to teaching; recent workshops focused on evidence-based practice, clinical teaching, and preserving student due process.

The full-time equivalency of faculty members is clearly delineated as 180 to 214 contact hours per semester, which is equivalent to 12 credit hours. The program has a clear workload calculation guide, which includes a specific contact hour workload for classroom teaching, clinical teaching, indirect faculty supervision with preceptors, campus lab oversight, course coordinator, level coordinator, assistant director, new faculty member, special assignments, and

doctoral study. Faculty to student ratios in the classroom are one to 11 (via team teaching), and in the clinical area, the ratio is one to seven, which is well within the required state ratio and allows program faculty to adequately mentor, supervise, and evaluate students in both areas.

**II-E. When used by the program, preceptors, 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 learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

Review of preceptor information for the capstone course indicated the majority of preceptors are baccalaureate prepared nurses with several years of clinical experience. However, for the first time last year, 15% (13) of the preceptors were associate degree nurses, and all were at one facility. All of these associate degree preceptors had several years of clinical experience (average was approximately 10 years) and were selected by the facility on the basis of competence. Each student and preceptor pair was assigned a faculty member advisor. Faculty worked closely with these preceptors and students throughout the course to ensure course objectives were met. The lack of baccalaureate-prepared preceptors was caused primarily by other nursing programs' preceptorships beginning earlier than those at CSU. As a result, the baccalaureate-prepared nurses had already been assigned to students from other programs, which included associate degree nursing programs. To prevent this from happening in future years, the SON director met with hospital representatives and received assurances from the hospital that CSU nursing students would have the priority for assignment to baccalaureate prepared nurse preceptors in future years.

**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 student outcomes. For example:*

- *Faculty have opportunities for ongoing development in pedagogy.*

- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *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 which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The SON provides and supports an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes of the SON. Nursing faculty's teaching is supported through the center for quality teaching and learning, which is a unit of the College of Education and Health Professions. In addition, money has been available to encourage nursing faculty's professional development through an endowment until 2008, through the college in 2009, and through community partners from 2010 to 2015. In addition, another endowment provides money for a nursing faculty development workshop each year (see the rationale provided for Key Element II-D). Support for faculty practice was demonstrated in faculty comments and community partner comments. Support for nursing faculty's service and professional involvement was evident in faculty vitae and in comments made by faculty and the SON director. Doctoral prepared nursing faculty's vitae demonstrated support for scholarship through publications and presentations. Nursing faculty expressed they had SON, college, and university-level support for pursuing doctoral coursework, and several faculty have entered and/or completed doctoral programs. However, due to changing expectations at the university level for scholarship, university support for faculty development needs to be clarified (see the rationale provided for Key Element I-C).

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

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

This standard is **met** for the baccalaureate program.

**III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.**

*Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.*

**Compliance Concerns?**

Baccalaureate:           No

**Rationale:**

The baccalaureate curriculum underwent a comprehensive revision over the past few years. The new curriculum was initiated with the entering junior class in Fall 2009. In 2009, CSU approved new mission, vision, and goal statements. The SON revised the SON mission and baccalaureate program mission in order to be in line with CSU. The new program outcomes were reviewed to be certain that they are congruent with the SON's and program's mission statements. A review of committee minutes and many other supporting documents verified the logical connections between the missions and expected individual student learning outcomes.

**III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.**

- 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 programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.

- b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
- 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 incorporate additional relevant professional standards and guidelines as identified by the program.
  - b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

*Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE 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.*

#### **Compliance Concerns?**

Baccalaureate:

No

#### **Rationale:**

A review of documents in the resource room provided evidence of the extensive mapping of the curriculum in order to integrate the identified professional standards. The new curriculum was initiated in response to the 2008 revision of AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (*The Baccalaureate Essentials*) and the expressed needs of the various communities of interest. The QSEN standards provided the framework for developing program outcomes. The language of the new program outcomes clearly and directly reflects the QSEN standards and indirectly *The Baccalaureate Essentials*. The curriculum mapping demonstrated the integration of *The Baccalaureate Essentials* into course objectives, content, assignments, and outcomes. The new RN-BSN courses also reflected integration of *The Baccalaureate Essentials*, QSEN standards, and other guidelines. This program has been suspended due to lack of enrollment but is planned to start in the near future with the new curriculum.

**III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.**

- **The baccalaureate curriculum builds 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.**

*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.*

**Compliance Concerns?**

Baccalaureate:

No

**Rationale:**

The nursing program requires 123 credit hours for completion. Sixty of the 123 hours are nursing courses, and all are taken in the final 2 years of the program. Students in the nursing program meet the general education competencies expected of all students at CSU. The first 2 years provide a strong foundation in the liberal arts, sciences, and humanities. There are clear level objectives demonstrating the development of knowledge, skills, and attitudes over the four semesters of the nursing courses.

Course objectives and content are mapped in detail and demonstrated a logical sequence of learning from simple to complex and higher-order thinking. Mapping was also completed to demonstrate inclusion of all elements of *The Baccalaureate Essentials* and how these concepts and roles are developed over time. The faculty stated that they used three basic rules when

developing the new curriculum: need to know, nice to know, nuts to know. Over time, content had been added as needed but not much removed. The curriculum was replete with factual knowledge. The new curriculum is more focused on concepts and professional role development. Students clearly articulated that they are being developed as professionals with refined thinking skills who know where to find the factual information they need to practice safely and effectively. Students also articulated the importance of the courses taken prior to entering the nursing courses, and how these courses build the foundation for providing holistic care to patients. They clearly described the differences between technical and professional education with emphasis on holism of clients, the knowledge needed to address needs holistically, and autonomous decision-making.

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

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

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The SON building was recently renovated. The classrooms are well lit, attractive, and comfortable. The technology available in the classrooms and laboratory rooms is up to date. Students have access to high fidelity simulators. The recent reorganization resulting in the College of Education and Health Professions has increased the technology resources for the SON. When meeting with the team, the dean described an innovative project that includes the use of video cameras in a studio and classrooms allowing for live streaming of classroom activities and production of videos. They have a Web site dedicated to this project, which is live and accessible to students and the public. Eventually, each discipline in the college will have its own channel. Students from the SON have already participated in the development of videos. The dean enthusiastically described various ways in which faculty from each profession can collaborate and learn from one another. One person described the recent structural change as a "marriage made in heaven." Others concurred.

Course assignments and presentation of information in the classroom encourage active participation of students in their own learning. When visiting classrooms, the team observed students engaged in their own learning rather than passively listening. Faculty continually used

questioning to present information. Student responses indicated that they were prepared for class. Students described numerous assignments requiring in-depth reflection on practice. In addition to post-clinical conference discussion, students engage in reflection documented by the submission of written material directly to faculty, in discussion boards, and in blogs.

Students are assigned to patients at the start of each shift. Students come to clinical early to receive reports and prepare for care. They are given time to look up information needed to understand the patient's condition and treatment plan; there is adequate time for students to confer with faculty and co-assigned nurses. Students stated that they are being prepared for the real world. They are confident that they are able to access the knowledge they need and feel safe because of the low ratio of faculty to students in the clinical area. One student commented that from the amount of attention and detailed information the instructor knows about her performance, she could be the only student. After the clinical experience, students develop a plan of care that is appropriate for the continuing care of the patient(s) assigned. They are also expected to reflect on the clinical day as a way of "getting the big picture" and putting things together.

Students are given extensive feedback daily so that they know what they are doing well and where improvement is needed. Students stated that there are no surprises when they receive their final evaluation. Students commented that they are exposed to several clinical units each semester, providing opportunities to learn in new environments and to discover their personal interest areas.

A review of committee minutes, syllabi, and other course materials provided evidence of the faculty's dedication to developing courses and assignments that focus on required competencies for professional practice. For example, many assignments require students to work in small groups in order to develop the skills necessary to work effectively in teams and for problem-solving. Committee minutes document the thoughtful and evidence-based processes used to develop the new curriculum as well as revise the curriculum being replaced. While revising the curriculum, ongoing evaluation and refinement of the curriculum continued. Students in the "old" curriculum expressed their satisfaction with their education and confidence in entering practice. Committee representatives spoke very highly of graduates, and the letters submitted to CCNE attested to this as well.



The nursing program was the first unit on campus to fully participate in an initiative to produce competent writers in their specific disciplines. The program was titled quality enhancement plan (QEP). This required faculty to participate in faculty development specific to teaching and evaluating writing. Nursing faculty developed a common writing rubric specific to the discipline and revised assignments to increase writing throughout the nursing program. This has also resulted in the development of a template for an electronic portfolio and a plagiarism module (in process).

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

*Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The teaching-learning practices are appropriate to the student population. A review of minutes from team meetings, level meetings, and the curriculum committee demonstrated the detailed review of course evaluations and other sources of data. Student concerns and recommendations are discussed, and changes made in order to meet the needs and expectations of the students. Students verified that faculty are accessible face-to-face and via telephone and E-mail and are responsive to student requests. All students are assigned a faculty mentor who maintains close contact with the student. When meeting with students, they described the mentorship relationship but also said that all faculty and staff provide support to students.

Community representatives and alumni also described the faculty as easily accessible and responsive to their needs and expectations. One community member took out her cell phone and stated that she has CSU faculty on speed dial. The current emphasis on safety in health care and measurement of quality indicators were areas specifically recommended by the community members who met with the team. The new curriculum clearly has integrated these concepts throughout the entire curriculum. Additionally, the new curriculum includes a course each semester that focuses on role development in the areas of professionalism, leadership,

and management; this sequence is intended to develop the competencies required of professional nurses for today's practice environment.

A major initiative to meet the needs of students led to the development of the student success committee. In 2006, the new committee was charged with identifying strategies to reduce attrition, increase graduation rates, and increase nursing exit exam success. Strategies included identifying at risk students in the first semester of nursing courses, lunch and learn sessions, peer study groups, faculty mentor groups, and opportunities to practice national achievement testing.

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

*Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

There are diverse methods used for the evaluation of expected student learning outcomes. The review of course syllabi on site revealed that evaluation strategies are congruent with the competencies identified for each course. The expected outcomes are clearly defined for students throughout the courses. The students expressed understanding of the connections between learning activities and expected outcomes. Criteria for evaluation of student work are clearly communicated to students. Students described the evaluation of their work as fair and consistent. They gave an example of a change made at their request: when a course is team-taught, an assignment should be graded by one faculty member as opposed to shared by all so that there will be consistency of grading. In situations where the grading of a specific assignment is shared, students were aware of the work that faculty have done to assure consistency.

**III-G. 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 individual student learning 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.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

Courses are taught by a faculty team. Team meetings occur weekly or as needed to evaluate the progress of the course, and teaching-learning practices are refined as needed. At the end of each course, faculty review course evaluations within the teams. A summary of the evaluations is available for review by the level coordinators. Issues arising are dealt with either by the curriculum or program evaluation committees. A review of minutes confirmed that curriculum and teaching-learning practices are evaluated continuously as well as at regularly scheduled intervals (end of semester). Action is taken immediately when problems are identified.

The SON uses HESI exams to assess specialty knowledge. Exams are integrated into courses as an additional means of evaluating learning. Students receive individual feedback to guide remediation if needed. For faculty, the HESI exams provide information regarding the effectiveness of teaching-learning strategies. Students are also tested for math proficiency throughout the program. The benchmark was initially set at 100%; it was changed to 90% to reflect the expectations of local facilities and in recognition of measurement error.

Other sources of data for evaluating the curriculum and teaching-learning practices come from the EBI surveys. Curriculum and program evaluation committee minutes documented how the data from these surveys are used to inform decisions regarding needed change. An example is the data from exiting seniors that indicated that students did not rate global knowledge as high as other content areas. CSU has encouraged faculty to internationalize the curriculum for each discipline. Faculty in the SON formed a committee to review the curriculum to locate the content and experiences that contribute to understanding of global issues. Though gaps were found, there was a fair amount of content already included. One conclusion was that the way in which information was presented did not cue students as to the purpose and meaning of the

information. Terminology that accurately reflects global and international information is being integrated in the new curriculum. Other goals have been established to internationalize the nursing curriculum further in the future such as international travel.

**STANDARD IV**  
**PROGRAM EFFECTIVENESS: AGGREGATE STUDENT AND FACULTY OUTCOMES**

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

This standard is **met** for the baccalaureate program.

**IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.**

*Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).*

**Compliance Concerns?**

Baccalaureate:            No

**Rationale:**

Processes are in place for the ongoing collection of aggregate student and graduate outcome data; these include graduation rates, employment rates, accomplishments of graduates, NCLEX-RN pass rates, and graduating students' evaluation of their education. These data are collected on a regular and recurring basis.

BSN program retention rates are measured each year by calculating the number of seniors divided by the number of admissions the previous fall. Graduation rates are calculated as the number of graduates spring-summer divided by the number enrolled in NURS 3275 2 years previously. NURS 3275 is the first nursing course, Professional Clinical Nursing I. In response to

the data, the SON implemented the student success program, which changed admission criteria and is discussed in further detail in Key Element IV-D.

Nursing exit exams are administered annually to graduating seniors and are calculated by the number of students who pass on the first try (May), second try (May), and third and fourth attempt (summer). NCLEX-RN reports are received twice yearly for those testing from April through September or October through March, and are aggregated for each calendar year. Pass rates are calculated on success on first attempt. Second attempt data are also collected.

The program experienced significant difficulty in obtaining adequate response rates on alumni satisfaction surveys and ultimately decided in 2006 to use Educational Benchmarking Inc. (EBI) to collect survey data. Graduate exit satisfaction surveys are conducted annually in the spring by EBI. Alumni and employer surveys are conducted every 2 years in the spring of even years for graduates who have been in practice for 1 and 2 years. Since using EBI, the alumni response rates have been around 50%.

#### **IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.**

*Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.*

**Compliance Concerns?**

Baccalaureate: No

#### **Rationale:**

The data identified for collection in Key Element IV-A are analyzed and compared with expected outcomes. Graduation rates are reviewed annually and compared to the expected outcome of 85%. Data are provided from 2003 through 2008; the benchmark of 85% was not met in any year through 2008, when the graduation rate dropped to 57%. As a result, the student success program was developed; it is discussed in more detail in Key Element IV-D.

The retention rate (number of students who progress to the senior year from the junior year) was added in 2005. The expected outcome is 85%. From 2006 and 2007, the SON did not meet the expected outcome. Programs were developed and put into place to address this and are discussed more completely in Key Element IV-D.

CSU uses HESI achievement exams throughout the program and at graduation. At mid-program, the benchmark was initially set that 90% of students would achieve a probability score of 850. This metric was started in 2004 with results consistently less than the 90% benchmark. In 2007, the benchmark was changed to 80%. In 2007, the benchmark was met with 85% of students achieving a score of at least 850. However, in 2008 and 2009, the scores again dropped below the benchmark with 58% and 56% of students reaching the benchmark respectively.

The benchmark set for the nursing exit exam in 2004 was that 90% of students would achieve a probability score of 900 in no more than two attempts. This has been followed since 2004 with the benchmark being met in 2005 and 2007.

NCLEX-RN exam rates are monitored annually with a benchmark of 90% pass rate on first attempt and 100% pass rate after the second attempt. These benchmarks have been consistently met since 2004 with 100% pass rate on first attempt in 2006.

Specific benchmarks are not set for alumni and employer feedback. Rather, data are collated and analyzed with specific organizational and curricular changes resulting from the feedback.

**IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.**

*Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The program effectiveness committee monitors the results of performance measures on a regular basis to provide evidence of the program's effectiveness. The SON has established a benchmark of 90% or higher for first time takers of the NCLEX-RN. Since 2004, this benchmark has been exceeded. In 2006, 100% of students passed on the first attempt, and in 2009, 98% passed on the first attempt. The benchmark for passing on the second attempt is 100%. This benchmark has been reached for years 2003 to 2008; no data were provided for 2009 at the

time of the on-site evaluation. The SON has set the benchmark for graduation rates at 85%, higher than the national average of 60%. The graduation rates for years 2005 to 2009 ranged from 73.3% to 85%. The only year that the benchmark was reached was 2009. This was attributed to the student success program focusing on increasing juniors rising to senior level. In 2007 the percentage of junior students who progressed to senior year was 70%; in 2008, the percentage of juniors who progressed to senior year was 90%. The program has set the benchmark of juniors rising to senior year at 85%.

The program uses the HESI exit exam as a predictor of NCLEX-RN, as well as to provide individual students with information to guide remediation, if necessary. From the data comparing the exit exam scores to NCLEX-RN pass rates from 2004 to 2009, the relationship between the two is not linear. The highest percentage of students to meet the benchmark for the HESI exam was in 2005. This was the lowest pass rate (92.7%) for first time takers for the 6-year period. The lowest percentage of students to reach the HESI benchmark was in 2009 (63%) yet the first time pass rate for the same year was 98%. Though the benchmark for HESI exit score of 900 was not reached in 2006 and 2009, the NCLEX-RN pass rate was 100% and 98% respectively.

In 2006, the program contracted with EBI to survey graduates and alumni. Prior to this time, the response rates from alumni were so low that the results were not considered valid as a source of data for program improvement. The response rates have increased, and overall the data indicated that the curriculum is effective in meeting program outcomes. All scores for alumni have been in the excellent range except for one mean score (4.87) for "enhanced management skills" for 2004 and 2005 graduates. At the second survey (graduates of 2006 and 2007), the score increased to 5.57 due to actions taken in response to the first survey. The data from graduating seniors are collected in the spring (only official graduation time) and have been relatively stable for the past 4 years. For 2009, the response rate dropped due to an inadvertent delay in launching the survey. The results indicated overall satisfaction with the program. The faculty identified areas of improvement based on relative scores though all scores ranged from 5 to 6.47 on a 7-point Lickert scale.

The data provided strong evidence of program effectiveness in achieving the mission, goals, and expected outcomes. This is consistent with the satisfaction expressed by students, alumni, and community representatives. According to community representatives, graduates from CSU are preferred over graduates from other programs. They are described as very professional,



excellent critical thinkers, and competent to practice upon graduation. The seniors interviewed expressed confidence in their ability to perform safely and effectively. The juniors were articulate in describing the strengths of the program, including highly competent and caring faculty, a rigorous curriculum, and excellent clinical practice opportunities.

**IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.**

*Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The SON has been very active in using metrics to improve the overall program and foster student success. In reviewing declining graduation rates, the faculty found that these were tied to a large number of junior students who did not progress to the senior level. Therefore, they started measuring attrition rates for junior students and implemented the student success program. Admission criteria were changed; changes included increasing the admission GPA from 2.5 to 2.75, requiring the HESI A2 exam prior to admission, and limiting the failures in prerequisite courses (students can fail only one science course and still be admitted). Other changes were described in Key Element III-E. As a result, students progressing to senior year increased to 90% and 91% in 2008 and 2009, respectively. The graduation rate increased to 85% from 57% the previous year.

In 2003, the NCLEX-RN pass rate was 84.3%. The SON implemented aggressive measures to help improve student success: appointment of an ad hoc nursing committee to develop a peer-review system for formative feedback on test items written for each course; faculty development workshops to improve test development; change in vendor for the senior NCLEX-RN review course; and moving the nursing exit exam to NURS 4377 for better timing. Since making these changes, the NCLEX-RN pass rate has exceeded 93% for first time test takers and 100% for second attempts in each subsequent year.

Since using EBI for satisfaction surveys, response rates increased, and information received was considered valid for program improvement. In 2004 and 2005, two areas identified for

improvement were problem solving and management skills. Course assignments were revised to address this, and the percentage of test items requiring analysis and application were increased. EBI scores in 2007 increased significantly from 5.36 to 6.18 for problem solving and 4.87 to 5.57 for management skills. Other changes that were implemented in response to EBI surveys included threading issues regarding quality and safety throughout the curriculum, increased emphasis on geriatrics and end-of-life care, and providing more timely feedback on student assignments.

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

*Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.*

**Compliance Concerns?**

Baccalaureate:

No

**Rationale:**

According to all documents reviewed, the primary expectation of the faculty is the teaching role, followed by service and scholarship. Teaching relates to the mission of preparing a baccalaureate nurse generalist. The quality of teaching is determined through peer review and student evaluations. The expectations for faculty teaching are clearly outlined in the form used for performance evaluation. Faculty are considered as expert teachers by CSU administrators, peers, students, and community representatives. Faculty are also recognized as clinical experts and faculty are involved in clinical practice, which students stated is a strength of the program. Students also stated that they are always welcome in clinical facilities as a result of the respect given to faculty by the institution's administrators and staff nurses.

Service includes service to the SON, the university, and the community. Faculty are actively involved in the governance of the university through membership in a variety of committees. There is currently one faculty member from nursing serving on the university senate. All faculty in the SON are members of numerous committees and actively participate. Faculty provide service through numerous community events such as health fairs and fund raising for special interest groups such as the American Cancer Society, American Red Cross, Special Olympics,

and YMCA. Faculty are members of various nursing and health related organizations including the American Nurses Association and Sigma Theta Tau International. One faculty member is the American Red Cross (ARC) state nurse liaison for Georgia, Alabama, and Florida, providing resource guidance for ARC nurses in the three-state area in response to disasters, educational needs, and other services since 2006. She is recognized as a national subject matter expert for H1N1 educational response. She led the ARC in its educational response to H1N1 and acted as a resource for the nation in H1N1 prevention and treatment. She also led the largest collaborative response between nursing students (CSU) and ARC in community education in the country.

Scholarship is defined as academic achievement and includes scholarly and artistic attainment as determined by peers and superiors. The performance evaluation form defines scholarship very broadly and includes leadership activities and other recognition of expertise such as being selected as a test item writer for the NCLEX-RN. Scholarship is also recognized as obtaining grant money for improving the quality of instruction in the nursing program. As a group, the faculty have been successful in obtaining grant money for the development of the nursing program. For example, monies have been obtained to support faculty development and salaries, integrate quality and safety topics into the curriculum and learning experiences of the students, purchase simulation technology, support increasing student enrollment, improve writing skills of students, and develop on-line courses.

During the on-site evaluation, it was evident that additional emphasis will be placed on scholarship in the future. The SON recognizes the need to have faculty prepared at the doctoral level to promote scholarship. With the exception of the director and assistant director, only two other full-time faculty members hold doctoral degrees. However, five faculty members are currently in doctoral programs (one for PhD, one for EdD, and three for DNP). Together, faculty have contributed 10 articles in peer-reviewed journals over the past 10 years and presented professional papers in local, state, and national venues. Until recently, the greatest emphasis for performance has been on teaching. Committee minutes, academic documents, and processes including evaluation, curriculum revision, and investment of time in assuring student success provided evidence for the strong commitment of faculty to meet program and SON outcomes. There is ambiguity at the present time as to actual expectations of the faculty role at CSU. According to written documents, faculty outcomes are consistent with the mission, goals, and student and program outcomes.

**IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.**

*Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.*

**Compliance Concerns?**

Baccalaureate: No

**Rationale:**

The grievance procedure for students is described in the program complaints policy. Although students who were interviewed on-site had not used the grievance procedure, they were able to identify the process with some prompting.

There were 14 grievances filed by students over the past 10 years. These grievances were reviewed on-site. All followed the grievance procedures, and, in all cases but one, the program's decision was upheld. Two grievances were related to the policy for the exit exam. One of these grievances involved two students who failed the exit exam in 2007. They appealed all the way to the Board of Regents who reversed the program's decision. This led to a policy change.

In 2007, the nursing exit exam policy was changed. The exam is included as part of NURS 4377. If the student does not pass after two attempts, then the student does not graduate and must repeat the course during the summer term. The student is provided with remediation and is allowed to take the exam every 30 days. If the student has not passed by the end of the summer term, he/she receives an incomplete grade and may continue to take the exam until the end of December. At that time, if the student is still unable to pass the exam, the grade is converted to an F, and the student is dismissed from the nursing major.