

Comprehensive Program Review Report 2011

In March 2010, the CSU Baccalaureate Nursing Program completed a comprehensive self study and hosted site visitors from the Commission on Collegiate Nursing Education (CCNE) for initial accreditation. As a result, the program was granted initial accreditation for five years which is the maximum timeframe for initial accreditation. This Comprehensive Program Review Report is completed in the format required by the Board of Regents but is indexed to the BSN Program CCNE Self Study book published in Spring 2010, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University (CCNE Site Visit Report) BSN Student Handbook, SON Faculty Evaluation Criteria, 2011 SON Honors Ceremony Program and the 2011 School of Nursing Major Field Assessment.

I. Section One-Program Background and Overview

A. Description of Program

The School of Nursing offers the Bachelor of Science in Nursing (BSN) degree. The BSN and RN-BSN programs are designed for qualified high school graduates, college students, individuals who have already earned a degree in another field, or registered nurses with a diploma or associate degree returning for a baccalaureate degree. Graduates are prepared to manage patient care, apply evidence based practice principles in clinical practice, participate in continuing education and professional nursing organizations, and pursue graduate education. Upon graduation, these graduates are eligible to take the National Council Licensing Examination for Registered Nurses to earn a state license to practice as a Registered Nurse.

B. Program Mission and Its Relation to CSU Mission

The mission of the Columbus State University School of Nursing is to

- achieve academic excellence in nursing education through learner centered teaching, evidence based practice, creative inquiry and student engagement.
- prepare graduates for a successful nursing career that includes life-long learning, leadership and responsibility through professional nursing practice and service to others.
- achieve recognition as a leader in nursing within the community through collaborative public and private partnerships and service.

The mission of the BSN Program is to prepare caring, competent professional nurse generalists who provide safe, culturally sensitive, patient centered care for diverse patient populations in a variety of settings through interdisciplinary collaboration, evidence based practice, informatics, safety and quality improvement processes, and effective leadership in the roles of provider of care, manager of care, and member of the profession.

The BSN philosophy statement (Appendix 1, BSN Student Handbook, pp. 15-18) further clarifies the program's view of and commitment to human beings, community, health, nursing, professional nursing education, learning and teaching.

The BSN philosophy and mission are congruent with the mission and vision statements of Columbus State University. Both nursing and the University statements emphasize academic excellence through creative inquiry, student engagement, leadership and student success (Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 3-5).

C. Stakeholders Satisfaction with the Program

Healthcare stakeholders are represented by a variety of settings, including acute care facilities and hospitals, public and community health agencies, long term care facilities, home health agencies, and industry. These stakeholders are represented by the SON Advisory Board and give feedback regarding issues that affect the preparation and readiness of CSU nursing graduates. Input from the stakeholders assisted in the curriculum revision process and was solicited during the accreditation process. Employer (identified by graduates) surveys are used to obtain feedback every two years to identify strengths and weaknesses of the employees which indirectly provide information for curriculum and programmatic changes. 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 (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 4-5 & pp. 27-32). Educational Benchmarking (EBI), an external evaluation company, develops, distributes and collects these surveys which are then analyzed for the SON program evaluation process (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, p. 5 and see Appendix 3, CCNE Self-Study, Table 30, pp. 74-82).

D. Relationship of Program to Needs of Students and Societal Demands

The School of Nursing has implemented student success strategies which have resulted in an increase in retention and graduation rates to address the shortage of BSN prepared nurses. Since the last Comprehensive Program Review in 2003, the enrollment in the BSN program has significantly increased from 40 in 2003 to 96 in 2011 with a graduation rate of approximately 85% currently. Two of the required nursing courses have been converted to an online delivery method to allow students some relief of seat time during the rigorous nursing curriculum. Several online modules are used in face-to-face courses to also allow for decreased seat time.

The RN-BSN program was updated and converted to a totally online program in 2010 to appeal to working nurses with associate degrees. This completion program can be completed in 12 months once core requirements have been satisfied. Enrollment in this program has increased 3-fold and helps to address the Institute of Medicine's recommendation for more baccalaureate-prepared nurses.

II. Section Two - Indicators of Program Quality

A. Quality of Faculty

1. Appropriateness of Faculty Credentials

Nursing faculty members, both full and part time, are academically and experientially qualified and maintain expertise appropriate to teaching, service, and scholarly responsibilities. They are a diverse group from varying backgrounds, specialties, and with a variety of credentials. Course content is taught by a member of the faculty with related education and/or experience. Certification in specialty areas is encouraged for all faculty members. The quality of teaching is determined through peer-review and student evaluations. The expectations for faculty teaching are clearly outlined in the SON Standards of Excellence (See Appendix 4, SON Faculty Evaluation Criteria, pp. 2-3) and are part of the annual review process. The SON Standards of Excellence are being revised to reflect the increase in scholarly activities that are expected at the college and university levels. The new standards should be approved and implemented in January 2012. Faculty members are considered as expert teachers by CSU administrators, peers, students, and community representatives and clinical experts by members of the healthcare community. Teaching and clinical expertise of faculty have been identified as program strengths by students and graduates (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 5-6).

2. Use of Part Time Faculty

Part-time faculty members are integrated into the program primarily as clinical instructors and are selected based on expertise in specific clinical areas. The majority is prepared at the master's level or currently enrolled in a master's of science in nursing program. Part-time faculty members who are BSN-prepared must demonstrate clinical expertise and/or certification in their specialty areas prior to being hired. Part-time faculty members are also used in the campus lab for required, open and remediation experiences. They are oriented to CSU at the institution level and to the program and course at the course level (See Appendix 3, CCNE Self-Study, pp. 31-33).

3. Diversity of Faculty

A description of the diversity of the faculty are well-delineated in the CCNE Self-Study and the CCNE Site Visit Report (See Appendix 3, CCNE Self-Study, pp. 31-33; Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 14-16).

4. Opportunities for Faculty Development

Nursing faculty development is supported largely through hospital grant monies. The SON has provided paid release time and/or tuition support to eight full-time nursing faculty members pursuing doctoral degrees within the last 7 years, five of whom have completed doctorates, one who is completing her dissertation, and two who are currently taking courses. In addition, faculty members have participated in numerous

continuing education offerings and professional development activities (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 16-17; Appendix 3, CCNE Self-Study, pp. 25 & 36).

5. Program Improvement Plans

Program improvement is achieved through a continuous evaluation process and is overseen by the SON Program Evaluation Committee. Accreditation standards, Georgia Board of Nursing and Major Fields Assessment requirements provide the framework on which strategic planning is built. At the end of each course, faculty review course evaluations within the teaching teams. A summary of the evaluations is available for review by the level coordinators and leadership team. 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 by the teaching teams, Curriculum Committee, and/or Program Evaluation Committee. Other sources of data for evaluating the curriculum and teaching-learning practices come from the EBI surveys. The data from these surveys are used to inform decisions regarding needed change or identify gaps in the curriculum (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 4-5 & pp. 27-32; Appendix 3, CCNE Self-Study, pp. 75-82).

B. Quality of Teaching

1. Indicators of Good Teaching

Teaching and learning are the primary focus for evaluation in accordance with the mission of Columbus State University, which is a regional teaching university. Indicators of achievement in the area of teaching and learning in nursing education include criteria in five major areas. Faculty members are expected to adequately meet criteria for “successful” performance in teaching and learning. (See Appendix 4, SON Faculty Evaluation Criteria, pp. 2-3; Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 5-6).

2. Indicators of Good Advising

Formal advising is accomplished through the PACE (Preceptor, Advising, and Clinical Experiences) Office in the SON. Currently, there are two advisors committed to the BSN and RN-BSN programs. Due to the increased numbers of nursing majors, advising of freshmen and sophomore nursing students has recently been reassigned to the Academic Center for Excellence (ACE) at Columbus State University. The ACE has dedicated one advisor to serve the first and second year pre-nursing students. During the 2011-2012 academic year, a full-time Director of Advisement and Recruitment will be hired. The Director will assume responsibility for the PACE Office and be charged with implementing policies and procedures for a more efficient advising experience for our students. The PACE Office will begin to track our pre-nursing students and provide formalized sessions on alternative programs at CSU if they are not selected for the upcoming nursing class. Currently, student evaluations of

their advising experiences have not been utilized but are a part of the strategic plan for the PACE Office over the upcoming academic year.

3. Departmental Reward System

Faculty recognition is an integral part of the annual faculty performance review process. The SON and institution reward professional competencies through faculty evaluation, promotion, and tenure. Although merit salary increases have not routinely been a part of faculty recognition since the last CPR, budget cuts have precluded increases in salary for the last couple of years but market adjustments have been made using external funding (See Appendix 3, CCNE Self Study, Table 10, pp. 23-25).

C. Quality of Research and Scholarship

1. Opportunity for Student Research Projects

Evidence based practice (EBP) principles and the use of nursing research is threaded throughout the curriculum. Each semester the students are required to complete an assignment related to EBP and each builds upon the concepts of the previous assignment culminating in a capstone project in the EBP course. The capstone projects are presented at CSU Tower Day, the university-wide undergraduate research day and at area healthcare facilities.

2. Faculty Publications, Presentations, and Grants

Scholarship and professional development include activities that contribute to enhancing own professional knowledge, skills and abilities in teaching and clinical specialty; the development of new educational techniques/strategies; or the discovery of new knowledge. Indicators of achievement in the area of scholarship and professional development in nursing education include criteria in four major areas. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious scholarship & professional development activities involve those that involve major time commitments and/or show clear evidence of positive impact (See Appendix 4, SON Faculty Evaluation Criteria, pp. 3-4). Specific faculty scholarly activities that have occurred since the self-study (See Appendix 3, CCNE Self Study, pp. 36-37) are listed below:

- 10 faculty members attended state conferences
- 12 faculty members attended national conferences
- 7 faculty members were podium presenters at state conferences
- 3 faculty members were podium presenters at national conferences

The SON has been successful in obtaining grant money for the expansion of the nursing program (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, p. 10). Scholarly activities are expected to increase with the addition of more doctorally-prepared faculty members.

In 2006 the SON became the first entire academic unit on campus to participate in the CSU Quality Enhancement Plan (QEP) initiative, *Writing the Solution* (<http://SACS.columbusstate.edu/plan.php>). Several faculty members have received internal QEP grants to support student writing across the curriculum and development of grading rubrics for writing assignments (See Appendix 3, CCNE Self-Study, p. 61).

3. Program Improvement Plans

Opportunities for student research are a priority for inclusion in the program and are expected to increase with the addition of graduate programs in the SON. Faculty scholarship activities must increase to meet the university requirements for promotion and tenure and to meet the SON Standards of Excellence. Support for faculty to meet these requirements may include CSU Faculty Development Grants and a SON mentoring program.

D. Quality of Service

1. Activities to Enhance Program, Department, College, Institution, Community and/or Region

Service includes activities that contribute to the university, professional organizations, public agencies, non-profit agencies, health and human service agencies, or other service agencies without compensation. Indicators of achievement in the area of service include the following criteria. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious service activities are those that involve major time commitments and/or show clear evidence of positive impact (See Appendix 4, SON Faculty Evaluation Criteria, p. 5). Faculty members are actively involved in the governance of the university through membership in a variety of committees. Currently, there are two nursing faculty members on the CSU Faculty Senate. All faculty members in the SON are members of numerous committees and actively participate. Faculty members provide service through numerous community events such as health fairs and fundraising for special interest groups such as the American Cancer Society, American Red Cross, Special Olympics, Easter Seals, and YMCA. Faculty members are members of various nursing and health related organizations including the American Nurses Association, National League for Nursing, Georgia Association of Nurse Educators 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 (See Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, pp. 32-33).

2. Program Improvement Plans

Although nursing faculty members are active in a variety of committees, most of these committee memberships have been at the SON and College of Education and Health Professions levels. In the future, the faculty will be encouraged to participate in university service opportunities.

E. Quality of Faculty and Student Achievements

1. Faculty Honors

Nursing faculty members are eligible for various university, SON, community and professional awards. Junior and senior nursing students vote on the outstanding nursing faculty and those faculty members are presented awards during the annual SON Honors Ceremony each spring. The following is a summary of the honors that nursing faculty members have received:

- Nine faculty were recognized by a CSU senior athlete
- Three faculty were competitively selected for the UGA Governor's Teaching Fellowship
- Eight faculty members received student-selected awards
- Three faculty members were selected to pin the senior students at the SON Honors Ceremony
- One faculty member is a fellow of the Amy V. Cockcroft Nursing Leadership Program
- Two faculty members were competitively selected to attend the Quality and Safety Education in Nursing Institute
- One faculty member was selected to participate in the CSU Faculty Writing Fellowship by the Faculty Center for the Enhancement of Teaching and Learning
- One faculty member has been recognized by the American Red Cross for her volunteerism and as Volunteer of the Year
- Two faculty members were recognized in the Cambridge Who's Who in American Education
- One faculty member received the Alabama Board of Nursing Nurse Educator Scholarship
- One faculty member was selected for the National Council of State Boards of Nursing (NCSBN) NCLEX-PN Examination Item Writing Session
- Three faculty members received the Georgia Association of Nurse Educators (GANE) Award for Excellence for a poster presentation
- One faculty member was competitively selected to participate in a year-long American Association of Colleges of Nursing Leadership for Academic Nursing Program
- One faculty member was recognized in the Who's Who Among Students in American Universities and Colleges
- One faculty member was recognized in the Biltmore Who's Who of Executives and Professionals
- One faculty member was recognized in Who's Why Among America's Teachers

- One faculty member received the “I Make the Difference Award” from The Medical Center for outstanding patient care
- Three faculty members received the Rite of Passage Awards in recognition of promotion in academic rank to full Professor
- One faculty member received the Distinguished Alumnus Award for the University of Illinois, Chicago

2. Student Honors

The SON hosts an annual Nursing Honors Ceremony each May which highlights the accomplishments of junior and senior nursing students through awards, scholarships, and community service recognition. Annual awards and scholarships are based on academic performance, leadership ability, and clinical performance (See Appendix 5, 2011 SON Honors Ceremony Program).

3. Graduate Achievements (Licensure, Certification, Admission to Graduate School, Job Offers, etc.)

NCLEX-RN pass rates and graduation rates are provided (See Appendix 6, 2011 Major Fields Assessment, Table 1, p. 1; Appendix 3, CCNE Self-Study, Table 31, p. 75). At the present time, the SON has no process in place to track certification and admission to graduate programs. Any information received in these areas is anecdotal.

F. Quality of Curriculum

Description and evaluation of the BSN Curriculum is well-delineated in the CCNE Self-Study and the CCNE Site-Visit Report (See Appendix 3, CCNE Self Study, pp. 38-72; Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, Standard III, pp. 18-26). The curriculum is based on national standards {American Association of Colleges of Nursing (AACN) Baccalaureate Essentials, NCLEX-RN Test Plan, American Nurses Association (ANA) Standards of Nursing Practice, National League for Nursing Accreditation Council (NLNAC) Standards, Quality and Safety Education in Nursing (QSEN), Institute of Medicine (IOM), required Georgia Board of Nursing (GBN) standards, and GBN Rules and Regulations 410-3} have historically guided the BSN program (See Appendix 3, CCNE Self-Study, p. 41). Specific details of these standards are also provided (See Appendix 3, CCNE Self-Study, pp. 42-46). The entire curriculum is based on a basic to complex approach. Five nursing courses have a clinical lab component requiring from 3 to 16 contact hours per week in a clinical nursing practice situation during which students provide care to patients in health care facilities under the direct supervision of nursing faculty member. The Senior Nursing Preceptorship (NURS 4377, 0-9-3) is a capstone course that includes 96 hours of clinical experience under the direct supervision of a carefully selected RN preceptor in a clinical setting and a 4-day NCLEX-RN review course provided by an external resource.

G. Quality of Facilities and Equipment

Description and evaluation of the physical resources for the SON is well-delineated in the CCNE Self-Study and the CCNE Site-Visit Report (See Appendix 3, CCNE Self-Study, pp. 22-25; Appendix 2, Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Columbus State University, Standard IIA, p.10-11).

III. Section Three – Indicators of Program Productivity

Measure	2005/06	2006/07	2007/08	2008-09	2009-10	5-Year Avg
Number of Declared Majors - Fall Semester						
BSN Nursing						
Full-Time	399	392	340	387	425	389
Part-Time	143	155	124	96	96	123
<i>Total</i>	542	547	464	483	521	511
Number of Degrees Conferred - Fiscal Year						
BSN Nursing	53	71	58	58	89	66
Credit Hour Production - Fall Semester						
1000 Level Courses	0	0	0	0	0	0
2000 Level Courses	0	0	0	0	62	12
3000 Level Courses	1,196	1,384	1,421	1,476	1,504	1,396
4000 Level Courses	846	991	879	1,191	1,184	1,018
<i>Total</i>	2,042	2,375	2,300	2,667	2,750	2,427
Average Course Enrollment - Fall Semester						
1000 Level Courses	0	0	0	0	0	0
2000 Level Courses	0	0	0	0	21	4
3000 Level Courses	7	9	25	32	37	22
4000 Level Courses	8	8	19	29	29	19
<i>Overall Average</i>	7	9	22	30	33	20
Number of Faculty						
Full-Time Faculty	15	16	16	15	15	15

Part-Time Faculty	8	8	14	12	15	11
Departmental Budget - Fiscal Year						
State Funds						#DIV/0!
Grant Funds						#DIV/0!
<i>Total</i>	\$0	\$0	\$0	\$0	\$0	#DIV/0!
Cost per Major - Fiscal Year						
(Total Expenditures/Number of Declared Majors)	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
(State Funds/Number of Declared Majors)	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Credit Hours Taught Fall and Spring Semesters	4,350	4,572	4,779	5,496	5,321	4,904
Cost per Credit Hour - Total Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
Cost per Credit Hour - State Funds	\$0	\$0	\$0	\$0	\$0	\$0
Percent of Non-Productive Grades (i.e., W, WF, F, and U)						
Lower Division Courses	NA	NA	NA	NA	NA	#DIV/0!
Upper Division Courses	2.2%	4.2%	2.4%	3.7%	3.3%	3.2%
SAT and GPA Averages - Fall Semester						
BSN Nursing						
Average SAT Reading Score	483	485	487	489	495	488
Average SAT Math Score	473	476	477	479	484	478
Average Undergraduate GPA	2.84	2.87	2.85	2.86	2.99	2.88
Enrollment by Gender - Fall Semester						
BSN Nursing						
Female	483	479	403	421	460	449

Male	59	68	61	62	61	62
<i>Total</i>	<i>542</i>	<i>547</i>	<i>464</i>	<i>483</i>	<i>521</i>	<i>511</i>
Enrollment by Race/Ethnicity - Fall Semester						
BSN Nursing						
American Indian or Alaska Native	0	3	2	2	4	2
Asian	11	14	13	10	9	11
Black or African American	197	204	180	181	177	188
Hispanic or Latino	20	25	25	18	21	22
International Student	4	2	1	1	2	2
Native Hawaiian or Pacific Islander	NA	NA	NA	NA	3	
Two or More Races	25	26	13	17	21	20
White	285	273	230	254	284	265
Race and Ethnicity Unkown	0	0	0	0	0	0
<i>Total</i>	<i>542</i>	<i>547</i>	<i>464</i>	<i>483</i>	<i>521</i>	<i>511</i>
Enrollment by Age - Fall Semester						
BSN Nursing						
Under 21	222	214	161	182	200	196
21 - 25	179	184	166	177	184	178
26 - 30	54	62	54	47	63	56
31 - 40	64	66	58	55	55	60
41 - 50	19	17	21	18	16	18
51 - 60	4	4	4	4	3	4
Over 60	0	0	0	0	0	0
<i>Total</i>	<i>542</i>	<i>547</i>	<i>464</i>	<i>483</i>	<i>521</i>	<i>511</i>
<i>Average Age</i>	<i>24</i>	<i>24</i>	<i>25</i>	<i>24</i>	<i>24</i>	<i>24</i>

IV. Section Four – Program Viability

A. Summary of Program's Viability

1. **Reference supporting information previously presented in this report**
 - a. Explore activities to increase retention, graduation, and NCLEX-RN pass rates.
 - b. Continue to recruit traditional and non-traditional students for the pre-licensure program
 - c. Continue to recruit registered nurses with associate degrees or diplomas for the RN-BSN program
2. **Summarize recommendations for the future of the program**
 - a. Increase enrollment in the pre-licensure program through the exploration of year-round course offerings or bi-annual admission
 - b. Increase enrollment in the RN-BSN program through strategic marketing strategies
 - c. Increase campus lab space to accommodate more students
 - d. Increase simulation experiences for junior and senior students through the purchase of more high fidelity simulators and related equipment
 - e. Hire at least 3 additional faculty members to support program expansion plans
3. **Include timetable for program changes**
 - a. By March 1, 2012, tear-round and bi-annual admission will be explored using a taskforce of nursing faculty.
 - b. Ongoing, marketing strategies for the RN-BSN program will continue indefinitely. These strategies were started in fall 2010 and have included: site visits to hospitals and technical schools, advertisements, and professional networking. These strategies have been proven to be successful since enrollment in this program has tripled within a year.
 - c. By August 15, 2012, external funding sources will be used to purchase 6 hospital beds to increase the lab space for nursing students.
 - d. By May 2012, if the budget allows, simulation equipment will be purchased.
 - e. By May 2013, hire at least 3 additional faculty members for the BSN programs.

B. Summary of Program Improvement Plan

1. **Reference recommendations previously made in this report**
 - a. Continue current process of evaluating courses/curriculum through student evaluations and EBI surveys by the SON Program Evaluation Committee and the SON Curriculum Committee.
 - b. Support for faculty to engage in more scholarly activities through CSU Faculty Development Grants and SON mentoring program.
 - c. Encourage involvement in activities to support CSU at the COEHP and university levels
2. **Specify initiatives/actions to be implemented**

- a. Plan to implement procedures for analyzing and trending student and faculty data for use in the accreditation process, Comprehensive Program Review process, and for ongoing quality improvement in the program and advisement.
- b. Plan to implement procedures for ongoing preparation of CCNE Accreditation, GBN approval, and Comprehensive Program Review by assigning relevant portions to the three major SON committees: Program Evaluation Committee, Curriculum Committee, and Policies and Bylaws Committee. The membership of each of these committees is comprised of one-third of the nursing faculty; therefore, involvement of these three committees subsequently involves every nursing faculty member in the process.
- c. Support faculty in efforts to increase scholarly activities to meet the expectations of CSU, COEHP, and the anticipated SON Standards of Excellence.

3. Include timetable for program changes

- a. By February 2012, hire a Director of Advisement and Recruitment for the SON to be responsible for trending and analyzing pre-nursing data during the 2011-2012 academic year; by November 2011, explore an external database source for trending and analyzing student and faculty individual and aggregate data.
- b. By May 2012, procedures for ongoing preparation for accreditation, approval and CPR will be in place.
- c. By May 2012, explore options for offering faculty release time during the semester or incentives between semesters for supporting scholarly activities such as publications, grant writing, and national/international presentations.

4. Address any new or reallocated resources required to implement improvement plan

Monies received from Columbus Regional Healthcare System and St. Francis Hospital starting in Fall 2010 will continue to be used to implement program improvements. Revenue generated from the RN-BSN program will also help to support the implementation.

A photograph of a campus scene. In the background is a large, multi-story brick building. In the foreground, there is a paved walkway with metal railings, a grassy area, and several trees. Some trees have green leaves, while others have pink blossoms. A white flagpole stands near the center. The sky is visible through the branches of the trees.

***Columbus State University
School of Nursing***

***Student Handbook
2010-11***

Baccalaureate Nursing Program

Student Handbook 2010-11

Table of Contents

NOTE: Online handbook page numbering is different than hard copy numbering.

TOPIC	PAGE
Introduction	
Welcome	4
Tips for Success	5
Columbus State University	10
School of Nursing: Description & History	10
Nursing Program Accreditation & Georgia Board of Nursing Approval	11
Organizational Chart: School of Nursing	12
Administration and Faculty	13
Nursing Program & Curriculum	
BSN Mission, Philosophy, and Organizational Framework	15
BSN Program and Level Outcomes	19
BSN Curriculum Schema: Regular Student	30
BSN Curriculum Schema: RN-to-BSN Student	32
Nursing Teaching Facilities	33
Professional Nursing Organizations	37
Nursing Program Admission & Progression Policies	
Admission Requirements Undergraduate Students	40
Advanced Placement of RN Students	40
Course Withdrawal Policy	40
Essential Skills and Performance Standards for Students	41
Disability Services Office	42
Nursing Pre-Clinical Requirements	43
Progression Requirements	45
Readmission to Nursing Courses/Program	45
Skills Validation	45
School of Nursing Policies	
Academic Honesty Policy	49
Achievement Examinations Policy	51
Attendance Policy	52
Children Attending Class Policy	54
Clinical Supervision Policy	55
Confidentiality of Patient Information and HIPAA	56
Confidentiality of Student Information and FERPA	59
Drug Calculation Proficiency Examination Policy	60
Employment Policy for Students(including requirements for students with health related licenses)	61
Evaluation and Grading Policy	61
Exam Review Policy	63
Grievance Procedure	65
Group Work Guidelines and Policy	66
Medication Administration 7 Rights	68
Professional Behavior & Attire Policy	69
Web Site & Online Resources Policy	71
Student Information and Resources	

TOPIC	PAGE
APA Format Policy	80
Class Officers and Faculty Advisor Roles/Responsibilities	81
Community & Professional Service Recognition Policy	84
Financial Aid	86
Financial Information	87
Professional Travel for Students: Guidelines and Procedures	88
Nursing Program Graduation and Licensure Requirements	
Graduation Requirements: Summary (including ceremony participation)	91
Graduation Requirements: NURS 4377 Final Exam (Nursing Exit Exam)	92
NCLEX-RN and Licensing Application Procedures	93
Forms	
Campus Lab Referral Form	95
Clinical Supervision of Students: Student Form	96
Community Service Hours Validation Form	97
Employment Record of Nursing Students Form	98
Medical / Emergency Care Form	99
NURS 4377 Final Exam Policy Form (Nursing Exit Exam)	100
Student Handbook & Honor Pledge Form	101
Sample Letter of Exception	102

INTRODUCTION

WELCOME

Welcome to the beginning of your career in nursing. You have chosen a very rewarding and challenging profession that will offer you many and varied opportunities.

We are in the midst of a nursing shortage unlike any other seen before. Rather than a brief period of shortage followed by a cycle of plenty, this shortage is ongoing and predicted to grow for the next 25 years or more. The reasons? There are many, but a primary factor is the increasing demand for nursing care as the “baby boom” generation ages, retires and expands the number of older and elderly adults requiring nursing services. Exponential growth of health care technology and scientific advances are allowing people to live longer lives with chronic conditions that require ongoing monitoring, teaching and care to achieve the highest quality of life possible. So, as a nurse, you will be needed for a long time to come.

Along with the advantages of a career in nursing comes a tremendous responsibility. You will have the lives and well being of people in your hands. This requires a sound knowledge base, keen observational skills, the ability to critically think through problems and make complex decisions, respect and compassion for human beings, and a commitment to life long learning.

The CSU undergraduate nursing program is designed to prepare you to begin your nursing career as a nurse generalist. After graduation & licensure, you will be prepared to advance and specialize in your career through experience and advanced education. We wish you the best as your journey begins with your nursing education.



CSU Nursing Faculty Members

TIPS For Success in Nursing School



Nursing school is different than any other education program you have encountered so far. In the very short time frame of four semesters, you will be prepared to sit for the RN licensing exam and to begin your nursing career being fully responsible and accountable for the lives and well being of patients and their families. It is an awesome responsibility which requires a rigorous and challenging education. The tips below come from those who have walked in your shoes in the past ... lessons they have learned.

Post these tips where you will see them often to remind yourself what is required for success.

- **KEEP UP ... DON'T GET BEHIND**

Students must learn to organize and manage time effectively. This is by far one of the **MOST IMPORTANT** things to do. Nursing courses are all very fast paced and if you let yourself get behind, you will have great difficulty catching up. Students who have failed courses have so many times told me that they let themselves get too far behind and could not catch up. Procrastinating about studying and completing assignments may have worked for you in previous courses, but it **WILL NOT WORK** in nursing courses. There are simply too many complex concepts and topics to learn . . . and they build on each other.

- **LEARN FOR KEEPS ... NO "BRAIN DUMPING" BETWEEN EXAMS OR COURSES.**

Every unit in every nursing course is built on previous units and/or courses. You must make an effort to learn and retain knowledge and skills from every course and carry them into the next courses with you. It will very likely require some review of older course material from time to time ... **KEEP YOUR BOOKS AND NOTES** to aid in such review. Remember, the RN licensing exam tests on **ALL** aspects of nursing, from basic foundations to complex conditions and thinking. The program of learning is **CUMMULATIVE**, meaning that understanding of previous material is required in order to learn new concepts, topics and skills throughout the curriculum.

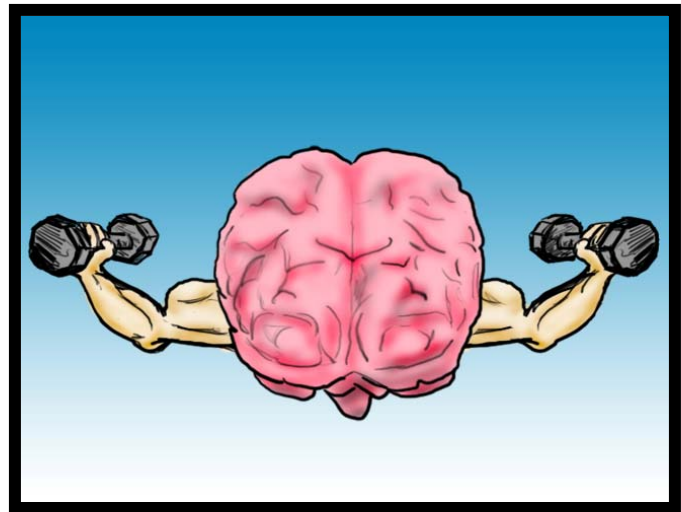
- **BE PRESENT, MENTALLY AND PHYSICALLY**

The nursing curriculum is complex and challenging, as it must be to prepare you to become a professional nurse responsible for the health and welfare...the lives...of other people. All course and program requirements must be fulfilled since every assignment and requirement is developed to assist in establishing a firm basis upon which to build nursing knowledge, skills and competencies. Prepare for class and actively participate in all class discussions and activities ... you will learn the most doing this.

- **LEARN FOR DEEP UNDERSTANDING ... YOUR EXAMS ARE MODELED AFTER THE NCLEX-RN**

Strategies you have used successfully in previous courses often do not work in nursing courses. This comes as a great shock to many new nursing students. It is because in nursing, you are learning facts and concepts in order to **SOLVE PROBLEMS AND MAKE APPLICATION IN CLINICAL PRACTICE ... not simply to recall information verbatim.** You can learn all the facts in the world, but you **MUST**

USE those facts to think critically and make decisions in different situations to be successful in nursing. Your teaching teams have designed classes and clinical to help you learn to use knowledge for **THINKING**. Give your best effort to each and every assignment and activity so you can learn to think using what you learn. There are several cognitive (“thinking”) levels. “*Knowledge*” is the lowest level and “*evaluation*” is the highest. **The RN licensing exam items are 85% or more “application” and “analysis” levels of thinking.** So you can see why using knowledge to “**THINK**” is so important for nursing students.



The grid below explains the cognitive levels and how they will be tested.

COGNITIVE LEVEL	DEFINITION	ACTIVITY EXAMPLES	% OF EXAMS
KNOWLEDGE	Recalling facts; Memorizing; Lowest level of learning.	List, Name, Label, Identify, Show, Define, Recognize, Recall, State	15% OR LESS OF EXAM ITEMS
COMPREHENSION	Grasp meaning of material; lowest level of understanding.	Summarize, Explain, Put into your own words, Describe, Paraphrase, Interpret, Give example.	
APPLICATION	Use learned material in new and concrete situations; Apply rules, concepts, methods, principles, laws, & theories.	Apply, Put into practice Solve, Demonstrate, Illustrate, Calculate, Use, Classify.	85% OR MORE OF EXAM ITEMS
ANALYSIS	Break down material into its component parts & identify parts, analyze relationships between parts, recognize the organizational principles involved; Recognize unstated assumptions, logical fallacies in reasoning, distinguish between facts and inferences, analyze the relevancy of data and the organizational structure of material.	Analyze, Organize, Deduce, Compare & Contrast, Choose, Distinguish, Differentiate	
SYNTHESIS	Put parts together to form a new whole; Involves the creative production of a unique communication (theme or speech), a plan of operations (research proposal), or a set of abstract relations (scheme for classifying information). Examples: • Write a well organized paper; • Give a well organized speech, • Propose a plan for an experiment, • Integrate learning from different areas into a plan for solving a problem.	Design, Hypothesize, Support, Write, Report Discuss, Plan, Devise, Create, Construct, Develop.	Evaluated With Assignments (not multiple choice exams)
EVALUATION	Judge the value of material for a given purpose based on definite criteria; Highest cognitive level because evaluation requires elements of all the other levels, plus conscious value judgments based on clearly defined criteria.	Appraise, Critically review, Evaluate, Estimate, Judge according to criteria, Defend, Justify, Evaluate.	

<http://edtech.clas.pdx.edu/presentations/frr99/blooms.htm> ;
<http://tep.uoregon.edu/resources/assessment/multiplechoicequestions/blooms.html>

- **AIM HIGH**

The grading scale used in the baccalaureate nursing program is ...

NUMERIC GRADE	LETTER GRADE	COMMENT
90.00 - 100	A	PASS
80.00 - 89.99	B	PASS
75.00 - 79.99	C	PASS
67.00 - 74.99	D	FAIL
66.99 and below	F	FAIL

A 75% average for all exams (*simple average of unit exam and final exam scores*) **in each nursing course is required in order to pass nursing courses.** This is because all nursing course exams are modeled after the NCLEX-RN licensing exam. **Your goal, however, should be to score 85% or higher on all exams.** Why?? Historically, students who have “passed” many of their nursing courses with an exam average below 80% have had difficulty in passing the NURS 4377 final exam (Nursing Exit Exam). If your goal is 85%, you are setting your goal at a level that sets you up for continued success in the program as well as on the NURS 4377 final exam and NCLEX-RN.

- **FIND THE MOST EFFECTIVE STUDY METHODS FOR YOU**

We all have learning style preferences ... ways we learn best. Determine what works for you. There is a **BIG DIFFERENCE** between “**STUDYING LONG & HARD**” and “**SMART STUDYING**”. Your goal is to figure out how to study effectively. Below are some strategies students before you have found especially helpful.

- o Prepare well for class and clinical experiences ... be prepared to ask questions to clarify things you don’t understand well.
- o Attend & actively participate in all classes & clinical experiences ... they are designed to **help you learn to “think like a nurse”** ... not merely to “spit out facts” you could read in a book.
- o **Active studying** is more effective than **passive studying**. **Active study** includes any activity that makes you interact with the material in some way. For example, making flash cards, recopying notes and adding material from the text, writing or verbalizing a concept or procedure as if explaining it to someone else, drawing diagrams that link concepts, highlighting major points in a text & adding notes, making notes in the margins of texts, etc. **Passive study** includes activities in which material is simply presented for you to see or hear. For example, simply reading text or watching videos without any other activity.
- o **Figure out your preferred learning styles.** Most of us learn using all three ... but usually one or two styles will be preferred.



- **AUDITORY:** If you learn well by “listening”, you may want to tape record classes. Always request **permission** of the individual instructor. Ask questions in class to clarify concepts. You can also explain terms and concepts out loud to someone else (not in class, of course) to hear yourself.
 - **VISUAL:** If you learn well by “seeing”, learn to take notes that will be meaningful to you. **DO NOT try to write down every word** the instructor says ... you will be so focused on writing you won’t get any meaning. Draw diagrams and make notes in your book. Watch videos. After class, rewrite your notes and add important points from the book or other resources. This engages you with the material in a visual way.
 - **KINESTHETIC:** If you learn well by “touching and feeling” things, you might benefit from making flash cards, using hands-on games, or other such activities to help you learn.
- o **Study groups** may be effective for some students while others find individual study more profitable and time-efficient. Try both ways and see what works best for you.
 - o **The place you pick for study** is important. A quiet place will help you to concentrate and eliminate distractions.
- **TAKE CARE OF YOURSELF**
It is important to plan time to eat regularly, rest, sleep, and engage in occasional FUN activities. Nursing is physically as well as mentally demanding. Try to maintain a nutritious diet, including breakfast prior to class and clinical laboratory. Taking care of yourself will help you study better and stay healthy.

On the next page, these strategies are summarized in a list that you can post on your mirror or other places you will frequently see.

I Am A Successful Nursing Student !!



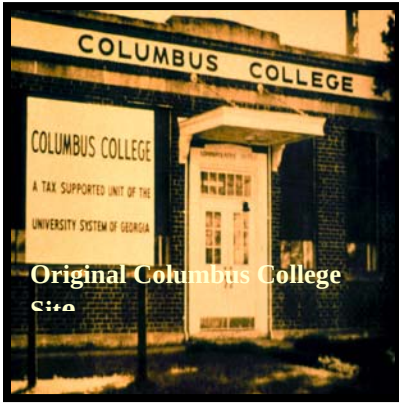
- KEEP UP ... DON'T GET BEHIND
- AIM HIGH (85% or greater)
- LEARN FOR KEEPS ... NO "BRAIN DUMPING" BETWEEN EXAMS OR COURSES.
- BE PRESENT, MENTALLY AND PHYSICALLY
- LEARN FOR DEEP UNDERSTANDING ... YOUR EXAMS ARE MODELED AFTER THE NCLEX-RN

COGNITIVE LEVEL	ACTIVITY EXAMPLES	% OF EXAMS
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COMPREHENSION	Describe, Understand, Give examples.	
APPLICATION	Apply, Put into practice Solve, Use	
ANALYSIS	Analyze, Organize, Deduce, Compare & Contrast, Choose, Distinguish, Differentiate	85% OR MORE OF EXAM ITEMS
SYNTHESIS	Design, Support, Write, Report, Discuss, Plan, Create, Construct, Develop.	Evaluated With Assignments <i>(not multiple choice exams)</i>
EVALUATION	Appraise, Critically review, Evaluate, Estimate, Judge according to criteria, Defend, Justify, Evaluate.	

- FIND THE MOST EFFECTIVE STUDY METHODS FOR YOU
- TAKE CARE OF YOURSELF



Columbus State University History



Located in the growing northeast section of Columbus, Georgia, Columbus State University is a senior unit of the University System of Georgia. Established by the Board of Regents in 1958 as a Junior College, it rapidly progressed from a two-year institution to a comprehensive college and in 1996 was elevated to University status.

Columbus State University has a student body of over 8000. The 132-acre campus includes over 20 buildings, student housing in both dormitory and apartment style arrangements, and a wide variety of indoor and outdoor recreational facilities. Computer labs across campus provide student access to e-mail, word processing and online research, as well as instructional technology throughout the curriculum. The Simon Schwob Memorial Library provides online access to more than 100 data bases and to over 500 electronic full-text journals, including nursing journals.

Three off-campus centers provide unusual learning environments for CSU students and for the region's school children and residents. The *Oxbow Meadows Environmental Learning Center* is a living laboratory where students of all ages can observe and study nature. CSU's *Coca-Cola Space Science Center* houses a Challenger Learning Center, a planetarium theater that is technologically one of the best in the nation, and the Mead Observatory. CSU's nationally renowned Schwob School of Music and the schools of Art and Theater are located in state-of-the-art performing arts facilities at the *River Center* uptown campus.

Columbus State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, educational specialist degrees, and education doctorate.

School of Nursing History

The School of Nursing is housed in Illges Hall with administrative offices located on the third floor. Faculty offices, classrooms and conference rooms are located on first, second and third floors. The school facility includes the administrative suite, three large (100 seat) media-equipped classrooms, a faculty conference room, a student conference room, individual private faculty offices, a faculty/staff lounge, two campus labs containing a total of 17 beds, a computer lab containing 24-student stations & one instructor station, and a Student Nurses Association office. Space on the ground floor has been renovated to house the graduate program planned for the future and includes a conference room, computer lab (8 stations) and three faculty offices. The organizational



structure of the School of Nursing promotes effective functioning and fosters the attainment of program outcomes. (See School of Nursing Organizational Chart).

Columbus State University first offered a program of study of nursing at the associate degree level in 1967. The program was established as a Department of Nursing under the governance of the Academic Dean. This program was fully accredited by the National League for Nursing Accreditation Commission (NLNAC) until its closure in 2001. Ms Helen Millian (LTC Ret) served as the founding Chair, Department of Nursing.

The Board of Regents of the University System of Georgia granted provisional approval to establish a baccalaureate nursing program in 1983. Dr. Marlene Mitchell-Tibbs was the first



BSN Program Director and Ms Peggy Batastini was promoted to ASN Program Director. The first BSN class was admitted in the fall

of 1984. The NLNAC program evaluation visit for initial accreditation of the baccalaureate nursing program took place in November, 1986. A full eight years accreditation was granted by NLNAC in March, 1987.

The Department of Nursing underwent several reorganizations in the following years. After the founding Chair of the Department of Nursing, Ms Helen Millian (LTC Ret) retired in 1990, a new chair, Dr. Joyce Geiger, was hired and served from 1990-1993. The Academic Dean also retired in 1993 and a search for a Department Chair was delayed until a new Dean was appointed. Both the ASN and BSN Directors were responsible to the Acting Dean, College of Science during the two year interim.

A new Dean of the College of Science was hired in 1995 and established the position of Assistant Dean for the College of Science with responsibilities for the Division of Nursing and Health Professions. Dr. Rhonda Hollis served in this position until 2000, when the College of Science was again reorganized, the Division of Nursing returned to Department of Nursing, and the Associate Dean position was eliminated. Ms. Judy Davidson was named Acting Chair of the Department of Nursing and served from 2000 to 2002 when she retired. In 2002, the Dean appointed Dr. June Goyne to the position of Department Chair where she continues to serve. By 2008 BSN program enrollment had tripled as a result of efforts to increase the number of nursing graduates to help alleviate an unprecedented national and local nursing shortage. In 2009, the Department of Nursing was changed to a School of Nursing, a structure better suited to the growth of the undergraduate program and development of a graduate program in nursing.

In July 2009, CSU realigned their departments, schools and colleges resulting in the creation of the College of Education & Health Professions (COEHP). The School of Nursing was moved into this college at that time.

Currently the nursing faculty is composed of 17 full-time positions, including the Director, School of Nursing (Dr. June Goyne), Associate Director, School of Nursing and Undergraduate Programs (Dr. Sheri Noviello), Associate Director of the Graduate Program (Dr. Cheryl Smith), and RN-BSN Program Coordinator (Ms. Amanda Hawkins). The number of part-time faculty members varies with the number of students enrolled each semester with up to 16 hired at any one time.

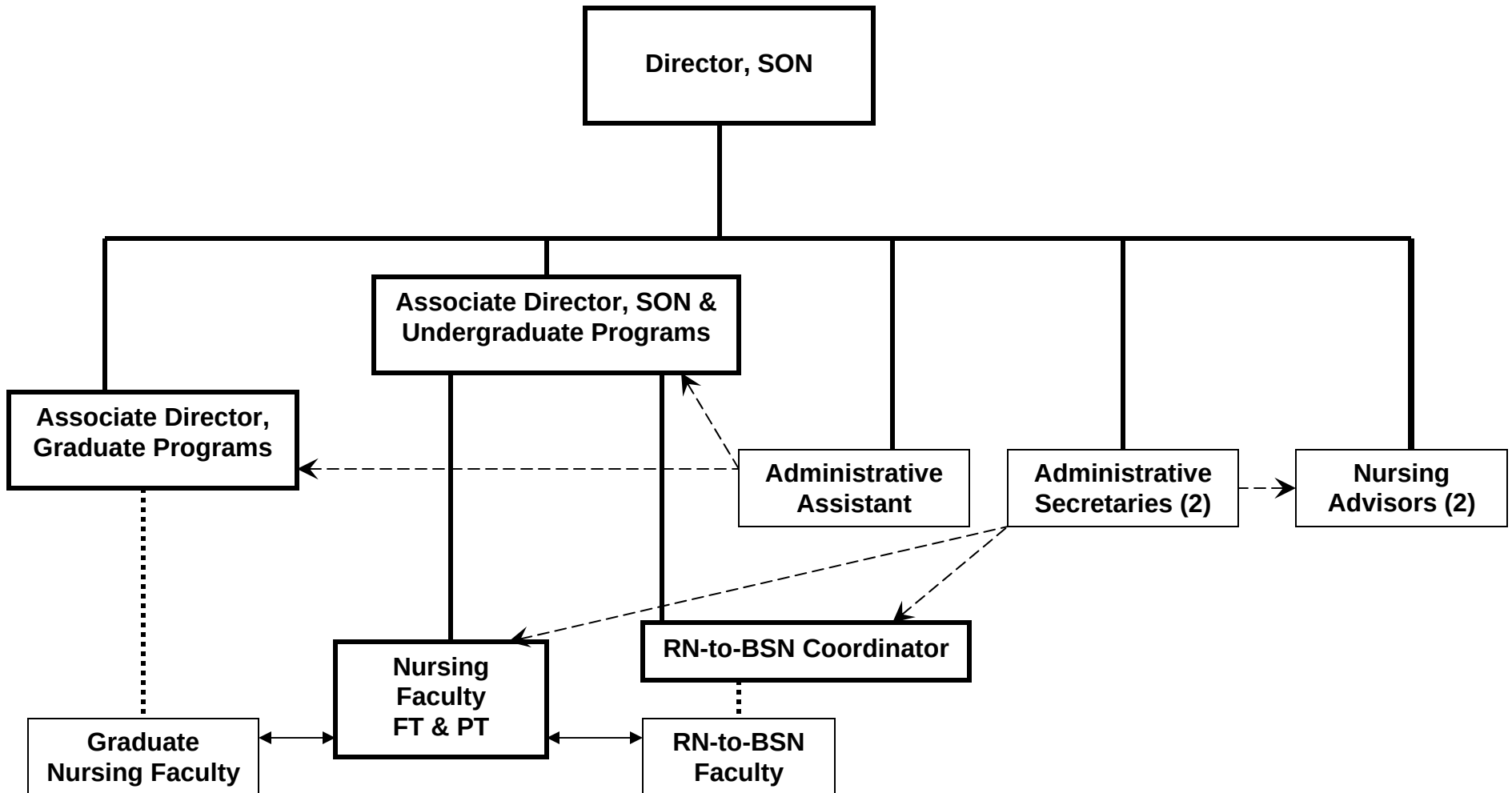
Accreditation and Georgia Board of Nursing Approval

The Bachelor of Science in Nursing program has full approval by the Georgia Board of Nursing and is accredited by the National League for Nursing Accrediting Commission through Fall 2010. The program is in the process of seeking national accreditation through the Commission on Collegiate Nursing Education (CCNE).

Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (912) 207 1640
www.sos.state.ga.us/ebd-rn

National League for Nursing Accrediting Commission
61 Broadway – 33rd Floor
New York City, NY 10006
Telephone: 800-669 1656 Extension 153
www.nlnac.org

Columbus State University
School of Nursing
Organizational Chart



---> Admin Support
..... Supervisory Input
<--> Shared Faculty

Administration and Faculty

Dr. Tim Mescon	President, Columbus State University
Dr. Inessa Levi	Professor and Provost
Dr. Ellen Roberts	Professor and Interim Dean, College of Education & Health Professions
Dr. June Goyne	Professor and Director, School of Nursing
Dr. Sheri Noviello	Professor and Associate Director, School of Nursing & Undergraduate Programs
Dr. Cheryl Smith	Associate Professor and Associate Director, Graduate Program
Ms. Amanda Hawkins	RN-BSN Program Coordinator

Faculty

Dr. Elizabeth Frander	Associate Professor
Ms. Carlie Frederick	Associate Professor
Ms. Gail Jones	Associate Professor
Ms. Therese Lahnstein	Associate Professor
Ms. Stephanie Lewis	Associate Professor
Ms. Noreen McDonough	Associate Professor
Ms. LaTonya Santo	Associate Professor
Ms. Tammy Condrey	Assistant Professor
Ms. Sherika Derico	Assistant Professor
Ms. Mimi Merriman	Assistant Professor
Ms. Dell Miller	Assistant Professor
Ms. Leslie Painter	Assistant Professor
Ms. Christie Schwarting	Assistant Professor
Ms. Sally Richter	Instructor

Part-Time Faculty

Ms. Sarah Angermuller, MSN, Clinical Instructor (Professor Emeritus)
Ms. Mandy Bowden, BSN, Clinical Instructor
Ms. Susan Greer, BSN, Clinical Instructor
Ms. Amy Higgins, MSN, Clinical Instructor
Mr. Mike Hill, BSN, Clinical Instructor
Ms. Bobbie Hunter, MSN, Clinical Instructor
Ms. Tonya Kemper, BSN, Clinical Instructor
Ms. Annie Lewis, BSN, Clinical Instructor
Ms. Marie McIntosh, BSN, Clinical Instructor
Ms. Rachel Posey, BSN, Clinical Instructor
Ms. Suzette Ramsey, MSN, Clinical Instructor
Ms. Mindy Scheible, BSN, Clinical Instructor
Ms. Wanda Street, MSN, Clinical Instructor
Ms. Brooke Thompson, BSN, Clinical Instructor

Pre-Nursing Coordinators

Ms. Judy Davidson, MSN, Pre-nursing Coordinator (Professor Emeritus)
Ms. Joanne Warden, MSN, Pre-nursing Coordinator

*BSN (Pre-Licensure)
Program &
RN-BSN Program
AND CURRICULUM*

Mission, Philosophy & Program Outcomes ***School of Nursing Baccalaureate Program***

Mission

School of Nursing Mission Statement

- To achieve academic excellence in nursing education through learner centered teaching, evidence based practice, creative inquiry and student engagement.
- To prepare graduates for a successful nursing career that includes life-long learning, leadership and responsibility through professional nursing practice and service to others.
- To achieve recognition as a leader in nursing within the community through collaborative, public private partnerships and service.

Approved June 2009

BSN Program Mission Statement

To prepare caring, competent professional nurse generalists who provide safe, culturally sensitive, patient centered care for diverse patient populations in a variety of settings through interdisciplinary collaboration, evidence based practice, informatics, safety and quality improvement processes, and effective leadership in the roles of provider of care, manager of care, and member of the profession.

Approved June 2009

Philosophy/Organizing Framework

The philosophy/organizing framework and learning outcomes of the baccalaureate nursing program are consistent with the vision and mission of Columbus State University, emphasizing academic excellence through learner centered teaching, evidence based practice, creative inquiry, and student engagement. Professional success is promoted through life long learning, leadership, collaborative partnerships and service.

The nursing program is based on the following assumptions about *individuals, health, nursing, professional nursing education, learning, and teaching*.

Individuals

Individuals are unique and dynamic beings influenced by physical, psychological, social, cultural, behavioral, ethical, developmental, and spiritual variables who are constantly interacting with their environments. Each individual functions as a unified whole, with inherent dignity, worth, and rights. Though unique, individuals are social beings who share common human characteristics, needs, and patterns of behavior as they use adaptive processes to attain or maintain health. Interacting with each other and their

environments, people create societies composed of individuals, families, groups, communities and populations. A culture exists when such groups share a system of beliefs, values, norms, ethics, and/or social networks.

Health

Health is a dynamic, adaptive process achieved through physical, mental and social well-being and not merely the absence of disease. Pursuit of health is both a human right and an individual responsibility. All individuals have the right to health care access, autonomy, and comfort and dignity in death.

Nursing

Nursing is a professional practice discipline concerned with human responses to health issues throughout the life span. Professional nurses assist patients to maximize their independence and quality of life through the provision of care to promote, maintain, or restore health or to support a peaceful death. Nurse-patient partnerships are developed for mutual planning of care and healthcare decision making. Professional nurses are responsible for:

- Practicing from a holistic, caring framework that respects and addresses patients' differences, values, preferences and expressed needs
- Practicing from an evidence base in a variety of healthcare settings
- Practicing in diverse, complex, ever-changing global environments
- Designing and promoting safe, cost-effective, quality patient care
- Designing and implementing measures for health promotion and risk reduction
- Caring for diverse populations across the health illness continuum and the lifespan
- Caring for an increasing population of elderly patients with multiple chronic conditions
- Using critical thinking as the foundation for professional judgment decision making and problem solving
- Assuming accountability for one's own and delegated nursing care
- Engaging in care of self in order to care for others
- Engaging in continuous professional development

Professional Nursing Education

Baccalaureate Education is the minimal level of education needed for professional nursing practice in today's complex health care environment. Baccalaureate education prepares a nurse generalist for practice that integrates the knowledge, skills, and attitudes from eight essential curricular elements:

- Liberal Education
- Quality Care and Patient Safety
- Evidence Based Practice
- Informatics
- Health Care Policy, Finance, and Regulatory Environments
- Communication and Collaboration
- Clinical Prevention and Population Health
- Professionalism and Professional Values

The Baccalaureate graduate is prepared to assume three major nursing roles:

- **Provider of Care:** In this role, the baccalaureate generalist nurse is a provider of direct and indirect care for diverse populations across all environments. Clinical decisions are made using critical thinking within a legal and ethical framework. The provider of care role is based upon professional knowledge, skills and attitudes related to evidence-based practice, patient-centered care, teamwork and collaboration, safety, quality improvement, informatics and leadership.
- **Designer/Manager/Coordinator of Care:** In this role, the baccalaureate generalist nurse functions autonomously and interdependently within the health care team. Nurses are accountable for their professional practice and image as well as for outcomes for their own and delegated nursing care. This role is based upon professional knowledge, skills and attitudes related to organization, delegation, supervision, interdisciplinary collaboration, and leadership to promote high quality, cost-effective care within the context of patient values.
- **Member of Profession:** A baccalaureate generalist nurse possesses a professional identity and is accountable for one's professional image. This role requires strong critical reasoning, clinical judgment, communication, and assessment skills. The professional nurse is an advocate for the patient and the profession to include policy processes that shape health care delivery and systems of care. The generalist nurse is committed to life-long learning and continuous professional development.

Within these roles, the baccalaureate nursing program emphasizes the interconnectedness of professional nursing concepts to achieve program outcomes. The professional clinical nurse course series encompasses patient-centered care, safety, and quality improvement. The professional development perspective course series include evidence-based practice, leadership, informatics, teamwork and collaboration (see diagram). Other foundational courses, health assessment, pharmacology, pathophysiology, and evidence-based practice, enrich the curriculum with a focus on supporting essential knowledge, skills, and attitudes. The program culminates with a capstone course that focuses on transition into clinical practice.

Learning

Learning is a life-long process of gaining knowledge, insights, skills, and new ways of thinking in the cognitive, psychomotor, and affective domains. It is influenced by motivation, life experiences, development, and learning styles. Adults learn best when they are active participants in a learning environment that is relevant, interesting, enjoyable, supportive, and engages a variety of learning styles. Learning occurs best when new concepts, skills and attitudes are integrated with one's past experiences and are applied in authentic, relevant situations. Learners are responsible for initiating and sustaining efforts to learn and actively engaging in learning activities.

Teaching

Teaching is a collaborative process in which both teachers and students are active participants and learners. The teacher serves as a mentor, coach, facilitator, role model and consultant. Effective teaching is based upon expert discipline knowledge, learning theory and strategies, and respect for learners as self-directed adults. The role of the teacher is to create a rich learning environment and develop meaningful learning activities that:

- provide connections with students' prior knowledge and experiences

- stimulate learner interest
- are relevant to learning goals
- accommodate different learning styles
- actively engage the learner
- provide an appropriate balance of structure and flexibility
- progress from structured to facilitated to self-directed

Expected Program Outcomes

The Bachelor of Science in Nursing program prepares a nurse generalist with a liberal arts background who focuses upon treating human responses to actual or potential health problems. Graduates are expected to meet the following program outcomes to function in entry-level nursing practice positions.

- Graduates will provide safe, patient centered care in a variety of settings.
- Graduates will apply concepts of safe practice to promote optimal patient clinical outcomes.
- Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.
- Graduates will use sound evidence to make appropriate clinical decisions.
- Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
- Graduates will integrate information technology into nursing practice in a variety of settings.
- Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.

Adopted May 2008
Updated and Approved June 2009

Patient-Centered Care

Outcome: Graduate will provide safe, patient-centered care in a variety of settings.

Definition: Recognize 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 in a variety of settings.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Develop an understanding of multiple dimensions of patient-centered care: • patient/family/community preferences, values. • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity	Apply understanding of multiple dimensions of patient-centered care. Organize, coordinate and provide basic nursing care for patients and families with predictable health care needs. Assess the learning needs of individuals and families and plan, implement, and evaluate teaching effectiveness in meeting learning needs.	Value attitudes that foster the development and use of critical thinking for nursing judgments, decisions, and actions in predictable health care settings. Respect and encourage individual expression of patient values, preferences and needs. Value the patient's expertise with own health and symptoms.	Acquire advanced and specialized nursing knowledge and experience to expand the foundation for critical thinking and decision-making in professional practice. Expand knowledge of legal, ethical, and professional standards of nursing practice in specialized or complex settings. Examine legal and ethical issues based on the standards and values of the nursing profession in order to formulate informed responses.	Organize, coordinate and provide nursing care for individuals, families, groups and communities with a variety of needs ranging from basic to complex. Assess the learning needs of individuals families, groups, and communities; plan, implement, and evaluate teaching effectiveness to meet learning needs. Demonstrate an ability to use critical thinking and the nursing process for nursing judgments, decisions, and actions in specialized or complex patient care	Value attitudes that foster continued development and use of critical thinking for nursing judgments, decisions, and actions in specialized or complex health care settings. Appreciate shared decision-making with empowered patients and families, even when conflicts occur. Acknowledge the tension that may exist between patient rights and organizational responsibility for professional, ethical care. Evaluate own values
Acquire a basic body of nursing knowledge and experience to service as a foundation for critical thinking and decision-making in professional practice.	Demonstrate an ability to use critical thinking and the nursing process for nursing judgments, decisions, and actions in patient care situations	Respect patients who represent all aspects of human diversity. Recognize own values and beliefs about the management of pain	Describe how diverse		

Patient-Centered Care

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire knowledge of legal, ethical, and professional standards of nursing practice.	with predictable outcomes.	and suffering.	cultural, ethnic, and social backgrounds function as sources of patient, family and community values.	situations with predictable and unpredictable outcomes.	and beliefs about the management of pain and suffering.
Recognize legal and ethical issues and begin to analyze them in terms of the standards and values of the nursing profession.	Participate in reflection and self-evaluation and seek guided experiences to help meet identified learning needs.	Examine the role of the nurse in relief of various types and sources of pain or suffering.	Integrate understanding of concepts of pain and suffering into the care of a variety of patient populations and settings.	Participate in reflection, self-evaluation, and self-directed learning experiences to enhance professional clinical practice.	Value the role of nurse in relief of various types and sources of pain and suffering.
Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient and family values.	Provide nursing care in accordance with legal, ethical, and professional standards of nursing practice.	Recognize that patient expectations influence outcomes in management of pain and suffering.	Examine how the safety, quality, and cost-effectiveness of health care can be improved through the active involvement of patients and families.	Provide nursing care in accordance with legal, ethical, and professional standards of nursing practice in specialized or complex settings.	
Demonstrate comprehensive understanding of concepts of pain and suffering, including physiologic models of pain and comfort.	Provide patient-centered care with sensitivity and respect for the diversity of human experience.	Value active partnership with patients or designated surrogates in planning, implementing, and evaluating care.	Integrate strategies to empower patients or families in all aspects of the health care process.	Develop a comprehensive plan of care for individuals who are experiencing pain and suffering.	
Recognize the impact of safety, quality, and cost-	Assess presence and extent of pain and suffering.	Respect patient preferences for degree of active engagement in care process.		Engage patients or designated surrogates in active partnerships that promote health, safety and well-being,	
	Assess levels of physical and emotional comfort.	Respect patient's right to access personal health records.			
	Elicit expectations of patient and family for				

Patient-Centered Care

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
effectiveness of health care on patient outcomes and the importance of patient and family involvement. Examine common barriers to active involvement of patients in their own health care processes and strategies to overcome them.	relief of pain, discomfort, or suffering. Initiate effective treatments to relieve pain or suffering considering patient values, preferences, and expressed needs. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management in predictable health care settings. Elicit patient preferences in regard to the presence of families and other designated surrogates. Identify level of patient's health care decisional conflict.			and self-care management in a variety of settings. Advocate for patient preferences in regard to the presence of families and other designated surrogates. Provide access to resources to minimize patient's decisional conflict.	

Safety

Outcome: Graduates will apply concepts of safe practice to ensure optimal patient clinical outcomes.

Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Examine human factors and other basic safety design principles as well as commonly used unsafe practices.	Demonstrate effective use of technology and standardized practices that support safety and quality.	Value the contributions of standardization/ reliability to safety.	Describe the benefits and limitations of selected safety-enhancing technologies.	Demonstrate effective use of strategies to reduce risk of harm to self or others.	Value the contributions of standardization and/ or reliability to safety.
Delineate general categories of errors and hazards in care.	Use appropriate strategies to reduce reliance on memory.	Appreciate the cognitive and physical limits of human performance.	Discuss effective strategies to reduce reliance on memory.	Use organizational error reporting systems for near miss and error reporting.	Appreciate the cognitive and physical limits of human performance.
Discuss potential and actual impact of national patient safety resources, initiatives and regulations.	Communicate observations or concerns related to hazards and errors to patients, families and the health care team.	Value own role in preventing errors.	Describe factors that create a culture of safety.	Participate appropriately in analyzing errors and designing system improvements.	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team.
	Use national patient safety resources for own professional development and to focus attention on safety in care settings.	Value the importance of implementing national safety campaign recommendations for protecting patient safety and promoting quality outcomes.	Describe processes used in understanding causes of error and allocation of responsibility accountability.	Engage in root cause analysis rather than blaming when errors or near misses occur.	

Quality Improvement

Outcome: Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Describe strategies for determining benchmarks for patient outcomes in the setting in which one is engaged in clinical practice.	Determine benchmarks for patient outcomes in the setting in which one is engaged in clinical practice.	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals.	Identify stakeholders of the interdisciplinary team and how they impact care delivery.	Review quality improvement projects taking place in the setting in which one is engaged in clinical practice and predict their potential for improving patient outcomes.	Appreciate the value of stakeholder impact and VOC performance improvement processes.
Describe strategies for determining best practices for achieving benchmark outcomes.	Determine best practices for achieving benchmark outcomes.	Value own and others' contributions to outcomes of the care setting in which one is engaged in clinical practice.	Recognize how the "Voice of the Customer" (VOC) should impact performance improvement processes.	Integrate the VOC and stakeholder impact into performance improvement processes.	Appreciate the non-punitive environment in performance improvement processes.
Give examples of the tension between professional autonomy and "systems thinking".	Use tools, such as flow charts, cause-effect diagrams, to make processes of care explicit.		Discuss the purpose of root cause analysis.	Participate in a root cause analysis.	
Become familiar with the various methods of studying processes.			Discuss essential concepts that should be identified and addressed to effectively implement change.		
			Discuss performance improvement methodologies commonly used in health care settings.		

Evidence Based Practice

Outcome: Graduates will use sound evidence to make appropriate clinical decisions about health care.

Definition: Integrate best current evidence with clinical expertise and patient values and preferences to make appropriate clinical decisions about healthcare.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Describe EBP to include the components of research evidence, clinical expertise, and patient values.	Locate evidence reports related to clinical practice topics and guidelines.	Value the concepts of EBP as integral to determining best clinical practice.	Demonstrate knowledge of scientific methods and processes.	Develop practice guidelines related to clinical practice topics based on best current evidence.	Appreciate strengths and weaknesses of scientific bases for practice.
Describe reliable and valid sources for locating evidence reports and evidence summaries.	Base individualized care plans on patient values, clinical expertise, and evidence.		Differentiate clinical opinion from research and evidence summaries.	Present practice guidelines in the work environment to facilitate integration of new evidence into standards of practice.	Value the need for continuous improvement in clinical practice based on new knowledge gathered from regularly reading relevant professional journals for life-long learning.
Explain the role of evidence in determining best clinical practices.			Describe how the strength and relevance of available evidence influences the choices of intervention in provision of patient-centered care.	Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events.	Value the need for ethical conduct of research and quality improvement.
			Discriminate between valid and invalid reasons for modifying evidence based clinical practice based on clinical expertise or patient values.	Consult with clinical experts before deciding to deviate from evidence-based protocols.	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices.

Teamwork and Collaboration

- Outcome:** Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
- Definition:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire professional communication knowledge, styles, and skills.	Use therapeutic communication skills with patients and families with predictable needs.	Appreciate importance of intra and inter professional collaboration.	Describe own communication style and analyze differences in style among patients, families, nurses and other members of the health team.	Use effective strategies for communicating and resolving conflict with patients and families with specialized and complex needs.	Value commitment to intra and inter professional collaboration through actions.
Acquire knowledge of team dynamics and recognize its impact on achieving patient safety and quality outcomes.	Communicate effectively in written records and plans of care in accordance with professional practice to minimize risks.	Value different styles of communication used by patients, families, and health care providers.	Analyze the effects of a variety of dynamics and their impact on achieving safe and quality patient outcomes.	Communicate effectively within team sharing evidence based information to improve patient outcomes.	Appreciate the use of different communication styles within a variety of circumstances.
Explore common areas for potential conflict within an interdisciplinary team.	Function within the registered nurse's scope of practice as a member of the healthcare team and within peer groups.	Value the perspectives and expertise of all team members in helping patients/families achieve health goals.	Acquire and discuss effective strategies for overcoming barriers, facilitating teamwork and resolving conflict in various settings.	Participate in groups as an effective team member and peer leader, constructively voicing own perspective or position.	
Recognize own strengths, limitations, and values as a team member.			Describe and discuss methods to strengthen	Implement communication styles that will facilitate team function.	
Describe scopes of practices and recognize					

Teamwork and Collaboration

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
the value of all interdisciplinary team member's contributions in helping patient/families achieve health goals.			own weaknesses and utilize strengths within a team. Discuss methods to facilitate contributions from entire team in order to help patient/families achieve health goals.		

Informatics

Outcome: Graduates will integrate informatics into nursing practice in a variety of settings.

Definition: Use of information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Explain why information and technology skills are essential for safe patient care.	Seek education about how information is managed in care settings before providing care.	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills.	Compare and contrast benefits and limitations of different communication technologies and their impact on safety and quality.	Use information management tools to monitor outcomes of care processes.	Value nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care.
Describe examples of how technology and information management are related to the quality and safety of patient care.	Apply technology and information management tools to support safe processes of care.	Value technologies that support clinical decision making, error prevention, and care coordination.		Use high quality electronic sources of health-care information.	
Identify benefits and limitations of different communication technologies.	Identify the components of the electronic health record.	Protect confidentiality of protected health information to electronic health records.		Navigate the electronic health record.	
	Employ communication technologies to coordinate care for patients.			Document and plan patient care in an electronic health record.	
	Respond appropriately to clinical decision-making supports and alerts.				

Leadership

Outcome: Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.

Definition: Leadership
Ability to elicit a vision from people and to inspire and empower those people to do what it takes to bring the vision into reality. (Oakley & Krug, 1994)

Management

Is a type of leadership that concentrates on the achievement of organizational goals through resource coordination and integration. (Hersey, Blanchard, & Johnson, 1996) (Grant, 1994)

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire knowledge required to organize and manage care for individual patients and families in patient care situations with predictable outcomes.	Organize & coordinate nursing care for individuals and their families in patient care situations with predictable outcomes.	Value the impact that a positive attitude has on achieving common group goals.	Acquire knowledge required to organize and manage care for individuals and groups in a variety of patient care settings with both predictable & unpredictable outcomes.	Organize & coordinate nursing care for individuals and groups in a variety of settings including situations with both predictable and unpredictable outcomes.	Value the impact of effective leadership and political activism on the health care consumer and the nursing profession.
Discuss the knowledge required to organize and manage the work of small groups attempting to achieve a common goal.	Organize & manage the work of small groups.		Discuss the knowledge required to organize and manage the work of various sized groups in a variety of settings.	Organize and manage the work of a team both in providing patient care and professional groups.	
Examine the standards and principles of delegating, organizing, supervising and managing nursing care	Delegate and supervise nursing care to unlicensed assistive personnel (UAP) in an inpatient setting.		Acquire knowledge of health care policy and systems.	Delegate and supervise nursing care in a variety of settings	
	Demonstrate leadership behaviors that have a positive influence on small groups in		Recognize strategies to	Develop a plan to effectively implement	

Leadership

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
provided by others. Describe basic knowledge of the concept of leadership and how to influence others to achieve a common goal.	achieving a common goal.		effectively influence political processes for the benefit of health care consumers and the nursing profession. Analyze generally accepted theories and strategies to manage change effectively.	a needed change. Demonstrate leadership behaviors that inspire others to work toward common group goals and assist them to achieve these goals. Participate in the political process for the benefit of health care consumers and the nursing profession.	

COLUMBUS STATE UNIVERSITY, SCHOOL OF NURSING BACCALAUREATE PROGRAM
CURRICULUM SCHEMA: *REGULAR STUDENT*

Pre-nursing: Lower Division Course Requirements – Total Credits = 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
*CHEM 1151 (Inorganic Chemistry; Area D)	3-0-3	*CHEM 1152 (Organic Chemistry; Area D)	3-0-3
*CHEM 1151L (Inorganic Chemistry, Area D)	0-2-1	*CHEM 1152L (Organic Chemistry, Area D)	0-2-1
*ENGL 1101 (Area A)	3-0-3	*ENGL 1102 (Area A)	3-0-3
MATH (Area A Elective)	3-0-3	COMM 1101 (Area B)	3-0-3
HUMANITIES (Area C Elective)	3-0-3	FINE ARTS (Area C Elective)	3-0-3
PELM 1205 (Wellness Requirement)	1-2-2	HIST 2111 or 2112 (Area E)	3-0-3
TOTAL CREDITS 15		TOTAL CREDITS 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
*BIOL 2221 (A&P 1, Area F)	3-2-4	*BIOL 2222 (A&P 2, Area F)	3-2-4
PSYC 1101 (Area F)	3-0-3	*BIOL 2225 (Microbiology, Area F)	3-2-4
WORLD CULT (Area E elective)	3-0-3	POLS 1101 (Area E)	3-0-3
MATH 1127 (Statistics, Area F)	3-0-3	PEDS (Wellness Elective)	0-2-1
BEH SCI (Area E Elective)	3-0-3	ITDS or FOREIGN LANGUAGE (Area B Option)	1-0-1
TOTAL CREDITS 16		SCIENCE / MATH / TECH (Area D Elective)	3-0-3
		TOTAL CREDITS 16	

Nursing: Upper Division Course Requirements – Total Credits = 60

JUNIOR FALL SEMESTER		SPRING SEMESTER	
NURS 3275 (Professional Clinical Nursing I)	5-9-8	NURS 3277 (Professional Clinical Nursing II)	7-11-10
NURS 3276 (Health Assessment)	1-3-2	NURS 3279 (Pathophysiology)	3-0-3
NURS 3175 (Pharmacology)	4-0-4	NURS 3112 (Professional Development Perspectives II)	2-0-2
NURS 3111 (Professional Development Perspectives I)	1-0-1	TOTAL CREDITS 15	
TOTAL CREDITS 15			
SENIOR FALL SEMESTER		SPRING SEMESTER	
NURS 4280 (Professional Clinical Nursing III)	7-11-10	NURS 4112 (Professional Development Perspectives IV)	2-0-2
NURS 4275 (Evidence-Based Practice)	3-0-3	NURS 4279 (Complex Care)	7-11-10
NURS 4111 (Professional Development Perspectives III)	2-0-2	NURS 4377 (Senior Preceptorship)	0-9-3
TOTAL CREDITS 15		TOTAL CREDITS 15	

DEGREE: Baccalaureate of Science in Nursing (BSN)

***STARRED courses = AREA F = MUST PASS WITH GRADE OF "C" OR BETTER BEFORE ENTERING NURSING PROGRAM**

Non-Nursing Credits = 63
Nursing Credits = 60
Total Credits = 123

BSN DEGREE REQUIREMENTS:

ACADEMIC AREA REQUIREMENTS		COURSES		ACADEMIC AREA REQUIREMENTS		COURSES	
AREA A – Essential Skills		REQ HRS: 9		AREA F – Courses To Major		REQ HRS: 18	
English Composition 1		ENGL 1101		Human Anatomy & Physiology 1		BIOL 2221	
English Composition 2		ENGL 1102		Human Anatomy & Physiology 2		BIOL 2222	
				Microbiology for Health Sciences		BIOL 2225	
AREA B – Institutional Options		REQ HRS: 5		Introduction to General Psychology		PSYC 1101	
Communications		COMM 1101		Introductory Statistics		MATH 1127	
ITDS or Foreign Language							
AREA C – Humanities / Fine Arts		REQ HRS: 6		AREA G – Program Requirements		REQ HRS: 60	
Fine Arts Elective				Professional Clinical Nursing I		NURS 3275	
Humanities Elective				Professional Development Perspectives I		NURS 3111	
				Pharmacology in Nursing		NURS 3175	
AREA D – Science / Math / Technology		REQ HRS: 10		Health Assessment		NURS 3276	
Survey of Chemistry 1 (Inorganic)		CHEM 1151		Professional Clinical Nursing II		NURS 3277	
Survey of chemistry 1 Lab		CHEM 1151L		Professional Development Perspectives II		NURS 3112	
Survey of Chemistry 2 (Organic)		CHEM 1152		Pathophysiology		NURS 3279	
Survey of chemistry 2 Lab		CHEM 1152L		Evidence Based Practice		NURS 4175	
Science / Math / Technology Elective				Professional Clinical Nursing III		NURS 4280	
				Professional Development Perspectives III		NURS 4111	
AREA E – Social Sciences		REQ HRS: 12		Professional Clinical Nursing IV		NURS 4279	
History		HIST 2111 or 2112		Professional Development Perspectives IV		NURS 4112	
Government		POLS 1101		Senior Preceptorship (capstone course)		NURS 4377	
World Cultures Elective							
Behavioral Sciences Elective							
WELLNESS REQUIREMENT		REQ HRS: 3					
Concepts of Fitness		PELM 1205					
PED Elective (select any <u>ONE</u>)							

JG/jg

Updated 07/16/07; 07/08/09; 07/26/10

**COLUMBUS STATE UNIVERSITY, COLUMBUS, GEORGIA
SCHOOL OF NURSING, BACCALAUREATE NURSING PROGRAM
CURRICULUM SCHEMA: RN-BSN PROGRAM**

Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
ENGL 1101	3-0-3	ENGL 1102	3-0-3
MATH (Area A Math Elective)	3-0-3	CHEM 1152	3-0-3
HUMANITIES (Area C Elective)	3-0-3	CHEM 1152L	0-2-1
CHEM 1151	3-0-3	COMM 1110	3-0-3
CHEM 1151L	0-2-1	FINE ARTS (Area C Elective)	3-0-3
PHED 1205	1-2-2	HIST 2111 or 2112	3-0-3
TOTAL CREDITS = 15		TOTAL CREDITS = 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
BIOL 2221	3-2-4	BIOL 2222	3-2-4
POLS 1101	3-0-3	PSYC 1101	3-0-3
WORLD CULT. (Area E)	3-0-3	PEDS	0-2-1
MATH 1127	3-0-3	BIOL 2225	3-2-4
BEHAVIOR SCI.(Area E Elective)	3-0-3	*ITDS, Foreign Language, or LIBR	1-0-1
		**Science/Math/Technology	3-0-3
TOTAL CREDITS = 16		TOTAL CREDITS = 16	

Upper Division Course Requirements - Total Credits: 60

Session 1 October 11 – December 17, 2010	Session 4 May 30 – August 5, 2011
NURS 3191 Professional Clinical Nursing RN I (Bridge) 3-0-3 NURS 3276 Introduction to Health Assessment and Wellness 1-3-2	NURS 4292 Professional Clinical Nursing RN II 4-6-6
Session 2 January 3 – March 12, 2011	Session 5 August 8 – September 30, 2011
NURS 3192 Professional Development Perspectives RN I 2-0-2 NURS 3195 Evidence Based Practice RN 4-0-4	NURS 4698 Senior Project 0-9-3 NURS 3555 Selected Topics in Professional Nursing 3-0-3
Session 3 March 14 – May 20, 2011	
NURS 4192 Professional Development Perspectives RN II 2-0-2 NURS 3279 Applied Pathophysiology 3-0-3	

Degree: Bachelor of Science in Nursing

**Non-Nursing: 63
Nursing: 60
Total Credits: 123**

* (Area B) Institutional Options
** (Area D) Science/Math/Technology

Nursing Teaching Facilities

The hub of on-campus activities in nursing education at CSU is Illges Hall.

FIRST FLOOR:

- Large 100+ seat media-equipped classroom
- Small campus lab (7-bed)
 - o 2 high fidelity adult manikins
 - o 1 high fidelity infant manikin
- Sounds Tutor lab (7 station)
- Student Nurses Association office
- Student Conference Room
- Three Faculty Offices



SECOND FLOOR

- Large 100+ seat media-equipped classroom
- Media equipped 24-station computer lab/classroom with instructor station
- Media equipped conference/classroom with large conference table
- Faculty Offices

THIRD FLOOR

- Large 100+ seat media equipped tiered classroom
- Large Campus Lab (10 beds)
- School of Nursing Administrative Suite
- Faculty Offices

The main nursing lab (Illges 317) is setup as a mini-hospital unit with mannequins, equipment, supplies, materials, and other teaching aids used by students to learn and practice nursing skills. Inside the main nursing lab is a clinical simulation lab where students have access to various clinical computer simulations (eg. Sounds Tutor heart and breath sounds; EKG simulation). A second campus nursing lab is housed on the first floor where a 7-bed mini-hospital is setup and functions like the main lab. The nursing student computer lab/classroom (Illges 201) contains 24 student computers & one instructor computer connected to the CSU intranet and server as well as a laser printer. Students must supply their own paper and the School of Nursing supplies the ink.

Community facilities provide essential clinical learning environments for CSU nursing students, where they gain practical, hands-on experience under the supervision of the faculty. Major facilities are described below.

Columbus Regional Healthcare System

Columbus Regional Healthcare System, Inc. provides clinical learning environments in several of its facilities, which includes three hospitals, two nursing homes, and a cancer center. For all details, please visit their website @ www.columbusregional.com.

The Medical Center

The Medical Center, Inc. is a 413 bed tertiary level, acute care facility and is the only facility with an inpatient pediatrics unit, PICU and NICU. Patient services include adult medical surgical units, medical and surgical ICU's, a telemetry unit, Level III High Risk Perinatal Program, Labor and Delivery (including high risk obstetrics), full service Emergency Department and a level II trauma center. This facility serves 17 counties in Georgia and 2 counties in Alabama.

Doctors Hospital

Doctors Hospital is a 219-bed full service facility which offers full medical and surgical services, Business Health, Cardiac Catheterization, Emergency Department, One Baby Place, Outpatient Surgery, Radiology, Rehabilitation Services, Sleep Disorders Center, Telemetry/CCU, Women's Imaging Center, and H2U (Health, Happiness, You).

Hughston Hospital

Hughston Orthopedic Hospital was the nation's first hospital designed specifically to treat patients with musculoskeletal injuries or disorders. Today, the 100-bed, private room, hospital provides excellence in comprehensive orthopedic care and rehabilitation services through a highly specialized team of professionals using the latest technology and research to care for people of every age and ability and every level of musculoskeletal injury or disorder.

Nursing Homes

Nursing Home facilities include Hamilton House Nursing Home and Azalea Trace Nursing facility. **Hamilton House** is a 128 bed nursing facility which includes 54 intermediate care beds, 54 skilled care beds and a 19 bed subacute rehabilitation unit. The facility provides care to patients needing long term nursing needs as well as short term rehabilitation services to patients recovering from acute injuries, illness or surgery in preparation for their discharge home. **Azalea Trace** Nursing facility provides 110 beds to patients needing long term nursing needs as well as short term rehabilitation services to patients recovering from acute injuries, illness or surgery in preparation for their discharge home.

John B. Amos Cancer Center

Additional clinical sites for nursing learning environments include the John B. Amos Cancer Center, a fully accredited community cancer and multiple outpatient clinics.

St Francis Hospital

St. Francis Hospital is a 376-bed facility, offering a full range of inpatient, outpatient and emergency room services. The Bradley Center, their mental health facility, has 84 beds. Additionally, 60 studio, one- and two-bedroom apartments for assisted living are available at Franciscan Woods, an assisted living community in north Columbus. They are also touching lives at the Patrick Heart Institute of St. Francis, St. Francis Orthopaedic Institute, St. Francis Center for Surgical Care, St. Francis Rehabilitation Center, The Women's Center of St. Francis, Home Medical Equipment of St. Francis, The Cancer Program of St. Francis and many other services in the St. Francis continuum of care. For all details please visit their website @ www.sfhga.com.

West Central Georgia Regional Hospital

WCGRH is located in Columbus Georgia and provides inpatient services to consumers from the following 28 counties: Butts, Carroll, Chattahoochee, Clay, Coweta, Crisp, Dooly, Fayette, Harris, Heard, Henry, Lamar, Macon, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Spalding, Stewart, Sumter, Talbot, Taylor, Troup, Upson and Webster. WCGRH has the following treatment units: adult mental health and secure long-term care. The hospital can serve a total of

145 clients at any point in time. In fiscal year 2006, the hospital served a total of 1,879 clients. The hospital employs approximately 470 staff.

Martin Army Community Hospital

Fort Benning's **MEDDAC**, a major subordinate command of the U.S. Army Medical Command, furnishes medical care to an eligible patient population in excess of 72,000 beneficiaries. Its primary facility is Martin Army Community Hospital (**MACH**), Building 9200, conveniently located off I-185 and Marne Road. In 1995 the hospital received full Accreditation with Commendation from the Joint Commission on Accreditation of Healthcare Organizations (**JCAHO**), an honor reserved for only the finest hospitals in the nation. Within the hospital's 10 floors, four of which are patient wards, an extensive surgical suite with same-day capabilities, a labor-delivery and recovery suite, and over 36 ambulatory care clinics. Martin Army Community Hospital maintains a fully accredited laboratory service, diagnostic radiology with computerized tomography and nuclear medicine, an extensive pharmacy service, and many other ancillary support services.

Columbus Specialty Hospital

The Columbus Specialty Hospital is a 50-bed, long-term acute care hospital for critically ill patients who need a longer recovery time. It is a private, not-for-profit corporation with its own board of directors, medical staff and chief executive officer and is located on the ninth and tenth floors of The Medical Center in Columbus, GA. The average length of stay is more than twenty-five days. The hospital treats patients suffering from medically complex conditions; pulmonary disorders and ventilator weaning, neurological illnesses and post trauma as well as complex wound care.

Jack Hughston Memorial Hospital

Jack Hughston Memorial Hospital is a 70-bed, 110,000 square-foot full-service facility, including Surgical services, an eight-bed Intensive Care Unit, proposed Cardiac Cath Lab, full-service Diagnostic Imaging Department with a 64-Slice CT Scanner, MRI, mammography, X-Ray, ultrasound and nuclear medicine, and a 24-hour Emergency Services Department to support 30,000 visits per year.

Columbus Department of Public Health

Columbus Health Department (West Central Health District) is a general public health facility that provides a wide variety of service, including antepartal (including high risk), pediatric, well-child, high-risk pediatric, and family follow-up care. Various clinics are used for community health experiences.

Muscogee County Jail and Prison Clinics

The Muscogee County Jail and Prison Clinics are a combination of acute care and infirmary, which provide the full spectrum of medical intervention to a daily inmate population of 1,800. Through a combination of in-patient care and collaboration with community medical providers the two clinics offer services to its patients, reflecting the service available within the community which include chronic care, emergency care, dental and mental health. The clinics employ 4 physicians, 2 dentists, 2 psychiatrists, 1 clinical psychologist, and over 30 RNs and LPNs and Medical Technicians. In 2007, the Muscogee County Jail Clinic was the largest single provider of mental health services within Muscogee County.

Additional Clinical Facilities

Columbus Hospice

VistaCare Hospice

Phenix City Schools
Pediatrics
Pediatric Acute Care
Martin Army Community Hospital Pediatric Clinic
Care South
Phenix City Head Start
Valley Healthcare
New Horizons

NOTE: Clinical facility agreements are in place with a number of other health care facilities and clinics to meet the educational needs of CSU nursing students.

Get Involved!

Professional Nursing Organizations



(www.GANSINFO.org)



Columbus State University Association of Nursing Students (CSU-ANS)
Georgia Association of Nursing Students (GANS)

This organization is a local chapter of the National Student Nurses Association, whose mission is to “mentor students preparing for initial licensure as registered nurses, and to convey the standards, ethics, and skills that students will need as responsible and accountable leaders and members of the profession.” The local chapter provides an opportunity for both pre-nursing and upper division nursing students to participate in professional nursing activities at the local, state and national levels. Local, state and national events provide leadership and career development, opportunities to listen to renowned nursing leaders, workshops and panels on job opportunities, and the chance to network with hundreds of other students. The nationally sponsored programs include a state board licensing exam mini review which is always popular with students. The local chapter sponsors varying activities each year.

National Student Nurses Association (NSNA) (www.nsna.org)

NSNA is the only national organization for nursing students and is the largest independent student professional organization in the United States.

The mission of NSNA is to:

- organize, represent and mentor students preparing for initial licensure as registered nurses, as well as those nurses enrolled in baccalaureate completion programs;
- promote development of skills needed to be responsible and accountable members of the nursing profession;
- advocate high quality health care.

The purpose of NSNA is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; to provide programs representative of fundamental and current professional interests and concerns and to aid in the development of the whole person, his/her professional role, and his/her responsibility for the health care of people in all walks of life.

NSNA does this by: influencing the educational process; promoting and encouraging participation in community affairs and activities; representing students to the consumer, to institutions and other organizations; promoting and encouraging student participation in interdisciplinary activities and recruitment efforts regardless of a person's race, color, creed, life style, sex, national origin, age or economic status; and promoting collaborative relationships with other nursing and health organizations.

Sigma Theta Tau
Honor Society of Nursing
www.nursingsociety.org



Sigma Theta Tau International
Honor Society of Nursing

International

Pi Beta Chapter is the 384th chapter of Sigma Theta Tau International Honor Society of Nursing, which was established in 1922. The Honor Society is committed to fostering excellence, scholarship, and leadership in nursing to improve health care worldwide. The society promotes the use of nursing research and health care delivery and makes its resources available to all people and institutions interested in the latest nursing care knowledge.

Sigma Theta Tau International is the second largest and one of the most prestigious nursing organizations in the world. The society is comprised of chapters located on more than 400 college and university campuses in the United States, Puerto Rico, Canada, South Korea, Taiwan, and Australia.

Membership is by invitation based on specific national Sigma Theta Tau guidelines and is conferred upon students in baccalaureate programs, students in graduate nursing programs, and practicing nurses who are community leaders and demonstrate excellence in scholarship and exceptional achievement in nursing. The induction ceremony for the Pi Beta Chapter is held each spring in May.

***NURSING PROGRAM
ADMISSION & PROGRESSION
POLICIES***

Admission Requirements: Undergraduate Students
(subject to change in January of any year for the next fall semester)

Pre-nursing students must maintain at least a 2.75 or greater nursing grade point average, successfully complete core course requirements (each science course and lab with a grade of “C” or better) and pass the Regents’ exams prior to acceptance into the nursing program (Junior level nursing courses). The Georgia Board of Regents requires a grade of “C” or better in English 1101 and 1102 for graduation.

An entrance exam is required and the resulting scores are used in the admission process. Details are provided to students during pre-nursing advising. Refer to current online CSU catalog.

Advanced Placement for RN Students

The registered nurse (RN) student is admitted to the RN-BSN program and counseled individually by a nursing faculty advisor regarding required courses and curriculum requirements. In compliance with the Georgia RN-BSN Articulation Plan, CSU grants credit for previous nursing education and experience after the student successfully completes the Professional Clinical Nursing RN I course (NURS 3190). Credit is given for NURS 3275, 3175, 3277, and 4279. Once prerequisites are met, the nursing program is offered over five 8-10 week sessions.

In order to be eligible for consideration for admission to the program, students must have:

- 1. been admitted to Columbus State University***
- 2. a minimum grade point average of 2.75 or better on all required courses for the degree.***
- 3. a grade of “C” or better in required science courses completed to meet CSU admission requirements.***
- 4. a completed application and references***
- 5. 1000 hours of clinical practice (documented) during the time period immediately preceding admission date OR graduation from an accredited associate degree or diploma program within 6 months of admission date.***
- 6. current RN licensure in Georgia***
- 7. completed all pre-clinical requirements (see page 46)***

Course Withdrawal

Refer to current CSU guidelines for course withdrawal. Withdrawal from a nursing course counts as one course attempt when interpreting the CSU BSN Progression guidelines. In extremely extenuating circumstances beyond a student’s control, an exception to this policy may be requested and will be considered by the nursing faculty. The nursing faculty will retain the authority to approve or deny the request.

If you are considering withdrawing from a nursing course, please see an instructor or advisor for assistance. Withdrawal may not be needed.

Essential Abilities and Performance Standards Requirements

The BSN program mission is to prepare nurse generalists with basic competence in all areas of professional nursing practice. The following essential abilities and examples of performance standards are set forth so that students will understand the essential eligibility requirements for participation and progression in the baccalaureate nursing programs at Columbus State University. These standards include intellectual / cognitive, observation, interpersonal / communication, motor, and behavioral functions. The ability to assess and observe, plan, implement, and evaluate nursing care for a patient in a reasonably independent manner is an expectation of the School of Nursing in order to protect patient safety and provide competent general nursing care.

Essential Abilities and Performance Standards (list not exhaustive)

ESSENTIAL FUNCTIONS	EXAMPLES OF PERFORMANCE STANDARDS
INTELLECTUAL / COGNITIVE – A student must be able to think clearly and critically in order to make effective decisions and judgments.	• Short and long term recall of specifics, ways and means of dealing with specifics, as well as universal and abstract concepts related to nursing. • Translate, interpret, and extrapolate information. • Transfer and apply knowledge from one situation to another. • Analyze elements, relationships, and organizational principles, recognizing unstated assumptions and distinguishing fact from hypothesis. • Synthesize information and knowledge, producing a unique communication or plan or idea not clearly present before. • Evaluate by judging in terms of evidence (eg. logical accuracy, consistency, and other internal criteria) as well as compare to professional nursing standards and other accepted criteria. • Think in a way that considers and reasons within multiple points of view. <i>CSU Dept of Nursing, BSN Program NLNAC Self Study, Fall 2002, p. 72</i> <i>Adapted from Bloom's Taxonomy of Cognitive Objectives, 1956</i> <i>Adapted from Morrison et al, Critical Thinking & Test Item Analysis, p. 166</i>
OBSERVATION – A student must be able to independently read and understand written documents and computer screens and to observe a patient accurately using the senses of hearing, smell, vision, and touch.	• <u>Hear</u> heart and breath sounds, blood pressure, normal & faint voices, auditory alarms, and in noisy environments. • <u>Visualize</u> objects from 20 inches to 20 feet away (including depth perception & peripheral vision) such as patient records, appearance of a wound, skin color, gait) • Detect the presence of a foul <u>odor</u> • <u>Palpate</u> an abdomen, a pulse, skin temperature, sizes and shapes.
COMMUNICATION - A student must be able to communicate effectively verbally, non-verbally and in writing and using technology with others (for example: patients, families, peers, faculty, and members of the health care team).	• Establish rapport with patient, family, caregivers, & colleagues, while establishing therapeutic interpersonal boundaries. • Communicate verbally, nonverbally or in written format with all members of the health care team, peers, and faculty with professionalism, positive attitude, respect and courtesy. • Elicit information from a patient, family and caregivers. • Explain care and treatments and provide patient teaching applying teaching & learning principles and methods • Demonstrate procedures and regimens • Perceive non-verbal communication of others • Accurately describe patient, clinical, and other health related situations. • Communicate using computers and computer technology.
MOTOR – A student must have adequate motor function to effectively work with nursing problems and issues and carry out related nursing care.	• Safely, reliably and efficiently move from place to place and position to position including pushing, pulling, stooping, and bending in order to provide physical aspects of nursing care (eg. assisting patient ambulation, moving & positioning patients in bed, opening an obstructed airway, applying pressure to stop bleeding, cardiopulmonary resuscitation, pushing wheelchairs/stretchers). • Safely, reliably and efficiently provide aspects of nursing care requiring manual dexterity (eg. administration of medications by all routes, changing dressings, providing basic hygiene care).

ESSENTIAL FUNCTIONS	EXAMPLES OF PERFORMANCE STANDARDS
BEHAVIORAL - A student must possess the emotional health required for total utilization of his/her intellectual abilities	• Tolerate physically and emotionally taxing workloads and function effectively during stressful situations. • Display flexibility in adapting to ever-changing situations and environments, dealing effectively with the unexpected. • Safely, reliably and efficiently function in an environment of uncertainty that is inherent in clinical situations involving patients. • Effectively and efficiently perform multiple tasks concurrently. • Interact with others in a manner that is positive and promotes trust and confidence in others.

Adapted with permission from:
Medical College of Georgia. January 1993
Armstrong Atlantic State University, 2003
Updated 06/30/03; 7/8/07; Reviewed by CSU Office Disability Services 7/29/2009

Disability Services Office

The Office of Disability Services coordinates the compliance of Columbus State University with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, not merely to achieve legality, but to foster academic potential through individualized plans tailored to the particular needs of students with disabilities.

Students with documented physical, psychological, or cognitive disabilities should contact the Office of Disability Services as early as possible so that proper accommodations may be made in a timely manner. If you have a documented disability as described by the Rehabilitation Act of 1973 (P.L. 933-112 Section 504) and Americans with Disabilities Act (ADA) that may require you to need assistance attaining accessibility to instructional content to meet course requirements, we recommend that you contact the Office of Disability Services as soon as possible. It is then your responsibility to contact and meet with the instructor. The office of Disability Services can assist you and the instructor in formulating a reasonable accommodations plan for your disability. Course requirements will not be waived but accommodations may be made to assist you to meet the requirements. Technical support may also be available to meet your specific need.

Contact: [Joy Norman](#)
Coordinator of Disability Services, Schuster Center (706) 507-8755

Pre-Clinical Requirements Policy

PURPOSE

The purpose of this policy is to provide guidelines to insure timely submission and verification of all pre-clinical requirements for nursing students, including but not limited to CPR certification, immunizations, criminal background check, urine drug screen, health screening and professional liability insurance. **These are clinical facility requirements and completion of each is mandatory PRIOR to being enrolled in clinical nursing courses and participating in clinical experiences within clinical facilities. Failure to comply may result in late registration fees (if compliance occurs but is late) or exclusion from the nursing course (non-compliance with any requirement OR not accepted by clinical facilities).**

POLICY

Student Instructions

- Provide the **ORIGINAL** and a **COPY** of each of the required documents to the BSN secretary ...the copy will be kept in student's permanent file and the original retained by the student.
- Provide **ALL REQUIRED DOCUMENTATION** by the designated deadline in order to be enrolled OR remain in clinical nursing courses.
- All requirements **MUST BE CURRENT and MUST NOT EXPIRE BEFORE THE END OF THE TERM**. For example, if CPR certification expires in October for a student entering fall semester courses, a **new certification** that does not expire prior to December 15 must be obtained and presented by the deadline.

Any student **NOT** meeting the requirements by the deadline **MUST MEET THEM** in time for **LATE REGISTRATION** or they may lose their position in desired classes. **LATE FEES WILL APPLY.**

Health History: Students complete and submit a health history form (supplied by the School of Nursing) upon acceptance to the nursing program. This is a one time only requirement.

Physical Examination: Students are required to submit a physical examination documented within 6 months prior to beginning junior level nursing courses. The provided student examination form must be used. This is a one time only requirement.

Professional Liability Insurance: Liability insurance provides insurance coverage to pay for legal defense needs stemming from a malpractice lawsuit involving action or inaction while working in the role of a nursing student. It provides coverage **ONLY** for incidents that occur within the scope of the nursing student role as part of the nursing program at CSU. It **does not** cover activities outside of the official student role. It is **NOT** health insurance...it covers only liability stemming from nursing practice as a student. Students must carry at least \$1 million coverage, which is a clinical agency requirement. This coverage must be **renewed each year with the specific company selected by the School of Nursing (SON)**. The vendor is chosen based on quality of coverage for all program activities as well as price. The current vendor is:

*MARSH Affinity Group Services
Seabury & Smith
75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788
1-800-503-9230*

When funds are available, the premiums are paid for by the SON.

Criminal Background Check & Drug Screen: Clinical facilities require that every student pass a criminal background and urine drug screen prior to being allowed to enter the facility for clinical experiences. This background check must be performed by HIRE online service (all facilities require and accept that vendor and level of check). Because all CSU nursing students rotate through all major clinical facilities in order to gain required learning experiences, a student not

accepted by one of the major facilities based on the review of their criminal background or urine drug screen will be unable to complete clinical requirements and will thus be excluded from the nursing program.

BCLS Certification: All nursing students must show proof of **Healthcare Provider level CPR certification (which includes adult, child, infant, and AED for adult and child)**. The health care facilities require certification in accordance with American Heart Association standards and **will not accept American Red Cross**. The original certification card must be presented to the School of Nursing secretary by the given deadlines. Student must provide proof of **renewal of BCLS certification IF** current certification expires before the end of the semester for which the student is being enrolled.

Immunizations

It is the student's responsibility to provide original documentation that he/she has met all health and immunization requirements prior to being enrolled in clinical nursing courses. Junior students are sent a letter at the time of acceptance into the program specifying immunization requirements. Senior students must have met all immunization requirements and present annual TB skin testing results prior to fall of the senior year.

- **Required one time upon admission to program**
 - o **MMR** (measles, mumps & rubella) **OR** positive blood titer for each
 - o **Hepatitis B Series** (series of 3 injections may be in progress rather than complete) **BUT** must be completed prior to participating in clinical experiences.
 - o **Varicella** (Chicken Pox) vaccination **OR** positive blood titer for varicella.
 - o **dTAP immunization** (new tetanus, diphtheria and pertussis vaccine for adults)
- **Negative PPD** (TB Skin test) **OR** if positive, evidence of follow-up evaluation with chest x-ray. **Required annually.**

ANNUAL REQUIREMENTS (summary)

- **Student professional nursing liability insurance – RENEWED ANNUALLY**
 - Newly admitted JUNIORS will fill out liability insurance applications as a group at the beginning of the fall semester.
 - All SENIORS are responsible for renewing their professional liability policies at their own expense **BEFORE THEY WILL BE REGISTERED INTO SENIOR CLINICAL COURSES**. It is suggested that students contact the approved insurance company and submit renewal payment **BEFORE JUNE 30** so that verification of renewal will be received before the FALL registration deadline.
- **Certification in BCLS (Basic Cardiac Life Support) for HealthCare Providers)**
 - o Includes adult, child, infant and adult/child AED.
 - o In accordance with American Heart Association standards
- **Negative PPD** (TB Skin test) **OR** if positive, evidence of follow-up evaluation with chest x-ray.

NOTE:

PRECLINICAL REQUIREMENTS MAY BE ADDED AT ANY TIME DUE TO NEW HEALTH FACILITY REQUIREMENTS.

JG/jg

C/CSU Nurs Student Handbook/Preclinical Requirement Policy

Reviewed by Judicial Affairs August 2004; Update 7/17/06; Updated 7/16/07; Updated 7/08/09; Reviewed 7/26/10

Progression Requirements

A student who has failed OR withdrawn from a clinical or non-clinical nursing course will be allowed to repeat it only once. A second failure of or withdrawal from the course, OR failure of or withdrawal from a second nursing course, will result in exclusion from the BSN program (CSU Catalog 2010-11.)

The following are BSN Program student requirements that directly affect student progression within the program:

1. Pass required drug calculation proficiency examinations (see Drug Calculation Proficiency Examination policy).
2. Complete specialty examinations (see Achievement Examination policy and Exit Examination Policy)
3. Successful completion of Skills Validation (see Skills Validation policy)
4. Compliance with CSU Academic Honesty Policy (see Academic Honesty policy)
5. Evidence of required pre-clinical requirements (see Clinical Agency & Health Related Policy and Student Preclinical Requirements Policy in this handbook).

Re-admission To Nursing Courses/Program: Criteria

Students who have **failed OR withdrawn from a nursing course for any reason** may be considered for readmission the next time the course is offered (or as directed by the Director, School of Nursing). The following rules apply:

1. A letter requesting readmission must be submitted to the Associate Director, SON & Undergraduate Programs at least one semester before the requested return semester.
2. The student must be eligible to enroll at Columbus State University in good academic standing.
3. The student must have a nursing grade point average of 2.0 or higher for all required courses completed toward the degree.
4. Resources and space must be available in the required course that is to be repeated.

A student who fails OR withdraws from a clinical nursing course a second time, or fails two clinical nursing courses is not eligible for readmission to the BSN program.

A student who fails OR withdraws from a clinical nursing course and fails to request readmission the next time the course is offered may be allowed to re-apply to repeat the entire program. The application will be considered competitively with all other applicants.

Skills Validation Policy

Purpose

The purpose of clinical skills testing is to validate that students have correctly performed these VERY BASIC skills at least once at designated points during the nursing program. The skills included for testing have been selected and designated by the faculty as essential to nursing practice. There are many skills taught as part of basic nursing education that are important for practice, thus the testable skills alone DO NOT prepare students for nursing practice. In addition,

passing a skills test does NOT GUARANTEE COMPETENCE in future skill performance. Instead, passing a skills test merely reflects the one-time correct performance of a skill in the presence of an instructor. It is each student's responsibility to maintain competence in skills once passed and to apply these skills in future clinical situations.

Skills Validation Timing

Just as it is necessary to pass written examinations in order to pass a course, it is also necessary to pass certain skills tests in designated courses. Each testable skill appears in this test booklet along with the course(s) in which the skill may or must be tested. Students MUST be tested and pass each skill in or before the course that is underlined in the skills booklet. For example, students must be tested and pass "Vital Signs" in NURS 3275 (course number is underlined) in order to pass that course. They may NOT wait until NURS 3277 or a later course to pass "Vital Signs". The course number that is underlined indicates that a student MUST PASS the skill in or prior to that course in order to progress in the nursing program. Skills may be passed in earlier courses in many cases, but not in later courses.

Skills Practice

Each testable skill is taught in a nursing course and opportunities to practice the skill, either in a campus lab simulation or a clinical situation, are provided. During skill practice opportunities, it is each student's responsibility to seek guidance and feedback from instructors. After practicing a skill, each student is expected to be prepared to test on that skill.

Skills Validation Procedure

Once in the testing situation, the students indicate when they are ready to begin. Once a skills test is in progress, the instructor will provide NO GUIDANCE in skill performance. Once a skills test is in progress, only the instructor can terminate without penalty. For each skills test, students must tell the instructor when they have completed the test. Each skill is broken down into its absolutely "critical elements" for scoring purposes. Failure to perform ANY ONE of these critical elements causes failure of that skill. Each time a skill is attempted, the ENTIRE SKILL MUST BE COMPLETED AND IS AGAIN SCORED.

A skills test can be repeated two times if necessary, meaning that each student has 3 chances to pass each skill. ***THE THIRD UNSUCCESSFUL ATTEMPT CONSTITUTES A FAILURE IN THAT COURSE. In these cases, the course grade is "F".***

Skills Remediation & Retesting

When a student is unsuccessful in an attempted skills test, the instructor will provide feedback on errors and may provide a campus lab referral. It is the student's responsibility to seek and arrange for opportunities for additional supervised practice. This practice may be in the clinical setting or in the campus lab, depending upon availability of the skill in question. Student, however, are responsible for making arrangements to correct their own deficiencies.

It is not common for a student to fail a course because of the clinical skills test requirement, but it is possible. Because of the consequences, every effort is made to have a different instructor conduct the third skills testing. This gives the student every opportunity to demonstrate proficiency and guards against perceptions of personal bias.

Overriders

The following behaviors are CRITICAL ELEMENTS for all skills and are NECESSARY AT ALL TIMES, though not written separately for each skill. These are paramount and universal OVERRIDERS that are an integral part of every skills test and MUST BE CONSIDERED AT ALL TIMES.

- **MAINTAINS PHYSICAL SAFETY:** Provides environmental safety at all times.
- **MAINTAINS EMOTIONAL SAFETY:** Gives due consideration to patient's emotional status and establishes an appropriate relationship with the patient & others in the work environment.
- **MAINTAINS INFECTION CONTROL:** Maintains asepsis to prevent the introduction and/or transfer of organisms to patient, self, or others.
- **MAKES APPROPRIATE DECISIONS:** Makes decisions within the context of skill performance and nursing practice that are appropriate for the situation.
- **MAINTAINS ACCOUNTABILITY:** Practices within the legal and ethical framework of the nursing profession and takes responsibility for own actions.

NURSING PROGRAM POLICIES

Academic Honesty Policy

The Columbus State University Baccalaureate Nursing Program recognizes honesty and integrity as essential virtues of academic life as well as professional nursing practice. The BSN Program supports and follows the CSU Academic Honesty Policy, which is available in the online CSU Student Handbook.

I. Student Responsibilities

The following is an outline of the responsibilities of students, both as individuals and as groups, at Columbus State University. It is the official record of all conduct and traffic regulations, rules affecting student organizations and group activities, and student oriented and administrative policies and procedures.

A. Academic Misconduct

The university recognizes honesty and integrity as central virtues of academic life and as fully necessary to its very existence. The university also recognizes and accepts that cooperation, discussion, and group studying outside of the classroom are essential elements of the academic experience, and that students may seek assistance in their studies, such as tutoring or peer review.

However, while such practices are acceptable and even encouraged, students must understand the parameters of accountability in their academic performance and need to respect the academic freedom of the faculty. Therefore, the following regulations are published in the interest of protecting the equity and the validity of the student's grades and degrees, and in order to assist the student in developing standards and attitudes appropriate to academic life:

1. During examinations no student shall use materials not authorized by the instructor.
2. No student or other person shall obtain and furnish to any other student materials which can be shown to contain the questions or answers to any examination scheduled to be given at any date in any course offered by the university.
3. No student shall knowingly receive and use materials, which can be shown to contain the questions, or answers to any examination scheduled to be given at any date in any course offered by the university.
4. No student shall receive or give assistance in preparation of any assignment, essay, laboratory report or examination to be submitted as a requirement for any academic course in such a way that the submitted work can no longer be considered the personal effort of the student submitting the work. In the case of tutoring, peer review and similar instances of assistance, a special effort must be made to retain this distinction and the integrity of the student's personal performance.
5. In some cases, tutoring may border on academic irregularity; in the case of course requirements for a grade, it is the student's responsibility to clarify the instructor's policy. If the student is uncertain as to the direction of the instructor, it is the student's responsibility to seek clarification from the instructor.
6. Plagiarism is prohibited. Themes, essays, term papers, tests, and other requirements for a grade, must be the work of the student submitting them. When direct quotations are used, they must be indicated, and when the ideas of another are incorporated in the paper, they must be appropriately acknowledged. Term papers, reports, reviews, or other assignments may not be purchased for submission in lieu of the student's own efforts.
7. Any person taking, or attempting to take, steal or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including tests, examinations, laboratory equipment, roll books, etc., shall be in violation of these regulations.

CSU Online Student Handbook
2009-10

The following School of Nursing regulations are followed to protect the quality and validity of nursing student's grades and degrees.

1. **Plagiarism** is prohibited and **copyright infringement** is unlawful and prohibited. Written assignments (care plans, clinical pathways, variance reports, teaching projects, etc) and other requirements for a grade must be the original work of the student submitting the assignments. Please refer to the current APA manual for further information. Written work or other assignments may **not** be borrowed or purchased for submission in lieu of the

student's own efforts. The online Plagiarism Tutorial is required of each student as the following policy outlines.

- a. The tutorial will be required as part of PDP I.
 - b. The tutorial must be completed before submission of the first written assignment.
 - c. Students must achieve 75% or better in order to pass.
 - d. Students will have unlimited opportunities to achieve 75% on the tutorial.
 - e. If the above requirements are not met, exclusion from PDP I will result.
2. Students are allowed to bring whiteboards/marker/eraser and car keys only into an exam. All other items must be left in their assigned locker or their vehicle.
 3. No student shall obtain and furnish to any other student materials which can be shown to contain the questions or answers to any examination scheduled to be given at any date in any course offered in this program.
 4. No student shall knowingly receive and use materials, which can be shown to contain the questions, or answers to any examination. Students are responsible for keeping their eyes on their exam, covering their answer sheet, and securing belongings along the walls of the classroom away from desks. No caps, hats, or visors will be worn during an exam.
 5. No student shall give or receive assistance in preparation of any assignment, laboratory report, or examination to be submitted as a requirement for any academic course in such a way that the submitted work can no longer be considered the personal effort of the student submitted the work.
 6. If a student is uncertain about the requirement for the assigned work, it is the student's responsibility to clarify the instructor's policy before due date.
 7. Any person taking, or attempting to take, steal, or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including examinations, laboratory equipment, roll books, etc., shall be in violation of these regulations and will receive a zero for the assignment and/or possible exclusion from the course, nursing program and the university.

The nursing faculty believe that nurses must maintain a high level of integrity. **Integrity** is demonstrated by ***honesty, fairness, respect, and trust***. As a measure of accountability, students are required to sign the Honor Pledge which is printed on the last form in this handbook acknowledging that he/she has read and understands the handbook. Breaches in academic honesty may result in permanent dismissal from the Baccalaureate Nursing Program.

Definitions:

Cheating: Wrongful giving, taking, altering or fabrication of any course work (examinations, written reports, care plans, etc.) for the purpose of gain for self or others.

Plagiarism: The act of copying, stealing, or using another's ideas, words, or specific substances as one's own without giving credit to the source.

Copyright Infringement: The act of copying, stealing, or using another's ideas, words, or specific substances as one's own without written permission and giving credit to the source..

Misrepresentation: Work submitted improperly or falsely to meet course requirements.

Achievement Examination Policy

Purpose

The purposes of the Nursing Achievement Examinations are to:

- to provide ongoing feedback to students and faculty regarding student achievement in the nursing program.
- evaluate overall knowledge and competence related to NCLEX-RN.
- prepare students for success on the NCLEX-RN.

Specialty Achievement Examinations

A series of Specialty Achievement Exams are given at selected points throughout the program and include the final exam for NURS 4377, the capstone nursing course at the end of the program. The examination process provides not only testing, but also feedback and teaching through review of the answers and rationales for exam items. Students are responsible for paying the costs of these examinations through Nursing Exam Fees charged with tuition each semester. Courses may use the achievement exam as the final exam for the course and/or for points counted into the course grade.

Students are **highly encouraged to give these exams their best effort** in order to receive valid feedback on their own strengths and weaknesses. Students scoring **below a 900 benchmark score** are responsible for reviewing areas of weakness for improvement and may be required to repeat the exam. Exact timing of these exams will be provided to students as they progress through the program.

ATTENDANCE POLICY

Attendance in class, clinical laboratory experiences and campus lab is expected and necessary to meet course and clinical objectives. As part of professional behavior, students are expected to arrive on time for class, clinical experiences and campus labs.

- **Tardiness:** Arriving late for class, clinical or campus labs should occur only in *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, which are rare, and should never become a pattern. A pattern of tardiness disturbs class and reflects lack of time management, disrespect for peers and instructors as well as irresponsibility and is not acceptable. A pattern of tardiness for clinical experiences demonstrates a lack of respect for peers, patients, and members of the healthcare team, as well as irresponsibility in meeting patient care requirements.
- **Absence:** Missing class time, clinical time or campus lab time should occur only in *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, which are rare, and should never become a pattern. A pattern of absences, even for valid reasons described below, prevents participation in essential learning activities necessary for success in the nursing program.

CLASSROOM ATTENDANCE

Class Absences: Students will be excluded from the course and receive a “WF” for excessive absence when the hours of class absences exceed 10% of the total class hours for the course. Total class hours are calculated by multiplying the class hours per week by 15 weeks in a semester.

Example: NURS 3275 (5-9-8) meets a total of 75 class hours during the semester (5 hours per week X 15 weeks). A student may miss ONLY 7.5 hours of class during the entire semester. Students who are absent for more than 7.5 class hours in this course will receive a grade of “WF” for the course.

Exam Absences/Tardiness: Attendance for all examinations is expected & required.

- If a student anticipates or knows that he/she will be tardy or absent from an exam due to *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, the student must notify the School of Nursing office (706-565-3649) as soon as possible. **Students who are absent for an examination will receive a zero (0) for that exam.**
- Students who arrive late for an exam will have only the remaining time to take the exam.

Class Tardiness: Students are expected to be in their seats, have needed books and materials open, and be prepared to begin class at the time the class is scheduled to begin. A grace period will be given while roll is being called. Anyone who arrives later for class disrupts the instructor and distracts other students. Once class has begun (which is defined as the start of class discussion), students will NOT be allowed to enter the classroom until the break. Tardiness will be recorded in increments of 1-hour and counted toward absent hours. It is the tardy student's responsibility to notify the instructor when he/she arrives for class (at the break). Failure to do so may result in being counted absent for the entire class.

CLINICAL & CAMPUS LAB ATTENDANCE

Clinical & Campus Lab Absence: Attendance and participation in clinical experiences, including campus labs, is essential for gaining competence required for the safe practice of nursing. Absences from clinical experiences or campus labs will result in clinical failure and a grade of "F" for the course.

Clinical & Campus Lab Tardiness: Students are expected to be at the clinical unit/facility or campus lab, coats and books put away, ready to begin at the time the experience is scheduled to begin. This is particularly important in the clinical setting because students are responsible for the care of assigned patients. Failure to arrive on time and assume that responsibility causes undue hardship on peers and unit staff, as well as disrupting patient care. If *unavoidable, unforeseen extreme extenuating circumstances* occur that will make a student late, the student MUST:

- Phone the clinical unit/facility and inform them of anticipated arrival time and reason for tardiness
- Obtain the name of the person to whom the message was given
- Contact the clinical instructor (by whatever means he/she has instructed) and inform him/her of anticipated arrival time and reason for tardiness.

Consequences for a pattern of tardiness OR for a single incidence of significant tardiness will be determined by the instructor / teaching team. Consequences may range from a documented verbal warning to clinical probation. The decision to allow a tardy student to remain for the experience will rest with the instructor, based on the situation at the time.

EXCEPTIONS TO POLICY

Extreme Extenuating Circumstances:

Very rarely, unforeseen, uncontrollable extenuating circumstances may cause absence from, or tardiness for, class, clinical laboratories, or campus lab. Such circumstances include:

- **Illness** of student or immediate family member requiring his/her care. Documentation will consist of medical statement with date, letterhead, and signature of care provider.
- **Death** of a family member. Documentation will consist of the newspaper obituary.
- **Unforeseen emergencies** preventing the student from attending class or lab (e.g. house fire, vehicle collision, etc). Documentation will consist of a signed statement from the appropriate agency or office.

Requests for Exception to Policy (Classroom or Clinical)

A formal request for an exception to the attendance policy may be made by a student. Such requests must be submitted to the Course Coordinator in a timely manner in the form of a formal letter with attached, required documentation.

- Formal letter includes date, salutation, body, and signature. This is the only format accepted...no emails.
- Include in letter of request the exception you are requesting and a detailed rationale for your request.
- State if you are requesting make-up clinical time or a make-up exam.
- Attach official, dated documentation of extenuating circumstances to the letter.

The course teaching team will make the decision to grant or deny the request based on a case-by-case review of individual circumstances. ***Patterns of past attendance, absence and tardiness***

will be considered in this decision. In general, do not expect the request to be granted because excessive absence from class, *even for valid reasons*, results in insufficient learning experiences to gain the knowledge, skills and abilities required for safe clinical practice or NCLEX-RN success.

Make Up Exams: If permission to take a make-up exam is granted, the time and type of examination will be determined by the teaching team. Make up exam items may be of any type including short answer and essay.

Make Up Clinical/Campus Lab: If a request to make up lab time is granted, the make up clinical experience or campus lab may be scheduled at any time the clinical facility and instructor are available (including weekends and nights) and the student will be expected to attend. The student will attend clinical with the instructor assigned with no special requests related to instructor, site, or time on the part of the student considered.

JG/jg

Approved May 2006; Revised & Approved April 2007

Children Attending Class: Policy

It is inappropriate for students to bring a child to any nursing class. No children of students will be allowed in classes. Other arrangements **must be made** for childcare. This policy will be enforced **at all times**.

Clinical Supervision of Nursing Students

Purpose

The purpose of this policy is to provide guidelines for compliance with the Georgia Nurse Practice Act and the Georgia Board of Nursing Rules & Regulations, and to protect public safety during undergraduate nursing student clinical learning experiences.

Policy

1. This policy applies to all nursing students and nursing faculty members, both full and part time, and registered nurses (RN) accepting the role of preceptor for undergraduate nursing students.
2. Students may perform the following activities **ONLY** under the direct supervision of a faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor (this specifically **EX**cludes supervision by any NON-registered nurse, such as LPN, Physician's Assistant, or others):
 - a. Invasive procedures
 - b. Administration of medication by any route (eg. PO, ID, SQ, IM, IV)
3. Students may administer medications by any route **ONLY** after the seven rights (*right patient, medication, dose, route, time, right to refuse, right documentation*) have been verified by the faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor.
4. The registered nurse (faculty member, RN preceptor, or designated RN) who supervises a nursing student in the performance of any nursing activity will co-sign all related entries into the patient record made by the student. This includes, but is not limited to,:
 - a. administration of medications by any route
 - b. performance of any invasive procedure
 - c. nurses notes of any type
5. Legal signatures in patient records
 - a. Faculty Member: *First name, Last name, RN, CSU*
 - b. Nursing Student: *First name, Last name, CSU-NS*

Last reviewed June 2009

Confidentiality of Patient Records and Information: HIPAA Requirements

Patient records and all patient information are **strictly confidential**. The following rules to protect patient privacy and confidentiality must be followed at all times.

1. Students are to discuss information related to patients **only** with appropriate health care personnel caring for the patient AND **only** during pre-conference, post-conference, and during the clinical day as it pertains to providing care.
2. Students are **prohibited** from discussing any information related to a patient or his/her health at any other time or to any other persons. Students are also **prohibited** from photocopying any portion of a patient's health record. This even includes verifying a patient's presence in a health care facility of any kind. It also means never discussing patients at lunch, in the elevator, with your friends, family or anyone, OR in any place where you could be overheard. **If a student violates this rule, he/she will have violated the Health Insurance Portability and Accountability Act (HIPAA) of 2002.**
3. Before discussing any information found in a patient's record with him/her or the family, discuss the information with your instructor and obtain approval. The patient has a right to access to his medical information, but timing and type of explanation are often crucial in providing effective care.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted by the U.S. Congress in 1996. .

HIPAA PATIENT PROTECTIONS: Update 2007

The Privacy Rule ensures a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit and anytime thereafter upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees upon initial enrollment and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The Privacy Rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside entity for purposes not related to their health care.
- **Prohibition on Marketing.** The Privacy Rule sets restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the Privacy Rule sets a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections continues to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations does not preempt the state law.
- **Confidential Communications.** Under the Privacy Rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a health plan or covered provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

HIPAA: HEALTH PLANS AND PROVIDERS

The Privacy Rule requires health plans, pharmacies, doctors and other covered entities to have policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the

body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The Privacy Rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

HIPAA: OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the Privacy Rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation, OCR has a toll-free information line. The number is 1-800-368-1019.
- **Complaint investigations.** Enforcement is primarily complaint-driven. OCR investigates complaints and works to make sure that consumers receive the privacy rights and protections required under the regulations. When appropriate, OCR will impose civil monetary penalties for violations of the Privacy Rule provisions. Potential criminal violations of the law are referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

The guidance issued today must be updated annually but HHS may update and reissue it this year, after public comment is considered and at the same time HHS's breach notification regulation is published.

<http://www.hhs.gov/news/press/2009pres/04/20090417a.html>

Confidentiality of Student Records Maintained by the School of Nursing

PURPOSE

The purpose of this policy is to protect student privacy and right to confidentiality in accordance with institutional policy and the Federal Educational Rights and Privacy Act (FERPA).

DEFINITIONS:

“Record” means any information recorded in any way, including, but not limited to, handwriting, print, Computer media, video or audio tape, film, microfilm, and microfiche.

“Personally identifiable information” includes, but is not limited to:

- The student’s name;
- The name of the student’s parent or other family member;
- The address of the student or student’s family;
- A personal identifier, such as the student’s social security number or student number;
- A list of personal characteristics that would make the student’s identity easily traceable; OR
- Other information that would make the student’s identity easily traceable.

POLICY

1. Student records (including personally identifiable information) are private and confidential and will be maintained in secured (locked) areas within the nursing building offices.
 - Students’ School of Nursing files will be maintained in the School of Nursing office.
 - Student Course files will be maintained in faculty offices.
2. Only faculty and full-time administrative staff of the School of Nursing will have access to student records in order to conduct the normal course of business for the department and the institution.
3. An individual student has the right of access to his/her own record. No one else (including other students, parents, spouse or any other person asking for access to student records) will be allowed access to student records (other than those persons described in the above item).
4. *Exceptions:* FERPA does provide for exceptions to this policy in very specific circumstances. If anyone requests access to student records citing an allowed exception, he/she will be referred to the Associate Director, SON & Undergraduate Programs for verification, in consultation with the Office of the Registrar, that an exception can be made. Only the Chair, School of Nursing (or designee in his/her absence) will verify exceptions and allow access to student records based on an exception to FERPA.

JG/jg

Confidentiality Student Records

Reviewed by Office of Judicial Affairs Jan 2003

Approved: Dept of Nursing Feb 2003; Reviewed 6/01/07; Reviewed 7/08/09

Drug Calculation Proficiency Examination Policy

Purpose

The purpose of this policy is to protect patient safety and prevent potential medication errors by validating a minimal level of student proficiency in drug calculations (ie. medication dosage and intravenous fluid calculations). Basic medication dosage and intravenous fluid calculations are taught in NURS 3175, Pharmacology in Nursing.

Formative Evaluation

Each unit exam in NURS 3175 will include a significant percentage of calculation items. Students who do not achieve a score of 85% or higher on the calculation portion of each unit exam are responsible for seeking assistance and/or performing additional practice in the areas of difficulty.

Each student is responsible for monitoring his/her scores & progress on the calculation portion of unit exams, for seeking remedial assistance & assignments, & for *working toward* correcting deficiencies as the course progresses.

Summative Evaluation

In order to **pass** the pharmacology course, students must demonstrate a minimal level of proficiency in medication dosage and intravenous fluid calculations by **achieving 90% or higher** on the Nursing Calculations Final Examination. *Students will be given **two opportunities** to achieve the required score on this exam. The first attempt will be allowed during the last month of the term. A second attempt, if needed, will be allowed during the week of final exams. Students who fail to score 90% or higher on the second attempt will receive a grade of F for the course. Other calculations requirements for NURS 3175 Pharmacology in Nursing are outlined in the course syllabus.*

Ongoing Drug Calculations Proficiency

Following successful completion of NURS 3175, Pharmacology in Nursing, **students are responsible for maintaining proficiency in medication dosage and intravenous fluid calculations.** Students should recognize that this will require ongoing independent review and practice. Every unit exam given in clinical nursing courses may contain calculation items. Students are responsible for anticipating and preparing for these items. Proficiency in drug calculation is also expected for clinical experiences of every nursing course. Failure to maintain drug calculation proficiency can result in unsatisfactory clinical performance and a clinical failure. **In each clinical nursing course taken after NURS 3175 Pharmacology in Nursing, students will be required to pass a calculations examination**

The following criteria will be required of all clinical course calculation exams:

- **Students will be given two attempts**
- **Junior students will be required to make 90% to pass the exam**
- **Senior students will be required to make 95% to pass the exam**
- **After the first attempt, students will be encouraged to seek remediation from the skills lab prior to the second attempt**
- **Exams will be administered pencil-paper**
- **Calculators will be provided by the faculty**

A student who fails this exam twice will not be eligible to participate in clinical experiences of that course and will receive an “F” in the course.

Employment Policy for Students

(including requirements for students with health related licenses)

Employment Policy

Upon successful completion of the first clinical nursing course, students may be hired as a nurse technician/nurse aide by some of the health care agencies. LPN-RN students may also be employed while in the nursing program. The Bachelor of Science Nursing Program at CSU disavows any and all responsibility for the actions of nursing students who are employed in these positions. This includes internships, externships, and any other job offered to students. Clearly stated job descriptions for these positions are the sole responsibility of the employing institution. The employing institution also assumes legal and ethical responsibility for the actions of these employees. In these roles students are **NOT ALLOWED TO WEAR CSU UNIFORMS, NAME TAGS, PATCHES or any other item identifying them as CSU nursing students.**

Students With Health Related Licenses: Requirement

Students with health related licenses must bring the license to the **Office of the SON Director for visualization (Georgia Board of Nursing requirement)**. A copy of the license may be made for the student's record.

Evaluation and Grading

Overview

The School of Nursing overall grading policy for all nursing courses is outlined below. Students, however, are responsible for reading each nursing course syllabus for detailed information regarding grading for the course. The grading scale used by the SON is as follows:

NUMERIC GRADE	LETTER GRADE	COMMENT
90.00 - 100	A	PASS
80.00 – 89.99	B	PASS
75.00 – 79.99	C	PASS
67.00 – 74.99	D	FAIL
66.99 and below	F	FAIL

Students earn one grade for each nursing course. Nursing courses with a lab component are graded as one course, thus students receive one grade for the combined classroom/laboratory course. Nursing course grades are earned based on a point system that is outlined and explained in each course syllabus. The three major areas of student performance that are evaluated in a nursing course include:

- 1) exams
- 2) graded assignments
- 3) clinical laboratory performance.

In order to pass a nursing course, students must demonstrate a minimal level of knowledge by achieving a passing average on all nursing exams AND by passing the clinical portion of the course. Once students have met these minimal requirements, other points they have earned are added to the exam grades for a course grade. The total points/percentage must also be 75% or more in order to pass the course. The table below

summarizes these requirements and their rationale. But remember ... **AIM HIGH** (85% or higher) to increase your chances for success in the program and on the licensing exam.

Summary of Nursing Course Grading Requirements & Rationale

EVALUATION REQUIREMENTS	RATIONALE
Passing (75%) Exam Average (simple average of all unit exams and final exam)	Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, which reflect knowledge and clinical decision making ability.
Passing Clinical Performance	Students must demonstrate a basic ability to transfer and apply knowledge and skill to actual clinical situations in order to protect patient safety and meet legal standards of nursing practice. They must be able to “think on their feet”.
Passing (75%) Course Grade Exam Points + Assignment Points + <u>Passing Clinical Performance</u> Course Grade (75% to pass)	Passing course grade reflects at least a basic level of ability in nursing knowledge / clinical decision making (exams) and clinical practice (clinical). Assignment points allow students the opportunity to earn points in a variety of ways rather than by exams alone.

Exams

Because students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, they **must at least achieve a passing (75%) average on exams** (simple average of all unit exams and final exam) **alone in order to pass a nursing course**. In any nursing course, the teaching team **may require students to pass the final comprehensive exam with a minimum specified grade in order to pass the course**. If so, this will be specified in the course syllabus. Once a student has met exam passing requirements, other assignment points are added.

Exams consist primarily of items written at the **application or higher cognitive level**, which requires “multilogical thinking” in order to assess **critical thinking, nursing judgment and clinical decision making** skills (Morrison et al, 1996). It is not enough to “recall” or “know” facts...you must recall facts and use them to make decisions in a given situation.

Cognitive Levels & Multilogical Thinking

No More Than 15% of Exam Items
KNOWLEDGE Recall of specifics, ways and means of dealing with specifics, and universals and abstractions in a field. The ability to remember the elements from which more complex and abstract forms of knowledge are built.
COMPREHENSION Translation, interpretation, and extrapolation of information. The ability to recognize what is being communicated and make use of the material or idea without necessarily seeing its fullest implications.
85% or More of Exam Items
APPLICATION The use of abstractions in particular and concrete situations. The ability to transfer ideas and principles to new situations.
ANALYSIS Analysis of elements, relationships, and organizational principles. The ability to break a whole into its parts, recognize unstated assumptions, distinguish facts from hypotheses, and to recognize connections and interactions among elements and parts.
Generally Not Assessed By Multiple Choice Exams
SYNTHESIS Production of a unique communication, plan, proposed set of operations, or set of abstract relations. The ability to arrange, organize or combine elements or parts into a pattern or structure not clearly present before.
EVALUATION Judgment in terms of evidence or criteria. The ability to judge accuracy based on such evidence as logical accuracy, consistency and other internal criteria, as well as to compare material or ideas to standards in a field.
<i>Adapted from Bloom's Taxonomy of Cognitive Objectives, 1956</i>
MULTILOGICAL THINKING "Thinking that requires knowledge of more than one fact to logically & systematically apply concepts to a clinical problem. Thinking that enters, considers, and reasons within multiple points of view." <i>Morrison et al, 1996, p. 166</i>

EXAM REVIEW POLICY

Purpose

The purposes of test reviews are to:

- help student learn how to take exams similar to NCLEX-RN exam
- clarify student misunderstandings related to exam items
- provide feedback to faculty about test items, which helps improve future items

Policy

Online Rationale Review

All nursing course exams are administered online (unless technical difficulties require paper and pencil exam). After online exam completion, you will be able to access your score as well as correct answers and rationales for items you missed. Review of rationales is an important part of the learning process. Be sure to take advantage of this activity.

Additional test reviews will be held face-to-face in a group. Test reviews for hybrid online courses will be addressed by the teaching team. These reviews may be held as optional reviews outside of class time OR as required reviews during class time. The following policies apply during all test reviews whether online or face to face.

- A. NO paper, pens, recording devices or other recording instruments are allowed in an exam review.
- B. NO DECISIONS ABOUT ITEMS/POINTS WILL BE MADE DURING AN EXAM REVIEW ... do not expect or request it.
- C. THERE WILL BE NO ARGUING OR DISRUPTIVE BEHAVIOR ANYONE WHO IS DISRUPTIVE TO THE EXAM REVIEW PROCESS WILL BE ASKED TO IMMEDIATELY LEAVE THE REVIEW and will speak with the Associate Director, SON & Undergraduate Programs at the earliest opportunity.
- D. Students must remain for the entire review, if required ... no dropping in and out.
- E. When a written exam is a necessity, exams and/or answer sheets will handed out for the review, no one leaves the review until all exams are turned back in and counted.
- F. Instructor will lead the review, a few items at a time.
- G. Students will speak one at a time to ask questions or explain their own (not someone else's) reasoning / rationale for an item.
- H. Students scoring less than 85% are strongly encouraged to attend optional test reviews. Meeting with faculty mentor to seek additional help is an example of this.
- I. The teaching team will meet and review each exam and its statistics within one week of the exam, unless extenuating circumstances prevail. On RARE OCCASION, credit may be given for more than one answer OR an item might be discarded, but ONLY if the item statistics reflect the need &/OR the faculty team arrive at a team decision to do so.
- J. Grades become final once they have been posted for 3 business days. ***If a student thinks an error was made in grading, he/she must contact the Course Coordinator within those 3 business days. No changes will be made after that time.***

Graded Assignments and Projects

A variety of graded assignments and projects are included in nursing courses in order to foster self-directed learning, to evaluate student learning from multiple perspectives, and to encourage creativity and critical thinking. Such assignments increase in number and complexity as students progress through the program, and include such things as:

1. written case studies, cognitive/concpet maps, reports, research papers, clinical pathways, care plans, IPR logs, reflective journals, research critiques & other similar assignments.
2. oral presentations, teaching projects, poster presentations & other similar assignments..
3. group projects such as community health fair and research critique / presentation & other similar assignments.

Clinical Lab Evaluation

Students are clinically evaluated according to established clinical objectives, which flow from level objectives and are specified in course-specific clinical evaluation tools. **Students earn a clinical evaluation rating of PASS or FAIL.**

FORMATIVE CLINICAL EVALUATION occurs during nursing courses with feedback to students, which can be part of the day-to-day student-instructor interaction or a formal conference. During the formative evaluation process, students are given reasonable opportunities to correct weaknesses and deficiencies. As the course progresses, students are expected to consistently

improve clinical performance. During formative evaluation, students may earn a “**S**” (satisfactory), “**NI**” (needs improvement), “**U**” (unsatisfactory), or “**NA**” (not available). Students are given feedback about their strengths, weaknesses, and suggestions for improvement.

Students who are deemed, at any point in the course, to be practicing in an **unsafe manner** or who are **weak in clinical performance** may be placed on **CLINICAL PROBATION**. This is formal notification to students that they are at risk of a clinical failure if performance is not improved significantly. A student placed on clinical probation will receive a letter informing him/her of the probation. The student will be informed of his/her weaknesses and related requirements for improvement. Students will be officially notified (in writing) when their performance improves to the point of meeting clinical objectives and/or safe practice. **Students who are practicing in an UNSAFE or UNPROFESSIONAL manner may be immediately sent from the clinical site with a grade of “F” for the course.**

SUMMATIVE CLINICAL EVALUATION is completed at the conclusion of the course. **Any “U” rating, or any “NI” rating not improved to a “S” by the end of the course results in an “U” for that objective and a clinical failure, thus course failure.** If a student fails the clinical component of any nursing course, the entire course must be repeated upon its next offering (on a space-available basis) in order to remain in the program (as long as the student is eligible to return to the program).

A **grade of “satisfactory”** is earned by students who demonstrate safe nursing practice and consistently perform care related to clinical objectives safely, competently, and with decreasing guidance over time, while applying concepts and skills from previous learning experiences and courses. Safe practice is defined as that practice which will keep the patient, staff, instructor, and student free from threat, danger, harm or loss.”

A **grade of “unsatisfactory”** is earned by students who demonstrate unsafe nursing practice and/or who fail to consistently perform care related to clinical objectives safely, competently, with decreasing guidance over time, or who are inconsistent in clinical performance and/or the application of concepts and skills from previous learning experiences and courses. Unsafe practice is defined as those actions or inactions which put the patient, staff, instructor or student in jeopardy either physically, mentally or legally.

To earn a “**satisfactory**” **grade**, the student must also be evaluated as **SAFE** in each of the following areas (which are universal standards of practice and are defined in the Skills Validation Policy): **physical safety, emotional safety, infection control, appropriate decision making, and accountability.** A **FAIL grade** will be earned if the student is evaluated **UNSAFE** in any area. The same “over-rider” behaviors deemed essential to safe skill performance are also a necessary and integral part of safe clinical practice.

Grievance Procedure

These INITIAL steps should be used to resolve issues in the nursing program:

- a. If a student wishes to discuss an issue or concern with an instructor, the student should make an appointment so that sufficient time can be scheduled for a discussion. It is the responsibility of the student to schedule and keep this appointment

- b. If after meeting and discussing the issue the instructor & student cannot reach a resolution, the course coordinator should then be consulted. It is the responsibility of the student to schedule and keep this appointment
- c. If the course coordinator and/or teaching team cannot reach a resolution of the issue, the Associate Director, SON & Undergraduate Programs should be consulted. It is the responsibility of the student to schedule and keep this appointment.
- d. If the issue is not resolved, the student will meet with the Director, SON.
- e. Appeal of School of Nursing Director decisions will follow CSU policy and procedure (see below).

It is important that the sequence listed above be followed so that all individuals involved are fully aware of a student's concerns. During this process, every effort should be made to resolve the issue at the lowest level.

Columbus State University's official procedure for the resolution of grievances, accepted by both faculty and students, is outlined in the CSU Student Handbook. **Keep in mind that simply disagreeing with a test grade, clinical evaluation, or established policy is not grounds for a grievance.**

Last Updated 7/26/10

Group-Work Guidelines & Policy

Purpose

The purpose of this policy is to promote harmonious and productive group work among students.

Policy

All students are expected to follow these guidelines when participating in group work, both for professional nursing organizations and academic assignments.

Expected Behaviors and Attitudes

1. Be fair and equitable in the assignment and distribution of tasks and workload to accomplish the group project.
2. Plan meeting times that will accommodate either all members schedules OR the majority on a rotating basis.
3. Organize workload so that multiple after hour meetings are not necessary...use e-mail, telephones, lunch times, etc. Avoid changing agreed upon meetings times and places, but if a meeting time must be changed, inform all group members in a timely manner.
4. Participate actively and productively in the group process and dynamics to be a positive force in accomplishing group work.
5. Attend all meetings on time and be prepared with your completed task or assignment toward the group project.
6. Submit work as requested by the group and/or by the agreed upon or assigned deadline.
7. Maintain a professional attitude in both verbal and written communication as well as interpersonal behavior with each other.
8. All group members should review the total completed assignment before submission to assigned faculty.
9. A listing of each group member's contribution(s) should be attached to the assignment.
10. Maintain a professional & respectful tone in all e-mail communications

Conflict Resolution

In the event a team member defaults on his/her responsibility to the group, or other conflicts arise, the members should respond in accordance with these guidelines.

Step 1

- As soon as it is recognized that a group member is not meeting their obligations, immediately inform the defaulting individual about his/her failure to comply with group work requirements.
- If you are the person who is approached by the group for failure to meet responsibilities, listen to them and discuss options for immediately resolving the issue and meeting your obligations.
- Other issues or problems should be brought to the group's attention as soon as they are recognized by any group member.

Step 2

- If the defaulting individual does not respond to step 1 above, the group should plan a meeting with the assigned faculty member to discuss the problem as soon as possible. The same applies for other issues or problems that the group is unable to resolve.
- The assigned faculty member will mediate options, but the final course of action will be the collective consensus of the group. Options CAN range FROM a reduction in points earned by the defaulting individual TO expulsion for the group with no points earned by the individual for the group assignment
- Assigned faculty members can serve as a resource and are available to meet with groups to discuss ongoing goals, progress, and problems. This often prevents small problems from becoming big ones.
- **DO NOT WAIT UNTIL A SITUATION IS OUT OF HAND OR DIASTROUS BEFORE IMPLEMENTING THIS CONFLICT RESOLUTION PROCEDURE AND CONTACTING YOUR FACULTY MEMBER.**

Peer Evaluations

At the conclusion of all group projects, group members will anonymously complete a peer evaluation for each member. Forms and guidelines will be provided by the course coordinator. These peer evaluations may be considered in assigning grades for the group work.

MEDICATION ADMINISTRATION “7 RIGHTS”

“RIGHT”	MEANING	NURSING ACTION	“WHAT IF” NURSING ACTION
RIGHT PATIENT	Correct patient --- not a patient with similar name	- Check MAR patient name - Identify the patient (armband)	- IF wrong name, find right name - IF wrong patient, do not give med
RIGHT MEDICATION	- Correct medication that is ordered (not one with a similar name or that has been discontinued) - Correct medication for patient ... he/she is not allergic to it - Medication appropriate for patient condition - Compatible with other meds patient is taking, including alternative therapies - Medication is NOT expired	- Check name of medication X3 when preparing - Ask patient about med allergies - Verify medication therapeutic purpose for this patient - Verify interactions with other meds, including alternative therapies. - Check expiration date	- IF wrong med, do not give & obtain correct med - IF patient reports allergy to med, ask what happens when takes med & notify ordering provider - IF cannot determine therapeutic purpose, discuss with ordering provider - IF incompatible, DO NOT give ... discussing with ordering provider. - IF beyond expiration date, discuss with pharmacy.
RIGHT DOSE	- Correct dose that is ordered - Dose is within therapeutic & safe range for patient - Correct dose is available	- Check ordered dose - Verify therapeutic & safe dose range for patient (age, weight, etc) - Compare ordered, safe dose to dose available	- IF wrong dose, do not give & obtain correct dose - IF NOT safe dose range, discuss with ordering provider. - IF med available is NOT ordered or safe dose, discuss with pharmacy
RIGHT ROUTE	- Correct route that is ordered - Appropriate route for this medication - If to be given parenterally, medication is mixed with correct diluent OR infused IV with compatible fluids/meds.	- Check ordered route - Verify route ordered is appropriate for this medication - Verify compatible diluent, IV fluids & other meds.	- IF wrong route, do not give by that route & obtain med for ordered route - IF med not approved for ordered route, discuss with ordering provider. - IF med not compatible with a diluent or other IV fluids, use those that ARE compatible.
RIGHT TIME	- Correct timing that is ordered - Timing that is documented on MAR - IV meds infused over correct time - Timing with patient activities appropriate	- Check ordered time - Verify last dose on MAR - Verify safe time range for infusing med - Give med correctly timed with/without food, etc.	- IF wrong time, do not give & give at correct time. - IF last dose too close or distant, do not give...adjust MAR times OR discuss with pharmacy. - Set med rate for correct infusion time. - IF activity timing not right, take measures to adjust activities (eg. give patient a snack if med must be taken with food)
RIGHT TO REFUSE	Patients have the right to refuse meds	Listen if patient refuses a med	- IF refused, encourage patient to take med with teaching about benefits. - IF still refuses, withhold med and discuss with ordering provider
RIGHT DOCUMENTATION	Record medication administration OR withheld medications.	- Record medication give on MAR - Record medication withheld on MAR	

Professional Behavior and Attire Policy

A student member of the nursing profession, nursing students are expected to exhibit professional appearance and behavior at all times during school related activities. This policy is based upon the fundamental principle of behavior that reflects courtesy and respect for others.

PROFESSIONAL BEHAVIOR

Purpose: To support a positive environment conducive to quality patient care and student learning, students are expected to comply with the following behavior requirements.

1. Active attention and participation in class, clinical and other learning activities
2. Speak one at a time in class or group meetings so that all can hear.
3. Voice your opinions and ideas in a calm, courteous manner
4. When you disagree with others, do so in a firm but tactful and courteous manner
5. NO side conversations or remarks during class or any group learning activity requiring your attention.
6. Arrive for class, clinical and other scheduled learning activities **AT LEAST 5 MINUTES EARLY and be prepared to begin ON TIME.**
7. Arrive back to class, clinical unit or learning activity on time from breaks.
8. If you must enter a class or group activity once it has begun, enter the back of the room quietly, have a seat, and do not disrupt others in any way.
9. Phones, beepers and other sound producing devices must be turned OFF or onto "vibrate" during class or clinical activities. **DO NOT** conduct phone conversations, texting or other electronic communication during class, clinical or other learning activities...it is disruptive to your learning and to that of others.
10. Demonstrate respect for patients, families and faculty by addressing them by title and last name (Dr., Mr., Ms., etc). Exceptions may be made for pediatric patients and adult patients who prefer to be called by a given name.
11. Maintain a professional attitude by demonstrating respect and courtesy with patient, families, and all members of the health care team. If issues arise that you are unable to resolve calmly alone, seek the assistance of your instructor.
12. Demonstrate reliability, commitment to your responsibilities, and respect for the time of others by **arriving for scheduled events ON TIME** (e.g. class, clinical, meetings, appointments, etc). This means you must **PLAN TO ARRIVE AT LEAST 10-15 MINUTES EARLY** so minor unexpected events will not make you late. This also includes turning in all written work **ON TIME.**
13. To protect patient safety and maximize your educational experience, you must arrive for clinical experiences **PREPARED.** The preparation required varies with course, agency and clinical experience.
14. Demonstrate initiative and eagerness to maximize your own learning experience by actively seeking out learning experiences during all clinical experiences.
15. Demonstrate a desire to resolve problems at the lowest level possible by following the chain of command when attempting to resolve differences (See Grievance Procedure).

PROFESSIONAL ATTIRE & APPEARANCE

Purpose: To project a positive image, respect and trust, students are expected to comply with the following attire and appearance requirements, which are based on clinical agency dress codes for nursing personnel.

1. Maintain a professional appearance when functioning as a student in the CSU BSN program. This includes attending class, visiting any clinical agency for any purpose (e.g. obtain assignments, observational assignments, clinical assignments, teaching project).
2. The CSU nursing student uniform consists of a Landau “galaxy blue” top and pants. The Landau scrub has been selected and several options of the uniform style are available at Famous Brand Uniforms, Columbus, GA. If you select a dress or skirt, the hem should be at least mid-knee. Jumpsuits are not permitted. Students may wear a white t-shirt under their scrub top.
3. Efforts should be taken to prevent undergarments from showing when bending over due to low rise scrub pants and/or shorter scrub tops.
4. A school patch must be sewn onto each uniform and lab coat (ordered and sewn on through Famous Brands Uniforms). ROTC students may also sew the ROTC patch onto their uniform.
5. A name tag with individual photo and CSU logo must be worn on all uniforms (Name tag obtained through CSU).
6. Professional white shoes with white socks or hosiery. Shoes should be purchased for comfort rather than style and must have closed toe. Clogs are not acceptable.
7. Tattoos must be covered.
8. Each student is expected to maintain neat and clean personal grooming as related to hair, beards, and mustaches. Hairstyles or cuts such as spikes and Mohawks and similar extremes are not acceptable. Long hair must be pulled up or confined. No bows, hair ribbons, turbans, etc. should be worn during clinical experiences. Hair colors of a natural tone are acceptable, while unnatural colors (greens, bright reds, pinks, etc.) are not acceptable.
9. Fingernails should be trimmed short and kept clean. Length of nails should not protrude above the top of the fingertip when viewed from the palm side of the hand. Fingernail polish must not be chipped and no artificial fingernails are allowed for infection control reasons.
10. Makeup, if worn, must be used in moderation. No strong perfume or after shave colognes should be used, as they may make patients nauseated.
11. Jewelry – One or two small stud earrings per ear. No dangling earrings will be allowed. No facial piercing. Ex: nose, tongue, lip(s) and/or eyebrow(s). A wedding ring or band or one simple ring may be worn. No bracelets are allowed. One necklace is acceptable but may not be worn on the outside of the uniform. Jewelry may NOT display symbols, emblems, or other designs which represent sexist, racist, drug, alcohol, or organizations which may be offensive to others.
12. Watch – students must possess a watch with a second hand. Preferably the watch should be waterproof, have a date indicator, and have all twelve Arabic numerals printed on the dial.
13. Stethoscope – Any color is acceptable. Students should put some type of identification on the stethoscope.
14. Bandage scissors – Scissors should be taken to each clinical experience. Some way to identify the scissors should be made.

- 15. Penlight – May buy disposable or reusable penlight.
- 16. Black ink pen and small note pad.

Students will wear either the blue uniform and name tag OR a lab coat and name tag over street clothes (as instructed by faculty) whenever entering a facility in the role of nursing students.

Apparel that is NOT acceptable in a health care environment includes blue jeans, t-shirts, shorts, short skirts, athletic, camouflage, capri-length pants, tank tops, crop tops, low cut blouses, baseball caps, jelly shoes, beach type shoes, and/or high heels. Apparel that is “see through”, low cut, too short, “skin tight”, or excessively baggy, is torn, patched, or discolored in an irregular manner, exhibits slogans, advertising, etc... is also NOT acceptable.

A student may be asked to modify their appearance or leave the clinical area if any of the above policies are not adhered to. Following instructions is a part of the students’ clinical evaluation.

Famous Brand Uniforms does offer nursing students discounts and is located at:
3843 Hamilton Road
Columbus, GA 31904
(706) 323-2503
FAX (706) 660 8960

JG/jg
Code Conduct
Approved: Dept of Nursing Dec 2002
Updated & Approved: May 2006; June 2009

Web-Sites and Online Resources Policy **(including copyright and fair use)**

Purpose

The purpose of this policy is to outline basic guidelines and expectations of students for use of BSN program course web-sites and online learning resources.

Background

CSU nursing students are expected to use course web-sites and online learning resources to support and enhance the educational program and their learning experiences. Health care agencies are rapidly moving toward a “paperless” record keeping system which requires knowledge, skill and ability in the use of computer technology. Thus, computer literacy (*the ability to communicate and to access and input information using computer technology*) is a learning outcome related to the program outcome “communication”.

Policy

Course Web-Sites

The CSU BSN program uses **CougarView VISTA** as the course management system for nursing course web-sites. Each nursing course has a web-site. The following guidelines outline expectations for all nursing students related to use of course web-sites.

1. **Computer Access** – There are numerous computer labs across campus for student use. In addition, there is a computer lab in Illges 201 for nursing student use. These computers are connected to the local CSU server and to the internet. There is also a laser printer connected to all of the computers. **Students must bring their own paper.** Of course, many students prefer to access course web-sites and online resources from the convenience of home or work. Be aware that if you have a computer more than 2 or 3 years old OR your internet service provider uses a phone line rather than a cable modem, you may have difficulty accessing some of the online course materials. In this case, using the computer lab may be more efficient for you.
2. **Enrolling in Course Websites** – Students are automatically enrolled in the course website after registering for the course itself. If you have problems accessing a course website or discover that your name is not on the website roster, notify your instructor immediately. More than likely you will already have a USER ID and PASSWORD for CougarView. If not, contact your instructor immediately. Be sure to write down your USER ID and your PASSWORD so you will not forget them...you must use them every time you log into a course web-site.
3. **Course Website E-mail**
 - a. Students are to use **ONLY THE CSU COUGARVIEW EMAIL SYSTEM FOR COURSEWORK COMMUNICATION.**
 - b. Every student is responsible for reading and complying with all communications through CSU CougarNet e-mail and for knowledge of materials and information posted on the course web-sites. **Students are expected to check their email and announcements at least daily Monday through Friday.**
 - c. Faculty will respond to your emails in a timely manner during the school week, **generally within 48 hours.** If you have a question that requires more than a brief answer, your email should request an appointment to talk with the instructor. Instructors cannot “re-teach” material via email but are happy to meet with you to help you with difficult material. Do not expect instant answers OR lengthy answers OR answers over week-ends or holidays. Individual instructors will provide further guidelines regarding email.
3. **Posted Materials** – Each student is responsible for accessing and using all information and materials posted on the course websites. Student responsibilities include:
 - a. **Log in to your course websites at least daily during the week** to check for **new announcements and information.** Don't wait until the last minute or you may encounter technical problems that prevent you from obtaining needed materials and information in a timely manner...*this is poor planning and will not excuse being unprepared.*
 - b. **Check your email at least daily during the week** for new messages and information related to course requirements and learning experiences. If you wait until the last minute and encounter technical problems that prevent you from obtaining needed materials and information in a timely manner, it will *not excuse being unprepared.*
 - c. **STUDENTS ARE TO USE THE CSU CougarNet EMAIL ACCOUNT FOR OFFICIAL SCHOOL EMAIL UNRELATED TO A PARTICULAR COURSE.** IF you have CougarNet

messages forwarded to a home email account, you must **verify that your home e-mail account is functional** periodically by sending yourself an email message from each course website and make sure it comes through to you. You are responsible for maintaining your email account in a manner that allows information to be sent to you.

- d. Log into course websites at least **THE DAY PRIOR TO CLASS DAY** and print any handouts or other materials required for use in class. **DO NOT WAIT UNTIL A FEW MINUTES BEFORE CLASS...BEING LATE DUE TO PRINTING HANDOUTS WILL NOT BE EXCUSED.** Many instructors post handouts and other materials related to course units and classes, which may be helpful to print and bring to class to facilitate note-taking. These handouts will NOT be distributed in class. At other times, handouts will be posted AFTER CLASS because the teaching strategies used work best without handouts printed.
4. **Netiquete** – “Netiquette” is a term coined to mean “*internet etiquette*”. Students are expected to become familiar with principles of netiquette and abide by them. A few major examples are listed below:
- a. Don't send anything in an email that you would not want **posted on a bulletin board**. Although you may send an email to one person, absolute confidentiality cannot be guaranteed.
 - b. Don't type in ALL CAPS...it indicates you are YELLING.
 - c. Don't “flame” anyone...that is, don't send rude, sarcastic, profane, degrading, or otherwise offensive messages via email.

For more netiquette guidelines, visit:

<http://www.albion.com/netiquette/corerules.html>
<http://www.learnthenet.com/english/html/09netigt.htm>
<http://www.learnthenet.com/english/html/65mailet.htm>

5. **Copyright and Fair Use** – These terms are often misunderstood.

Copyright gives authors, artists and others the right to exclude others from using their works” (online <http://www.fplc.edu/tfield/copynet.htm>)

Fair Use permits the use of others' works even without approval in accordance with some **very specific guidelines and limitations**.

For information about internet copyright and fair use laws/rules, visit :

<http://www.fplc.edu/tfield/copynet.htm>
<http://www.templetons.com/brad/copymyths.html>

6. **Online Grade Access** – Grades will be posted on each course website in the online grade book. Each student has access to ONLY his/her own grades because each student has selected his/her own private password. DO NOT share passwords or someone else will have access to our private information and grades.

MedsPub Total Curriculum Support / Online Testing/Learning System

The **MedsPub Total Curriculum Support Online Testing/Learning System** is a required resource for this course and has been paid for in your course fees. The entire system includes a variety of online tutorials and practice exams in every clinical specialty to help students learn how to apply concepts, critically think, and make clinical decisions. This is what is tested on the NCLEX-RN licensing exam and is very helpful in preparing students for success on that exam. **Each nursing course will specify assignments in the MedsPub system and will “unlock” and make available to students only the**

tutorials & practice tests that apply to that specific course and its related assignments.

Completing all assignments in MedsPub will help you succeed on nursing exams. Specific log-in instructions will be provided in class or on the course website.

Students often come into the nursing course sequence expecting exam items that merely require recall of memorized information. Nursing tests, however, are not based on only recall of knowledge. Nursing exam items are modeled after the type of items included on the NCLEX-RN licensing exam and require students to **use knowledge to critically think in the context of a nursing situation and make appropriate decisions, selecting the best answer(s) in a given situation.**

In the first semester of the junior year, each student will set up an account in the MedsPub System, which establishes your user name and password. Each nursing course will have a section in the MedsPub system, which contains the “unlocked” items for that course. Students will use that same account through out the program to “enroll” in each “course”, which then gives them access to the selected tutorials and practice exams. **Each “course” will have a unique “access code” which will be posted on your course website by your instructors.** You will use the appropriate “access code” to get into each “course” and its related tutorials and practice exams.

Students will have access to the MedsPub system from the first day of the month the semester begins through the last day of the month in which a semester ends. Fall semester access will begin August 1 and end December 31. Courses for the spring semester will be available on January 1 and remain accessible through June 30. Seniors are encouraged to use the time between graduation and June 30 to use the system for review in preparation for taking the NCLEX-RN exam. **All graduates should plan to review and then sit for the NCLEX-RN as soon as possible following graduation to increase their chances of success.**

Media (Videos) Online

The CSU nursing program has added a number of online learning resources available for student use. They are available on the web from any computer with internet access (marked WEB). A few resources may only be available through the on-campus network, which means they are only accessible only from an on campus computer (marked LOCAL). The resources are listed below. Instructions for use will be provided in class. Remember, these resources (especially those with video) may not work well with computers more than 2-3 years old OR with a phone line connection to the internet.

1. Bates Health Assessment Video Series (WEB)

The entire set of Bates Health Assessment videos is available online to students enrolled in the nursing program. These are copyrighted materials and require a specific password (provided to you in class) for access.

2. The MedsPub Learning System RN (WEB)

This interactive software contains a variety of NCLEX-RN type practice exam items organized by nursing specialty. It also includes a tutorial to help students learn about “critical thinking” and how to use critical thinking for success on this type of exam.

3. Evolve Apply Case Studies (WEB)

These online case studies provide an introduction to a real-world, patient situation — with critical-thinking questions. These questions cover nursing care for patients with a wide range of physiological and psychosocial alterations, as well as related management, pharmacology, and nursing concepts. You can measure how well you apply what you have learned! Because Evolve Apply provides critical thinking test items written at the application level, you actually practice with questions that simulate the NCLEX-RN® examination. Students MUST enroll at first opportunity in order to access this resource during the year.

4. Videos Online (WEB)

These video series are available on a web-based password-secured site. This list is likely not complete because new resources are frequently added.

Ethical Issues

[Video 1: Introduction: Concepts, Values, and Decision Making](#) 22:48 | MPG

[Video 2: Respect: Dignity, Autonomy, and Relationships](#) 18:04 | MPG

[Video 3: Commitment: Patients, Professionalism, and Boundaries](#) 12:02 | MPG

[Video 4: Protection: Privacy, Safety, and Standards](#) 21:16 | MPG

Neuro Assessment

[Video 1: Mental Status and Cranial Nerve Evaluations](#) 22:52 | MPG

[Video 2: Reflex and Motor Evaluations](#) 18:07 | MPG

[Video 3: Cerebellar Function and Sensory Evaluations](#) 13:49 | MPG

[Video 4: Diminished Level of Consciousness](#) 16:15 | MPG

Schizophrenia

[Video 1: Understanding the Disorder](#) 25:16 | MPG

[Video 2: Effects on Daily Life](#) 28:06 | MPG

[Video 3: The Community Response](#) 28:02 | MPG

Teamwork

[Video 1: Building Effective Teams](#) 20:45 | MPG

[Video 2: Problem Solving and Conflict Resolution](#) 22:42 | MPG

[Video 3: Leadership](#) 19:10 | MPG

Dementia

[Video 1: Enhancing Quality of Life](#) 21:33 | MPG

[Video 2: Communicating Effectively](#) 18:24 | MPG

[Video 3: Meeting the Special Challenges](#) 21:58 | MPG

[Video 4: Dementia and Resident Rights: Freedom of Sexual Expression](#) 17:02 | MPG

Acids and Bases

[Video 1: Ups and Downs of pH](#) 15:47 | QuickTime

[Video 2: Respiratory alkalosis and Acidosis](#) 22:01 | QuickTime

[Video 3: Metabolic Alkalosis and Acidosis](#) 26:42 | QuickTime

Cognitive

[Video 1: Hearing Impairment](#) 19:38 | MPG

[Video 2: Visual Impairment](#) 18:40 | MPG

[Video 3: Cognitive Impairment](#) 21:35 | MPG

See Me

[Video1: See Me](#) 9:52 | MPG

Wound Management

[Video 1: Wound Healing](#)

[Video 2: Wound Evaluation](#)

[Video 3: Arterial Wounds](#)

[Video 4: Venous Wounds](#)
[Video 5: Neuropathic Wounds](#)
[Video 6: Pressure Ulcers](#)
[Video 7: Atypical Wounds](#)
[Video 8: Debridement](#)
[Video 9: Dressings](#)
[Video 10: Physical Modalities](#)

Physical Assessment of a Child

[Video 1](#) 21:16 | WMV | [QuickTime](#)
[Video 2](#) 17:06 | WMV | [QuickTime](#)

Elderly Issue

[Video 1: Elderly Abuse](#) 26:52 | QuickTime | [WMV](#)
[Video 2: Nutritional Risks and Challenges](#) 23:18 | QuickTime | [WMV](#)
[Video 3: Preventing Falls](#) 26:34 | QuickTime | [WMV](#)

Chronic Respiratory Disorders

[Video 1: Chronic Obstructive Pulmonary Disease](#) Flash
[Video 2: Cystic Fibrosis](#) Flash

Specimen Collection and Screening

[Video 1: Specimen Collection](#) 27:43 | QuickTime
[Video 2: Point of Care Testing](#) 15:42 | QuickTime
[Video 3: Sterile Dressing Change](#) 15:11 | QuickTime

Respiratory Suctioning

[Video 1: Introduction to the Upper Airway](#) 15:05 | QuickTime
[Video 2: Lower Airway](#) 23:07 | QuickTime

Respiratory Disorders

[Video 1: Allergies and Anaphylaxis](#) Flash
[Video 2: Asthma](#) Flash
[Video 3: Lung Cancer](#) Flash

3-Lead EKG by sections

[Video 1: Introduction](#)
[Video 2: Sinus and Atrial Dysrhythmias](#)
[Video 3: Heart Block](#)
[Video 4: Ventricular Dysrhythmias](#)

3-Lead EKG (Full length)

[Video 1: Introduction](#) 22:55 | QuickTime | [WMV](#)
[Video 2: Sinus and Atrial Dysrhythmias](#) 20:16 | QuickTime | [WMV](#)
[Video 3: Heart Block](#) 12:11 | QuickTime | [WMV](#)
[Video 4: Ventricular Dysrhythmias](#) 13:37 | QuickTime | [WMV](#)

Cardiac Disorders

[Video 1: Coronary Artery Disease - Part One](#) Flash

[Video 2: Coronary Artery Disease - Part Two](#) Flash

Avoiding Malpractice

[Video 1: Introduction](#) 16:36 | WMV

[Video 2: Case of the Green Drainage](#) 22:21 | WMV

[Video 3: Case of the Pelvic Fracture](#) 18:43 | WMV

[Video 4: Case of the Elderly Fall](#) 18:44 | WMV

Cardiac Disorders: Heart Failure

[Video 1: Heart Failure - Part One](#) Flash

[Video 2: Heart Failure - Part Two](#) Flash

Caring for the Cancer Patient

[Video 1: Basic Genetics for the Oncology Nurse - Part 1](#) 15:00 | QuickTime | [WMV](#)

[Video 2: Basic Genetics for the Oncology Nurse - Part 2](#) 20:56 | QuickTime | [WMV](#)

Caring for the Cancer Patient: Leukemia

[Video 1: Diagnosis](#) 10:13 | QuickTime | [WMV](#)

[Video 2: Treatment Options and Laboratory Data](#) 18:45 | QuickTime | [WMV](#)

Caring for the Cancer Patient: Breast Cancer

[Video 1: Managing Side Effects of Specific Treatments](#) 13:30 | QuickTime | [WMV](#)

[Video 2: Promoting Psychological Health](#) 13:47 | QuickTime | [WMV](#)

[Video 3: Treatment Modalities & Informational Needs](#) 11:47 | QuickTime | [WMV](#)

Lung Cancer

[Video 1: Overview](#) 16:12 | QuickTime | [WMV](#)

[Video 2: Psychosocial Challenges](#) 14:36 | QuickTime | [WMV](#)

Managing Physical Assessments and Supportive Cancer Care

[Video 1: Part 1](#) 18:15 | QuickTime | [WMV](#)

[Video 2: Part 2](#) 18:17 | QuickTime | [WMV](#)

Goyne Lectures

[Video 1: Evidence Based Practice pt 1](#) 43:00 | QuickTime | [WMV](#)

[Video 2: Evidence Based Practice pt 2](#) 1:52:15 | QuickTime | [WMV](#)

Caring for the Patient: Psychiatric Disorders

[Video 1: Psychotropic Medications](#) 27:25 | QuickTime | [WMV](#)

[Video 2: Schizophrenia](#) 21:60 QuickTime | [WMV](#)

[Video 3: Bipolar Disorder](#) 14:17 QuickTime | [WMV](#)

[Video 4: Depression](#) 21:34 QuickTime | [WMV](#)

[Video 5: Anxiety](#) 16:49 QuickTime | [WMV](#)

Patho 3279

[Video 1](#) 51:02 | QuickTime | [WMV](#)

[Video 2](#) 47:38 | QuickTime | [WMV](#)

Others will be added as they are acquired.

***STUDENT
INFORMATION & SERVICES***

APA Format Policy and Guidelines

Purpose

The purpose of this policy is to set forth the official writing style and format required for all formal written papers in the School of Nursing and to provide information about student resources.

Policy

1. The writing style and format recommended by the American Psychological Association and published in the most current *Publication Manual of the American Psychological Association* is required for all formal written papers in the School of Nursing and, thus, the manual is a required text.
2. A summary guideline may be posted on course websites. If so, it will cover only the major aspects of APA style and format taken from the *Publication Manual of the American Psychological Association* published by the American Psychological Association and is not intended to replace the Publication Manual.
3. Students are referred to the full manual and to websites for questions about aspects of APA style and format not covered in this guideline. To obtain others, go to www.google.com and type in "APA format" in the search box.
4. The School of Nursing provides a standardized format for title page of a written paper that meets nursing program needs and is not covered in APA style manuals. Students MUST use this title page format.

Class Officers & Faculty Advisors: Roles, Responsibilities, & Officer Elections

CLASS FACULTY ADVISORS

The Associate Director, SON & Undergraduate Programs will assign a full time nursing faculty member as advisor to the junior class at the beginning of the fall term. This assigned advisor will remain with that class until they graduate two years later.

Nursing Faculty members will be assigned class advisor responsibilities on a rotational basis so that each faculty member takes a turn serving as class advisor.

Class faculty advisor responsibilities:

1. Provide guidance & direction for class officers and the class as a whole as they participate in activities as a class.
2. Supervise the earning, holding, and disbursement of funds, ensuring the class complies with institutional and state guidelines.
3. Serve as liaison with the Associate Director, SON & Undergraduate Programs and the nursing faculty as a whole regarding issues the class wishes to address with either.

ELECTIONS

Class officers will include:

- President (elected)
- 1st Vice President (elected)
- 2nd Vice President (elected)
- Secretary (elected)
- Treasurer (elected)
- Nursing Faculty Committee Representative (appointed by faculty)

Each nursing class (junior and senior) will elect officers at the beginning of the each fall term. The Nursing Faculty Committee Representative will be appointed by faculty and is necessary to build shared governance in the undergraduate programs.

Class elections will be supervised by the class faculty advisor and conducted according to the following guidelines.

1. Each office will be elected separately, beginning with president & progressing in the sequence listed above, by secret written ballot.
2. Nominations will be made from the floor until someone moves the nominations be closed.
3. Any person nominated who declines will so indicate at the time they are nominated, and his/her name will not be added to the list of candidates.
4. Nominees will be given a few minutes to introduce themselves and give any comments they wish.
5. Nominees will leave the room during voting and will retain their right to submit a secret written ballot.
6. Votes will be cast by secret written ballot and counted by the faculty advisor. Students not running for the given office may assist the advisor in vote counting.

7. The candidate receiving the majority of the votes will be elected. In the event of a tie, a run-off vote will be conducted in the same manner as the initial vote.
8. A student who was nominated for an office but not elected is eligible to be nominated & run for subsequent offices.

CLASS RESPONSIBILITIES

1. The **JUNIOR NURSING CLASS** is responsible for:
 - a. sponsoring the Nursing Honors Ceremony held each spring
 - b. raising funds to support the Nursing Honors Ceremony
2. The **SENIOR NURSING CLASS** is responsible for:
 - a. sponsoring Family Night for the junior class during the fall semester.
 - b. raising funds to support Family Night activities

CLASS OFFICER RESPONSIBILITIES

President

The President of the class will be responsible for:

1. Presiding at class meetings
2. Coordinating activities of class officers, committee chairs, and committees.

1st Vice President

The 1st Vice President of the class will be responsible for:

1. Presiding at class meetings during any absence of the President
2. Work with President on any issues and help organize/run meeting

2nd Vice President

The 2nd Vice President of the class will be responsible for:

1. Coordinating development of community activities
2. Coordinating public relations

Secretary

The secretary of the class will be responsible for:

1. Recording, printing, and distributing minutes of each class meeting to
 - a. Faculty Class Advisor
 - b. Associate Director, SON & Undergraduate Programs
 - c. "Minutes" book for the class
2. Written correspondence required for class activities (sub-committees may handle their own correspondence for special projects, but should provide a copy to the secretary for the records) and maintaining records of such correspondence.
3. Summary of fund-raising activities
4. Maintain log of student volunteer hours and review with faculty advisor monthly or more frequently when asked. Submit completed roster to faculty advisor at end of each semester.

Treasurer

The class treasurer will be responsible for:

1. Maintaining a register of class fund receipts and disbursements and provide a monthly written treasurer's report to the class (with copy for minutes & copy for class advisor).

2. Depositing receipts and writing requisitions for disbursements in accordance with CSU Business Office requirements.

***School of Nursing (SON) Representative**

The SON Representative, as a representative of the student perspective, will be responsible for:

1. attending scheduled nursing faculty meetings.
2. obtaining nursing student body input/opinion when requested by the faculty committee.
3. providing input from the student perspective regarding items discussed at faculty meetings.

NOTE: *This is not the place to discuss individual student issues or other concerns that should be handled at the course level.*

JG/jg

Class Officers Advisors 02

Approved 10/04/02; Updated 7/1/06; Reviewed 9/8/09; Updated 7/26/10

Community & Professional Service Recognition Program

Background and Purpose

Because the BSN program faculty members are committed to professional and community service, they encourage and support volunteer service. Students and graduates of this program are expected to participate in volunteer community service, defined as *voluntary participation in health care related, professional, and/or political activities*. Junior and senior level outcomes are derived from this overall program outcome (see below).

To foster a commitment to public and community service in students, a Community Service Recognition Program has been developed to recognize those students who meet or exceed a defined number of volunteer community service hours (see below).

Junior Level Outcome	Senior Level Outcome
• Service hours goal for junior year = 10 or more	• Service hours goal for senior year = 10 or more

Responsibilities

1. Each nursing student is responsible for

- a. seeking and volunteering for appropriate service activities
- b. maintaining documentation of hours worked, approved by faculty and signed by an appropriate official for the service activity, using the form provided (see handbook section "Forms").
- c. maintaining own personal records of documented community service hours for review at the end of each semester.

2. Nursing class secretary is responsible for:

- a. maintaining a log of each student in his/her class tracking event, date, and hours worked (see Class Secretary role description).
- b. submitting the completed log to the class Faculty Advisor at the end of each semester.

3. Faculty Class Advisor is responsible for

- a. reviewing the log of student volunteer hours periodically for accuracy, completeness, and compliance with guidelines of this policy
- b. submitting a summary of class volunteer hours to School of Nursing Faculty at the end of the academic year. Certificates will be awarded to students exceeding the required number of service hours.

4. Approved service activities

- a. Active participation in professional organizations / activities
 - Officer = 2 hours
 - Committee Chair = 1 hour
 - Active member (attends minimum of 4 meetings) = 1 hour

- Participation in organization sponsored events (hours worked)
- c. Volunteer hours for varied health related activities (hours worked)
This service must require your knowledge / skill as a nursing student OR as a member of a professional nursing organization, and may not be an activity that anyone without such education/membership could perform.
 - Health Fairs & Screenings (EXCLUDING those required for course work)
 - First aid stations
- c. Any activities not clearly fitting the criteria above will be decided by the faculty at the next department meeting.

Comm Service Hours 02
Approved 10/04/02; Updated 7/16/07

Financial Aid

The CSU financial aid program includes scholarships, loans, grants, and part-time employment. The Financial Aid Office provides financial counseling on matters pertaining to educational expenses.

Nursing Scholarships & Awards

Only nursing students accepted into the upper division clinical nursing courses are eligible for nursing scholarships or awards through the university. Students will be given specific information at appropriate times during the nursing program.

General Scholarships and Loans

The CSU Catalog lists many of the scholarships and loans available to students.

In addition to those listed, the following area hospitals may offer scholarships to students accepted to accredited nursing programs leading to licensure as a registered nurse.

Doctors Hospital, Columbus, GA

St. Francis Hospital, Columbus, GA

The Medical Center, Columbus, GA

Hughston Sports Medicine Hospital, Columbus, GA

For additional information regarding these scholarships and their terms and stipulations, students should contact the human resource department at the individual hospital.

CSU School of Nursing awards merit scholarships to junior and senior nursing students based on pre-established criteria. The amount of these scholarships is dependent on money available in scholarship funds.

University Work-Study Program

Part-time jobs on campus are available to students who qualify under this program. Interested students should contact the CSU Career Center.

Students in the BSN program are reminded that the nursing program is fast paced, challenging and requires a full time study commitment for successful completion. If students work at a job and/or other commitments more than 10-12 hours per week, they are likely to face academic difficulty, which could lead to failure from the nursing program.

Financial Information

Estimated Tuition and Fees (excluding room and board) These are estimates only. Information regarding current tuition and fees is available from the University Admission Office and is published yearly in the *Columbus State University Catalog*.

COLUMBUS STATE UNIVERSITY SCHOOL OF NURSING ESTIMATE OF STUDENT EXPENSES (excluding room and board) (Expenses published as of May 08, 2010 expenses are subject to change)					
ITEM	ESTIMATED COST FALL JUNIOR YEAR	ESTIMATED COST SPRING JUNIOR YEAR	ESTIMATED COST FALL SENIOR YEAR	ESTIMATED COST SPRING SENIOR YEAR	ESTIMATED TOTAL COST (4 semesters)
TUITION, IN-STATE, FULL TIME	\$1,937.00	\$1,937.00	\$1,937.00	\$1,937.00	\$7,748.00
SCHOOL OF NURSING FEES	\$1,244.00	\$1,208.00	\$1,408.00	\$1,644.00	\$5,504.00
CSU & BOARD OF REGENTS FEES	\$527.00	\$527.00	\$527.00	\$527.00	\$2,108.00
CRIMINAL BACKGROUD CHECK AND DRUG SCREENING FOR CLINICALS	\$216.00				\$216.00
NURSING CLASS DUES	\$50.00		\$50.00		\$100.00
TRANSPORTATION TO CLINICALS	\$175.00	\$175.00	\$175.00	\$175.00	\$700.00
NURSING UNIFORM, SHOES, SOCKS	\$275.00				\$275.00
WATCH WITH SECOND HAND	\$30.00				\$30.00
BANDAGE SCISSORS	\$15.00				\$15.00
STETHOSCOPE	\$45.00				\$45.00
PENLIGHT	\$10.00				\$10.00
STU NURSE LIABILITY INSURANCE	\$25.00	\$25.00	\$25.00	\$25.00	\$100.00
NURSE PACK: LAB SUPPLIES	\$150.00				\$150.00
BOOKS	\$1,800.00	\$600.00	\$700.00	\$650.00	\$3,750.00
ACADEMIC SUPPLIES	\$100.00	\$100.00	\$100.00	\$150.00	\$450.00
NCLEX REVIEW COURSES			\$200.00	\$400.00	\$600.00
LICENSURE APPLICATION				\$40.00	\$40.00
NCLEX EXAM				\$200.00	\$200.00
CRIMINAL BACKGROUD CHECK				\$32.00	\$32.00
TOTAL	\$6,599.00	\$4,572.00	\$5,122.00	\$5,780.00	\$22,073.00

JG/jg Updated 7/09/09; 7/2010

PROFESSIONAL TRAVEL GUIDELINES for NURSING STUDENTS

PURPOSE

The purpose of this policy is to foster fair and timely planning of student professional travel by

1. providing guidelines for requesting student professional travel
2. outlining approval process for student professional travel
3. providing guidelines for completion of documents required for processing approved student travel
4. describing timelines for submission of documents related to approved travel

Definitions

- ***“Professional student travel”*** includes travel away from CSU campus for the purpose of participating in approved professional nursing activities.
- ***“Active participation”*** in a student organization includes
 - o attendance at over 50% of organization meetings, *AND*
 - o active service within the organization by serving on an active committee, holding an office, volunteer participation in an organization project, or similar active contributions to the organization.
 - o Final determination of whether a student has been an “active participant” rests with the organization officers and the faculty advisor.

Requesting Student Professional Travel

1. Requests for student professional travel will be submitted to the student organization faculty advisor at least at least **3 months** prior to the activity to allow adequate processing time for approved travel. The request will include:
 - a. Registration costs
 - b. Lodging costs
 - c. Travel costs

NOTE: Contact CSU official travel agency to make airline reservations. When Student Travel Requests reach the CSU office of Accounting Services, the tickets can be purchased. Reservations cannot be held and tickets cannot be purchased until the approved Student Travel Requests are received in the office of Accounting Services. Since the price of airline tickets can go up overnight, it is important to submit Student Travel Requests as soon as travel is approved so that tickets can be purchased within 24 hours.

2. Student organization faculty advisors will recommend approval/disapproval based on accepted criteria outlined below. Requests they approve will be submitted to Chair, School of Nursing at least **2 months** prior to the activity.
 - a. **SNA Conventions** – to attend, a student must
 - 1) have a minimum GPA 2.50
 - 2) be passing all nursing courses in which he/she is enrolled
 - 3) provide evidence of active participation in the CSU SNA during the past year.
 - b. **Other professional activities** – to attend, a student must meet the criteria specified by the faculty advisor for the organization.

Approval Process for Student Professional Travel

1. The student organization faculty advisor will either approve or disapprove student travel requests based on established criteria and submit to Associate Director, SON & Undergraduate Programs at least **2 months** prior to the activity.

2. The Associate Director, SON & Undergraduate Programs will approve or disapprove student travel requests based on established criteria AND availability of needed funds.
NOTE: Once this approval process has reached this point, no additional students may be added to the travel request UNLESS they agree in writing to pay for all of their expenses.
3. For approved travel requests, the Associate Director, SON & Undergraduate Programs will verify student organization sources of funding, determine department funds available to support the travel, and request additional needed funding through Dean, COS. If approved, organization faculty advisor will be notified and will then continue travel processing.

Document Processing Required for Approved Student Travel

Once travel is approved and all funding sources are identified, student organization faculty advisor is responsible for ensuring the following is completed.

1. Complete **Student Travel Request** form for **each student** who will be traveling and submit through Associate Director, SON & Undergraduate Programs and Dean, COS to CSU Accounting Services **as soon as travel and funding sources are approved**.
2. Contact CSU official travel agency (currently Columbus Travel 323-6371) to make airline reservations. When Student Travel Requests reach the CSU office of Accounting Services, the tickets can be purchased.
NOTE: Reservations cannot be held and tickets cannot be purchased until the approved Student Travel Requests are received in the office of Accounting Services. Since the price of airline tickets can go up overnight, it is important to submit Student Travel Requests as soon as airline ticket prices are known so that tickets can be purchased within 24 hours.
3. Contact Associate Director, SON & Undergraduate Programs who may be able to pay registration fees with department credit card. Be sure earliest registration deadlines are met to obtain lowest registration fee.

Required Forms

1. **Student Travel Application** (available on CSU Intranet under Forms, Administrative)
2. **Student Activities Fund, Team/Group Travel Authorization/Payment Request** (available on CSU Intranet under Forms, Administrative)

Written March 2006 Approved: Faculty Minutes April 2006; Updated 7/25/07; 7/09/09; Reviewed 7/26/10

***NURSING PROGRAM GRADUATION
AND LICENSURE POLICIES***

Graduation Requirements: Summary

Students must meet the following criteria to graduate from the BSN program:

1. Achieve at least 900 on the NURS 4377 Final Exam (Nursing Exit Exam)
2. Maintain grade point average of 2.0 or better.
3. Complete all university requirements for graduation with a minimum of 123 earned credit hours required for degree completion.
4. Comply with all procedures for application for graduation, which are listed in the Columbus State University Catalog 2010-2011.

Ceremony Participation Guidelines

- **“Walking” in CSU Graduation Ceremony**
CSU has allowed, and will likely continue to allow, students who have completed all graduation requirements except courses to be completed in the summer to “walk” at the spring graduation ceremony in May. **Students must understand that “walking” in this ceremony DOES NOT MEAN THEY HAVE GRADUATED.** Graduation and award of a diploma will ONLY occur after all degree and graduation requirements are met.
- **Participating in Nursing Honors Ceremony**
Nursing students who have completed all graduation requirements except courses to be completed in the summer may participate in the previous spring Nursing Honors Ceremony. **Students must understand that participating in this ceremony DOES NOT MEAN THEY HAVE GRADUATED.** Graduation and award of a diploma will ONLY occur after all degree and graduation requirements are met.

GRADUATION: NURS 4377 Requirements

PURPOSE

- NURS 4377 is a capstone nursing course designed to synthesize knowledge, skills and attitudes taught throughout the program and finalize preparation for NCLEX-RN success as well as competent professional practice.
- The Nursing Exit Exam is the final exam for NURS 4377 and is one of many tools used throughout the nursing program to:
 - o prepare students for success on first attempt on NCLEX-RN exam
 - o measure the ability of senior students to think critically and synthesize knowledge to make safe judgments and decisions in the discipline of nursing
 - o provide information for the ongoing, systematic evaluation of the curriculum (as required for national accreditation)

POLICY

- NURS 4377, Senior Preceptorship, is a capstone nursing course taken spring semester of the senior year. **To pass this course, students must meet all requirements of the course, which include participation in the NCLE-RN review, successful completion of a clinical preceptorship, and passing the final exam.**
- The Nursing Exit Exam is the final exam for NURS 4377. A passing benchmark score is set by the School of Nursing which must be achieved in order to pass the exam and thus the course. The exam vendor & passing score are determined by the School of Nursing.
 - o Senior nursing students are allowed up to two (2) attempts to achieve a passing score on the nursing exit exam during NURS 4377 spring semester.
 - o Students must wait at least 21 days between exam attempts in order to provide time for review in any areas of weakness.
 - o Students who do not achieve a passing score in two attempts will earn a grade of "Unsatisfactory" for NURS 4377 for spring term, which is a course failure. The "U" does not impact GPA.
- Students who fail NURS 4377 spring semester due to inadequate participation in the NCLEX-RN Review OR unsatisfactory performance in clinical preceptorship experience will be allowed to retake the course IF they have not failed a nursing course previously.
 - o *If the NURS 4377 failure is a second failure, the student will NOT be eligible to repeat the course, in accordance with School of Nursing policy which allows a student to repeat only one nursing course in the program.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
- Students who fail NURS 4377 ONLY due to final exam failure will be allowed to repeat NURS 4377 even if they have previously failed one nursing course.
 - o *This will be the ONLY exception to the School of Nursing progression policy which allows a student to repeat only one nursing course in the program. This exception in this very specific circumstance will in no way be used as a precedent or rationale for any other exception to the progression policy.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
 - o These students will be offered options when NURS 4377 course is repeated, which include:
 - **OPTION #1:** Retake entire course, including NCLEX-RN Review, preceptorship, and attempts to pass the final exam. Students may retake the same NCLEX-RN Review provided spring semester at no additional charge, but must locate a place and time the course is being offered and assume responsibility for all travel and expenses related to attending.
 - **OPTION #2:** Receive credit for completion of both the NCLEX-RN Review and the preceptorship experience, and participate in only the activities planned to help students succeed on the final exam. The teaching-learning format will be a "guided study" in which course faculty facilitate the review/study process and students are responsible for actively engaging in the recommended learning activities.
- Students repeating the course in either option above will be allowed to take the final exam after at least 21 days of review & study to strengthen weak areas. This pattern of review & study followed by an exam attempt may continue through the term for up to 5 attempts to pass the exam. If needed, students may be given an "incomplete" in order to continue attempts to pass the exam up to 5 attempts. Students who have not passed the final exam in 5 attempts will earn a grade of "U" and will not be eligible to return to the program.
- This policy provides students a total of 7 attempts to pass the NURS 4377 final exam ... 2 when the course is first taken and 5 during a repeated course.

I have read and understand this requirement and policy.

Student Name Printed _____

Student Signature _____ **Date** _____

Approved CSU BSN Curriculum Committee (latest review & approval November 2006; Summer 2008; July 2009)

NCLEX-RN & Licensing Procedures

Upon graduation from the Columbus State University Baccalaureate Nursing Program and receiving signed approval of the Associate Director of Undergraduate Programs, graduates are eligible to apply to take the National Council Licensing Examination for Registered Nurses (NCLEX-RN) and to apply for an RN license.

Specific instructions about applying to take the NCLEX-RN and applying for state licensure will be provided to students during the senior year of the nursing program. Please note the general process outlined below:

- Graduate will apply to take the NCLEX-RN through the vendor, Pearson Testing. The best way to apply is online approximately two months prior to graduation in order to ensure all paperwork is completed prior to graduation. The cost is approximately \$200.
- Graduates complete the “*Application for Initial Licensure by Examination*” (application available online at the board of nursing website) and submit to the School of Nursing along with
 - o a money order or certified check made out to the Georgia Board of Nursing in the amount of \$40, and
 - o two passport size photos of head and shoulders, one signed with official signature below the chin.
- The School of Nursing will send all graduate applications to the Board of Nursing along with individual official transcripts indicating the applicant has graduated with a BSN degree (**thus must be sent following graduation day**).
- The student must also have a fingerprint criminal background check done through the approved agencies.
- The state board of nursing processes the licensure applications as quickly as they can ... keep in mind they are processing graduates from all over the state. Once processed, the **board will notify Pearson Testing, who will then contact the graduate to make an appointment for testing.**
- Graduates then sit for the NCLEX-RN examination by appointment at one of a variety of test sites. Specific information will be provided as appropriate.

NOTE: As stated in the Columbus State University Catalog, a student who has a negative criminal or licensure history **MIGHT NOT** be allowed to sit for the NCLEX-RN exam. Permission to take the NCLEX-RN rests with the Georgia Board of Nursing. Further information regarding licensure may be obtained from the Associate Director, SON & Undergraduate Programs / Director, SON. **Passing the criminal background check to participate in clinical experiences DOES NOT guarantee Georgia Board of Nursing approval for licensure.**

FORMS

Campus Lab Referral

*This form is to be used to refer students in need of additional clinical practice / remediation to the campus lab. The **referring clinical instructor** is to complete the form, have the student sign it, give the original to the student and retain a copy for the student's clinical record. The **student** is to make an appointment with a campus lab instructor for the required practice, attend the practice session with this form*

_____ is being referred to the campus lab for supervised
(student name)
practice by _____ Of (describe specific practice needed below):
(name of clinical instructor)

Student Signature _____ Date Received _____

Printed Student Name _____ Clinical Faculty Signature _____

*clinical instructor is to make a copy of the signed form & retain for student records

Campus Lab Practice

Campus Laboratory Instructor Complete Below:

The above named nursing student has practiced the procedure(s) listed above **satisfactorily** in campus lab under my supervision on (date) _____.

Instructor Signature _____ Student Signature _____

The above named nursing student has practiced the procedure(s) listed above in campus lab under my supervision and has performed **Unsatisfactorily** on (date) _____. I make the following recommendations to the student:

Instructor Signature _____ Student Signature _____

*Campus laboratory instructor – make a copy & file in nursing office with the School of Nursing administrative assistant.

Nursing Student:

Student must return this form to the clinical instructor.

Clinical instructor signature _____

Date form returned _____

*Attach to clinical evaluation (clinical instructor)

JG/jg Community Service Hours Validation Form Lab Referral Form 05 Revised 7/7/05; Updated 7/10/07; Reviewed 7/8/09; Reviewed 7/26/10

Clinical Supervision of Nursing Students

Purpose:

The purpose of this policy is to provide guidelines for compliance with the Georgia Nurse Practice Act and the Georgia Board of Nursing Rules & Regulations, and to protect public safety during undergraduate nursing student clinical learning experiences.

Policy:

1. This policy applies to all nursing students and nursing faculty members, both full and part time, and registered nurses (RN) accepting the role of preceptor for undergraduate nursing students.
2. Students may perform the following activities ONLY under the direct supervision of a faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor (this specifically **EX**cludes supervision by any NON-registered nurse, such as LPN, Physician's Assistant, or others):
 - a. Invasive procedures
 - b. Administration of medication by any route (eg. PO, ID, SQ, IM, IV)
3. Students may administer medications by any route ONLY after the seven rights (*right patient, medication, dose, route, time, right to refuse, right documentation*) have been verified by the faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor.
4. The registered nurse (faculty member, RN preceptor, or designated RN) who supervises a nursing student in the performance of any nursing activity will co-sign all related entries into the patient record made by the student. This includes, but is not limited to,:
 - a. administration of medications by any route
 - b. performance of any invasive procedure
 - c. nurses notes of any type
5. Legal signatures in patient records
 - a. Faculty Member: *First name, Last name, RN, CSU*
 - b. Nursing Student: *First name, Last name, CSU-NS*

I have read and understand my responsibilities outlined in the above policy.

PRINTED NAME *Nursing Student*

SIGNATURE *Nursing Student*

Date

JG/jg Clinical Supervision Policy Fac 04 05/16/04

Reviewed by Education Consultant, Georgia Board of Nursing, July 2004; Reviewed 7/16/07; Reviewed 7/08/09; Updated 7/26/10

COMMUNITY SERVICE VALIDATION FORM

STUDENT NAME _____ JUNIOR SENIOR
(Clearly Print Full Name)

INSTRUCTIONS

1. **PRIOR** to participating in a service activity for which you wish to earn points within the School of Nursing, it is advised that you have your CLASS FACULTY ADVISOR sign & date approval of the activity.
2. **WHEN** you participate in the approved service activity, you must have an official at the event sign validation of your hours contributed.
3. **UPON COMPLETION** of the service activity, save this original form for submission at the end of the semester. It is recommended that you save a copy of every form submitted for your own records.

NOTE: It is your responsibility to obtain required validation signatures and save these forms for validation of community service hours. Credit for service hours will only be granted for those hours documented accurately and presented on this form. NO credit will be given for lost forms.

NAME OF SERVICE ACTIVITY:	
SPONSOR OF SERVICE ACTIVITY:	
LOCATION OF SERVICE ACTIVITY:	
DATE / TIMES OF SERVICE ACTIVITY:	
APPROVAL OF CLASS FACULTY ADVISOR:	
Signature _____	Date _____
VALIDATION OF SERVICE HOURS WORKED:	
# Hours Volunteer Service: _____	Date _____
Signature & Title of Official Representative _____	

Employment Record of Nursing Students

REQUIREMENT: Nursing students are required to complete this form and keep it updated. A form will be completed when students are first enrolled in the program and filed in the student's permanent record in the School of Nursing office. It is the student's responsibility to update this form in the department office if any changes to employment status occur while the student is enrolled in the nursing program at CSU.

Student Name _____ Date _____
(printed)

HEALTH RELATED LICENSES

_____ YES _____ NO

Do you hold a current license in a health care field?

(If answer is NO, go
to next part of form)

If so, what license do you hold?

_____ Practical Nurse (LPN, LVN)
_____ Emergency Medical Technician (EMT)
_____ Paramedic
_____ Therapist (any type) name type _____
_____ Other Name of license _____

License # _____ State _____

****Take the original license to the School of Nursing office and the secretary will make a copy for our records. You may not bring a copy that you have made. The original must be viewed by the department.**

EMPLOYMENT

Are you employed in *any capacity* while a student in the BSN Program?

_____ YES _____ NO *IF the answer is NO, stop here and sign form.*

Name of employing institution _____

Average # of hours worked per week _____

My signature below indicates that the above information is true and current And that I understand the requirement to take my original license(s) to the nursing office for photocopying.

Student Signature: _____ Date: _____

MEDICAL/EMERGENCY CARE

I UNDERSTAND THAT AS A NURSING STUDENT AT COLUMBUS STATE UNIVERSITY I AM NOT COVERED BY WORKMAN'S COMPENSATION, NOR IS THE CLINICAL FACILITY RESPONSIBLE FOR ANY INJURIES I MIGHT INCUR WHEN FUNCTIONING IN THIS ROLE.

IF MEDICAL CARE IS NEEDED I MAY SELECT THE FACILITY AND PHYSICIAN AND WILL BE RESPONSIBLE FOR THE FINANCIAL ARRANGEMENTS OF SUCH TREATMENT.*

I HAVE BEEN ADVISED TO OBTAIN PERSONAL HEALTH INSURANCE, THOUGH I HAVE THE RIGHT TO WAIVER IT. I AM INDICATING BELOW MY DECISION REGARDING HEALTH INSURANCE BY INITIALING THE APPROPRIATE STATEMENT.

MY SIGNATURE INDICATES THAT THIS INFORMATION HAS BEEN EXPLAINED TO ME AND ANY QUESTIONS ANSWERED TO MY SATISFACTION.

_____ I have obtained health insurance for myself.

_____ I decline to obtain health insurance and assume full responsibility for costs and financial arrangements for all health care I receive.

DATE

STUDENT SIGNATURE

DATE

WITNESS SIGNATURE

*All medical or health care (emergency or otherwise) that a student or College faculty member receives at the Facility will be at the expense of the individual involved.

From: Memorandum of Understanding Concerning Affiliation of Students for Clinical

NURS 4377 FINAL EXAM POLICY - Exit Exam

PURPOSE

- NURS 4377 is a capstone nursing course designed to synthesize knowledge, skills and attitudes taught throughout the program and finalize preparation for NCLEX-RN success as well as competent professional practice.
- The Nursing Exit Exam is the final exam for NURS 4377 and is one of many tools used throughout the nursing program to:
 - o prepare students for success on first attempt on NCLEX-RN exam
 - o measure the ability of senior students to think critically and synthesize knowledge to make safe judgments and decisions in the discipline of nursing
 - o provide information for the ongoing, systematic evaluation of the curriculum (as required for national accreditation)

POLICY

- NURS 4377, Senior Preceptorship, is a capstone nursing course taken spring semester of the senior year. **To pass this course, students must meet all requirements of the course, which include participation in the NCLE-RN review, successful completion of a clinical preceptorship, and passing the final exam.**
- The Nursing Exit Exam is the final exam for NURS 4377. A passing benchmark score is set by the School of Nursing which must be achieved in order to pass the exam and thus the course. The exam vendor & passing score are determined by the School of Nursing.
 - o Senior nursing students are allowed up to two (2) attempts to achieve a passing score on the nursing exit exam during NURS 4377 spring semester.
 - o Students must wait at least 21 days between exam attempts in order to provide time for review in any areas of weakness.
 - o Students who do not achieve a passing score in two attempts will earn a grade of "Unsatisfactory" for NURS 4377 for spring term, which is course failure. The "U" does not impact GPA.
- Students who fail NURS 4377 spring semester due to inadequate participation in the NCLEX-RN Review OR unsatisfactory performance in clinical preceptorship experience will be allowed to retake the course IF they have not failed a nursing course previously.
 - o *If the NURS 4377 failure is a second failure, the student will NOT be eligible to repeat the course, in accordance with School of Nursing policy which allows a student to repeat only one nursing course in the program.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
- Students who fail NURS 4377 ONLY due to final exam failure will be allowed to repeat NURS 4377 even if they have previously failed one nursing course.
 - o *This will be the ONLY exception to the School of Nursing progression policy which allows a student to repeat only one nursing course in the program. This exception in this very specific circumstance will in no way be used as a precedent or rationale for any other exception to the progression policy.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
 - o These students will be offered options when NURS 4377 course is repeated, which include:
 - **OPTION #1:** Retake entire course, including NCLEX-RN Review, preceptorship, and attempts to pass the final exam. Students may retake the same NCLEX-RN Review provided spring semester at no additional charge, but must locate a place and time the course is being offered and assume responsibility for all travel and expenses related to attending.
 - **OPTION #2:** Receive credit for completion of both the NCLEX-RN Review and the preceptorship experience, and participate in only the activities planned to help students succeed on the final exam. The teaching-learning format will be a "guided study" in which course faculty facilitate the review/study process and students are responsible for actively engaging in the recommended learning activities.
- Students repeating the course in either option above will be allowed to take the final exam after at least 21 days of review & study to strengthen weak areas. This pattern of review & study followed by an exam attempt may continue through the term for up to 5 attempts to pass the exam. If needed, students may be given an "incomplete" in order to continue attempts to pass the exam up to 5 attempts. Students who have not passed the final exam in 5 attempts will earn a grade of "U" and will not be eligible to return to the program.
- This policy provides students a total of 7 attempts to pass the NURS 4377 final exam ... 2 when the course is first taken and 5 during a repeated course.

I have read and understand this requirement and policy.

Student Name Printed _____

Student Signature _____ **Date** _____

Approved CSU BSN Curriculum Committee (latest review & approval November 2006; Summer 2008; July 2009)

**COLUMBUS STATE UNIVERSITY
SCHOOL OF NURSING
COLUMBUS, GEORGIA**

STUDENT HANDBOOK PLEDGE

I have read and understand the contents of the 2010-2011 Nursing Student Handbook and agree to abide and be governed by the policies set forth and described in this handbook.

HONOR PLEDGE

I understand and agree that all work to which I put my name and submit as my work will be my own original work. I further agree that I am responsible for reporting, and will report, any suspected or known instance wherein others have cheated or violated this pledge.

DATE

STUDENT SIGNATURE

STUDENT PRINTED NAME

** Every nursing student must read this handbook, sign this statement, and submit to designated Course Coordinator by the end of the first week of class each fall.

Sample Letter of Exception

December 25, 2020

Dear Dr. Frander, Course Coordinator,

I am requesting an exception to the attendance policy as stated in the Columbus State University School of Nursing Student Handbook. I have missed 10 hours of class time and 14 hours of clinical time due to illness. I was unable to attend class or clinical due to an elevated temperature and productive cough for 5 days. I am providing a dated, signed note from my physician as documentation of my extenuating circumstances (see attached). I would like to request to make-up the 14 hours of clinical time. I would also like to be allowed to continue in the NURS 3275.

Thank you for your consideration in this matter.

Sincerely,

Student's Name

Student's CSU ID#

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

COMMISSION ON COLLEGIATE NURSING EDUCATION
ON-SITE EVALUATION: March 3-5, 2010
EVALUATION TEAM:
Therese Shipps, DNSc, RN, Team Leader
Sheila Adams, EdD, RN
Amelia Joseph, MBA, RN

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.



School of Nursing CCNE Self Study Baccalaureate Nursing Program

INTRODUCTION

Located in the growing northeast section of Columbus, Georgia, Columbus State University (CSU) is a senior unit of the University System of Georgia. Established by the Board of Regents in 1958 as a Junior College, it rapidly progressed from a two-year institution to a comprehensive college and in 1996 was elevated to University status. Columbus State University has a student body of over 8000. The 132-acre campus includes over 20 buildings, student housing in both dormitory and apartment style arrangements, and a wide variety of indoor and outdoor recreational facilities. Computer labs across campus provide student access to e-mail, word processing and online research, as well as instructional technology throughout the campus. The Simon Schwob Memorial Library provides online access to more than 100 data bases and to over 500 electronic full-text journals, including nursing journals.

Three off-campus centers provide unusual learning environments for CSU students and for the region's school children and residents. The *Oxbow Meadows Environmental Learning Center* is a living laboratory where students of all ages can observe and study nature. CSU's *Coca-Cola Space Science Center* houses a Challenger Learning Center, a planetarium theater that is technologically one of the best in the nation, and the Mead Observatory. CSU's nationally renowned Schwob School of Music and the Art and Theater programs are located in state-of-the-art performing arts facilities at the *River Center* uptown campus.

Columbus State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, educational specialist degrees and the recently instituted Doctor of Education degree.

School of Nursing History

The School of Nursing is housed in Illges Hall with administrative offices located on the third floor as well as faculty offices, classrooms and conference rooms located on first, second and third floors. The school facility includes the administrative suite, three large (100 seat) media-equipped classrooms, a faculty conference room, a student conference room, individual private faculty offices, a faculty/staff lounge, two campus labs containing a total of 17 beds, a computer lab containing 24-student stations & one instructor station, a Student Nurses

Association office, and the Pi Beta chapter of Sigma Theta Tau office. Space on the ground floor has been renovated to house the graduate program planned for the future and includes a conference room, computer lab (eight stations) and three faculty offices.

Columbus State University first offered a nursing program of study at the associate degree level in 1967. The program was established as a Department of Nursing under the governance of the Academic Dean. This program was fully accredited by the National League for Nursing Accreditation Commission (NLNAC) until its closure in 2001.

The Board of Regents of the University System of Georgia granted provisional approval establishment of a baccalaureate nursing program in 1983. The first BSN class was admitted in the fall of 1984. The NLNAC program evaluation visit for initial accreditation of the baccalaureate nursing program took place in November, 1986. A full eight years accreditation was granted by NLNAC in March, 1987. The associate degree and baccalaureate degree programs were both in place until the associate degree program closed in 2001.

For many years, the Department of Nursing was an academic unit within the College of Science. In spring 2009, the Department of Nursing became a School of Nursing, a structure better suited to the growth of the undergraduate program and development of a graduate program in nursing. In summer 2009, the CSU administration undertook a swift reorganization of the entire university and collapsed six colleges into four. The School of Nursing as well as Department of Health Science was moved to the College of Education, which was renamed the College of Education and Health Professions. The current organizational chart is provided at the conclusion of this introduction.

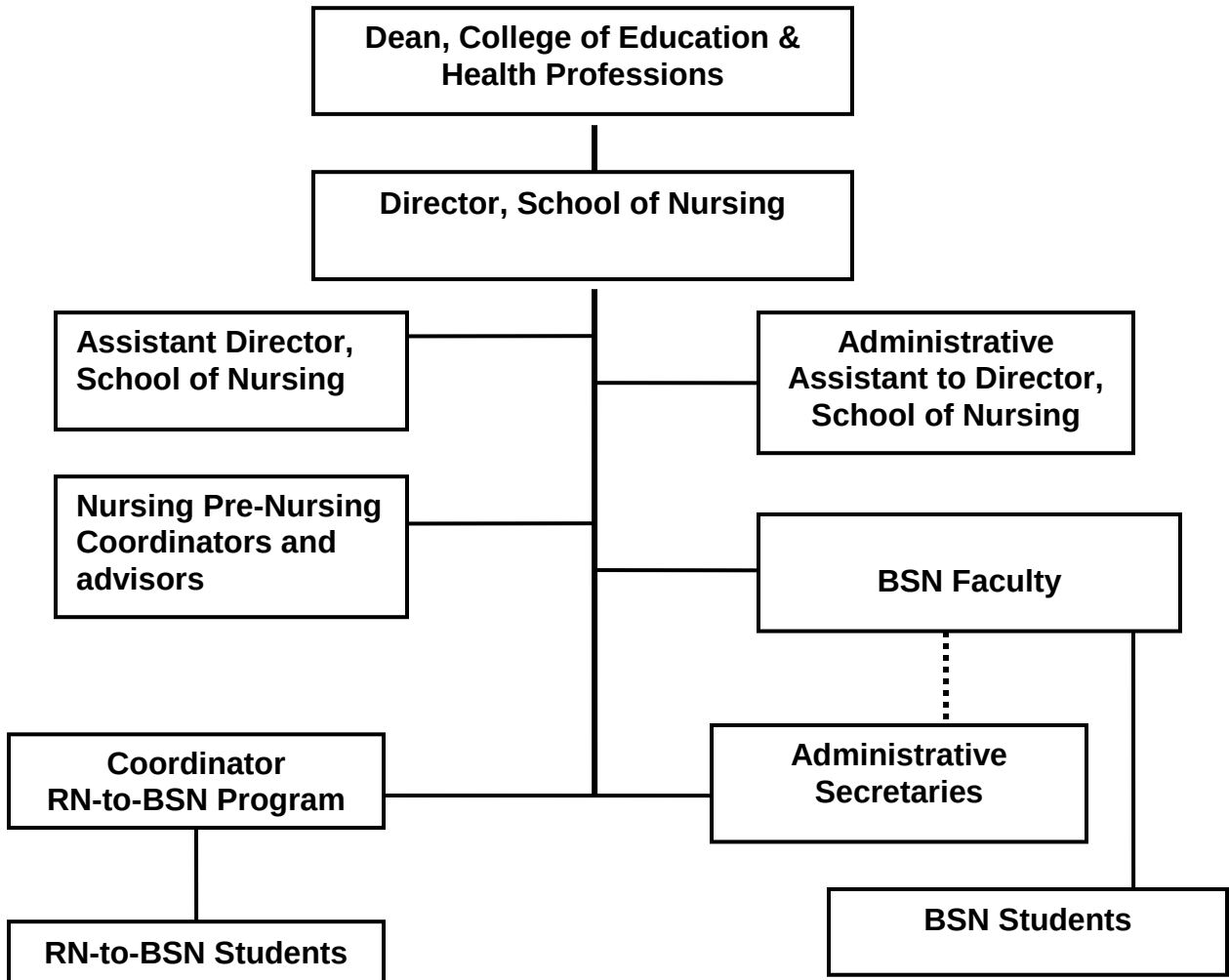
Since 2002, BSN program enrollment has tripled as a result of efforts to increase the number of nursing graduates to help alleviate an unprecedented national and local nursing shortage. In 2008, the graduation rate increased to over 80%, in large part due to a ground-roots faculty led Nursing Student Success Program.

The Bachelor of Science in Nursing program has full approval by the Georgia Board of Nursing, who last conducted a site visit and evaluation April 2008 (Appendix A). It is also accredited by the National League for Nursing Accrediting Commission through December 2010. The program is in the process of seeking national accreditation through the Commission on Collegiate Nursing Education (CCNE).

Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (912) 207 1640
www.sos.state.ga.us/ebd-rn

National League for Nursing Accrediting Commission
61 Broadway – 33rd Floor
New York City, NY 10006
Telephone: 800-669 1656 Extension 153
www.nlnac.org

School of Nursing Organizational Chart Fall 2009



Faculty and Administration Roster: Spring 2010

Dr. David Rock	Professor and Dean, College of Education & Health Professions
Dr. June Goynes	Professor and Director, School of Nursing
Dr. Sheri Noviello	Professor and Assistant Director, School of Nursing

Faculty

Dr. Rhonda Hollis	Professor
Ms. Jean Arrighi	Associate Professor
Ms. Elizabeth Frander	Associate Professor (in DNP program)
Ms. Amanda Hawkins	Associate Professor
Ms. Gail Jones	Associate Professor (in DNP program)
Ms. Therese Lahnstein	Associate Professor (in EdD program)
Ms. Noreen McDonough	Associate Professor (in PhD program)
Ms. LaTonya Santo	Associate Professor (in EdD program)
Dr. Cheryl Smith	Associate Professor
Ms. Tammy Condrey	Assistant Professor
Ms. Sherika Derico	Assistant Professor
Ms. Carlie Frederick	Assistant Professor
Ms. Stephanie Lewis	Assistant Professor
Ms. Mimi Merriman	Assistant Professor
Ms. Dell Miller	Assistant Professor

Part-Time Faculty

Ms. Sarah Angermuller, MSN, Class & Clinical Instructor (Professor Emeritus)
 Ms. Bobbie Hunter, MSN, Clinical Instructor
 Ms. Sally Richter, MSN, Clinical Instructor
 Ms. Julie Starr, MSN, Clinical Instructor
 Ms. Wanda Street, MSN, Clinical Instructor
 Ms. Katrina Blocker, BSN, Clinical Instructor
 Ms. Mandy Bowden, BSN, Clinical Instructor
 Mr. Mike Hill, BSN, Clinical Instructor
 Ms. Rebecca Huggins, BSN, Clinical Instructor
 Ms. Tonya Kemper, BSN, Clinical Instructor (in MSN program)
 Ms. Annie Lewis, BSN, Clinical Instructor
 Ms. Marie McIntosh, BSN, Clinical Instructor
 Ms. Leslie Painter, BSN, Clinical Instructor (in MSN program, will graduate May 2010)
 Ms. Rachel Posey, BSN, Clinical Instructor
 Ms. Anne Rigdon, BSN, Clinical Instructor
 Ms. Mindy Scheible, BSN, Clinical Instructor

Pre-Nursing Coordinators

Ms. Judy Davidson, MSN, Pre-nursing Coordinator (Professor Emeritus)
 Ms. Joanne Warden, MSN, Pre-nursing Coordinator

Administrative Staff

Ms. Birgit Gatlin, Administrative Assistant
 Ms. Kim Riley, Administrative Secretary
 Ms. Shannon Probst, Administrative Secretary

The University System of Georgia (USG) has recently completed a review and revision of the core curriculum guidelines for all USG institutions. *“The (USG) Committee found a clear desire for two goals that are in tension: ease of transfer and institutional flexibility to develop cores that fit their unique missions. In addition, the current grave economic context means that any changes to the core must not impose any significant additional costs on institutions”* (<http://core.usg.edu/uploads/CorePolicy2009-09-23.pdf>). Specific changes will be discussed in this report.

The BSN curriculum has undergone a thorough review and revision over the past two years, which is discussed in detail later in this report. Fall 2009, the junior level of the revised curriculum was implemented with the incoming junior level students, while the last iteration of the previous senior year was still in place for student who were admitted fall 2008. The revised senior year courses will be taught for the first time beginning fall 2010 and the first class under the revised curriculum will graduate spring 2011. Both the pre-revision and the revised BSN curriculum schema are provided below. Note that the numeric annotation (eg 3-6-5) following each course provides the following information:

- first digit is number of classroom hours
- second digit is the number of clinical hours (3 clinical hours = 1 academic credit)
- third digit is the number of credit hours awarded for the course

Appendix Q contains a brief glossary of terms and abbreviations unique to the institution, state or region.

BACCALAUREATE NURSING PROGRAM **CURRICULUM SCHEMA: REGULAR STUDENT (PRE-REVISION)**

Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN	FALL SEMESTER	SPRING SEMESTER
	ENGL 1101 3-0-3 MATH (Area A Math Elective) 3-0-3 HUMANITIES (Area C Elective) 3-0-3 CHEM 1151 3-0-3 CHEM 1151L 0-2-1 PHED 1205 1-2-2 TOTAL CREDITS = 15	ENGL 1102 3-0-3 CHEM 1152 3-0-3 CHEM 1152L 0-2-1 COMM 1110 3-0-3 FINE ARTS (Area C Elective) 3-0-3 HIST 2111 or 2112 3-0-3 TOTAL CREDITS = 16
SOPHOMORE	FALL SEMESTER	SPRING SEMESTER
	BIOL 2221 3-2-4 POLS 1101 3-0-3 WORLD CULT. (Area E) 3-0-3 STATS 1127 3-0-3 BEHAVIOR SCI.(Area E Elective) 3-0-3 TOTAL CREDITS = 16	BIOL 2222 3-2-4 PSYC 1101 3-0-3 PEDS 0-2-1 BIOL 2225 3-2-4 *ITDS, Foreign Language, or Lib 1-0-1 **Science/Math/Technology 3-0-3 TOTAL CREDITS = 16

Article I. Upper Division Course Requirements - Total Credits: 60

JUNIOR	FALL SEMESTER	SPRING SEMESTER
	NURS 3275 6-8-8 NURS 3276 2-3-3 NURS 3175 4-0-4 TOTAL CREDITS = 15	NURS 3277 8-12-12 NURS 3279 3- 0- 3 NURS 3176 2- 0- 2 TOTAL CREDITS = 17
SENIOR	FALL SEMESTER	SPRING SEMESTER
	NURS 4175 3-0-3 NURS 4280 7-12-11 TOTAL CREDITS = 14	NURS 4177 4-0-4 NURS 4279 4-9-7 NURS 4377 0-9-3 TOTAL CREDITS = 14

Degree: BS in Nursing

Non-Nursing: 63
Nursing: 60
Total Credits: 123

* (Area B) Institutional Options
** (Area D) Science/Math/Technology

AREA A ESSENTIAL SKILLS Req. Hours:9	COURSE TAKEN	AREA F – COURSES TO MAJOR Req. Hours: 18	COURSE TAKEN
English Composition I	ENGL 1101	Human A & P 1	BIOL 2221
English Composition II	ENGL 1102	Human A & P 2	BIOL 2222
MATH		Microbiology for the Health Sciences	BIOL 2225
AREA B INSTITUTIONAL OPT Req. Hours:4		Introduction to General Psychology	PSYC 1101
Communications	COMM 1110	Introductory Statistics	STATS 1127
LEAD or LIBR or ITDS or Foreign Language		AREA G PROGRAM REQUIREMENTS Req. HRS: 60	
AREA C HUMANITIES/FINE ARTS Req. Hours:6		Foundations of Nursing Practice	NURS 3275
Fine Arts		Intro to Health Assessment and Wellness	NURS 3276
Humanities		Pharmacology in Nursing	NURS 3175
AREA D SCIENCE/MATH/TECH Req. Hours:11		Basic and Therapeutic Nutrition	NURS 3176
Survey of Chemistry 1	CHEM 1151	Advanced Nursing Practice	NURS 3277
Survey of Chemistry 1 Lab	CHEM 1151L	Applied Pathophysiology	NURS 3279
Survey of Chemistry 2	CHEM 1152	Nursing Research	NURS 4175
Survey of Chemistry 2 Lab	CHEM 1152L	Community & Family Nursing	NURS 4280
SCIENCE/MATH/TECHNOLOGY		Leadership in Nursing	NURS 4177
AREA E SOCIAL SCIENCES Req. Hours:12		Complex Care in Nursing Practice	NURS 4279
History	HIST 2111 <u>or</u> HIST 2112	Senior Preceptorship	NURS 4377
Government	POLS 1101		
World Cultures		Total Hours Required = 123	
Behavioral Sciences			
WELLNESS REQUIREMENT Req. Hours:3			
Concepts of Fitness	PHED 1205		
Select any <u>one</u> PEDS course			

CURRICULUM SCHEMA: REGULAR STUDENT (REVISED 2009)
Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
ENGL 1101	3-0-3	ENGL 1102	3-0-3
MATH (Area A Math Elective)	3-0-3	CHEM 1152	3-0-3
HUMANITIES (Area C Elective)	3-0-3	CHEM 1152L	0-2-1
CHEM 1151	3-0-3	COMM 1110	3-0-3
CHEM 1151L	0-2-1	FINE ARTS (Area C Elective)	3-0-3
PHED 1205	1-2-2	HIST 2111 or 2112	3-0-3
TOTAL CREDITS = 15		TOTAL CREDITS = 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
BIOL 2221	3-2-4	BIOL 2222	3-2-4
POLS 1101	3-0-3	PSYC 1101	3-0-3
WORLD CULT. (Area E)	3-0-3	PEDS	0-2-1
STAT1127	3-0-3	BIOL 2225	3-2-4
BEHAVIOR SCI.(Area E Elective)	3-0-3	*ITDS, Foreign Language, or LIBR	1-0-1
		**Science/Math/Technology	3-0-3
TOTAL CREDITS = 16		TOTAL CREDITS = 16	

Article II. Upper Division Course Requirements - Total Credits: 60

JUNIOR FALL SEMESTER		SPRING SEMESTER	
NURS 3111	1-0-1	NURS 3112	2-0-2
NURS 3275	5-9-8	NURS 3277	7-11-10
NURS 3276	1-3-2	NURS 3279 (online)	3- 0- 3
NURS 3175	4-0-4	TOTAL CREDITS = 15	
TOTAL CREDITS = 15			
SENIOR FALL SEMESTER		SPRING SEMESTER	
NURS 4175 (online)	3-0-3	NURS 4112	2-0-2
NURS 4111	2-0-2	NURS 4279	7-11-10
NURS 4280	7-11-10	NURS 4377	0-9-3
TOTAL CREDITS = 15		TOTAL CREDITS = 15	

Degree: BS in Nursing

Non-Nursing: 63

Nursing: 60

Total Credits: 123

* (Area B) Institutional Options
 ** (Area D) Science/Math/Technology

AREA A ESSENTIAL SKILLS Req. Hours:9	COURSE	AREA F – COURSES TO MAJOR Req. Hours: 18	COURSE
English Composition I AND II	ENGL 1101, 1102	Human A & P 1 AND Human A & P 2	BIOL 2221, 2222
MATH		Microbiology for the Health Sciences	BIOL 2225
AREA B INSTITUTIONAL OPT Req. Hours:4		Introduction to General Psychology	PSYC 1101
Communications	COMM 1110	Introductory Statistics	STAT 1127
LEAD or LIBR or ITDS or Foreign Language		AREA G PROGRAM REQUIREMENTS Req. HRS: 60	
AREA C HUMANITIES/FINE ARTS Req. Hours:6		Professional Clinical Nursing I	NURS 3275
Fine Arts		Introduction to Health Assessment and Wellness	NURS 3276
Humanities		Pharmacology in Nursing	NURS 3175
AREA D SCIENCE/MATH/TECH Req. Hours:11		Professional Development Perspectives I	NURS 3111
Survey of Chemistry 1	CHEM 1151	Professional Clinical Nursing II	NURS 3277
Survey of Chemistry 1 Lab	CHEM 1151L	Professional Development Perspectives II	NURS 3112
Survey of Chemistry 2	CHEM 1152	Applied Pathophysiology	NURS 3279
Survey of Chemistry 2 Lab	CHEM 1152L	Evidence-Based Practice (online)	NURS 4175
SCIENCE/MATH/TECHNOLOGY		Professional Development Perspectives III	NURS 4111
AREA E SOCIAL SCIENCES Req. Hours:12		Professional Clinical Nursing III	NURS 4280
History	HIST 2111 <u>or</u> 2112	Professional Development Perspectives IV	NURS 4112
Government	POLS 1101	Professional Clinical Nursing IV	NURS 4279
World Cultures		Senior Preceptorship	NURS 4377
Behavioral Sciences			
WELLNESS REQUIREMENT Req. Hours:3			
Concepts of Fitness AND any <u>one</u> PEDS course	PHED 1205	Total Hours Required = 123	

AACN Standards for Accreditation of Baccalaureate Degree Nursing Programs

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.

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 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.

Program Response:

The nursing program's mission statement and expected student outcomes are published on the Columbus State University (CSU) nursing website (<http://nursing.colstate.edu/>), in the CSU catalog online and print versions (http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp) and in the BSN Student Handbook (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc>) thus is accessible to all current and prospective students.

In June 2009, both the School of Nursing and Baccalaureate of Science in Nursing (BSN) Program mission statements, as well as the BSN program outcomes, (<http://nursing.colstate.edu/>) were updated for consistency with the CSU mission, goals and objectives which had been revised and approved spring 2009 under a new university president (http://www.colstate.edu/aboutcsu/strategic_plan.asp). Both the CSU and School of Nursing

mission statements emphasize academic excellence, learner centered teaching, creative inquiry, student engagement, leadership, service, and life-long learning. The BSN program mission statement provides its specific mission within these broad areas for the educational preparation of professional nurse generalists (<http://nursing.colstate.edu/>). The BSN program philosophy / organizing framework (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc> pages 18-21; Appendix F) was evaluated and updated to better support the new mission statement and enable the new program outcomes. National standards used by the program were reviewed and updated. The decision was made to pursue accreditation by the Commission on Collegiate Nursing Education (CCNE), thus their standards for accreditation for baccalaureate nursing programs replaced the previously used National League for Nursing Accrediting Commission (NLNAC) accreditation standards. Table 1 provides a list of standards reviewed and either retained or added for incorporation into the revised curriculum.

Table 1 National Standards for BSN Program

Standard	Access
CCNE Standards for Accreditation of Baccalaureate Degree Nursing Programs (2010)	http://www.aacn.nche.edu/accreditation/pdf/standards09.pdf
Georgia Board of Nursing (GBN) standards (GBN Rules and Regulations, Chapter 410-3, 2009)	http://rules.sos.state.ga.us/cgi-bin/page.cgi?q=GEORGIA_BOARD_OF_NURSING%2FNU RSING_EDUCATION_PROGRAMS%2Findex.html&d=1)
AACN Baccalaureate Essentials (2008)	http://www.aacn.nche.edu/Education/bacessn.htm
Quality and Safety Education for Nurses (QSEN) standards	http://www.qsen.org/
ANA Standards of Nursing Practice and Standards of Professional Performance (2004)	Table 2, ANA Standards 2004
NCLEX-RN Test Plan	https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf

Table 2 ANA Standards 2004

ANA Standards of Care	
Standard	Definition
Standard I. Assessment	The nurse collects patient health data
Standard II. Diagnosis	The nurse analyzes the assessment data in determining diagnoses
Standard III. Outcome Identification Standard IV. Planning	The nurse identifies expected outcomes individualized to the patient The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
Standard V. Implementation	The nurse implements the interventions identified in the plan of care.
Standard VI. Evaluation	The nurse evaluates the patient's progress toward attainment of outcomes.

<u>ANA Standards of Care</u>	
Standard	Definition
<u>ANA Standards of Professional Performance</u>	
Standard I. Quality of Care	The nurse systematically evaluates the quality and effectiveness of nursing practice.
Standard II. Performance Appraisal	The nurse evaluates one's own nursing practice in relation to professional practice standards and relevant statutes and regulations.
Standard III. Education	The nurse acquires and maintains current knowledge in nursing practice.
Standard IV. Collegiality	The nurse interacts with and contributes to the professional development of peers and other health care providers as colleagues.
Standard V. Ethics	The nurse's decisions and actions on behalf of patients are determined in an ethical manner.
Standard VI. Collaboration	The nurse collaborates with the patient, family and other health care providers in providing patient care.
Standard VII. Research	The nurse uses research findings in practice.
Standard VIII. Resource Utilization	The nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.

American Nurses Association (ANA) Scope and Standards of Nursing Practice, 2004

Table 3 gives examples of how the BSN program outcomes and philosophy / organizing framework concepts are congruent with QSEN competencies. During the most recent GBN site visit and evaluation, the CSU Baccalaureate Nursing Program was fully re-approved with ten commendations and no recommendations (Appendix A).

Table 3 Congruency of BSN Program and Selected Standards

BSN Program Outcomes	QSEN Competencies	BSN Program Concepts
Nurse generalist	Patient centered care; Teamwork & collaboration; EBP; Quality Improvement Safety ; Informatics	Individuals: unique, dynamic – physical, psychological, social, cultural, behavioral, ethical, developmental and spiritual variables. Nursing: concerned with human responses to health issues in a variety of settings
Liberal arts education	Teamwork & collaboration; EBP; Informatics	Nursing: practice in diverse, complex, ever-changing, global environments Nursing Education: Liberal arts education
Safe, patient centered care	Patient centered care; Safety	Health: physical, mental, social well-being Nursing: design & promote safe, cost effective, quality patient care

BSN Program Outcomes	QSEN Competencies	BSN Program Concepts
Optimal patient outcomes	Patient centered care; Teamwork & collaboration; EBP; Safety; Informatics	Nursing: assist individuals to maximize their independence and quality of life...promote, restore or maintain health...support a peaceful death.
Quality improvement process	Quality Improvement; Teamwork & collaboration; EBP; Safety	Nursing: implement measures for health promotion and risk reduction
Evidence based practice	Patient centered care; EBP; Safety	Nursing: practices from an evidence base Nursing Education: evidence based practice
Clinical decision making	Patient centered care; Teamwork & collaboration; EBP; Safety; Informatics	Critical thinking as foundation for professional judgment, decision making and problem solving
Communication and collaboration	Patient centered care; Teamwork & collaboration; Informatics	Individuals: interact with each other; Nursing: nurse patient partnerships for mutual planning of care and health care decision making Nurse Roles: provider of care - teamwork and collaboration
Interdisciplinary health care team	Teamwork & collaboration	Nurse Role: designer of care – nurse functions autonomously and interdependently within the health care team
Information technology	Informatics	Nurse Role: provider of care – professional knowledge, skills and attitudes related to ... informatics.
Leadership	Patient centered care Teamwork & collaboration	Nurse Role: provider, designer of care – knowledge, skills and attitudes related to ... organization, delegation, supervision and leadership
Nursing roles	Patient centered care Teamwork & collaboration EBP Safety Informatics	Nurse Roles: provider of care, designer/manager/coordinator of care, member of profession

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 BSN Program Evaluation Plan (Appendix C) specifies the triggers, which are either time frame or an event) to review and evaluate the need for revision of the BSN mission, goals and expected student outcomes. These triggers include a) every three years, b) institution change of mission / vision / goals, or c) change in nursing program. Table 4 outlines the defined process and the results within the past three years.

Table 4 Mission, Philosophy, Program Outcomes Review Results 2007-2009

Document Location	Responsible Party	Assessment Time / Frequency	Assessment Method / Benchmark	Assessment Data / Results
CSU Catalog, BSN Student Handbook, BSN website	Chair, Curriculum Committee	Every 3 years OR if CSU mission, philosophy, or goals change OR if nursing program changes.	Review & revise for consistency with currency: • CSU mission / vision / goals • GBN Rules and Regulations • Accreditation standards NLNAC (through 2009) • NCLEX-RN test plan. Nursing practice standards: • ANA Nursing Scope & Standards for Practice • AACN Baccalaureate Essentials • QSEN competencies (adopted 2009)	2007 - CSU developed new mission / vision / goals AND NCSCN implemented new NCLEX-RN test plan spring 2007. BSN Program mission, philosophy, organizing framework and program outcomes were updated with emphasis on better incorporating outcomes for nurse in 21 st century. Curriculum map was updated and major curriculum review & revision begun. 2009 New CSU mission and strategic goals were approved spring 2009. June 2009, School of Nursing adopted QSEN competencies as basis for revised program outcomes. BSN philosophy and organizing framework reviewed and combined.

The needs and expectations of the community of interest (Table 5 Community of Interest) have also been incorporated into all reviews and revisions, primarily through the CSU School of Nursing Advisory Board (http://nursing.colstate.edu/nursing_advisory_board.asp). In addition to discussions in board meetings, two advisory board members have served on the BSN Curriculum Committee (Ms Aleta Henderson, Doctors Hospital and Ms Jill Hiers, St Francis Hospital) and have provided significant insights and contributions to the curriculum revisions made in the past two years. Most noteworthy recommendations include quality improvement

and risk management processes, QSEN competencies, and Joint Commission National Safety Standards.

Table 5 Community of Interest

Specific Community of Interest	Definition
Current and Future Students	Student currently enrolled in nursing courses, pre-nursing students, and potential students
Faculty	Nursing faculty members, full and part time
University	University faculty members and administration
Alumni	Past graduates of the CSU nursing program.
Parents / Family	Parents, spouses and significant others of current nursing students
Employers	Facilities and organizations that employ CSU nursing graduates
Advisory Board Members	Membership is representative of the community and employment market who are impacted by, and impact, the CSU nursing program.

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.

Program Response:

The School of Nursing has defined outcomes for faculty members in the areas of *teaching, scholarship, and service* ... the areas required by CSU (<http://faculty.colstate.edu/handbooks/ftfac/100.asp#107.1>) and the University System of Georgia. Nursing faculty outcome standards are clearly stated in the School of Nursing Faculty Performance Standards (Appendix H), along with defined levels for “*successful*” and for “*meritorious*” performance. Failure to meet the “*successful*” benchmark results in a “*needs improvement*” (*unsuccessful*) rating.

Because CSU is first and foremost a teaching university, individual faculty members are expected to meet most of the “*meritorious*” benchmarks in the area of teaching. In addition, they are expected to reach “*meritorious*” benchmarks in one of the other areas, scholarship or service. The second area chosen for “*meritorious*” performance may change from rating period to rating period, depending on preference of the faculty member. This is discussed in annual performance evaluation meetings between each faculty member and the Director, School of Nursing.

“*Meritorious*” ratings are earned based upon time commitment and clear evidence of a positive impact rather than number of activities. These standards were developed by nursing

faculty members in the current format in 2003 and have been reviewed by the faculty annually and updated since that time in 2005, 2008, and 2009.

The CSU School of Nursing defines scholarship based upon the Boyer Model of Scholarship. Scholarship so defined includes activities that contribute to a) enhancing one's own professional knowledge, skills and abilities in teaching and clinical practice, b) the application & evaluation of creative evidence based educational strategies, or c) the sharing or discovery of new knowledge. These activities advance the evidence based practice of teaching and nursing through inquiry that a) is significant to nursing, 2) is creative, 3) can be documented, 4) can be replicated and elaborated, and 5) can be peer-reviewed through various methods (Adapted from Boyer,1990). This is congruent with the definition of scholarship in nursing approved by the AACN membership in 1999

(<http://www.aacn.nche.edu/publications/positions/scholar.htm>). Because nursing is a *"profession committed to both social relevance and scientific advancement"*, it should move *"beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further the knowledge of the discipline and to obtain rewards for the professorial performance"* (AACN, 1999).

The current CSU administration is requiring a re-definition of criteria for promotion and tenure in all disciplines on campus. The directive has implications for a more focused definition of scholarship and service. As recommended by the Dean, College of Education and Health Professions, nursing faculty members immediately (December 2009) began a discussion of the new expectations and how the standards and values of nursing can be incorporated into new criteria that will be accepted at all administrative levels. This process will resume in spring 2010. Nursing faculty wish to redefine the value of "service" and fully incorporate evidence based practice into the definition of "scholarship" valued for promotion and tenure.

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 enable meaningful participation.

Program Response:

Nursing faculty members actively participate in program governance, but during this self study process it was discovered that student participation was inadequate. Investigation revealed that this was likely due to student membership on only one nursing committee and that the role of the students' participation was not clearly defined. Thus, a guideline for student

participation was developed in fall 2009 and approved in January 2010 (Appendix I). All students were oriented to this guideline, student representatives were named, and they will begin serving on the specified committees in spring 2010. This guideline will be included in the BSN Student Handbook 2010-11. The table below outlines the major avenues of faculty and student participation in self governance and some of the goals of that participation.

Table 6 Faculty and Student Participation in Program Governance

FACULTY / STUDENT	AVENUE OF PARTICIPATION	ROLES	GOAL
Faculty Roles (appointed)	Assistant Director Level Coordinator Course Coordinator Committee Chairs	Job / Role descriptions Appendix J	Clarify Faculty member awareness of role. Orient new faculty.
Faculty (appointed)	Program Leadership Team (Director, Asst Director, Level Coordinators, Program Evaluation Chair, Curriculum Chair) (minutes on secure p-drive)	Discuss issues requiring immediate decisions needing some faculty input. Refer issues to appropriate faculty committees when possible.	Team was formed & began meeting in Jan 2009
Faculty (all) and Student Representatives: Elected class representatives	Faculty meetings monthly (minutes on secure p-drive)	Active participation and contributions to decisions impacting all areas of the program.	Faculty are active but students rarely attend – when do attend, usually just provide list of complaints or requests, then leave. Action: <i>Developed guidelines for student participation in program governance published in January 2010.</i>
Faculty: Appointed Student: Appointed by committee (added Jan 10)	Curriculum Committee (minutes on p-drive)	Develop, evaluate and coordinate implementation of a curriculum that is based on current standards and is consistent throughout the program to enable achievement of program outcomes.	Complete curriculum review and revision 2007-2009 by this committee. Junior level implemented fall 2009; senior level to be implemented fall 2010 (detailed planning in progress). RN-to-BSN Program curriculum to be revised to reflect new curriculum in online format to begin fall 2010.
Faculty: Appointed Student: Appointed by committee (added Jan 10)	Program Evaluation Committee (minutes on p-drive)	Develop, evaluate and coordinate implementation of the Program Evaluation Plan. Aggregate data and provide to appropriate committees or bodies for decisions for program improvement.	Active faculty and student participation in program improvement.

FACULTY / STUDENT	AVENUE OF PARTICIPATION	ROLES	GOAL
Faculty non appointed (volunteer to serve)	Student Success Committee (minutes on p-drive)	Develop, implement, evaluate, and revise program to support student success, especially those at risk for failure.	Increase student retention rates, graduation rates and Nursing Exit Exam pass rates.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission 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.

Program Response:

All information related to the School of Nursing is kept accurate and current. Information is reviewed, updated and published online and/or in print as described in the table below. When changes are made in documents or publications, constituents are notified via email, faculty-student meetings, web-site announcements, and/or printed memoranda. Examples can be found at these web links:

- Admission Exam Changes:
<http://nursing.colstate.edu/Admission%20Exam%20Flyer%20Fall%202010.doc>
- Invitation to Provide Comments to CCNE:
<http://nursing.colstate.edu/Nursing%20CCNE%20Accreditation%20Flyer.doc>
- H1N1 Updates: <http://nursing.colstate.edu/H1N1.asp>

Table 7 Information Distribution Methods

Document / Publication	Information	Review / Distribution
CSU Catalog http://academics.colstate.edu/catalogs/index.asp CSU Nursing Website http://nursing.colstate.edu/	Nursing program offerings Nursing program outcomes Nursing accreditation/approval status CSU academic calendar Admission criteria and procedures Degree completion requirements Tuition and fees	Annual update OR when changes occur CSU catalog hard copy not available only on request
CSU BSN Handbook (print and online) http://nursing.colstate.edu	Nursing program offerings Nursing program mission, philosophy, outcomes Nursing accreditation/approval status	- Updated each summer - Hard copy distributed to students each fall

Document / Publication	Information	Review / Distribution
u/Student%20Handbook%202009-2010.doc	Admission criteria and procedures Grading policies Progression policies Degree completion requirements Expected expenses for nursing students (Numerous other policies and procedures)	• Posted online
BSN Course Requirements http://nursing.colstate.edu/info.asp	NOTE: Reflects junior level of revised curriculum and senior level of previous curriculum.	• Updated when changes made • Given to each pre-nursing student during advising • Posted in BSN Student Handbook
CougarView Senior Student Website (password protected)	Procedures for initial licensure by examination	• Updated each spring OR when changes are made

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.

Program Response:

School of Nursing faculty members participate in the development and approval of policies and procedures through the Nursing Faculty Committee, Nursing Curriculum Committee, Nursing Program Evaluation Committee and other smaller committees and task forces. School of Nursing policies and procedures are congruent with those of CSU with the exception of those required by the School of Nursing to protect patient safety and prepare graduates for success on the licensing examination as well as in clinical practice. School of Nursing policies and procedures are published in the CSU catalog (online http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing and print), the CSU SON website (<http://nursing.colstate.edu/>) and the CSU BSN Student Handbook (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc>). The CSU online catalog is updated periodically throughout the year and the print catalog is updated annually. The nursing

updates, which reflect the revised nursing curriculum, have been submitted for the CSU online and next print (2010-11) catalogs. Table 8 summarizes examples of the policies and procedures that are different or more stringent than those of CSU with rationale.

Table 8 Nursing Specific Policy Decisions with Rationale

Nursing Policy / Procedure	Rationale
Admission Requirements - Minimum nursing GPA 2.75 (2007) - Fail & repeat no more than one science course within 5 year period (2008) - Nursing admission exam (HESI A2) (2008) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing	Admission standards higher than the institution are required to select the students most likely to be successful in the nursing program. Seats are limited and the need for graduates is high. - Evidence has shown that GPA and science course grades are predictors of success in nursing programs. - History at CSU had shown that students who failed from the program had a nursing GPA at barely above minimum and/or had failed and repeated sciences multiple times before passing. - Most other nursing programs in the state were using admission exams and reported that they were a benefit in helping identify those students who had the best chance of successfully completing the nursing program. Only the A2 reading and math scores are considered because 1) pre-nursing students may take the exam prior to completing all sciences, 2) scores on the vocabulary portion of the test have not correlated with other scores (some students have not had sciences when the admission test is taken, thus do not score as well on vocabulary) Reading and math scores correlate with student success.
Progression policy Nursing student may fail & repeat only one nursing course and must repeat it when it is next offered OR at the time advised. Second failure results in student becoming ineligible to return to this program (1986) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing	Nursing students who cannot pass nursing courses in one attempt have historically had difficulty in meeting graduation requirements and passing the licensing exam if they do graduate. Because life events can be a one-time factor in a failing grade, and because historically there have been nursing students who failed one course and returned to be very successful in the program...CSU nursing students are allowed to repeat one nursing course if failed.
Essential Skills and Performance Standards (last updated 2009) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing (scroll down the page)	The BSN program mission is to prepare nurse generalists who demonstrate basic competence in all areas of professional nursing practice. The Essential Skills and Performance Standards statement outlines basic skills and behaviors required for participation and progression in the baccalaureate nursing programs at Columbus State University. These standards include intellectual / cognitive, observation, interpersonal / communication, motor, and behavioral functions. The ability to assess and observe, plan, implement, and evaluate nursing care for a patient in a reasonably independent manner is an expectation of the School of Nursing in order to protect patient safety and provide competent general nursing care.
Evaluation and Grading Policies (BSN Student Handbook)	Grading policies in nursing were developed to set benchmarks associated with success on the NCLEX-RN exam as well as in clinical practice.

Nursing Policy / Procedure	Rationale
(http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc), Course syllabi) 75% is the minimum grade for passing a nursing exam or course. To pass a nursing course, ALL requirements must be met: • Minimum 75% course exam grade average (when all exams are averaged) AND • Passing Clinical Performance Evaluation AND • Minimum 75% course grade average	• Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, which reflect knowledge and clinical decision making ability. • Students must demonstrate a basic ability to transfer and apply knowledge and skill to actual clinical situations in order to protect patient safety and meet legal standards of nursing practice. They must be able to “think on their feet”. • Passing course grade reflects at least a basic level of ability in nursing knowledge / clinical decision making (exams) and clinical practice (clinical). Non-exam assignment points allow students the opportunity to earn points in a variety of ways other than by exams and can raise a passing student’s grade OR lower a passing student’s grade to failing, BUT cannot raise a failing student’s grade to passing.
Calculations Exams (BSN Student Handbook (http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc))	To protect patient safety by prevention of medication errors related to miscalculation of dosages.
Nursing Exit Exam (BSN Student Handbook; http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing)	To prepare students for success on the NCLEX-RN licensing exam before they graduate from the program.
Pre-clinical Requirements of Health Care Facilities http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing	To protect patient safety (same as employee requirements): Criminal background check, Immunizations & TB skin testing BCLS certification, Professional liability insurance, Health insurance or health insurance waiver with notarized signature.

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.

Program Response:

The School of Nursing established a policy defining formal complaints which was last updated in 2009 (Appendix K). The policy outlines the procedures to be followed to investigate and resolve such complaints. A summary of formal complaints, actions taken and resolutions is available in the School of Nursing office.

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.

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.

Program Response:

The fiscal and physical resources are reviewed annually by the director and at the fall Nursing Strategic Planning Retreat where needs are identified and solutions are incorporated into strategic goals. During the past eight years, the School of Nursing has grown from 35 to 98 admissions per year supported by state grants, matching community hospital partner contributions, and institutional funding. Table 9 summarizes School of Nursing Funding for FY 2008-10 extracted from CSU online ledgers. Table 10 outlines strategic goals & outcomes related to fiscal and physical resources 2002-10. Appendix P contains faculty and staff position numbers and individuals filling them for 2007-08, 2008-09, and 2009-10.

Table 9 Nursing Program Funding Sources (FY 2008–10)

SOURCE	FY 08	FY 09	FY 10 (11/20/09) ½ year	COMMENT
STATE RECURRING				
Personal Services	\$1,384,917	\$1,383,115	\$1,687,818	Added 2 FT positions FY10
Operating Budget	\$ 16,000	\$ 16,000	\$ 15,040	Cut FY10 budget 10% (across campus)
Travel	0	0	0	Explanation below
STATE GRANTS				
USG Nurs Initiative	\$ 270,752	\$ 141,043	0	FY08=2 grants added together FY10 made grant funds recurring state
STUDENT FEES				
Nurs Lab Fees (only)	\$ 14,329	\$ 13,140	NA	\$36/nursing lab course
Nurs Lab/Program Fees	NA	NA	\$ 159,575	Jan09 began \$65/credit hour nursing program fee for each nursing course. Added to lab fee account
Nurs Exam Fees	\$ 70,070	\$ 138,128	\$ 50,748	Pay actual costs
PRIVATE GRANTS				Operations, Equipment, Supplies, Travel, Technology
St Francis Hospital	\$ 25,000	\$ 25,000	\$ 25,000	
CRHS Medical Center	\$ 25,000	\$ 25,000	\$ 25,000	
Doctors Hospital	\$ 25,000	\$ 25,000	\$ 25,000	
CSU GRANTS				
Student Tech Fee Grant	\$ 22,900	\$ 24,000	\$ 26,000	Technology
QEP Grant	\$ 2,000	\$ 2,000	\$ 2,000	Stipends for QEP projects
ENDOWMENTS				
Christophil Fund	\$ 37,000	\$ 35,000	0	Faculty Development (end FY10)
Griffin Fund	\$ 7,500	\$ 25,509	\$ 20,000	Host Professional Workshops
FOUNDATION GIFTS	\$ 19,153	\$ 18,000	\$ 23,000	Equipment
SCHOLARSHIPS	\$			CSU & Foundation Nursing Funds

Travel funds have not been in the nursing budget for the past eight years. Until summer 2008, nursing had approved access to an endowment fund that was used for student scholarships, faculty doctoral study, and faculty professional development and travel. In fall 2008 the will of the deceased donor was re-interpreted and the endowment was limited to only student scholarships. Since that time, limited faculty professional development has been funded by donated private funds and the parent College funds (formerly College of Science, now College of Education and Health Professions). In 2009, the operating budget for every academic unit was reduced by 6% following another state budget cut in funding to USG and its institutions.

Table 10 Fiscal & Physical Resource Goals and Outcomes

GOAL	ACTIONS	OUTCOME
Increase full time nursing faculty salaries in order to recruit & retain	2003 - 1 adjustment (<\$2000 per person), first from grant funds then recurring from state. 2006 - USG Nursing Education Initiative Grant provided \$6,000 annual supplement across the	Beginning salary for 9-month full time faculty contract is now \$52,000 plus \$3500 supplement from nursing program fees paid by students, which brings total to

GOAL	ACTIONS	OUTCOME																				
the best faculty members.	board to 9-month salaries for the grant period 2007-2010. 2009-10 - \$6000 full time faculty grant supplements converted to recurring state funding 1 year early by CSU. January 2009 CSU president added \$65/credit hour program fee to nursing courses, which pays for 75% of the part time faculty and merit-based supplements for full time faculty.	\$55,500 (still well below competitive clinical salaries ranging from \$85,000 to \$95,000). Main reason given for not applying, or for leaving once hired, is salary non- competitive with clinical position salaries that require MSN.																				
Increase funding to support program growth	2002-06: State ICAPP Grant with matching community partner funds. 2006-08: USG Initiative Grant with matching community partner funds. 2007-10: State Nursing Education Task Force grant with matching community partner funds. <table><tr><th>YRS</th><th>GRANT TOTAL</th><th>PARTNERS TOTAL</th><th>GRAND TOTAL</th></tr><tr><td>02-06</td><td>\$556,000</td><td>\$300,000</td><td>\$856,000</td></tr><tr><td>06-08</td><td>\$290,000</td><td>\$150,000</td><td>\$440,000</td></tr><tr><td>07-10</td><td>\$423,000</td><td>\$150,000</td><td>\$573,000</td></tr><tr><td>TOTAL</td><td>\$1,269,000</td><td>\$ 600,000</td><td>\$1,869,000</td></tr></table> 2010-13: Hospital community partners have committed \$200,000 annually for next five (total \$1million over 5 years) to help School of Nursing: 1) maintain expanded BSN program, 2) revise RN-to-BSN track & place online, 3) develop a masters graduate program. State appropriations operating budget remains \$16,000 annually past ten years ... personal services budget increased by 4 full time faculty positions	YRS	GRANT TOTAL	PARTNERS TOTAL	GRAND TOTAL	02-06	\$556,000	\$300,000	\$856,000	06-08	\$290,000	\$150,000	\$440,000	07-10	\$423,000	\$150,000	\$573,000	TOTAL	\$1,269,000	\$ 600,000	\$1,869,000	Streamlined, centralized pre-nursing advising center in School of Nursing staffed by nursing advisors (1.0 FTE) ... increased # of qualified applicants/year from 80 in 2002 to 140-160 per year. Increased admissions from 35 in 2001 to 98 in 2009 supported by the addition of 4 full time faculty positions, 4 part time positions, and a 3rd secretary. Full time faculty positions converted to permanent recurring state funding by 2009, but secretary still funded by soft money due to state budget cuts.
YRS	GRANT TOTAL	PARTNERS TOTAL	GRAND TOTAL																			
02-06	\$556,000	\$300,000	\$856,000																			
06-08	\$290,000	\$150,000	\$440,000																			
07-10	\$423,000	\$150,000	\$573,000																			
TOTAL	\$1,269,000	\$ 600,000	\$1,869,000																			
Acquire funding to update campus lab, classrooms, offices and technology	2002 to 2009 - ICAPP, USG Initiative, Community Funding sources (above) plus CSU Student Technology Fee Grants supported updating facilities & technology. <table><tr><th>Year</th><th>Tech Fee Grant</th><th>Used For</th></tr><tr><td>2006</td><td>\$ 22,900</td><td>SimBaby, Birth Simulator</td></tr><tr><td>2007</td><td>\$ 24,000</td><td>Sounds Tutors(7)</td></tr><tr><td>2008</td><td>\$ 26,000</td><td>Student Response Systems & clickers for 5 classrooms</td></tr></table> Completely remodeled & updated campus lab - Replaced all teaching models, stretchers, beds, equipment; added 3 high-fidelity human simulation manekins, 1 birthing simulator, 2 “Sounds Tutor” labs (heart/breath sounds and EKG simulation); new 7-bed ground floor campus lab. - Staffed campus lab on Fridays for optional student practice and required remediation	Year	Tech Fee Grant	Used For	2006	\$ 22,900	SimBaby, Birth Simulator	2007	\$ 24,000	Sounds Tutors(7)	2008	\$ 26,000	Student Response Systems & clickers for 5 classrooms	Two modern, technology equipped campus labs with fully updated equipment serve total enrollment ~ 190 students. Three large 100-seat media-equipped, internet connected classrooms serve classes ranging in size from 35 to 108. One adult and one infant simulation lab is taught for students on the senior level as a “value added” learning experience. Students practice assessment & are tested in Sounds Tutor labs. Student response system software loaded in classrooms								
Year	Tech Fee Grant	Used For																				
2006	\$ 22,900	SimBaby, Birth Simulator																				
2007	\$ 24,000	Sounds Tutors(7)																				
2008	\$ 26,000	Student Response Systems & clickers for 5 classrooms																				

GOAL	ACTIONS	OUTCOME
	Completely remodeled & updated all classrooms - Teaching stations with computer, video, microphone, ceiling mounted data projectors & projections screens. - Large, adult-sized student desks or chairs at tables. - New carpet, paint, ceiling, floors, furnishings & main office remodeling for efficiency - summer 2005. "Student Response Systems" for 5 classrooms including student "clickers" for current students.	and on faculty desktops fall 2009 ... faculty training pending.
Acquire professional development funding to support program evaluation & quality	2002-09: Endowment fund approved to use for faculty development and program improvement. - Faculty members teaching online required & funded to complete certificate program "<i>Teaching and Learning in Web-based Courses</i>". - Educated faculty to begin infusing evidence based practice into curriculum beginning 2006. - Selected faculty participated in AACN specialty institutes (geriatric nursing, end of life care, applying for QSEN) to support curriculum/program revision. - Each faculty member allowed up to \$1000 for professional development activities annually. 2009-10: Limited funds for professional development due to reinterpretation of endowment fund guidelines. 2010-15: Hospital community partner funding will restore professional develop support for next five years.	Each nursing course posts course materials online ... many incorporate some online learning modules. Two courses (Evidence Based Practice; Pathophysiology) taught online. Evidence based practice integrated through curriculum; Increased emphasis on geriatrics and end of life care in recent curriculum revision; Program outcomes revised based on QSEN competencies.

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.

Program Response:

The BSN program and its students have access to the wide array of support services available to all students and faculty at Columbus State University and some specific to nursing.

CSU Student Services can be found at these websites: Student Services

(<http://students.colstate.edu/services.asp>), Library (<http://library.colstate.edu/>) Campus Life

Resources (<http://students.colstate.edu/campuslife.asp>), CougarView Course Management

(<https://colstate.view.usg.edu/webct/logonDisplay.dowebct?insId=21194011&glcid=URN:X-WEBCT-VISTA-V1:03128e43-a818-5d85-016b->

[ced828b6330a&insName=Columbus%20State%20University](http://colstate.view.usg.edu/webct/logonDisplay.dowebct?insId=21194011&glcid=URN:X-WEBCT-VISTA-V1:03128e43-a818-5d85-016b-)), CougarNet email

(<http://cougarnet.colstate.edu/cp/home/loginf>), Financial Aid

(<http://www.colstate.edu/future/cost/pay.asp>), Computer Help

(<http://cins.colstate.edu/studenthelp/>), and International Education (<http://cie.colstate.edu/>). As

called for in the Program Evaluation Plan, these resources are reviewed every two years or more often when issues arise. The table below provides examples of changes made in the past seven years based upon identified needs.

Table 11 Support Resources

Resource / Website	Overview of Services	Changes Based On Need
CSU Schwob Memorial Library http://library.colstate.edu/	The services below provide many options for accessing needed information. Titles are linked to online sites: Course Reserves CSU Campus Transfer Distance Learning GALILEO GIL and GIL Express Interlibrary Loan	Library 2002 –Though nursing books and print journals available, students reported that pages were often torn out) and that interlibrary loan was too slow to be useful. Department of Nursing negotiated with the library to purchase a package of full-text nursing journal subscriptions. Nursing contributed \$1200 which was approximately 25% of the cost. Nursing contributed to payment for this subscription 2002 through 2009, when the library began funding the entire subscription. <i>Ovid Medical Journals</i> – provides 81 full-text journals covering a wide variety of nursing areas (Appendix S). <i>ProQuest Nursing and Allied Health Source</i> - Provides full-text access to over 800 journals about nursing and related areas and to the Joanna Briggs Institute evidence-based resources. Other data based provide online journals, many full text (<i>CINAHL, Health Source & Nursing, Medline</i>.) By working with the College of Science liaison, interlibrary loan processing time was significantly shortened within one year (by 2003).

Resource / Website	Overview of Services	Changes Based On Need
Pre-nursing Student Advising	Two part time (1FTE) former faculty members advise only pre-nursing and nursing students. The advisors have offices in the School of Nursing administrative suite and are supported by secretarial staff.	Nursing Student Advising Prior to 2002 the BSN Program Coordinator advised all pre-nursing and nursing students. In 2002, the ASN program was closed and the BSN program began expanding. It has already been found that pre-nursing students too often were ineligible to apply for the nursing program because they lacked one or two key courses, causing them to wait an entire year to apply. In order to resolve this issue and prepare all students in a more timely manner for application to the nursing program, the centralized nursing advising program was begun. It has grown from 0.5 FTE to 1.0 FTE. The student response has been overwhelmingly positive.
Technology University Information Technology Services http://uits.colstate.edu	UITS A wide variety of support services are available through UITS and are listed at http://uits.colstate.edu/services.asp with links to descriptions of each. NURSING ED TECHNOLOGY • CLASSROOMS: Media equipped (overhead data projector / speakers and instructor kiosk containing computer with internet access, DVD player & microphone) • INTERNET access wireless throughout building • COUGARVIEW: Course management software (used throughout USG) for all nursing courses. • COMPUTERS: Faculty desktops in every office; Laptops available for loan in nursing office; Computer Lab 24-station with instructor kiosk. • HUMAN SIMULATORS high fidelity (2 SimMen, 1 SimBaby) • SOUNDS TUTOR LAB: Audio breath and heart sound simulation and visual EKG rhythm strip simulation at individual student stations.	2002 – Major problems were identified with a significant lack of technology to support nursing education. • Outdated campus lab with broken equipment, hand-crank beds, deteriorating training models. • Classrooms with only an overhead projector for audio visual projection. One large TV on cumbersome rolling cart available in building for VHS viewing. • Lack of computer access convenient for nursing students • Old, slow computers for faculty • VHS videos, most outdated, available only for viewing in library. Major effort begun with help of state grant and matching community partner funds to modernize and update classrooms and campus labs, add a computer lab, add modern lab simulations, purchase only CD/DVD format videos with site license for “on demand” viewing via internet, update all faculty computers, and place nursing course resources online using course management software and training for faculty on use of technology to support teaching and learning. 2004 – Acquired new models and lab equipment, one SimMan, seven SoundsTutors, a 6-station student

Resource / Website	Overview of Services	Changes Based On Need
		computer lab, 4 media-equipped classrooms, a wide variety of current videos with site license for viewing online (password protected), faculty members now completing the online certificate program <i>“Teaching and Learning in Web-based Courses Professional Certificate”</i> offered by Indiana University at Purdue School of Nursing before eligible to develop or teach online learning modules (http://nursing.iupui.edu/continuing/teachingweb.shtml). 2006 – Added second campus lab (as enrollment continued to increase) with 7 beds, an additional SimMan, expanded student computer lab/classroom to 24-stations with instructor kiosk, continued adding current videos available online for students. 2008 – Acquired SimBaby, new electric beds for all campus labs, additional SoundsTutors (two small labs); all full time faculty have completed “online teaching” training. 2009 – Began an advanced med-surg and then a pediatric clinical rotation to a high-fidelity human simulation lab. Very positive student response. Obtained student response system (clickers) for all five classrooms in Illges Hall. Training pending.
Writing Center http://writingcenter.colstate.edu/ QEP http://cougarnet.colstate.edu/cp/render.UserLayoutRootNode.uP?uP_tparam=utf&utf=http%3A%2F%2Ffaculty.colstate.edu%2Fprogram.asp	Free assistance for writers of all levels and abilities and from any discipline. The Center offers on-line consultations as well as face to face meetings. Formally trained peer consultants can help writers understand assignments and generate ideas; focus, organize, and develop drafts; document sources to avoid plagiarism; and edit for usage and punctuation errors.	2006 – CSU faculty chose “<i>student writing</i>” as the focus for the Quality Enhancement Plan (QEP) required by the Southern Association of Colleges and Schools (SACS) accrediting body. Nursing faculty recognized the potential to help improve nursing student professional writing and became the first entire academic unit to participate in the program. Since 2006, nursing faculty have participated in a number of training events, met with guest writing consultants, been awarded QEP grants to establish and enhance the nursing writing program, and incorporated writing assignments into each semester of the nursing program. As a result, nursing student writing has improved though some students still have great difficulty. The project is ongoing.

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.

Program Response:

The Director of the School of Nursing, Dr. June S. Goyne, meets all credentialing standards and has 38 years of nursing experience, 25 of which are in academic nursing education. She earned her BSN in 1972 and MSN (adult health and nursing education) in 1979 from the University of Alabama in Birmingham School of Nursing. In 2001, she earned her Doctor of Education degree from Auburn University with a focus in Supervision and Curriculum. Her clinical nursing experience includes neurosurgical and neurosurgical intensive care nursing, medical nursing, and emergency nursing in both civilian and military hospitals. During that time she also served in clinical leadership positions as “head nurse” and then “section supervisor” during her United States Army active duty service, retiring at the rank of Lieutenant Colonel in 1994 from the Army Nurse Corps. She has teaching experience in both associate degree (eight years) and in baccalaureate (17 years) nursing education programs. Dr. Goyne began teaching at CSU in 1992 and has served as CSU chief nurse administrator since 2002 (first as department chair, then as school of nursing director). She holds a current license as a registered nurse in Georgia. Vita and credentials are available in the School of Nursing.

The Director, School of Nursing is vested with the authority to make recommendations and decisions for the School of Nursing, including personnel decisions, program operations, as well as the planning and execution of the annual nursing budget (within the parameters of total funds allocated to nursing). She seeks faculty input in making these decisions. For example, she encourages faculty members to provide information about equipment, supplies, hardware,

software and other resources they need in order to make relevant and valued purchasing decisions and actively involves faculty search committees in hiring decisions.

The director has served as chief nurse administrator of the nursing unit since 2002 and is recognized within the university and community as a visionary and collaborative leader. Under her guidance, the BSN program has tripled its enrollment with commensurate increases in faculty, staff, and physical resources to support meeting desired outcomes. She led the reforming of the CSU Nursing Advisory Board which has become a vital part of the life of the nursing program, with members actively participating in the recent curriculum review and revision. She encourages faculty participation in all levels of self governance through annual strategic planning retreats, monthly faculty meetings, special purpose faculty subcommittees, and teaching teams to resolve specific issues and concerns at the lowest level possible. When these efforts fail, she willingly intervenes to help resolve problems.

Professional development is a priority led by the director, as reflected in nursing faculty continuing education activities, locally sponsored conferences and workshops for nursing faculty members within the community, support of faculty doctoral studies. Since 2002 she has supported seven full time faculty members with partial release time to pursue a doctorate. Although only one remains on faculty, four have graduated, three are near graduation, and two are currently in doctoral course work. Table 12 outlines continuing education activities sponsored for nursing faculty since 2004.

Table 12 Workshops Sponsored for Nursing Faculty 2004 - 2009

DATE	ACTIVITY	SPEAKER	FUNDING
Jan 2004	"Item Writing & Teaching Strategies for Critical Thinking"	Sylvia Rayfield RN, MN Loretta Manning	CSU Endowment
Oct 2004	"Clinical Teaching for Nursing Judgment & Decision Making"	Loretta Manning Lydia Zager	CSU Endowment
Mar 2005	"Transforming Clinical Teaching"	Loretta Manning Lydia Zager	CSU Endowment
Dec 2005	"Exam Item Writing-I"	Sylvia Rayfield RN, MN	CSU Endowment
Mar 2006	"Exam Item Writing-II"	Sylvia Rayfield RN, MN	CSU Endowment
May 2006	"A CARING Model for Mentoring Programs"	Julia Aucoin, DNS, RN, BC	CSU Griffin Fund
Sep 2006	"Preserving Student Due Process"	June Goyne MSN, EdD	NA
Dec 2006	"Enhancing Learning For Today's Diverse Students: An Evidence Based Approach"	Donna Ignatavicius, MS, RN	GHA Promise of Nursing Grant
Apr 2007	"Evidence Based Clinical Teaching in Nursing"	Barbara Chamberlain, DNSc, APN, C, CCRN, WCC	GHA Promise of Nursing Grant
Nov 2008	"Clinical Teaching: Coaching Professional Thinking"	Loretta Manning	CSU Griffin Fund

DATE	ACTIVITY	SPEAKER	FUNDING
Apr 2009	"Evidence Based Practice: "	Ellen Fineout-Overholt PhD Bernadette Melnyk, PhD	CSU Griffin Fund
Sep 2009	"Preserving Student Due Process: Update"	Dr. June Goyne MSN, EdD	NA

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.

Program Response:

At the beginning of fall term 2009 (September 15, 2009), there were 34 nursing faculty members (17 full-time and 15 part-time) at Columbus State University. All full-time and five part-time faculty members (22 of 33 or 67%) hold a master's degree or higher in nursing. Four full-time faculty members hold earned doctorate degrees and five are presently enrolled in doctoral programs. All nursing faculty members have evidence of current expertise in nursing practice and a verified current license as a Registered Nurse in the State of Georgia, with five (four full time and one part time) faculty members holding an Advanced Practice Authorization from the Georgia Board of Nursing, which is noted on their license. Two of the eleven BSN prepared clinical instructors are enrolled in masters nursing programs. Despite these challenges, the majority of faculty members teaching in any given semester are full-time with at least a master's degree in nursing, meeting the Georgia Board of Nursing requirement. All faculty members are experienced in the areas in which they teach. Appendix E summarizes faculty education, experience, and teaching assignments.

Table 13 Nursing Faculty Specialty Summary

Teaching Area	# Faculty Members
Foundations / MedSurg	8 full time, 7 part time
Geriatrics	1 full time
Mental Health	2 full time, 1 part time
Maternity	1 full time; 2 part time
Pediatrics	2 full time, 1 part time
Community / Public Health	2 full time, 2 part time
Critical Care (ICU / ER)	3 full time, 2 part time

Recruiting and retaining qualified nursing faculty has been a strategic goal and a challenge since 2002. Since 2002, the nursing faculty has experienced a 67% full time turnover and an 88% part time turnover. In the past five years (2005-06 through 2009-10), the full time turnover rate remained 67% and part time turnover rate was 50% (83% of those lost held a masters degree in nursing). Full time faculty members have been lost to (in order of frequency): 1) *return to clinical practice for better salary*, 2) *retirement*, 3) *moved away*, 4) *contract non-renewed*. Part time faculty members have been lost to (in order of frequency): 1) *moved away*, 2) *returned to full time employment with benefits*, 3) *contract non-renewed*.

Every fall for the past eight years there has been at least one (and at one time three) vacant full time faculty positions. Each year only three to five applications were received for the advertised positions and with two exceptions, newly hired faculty members had extensive clinical experience but lacked teaching experience and educational background in teaching and learning. By the end of 2011, 29% (5 of 17) full time faculty members will reach retirement age, with three of them reaching that age in 2010, extending this problem into the future.

Within the past 18 months, many of the part time faculty members left their positions to pursue full time work with benefits and recruiting efforts resulted in no masters prepared applicants. To meet the clinical teaching needs of students, clinical part time faculty members with BSN degrees and necessary clinical experience have been hired with an exception to policy approved by USG. Each has worked closely with a full time faculty mentor. Two new masters prepared part time faculty members were recently hired, resulting in an increase to 5 of 15 (33%) masters prepared clinical faculty for spring 2010. This problem extends state wide, as evidenced by a recent call for applications for a state funded grant to fund education for BSN prepared faculty members to earn a master's degree in nursing to become nurse educators. The CSU School of Nursing application is in process (filed in School of Nursing).

Faculty members maintain and continue to improve their expertise in nursing through activities such as clinical teaching, individual clinical practice, and professional development

activities. Georgia Board of Nursing Annual Reports, which are on file in the School of Nursing, and annual faculty self-evaluation portfolios provide evidence of these activities.

Table 14 Faculty Member National Certifications

Certifications	Faculty Members	Part Time Faculty
Certified Nurse Educator (CNE)	Dr. Sheri Noviello; Ms Stephanie Lewis	
Certified Critical Care Registered Nurse (CCRN)	Ms Terry Lahnstein; Ms Tammy Condrey	Ms Marie McIntosh
Certified Emergency Nurse	Ms Dell Miller	
Clinical Specialist in Child & Adolescent Psychiatric Mental Health Nursing Clinical Specialist in Adult Psychiatric and Mental Health Nursing Pediatric Nurse Practitioner	Ms. Carlie Frederick	
Family Nurse Practitioner	Ms. Lisa Frander; Ms Dell Miller	Ms. Bobbie Hunter
Neonatal Nurse Practitioner		Ms Julie Star
CAPPA Childbirth Educator	Ms. Jean Arrighi	Ms. Leslie Painter
Certified Maternal Newborn Nurse (RNC)		Ms. Leslie Painter

Nursing faculty to student ratios have exceeded state standards for the past eight years, providing a faculty to student classroom ratio of 1:11 and a faculty to student clinical ratio of no greater than 1:7. This has been supported by CSU and provides an environment conducive to effective teacher and student interaction, close student supervision, and protection of patient safety. Evidence that supports this practice include

- NCLEX-RN first time pass rate >93% over past six years
- Graduation rate increased to over 80% in past two years
- Positive feedback from students and faculty

The teaching load for full-time faculty members at Columbus State University is 12-credit hours or the equivalent per semester, which equates to 180 to 214 contact hours. Contact hours more accurately reflect nursing faculty workload because three hours of clinical lab produces only one hour of academic credit. The current Nursing Faculty Workload Guideline was developed by a nursing ad hoc committee in 2009 (Appendix L). It includes the calculation of contact hours as well as defines "contact hour" credit allowed for performing recurring additional faculty duties each term (such as course coordinator). Appendix L also contains a sample faculty workload document for spring semester 2010.

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.

Program Response:

The last course in the pre-licensure curriculum is a capstone learning experience in which senior nursing students synthesize and apply theories, concepts, knowledge, skills and abilities with an experienced nurse who has at least a baccalaureate degree and a minimum of one year of experience. The course (NURS 4377) includes precepted clinical experiences, a required four-day NCLEX-RN review course, and two attempts to pass the Nursing Exit Exam. Students are not compensated during their clinical experience.

In the fall semester, all senior level students are given a preceptor request form to identify three choices for hospital and clinical area. The requested hospital identifies qualified preceptors. The preceptor qualifications include:

- Employee in good standing in the institution.
- Minimum of one-year clinical nursing experience.
- Minimum of baccalaureate degree in nursing (exceptions if no baccalaureate nurse available and associate degree nurse with extensive experience is available).
- Demonstrated proficiency in technical and interpersonal skills.
- Interested in serving as role model and resource person for student.
- Currently licensed to practice professional nursing.
- Approved by agency and nursing faculty.

Each student/preceptor pair is assigned a faculty member advisor. Each clinical preceptor has only one student to mentor. The faculty member meets with the preceptor and student prior to clinical experience to discuss roles of the student, preceptor and faculty advisor. Student developed clinical objectives are approved by the faculty advisor prior to the orientation. The faculty advisor clarifies roles and has each preceptor complete the Georgia Board of Nursing Qualification form and sign a form accepting responsibility for the student during the hours of clinical (available online on course NURS 4377 website: *Roles of Faculty, Preceptor and Student, Georgia Board of Nursing Qualification Form, and Clinical Responsibility Form*). This documentation is filed in the CSU School of Nursing office. The preceptor orients student to staff and facility.

In recent years the School of Nursing has experienced increasing difficulty in procuring qualified preceptors for senior students. Contributing factors include other nursing programs also seeking preceptors for their students, potential nurse preceptors “tired” from constantly precepting students or new nurses in orientation, and a lack of BSN educated nurses to serve as preceptors. For the first time during the spring of 2009, several associate degree nurses were assigned as preceptors. These associate degree preceptors were determined by the hospital to be experts in their clinical areas. In order to prevent this situation from happening in the spring 2010, the NURS 4377 course coordinator and director of the SON met with the individuals responsible for preceptor assignments in each facility to negotiate methods for assuring that CSU would have preference for BSN preceptors over associate degree programs and other non-local BSN programs seeking preceptors. Those responsible for preceptor assignments agreed.

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.*

Program Response:

The School of Nursing provides many opportunities to support faculty members in the roles expected of them. The expectations are clearly listed in the Nursing Faculty Performance Standards in the areas of teaching, scholarship and service (Appendix H).

The teaching role is supported by both CSU and School of Nursing resources. The Center for Quality Teaching and Learning (CQTL) is a unit of the College of Education and Health Professions and has as its mission to “...provide high-quality consulting and professional learning services that prepare educators to demonstrate 21st Century teaching excellence within modern, learner-centered environments” (<http://cqtl.colstate.edu/>). The School of Nursing has co-sponsored workshops with them in the past and faculty members are invited to offering

they provide. The School of Nursing also sponsors at least one workshop annually related to teaching and learning for CSU and sometimes invites faculty members from other schools to participate (listed in Table 12). Table 15 summarizes major professional development activities funded by the School of Nursing over the past three years to provide a strong pedagogical foundation for curriculum updates and revisions.

Table 15 SON Supported Faculty Development 2006 - 2009

Professional Development Activities	# Faculty Members Participating 2006-07	# Faculty Members Participating 2007-08	# Faculty Members Participating 2008-09
Doctoral Study (release time and funding support)	2	3	3
Georgia Governor's Teaching Fellowship (competitive selection)	1	1	1
Indiana University at Purdue certificate program, <i>"Teaching and Learning in Web Based Courses"</i>	2	2	3
Evidence Based Practice Mentorship Program, Arizona State University (4-day) (competitive selection)	NA	4	NA
AACN Geriatric Nursing Education Consortium Faculty Development Institute (competitive selection)	NA	NA	2
AACN End of Life Care faculty development institute (competitive selection)	NA	NA	2
QSEN Education Consortium Institute (competitive selection)			2 faculty members Jan 2010

An extended, individualized orientation program is provided for new full time faculty members, who are assigned an experienced faculty mentor to assist them during the first year. New faculty member workload during the first year is also reduced to facilitate orientation to School of Nursing expectations and transition into the role of nurse educator if it is a new role. When three new faculty members were hired fall 2008 to work on the same program level, the School of Nursing Director met with the group periodically to help them with aspects of the educator role they identified as challenging. This helped alleviate the burden on the three experienced full time faculty members on that level and was very positively received by the new faculty members.

As part of the annual evaluation process, full time faculty members complete a portfolio containing evidence of their accomplishments, status of goals from the previous years, and

goals for the upcoming year. During the meeting with the SON Director, activities to support those goals are discussed and planned. Individual performance evaluations with plans are stored in a secure file in the School of Nursing office.

In the past, there has been a generous endowment to the nursing department at CSU, and funds were available to support a variety of professional development activities, ranging from attendance at local workshops to hosting regional workshops. In 2008, this fund became unavailable for this purpose when the donor's will was reinterpreted. Professional development funds are limited now and are drawn from community partner contributions to the School of Nursing or from College of Education and Health Professions resources.

Faculty members are encouraged to provide professional and community service and are allowed to do so at any time that does not interfere with their teaching responsibilities. Evidence of the variety and extend of service activities supported is contained annual Georgia Board of Nursing reports filed in the School of Nursing.

STANDARD III**PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND
INDIVIDUAL STUDENT LEARNING OUTCOMES**

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 individual student learning outcomes.

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 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 student outcomes.

Program Response:

BSN program outcomes serve as the basis for nursing junior and senior level expected outcomes (Appendix G). Included in course syllabi, course objectives are derived from level objectives and guide the development of teaching and learning activities in each course. Classroom unit objectives flow from course objectives, are listed on the course outline, and serve as a guide for measuring student learning outcomes on exams and in assignments. Clinical objectives for clinical courses also flow from course objectives and are listed in the course Clinical Evaluation Tool (Appendix M). Table 16 provides examples of the flow of selected program outcomes to level outcomes to course outcomes to unit and clinical outcomes.

Table 16 Alignment of BSN Student Learning Outcomes: Examples

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
Provide patient centered care in a variety of settings.	JUNIOR: Develop an understanding of multiple dimensions of patient-centered care.	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care.	NURS 3275: Identify factors that may affect the surgical client.	NURS 3275: Performs priority assessment and recognizes priority assessment findings (eg, VS, Head to Toe, System Specific, Labs, Meds)

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
	SENIOR: Organize, coordinate and provide nursing care for individuals, families, groups and communities with a variety of needs ranging from basic to complex.	NURS 4279: Acquire and apply selected advanced & specialized nursing knowledge related to the nursing care of patients of all ages experiencing acute, complex and/or multi-system physiological and/or psychological health problems	NURS 4279: Apply principles of crisis theory to the nursing care of adults and children experiencing acute, complex and/or multisystem physiological and psychological health problems.	NURS 4279: Perform priority assessment of individuals based on their needs & situation (VS, Head to Toe, System Specific, Focused, Labs, Meds, etc)
Apply concepts of safe practice to promote optimal patient clinical outcomes	JUNIOR: Value the contributions of standardization and reliability to safety. SENIOR: Describe processes used in understanding causes of error and allocation of responsibility and accountability.	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care. NURS 4279: Apply principles of therapeutic communication, group dynamics, cultural differences, growth & development, teaching and learning, stress & adaptation, nursing theory, legal & ethical standards of care, critical thinking, and nursing process to nursing practice in a variety of complex care settings.	NURS 3275: Identify the behavioral, environmental, socioeconomic, development, cognitive, and physiological factors that affect safety. NURS 4279: Provide safe and effective care based on sound nursing judgment/decisions for patients who require an artificial airway, including maintaining patency, delivery of oxygen, routine nursing care, promotion of communication, and recognition, prevention & management of complications.	NURS 3275: Assesses priority environment safety concerns (eg. electrical hazards, equipment functioning, falls prevention, fire safety, hazardous material) NURS 4279: Assess individual safety risks & preventive needs that are age and situation appropriate. Skin integrity, sensory impairment, mobility & falls risks, medication interactions, & others.
Apply the quality improvement process to ensure patient safety and to meet desired	JUNIOR: Determine best practices for quality patient outcomes.	NURS 3112: Appreciate the importance of different quality improvement tools, such as the cause	NURS 3112: Examine quality improvement issues involved in patient care	NURS 3275: Provide care based upon recognized benchmarks for quality patient

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
clinical outcomes.	SENIOR: Recognize how the "Voice of the Customer" (VOC) should impact performance improvement processes.	and effect diagram. In development	In development	outcomes In development
Use sound evidence to make appropriate clinical decisions.	JUNIOR: Explain the role of evidence in determining best clinical practice. SENIOR: Describe how the strength and relevance of available evidence influences the choices of intervention in provision of patient-centered care.	NURS 3112: Discuss the application of basic EBP principles in the clinical setting. NURS 4280: Utilize evidence-based practice principles as a basis for nursing practice in family and community health nursing via electronic retrieval programs.	NURS 3112: Discuss the levels of evidence NURS 4280: None identified; will be corrected in curriculum development	NURS 3275: Locate evidence from appropriate resources to help answer a clinically relevant PICOT question NURS 4280: Plan priority interventions based on best evidence to achieve desired outcomes
Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.	JUNIOR: Acquire professional communication knowledge, styles and skills. SENIOR: Acquire and discuss effective strategies for overcoming barriers, facilitating teamwork and resolving conflict in various settings.	NURS 3112: Identify elements of professional communication NURS 4177: Communicate effectively through verbal, non-verbal, and written methods to portray information and concepts to intended audience.	NURS 3112: Value effective professional communication styles. NURS 4177: Communicate effectively when delegating care.	NURS 3275: Gathers relevant basic patient family data from health records, other appropriate data sources, observations, & interactions NURS 4279: Collaborates & cooperates with peers, health team members in providing care
Integrate informatics into nursing practice in a variety of settings.	JUNIOR: Acquire professional communication knowledge, styles and skills.	NURS 3112 Discuss potential dilemmas with technology and documentation	NURS 3112: Apply the elements of proper documentation.	NURS 3275: Comply with confidentiality and HIPAA standards for patient privacy

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
	SENIOR: Use information management tools to monitor outcomes of care processes.	NURS 4279: Demonstrate proficiency in selected advanced nursing psychomotor, technological and interpersonal skills.	NURS 4279: None identified; will be corrected in curriculum development	NURS 4279: Retrieve relevant, current & valid information from information resources, electronic & non-electronic, & critique its value for nursing practice.
Function as a leader in the nursing roles provider of care, manager of care, and member of profession.	JUNIOR: Demonstrate leadership behaviors that have a positive influence on small groups to achieve a common goal. SENIOR: Organize and manage the work of a team both in providing patient care and professional groups.	NURS 3112: Describe & select effective strategies to resolve healthcare and personnel problems NURS 4279: Employ leadership and management skills to organize & coordinate nursing care for 1 intensive care patient, 1-2 emergency patients, and 1-2 psychiatric patients.	NURS 3112: Explore the roles of the professional nurse as leader, collaborator, consultant & liaison. NURS 4279: Compare and contrast the care focus and roles of nurses within intensive care units, emergency care units, and acute psychiatric care units.	NURS 3275: Organize & coordinate nursing care for an individual patient & his/her family NURS 4279: Acquire knowledge of leadership & management principles drawn from the sciences, humanities, & nursing science.

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 student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2009).**

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.

Program Response:

As previously mentioned, selected national standards (AACN Baccalaureate Essentials, NCLEX-RN Test Plan, ANA Standards of Nursing Practice, NLNAC standards) and required

Georgia Board of Nursing (GBN) standards (GBN Rules and Regulations, Chapter 410-3 have historically guided the BSN program. Table 17 provides examples of how AACN Baccalaureate Essentials are incorporated into BSN program outcomes, organizing framework concepts, and nursing course outcomes. Course syllabi and outlines containing related teaching and learning activities are available on course websites in CSU CougarView course management system.

Table 17 Examples of Incorporation of AACN Baccalaureate Essentials

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
Nurse generalist	Individuals: unique, dynamic – physical, psychological, social, cultural, behavioral, ethical, developmental and spiritual variables. Nursing: concerned with human responses to health issues in a variety of settings	IX – Baccalaureate generalist nursing practice	NURS 3275: Develop an understanding of the nursing process, its use in the clinical area and its role in fostering critical thinking in the professional nurse. NURS 4280: Use health promotion and prevention strategies in family-centered nursing across the lifespan.	NURS 3275: Class discussion of nursing process and its application. Identification of priority nursing diagnoses / needs based on assessment data reflected in “clinical web” (concept map) in clinical experiences. NURS 4280: Class discussion of strategies for health promotion in communities. Participate in health fairs to screen for common health problems and provide health promotion teaching.
Liberal arts education	Nursing: practice in diverse, complex, ever-changing, global environments Nursing Education: Liberal arts education	I - Liberal education for baccalaureate generalist nursing practice	NURS 3275: Discuss and distinguish among culture, religion and spirituality and their impact on patient care. NURS 4279: Integrate knowledge from the natural and behavioral sciences and humanities with nursing knowledge and experience as a	NURS 3275: Reading assignment and class discussion of concepts. Cultural sharing experience in class – student where dress and bring food reflective of own culture. NURS 4279: Classroom discussion and case studies related to specific physiological and psychological emergencies link new knowledge to background in natural

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			basis for critical thinking, clinical judgment, and decision making in the care of adults and children experiencing acute and/or complex health problems.	and behavioral sciences.
Safe, patient centered care	Health: physical, mental, social well-being Nursing: design & promote safe, cost effective, quality patient care;	V – Healthcare policy, finance and regulatory environments IX - Baccalaureate generalist nursing practice	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care. NURS 4280: Use principles and techniques of critical thinking to deliver individualized and holistic care to families and communities.	NURS 3275: Class discussion introducing national safety standards for patient care (eg. CDC Infection Control; Joint Commission National Patient Safety Goals) Skills validation for defined “essential skills” in campus lab prior to participating in actual clinical environments. NURS 4280: Online learning module on “Vulnerable Populations” in the community. Clinical experiences providing care to individuals in the home environment.
Optimal patient outcomes	Nursing: assist individuals to maximize their independence and quality of life...promote, restore or maintain health...support a peaceful death.	VII – Clinical prevention and population health for optimizing health IX - Baccalaureate generalist nursing practice	NURS 3275: Acquire knowledge about and participate in researching a topic for best practice guidelines and applying them to improve patient outcomes. NURS 4280: Summarize intrapartal care for optimum maternal-fetal outcome.	NURS 3275: Classroom discussion of identification of desired patient outcomes and how to measure them. NURS 4280: Completion of workbook on labor and delivery. Labor & delivery clinical experience.
Quality improvement process	Nursing: implement measures for	II – Basic organizational and systems	NURS 3112: Appreciate the importance of	NURS 3112: Class discussion of basic quality

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
	health promotion and risk reduction	leadership for patient safety and quality care	different quality improvement tools, such as the cause and effect diagram. Senior level: Discuss performance improvement methodologies commonly used in health care settings. (senior course outcomes are in development for new curriculum for implementation Fall 2010).	improvement tools and processes. Senior Level: In development
Evidence based practice	Nursing: practices from an evidence base Nursing Education: evidence based practice	III – Scholarship for evidence based practice IX - Baccalaureate generalist nursing practice	NURS 3112: Discuss the application of basic EBP principles in the clinical setting. NURS 4175: Integrate research evidence into clinical practice through the development of a practice guideline.	NURS 3112: During clinical experiences, identify relevant clinical questions in PICOT format. NURS 4175: Group project to focus and research a clinical question asked by practicing nurses, find and critically appraise best evidence, develop a clinical practice guidelines to answer the questions, and present results to the nurses and staff.
Clinical decision making	Critical thinking as foundation for professional judgment, decision making and problem solving	IX – Baccalaureate generalist nursing practice	NURS 3275: Develop an understanding of the nursing process, its use in the clinical area and its role in fostering critical thinking in the professional nurse. NURS 4177: Use discipline knowledge and experience to implement critical	NURS 3275: Class discussion incorporating basic case studies for student analysis and decision making (eg vital sign abnormalities, basic wound observation and care). NURS 4177: Online learning module “Delegation in Nursing” which builds on basic delegation principles introduce on the junior

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			thinking skills to effectively manage client care and formulate clinical decisions.	level.
Communication and collaboration	Individuals: interact with each other; Nursing: nurse patient partnerships for mutual planning of care and health care decision making Nurse Roles: provider of care - teamwork and collaboration	VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3112: Value effective professional communication styles. NURS 4280: Demonstrate effective communication techniques and awareness of socio-cultural variations when interacting with community-based groups, families, agencies, and populations.	NURS 3112: Class discussion of communication styles and application to professional communication within healthcare teams. NURS 4280: Clinical experiences in a variety of urban and rural home settings at various socio-economic levels.
Interdisciplinary health care team	Nurse Role: designer of care – nurse functions autonomously and interdependently within the health care team	VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3112: Understand the roles of the professional nurse as leader, collaborator, consultant, and liaison NURS 4280: Explore collaborative partnerships in public health nursing.	NURS 3112: Expansion of discussion of nursing roles from those introduced in NURS 3111. NURS 4280: Clinical experiences with public health nurses in practice.
Information technology	Nurse Role: provider of care – professional knowledge, skills and attitudes related to ... informatics.	IV – Information management and application of patient care technology	NURS 3112: Discuss potential dilemmas with technology and documentation. NURS 4279: Retrieve relevant, current, valid information from a variety of sources (both electronic &	NURS 3112: Class discussion of advantages and potential risks associated with electronic patient care records. NURS 4279: Retrieve information with assistance of faculty and staff from electronic database and chart electronically in

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			non-electronic) and critique its value for application to nursing practice in complex care settings.	one ED with assistance of faculty and staff.
Leadership	Nurse Role: provider, designer of care – knowledge, skills and attitudes related to ... organization, delegation, supervision and leadership	II – Basic organizational and systems leadership for patient safety and quality care	NURS 3112: Develop an understanding of basic principles of delegation. NURS 4279: Employ leadership and management skills to organize and coordinate nursing care for 1 intensive care patient, 1-2 emergency patients, and 1-2 psychiatric patients. NURS 4177: Synthesize knowledge of various leadership theories, styles, and characteristics with an increased self-awareness of own strengths and weaknesses to become more effective leaders.	NURS 3112: Online learning lesson about basic principles of delegation in nursing. NURS 4279: Rotate to junior level clinical groups to gain experience in leadership and management while working with other students and faculty in order to meet clinical objectives. NURS 4177: Interview a registered nurse in a leadership position in a healthcare facility.
Nursing roles	Nurse Roles: provider of care, designer/manager/coordinator of care, member of profession	VIII - Professionalism and professional values	NURS 3112: Distinguish among the roles of the professional nurse. NURS 4280: Appraise the diversity of nursing roles in family and community health nursing.	NURS 3112: Assignment and class discussion of the roles of a professional nurse. NURS 4280: Classroom discussion of variety of roles in maternity, pediatric and community health nursing.

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.**

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, 2009) 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, 2009), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

CSU has a pre-licensure BSN program and an RN-to-BSN track based on the Georgia Articulation Model (Appendix N). The RN-to-BSN track was suspended FY 2009 and 2010 due to lack of faculty and low student numbers (only three) but will resume fall 2010 after revision to reflect the revised BSN curriculum and to provide an online format.

BSN Pre-licensure Program

The BSN pre-licensure curriculum is organized into an upper and lower division. The lower division (first four semesters of study) consists of the non-nursing core and pre-requisite courses required by the University System of Georgia (USG), Columbus State University (CSU), and the School of Nursing. The USG required non-major courses fall into five designated curriculum areas (A, B, C, D, E <http://nursing.colstate.edu/info.asp>). These courses are core to all baccalaureate degrees earned within the USG and provide a foundation in English, Math, History, Humanities, Political Science, Social Science, and Science. BSN programs are allowed by the USG to choose one of two specified lab-science sequences for Area D in nursing. CSU SON chose the chemistry sequence to provide knowledge of chemistry that would foster a deep understanding physiology, pharmacology, and pathophysiology in nursing.

CSU is allowed to select three institutional requirements, which are currently COMM 1110 (Communication), PHED 1205 (Concepts of Wellness), and one elective PHED (physical and health education) course in order to promote health and fitness as well as effective communication. Table 18 outlines how each curriculum area is currently integrated into nursing.

CSU is in the process of review and revision of core requirements to align with the revisions recently made in the USG. Spring 2010 will provide opportunities for faculty members to provide input and feedback to the CSU taskforce charged with this goal. Major changes in nursing pre-requisites are not anticipated.

Table 18 USG Core Courses, Nursing Prerequisites and Nursing

CORE REQUIREMENTS	INTEGRATION INTO NURSING
Area A Essential Skills Required Hours: 9 ENGL 1101 (grade "C" or better) ENGL 1102 (grade "C" or better) MATH (select one): 1101 / 1111 / 1113 / 1125 / 1131	Program Outcomes: • <i>Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.</i> ○ Therapeutic communication with patients/families ○ Collaboration with peers and health care team ○ Written health care documentation, formal papers and informal writing. • <i>Provide safe, patient centered care in a variety of settings.</i> ○ Effective communication during assessment for provision of patient centered care. ○ Accurate calculations of medication dosages and other parameters. ○ Clear understanding and communication of requirements for protecting safety. Professional Writing in Nursing (QEP) • Required writing assignments to build skill in effective informal and formal written communication.
Area B Institutional Options Required Hours: 4 COMM 1110 Select 1 of the following courses: ITDS 2726 / ITDS 2727 / ITDS 2735 / ITDS 2746 / ITDS 2748 / ITDS 2749 / ITDS 2755 / EURO 2105 / LIBR 1105 / LEAD 1705 / POLS 2401 / Foreign Language 1001, 1002, 2001, or 2002 / Any Area C-E course with a study abroad component.	Program Outcomes • Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
Area C Humanities/Fine Arts Required Hours: 6 Select one humanities course: ENGL 2111 / ENGL 2112 / ITDS 1145* / ITDS 1155 / PHIL 1105 Select one fine arts courses: ARTH 1100 / ITDS 1145* / MUSC 1100 / THEA 1100	Program Outcomes • <i>Graduates will provide safe, patient centered care in a variety of settings.</i> ○ Foster understanding of different people, cultures, philosophies and arts in order to provide individualized, patient centered care.

CORE REQUIREMENTS	INTEGRATION INTO NURSING
*ITDS 1145, though listed under both humanities and fine arts, may be taken only once.	
Area D Science/Math/Technology Required Hours: 11 CHEM 1151/1151L CHEM 1152/1152L Select 1 of the following courses or an Area D science course: CPSC 1105 / CPSC 1301&1301L / MATH 1113 / MATH 1125 / MATH 1131 / MATH 1132 / MATH 1165 / MATH 2125 / PHIL 2115 / STAT 1127	Program Outcomes • <i>Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.</i> ○ Logical reasoning and problem solving required for risk identification and reduction as well as ongoing efforts to improve patient outcomes. • <i>Graduates will use sound evidence to make appropriate clinical decisions about health care.</i> ○ Locating and weighing evidence to draw conclusions and make decisions.
Wellness Requirement Required Hours: 3 PHED 1205 Select any one PHED course.	Program Outcomes • <i>Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.</i> ○ Role model of healthy living for patients, peers ○ Educate patients/families about healthy lifestyles
Area F Courses Related to Major Required Hours: 18 BIOL 2221 Human Anatomy and Physiology I BIOL 2222 Human Anatomy and Physiology II BIOL 2225 Microbiology for Health Sciences STAT 1127 Introductory Statistics PSYC 1101 Intro to General Psychology	Program Outcomes • <i>Graduates will provide safe, patient centered care in a variety of settings.</i> ○ Understanding of normal human anatomy, physiology, and microbiology to support accurate health assessments and sound clinical judgments and decisions. • <i>Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.</i> ○ Basic understanding of the psychology of human behavior to support 1) empathetic, caring attitudes, 2) therapeutic nursing relationships, 3) mental health nursing principles. • <i>Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.</i> ○ Scientific model for understanding nursing process and making sound decisions. ○ Logical reasoning and problem solving required for risk identification and reduction as well as ongoing efforts to improve patient outcomes. • <i>Graduates will use sound evidence to make appropriate clinical decisions about health care.</i> ○ Locating and weighing evidence to draw conclusions and make decisions. ○ Interpreting published evidence analyzed using basic statistical methods.

Course descriptions for all current courses can be found in the CSU Catalog for 2009-2010 at http://academics.colstate.edu/catalogs/2009-2010/course_descr.asp.

The USG recently completed a revision of the core course requirements which all of their institutions (<http://core.usg.edu/uploads/CorePolicy2009-09-23.pdf>) as follows:

1. The core will remain at its current size, 42 hours in Areas A-E and 18 hours in Area F.
2. The areas A-F will remain but the USG will not specify a precise number of hours. Instead it will specify minima as follows:
 - Area A1: Communication Skills: At least 6 hours
 - Area A2: Quantitative Skills: At least 3 hours
 - Area B: Institutional Options: At least 3 hours
 - Area C: Humanities, Fine Arts, and Ethics: At least 6 hours
 - Area D: Natural Sciences, Math, and Technology: At least 7 hours
 - At least 4 of these hours must be in a lab science course.
 - Area E: Social Sciences: At least 6 hours
 - Area F: Lower-Division Major Requirements: 18 hours
3. All core courses must transfer, even if a core area is not completed and even if it means giving transfer credit across areas (e.g., credit for a math course in Area C). However, the transfer restrictions for science majors are preserved.

This proposal makes room for innovation. For example, one institution could expand Area B to make room for interdisciplinary or theme-based courses. Another institution could focus on the arts and humanities by expanding Area C. A third institution might focus on global issues and require a great deal of foreign language in the core. A fourth might use its Area B as a locus for its SACS-required Quality Enhancement Plan.

Because the current core fits within the parameters of the proposed core, the proposal would require no significant changes in this time of serious budget problems.

Ease of transfer is assured because all core courses transfer, even if an area is not completed.

Current Core

Area A1: Communication Skills 6 hours
Area A2: Quantitative Skills 3 hours
Area B: Institutional Options 4-5 hours
Area C: Humanities/Fine Arts 6 hours
Area D: Science, Math, Technology 10-11 hours
Area E: Social Sciences 12 hours
Area F: Courses Related to the Program of Study 18 hours

New Core

Area A1: Communication Outcomes At least 6 hours
Area A2: Quantitative Outcomes At least 3 hours
Area B: Institutional Options At least 3 hours
Area C: Humanities, Fine Arts, and Ethics At least 6 hours
Area D: Natural Sciences, Math, and Technology At least 7 hours* At least 4 of these hours must be in a lab science course.
Area E: Social Sciences At least 6 hours
Area F: Lower-Division Major Requirements 18 hours

A CSU faculty task force has begun revising the CSU core requirements for consistency within the new USG requirements. All core content requirements are anticipated to remain in support of the nursing program, though specific courses may change.

RN-to-BSN Program

The RN-to-BSN track provides an accelerated path for licensed registered nurses to earn the BSN degree. The current course sequence will undergo revision in spring and summer 2010 to reflect the revised pre-licensure curriculum. Courses will be placed in an online format and the time-frame and sequencing of courses will be evaluated and revised to facilitate successful completion by RN students working full time. The revised courses will contain new emphasis in areas identified as weak or absent (eg gerontology, global health, cost effective care, end of life care) in the program evaluation process, but will also retain many of the strengths of the current courses.

RN-to-BSN students must complete required prerequisite courses to be admitted to the degree completion track. The first nursing course, NURS 3278, Professional Nursing Practice, is a bridge course that awards 32 additional credit hours upon successful completion. This course number and title will be retained and content revised. The remaining 25 credit hours of nursing courses will be designed to provide students with opportunities to acquire baccalaureate level knowledge and competencies based upon the BSN program outcomes, the American Association of Colleges of Nursing (AACN) *Baccalaureate Essentials*, *QSEN standards*, and ANA Standards of Nursing Practice. Table 19 provides examples of how courses in the current RN-to-BSN sequence will address program outcomes and the AACN *Baccalaureate Essentials*. Some knowledge and competencies may be shifted during the revision process but will be retained in the new courses. The table will be expanded during the revision to summarize how the other standards listed above are incorporated into RN-to-BSN nursing courses.

Table 19 BSN Program Outcomes and AACN Baccalaureate Essentials in RN-to-BSN Courses

PROGRAM OUTCOME (Competency)	COURSE	COMMENT
Graduates will provide safe, patient centered care in a variety of settings.	NURS 3278 Bridge	Credit for previous nursing knowledge / experience Introduction to baccalaureate nursing education, program goals, and national standards. Role of nurses with various educational preparation.
	NURS 3276 Health Assessment	Health assessment methods & interpretation of findings throughout the lifespan.
	NURS 3279 Applied Pathophysiology	Knowledge of pathophysiology related to health assessment and clinical decisions.

PROGRAM OUTCOME (Competency)	COURSE	COMMENT
	NURS 4276 Community Nursing	Patient care in a variety of traditional and non-traditional community settings for individuals, families, and populations.
Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Professional communication Interdisciplinary teamwork Role of nurses in interdisciplinary teams. Electronic communication and privacy standards.
Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Introduction to quality improvement processes and goals. Principles and methods of quality improvement and risk reduction Nursing roles and methods in the quality improvement process
Graduates will use sound evidence to make appropriate clinical decisions about health care.	NURS 4175 Evidence Based Practice NURS 4276 Community Nursing	Introduction to evidence based practice principles, critical analysis of evidence, and application to clinical care. Application of EBP in clinical practice in community settings.
Graduates will integrate information technology into nursing practice in a variety of settings.	NURS 3278 Bridge NURS 3276 Health Assessment NURS 4276 Community Nursing NURS 4175 Evidence Based Practice NURS 3279 Pathophysiology NURS 3380 Issues & Roles NURS 4177 Leadership NURS 4377 Senior Project	Immersion in information technology and standards related to electronic communication in ALL courses: - Course websites - Online video and media - World Wide Web - Electronic library resources - Electronic databases - Electronic patient records - Presentation technology
Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.	NURS 3278 Bridge NURS 4177 Leadership	Introduction to roles Application of principles of delegation, supervision, management, and characteristics of effective leadership.

BACCALAUREATE ESSENTIALS	RN-to-BSN COURSE	COMMENT
I - Liberal education for baccalaureate generalist nursing practice	Pre-requisite courses	Same as for pre-licensure program previously discussed.

BACCALAUREATE ESSENTIALS	RN-to-BSN COURSE	COMMENT
II – Basic organizational and systems leadership for patient safety and quality care	NURS 3278 Bridge NURS 4177 Leadership	Safety and quality standards Introduction to organizational leadership & systems thinking Application of systems approach to problem solving, quality improvement, and leadership
III – Scholarship for evidence based practice	NURS 4177 Evidence Based Practice	Application of evidence based practice principles, critical analysis of evidence, and recommendations for practice.
IV – Information management and application of patient care technology	NURS 3278 Bridge NURS 3276 Health Assessment NURS 4276 Community Nursing	Responsibilities for patient care technology accuracy & safety Patient information management and privacy Technology supporting health assessment & documentation. Technology supporting nursing in the community, public health, and population health.
V – Healthcare policy, finance and regulatory environments	NURS 3380 Issues and Roles in Professional Nursing	Exploration of healthcare ○ policy issues ○ financing sources & issues / cost effective care ○ regulatory agencies & standards- voluntary and mandatory
VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3278 Bridge NURS 4175 Evidence Based Practice NURS 4177 Leadership	Introduction to interdisciplinary teamwork Explore roles of nurses with different educational preparation Communicating best evidence Planning and implementing change
VII – Clinical prevention and population health for optimizing health	NURS 4276 Community Nursing	Basis of disease processes in communities and populations Patient care in community settings and for populations Nursing role in preventive health care
VIII - Professionalism and professional values	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Apply nursing standards & ethics Identify & explore current issues in nursing Emerging roles in nursing Professional engagement
IX – Baccalaureate generalist nursing practice	NURS 3278 Bridge & NURS 3276 Health Assessment NURS 4276 Community Nursing NURS 4175 Evidence Based Practice NURS 4378 RN Senior Professional Project	Roles of baccalaureate nurse generalist Clinical experiences in a variety of community settings, traditional and non-traditional. Nurses' roles in evidence based practice. Selected projects assuming role of baccalaureate nurse generalist

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

Program Response:

The entire curriculum is based on a basic to complex approach. For example, basic safety principles are introduced on the junior level, addressing such topics as environmental safety, falls, and medication errors. Students are expected to recognize and apply safety interventions within the clinical environment from the first clinical course and throughout the program. In the following semesters, safety principles are integrated into each clinical course and related to specific patient care environments and health care problems.

The junior level nursing courses provide an introduction to nursing as a profession and as a practice discipline. Emphasis is placed on basic nursing concepts and skills that serve as the foundation for nursing practice in any health care setting. The junior level nursing courses introduce students to nursing knowledge related to an expanding array of chronic and/or somewhat predictable alterations in physiological, psychological, social and/or spiritual functioning within the growth and developmental phases of the life-span. Communication processes including group dynamics and therapeutic communication principles are introduced and assignments in information literacy and effective written communication are begun. Selected basic clinical skills are taught and practiced in a supervised campus lab as well as the clinical setting. Supervised clinical practice in long term care facilities and in acute care hospital units provide opportunities to apply & reinforce the basic knowledge & skills taught.

The senior level nursing courses build on the junior level courses and promote synthesis of basic nursing knowledge, skills, values and competencies in more complex and/or unpredictable patient care environments. Emphasis is placed on specific populations (e.g. pediatric, maternity, critical physical and mental illness), community nursing, leadership, evidence based practice, and clinical decision making based on critical thinking and professional judgment incorporating previously taught knowledge, skills, values and competencies. Communication processes and principles by all means are reinforced and expanded in these settings. NURS 4175, recently renamed Evidence Based Practice”, focuses on further developing students’ knowledge and skill in finding and critically appraising evidence as well as application of best evidence in clinical practice. The last semester of the program

culminates with a capstone course which includes a three-week student preceptorship in a clinical area with a selected nurse preceptor.

Teaching Learning Strategies-Overview: A variety of graded assignments and projects are included in nursing courses in order to foster self-directed learning, to evaluate student learning from multiple perspectives, to promote reflective thinking and to encourage creativity and critical thinking that will enhance decision making. These assignments increase in number and complexity as the student progresses through the program. Table 20 provides a summary of major graded assignments, exams and student projects for nursing courses.

Table 20 Graded Assignments, Exams, and Projects by Course

Nursing Course	Graded Assignments, Exams, and Projects
JUNIOR LEVEL	
NURS 3275 Professional Clinical Nursing 1	1 formal written paper (topic: evidence based practice related to a clinical topic) Pass/Fail clinical evaluation On-line Meds Pub Assignments Online unit exams and comprehensive final exam
NURS 3276 Intro to Health Assessment and Wellness	Pass/Fail focused health assessments practicum Final practical exam Online unit exams and comprehensive final exam 1 formal written paper (topic: Assessment and Healthy People 2010)
NURS 3175 Pharmacology in Nursing	Medication calculation exam (must score 90% or > in two attempts) Online unit exams and comprehensive final exam On-line Meds Pub Assignments Written assignment (National Patient Safety Goals)
NURS 3111 Professional Development Perspectives I	Written Assignment (Reflective Essay) Image of Nurses in the Media Discussion Board On-line Meds Pub Assignment Evidence Based Practice (PICO's)
NURS 3277 Professional Clinical Nursing II	Teaching Paper and Project On-Line Meds Pub Assignment Online unit exams and a comprehensive final exam Pass/Fail clinical experiences evaluation
NURS 3112 Professional Development Perspectives II	Cause and Effect Diagram Levels of Evidence Table and Poster Image of Nurses in the Media II Discussion Board Legal/Ethical Discussion Board
NURS 3279 Applied Pathophysiology	Individual Unit Assignments related to major concepts Online unit exams and a comprehensive final exam
Senior Level	
NURS 4175 Nursing Research	7 online quizzes over material included in modules Individually critically appraise a research article (mid-term exam) Group project Develop an written evidence based practice guideline

Nursing Course	Graded Assignments, Exams, and Projects
	• Make a short formal presentation to practicing nurses in local healthcare facilities.
NURS 4280 Community and Family Nursing	Reflective journaling Computerized unit exams and a comprehensive final exam Pass/Fail clinical experiences evaluation Study guides Online tutorials Validation report Online modules Discussion Boards, Blogs MedsPub Pediatric Calculations Service Learning Projects
NURS 4177 Nursing Leadership	1 formal written paper (topic: application of change theory in making a student selected clinical change) Debate (in class) Online learning modules • Letter to legislator • Resume • Asynchronous discussion board participation Online unit exams and a comprehensive final exam (only on topics covered on NCLEX-RN) MedsPub online Evolve Case studies
NURS 4279 Complex Care in Nursing Practice	Online unit exams and a comprehensive final exam Pass/Fail clinical evaluation Weekly reflective logs Evolve Case Studies Online module
NURS 4377 Senior Nursing Preceptorship	Nursing Exit Exam Pass/Fail clinical evaluation Personal learning goals for clinical experience Two Encounter logs (one at 48 hours and one at 96 hours) Four Day NCLEX Review Course

Teaching Learning Activities - Classroom: Classroom learning strategies are varied and designed to engage students in active learning. Some of the active classroom learning strategies that are being used include paired & group problem solving and reporting, group case studies, question and answer, role playing, student participation in thinking through & discussing practice exam items, guided skits, and hands-on practice with certain skills (for example, checking extra-ocular movements in a partner).

Lecture/discussion is still used for complex topics requiring explanation and to help students learn to think through problems. Lectures are designed to be interactive rather than the traditional “sage on the stage”, based on principles such as those described in the following articles which have been posted as a faculty resource.

Di Leonardi, Bette Case. (2007). Tips for Faculty Learning: The lecture deserves some respect. *Journal of Continuing Education in Nursing*. July/August, (38) 4

Johnston, Susan & Cooper, Jim (2007). Quick-thinks: The Interactive Lecture. *Tomorrow's Professor*, sponsored by The Stanford University Center for Teaching and Learning. Archived of online postings available at: <http://ctl.stanford.edu/Tomprof/posting.html> .

_____ (2007). How to create memorable lectures. *Tomorrow's Professor*, sponsored by The Stanford University Center for Teaching and Learning. Archived of online postings available at: <http://ctl.stanford.edu/Tomprof/posting.html> .

Teaching Learning Strategies - Clinical Instruction: Clinical learning experiences are designed and sequenced to allow students to apply concepts from classroom learning activities and assignments in actual patient-care situations. These experiences are supervised by nursing faculty and are provided in a variety of settings, including long-term care facilities, hospital acute-care units, clinics, prisons, schools, industry, hospices, and home health agencies which include patients from newborns to the fragile elderly.

Nursing faculty select agencies and sites for clinical practice experiences based on specific curricular and course needs. Standard contracts (filed in School of Nursing between CSU and clinical agencies are signed for specified periods of time and provide legal agreements for student clinical experiences. Faculty member collaboration with the clinical agency and unit personnel ensures congruency between expected outcomes and available clinical experiences for each individual nursing course. Table 21 summarizes the clinical sites used fall 2009 and in current use for spring 2010.

Table 21 Clinical Sites Fall 2009 and Spring 2010

NURS COURSE	FACILITY	UNITS / PATIENT POPULATION
NURS 3275 Professional Clinical Nursing I	Hamilton House Nursing Home	2 nd floor, 3 rd floor –geriatric
	Magnolia Manor Nursing Home	1 South – geriatric
	Azalea Trace Nursing Home	2 nd floor, 1 st floor – geriatric
	Muscogee Manor Nursing Home	North Unit, South Unit - geriatric
	The Medical Center	CSH, 7 Main, 8 Main – medical surgical
	Doctors Hospital	4 th floor – medical surgical
	Hughston Hospital	2 North – medical surgical
NURS 3277 Professional Clinical Nursing II	St Francis Hospital	3 South, 2 South, 4 South – medical surgical
		3 South, 3 North, 2 North, 2 South, 4 South – medical surgical
	The Medical Center	CSH, 6 Main, 7 Main, 8 Main – medical surgical

NURS COURSE	FACILITY	UNITS / PATIENT POPULATION
	Doctor's Hospital	5 th floor – telemetry 2 nd floor- surgical
	Hughston Hospital	2 North – medical surgical
	Martin Army Hospital	6 th floor- medical surgical
	Jack Hughston Memorial Hospital	4 th floor- medical surgical
NURS 4280 Community and Family Health	Vista Hospice	Home Care – end of life
	Columbus Hospice	Inpatient Unit Home Care – end of life
	Muscogee County Correctional Facilities	County Jail Clinic - prisoners
	Phenix City County School System	School age children
	The Medical Center	Labor & Delivery - postpartum Nursery
	Doctors Hospital	Labor Delivery Postpartum Unit
	Pediatrics	Day Care for Special Needs Children
	Pediatric Urgent Care	Children – acute care clinic
	Care South	Home Health Care
	Valley Healthcare of Columbus	Clinics for vulnerable populations
NURS 4279 Complex Care	The Medical Center	ICU 8 th Floor – critically ill adults ICU 7 th Floor – critically ill adults Emergency Dept - all ages
	St Francis Hospital	ICU – critically ill adults Emergency Dept – all ages
	The Bradley Center	Inpatient mental illness – adolescents and adult Outpatient mental health care
	New Horizons	Outpatient mental health care

Clinical instruction focuses on application of knowledge and skills, clinical judgment and decision making as a care provider, manager of care and member of profession. Instructors use a variety of strategies during patient care clinical instruction, including such things a PICOT question development for EBP, patient teaching projects, clinical rounds, pre/post conferences, “hand off” reporting, student mini-reports on selected topics, cognitive/concept mapping, reflective logs, case studies, service learning projects, guided team leading experiences, “noticing” exercises, verbal care planning at bedside, documentation peer reviews, and student self evaluation.

Campus Lab: Two campus labs with a total of 17 beds are used by full and part time faculty to teach cognitive and psychomotor skills related to health assessment, medication calculations, nursing care, and clinical decision making in simulated patient situations using high-fidelity human patient simulations.

In response to facility requests for “skills validation lists” from students applying for internships and graduates applying for jobs, basic “essential skills” have been identified and junior level students must pass a “skills validation” practical test in the campus lab prior to providing care in a clinical setting (Skills Validation Booklet; Health Assessment Skills Validation Booklet). The number of skills, as well as the list of critical steps in each, has been reduced over the past five years in order to shift the focus from memorizing long lists of steps to that of gaining competence in the critical aspects of skills and adapting them to real patient situations. This also enhanced consistency among faculty members in testing students, though that issue must be continuously addressed to maintain consistent grading. The two skills validation booklets are available in the School of Nursing and are included as enclosures with this self study.

In response to student and faculty recommendations, the lab has been staffed for the past six years by selected part time faculty members on Fridays and some evenings for required student remediation and voluntary extra practice. Since implementation, the extra hours have been used extensively for these purposes, especially during the first nursing courses of the junior year. Student feedback has been very positive about having access to an instructor for extra help and practice.

Table 22 Campus Lab Resource Examples

LAB RESOURCE	LAB ACTIVITY	COMMENT
Beds, linens, small skill-specific models and associated supplies	Bladder catheter insertion, NG insertion, Wound care, Suctioning, Medication administration, IV insertion, Vital sign measurement	Used extensively in first clinical nursing course and Health Assessment course.
“Sounds Tutor” heart/breath sounds AND EKG rhythm strip simulators.	Student practice & testing in assessing heart and breath sounds as well as basic EKG rhythms.	Used extensively in Health Assessment and in Complex Care.
Manikins (non-high fidelity) Central line models – chester chest Foley insertion models Wound care models GT models IV models IM/SQ models	Practice hands on skills prior to clinical experience.	Used to increase student competence and assure minimal competency before bedside care.
Manikins (high fidelity) – 2 adult and 1 infant	Critical Care: Recognition of rapid-response situations, recognition of irregularities on EKG and vital sign monitors, code situations. Pediatric: Learning to assess vital signs, breath sounds, heart sounds, pediatric assessment practice, role playing – parental and nurse roles,	Use of high-fidelity mannequins (simman and simbaby) to replicate clinical experiences that students may be exposed to. Well-constructed case studies and scenarios have many of the clinical aspects that a student

LAB RESOURCE	LAB ACTIVITY	COMMENT
	pediatric drug calculations – safe dose, documentation, code scenarios. Use NLN NCLEX-RN based scenarios.	needs in order to react positively when exposed to that particular clinical situation in real life. The safe and non-threatening environment allows the student to learn without the stress surrounding real world clinical experience.
“Noelle” birthing simulator	Student visualization of fetus in utero and simulation of birth process, both vaginal and caesarian.	Used for maternity nursing class and campus lab
Wheel chairs, walkers, canes and other similar assistive devices	Student practice	Used primarily on junior level
Simulated medication bottles/vials, needles, syringes, alcohol pads etc	Student practice administering medications	Used at all levels, especially junior level
Ventilator – mechanical	Basic mechanical ventilator monitoring and trouble shooting.	Used by senior students.

Teaching & Learning Activities - Student Assignments: Student assignments are designed to support course objectives, promote self-directed learning and collaboration in groups, stimulate reflective and critical thinking, foster creativity, and enhance clinical judgment and decision making. They include such activities as reading assignments, online learning modules, asynchronous online threaded discussions, formal and informal written papers, internet searches, literature reviews, evidence-based clinical practice guideline development, critical analysis of research reports, interviews, and practice exams

Writing Assignments: In 2006, the School of Nursing became the first entire academic unit on campus to participate in the new CSU quality enhancement plan (QEP) initiative, “*Writing: the Solution*” (<http://sacs.colstate.edu/plan.php>). Required by the Southern Association of Colleges and Schools (SACS), the QEP plan was developed by a CSU task force based on faculty input campus-wide. The goal of the program is to graduate students who are competent writers in their discipline. During the first two years of college, the goal is to produce “competent writers” in general and during the last two years, to develop discipline specific “competent professional writers”. The QEP has been funded since its inception to provide faculty development, train student peer tutors, support a campus writing center, provide internal grants for QEP projects, and encourage other activities to fully implement the plan. The School of Nursing faculty members have received training on teaching and evaluating student writing, have developed and tested a common writing grading rubric, and have integrated formal and

informal writing assignments into nursing courses throughout the program. Several nursing faculty members have received internal QEP grants to support this project. The most current grant award is supporting development and implementation of nursing student electronic portfolios (e-folios) that are compiled over the course of the program. Table 23 summarizes the nursing QEP activities over the past three years.

Table 23 School of Nursing QEP Student Writing Project

YEAR	PROJECT / GOAL	COMMENT
2006-07	Establish benchmark for minimal level of writing Revise SON standardized writing rubric	- Identified a resource for grammar/writing, APA - Rubric revised with inter-rater reliability
2007-08	Writing across the curriculum Writing assessment grading policy development New faculty orientation to grading rubric	- Writing assignment integration into each course - Done workshop
2008-09	Student portfolio development Use of eFolio, MN	- Rubric/assignment developed - eFolio template developed
2009-10	Plagiarism module development	Currently in the works

Throughout the nursing program, students work in small groups on assignments designed to develop skills in teamwork and collaboration with peers to achieve a goal. Examples of group projects include conducting literature reviews, preparing and making audio-visual presentations, planning and holding health fairs, and doing patient teaching projects. Students begin in the junior year with teaching projects presented to small groups of patients and/or peers and culminate with development of a nursing practice guideline presented to groups of practicing nurses in the senior year.

Teaching Learning Activities - Online Learning Modules: Beginning several years ago, the School of Nursing began an online learning project based on requests by students as well as evidence indicating its effectiveness while offering flexibility to students. To ensure quality and maintain credibility of online nursing instruction the decision was made to require professional development related to online learning for any faculty member who engaged in learning module development or online teaching. The Indiana University School of Nursing online certificate program, “*Teaching & Learning in Web-based Courses*”, which consists of four online courses (<http://nursing.iupui.edu/continuing/teachingweb.shtml>), was chosen to provide this training based upon its quality, affordability and accessibility. To date, all full-time faculty

members who have been at CSU two years or more have completed the program and earned the certificate. A number of online learning modules (Appendix R) have been developed and are now used throughout nursing courses. For example, learning modules related to nutrition are integrated throughout the nursing curriculum. NURS 3279 (Applied Pathophysiology) and NURS 4175 (Evidence-Based Practice) are currently taught on-line with optional face-to-face class meetings and on-site testing. Although a few students have given negative feedback regarding the learning modules (primarily citing learning strategies in which they say they are “teaching themselves”, failing to see the value of active learning), many more have given positive feedback. In fact, one of the major factors driving this project was student requests for online learning.

Teaching Learning Strategies – Student Success Program: In 2006, a Nursing Student Success Committee was formed and charged with developing a Student Success Program for nursing students aimed at reducing student attrition, increasing graduation rates, and increasing Nursing Exit Exam success. They reviewed the literature and implemented a variety of strategies to identify at risk students and provide early intervention to help them achieve success. Some of the strategies currently include:

- Identify at risk students beginning early in first semester of nursing courses
- Lunch and learn sessions
- Peer study groups
- Faculty mentor groups
- Practice national achievement testing

The initial program began in fall 2007 and was expanded in 2008 with partial support from a state grant. In fall 2008, the first positive impact was noted when the progression rate from junior to senior year nursing courses increased from 86 of 98 juniors progressed to the senior level (88%). When this class graduated in 2009, the graduation rate increased from 57% the previous year to 85%. In fall 2009, the progression rate of juniors to seniors remained at the same level (86 of 98 or 88%) and these 86 seniors are expected to graduate in 2010. The Nursing Student Success committee and program remain active and evolving. Table 24 captures the graduation rates from 2004 – 2009.

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).

Program Response:

The Nursing Advisory Board meets every semester and provides insights and suggestions from clinical practice and stakeholders. An example of the Advisory Board's impact on the curriculum is the new four-course series, Professional Development Perspectives. The course sequence was developed as a venue for teaching professionalism and concepts traditionally thought of as "nursing leadership and management" beginning with the first semester of nursing and integrated throughout the program. Basic professional nursing concepts are introduced in the first course and each subsequent course builds on previous courses in the series.

Adult learning strategies are emphasized in the BSN program because the student body is a diverse group of age, gender, ethnicity, and race (CSU Nursing Student Demographics, are available in the School of Nursing). Adult learners prefer to share life experiences and integrate them into learning, to learn relevant concepts that are immediately applicable in real life, and to avoid wasting time. The faculty members have integrated a variety of interactive activities such as role playing, case study discussions, collaborative practice exams, and cultural awareness and sensitivity experiences into nursing courses, which has previously been summarized.

CSU's Center for International Education has an English Language Institute (ELI) Coordinator who assists students who need to polish their English-speaking skills and prepare for the Test Of English as a Second Language (TOEFL), which is required for admission to CSU. English as Second Language (ESL) students must also pass a reading and grammar nursing admission test for eligibility for admission to the nursing program. The ELI coordinator has asked that all ESL students with concerns be referred to him for assistance. Junior students are placed with a senior student mentor with same cultural background for their first year of nursing school so that they have a role model from their own background.

The caliber and extent of teaching and learning using simulation has dramatically improved over the past six years with the acquisition of new procedure models (SoundsTutor simulator stations, and high fidelity human simulators (SimMan, SimBaby, Noelle Birthing simulator). Faculty members who demonstrated interest received training on use of simulation for teaching and learning. Last year two courses began a clinical rotation of two days per course in a simulation lab. One is a "crisis intervention" lab with SimMan in which students must make decisions and implement them based on assessment findings and SimMan responses to their actions (NURS 4279, Complex Care). The other is a similar experience using SimBaby for a pediatric learning experience (NURS 4280, Family & Community Nursing). Both of these are "value added" experiences and do not replace facility or community clinical experiences.

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 are ultimately responsible for evaluation of individual student learning outcomes.

Program Response:

The nursing student evaluation and grading requirements are based on expectations of nursing graduates and are published in the BSN Student Handbook each year and are reinforced in nursing course syllabi. Students must achieve a minimum 75% average on all exams AND a passing clinical grade in order to pass a nursing course. Once these two requirements are met, other graded assignments are calculated into the course grade in order to reward students for their efforts and achievement on those assignments, however, failure on these assignments could result in course failure. Table 24 summarizes nursing grading requirements and rationale.

Table 24 Nursing Grading Requirements & Rationale

EVALUATION REQUIREMENTS	RATIONALE
Passing (75%) Exam Average	Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure in order to pass a nursing course.
Passing Clinical Performance	Students must demonstrate a basic ability to transfer and apply knowledge and skill to clinical situations in order to protect patient safety and meet legal standards of nursing practice.
Passing (75%) Course Grade	Passing course grade reflects at least a basic level of ability in the course, while allowing students the opportunity to demonstrate & be rewarded for excellence in a variety of ways rather than by exams alone.

Over the past six years the School of Nursing has undertaken a project to improve faculty exam item-writing skill to produce exams that are written in the NCLEX-RN format and test students' ability to critically think and make clinical decisions. The benchmark for written exams is at least 85% items requiring application and analysis for clinical decision making. All nursing exams are administered online in the same format that will be experienced on the NCLEX-RN. An online exam item development, banking and administration software program

(SmarTest by Elsevier, formerly HESIWare) is used to create and administer most exams. A number of course final exams are customized by Elsevier based on nursing course syllabi and outlines. The MedsPub Total Curriculum Support© online resource “*Learning System RN Online*” (<http://online.medspub.com/meds/schoolslibProdDetail-Tabs.aspx?pid=362&>) is a resource that provides tutorials and practice exams in the NCLEX-RN format and helps students learn to succeed on this type of exam. Each student has a password protected account.

Medication calculation exams with a passing benchmark of 90% or higher in no more than two attempts are required throughout the BSN program in order to protect patient safety validating a minimal level of student proficiency in drug (medications and intravenous fluids) calculations, taught in the first semester of the program. The benchmark had been 100% but was changed to 90% consistent with local facilities’ policies. Two attempts are allowed to help reduce student anxiety related to one high-stakes test. Table 25 summarizes the placement of calculation requirements and consequences of failing to meet benchmarks.

Table 25 Medication Calculation Requirements in BSN Program

Medication Calculation Requirement / Benchmark	Placement in Program	Consequences
Medication Calculation	NURS 3175 Pharmacology (1 st semester)	Fail NURS 3175
Medication Calculations Exam each semester	Beginning of semester prior to clinical experiences	Fail clinical nursing course associated with exam
Unit exams contain at least two medication calculations	Every clinical nursing course each semester	Student responsible for seeking assistance / remediation if fails to meet benchmark on an exam. Online remediation resources and campus lab instructors available for review and remediation.

Proficiency in drug calculations is also expected for clinical experiences in every clinical nursing course. Students are advised that failure to maintain drug calculation proficiency can result in unsatisfactory clinical performance and a clinical failure, which is reflected on the clinical evaluation form.

Nationally normed specialty achievement exams are administered at selected points throughout the program and a comprehensive Nursing Exit Exam is required at the end of the program (current vendor Elsevier) in order provide feedback to students and faculty and to help prepare students for success on the Nursing Exit Exam and the NCLEX-RN. The examination process provides not only testing, but also feedback and teaching through review of the answers and rationales for exam items. Students are responsible for paying the costs of these

examinations through nursing exam fees charged with tuition each semester. Some clinical courses use custom-developed final exams from the same vendor so that students will take the exam seriously and it will more accurately reflect students' abilities. In these cases, the scores are calculated into course grades. Students scoring below 850 probability score are responsible for reviewing areas of weakness for improvement and may be required to repeat the exam. The table below outlines the current specialty achievement exam schedule.

Table 26 Nursing Achievement Exam Placement

Nursing Achievement Exam	Placement 2009-2010
Fundamentals (PCN I customized final exam)	Junior year, end of 1 st semester clinical course
Pharmacology (customized final exam)	Junior year, end of 1 st semester
Medical Surgical / Pharmacology (PCN II customized final exam)	Junior year, end of 2 nd semester (used as mid-program benchmark)
Fundamentals Specialty Exam (PCN II, 5% course grade)	Junior year, end of 2 nd semester
MedSurg Specialty Exam (mid program benchmark and NURS 4279, 5% course grade)	Senior year, beginning 3 rd semester
Community/Maternity/Pediatrics (NURS 4280 customized final exam)	Senior year, end of 3 rd or 4 th semester
Management (NURS 4177 customized final exam)	Senior year, end of 3 rd or 4 th semester
Psychiatric Specialty Exam (in NURS 4279, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Obstetrics Specialty Exam (NURS 4280, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Pediatric Specialty Exam (NURS 4280, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Exit Exam	Senior year, April, following required NCLEX-RN review course. Two attempts allowed in NURS 4377 (capstone course). If unsuccessful, repeat course summer term with focus on remediation and retesting with multiple attempts (see Appendix S, Exit Exam Policy)

Clinical evaluation of students is based upon expected behaviors contained in the course specific Clinical Evaluation Tool (example in Appendix M). The tool format is the same throughout the program with major headings, sections, and grading scale remaining the same. Expected student behaviors within major sections, though similar, are course-specific and reflect a progression from basic to complex. Students receive a grade of "S" (satisfactory), "U" (unsatisfactory), or "NI" (needs improvement) for the behaviors listed on the tool. The tool and expectations are provided and behaviors clarified to students prior to clinical experiences. Clinical evaluation is formative in the early weeks of a nursing course and becomes summative

at the end. Students are given feedback about their strengths, weaknesses, and suggestions for improvement. Any “NI” rating not improved to an “S” by the time of the summative evaluation results in a “U” for that objective and a clinical failure, thus course failure. Students must receive an “S” or “U” at final summative evaluation. “NI” is no longer appropriate because the formative evaluation period is over. Students receive only one grade for a nursing course, thus a clinical failure results in failure of the nursing course. If a student’s performance becomes unsatisfactory, he/she is placed on clinical probation, receives a formal letter of warning, and a clinical evaluation which reflects where the student must improve.

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.

Program Response:

Every semester, students complete evaluations of each nursing course, their teachers (classroom and clinical), and their clinical sites using specified data collections forms (Appendix O). Two years ago these forms were placed in an online format to facilitate aggregation of responses for analysis. Table 27 provides examples of how the results of evaluations have been used to facilitate program improvement.

Table 27 Program Improvements Based on Evaluation Results

EVALUATION	PURPOSE /	EXAMPLES
Course Evaluations (course summaries archived electronically on secure p-drive)	Consider identified patterns of student perceived course strengths and weaknesses in course planning and revision.	2007 NURS 3276 Health Assessment: Student feedback revealed that they were disappointed that all on-line modules were scheduled at the end of the semester. Faculty responded and evenly distributed the on-line modules throughout the semester. 2008 NURS 3275 Foundations of Nursing Practice: Student feedback revealed that they felt the lecture days were too long. Faculty responded and divided 3277 into 2-4 hour days for spring instead of a 6 hour one and a 2 hour one. Will

EVALUATION	PURPOSE /	EXAMPLES																		
		review Foundations for that opportunity in the fall. 2009 NURS 3111 Professional Development Perspectives: Student feedback revealed disappointment with the APA content delivered. They felt that the information was not clear. Faculty responded with requiring the 6th edition, 2nd run APA Manual as the resource for APA. 2007 <table border="1" data-bbox="824 562 1404 735"> <thead> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> </thead> <tbody> <tr> <td>NURS 4279</td><td>Psych content not very helpful and disorganized</td><td>Psych content on outline updated for current practice</td></tr> </tbody> </table> 2008 <table border="1" data-bbox="824 793 1404 966"> <thead> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> </thead> <tbody> <tr> <td>NURS 4175</td><td>Students didn't feel comfortable enough with pulling items out of articles for mid-term</td><td>Use more practice articles throughout the semester</td></tr> </tbody> </table> 2009 <table border="1" data-bbox="824 1024 1404 1255"> <thead> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> </thead> <tbody> <tr> <td>NURS 4280</td><td>Not clear about what is to be expected to know on exams</td><td>Have a review for students especially before Exam 3, where clarity is needed about what to study</td></tr> </tbody> </table>	Course	Strength/Weakness	Action	NURS 4279	Psych content not very helpful and disorganized	Psych content on outline updated for current practice	Course	Strength/Weakness	Action	NURS 4175	Students didn't feel comfortable enough with pulling items out of articles for mid-term	Use more practice articles throughout the semester	Course	Strength/Weakness	Action	NURS 4280	Not clear about what is to be expected to know on exams	Have a review for students especially before Exam 3, where clarity is needed about what to study
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Evaluation of Classroom Instructors	Consider identified patterns of student perceived classroom instructor effectiveness in self-evaluation and improvement activities as well as formal faculty evaluation process.	Used for self-improvement efforts and supervisor recommendations in annual self-evaluation portfolios and performance evaluations. Individual evaluations confidential and filed in School of Nursing.																		
Evaluation of Clinical Sites	Consider student identified strengths and weakness of clinical sites when making decisions to place student rotations there in the future, and help identify and resolve problems encountered in specific clinical sites.	2007 NURS 3277 Advanced Nursing: The teaching team elected to discontinue use of Hughston Orthopedic Hospital's Rehabilitation Unit based on student needs that were not being met by the patient population and routine. The Rehabilitation Unit's routine for patients included about 4 hours in the middle of the day dedicated to OT and PT, thereby decreasing student nurse contact time, which was reflected on their evaluations of the site.																		

EVALUATION	PURPOSE /	EXAMPLES
		NURS 4279 Psych-Mental Health Nursing (PMHN) Clinical Rotation <i>Changed PMHN clinical locations from the State psychiatric hospital to a private hospital.</i> Student feedback on Clinical Agency Evaluations was negative toward the facility (West Central Georgia Regional WCGRH) as well as the nursing staff. The student felt strongly that the staff was not helpful to the students nor that they wanted student nurses. The students also perceived the nurses to be uncaring and uninvolved in the care of the patient. Overall average for the 20 question evaluation tool was 3.77 in fall 2007. This perception was validated by Nursing Faculty. Student feedback on Clinical Agency Evaluations has consistently improved since the facility change in fall 2008. Student nurses report feeling very positive about the care the patients receive and about the welcoming nature of their learning environment. Overall average for the 20 question evaluation tool was 4.63, evidencing strong improvement. This perception was validated by Nursing Faculty.
Evaluation of Preceptors	Consider student identified strengths and weakness of individual preceptors when collaborating with facilities to make future preceptor selections.	Although each student completes an evaluation form on their preceptor, the tool is in the process of being revised by the Program Evaluation Committee. In preparing this self-study, a deficiency in a formal process for reviewing and responding to student evaluations of preceptors has been identified. This process will be developed and utilized at the end of preceptorship for Spring 2010.
Evaluation of Clinical Instructors (full and part-time)	Consider identified patterns of student perceived clinical instructor effectiveness in self-evaluation and improvement activities as well as formal faculty evaluation process.	Used for self-improvement efforts and future hiring decisions by School of Nursing. Individual evaluations confidential and filed in School of Nursing.

The BSN curriculum has undergone a thorough review and revision over the last two years, with the junior level implemented fall 2009. The guiding principles identified at the beginning of the process included, 1) *keep or add what is essential, relevant, and current*, 2) *delete what is non-essential or trivial, irrelevant or outdated*, 3) *incorporate most current national standards for nursing in the 21st century*, and 4) *introduce EBP and leadership concepts in first nursing course and integrate through program*, and 5) *balance student workload over the four semesters*. This was done with an agreement to maintain a “program level” perspective over

“pet content” perspective. Table 28 provides examples of how these principles guided the decisions and actions of the faculty.

Table 28 Curriculum Revision Guiding Principles and Examples of Actions

Guiding Principles	Example of Actions
Keep or add what is essential, relevant and current	Retained basic sequence of concepts, skills and competencies taught, beginning in the first year with concepts and skills basic to all nursing (foundations, assessment, pharmacology, medical terminology, medication calculations, pathophysiology) and progressing in the last year to more complex or specialized concepts and skills (basic critical care, pediatrics, maternity, acute mental illness, community nursing).
Delete what is non-essential or trivial, irrelevant or outdated.	- Considered national morbidity and mortality data, CDC incidence and prevalence data, community patterns and NCLEX-RN test plan in deciding to reduce number of specific diseases included in courses, limiting them to most commonly occurring in the nation and region. - In accordance with AACN Essentials, eliminated concepts determined to be outside the scope of practice of a “nurse generalist”. <i>Examples: Eliminated some of the more complex cardiac arrhythmias and focused only on the most commonly occurring and/or most deadly; Eliminated Neonatal Intensive Care rotation and made it an optional observation for highest performing students.</i>
Incorporate most current national standards for nursing in 21 st century.	Reviewed and retained: - NCLEX-RN Test Plan - AACN Baccalaureate Essentials - ANA Standards of Nursing Practice Reviewed and adopted: - QSEN Competencies (based on IOM competencies) - Joint Commission National Patient Safety Goals
Introduce EBP and leadership concepts in first nursing course and integrate through program.	- EBP introduced in PDP I first semester of nursing courses and expanded in PDP II second semester. - Nursing Research course renamed Evidence Based Practice and kept in third semester for all students. Course revised for higher level of knowledge and skill expected of senior students by third semester ... expanded teaching and learning activities in critical analysis of evidence and application of best evidence.
Balance student workload over the four semesters	- Each semester of nursing courses developed to contain 15 academic credit hours for total of 60. - Clinical courses in each semester equal in classroom and clinical hours.

Examples of program changes and evidence upon which the decisions were made are outlined in Table 29. The Program Evaluation Plan and an overview of findings and actions based on findings since 2003 are contained in Appendix B.

Table 29 Program Evaluation Results/Program Improvements: Examples 2005-2009

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS																												
2005	Pediatrics In 2004 moved NURS 3277 pediatric classes concepts to NURS 4275 (Parent Infant Nursing)	NURS 3277 (2 nd semester) contained some pediatric classes but taught in only adult clinical sites. Student feedback -- all pediatric classes be moved to NURS 4275 which teaches pediatric clinical labs (3 rd or 4 th semester) Follow-up student scores on pediatric scores, Exit Exam. <table><tr><th>YR</th><th>PEDS AVG SCORE</th></tr><tr><td>05</td><td>1032</td></tr><tr><td>06</td><td>960</td></tr><tr><td>07</td><td>894</td></tr><tr><td>08</td><td>893</td></tr><tr><td>09</td><td>913</td></tr></table>	YR	PEDS AVG SCORE	05	1032	06	960	07	894	08	893	09	913	Student feedback has been positive after pediatric classes moved to course with pediatric clinical rotations in 2004. Pediatric average scores dropped since 2005 but maintained around 900. Scores extracted from Exit Exams V1 annually.																
YR	PEDS AVG SCORE																														
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2005	NURS 4280 - Created NURS 4280 (Family & Community Health) by combining NURS 4276 Community and NURS 4275 Parent Infant... implemented Fall 2006.	Student feedback of overwhelming clinical workload 3 rd or 4 th semester when NURS 4276 & 4275 were taken together in the same semester...had 4 clinical days/week. Review of workload for those two courses in one semester = 270 hours compared to 180 in other terms. Average scores from Exit Exams: <table><tr><th>YR</th><th>PEDS</th><th>MAT</th><th>CH</th></tr><tr><td>04</td><td>922</td><td>911</td><td>807</td></tr><tr><td>05</td><td>1032</td><td>1076</td><td>1011</td></tr><tr><td>06</td><td>960</td><td>941</td><td>923</td></tr><tr><td>07</td><td>894</td><td>930</td><td>906</td></tr><tr><td>08</td><td>893</td><td>882</td><td>831</td></tr><tr><td>09</td><td>913</td><td>865</td><td>954</td></tr></table>	YR	PEDS	MAT	CH	04	922	911	807	05	1032	1076	1011	06	960	941	923	07	894	930	906	08	893	882	831	09	913	865	954	Average student scores on maternity, pediatric and community health nursing achievement exams have been maintained around 900.
YR	PEDS	MAT	CH																												
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Spring 2007- Spring 2009	Major Curriculum Review & Revision Curriculum consultants Donna Ignatavicius and Jean Giddens reviewed program and provided workshops. Revised program outcomes based on QSEN competencies. Reviewed and updated philosophy and organizing framework.	Based on review of national standards recommended by CSU Advisory Board members (QSEN competencies, Joint Commission National Patient Safety Goals) identified need for more emphasis on: - Information Technology - Quality Improvement Processes Based on review of AACN recommendations for baccalaureate nursing education, identified need for more emphasis on: - Geriatrics	Curriculum committee approved changes at college and institution levels. Monitor student outcomes according to Program Evaluation Plan once phased in implementation begins fall 2009.																												

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS
	Developed balanced Professional Clinical Practice (PCN) course sequence (11 credit hours per semester). Developed Professional Development Perspective (PDP) four-course series to teach professional, EBP, and leadership concepts throughout program. NURS 3176, Nutrition, eliminated and content integrated into clinical courses across program. NURS 4175, Nursing Research, name changed to Evidence Based Practice to reflect actual content. EBP principles introduced 1st semester in PDP I. Reviewed and revised BSN Curriculum Map.	• End of Life Care Based on results of graduate-exit and alumni surveys, identified need for more emphasis on: • Cost Effective Care • Global Health Based on recommendation of Nursing Advisory Board, need more emphasis on: • Nurses as Leaders • Quality Improvement Processes Curriculum map & courses review revealed • “curriculum overload” ... much has been added over the years and very little removed • Some unintentional overlap in course content • Unbalanced academic workload across program (12-17 hours per semester) • Essential concepts not introduced until senior year (EBP; delegation; organizing and prioritizing care; leadership;	

STANDARD IV

PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

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.

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. 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). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. 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).

Program Response:

The School of Nursing collects and aggregates student data related to expected program outcomes on a regular basis in accordance with the Program Evaluation Plan. Table 30, Student Outcome Data Collection Plan is derived from the Program Evaluation Plan (Appendix B) and outlines the type of data collected, how it is collected, when it is collected, and how it is calculated or aggregated. Exact employment data has been very difficult to obtain in hard numbers. By student report at time of graduation, 90% or more of any given graduating class have already accepted employment offers. By local facility informal report, it is estimated that 80% or more of BSN graduates remain in this geographic area each year.

Table 30 Student Outcome Data Collection Plan

DATA TYPE	COLLECTION METHOD	COLLECTION TIMING	COMMENT
BSN Program Retention Rate (JR to SR progression)	CSU online course reports - # of nursing seniors enrolled each fall.	October	Retention rate calculated: <i># seniors enrolled divided by # admissions previous fall</i>
BSN Pre-licensure Graduation Rate	Record # new admissions to NURS 3275 (first clinical course) every fall. Record # of graduates spring/summer two years later.	October December	Graduation rate calculated: <i># graduates spring-summer divided by # enrolled in NURS 3275 two years previously.</i>
Nursing Exit Exam Pass Rate	Exit Exam grade sheets/ reports (Elsevier, online)	May-August annually	Calculations: 1 st attempt pass rate – May 2 nd attempt pass rate – May 3 rd – 4 th attempt pass rate – summer Passing in >4 attempts not calculated.
NCLEX-RN Pass Rate (first attempt)	NCLEX-RN Program Reports (Pearson Mountain Measurement)	Reports received twice yearly: Apr-Sep Oct-Mar	Aggregated for each calendar year.
Graduate Exit Satisfaction Survey	Educational Benchmark Inc	Spring annually	Longitudinally compared to previous results
Alumni Survey	Educational Benchmark Inc	Every two years, spring	Longitudinally compared to previous results
Employer Survey	Educational Benchmark Inc	Every two years, spring	Longitudinally compared to previous results

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.

Program Response:

Annual NCLEX-RN pass rates, graduation and attrition rates are reviewed annually and finalized at the end of the calendar year. Table 31 (extracted from Aggregated Student Data Cumulative Appendix D) summarizes aggregated student outcome data over the past four years.

Table 31 Aggregated Student Outcome Data 2006 - 2009

YEAR GRAD	# Admit 2 yrs prior	# GRAD Generic/ RN	Grad / Attrition Rate	TOTAL# NCLEX- RN Writers	#PASS FIRST TRY	% PASS FIRST TRY	4-YR AVG %PASS 1 st TRY	COMMENTS
2006 adm04 apply	74 4 repeat. + 8 RN	52 (+5 RN)	73.3%/ 26.7%	52	52	100%	153/163 = 93.87%	3rd ICAPP Graduates - Adm 71 fall 2004 - Lowest GPA 2.92 (min req 2.50)
2007 adm05	76 Includes 6 repeat. + 6 RN	64 + 5 RN	84%/ 16%	64	61	95%	187/ 195 = 95.8%	New NCLEX-RN Exam Apr 07 4th ICAPP Graduates - Adm 70 in 2005 - Lowest GPA 3.05 (min req 2.50) - First class taking NURS 4280 Family & Community Health
2008 adm06	98 + 5 RN	56 (May 49 July 7)	57%/ 43%	56	52	93%	203/ 216= 94%	- Adm 91 fall 06 - Lowest GPA 3.11 (min increased to 2.75) - Lost 31 JRs Fall 2007 - Received NETF Nursing Initiative Grant (Faculty Salaries & Student Success Program)
2009 adm07	98 +3 RN	82	85%/ 15%	79	78 (3 pending 1 st attempt Jan10)	98.7%	243/ 251= 96.8%	- Adm 102 fall 07 11 JR repeaters: 4 Foun; 2 Assess; 5 Pharm - Began the mid-program review in 1st semester of Senior year 30 students had remediation in Summer 09 for success on exit HESI Exam; all students successful - Recommendation to increase the number of specialty exams thru the Program
				4/8/10 81	4/8/10 79	4/8/10 97.5%	4/8/10 244/ 253 96%	

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.

Program Response:

In 2006, the School of Nursing began gathering graduate exit, alumni, and employer satisfaction data through Educational Benchmarking Inc (EBI) which provides online surveys and extensive data reporting. Prior to that time, return rates on faculty made mailed surveys had fallen to unacceptably low rates (<20%) and thus were not useful in evaluating program

effectiveness. EBI survey return rates have increased and the reports have provided very valuable data including:

- mean score summaries for each factor and for each item comprising the factors
- statistical comparison of factor mean scores to the weighted means of three groups of other nursing programs: 1) six similar schools, 2) same Carnegie Class schools, 3) all EBI schools.

Respondents rate the factors using a 7-point Likert Scale.

The Senior Exit Survey is done annually in spring for current graduates. For the four years surveyed (2006-2009), results have demonstrated factor mean scores above or equal to the three comparison groups.

Alumni and employer surveys are administered every two years (spring of even years) for the graduates who have been in practice for one and two years. The titles of EBI reports can be confusing as to the actual respondents' graduation year. For example, the EBI report titled "*2005-2006 Alumni Survey*" was conducted in spring 2006 but actually reports responses from 2004 and 2005 graduates. The "*EBI 2007-2008 Alumni Survey*" was conducted in spring 2008 and reflects responses from 2006 and 2007 graduates. The 2009-2010 alumni survey will be conducted in spring 2010 for graduates of 2008 and 2009.

The first alumni survey of 2004 and 2005 graduates revealed two major factors needing increased emphasis in the program: "*problem solving*" and "*management skills*". In 2006 the faculty had already begun a project to increase "application and analysis" exam items on nursing exams to 85% or more of the items. In addition, they identified the need to incorporate more critical thinking, clinical judgment and decision making, and problem solving into all nursing course teaching and learning activities. Multiple workshops over a period of several years were held to improve not only faculty exam item writing skills, but also to enhance their knowledge and skill using interactive teaching strategies that provide students practice in those cognitive skills.

When reviewing the questions associated with each major factor, several other areas in need of more focus were identified:

- global health care
- cost factors in care delivery
- health policy impact on populations
- function as member of health care team
- organization of health care delivery systems
- culturally competent care
- promotion of healthy communities
- accountability

- incorporate nursing standards
- make effective presentations

The faculty realized that the first five topics were either not addressed or only minimally addressed in the program, thus were added to various courses. The last five topics were already incorporated into the curriculum, but needed increased visibility and emphasis, which was done.

The second survey (2006 and 2007 graduates) reflected a dramatic improvement in mean scores and comparison ratings on major factors needing improvement as well as the ten topics identified from review of all factor questions. Ranking within all three comparison groups in overall program effectiveness also improved. Table 32 summarizes the factor mean scores (7 point Likert scale), performance descriptions (superior to extremely poor), ranking in comparison to the three benchmarks groups, and actions taken by faculty. EBI results are available in the School of Nursing office and on a password protected portion of the vendor's website.

Table 32 EBI Alumni Survey Results and Actions 2006-2009

FACTOR	GRADS 04 & 05 MEAN SCORE	GRADS 06 & 07 MEAN SCORE	COMMENT
Number of respondents / number of surveys sent	29 / 79 37%	38 / 117 35%	
Nursing program promoted successful career	6.14 Excellent Above 2 grps	6.15 Excellent Above 2 grps	
School activities contributed to success	4.89 Good No difference	4.94 Good No difference	
Enhanced patient relationships and care	5.53 Excellent No difference	6.17 Excellent Above 3 grps	
Enhanced problem solving <i>* Top predictor of overall program effectiveness rating for 06-07 group</i>	5.36 Good No difference	6.18 Excellent Above 3 grps	2006 – increased focus on clinical decision making, critical thinking and problem solving in teaching – reflected in exam items.
Enhanced community health care	5.10 Good No difference	5.85 Excellent Above 3 grps	
Enhanced professional relationships	5.10 Good No difference	6.16 Excellent Above 3 grps	
Enhanced professional skills	5.52 Excellent No difference	6.24 Excellent Above 3 grps	

FACTOR	GRADS 04 & 05 MEAN SCORE	GRADS 06 & 07 MEAN SCORE	COMMENT
Enhanced management skills	4.87 Good No difference	5.57 Excellent Above 3 grps	2006 – increased teaching in nursing delegation as well as organizing and prioritizing care – reflected in exam items.
Overall program effectiveness	5.28 *Rank 6 / 7 Rank 10 / 18 Rank 29 / 56	5.14 *Rank 3 / 7 Rank 15 / 39 Rank 54 / 148	06-07 other factors ranked: # 1,2 & 3 of 7 (6 similar programs) # 1-5 of 22 (same Carnegie class) # 1-16 of 84 (all EBI programs)

*1st ranking is with six similar schools; 2nd ranking is with same Carnegie class schools; 3rd ranking is with all EBI schools.

Employers are emailed survey invitations by EBI if the alumnus provided an email address for them. In both surveys, we received less than six employer responses, which made the data unusable. The program relies on the Nursing Advisory Board and other contacts within the community for feedback about employer satisfaction.

Graduating senior exit surveys are done each spring. Over the past four years, ratings have remained fairly stable. The results of the 2009 graduate exit survey are not as useful as previous years because of the low response rate, which resulted from the unintentional delay of survey launch until a few weeks after students graduated. In prior years, it had been launched in mid spring and closed prior to the last day of class, which gave faculty time to encourage graduates to complete it. Future exit surveys will be launched and closed prior to the last day of class to maintain high response rates.

Results from graduates in 2007 identified the factor “*course lectures*” as a strength and “*facilities and administration*” as an area for improvement. In looking at questions for the latter factor, the one that had a mean slightly lower than weighted group comparisons was “*quality of classrooms*”. An interior building renovation, including classrooms, was done summer 2006 just before their senior year. During their senior year, updated media equipment was installed in all classrooms and larger student desks were purchased. Later classroom ratings improved.

Results from graduates in 2008 identified two factors as strengths: “*course lecture*” and “*classmates*”. No major factors were noted as in need of improvement. Review of questions comprising each factor revealed the following weak areas:

- global health care
- organization of health care delivery systems
- tuition / fee level
- feedback from instructors on assignments

The first two are already priorities in the curriculum revision process. The dissatisfaction with tuition/fee level is likely the results of fees associated with nursing courses that pay for achievement testing, external NCLEX-RN review courses, and online resources. The faculty agreed to make extra efforts to provide students timely feedback on assignments.

Results from 2009 graduates (response rate only 28%) revealed an even lower satisfaction with “*facilities and administration*”, in large part due to the implementation by the CSU president of a nursing program fee of \$65/credit hour to make up for extreme state budget cuts fall 2008. Of this estimated \$300,000 per academic year in revenue, 10-15% is taken by CSU, 50% pays for part time clinical nursing faculty, and the remaining amount provides salary supplements to full time nursing faculty. Sub-factor areas that still need improvement are:

- cost factors of care
- global health care environment
- organization of health care delivery systems
- feedback on assignments

Further efforts are being explored to strengthen the learning experiences with these topics.

With the 2009 graduates, one sub-factor that was rated lower than in the past was “*clinical teaching*” and “*classroom teaching*”. Based on comments from students, some do not like online learning modules or interactive, application class discussions that require preparation for class activities and/or independent online work. Some stated they “*have to teach themselves*” and did not understand that engaged, interactive learning requires a different kind of student effort. The faculty will work on ways to begin trying to change this mindset and attitude toward academic, work beginning with the first nursing courses.

Table 33 EBI Graduating Senior Exit Survey Results and Actions 2006-2009

FACTOR	GRADS 2006 MEAN SCORE	GRADS 2007 MEAN SCORE	GRADS 2008 MEAN SCORE	GRADS 2009 MEAN SCORE
Number of respondents / number of surveys sent	36 / 52 69%	60 / 64 94%	61 / 62 98%	23 / 83 28%
Overall program effectiveness	5.54 Rank 2 of 7 Rank 6 of 47 Rank 21 of 139	5.14 Rank 3 of 7 Rank 15 of 39 Rank 54 of 148	5.30 Rank 3 of 7 Rank 19 of 55 Rank 61 of 194	4.83 Rank 4 of 7 Rank 28 of 60 Rank 110 of 220
Quality of nursing instruction	5.29 Good	4.99 Good	5.08 Good	5.12 Good
Work and class size	5.80 Excellent	5.71 Excellent	6.43 Excellent	5.75 Excellent
Course and lecture interaction	5.83 Excellent	5.74 Excellent	5.75 Excellent	5.88 Excellent

FACTOR	GRADS 2006 MEAN SCORE	GRADS 2007 MEAN SCORE	GRADS 2008 MEAN SCORE	GRADS 2009 MEAN SCORE
Facilities and administration	5.49 Good	5.09 Good	5.40 Good	5.34 Good
Classmates	6.10 Excellent	5.66 Excellent	5.69 Excellent	6.01 Excellent
Professional values	6.67 Excellent	6.65 Excellent	6.43 Excellent	6.50 Excellent
Core competencies	6.35 Excellent	6.03 Excellent	6.16 Excellent	6.45 Excellent
Technical skills	6.60 Excellent	6.45 Excellent	6.47 Excellent	5.99 Excellent
Core knowledge	6.09 Excellent	5.64 Excellent	5.80 Excellent	5.55 Excellent
Role development	6.32 Excellent	6.26 Excellent	6.13 Excellent	6.03 Excellent
COMMENTS	Rank 1 of 7 similar schools on all factors. Above weighted means of all comparison groups on all factors except "quality of nursing instruction" (which was no difference)	Rank 1-3 of 7 on all other factors except one (rank #4) Above weighted means of similar six on 5 factors and no difference on others.	Rank 2-3 of 7 on all other factors. Above weighted means of similar six on all factors except "quality of nursing instruction" (which was no difference)	Rank 2 of 7 on 6 factors & 3-4 on 3 factors. Above weighted means of similar six on 3 factors and "no difference" on others. Response rate low because survey not launched few weeks after students graduated. Will launch and complete prior to last nursing course completion.

*1st ranking with six similar schools; 2nd ranking with same Carnegie class schools; 3rd ranking with all EBP schools.

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.

Program Response:

The program evaluation plan and an overview of findings and actions based on findings are contained in Appendix B and C. Supporting data and more detailed reports are available in a program evaluation notebook and files housed in the nursing office. Examples of major program/curriculum changes and evidence upon which the decisions were made are outlined in Table 34 for 2005-2009.

Table 34 Program Evaluation Results/Program Improvements: Examples 2005-2009

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS																												
2005	Pediatrics In 2004 moved NURS 3277 pediatric classes concepts to NURS 4275 (Parent Infant Nursing)	- NURS 3277 (2nd semester) contained some pediatric classes but taught in only adult clinical sites. - Student feedback -- all pediatric classes be moved to NURS 4275 which teaches pediatric clinical labs (3rd or 4th semester) - Follow-up student scores on pediatric achievement exam <table><tr><th>YR</th><th>PEDS AVG</th></tr><tr><td>05</td><td>1032</td></tr><tr><td>06</td><td>960</td></tr><tr><td>07</td><td>894</td></tr><tr><td>08</td><td>893</td></tr><tr><td>09</td><td>913</td></tr></table>	YR	PEDS AVG	05	1032	06	960	07	894	08	893	09	913	- Student feedback has been positive after pediatric classes moved to course with pediatric clinical rotations in 2004. - Pediatric achievement exam average scores dropped since 2005 but maintained around 900.																
YR	PEDS AVG																														
05	1032																														
06	960																														
07	894																														
08	893																														
09	913																														
2005	NURS 4280 - Created NURS 4280 (Family & Community Health) by combining NURS 4276 Community and NURS 4275 Parent Infant... implemented Fall 2006.	Student feedback of overwhelming clinical workload 3 rd or 4 th semester when NURS 4276 & 4275 were taken together in the same semester...had 4 clinical days/week. Review of workload for those two courses in one semester = 270 hours compared to 180 in other terms. <table><tr><th>YR</th><th>PEDS</th><th>MAT</th><th>CH</th></tr><tr><td>04</td><td>922</td><td>911</td><td>807</td></tr><tr><td>05</td><td>1032</td><td>1076</td><td>1011</td></tr><tr><td>06</td><td>960</td><td>941</td><td>923</td></tr><tr><td>07</td><td>894</td><td>930</td><td>906</td></tr><tr><td>08</td><td>893</td><td>882</td><td>831</td></tr><tr><td>09</td><td>913</td><td>865</td><td>954</td></tr></table>	YR	PEDS	MAT	CH	04	922	911	807	05	1032	1076	1011	06	960	941	923	07	894	930	906	08	893	882	831	09	913	865	954	Average student scores on maternity, pediatric and community health nursing achievement exams have been maintained around 900.
YR	PEDS	MAT	CH																												
04	922	911	807																												
05	1032	1076	1011																												
06	960	941	923																												
07	894	930	906																												
08	893	882	831																												
09	913	865	954																												
Spring 2007- Spring 2009	Major Curriculum Review & Revision Curriculum consultants Donna Ignatavicius and Jean Giddens reviewed program and provided workshops. Revised program outcomes	Based on review of national standards recommended by CSU Advisory Board members (QSEN competencies, Joint Commission National Patient Safety Goals) identified need for more emphasis on: - Information Technology - Quality Improvement Processes Based on review of AACN	Curriculum committee approved changes at college and institution levels. Monitor student outcomes according to Program Evaluation Plan once phased in implementation begins																												

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS
	based on QSEN competencies. Reviewed and updated philosophy and organizing framework. Developed balanced Professional Clinical Nursing (PCN) course sequence (11 credit hours per semester). Developed Professional Development Perspective (PDP) four-course series to teach professional, EBP, and leadership concepts throughout program. NURS 3176, Nutrition, eliminated and content integrated into clinical courses across program. NURS 4175, Nursing Research, name changed to Evidence Based Practice to reflect actual content. EBP principles introduced 1st semester in PDP I. Reviewed and revised BSN Curriculum Map.	recommendations for baccalaureate nursing education, identified need for more emphasis on: • Geriatrics • End of Life Care Based on results of graduate-exit and alumni surveys, identified need for more emphasis on: • Cost Effective Care • Global Health Based on recommendation of Nursing Advisory Board, need more emphasis on: • Nurses as Leaders • Quality Improvement Processes Curriculum map & courses review revealed • “curriculum overload” ... much has been added over the years and very little removed • Some unintentional overlap in course content • Unbalanced academic workload across program (12-17 hours per semester) • Essential concepts not introduced until senior year (EBP; delegation; organizing and prioritizing care; leadership;	fall 2009.

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.

Program Response:

The consistency of faculty outcomes and performance standards as well as the faculty evaluation process has already been addressed in standard 1-C. The faculty outcomes are consistent with the mission and expected student outcomes of the nursing program as reflected in Table 35.

Table 35 Faculty Outcomes and Program Mission and Outcomes

Faculty Outcome	Mission	Program Outcomes	Comment
Teaching Superior teaching as determined by peer and student evaluation and administrative review • Teaching Effectiveness • Teaching Team Member Effectiveness • Course Coordinator Effectiveness • Curriculum & Program Development & Evaluation	Teaching Prepare a baccalaureate nurse generalist.	Patient centered care Safety Quality improvement Evidence based practice Communicate & collaborate Information technology Leader	Faculty members must demonstrate ability to teach these major outcome concepts within their clinical specialty. Faculty must function as team members and team leaders. The program emphasizes evidence based teaching strategies.
Scholarship Academic achievement; this shall include scholarly and artistic attainment, as determined by peers and superiors Professional growth and development; this shall include contributions to the teaching profession, a scholarly discipline and the overall common educational process, as determined by peers and administrative reviews.	Scholarship & Professional Development Enhance Professional Knowledge, Skill & Abilities Share Professional Knowledge, Skill & Abilities Apply or Discover Knowledge	Quality improvement Evidence based practice Communicate & collaborate Information technology Leader	Faculty members must demonstrate continuing professional development in order to remain clinically current and to continuously improve teaching knowledge and skill. The program has significantly expanded its use of technology to support teaching and learning, and faculty have had to continuously improve their own abilities using technology effectively.
Service Outstanding service to the institution Service to the community	Service Activities performed without compensation that require professional and/or discipline specific knowledge or skill that contribute to: • University (includes SON) • Professional organizations • Public agencies • Non-profit agencies • Other service agencies	Communicate & collaborate Leader	Faculty members are expected to perform service within the SON and may select service as one of the areas in which they wish to excel. If so, the expectations for involvement in service are greater. Faculty serve as role models for students.

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.

Program Response:

In 2007, the Nursing Exit Exam policy was changed in response to complaints of two students who failed it multiple times. The policy has been revised slightly since that time and currently focuses on helping students gain the knowledge and skill they need to pass it rather than limiting attempts and excluding them from graduating. If a student does not pass the exam in two attempts in NURS 4377 spring term, they do not graduate in spring and repeat the course the immediately following summer term. In 2009 the Exit Exam policy stated that students are provided remediation resources and activities and are allowed to repeat the exam every 30 days. If they have not passed by the end of summer term, they receive a grade of “incomplete” and continue to take the exam until the end of December. If they have not passed by that time, their “incomplete” is converted to “F” and they do not graduate. Summer 2009 all repeating seniors passed the Exit Exam and graduated August 2009. For seniors in the class of 2010, the policy was revised to allow exam retake every 21 days and to limit total attempts to seven, two in spring and five more in summer. This decision was based on two things. The change to 21 days between exams attempts was to allow students to complete the process more quickly and become eligible for NCLEX-RN more quickly. The change to limiting attempts to seven was based on the fact that more than seven attempts was excessive, especially given the amount and type of remediation provided to students who had to repeat the exam multiple times.

Updated 02/15/2010

Date of Hire:
Tenured: Yes (date)
Date Last Post Tenure Review: NA
Rank:
Date of Last Promotion:

Columbus State University
School of Nursing
Columbus, Georgia 31907

School of Nursing Faculty Evaluation Criteria

FACULTY NAME _____

DATE _____

Faculty members are evaluated annually and at the time of application for promotion or tenure in the areas of **teaching & learning, scholarship & professional development, and service**. Evaluation criteria were developed and approved by the School of Nursing.

FACULTY INSTRUCTIONS:

By January 31 of each year, submit a self-evaluation for each of the three major areas of evaluation, addressing behaviors listed for each. Include any relevant documentation to support self evaluation (e.g. appraisals from students, colleagues, administrators; letters of appreciation / service; certificates for certifications / continuing education; award documentation; etc).

RATINGS

M = MERITORIOUS (defined below)	N = NEEDS IMPROVEMENT (less than successful)
S = SUCCESSFUL (defined below)	NA = NOT EVALUATED / NOT APPLICABLE

EVALUATOR COMMENTS

I TEACHING EFFECTIVENESS

Classroom & Clinical Teaching

•

Collaboration & Teamwork

•

II SCHOLARSHIP & PROFESSIONAL DEVELOPMENT

III SERVICE

•

FACULTY MEMBER COMMENTS *(continued on reverse side)*

An evaluation conference was held on (date) _____

Faculty Signature _____ Date _____

Evaluator Signature _____ Date _____

I TEACHING EFFECTIVENESS

Teaching and learning are the primary focus for evaluation in accordance with the mission of Columbus State University, which is a regional teaching university. Indicators of achievement in the area of teaching and learning in nursing education include criteria in five major areas. Faculty members are expected to adequately meet criteria for “successful” performance in teaching and learning.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (OUTSTANDING)	N	S	M
TEACHING EFFECTIVENESS				
Complies with university system and university policy such as attendance, meeting classes, return of graded assignments, etc.	NA			
Averages an instructional load of 12 semester hours per semester or its equivalent.	Voluntarily assumes overload in teaching responsibilities for which no remuneration is awarded... assumes difficult teaching assignments.			
Receives student instructor evaluations that are consistently positive (average score 4.00-4.49 on CSU Evaluation form for behaviors #3-20 & #23-26, which reflect individual instructor behaviors rather than team decisions).	Receives student instructor evaluations that are consistently <i>highly</i> positive (average score 4.50-5.00 on CSU Evaluation form for behaviors #3-20 & #23-26, which reflect individual instructor behaviors rather than team decisions).			
Receives consistently positive peer evaluations and makes improvements in areas of weakness.	Receives peer evaluations that are consistently <i>highly</i> positive and recognize faculty member as a very highly effective / excellent teacher.			
Participates in continuous quality improvement activities in teaching and learning.	Takes initiative to actively plan and implement continuous quality improvement activities in teaching and learning.			
Develops and maintains organized, clear, meaningful, and current teaching materials.	Develops and maintains teaching materials recognized by peers and students as <i>highly</i> organized, clear, meaningful, and current.			
Develops exam items that reflect decision making and critical thinking at levels appropriate for students	Demonstrates <i>outstanding ability</i> in the development of exam items and test item banks that reflect decision making and critical thinking at levels appropriate for students. Serves as role model.			
Provides guidance and assistance as needed / requested and is available for students during regular class times and by appointment.	Receives recognition for devoting extra time & effort in helping/guiding students in addition to expected availability for such assistance			
	Develops innovative teaching & learning activities that are effectively implemented and serve as a role model.			
	Receives honors or awards in the area of teaching effectiveness.			
TEACHING TEAM MEMBER EFFECTIVENESS				
Attends and participates in teaching-team meetings and completes assigned activities to support team functioning.	Attends and actively participates in teaching-team meetings, often volunteering for and responsibly completing activities to support effective team functioning.			
Makes positive contributions to teaching team consistency and effectiveness.	Makes outstanding contributions to teaching team consistency and effectiveness.			
Cooperates and collaborates in planning, implementing and evaluating courses: - Shares ideas and opinions in an assertive, clear, respectful and tactful manner - Listens to and is respectful of the ideas and opinions of others, including students - Open to new ideas & opinions different from own - Implements and supports group decisions, even if different than own preference - Assumes and effectively completes a fair share of extra duties and responsibilities required for School of Nursing and program functioning - Regularly attends and participates in nursing faculty meetings, committees, ad hoc groups, course team meetings, and activities required to maintain course, school and program functioning.	Recognized by peers for consistently exemplifying outstanding ability to collaborate and foster an atmosphere of open, constructive communication and collaboration.			

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (OUTSTANDING)	N	S	M
COURSE COORDINATOR EFFECTIVENESS				
Plans, organizes, and publishes drafts of course syllabi, schedules, outlines and other course materials far enough in advance to involve team members in timely course planning.	Recognized by peers as outstanding in ability to plan, organize, lead and document teaching team activities that promote effective teaching team functioning.			
Plans, schedules, and leads regular team meetings in a way that promotes teaching-team consistency as well as team planning, implementation and evaluation of courses	Receives recognition from peers for outstanding ability to promote teaching-team collaboration, consistency and effectiveness.			
Coordinates course administrative activities related to student issues and problems (e.g. professional conduct, academic/clinical weakness/failure, probation, student complaints/concerns, etc)	Receives recognition from peers and students for outstanding ability to address student and/or faculty issues and resolve problems/concerns in a positive and effective manner.			
Submits & maintains timely teaching-team and course records (e.g. team meeting minutes, course evaluation summaries, etc) as well as accurate and current student files and records	Submits & maintains highly organized, effective and timely teaching-team and course records (e.g. team meeting minutes, course evaluations summaries, etc) as well as accurate and current student files and records.			
Provides feedback about part-time faculty teaching effectiveness to Director, School of Nursing.				
CURRICULUM & PROGRAM DEVELOPMENT & EVALUATION				
Attends and participates in School of Nursing committee meetings and activities.	Receives recognition from peers for outstanding ability to plan, organize, lead and document teaching team activities that promote effective teaching team functioning.			
Participates actively in committees and activities required for ; - implementation of the nursing program systematic evaluation plan - revision and continuous quality improvement of nursing curriculum - meeting standards of the Georgia Board of Nursing and national accrediting organizations	Initiates and consistently makes significant contributions in leading, planning and implementing activities to achieve the goals of : - School of Nursing and curriculum committees and/or - implementation of the nursing program systematic evaluation plan and/or - revision and continuous quality improvement of nursing curriculum and/or - meeting standards of Georgia Board of Nursing and national accrediting organization.			

II SCHOLARSHIP AND PROFESSIONAL DEVELOPMENT

Scholarship and professional development include activities that contribute to enhancing own professional knowledge, skills and abilities in teaching and clinical specialty; the development of new educational techniques/strategies; or the discovery of new knowledge. Indicators of achievement in the area of scholarship and professional development in nursing education include criteria in four major areas. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious scholarship & professional development activities involve those that involve major time commitments and/or show clear evidence of positive impact.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
ENHANCE PROFESSIONAL KNOWLEDGE, SKILL & ABILITIES				
Participates in continuing education activities and programs relevant to teaching and learning, education or professional discipline annually.	Participates in formal educational activities (e.g. doctoral study, post-graduate study, special programs, residency, fellowships, etc)			
	Updates and enhances clinical knowledge, skill and judgment through professional practice in nursing.			
	Maintains current national certification in a professional nursing specialty.			
	Maintains national certification in a specialized clinical program recognized by a national professional organization (e.g. ACLS, PALS)			
	Participates actively or is newly inducted into national professional honor society or organization.			
SHARING PROFESSIONAL KNOWLEDGE, SKILLS & ABILITIES				
Publishes articles relevant to health care, nursing or	Publishes an original professional book or chapter in			

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
education in publications for the public when requested.	a professional book, published by a reputable publisher			
Presents inservice and/or short continuing education offerings for peers within the School of Nursing.	Publishes a monograph or article in a refereed national or international journal, either online or print			
	Presents an invited or contributes papers, lectures or competitively selected papers, poster presentations at local, state, regional, national or international meetings.			
	Writes successful grants and/or serving as official grant reviewer.			
	Serves as editor of a journal, appointment to the editorial board, or a manuscript/book/film reviewer for a journal or reputable publisher			
	Publishes articles relevant to health care, nursing or education in publications for the public			
	Serves effectively as a teaching preceptor for graduate students from other institutions			
	Serves as test item writer for NCLEX-RN or for nationally recognized nursing achievement testing service.			
	Selected for fellowships, residencies, or other programs that are competitively selected.			
EDUCATIONAL TECHNIQUES / STRATEGIES				
	Develops online, web-based or computer mediated instruction based on established pedagogy for such instruction			
	Develops & evaluates formal innovative teaching and learning techniques/strategies			
DISCOVERY OF NEW KNOWLEDGE				
	Originates & conducts basic and applied professional nursing or educational research (including action research as well as formal research)			
	Participates in the basic or applied professional nursing or educational research of other primary investigators or as part of a research team (including action research as well as formal research)			

III SERVICE

Service includes activities that contribute to the university, professional organizations, public agencies, non-profit agencies, health and human service agencies, or other service agencies without compensation. Indicators of achievement in the area of service include the following criteria. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious service activities are those that involve major time commitments and/or show clear evidence of positive impact.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
SERVICE				
Participates in university / college committees, councils, and volunteer faculty activities that require active involvement of faculty member in order for group to accomplish its goals.	Participates actively and contributes to university / college committees, councils, and activities that require a significant time commitment to achieve goals.			
Participates in professional / community organizations, committees, boards, task forces, etc.	Serves in a leadership role on college and university committees and councils, professional/community organizations, committees, boards, task forces, etc			
Collaborates with university faculty, staff and students in internally-based community outreach programs.	Participates in an active and ongoing manner in leadership roles for professional / community organizations, committees, boards, task forces, etc.			
Participates competently in student academic advising.	Receives awards and recognition for service.			
	Performs voluntary community activities/teaching (e.g. CPR, ACLS, childbirth education, inservices, Headstart programs, food banks, health promotion programs, etc.)			
	Serves as faculty advisor for active student organizations.			

Faculty Initials _____ Date _____

Evaluation Initials _____ Date _____

JG/jg

Faculty Evaluation Form 05

Developed & Approved Sept 2003

Revised & Approved Sept 2005

**COLUMBUS STATE UNIVERSITY DEPARTMENT OF NURSING
MAJOR FIELD ASSESSMENT
LEVEL-3 STRATEGIC PLAN FOR FISCAL YEAR 2012**

Program: BSN

Academic Year: 2010-2011

Table 1 School of Nursing Trended Outcome Data

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-2011
# Admissions annually	76	91	98	98	98	97
Graduation rate (those admitted 2 years earlier)	60% (of 74 adm in '04)	85% (of 76 adm in '05)	66% (of 98 adm in '06)	87.5% (of 98 adm in '07)	85.7% (84 of 98 adm in 08)	85.6% (83 of 97 adm in 08)
NCLEX-RN Pass Rate (1st attempt)	100%	94%	93%	98.6% (11/10/09) (6 pending)	88%	91% (9/30/11) (82 of 84)
NCLEX-RN Pass Rate (2nd attempt)	NA	100%	100%	(no 2 nd attempts as of 11/01/09)	pending	pending

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 Achieve excellence in undergraduate & graduate education to meet student & community needs.	Maintain NCLEX-RN Success	Review NCLEX-RN pass rates. Benchmarks: 1 st time pass rate 90% or higher 2 nd time pass rate 95% or higher	NCLEX-RN pass rates 2011: 1 st attempt = 91%	Used to ensure curriculum continues to prepare students for success on licensing exam.
	Program satisfaction survey for graduating seniors.	EBI Inc Online Assessment each spring ... average scores equal or exceed national benchmarks.	2010 Graduate Exit Survey results: met 1 and exceeded 9 national benchmarks.	Areas of focus for improvement (global health, cost effective care, and end of life care) mean ratings were statistically no different than 2009. Two factors, cost factors and end of life care were statistically improved over 2008, while global health was no different. However, ratings for all 3 were in the top 22% of 225 schools nationally.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 (continued) Achieve excellence in undergraduate & graduate education to meet student & community needs.	Program satisfaction survey for alumni (every 2 years for most recent two classes)	EBI Inc Online Assessment each spring ... average scores equal or exceed national benchmarks.	Alumni data pending	Incorporated identified concepts and priorities into revised curriculum.
	Base curriculum & program revisions on identified community needs and priorities.	BSN Advisory Board involved in curriculum & program revision (minutes Advisory Board)	Curriculum revision progress discussed in BSN Advisory Board minutes.	Continue evaluation of new curriculum and continue to obtain feedback from Nursing Advisory Board for updates/changes.
	Develop and implement online Masters in Nursing Science program with RN-to-MSN track.	Track status & completion of major required tasks: • Hire consultant as needed • Educate key faculty members • Secure funding • Secure BOR approval • Initiate CCNE accreditation process • Hire first 12-month FTE faculty • Develop MSN curriculum • Admit first class • Evaluate • Hire second 12-month FTE faculty • Expand enrollment	MSN proposal was approved by the BOR in April 2011 with start of collaboration in Fall 2011. Columbus State University will begin offering courses in spring 2012. Secure Funding Funding from community partners support 12-month contract of MSN Program Coordinator (Dr. Cheryl Smith) Educate Key Faculty Members Drs. Sheri Noviello and Cheryl Smith attended Master's Essential Conferences in 2010 and 2011.	Support MSN program. Dr. Sheri Noviello and Dr. Cheryl Smith attended and returned with key insights and knowledge for development and accreditation of MSN program.
	Offer study abroad opportunities for nursing students.	Initiate development of program in London ... follow in minutes Internationalization of Nursing Curriculum (INC) Committee.	Discussed & reflected in Nursing Faculty Meeting minutes.	Evaluate feasibility of development during 2010-11.
	Graduates attain basic competency in professional writing.	Monitor number & type of writing assignments in program.	Undergraduate students are now writing in every major nursing course and have begun developing professional electronic portfolios.	To evaluate & revise nursing professional writing through the program.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 (continued) Achieve excellence in undergraduate & graduate education to meet student & community needs.	Maintain CCNE national accreditation of BSN Program.	Monitor standards & compliance with accreditation standards. Program Evaluation Committee, Curriculum Committee, and Policies & Bylaws Committee are assigned specific parts of accreditation to prepare & update on a regular basis.	Prepare for Georgia Board of Nursing visit in 2012 and CCNE visit in spring 2015.	
	Recruit & retain qualified faculty & staff to adequately support the School of Nursing mission.	Monitor full & part time faculty positions ... benchmark: Full time – 100% with at least a Masters Degree in nursing. Part time – Majority with Masters Degree in nursing.	Fall 2011 - All but one full time positions filled (two with temporary appointments). Majority of part time faculty members do not hold MSN ... difficulty recruiting and hiring part time clinical instructors continues.	Continue recruitment for part time masters prepared faculty.
Goal 2 Increase enrollment to 10,000 by fall 2011.	Maintain expanded BSN pre-licensure admissions.	Review trended admissions data. Benchmark: 98 admissions / yr	Admitted 97 students fall 2010	Maintain pipeline of students eligible to apply to program
	Increase & maintain graduation rate for BSN program - 85% or higher.	Review trended graduation rates. Benchmark: 85% or higher	Graduation rate 2011 = 85.6%	Help evaluate Nursing Student Success Program and program effectiveness.
	Maintain qualified BSN applicant pool	Review annual numbers of declared nursing major student data & monitor trends.	Over 425 nursing majors in fall 2010. Over 125 qualified applicants to nursing program for fall 2010.	Monitor to maintain pool of qualified nursing applicants.
	Expand RN-to-BSN Program	Enroll 40 students or more into RN-to-BSN program for Fall 2011.	Online RN-to-BSN program started in October 2010 with an enrollment of 15.	Continue to market program and recruit.
Goal 3 Create more partnerships with academic institutions, government agencies, and business consistent with the university's mission.	Clinical site contracts maintained. (see goal #4 below)	Clinical site contracts filed & monitored in SON office.	All contracts current.	Facilities not used for two years removed.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 4 Increase external funding & recognition.	Financial support continued from community partners.	Monitor ongoing efforts & discussions through office of university advancement.	Received \$1 million commitment from two community partners (St Francis Hospital and Columbus Regional Healthcare) over five years, four years remaining. Will support maintaining expanded BSN program, revising RN-to-BSN program, and development of MSN program.	Support of programs as described.
	Secure ongoing state funding following 3-year grant to support faculty salary supplements & Student Success Program.	Full time faculty salaries converted on continuing state lines in 2010.	No additional state funds for covering market adjustments to full-time faculty salaries currently covered by community partner gifts.	Support pre-licensure program as described.
	Expand CSU Nursing Alumni Organization.	CSU Nursing Alumni Group responsibility given to Clinical Placement Coordinator.	Organization expanded to approximately 100 members.	For renewed emphasis and efforts.
Goal 5 Provide a best-in-class technology platform & information-based services.	Maintain state of the art equipment, models and simulations in campus labs.	Seek funding for state of the art simulation lab to be placed Illges ground floor.	Campus lab expanded with 7 additional beds. Vital Sim manikins in 3 rd floor lab and high fidelity manikins in first floor lab.	Continue to seek funding sources for new equipment. Continue renovation of Illges ground floor to house current equipment.
	Add state of the art technology to the classrooms as evaluated & requested by faculty	Monitor faculty requests for new classroom technology.	"Student Response System" inservice given in fall 2010. SmartBoard placed in Illges 116. SmartBoards to be placed in 216 and 318 when funds are available.	Evaluate use and effectiveness of new technology.
	Expanded online teaching & learning.	Monitor percentage of FT faculty members who have completed required certificate program (Indiana University at Perdue) <i>"Teaching & Learning in Web-Based Courses ... goal 100% of those who teach any module online.</i>	100% of the faculty teaching online have completed required course.	Reflects standard for faculty education met.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
	Maintain effectiveness of teaching and learning when placed online. Maintain & expand online full-text nursing journal data-base access for faculty & students.	Course exam pass rates on content tested from learning modules. Course pass rates for courses using online learning modules. Monitor subscription & seek funding.	Exams reflect expected & acceptable range of scores. Pathophysiology offered during the summer 2011 for the first time to pre-nursing students who were accepted into the nursing program for fall 2011. 2011 database maintained through CSU Library and USG Gallileo.	Reflects effectiveness of online modules. Reflects effectiveness of online modules. Support integration of evidence based practice into nursing curriculum AND development of MSN program.

SN/sn Major Field Assessment 2010-11 December 12, 2011

A photograph of a campus scene. In the background is a large, multi-story brick building. In the foreground, there is a paved walkway with metal railings leading up towards the building. There are several trees, including some with green leaves and others with pink blossoms. A white flagpole stands near the walkway. The overall scene is bright and sunny.

***Columbus State University
School of Nursing***

***Student Handbook
2010-11***

Baccalaureate Nursing Program

Student Handbook 2010-11

Table of Contents

NOTE: Online handbook page numbering is different than hard copy numbering.

TOPIC	PAGE
Introduction	
Welcome	4
Tips for Success	5
Columbus State University	10
School of Nursing: Description & History	10
Nursing Program Accreditation & Georgia Board of Nursing Approval	11
Organizational Chart: School of Nursing	12
Administration and Faculty	13
Nursing Program & Curriculum	
BSN Mission, Philosophy, and Organizational Framework	15
BSN Program and Level Outcomes	19
BSN Curriculum Schema: Regular Student	30
BSN Curriculum Schema: RN-to-BSN Student	32
Nursing Teaching Facilities	33
Professional Nursing Organizations	37
Nursing Program Admission & Progression Policies	
Admission Requirements Undergraduate Students	40
Advanced Placement of RN Students	40
Course Withdrawal Policy	40
Essential Skills and Performance Standards for Students	41
Disability Services Office	42
Nursing Pre-Clinical Requirements	43
Progression Requirements	45
Readmission to Nursing Courses/Program	45
Skills Validation	45
School of Nursing Policies	
Academic Honesty Policy	49
Achievement Examinations Policy	51
Attendance Policy	52
Children Attending Class Policy	54
Clinical Supervision Policy	55
Confidentiality of Patient Information and HIPAA	56
Confidentiality of Student Information and FERPA	59
Drug Calculation Proficiency Examination Policy	60
Employment Policy for Students(including requirements for students with health related licenses)	61
Evaluation and Grading Policy	61
Exam Review Policy	63
Grievance Procedure	65
Group Work Guidelines and Policy	66
Medication Administration 7 Rights	68
Professional Behavior & Attire Policy	69
Web Site & Online Resources Policy	71
Student Information and Resources	

TOPIC	PAGE
APA Format Policy	80
Class Officers and Faculty Advisor Roles/Responsibilities	81
Community & Professional Service Recognition Policy	84
Financial Aid	86
Financial Information	87
Professional Travel for Students: Guidelines and Procedures	88
Nursing Program Graduation and Licensure Requirements	
Graduation Requirements: Summary (including ceremony participation)	91
Graduation Requirements: NURS 4377 Final Exam (Nursing Exit Exam)	92
NCLEX-RN and Licensing Application Procedures	93
Forms	
Campus Lab Referral Form	95
Clinical Supervision of Students: Student Form	96
Community Service Hours Validation Form	97
Employment Record of Nursing Students Form	98
Medical / Emergency Care Form	99
NURS 4377 Final Exam Policy Form (Nursing Exit Exam)	100
Student Handbook & Honor Pledge Form	101
Sample Letter of Exception	102

INTRODUCTION

WELCOME

Welcome to the beginning of your career in nursing. You have chosen a very rewarding and challenging profession that will offer you many and varied opportunities.

We are in the midst of a nursing shortage unlike any other seen before. Rather than a brief period of shortage followed by a cycle of plenty, this shortage is ongoing and predicted to grow for the next 25 years or more. The reasons? There are many, but a primary factor is the increasing demand for nursing care as the “baby boom” generation ages, retires and expands the number of older and elderly adults requiring nursing services. Exponential growth of health care technology and scientific advances are allowing people to live longer lives with chronic conditions that require ongoing monitoring, teaching and care to achieve the highest quality of life possible. So, as a nurse, you will be needed for a long time to come.

Along with the advantages of a career in nursing comes a tremendous responsibility. You will have the lives and well being of people in your hands. This requires a sound knowledge base, keen observational skills, the ability to critically think through problems and make complex decisions, respect and compassion for human beings, and a commitment to life long learning.

The CSU undergraduate nursing program is designed to prepare you to begin your nursing career as a nurse generalist. After graduation & licensure, you will be prepared to advance and specialize in your career through experience and advanced education. We wish you the best as your journey begins with your nursing education.



CSU Nursing Faculty Members

TIPS For Success in Nursing School



Nursing school is different than any other education program you have encountered so far. In the very short time frame of four semesters, you will be prepared to sit for the RN licensing exam and to begin your nursing career being fully responsible and accountable for the lives and well being of patients and their families. It is an awesome responsibility which requires a rigorous and challenging education. The tips below come from those who have walked in your shoes in the past ... lessons they have learned.

Post these tips where you will see them often to remind yourself what is required for success.

- **KEEP UP ... DON'T GET BEHIND**

Students must learn to organize and manage time effectively. This is by far one of the **MOST IMPORTANT** things to do. Nursing courses are all very fast paced and if you let yourself get behind, you will have great difficulty catching up. Students who have failed courses have so many times told me that they let themselves get too far behind and could not catch up. Procrastinating about studying and completing assignments may have worked for you in previous courses, but it **WILL NOT WORK** in nursing courses. There are simply too many complex concepts and topics to learn . . . and they build on each other.

- **LEARN FOR KEEPS ... NO "BRAIN DUMPING" BETWEEN EXAMS OR COURSES.**

Every unit in every nursing course is built on previous units and/or courses. You must make an effort to learn and retain knowledge and skills from every course and carry them into the next courses with you. It will very likely require some review of older course material from time to time ... **KEEP YOUR BOOKS AND NOTES** to aid in such review. Remember, the RN licensing exam tests on **ALL** aspects of nursing, from basic foundations to complex conditions and thinking. The program of learning is **CUMMULATIVE**, meaning that understanding of previous material is required in order to learn new concepts, topics and skills throughout the curriculum.

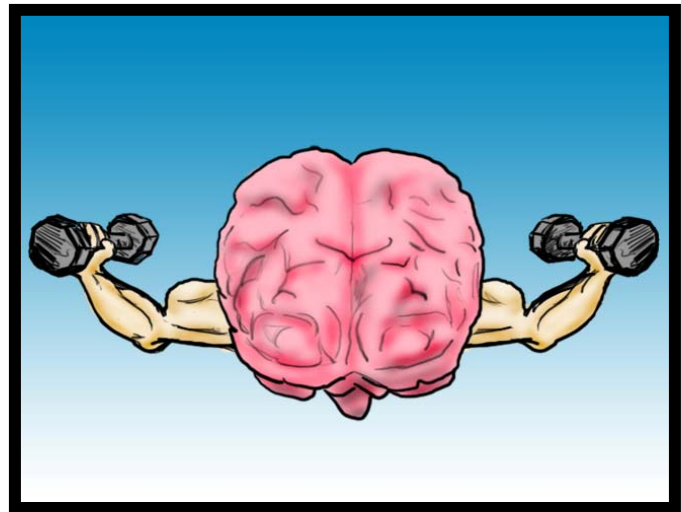
- **BE PRESENT, MENTALLY AND PHYSICALLY**

The nursing curriculum is complex and challenging, as it must be to prepare you to become a professional nurse responsible for the health and welfare...the lives...of other people. All course and program requirements must be fulfilled since every assignment and requirement is developed to assist in establishing a firm basis upon which to build nursing knowledge, skills and competencies. Prepare for class and actively participate in all class discussions and activities ... you will learn the most doing this.

- **LEARN FOR DEEP UNDERSTANDING ... YOUR EXAMS ARE MODELED AFTER THE NCLEX-RN**

Strategies you have used successfully in previous courses often do not work in nursing courses. This comes as a great shock to many new nursing students. It is because in nursing, you are learning facts and concepts in order to **SOLVE PROBLEMS AND MAKE APPLICATION IN CLINICAL PRACTICE ... not simply to recall information verbatim.** You can learn all the facts in the world, but you **MUST**

USE those facts to think critically and make decisions in different situations to be successful in nursing. Your teaching teams have designed classes and clinical to help you learn to use knowledge for **THINKING**. Give your best effort to each and every assignment and activity so you can learn to think using what you learn. There are several cognitive (“thinking”) levels. “*Knowledge*” is the lowest level and “*evaluation*” is the highest. **The RN licensing exam items are 85% or more “application” and “analysis” levels of thinking.** So you can see why using knowledge to “**THINK**” is so important for nursing students.



The grid below explains the cognitive levels and how they will be tested.

COGNITIVE LEVEL	DEFINITION	ACTIVITY EXAMPLES	% OF EXAMS
KNOWLEDGE	Recalling facts; Memorizing; Lowest level of learning.	List, Name, Label, Identify, Show, Define, Recognize, Recall, State	15% OR LESS OF EXAM ITEMS
COMPREHENSION	Grasp meaning of material; lowest level of understanding.	Summarize, Explain, Put into your own words, Describe, Paraphrase, Interpret, Give example.	
APPLICATION	Use learned material in new and concrete situations; Apply rules, concepts, methods, principles, laws, & theories.	Apply, Put into practice Solve, Demonstrate, Illustrate, Calculate, Use, Classify.	85% OR MORE OF EXAM ITEMS
ANALYSIS	Break down material into its component parts & identify parts, analyze relationships between parts, recognize the organizational principles involved; Recognize unstated assumptions, logical fallacies in reasoning, distinguish between facts and inferences, analyze the relevancy of data and the organizational structure of material.	Analyze, Organize, Deduce, Compare & Contrast, Choose, Distinguish, Differentiate	
SYNTHESIS	Put parts together to form a new whole; Involves the creative production of a unique communication (theme or speech), a plan of operations (research proposal), or a set of abstract relations (scheme for classifying information). Examples: • Write a well organized paper; • Give a well organized speech, • Propose a plan for an experiment, • Integrate learning from different areas into a plan for solving a problem.	Design, Hypothesize, Support, Write, Report Discuss, Plan, Devise, Create, Construct, Develop.	Evaluated With Assignments (not multiple choice exams)
EVALUATION	Judge the value of material for a given purpose based on definite criteria; Highest cognitive level because evaluation requires elements of all the other levels, plus conscious value judgments based on clearly defined criteria.	Appraise, Critically review, Evaluate, Estimate, Judge according to criteria, Defend, Justify, Evaluate.	

<http://edtech.clas.pdx.edu/presentations/frr99/blooms.htm> ;

<http://tep.uoregon.edu/resources/assessment/multiplechoicequestions/blooms.html>

- **AIM HIGH**

The grading scale used in the baccalaureate nursing program is ...

NUMERIC GRADE	LETTER GRADE	COMMENT
90.00 - 100	A	PASS
80.00 - 89.99	B	PASS
75.00 - 79.99	C	PASS
67.00 - 74.99	D	FAIL
66.99 and below	F	FAIL

A 75% average for all exams (*simple average of unit exam and final exam scores*) **in each nursing course is required in order to pass nursing courses.** This is because all nursing course exams are modeled after the NCLEX-RN licensing exam. **Your goal, however, should be to score 85% or higher on all exams.** Why?? Historically, students who have “passed” many of their nursing courses with an exam average below 80% have had difficulty in passing the NURS 4377 final exam (Nursing Exit Exam). If your goal is 85%, you are setting your goal at a level that sets you up for continued success in the program as well as on the NURS 4377 final exam and NCLEX-RN.

- **FIND THE MOST EFFECTIVE STUDY METHODS FOR YOU**

We all have learning style preferences ... ways we learn best. Determine what works for you. There is a **BIG DIFFERENCE** between “**STUDYING LONG & HARD**” and “**SMART STUDYING**”. Your goal is to figure out how to study effectively. Below are some strategies students before you have found especially helpful.

- o Prepare well for class and clinical experiences ... be prepared to ask questions to clarify things you don’t understand well.
- o Attend & actively participate in all classes & clinical experiences ... they are designed to **help you learn to “think like a nurse”** ... not merely to “spit out facts” you could read in a book.
- o **Active studying** is more effective than **passive studying**. **Active study** includes any activity that makes you interact with the material in some way. For example, making flash cards, recopying notes and adding material from the text, writing or verbalizing a concept or procedure as if explaining it to someone else, drawing diagrams that link concepts, highlighting major points in a text & adding notes, making notes in the margins of texts, etc. **Passive study** includes activities in which material is simply presented for you to see or hear. For example, simply reading text or watching videos without any other activity.
- o **Figure out your preferred learning styles.** Most of us learn using all three ... but usually one or two styles will be preferred.



- **AUDITORY:** If you learn well by “listening”, you may want to tape record classes. Always request **permission** of the individual instructor. Ask questions in class to clarify concepts. You can also explain terms and concepts out loud to someone else (not in class, of course) to hear yourself.
 - **VISUAL:** If you learn well by “seeing”, learn to take notes that will be meaningful to you. **DO NOT try to write down every word** the instructor says ... you will be so focused on writing you won't get any meaning. Draw diagrams and make notes in your book. Watch videos. After class, rewrite your notes and add important points from the book or other resources. This engages you with the material in a visual way.
 - **KINESTHETIC:** If you learn well by “touching and feeling” things, you might benefit from making flash cards, using hands-on games, or other such activities to help you learn.
- o **Study groups** may be effective for some students while others find individual study more profitable and time-efficient. Try both ways and see what works best for you.
 - o **The place you pick for study** is important. A quiet place will help you to concentrate and eliminate distractions.
- **TAKE CARE OF YOURSELF**
It is important to plan time to eat regularly, rest, sleep, and engage in occasional FUN activities. Nursing is physically as well as mentally demanding. Try to maintain a nutritious diet, including breakfast prior to class and clinical laboratory. Taking care of yourself will help you study better and stay healthy.

On the next page, these strategies are summarized in a list that you can post on your mirror or other places you will frequently see.

I Am A Successful Nursing Student !!



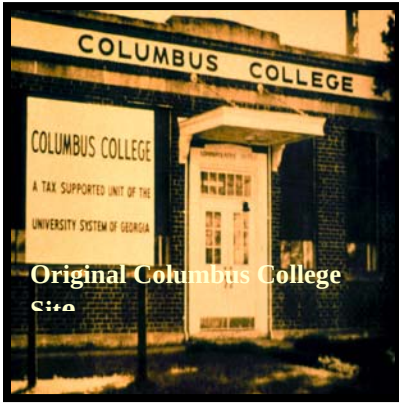
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- LEARN FOR DEEP UNDERSTANDING ... YOUR EXAMS ARE MODELED AFTER THE NCLEX-RN

COGNITIVE LEVEL	ACTIVITY EXAMPLES	% OF EXAMS
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ANALYSIS	Analyze, Organize, Deduce, Compare & Contrast, Choose, Distinguish, Differentiate	85% OR MORE OF EXAM ITEMS
SYNTHESIS	Design, Support, Write, Report, Discuss, Plan, Create, Construct, Develop.	Evaluated With Assignments <i>(not multiple choice exams)</i>
EVALUATION	Appraise, Critically review, Evaluate, Estimate, Judge according to criteria, Defend, Justify, Evaluate.	

- FIND THE MOST EFFECTIVE STUDY METHODS FOR YOU
- TAKE CARE OF YOURSELF



Columbus State University History



Located in the growing northeast section of Columbus, Georgia, Columbus State University is a senior unit of the University System of Georgia. Established by the Board of Regents in 1958 as a Junior College, it rapidly progressed from a two-year institution to a comprehensive college and in 1996 was elevated to University status.

Columbus State University has a student body of over 8000. The 132-acre campus includes over 20 buildings, student housing in both dormitory and apartment style arrangements, and a wide variety of indoor and outdoor recreational facilities. Computer labs across campus provide student access to e-mail, word processing and online research, as well as instructional technology throughout the curriculum. The Simon Schwob Memorial Library provides online access to more than 100 data bases and to over 500 electronic full-text journals, including nursing journals.

Three off-campus centers provide unusual learning environments for CSU students and for the region's school children and residents. The *Oxbow Meadows Environmental Learning Center* is a living laboratory where students of all ages can observe and study nature. CSU's *Coca-Cola Space Science Center* houses a Challenger Learning Center, a planetarium theater that is technologically one of the best in the nation, and the Mead Observatory. CSU's nationally renowned Schwob School of Music and the schools of Art and Theater are located in state-of-the-art performing arts facilities at the *River Center* uptown campus.

Columbus State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, educational specialist degrees, and education doctorate.

School of Nursing History

The School of Nursing is housed in Illges Hall with administrative offices located on the third floor. Faculty offices, classrooms and conference rooms are located on first, second and third floors. The school facility includes the administrative suite, three large (100 seat) media-equipped classrooms, a faculty conference room, a student conference room, individual private faculty offices, a faculty/staff lounge, two campus labs containing a total of 17 beds, a computer lab containing 24-student stations & one instructor station, and a Student Nurses Association office. Space on the ground floor has been renovated to house the graduate program planned for the future and includes a conference room, computer lab (8 stations) and three faculty offices. The organizational



structure of the School of Nursing promotes effective functioning and fosters the attainment of program outcomes. (See School of Nursing Organizational Chart).

Columbus State University first offered a program of study of nursing at the associate degree level in 1967. The program was established as a Department of Nursing under the governance of the Academic Dean. This program was fully accredited by the National League for Nursing Accreditation Commission (NLNAC) until its closure in 2001. Ms Helen Millian (LTC Ret) served as the founding Chair, Department of Nursing.

The Board of Regents of the University System of Georgia granted provisional approval to establish a baccalaureate nursing program in 1983. Dr. Marlene Mitchell-Tibbs was the first



BSN Program Director and Ms Peggy Batastini was promoted to ASN Program Director. The first BSN class was admitted in the fall

of 1984. The NLNAC program evaluation visit for initial accreditation of the baccalaureate nursing program took place in November, 1986. A full eight years accreditation was granted by NLNAC in March, 1987.

The Department of Nursing underwent several reorganizations in the following years. After the founding Chair of the Department of Nursing, Ms Helen Millian (LTC Ret) retired in 1990, a new chair, Dr. Joyce Geiger, was hired and served from 1990-1993. The Academic Dean also retired in 1993 and a search for a Department Chair was delayed until a new Dean was appointed. Both the ASN and BSN Directors were responsible to the Acting Dean, College of Science during the two year interim.

A new Dean of the College of Science was hired in 1995 and established the position of Assistant Dean for the College of Science with responsibilities for the Division of Nursing and Health Professions. Dr. Rhonda Hollis served in this position until 2000, when the College of Science was again reorganized, the Division of Nursing returned to Department of Nursing, and the Associate Dean position was eliminated. Ms. Judy Davidson was named Acting Chair of the Department of Nursing and served from 2000 to 2002 when she retired. In 2002, the Dean appointed Dr. June Goyne to the position of Department Chair where she continues to serve. By 2008 BSN program enrollment had tripled as a result of efforts to increase the number of nursing graduates to help alleviate an unprecedented national and local nursing shortage. In 2009, the Department of Nursing was changed to a School of Nursing, a structure better suited to the growth of the undergraduate program and development of a graduate program in nursing.

In July 2009, CSU realigned their departments, schools and colleges resulting in the creation of the College of Education & Health Professions (COEHP). The School of Nursing was moved into this college at that time.

Currently the nursing faculty is composed of 17 full-time positions, including the Director, School of Nursing (Dr. June Goyne), Associate Director, School of Nursing and Undergraduate Programs (Dr. Sheri Noviello), Associate Director of the Graduate Program (Dr. Cheryl Smith), and RN-BSN Program Coordinator (Ms. Amanda Hawkins). The number of part-time faculty members varies with the number of students enrolled each semester with up to 16 hired at any one time.

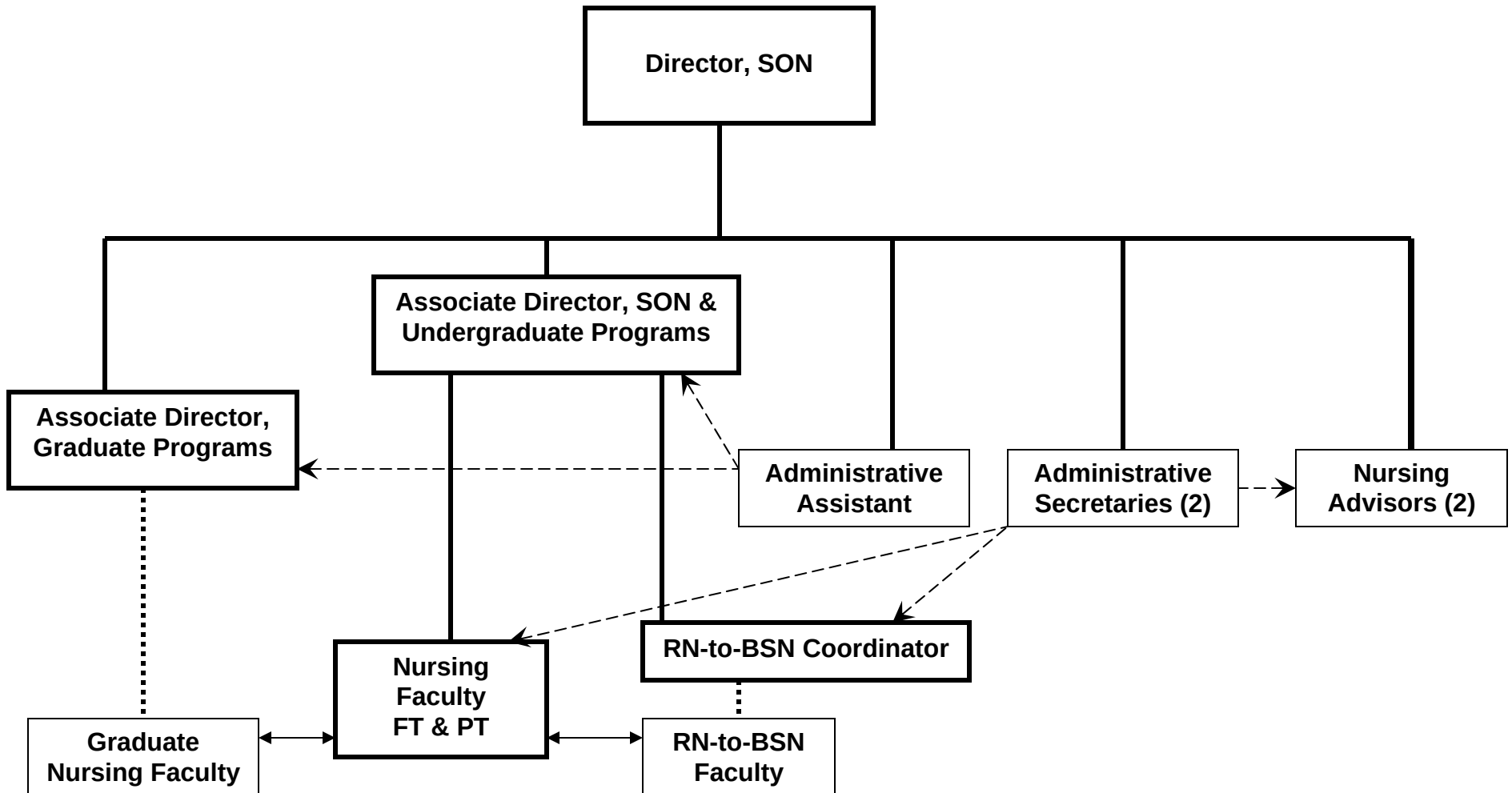
Accreditation and Georgia Board of Nursing Approval

The Bachelor of Science in Nursing program has full approval by the Georgia Board of Nursing and is accredited by the National League for Nursing Accrediting Commission through Fall 2010. The program is in the process of seeking national accreditation through the Commission on Collegiate Nursing Education (CCNE).

Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (912) 207 1640
www.sos.state.ga.us/ebd-rn

National League for Nursing Accrediting Commission
61 Broadway – 33rd Floor
New York City, NY 10006
Telephone: 800-669 1656 Extension 153
www.nlnac.org

Columbus State University
School of Nursing
Organizational Chart



---> Admin Support
..... Supervisory Input
<--> Shared Faculty

Administration and Faculty

Dr. Tim Mescon	President, Columbus State University
Dr. Inessa Levi	Professor and Provost
Dr. Ellen Roberts	Professor and Interim Dean, College of Education & Health Professions
Dr. June Goyne	Professor and Director, School of Nursing
Dr. Sheri Noviello	Professor and Associate Director, School of Nursing & Undergraduate Programs
Dr. Cheryl Smith	Associate Professor and Associate Director, Graduate Program
Ms. Amanda Hawkins	RN-BSN Program Coordinator

Faculty

Dr. Elizabeth Frander	Associate Professor
Ms. Carlie Frederick	Associate Professor
Ms. Gail Jones	Associate Professor
Ms. Therese Lahnstein	Associate Professor
Ms. Stephanie Lewis	Associate Professor
Ms. Noreen McDonough	Associate Professor
Ms. LaTonya Santo	Associate Professor
Ms. Tammy Condrey	Assistant Professor
Ms. Sherika Derico	Assistant Professor
Ms. Mimi Merriman	Assistant Professor
Ms. Dell Miller	Assistant Professor
Ms. Leslie Painter	Assistant Professor
Ms. Christie Schwarting	Assistant Professor
Ms. Sally Richter	Instructor

Part-Time Faculty

Ms. Sarah Angermuller, MSN, Clinical Instructor (Professor Emeritus)
Ms. Mandy Bowden, BSN, Clinical Instructor
Ms. Susan Greer, BSN, Clinical Instructor
Ms. Amy Higgins, MSN, Clinical Instructor
Mr. Mike Hill, BSN, Clinical Instructor
Ms. Bobbie Hunter, MSN, Clinical Instructor
Ms. Tonya Kemper, BSN, Clinical Instructor
Ms. Annie Lewis, BSN, Clinical Instructor
Ms. Marie McIntosh, BSN, Clinical Instructor
Ms. Rachel Posey, BSN, Clinical Instructor
Ms. Suzette Ramsey, MSN, Clinical Instructor
Ms. Mindy Scheible, BSN, Clinical Instructor
Ms. Wanda Street, MSN, Clinical Instructor
Ms. Brooke Thompson, BSN, Clinical Instructor

Pre-Nursing Coordinators

Ms. Judy Davidson, MSN, Pre-nursing Coordinator (Professor Emeritus)
Ms. Joanne Warden, MSN, Pre-nursing Coordinator

*BSN (Pre-Licensure)
Program &
RN-BSN Program
AND CURRICULUM*

Mission, Philosophy & Program Outcomes ***School of Nursing Baccalaureate Program***

Mission

School of Nursing Mission Statement

- To achieve academic excellence in nursing education through learner centered teaching, evidence based practice, creative inquiry and student engagement.
- To prepare graduates for a successful nursing career that includes life-long learning, leadership and responsibility through professional nursing practice and service to others.
- To achieve recognition as a leader in nursing within the community through collaborative, public private partnerships and service.

Approved June 2009

BSN Program Mission Statement

To prepare caring, competent professional nurse generalists who provide safe, culturally sensitive, patient centered care for diverse patient populations in a variety of settings through interdisciplinary collaboration, evidence based practice, informatics, safety and quality improvement processes, and effective leadership in the roles of provider of care, manager of care, and member of the profession.

Approved June 2009

Philosophy/Organizing Framework

The philosophy/organizing framework and learning outcomes of the baccalaureate nursing program are consistent with the vision and mission of Columbus State University, emphasizing academic excellence through learner centered teaching, evidence based practice, creative inquiry, and student engagement. Professional success is promoted through life long learning, leadership, collaborative partnerships and service.

The nursing program is based on the following assumptions about *individuals, health, nursing, professional nursing education, learning, and teaching*.

Individuals

Individuals are unique and dynamic beings influenced by physical, psychological, social, cultural, behavioral, ethical, developmental, and spiritual variables who are constantly interacting with their environments. Each individual functions as a unified whole, with inherent dignity, worth, and rights. Though unique, individuals are social beings who share common human characteristics, needs, and patterns of behavior as they use adaptive processes to attain or maintain health. Interacting with each other and their

environments, people create societies composed of individuals, families, groups, communities and populations. A culture exists when such groups share a system of beliefs, values, norms, ethics, and/or social networks.

Health

Health is a dynamic, adaptive process achieved through physical, mental and social well-being and not merely the absence of disease. Pursuit of health is both a human right and an individual responsibility. All individuals have the right to health care access, autonomy, and comfort and dignity in death.

Nursing

Nursing is a professional practice discipline concerned with human responses to health issues throughout the life span. Professional nurses assist patients to maximize their independence and quality of life through the provision of care to promote, maintain, or restore health or to support a peaceful death. Nurse-patient partnerships are developed for mutual planning of care and healthcare decision making. Professional nurses are responsible for:

- Practicing from a holistic, caring framework that respects and addresses patients' differences, values, preferences and expressed needs
- Practicing from an evidence base in a variety of healthcare settings
- Practicing in diverse, complex, ever-changing global environments
- Designing and promoting safe, cost-effective, quality patient care
- Designing and implementing measures for health promotion and risk reduction
- Caring for diverse populations across the health illness continuum and the lifespan
- Caring for an increasing population of elderly patients with multiple chronic conditions
- Using critical thinking as the foundation for professional judgment decision making and problem solving
- Assuming accountability for one's own and delegated nursing care
- Engaging in care of self in order to care for others
- Engaging in continuous professional development

Professional Nursing Education

Baccalaureate Education is the minimal level of education needed for professional nursing practice in today's complex health care environment. Baccalaureate education prepares a nurse generalist for practice that integrates the knowledge, skills, and attitudes from eight essential curricular elements:

- Liberal Education
- Quality Care and Patient Safety
- Evidence Based Practice
- Informatics
- Health Care Policy, Finance, and Regulatory Environments
- Communication and Collaboration
- Clinical Prevention and Population Health
- Professionalism and Professional Values

The Baccalaureate graduate is prepared to assume three major nursing roles:

- **Provider of Care:** In this role, the baccalaureate generalist nurse is a provider of direct and indirect care for diverse populations across all environments. Clinical decisions are made using critical thinking within a legal and ethical framework. The provider of care role is based upon professional knowledge, skills and attitudes related to evidence-based practice, patient-centered care, teamwork and collaboration, safety, quality improvement, informatics and leadership.
- **Designer/Manager/Coordinator of Care:** In this role, the baccalaureate generalist nurse functions autonomously and interdependently within the health care team. Nurses are accountable for their professional practice and image as well as for outcomes for their own and delegated nursing care. This role is based upon professional knowledge, skills and attitudes related to organization, delegation, supervision, interdisciplinary collaboration, and leadership to promote high quality, cost-effective care within the context of patient values.
- **Member of Profession:** A baccalaureate generalist nurse possesses a professional identity and is accountable for one's professional image. This role requires strong critical reasoning, clinical judgment, communication, and assessment skills. The professional nurse is an advocate for the patient and the profession to include policy processes that shape health care delivery and systems of care. The generalist nurse is committed to life-long learning and continuous professional development.

Within these roles, the baccalaureate nursing program emphasizes the interconnectedness of professional nursing concepts to achieve program outcomes. The professional clinical nurse course series encompasses patient-centered care, safety, and quality improvement. The professional development perspective course series include evidence-based practice, leadership, informatics, teamwork and collaboration (see diagram). Other foundational courses, health assessment, pharmacology, pathophysiology, and evidence-based practice, enrich the curriculum with a focus on supporting essential knowledge, skills, and attitudes. The program culminates with a capstone course that focuses on transition into clinical practice.

Learning

Learning is a life-long process of gaining knowledge, insights, skills, and new ways of thinking in the cognitive, psychomotor, and affective domains. It is influenced by motivation, life experiences, development, and learning styles. Adults learn best when they are active participants in a learning environment that is relevant, interesting, enjoyable, supportive, and engages a variety of learning styles. Learning occurs best when new concepts, skills and attitudes are integrated with one's past experiences and are applied in authentic, relevant situations. Learners are responsible for initiating and sustaining efforts to learn and actively engaging in learning activities.

Teaching

Teaching is a collaborative process in which both teachers and students are active participants and learners. The teacher serves as a mentor, coach, facilitator, role model and consultant. Effective teaching is based upon expert discipline knowledge, learning theory and strategies, and respect for learners as self-directed adults. The role of the teacher is to create a rich learning environment and develop meaningful learning activities that:

- provide connections with students' prior knowledge and experiences

- stimulate learner interest
- are relevant to learning goals
- accommodate different learning styles
- actively engage the learner
- provide an appropriate balance of structure and flexibility
- progress from structured to facilitated to self-directed

Expected Program Outcomes

The Bachelor of Science in Nursing program prepares a nurse generalist with a liberal arts background who focuses upon treating human responses to actual or potential health problems. Graduates are expected to meet the following program outcomes to function in entry-level nursing practice positions.

- Graduates will provide safe, patient centered care in a variety of settings.
- Graduates will apply concepts of safe practice to promote optimal patient clinical outcomes.
- Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.
- Graduates will use sound evidence to make appropriate clinical decisions.
- Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
- Graduates will integrate information technology into nursing practice in a variety of settings.
- Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.

Adopted May 2008
Updated and Approved June 2009

Patient-Centered Care

Outcome: Graduate will provide safe, patient-centered care in a variety of settings.

Definition: Recognize 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 in a variety of settings.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Develop an understanding of multiple dimensions of patient-centered care: • patient/family/community preferences, values. • coordination and integration of care • information, communication, and education • physical comfort and emotional support • involvement of family and friends • transition and continuity	Apply understanding of multiple dimensions of patient-centered care. Organize, coordinate and provide basic nursing care for patients and families with predictable health care needs. Assess the learning needs of individuals and families and plan, implement, and evaluate teaching effectiveness in meeting learning needs.	Value attitudes that foster the development and use of critical thinking for nursing judgments, decisions, and actions in predictable health care settings. Respect and encourage individual expression of patient values, preferences and needs. Value the patient's expertise with own health and symptoms.	Acquire advanced and specialized nursing knowledge and experience to expand the foundation for critical thinking and decision-making in professional practice. Expand knowledge of legal, ethical, and professional standards of nursing practice in specialized or complex settings. Examine legal and ethical issues based on the standards and values of the nursing profession in order to formulate informed responses.	Organize, coordinate and provide nursing care for individuals, families, groups and communities with a variety of needs ranging from basic to complex. Assess the learning needs of individuals families, groups, and communities; plan, implement, and evaluate teaching effectiveness to meet learning needs. Demonstrate an ability to use critical thinking and the nursing process for nursing judgments, decisions, and actions in specialized or complex patient care	Value attitudes that foster continued development and use of critical thinking for nursing judgments, decisions, and actions in specialized or complex health care settings. Appreciate shared decision-making with empowered patients and families, even when conflicts occur. Acknowledge the tension that may exist between patient rights and organizational responsibility for professional, ethical care. Evaluate own values
Acquire a basic body of nursing knowledge and experience to service as a foundation for critical thinking and decision-making in professional practice.	Demonstrate an ability to use critical thinking and the nursing process for nursing judgments, decisions, and actions in patient care situations	Respect patients who represent all aspects of human diversity. Recognize own values and beliefs about the management of pain	Describe how diverse		

Patient-Centered Care

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire knowledge of legal, ethical, and professional standards of nursing practice.	with predictable outcomes.	and suffering.	cultural, ethnic, and social backgrounds function as sources of patient, family and community values.	situations with predictable and unpredictable outcomes.	and beliefs about the management of pain and suffering.
Recognize legal and ethical issues and begin to analyze them in terms of the standards and values of the nursing profession.	Participate in reflection and self-evaluation and seek guided experiences to help meet identified learning needs.	Examine the role of the nurse in relief of various types and sources of pain or suffering.	Integrate understanding of concepts of pain and suffering into the care of a variety of patient populations and settings.	Participate in reflection, self-evaluation, and self-directed learning experiences to enhance professional clinical practice.	Value the role of nurse in relief of various types and sources of pain and suffering.
Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient and family values.	Provide nursing care in accordance with legal, ethical, and professional standards of nursing practice.	Recognize that patient expectations influence outcomes in management of pain and suffering.	Examine how the safety, quality, and cost-effectiveness of health care can be improved through the active involvement of patients and families.	Provide nursing care in accordance with legal, ethical, and professional standards of nursing practice in specialized or complex settings.	
Demonstrate comprehensive understanding of concepts of pain and suffering, including physiologic models of pain and comfort.	Provide patient-centered care with sensitivity and respect for the diversity of human experience.	Value active partnership with patients or designated surrogates in planning, implementing, and evaluating care.	Integrate strategies to empower patients or families in all aspects of the health care process.	Develop a comprehensive plan of care for individuals who are experiencing pain and suffering.	
Recognize the impact of safety, quality, and cost-	Assess presence and extent of pain and suffering.	Respect patient preferences for degree of active engagement in care process.		Engage patients or designated surrogates in active partnerships that promote health, safety and well-being,	
	Assess levels of physical and emotional comfort.	Respect patient's right to access personal health records.			
	Elicit expectations of patient and family for				

Patient-Centered Care

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
effectiveness of health care on patient outcomes and the importance of patient and family involvement. Examine common barriers to active involvement of patients in their own health care processes and strategies to overcome them.	relief of pain, discomfort, or suffering. Initiate effective treatments to relieve pain or suffering considering patient values, preferences, and expressed needs. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management in predictable health care settings. Elicit patient preferences in regard to the presence of families and other designated surrogates. Identify level of patient's health care decisional conflict.			and self-care management in a variety of settings. Advocate for patient preferences in regard to the presence of families and other designated surrogates. Provide access to resources to minimize patient's decisional conflict.	

Safety

Outcome: Graduates will apply concepts of safe practice to ensure optimal patient clinical outcomes.

Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Examine human factors and other basic safety design principles as well as commonly used unsafe practices.	Demonstrate effective use of technology and standardized practices that support safety and quality.	Value the contributions of standardization/ reliability to safety.	Describe the benefits and limitations of selected safety-enhancing technologies.	Demonstrate effective use of strategies to reduce risk of harm to self or others.	Value the contributions of standardization and/ or reliability to safety.
Delineate general categories of errors and hazards in care.	Use appropriate strategies to reduce reliance on memory.	Appreciate the cognitive and physical limits of human performance.	Discuss effective strategies to reduce reliance on memory.	Use organizational error reporting systems for near miss and error reporting.	Appreciate the cognitive and physical limits of human performance.
Discuss potential and actual impact of national patient safety resources, initiatives and regulations.	Communicate observations or concerns related to hazards and errors to patients, families and the health care team.	Value own role in preventing errors.	Describe factors that create a culture of safety.	Participate appropriately in analyzing errors and designing system improvements.	Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team.
	Use national patient safety resources for own professional development and to focus attention on safety in care settings.	Value the importance of implementing national safety campaign recommendations for protecting patient safety and promoting quality outcomes.	Describe processes used in understanding causes of error and allocation of responsibility accountability.	Engage in root cause analysis rather than blaming when errors or near misses occur.	

Quality Improvement

Outcome: Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.

Definition: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Describe strategies for determining benchmarks for patient outcomes in the setting in which one is engaged in clinical practice.	Determine benchmarks for patient outcomes in the setting in which one is engaged in clinical practice.	Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals.	Identify stakeholders of the interdisciplinary team and how they impact care delivery.	Review quality improvement projects taking place in the setting in which one is engaged in clinical practice and predict their potential for improving patient outcomes.	Appreciate the value of stakeholder impact and VOC performance improvement processes.
Describe strategies for determining best practices for achieving benchmark outcomes.	Determine best practices for achieving benchmark outcomes.	Value own and others' contributions to outcomes of the care setting in which one is engaged in clinical practice.	Recognize how the "Voice of the Customer" (VOC) should impact performance improvement processes.	Integrate the VOC and stakeholder impact into performance improvement processes.	Appreciate the non-punitive environment in performance improvement processes.
Give examples of the tension between professional autonomy and "systems thinking".	Use tools, such as flow charts, cause-effect diagrams, to make processes of care explicit.		Discuss the purpose of root cause analysis.	Participate in a root cause analysis.	
Become familiar with the various methods of studying processes.			Discuss essential concepts that should be identified and addressed to effectively implement change.		
			Discuss performance improvement methodologies commonly used in health care settings.		

Evidence Based Practice

Outcome: Graduates will use sound evidence to make appropriate clinical decisions about health care.

Definition: Integrate best current evidence with clinical expertise and patient values and preferences to make appropriate clinical decisions about healthcare.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Describe EBP to include the components of research evidence, clinical expertise, and patient values.	Locate evidence reports related to clinical practice topics and guidelines.	Value the concepts of EBP as integral to determining best clinical practice.	Demonstrate knowledge of scientific methods and processes.	Develop practice guidelines related to clinical practice topics based on best current evidence.	Appreciate strengths and weaknesses of scientific bases for practice.
Describe reliable and valid sources for locating evidence reports and evidence summaries.	Base individualized care plans on patient values, clinical expertise, and evidence.		Differentiate clinical opinion from research and evidence summaries.	Present practice guidelines in the work environment to facilitate integration of new evidence into standards of practice.	Value the need for continuous improvement in clinical practice based on new knowledge gathered from regularly reading relevant professional journals for life-long learning.
Explain the role of evidence in determining best clinical practices.			Describe how the strength and relevance of available evidence influences the choices of intervention in provision of patient-centered care.	Question rationale for routine approaches to care that result in less-than-desired outcomes or adverse events.	Value the need for ethical conduct of research and quality improvement.
			Discriminate between valid and invalid reasons for modifying evidence based clinical practice based on clinical expertise or patient values.	Consult with clinical experts before deciding to deviate from evidence-based protocols.	Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices.

Teamwork and Collaboration

- Outcome:** Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
- Definition:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire professional communication knowledge, styles, and skills.	Use therapeutic communication skills with patients and families with predictable needs.	Appreciate importance of intra and inter professional collaboration.	Describe own communication style and analyze differences in style among patients, families, nurses and other members of the health team.	Use effective strategies for communicating and resolving conflict with patients and families with specialized and complex needs.	Value commitment to intra and inter professional collaboration through actions.
Acquire knowledge of team dynamics and recognize its impact on achieving patient safety and quality outcomes.	Communicate effectively in written records and plans of care in accordance with professional practice to minimize risks.	Value different styles of communication used by patients, families, and health care providers.	Analyze the effects of a variety of dynamics and their impact on achieving safe and quality patient outcomes.	Communicate effectively within team sharing evidence based information to improve patient outcomes.	Appreciate the use of different communication styles within a variety of circumstances.
Explore common areas for potential conflict within an interdisciplinary team.	Function within the registered nurse's scope of practice as a member of the healthcare team and within peer groups.	Value the perspectives and expertise of all team members in helping patients/families achieve health goals.	Acquire and discuss effective strategies for overcoming barriers, facilitating teamwork and resolving conflict in various settings.	Participate in groups as an effective team member and peer leader, constructively voicing own perspective or position.	
Recognize own strengths, limitations, and values as a team member.			Describe and discuss methods to strengthen	Implement communication styles that will facilitate team function.	
Describe scopes of practices and recognize					

Teamwork and Collaboration

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
the value of all interdisciplinary team member's contributions in helping patient/families achieve health goals.			own weaknesses and utilize strengths within a team. Discuss methods to facilitate contributions from entire team in order to help patient/families achieve health goals.		

Informatics

Outcome: Graduates will integrate informatics into nursing practice in a variety of settings.

Definition: Use of information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Explain why information and technology skills are essential for safe patient care.	Seek education about how information is managed in care settings before providing care.	Appreciate the necessity for all health professionals to seek lifelong, continuous learning of information technology skills.	Compare and contrast benefits and limitations of different communication technologies and their impact on safety and quality.	Use information management tools to monitor outcomes of care processes.	Value nurses' involvement in design, selection, implementation and evaluation of information technologies to support patient care.
Describe examples of how technology and information management are related to the quality and safety of patient care.	Apply technology and information management tools to support safe processes of care.	Value technologies that support clinical decision making, error prevention, and care coordination.		Use high quality electronic sources of health-care information.	
Identify benefits and limitations of different communication technologies.	Identify the components of the electronic health record.	Protect confidentiality of protected health information to electronic health records.		Navigate the electronic health record.	
	Employ communication technologies to coordinate care for patients.			Document and plan patient care in an electronic health record.	
	Respond appropriately to clinical decision-making supports and alerts.				

Leadership

Outcome: Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.

Definition: Leadership
Ability to elicit a vision from people and to inspire and empower those people to do what it takes to bring the vision into reality. (Oakley & Krug, 1994)

Management

Is a type of leadership that concentrates on the achievement of organizational goals through resource coordination and integration. (Hersey, Blanchard, & Johnson, 1996) (Grant, 1994)

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
Acquire knowledge required to organize and manage care for individual patients and families in patient care situations with predictable outcomes.	Organize & coordinate nursing care for individuals and their families in patient care situations with predictable outcomes.	Value the impact that a positive attitude has on achieving common group goals.	Acquire knowledge required to organize and manage care for individuals and groups in a variety of patient care settings with both predictable & unpredictable outcomes.	Organize & coordinate nursing care for individuals and groups in a variety of settings including situations with both predictable and unpredictable outcomes.	Value the impact of effective leadership and political activism on the health care consumer and the nursing profession.
Discuss the knowledge required to organize and manage the work of small groups attempting to achieve a common goal.	Organize & manage the work of small groups.		Discuss the knowledge required to organize and manage the work of various sized groups in a variety of settings.	Organize and manage the work of a team both in providing patient care and professional groups.	
Examine the standards and principles of delegating, organizing, supervising and managing nursing care	Delegate and supervise nursing care to unlicensed assistive personnel (UAP) in an inpatient setting.		Acquire knowledge of health care policy and systems.	Delegate and supervise nursing care in a variety of settings	
	Demonstrate leadership behaviors that have a positive influence on small groups in		Recognize strategies to	Develop a plan to effectively implement	

Leadership

Junior			Senior		
Knowledge	Skills	Attitudes	Knowledge	Skills	Attitudes
provided by others. Describe basic knowledge of the concept of leadership and how to influence others to achieve a common goal.	achieving a common goal.		effectively influence political processes for the benefit of health care consumers and the nursing profession. Analyze generally accepted theories and strategies to manage change effectively.	a needed change. Demonstrate leadership behaviors that inspire others to work toward common group goals and assist them to achieve these goals. Participate in the political process for the benefit of health care consumers and the nursing profession.	

COLUMBUS STATE UNIVERSITY, SCHOOL OF NURSING BACCALAUREATE PROGRAM
CURRICULUM SCHEMA: *REGULAR STUDENT*

Pre-nursing: Lower Division Course Requirements – Total Credits = 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
*CHEM 1151 (Inorganic Chemistry; Area D)	3-0-3	*CHEM 1152 (Organic Chemistry; Area D)	3-0-3
*CHEM 1151L (Inorganic Chemistry, Area D)	0-2-1	*CHEM 1152L (Organic Chemistry, Area D)	0-2-1
*ENGL 1101 (Area A)	3-0-3	*ENGL 1102 (Area A)	3-0-3
MATH (Area A Elective)	3-0-3	COMM 1101 (Area B)	3-0-3
HUMANITIES (Area C Elective)	3-0-3	FINE ARTS (Area C Elective)	3-0-3
PELM 1205 (Wellness Requirement)	1-2-2	HIST 2111 or 2112 (Area E)	3-0-3
TOTAL CREDITS 15		TOTAL CREDITS 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
*BIOL 2221 (A&P 1, Area F)	3-2-4	*BIOL 2222 (A&P 2, Area F)	3-2-4
PSYC 1101 (Area F)	3-0-3	*BIOL 2225 (Microbiology, Area F)	3-2-4
WORLD CULT (Area E elective)	3-0-3	POLS 1101 (Area E)	3-0-3
MATH 1127 (Statistics, Area F)	3-0-3	PEDS (Wellness Elective)	0-2-1
BEH SCI (Area E Elective)	3-0-3	ITDS or FOREIGN LANGUAGE (Area B Option)	1-0-1
TOTAL CREDITS 16		SCIENCE / MATH / TECH (Area D Elective)	3-0-3
		TOTAL CREDITS 16	

Nursing: Upper Division Course Requirements – Total Credits = 60

JUNIOR FALL SEMESTER		SPRING SEMESTER	
NURS 3275 (Professional Clinical Nursing I)	5-9-8	NURS 3277 (Professional Clinical Nursing II)	7-11-10
NURS 3276 (Health Assessment)	1-3-2	NURS 3279 (Pathophysiology)	3-0-3
NURS 3175 (Pharmacology)	4-0-4	NURS 3112 (Professional Development Perspectives II)	2-0-2
NURS 3111 (Professional Development Perspectives I)	1-0-1	TOTAL CREDITS 15	
TOTAL CREDITS 15			
SENIOR FALL SEMESTER		SPRING SEMESTER	
NURS 4280 (Professional Clinical Nursing III)	7-11-10	NURS 4112 (Professional Development Perspectives IV)	2-0-2
NURS 4275 (Evidence-Based Practice)	3-0-3	NURS 4279 (Complex Care)	7-11-10
NURS 4111 (Professional Development Perspectives III)	2-0-2	NURS 4377 (Senior Preceptorship)	0-9-3
TOTAL CREDITS 15		TOTAL CREDITS 15	

DEGREE: Baccalaureate of Science in Nursing (BSN)

***STARRED courses = AREA F = MUST PASS WITH GRADE OF "C" OR BETTER BEFORE ENTERING NURSING PROGRAM**

Non-Nursing Credits = 63
Nursing Credits = 60
Total Credits = 123

BSN DEGREE REQUIREMENTS:

ACADEMIC AREA REQUIREMENTS		COURSES	ACADEMIC AREA REQUIREMENTS		COURSES
AREA A – Essential Skills		REQ HRS: 9	AREA F – Courses To Major		REQ HRS: 18
English Composition 1	ENGL 1101		Human Anatomy & Physiology 1	BIOL 2221	
English Composition 2	ENGL 1102		Human Anatomy & Physiology 2	BIOL 2222	
			Microbiology for Health Sciences	BIOL 2225	
AREA B – Institutional Options		REQ HRS: 5	Introduction to General Psychology	PSYC 1101	
Communications	COMM 1101		Introductory Statistics	MATH 1127	
ITDS or Foreign Language					
AREA C - Humanities / Fine Arts		REQ HRS: 6	AREA G – Program Requirements		REQ HRS: 60
Fine Arts Elective			Professional Clinical Nursing I	NURS 3275	
Humanities Elective			Professional Development Perspectives I	NURS 3111	
			Pharmacology in Nursing	NURS 3175	
AREA D – Science / Math / Technology		REQ HRS: 10	Health Assessment	NURS 3276	
Survey of Chemistry 1 (Inorganic)	CHEM 1151		Professional Clinical Nursing II	NURS 3277	
Survey of chemistry 1 Lab	CHEM 1151L		Professional Development Perspectives II	NURS 3112	
Survey of Chemistry 2 (Organic)	CHEM 1152		Pathophysiology	NURS 3279	
Survey of chemistry 2 Lab	CHEM 1152L		Evidence Based Practice	NURS 4175	
Science / Math / Technology Elective			Professional Clinical Nursing III	NURS 4280	
			Professional Development Perspectives III	NURS 4111	
AREA E – Social Sciences		REQ HRS: 12	Professional Clinical Nursing IV	NURS 4279	
History	HIST 2111 or 2112		Professional Development Perspectives IV	NURS 4112	
Government	POLS 1101		Senior Preceptorship (capstone course)	NURS 4377	
World Cultures Elective					
Behavioral Sciences Elective					
WELLNESS REQUIREMENT		REQ HRS: 3			
Concepts of Fitness	PELM 1205				
PED Elective (select any <u>ONE</u>)					

JG/jg

Updated 07/16/07; 07/08/09; 07/26/10

**COLUMBUS STATE UNIVERSITY, COLUMBUS, GEORGIA
SCHOOL OF NURSING, BACCALAUREATE NURSING PROGRAM
CURRICULUM SCHEMA: RN-BSN PROGRAM**

Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
ENGL 1101	3-0-3	ENGL 1102	3-0-3
MATH (Area A Math Elective)	3-0-3	CHEM 1152	3-0-3
HUMANITIES (Area C Elective)	3-0-3	CHEM 1152L	0-2-1
CHEM 1151	3-0-3	COMM 1110	3-0-3
CHEM 1151L	0-2-1	FINE ARTS (Area C Elective)	3-0-3
PHED 1205	1-2-2	HIST 2111 or 2112	3-0-3
TOTAL CREDITS = 15		TOTAL CREDITS = 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
BIOL 2221	3-2-4	BIOL 2222	3-2-4
POLS 1101	3-0-3	PSYC 1101	3-0-3
WORLD CULT. (Area E)	3-0-3	PEDS	0-2-1
MATH 1127	3-0-3	BIOL 2225	3-2-4
BEHAVIOR SCI.(Area E Elective)	3-0-3	*ITDS, Foreign Language, or LIBR	1-0-1
		**Science/Math/Technology	3-0-3
TOTAL CREDITS = 16		TOTAL CREDITS = 16	

Upper Division Course Requirements - Total Credits: 60

Session 1 October 11 – December 17, 2010	Session 4 May 30 – August 5, 2011
NURS 3191 Professional Clinical Nursing RN I (Bridge) 3-0-3 NURS 3276 Introduction to Health Assessment and Wellness 1-3-2	NURS 4292 Professional Clinical Nursing RN II 4-6-6
Session 2 January 3 – March 12, 2011	Session 5 August 8 – September 30, 2011
NURS 3192 Professional Development Perspectives RN I 2-0-2 NURS 3195 Evidence Based Practice RN 4-0-4	NURS 4698 Senior Project 0-9-3 NURS 3555 Selected Topics in Professional Nursing 3-0-3
Session 3 March 14 – May 20, 2011	
NURS 4192 Professional Development Perspectives RN II 2-0-2 NURS 3279 Applied Pathophysiology 3-0-3	

Degree: Bachelor of Science in Nursing

**Non-Nursing: 63
Nursing: 60
Total Credits: 123**

* (Area B) Institutional Options
** (Area D) Science/Math/Technology

Nursing Teaching Facilities

The hub of on-campus activities in nursing education at CSU is Illges Hall.

FIRST FLOOR:

- Large 100+ seat media-equipped classroom
- Small campus lab (7-bed)
 - o 2 high fidelity adult manikins
 - o 1 high fidelity infant manikin
- Sounds Tutor lab (7 station)
- Student Nurses Association office
- Student Conference Room
- Three Faculty Offices



SECOND FLOOR

- Large 100+ seat media-equipped classroom
- Media equipped 24-station computer lab/classroom with instructor station
- Media equipped conference/classroom with large conference table
- Faculty Offices

THIRD FLOOR

- Large 100+ seat media equipped tiered classroom
- Large Campus Lab (10 beds)
- School of Nursing Administrative Suite
- Faculty Offices

The main nursing lab (Illges 317) is setup as a mini-hospital unit with mannequins, equipment, supplies, materials, and other teaching aids used by students to learn and practice nursing skills. Inside the main nursing lab is a clinical simulation lab where students have access to various clinical computer simulations (eg. Sounds Tutor heart and breath sounds; EKG simulation). A second campus nursing lab is housed on the first floor where a 7-bed mini-hospital is setup and functions like the main lab. The nursing student computer lab/classroom (Illges 201) contains 24 student computers & one instructor computer connected to the CSU intranet and server as well as a laser printer. Students must supply their own paper and the School of Nursing supplies the ink.

Community facilities provide essential clinical learning environments for CSU nursing students, where they gain practical, hands-on experience under the supervision of the faculty. Major facilities are described below.

Columbus Regional Healthcare System

Columbus Regional Healthcare System, Inc. provides clinical learning environments in several of its facilities, which includes three hospitals, two nursing homes, and a cancer center. For all details, please visit their website @ www.columbusregional.com.

The Medical Center

The Medical Center, Inc. is a 413 bed tertiary level, acute care facility and is the only facility with an inpatient pediatrics unit, PICU and NICU. Patient services include adult medical surgical units, medical and surgical ICU's, a telemetry unit, Level III High Risk Perinatal Program, Labor and Delivery (including high risk obstetrics), full service Emergency Department and a level II trauma center. This facility serves 17 counties in Georgia and 2 counties in Alabama.

Doctors Hospital

Doctors Hospital is a 219-bed full service facility which offers full medical and surgical services, Business Health, Cardiac Catheterization, Emergency Department, One Baby Place, Outpatient Surgery, Radiology, Rehabilitation Services, Sleep Disorders Center, Telemetry/CCU, Women's Imaging Center, and H2U (Health, Happiness, You).

Hughston Hospital

Hughston Orthopedic Hospital was the nation's first hospital designed specifically to treat patients with musculoskeletal injuries or disorders. Today, the 100-bed, private room, hospital provides excellence in comprehensive orthopedic care and rehabilitation services through a highly specialized team of professionals using the latest technology and research to care for people of every age and ability and every level of musculoskeletal injury or disorder.

Nursing Homes

Nursing Home facilities include Hamilton House Nursing Home and Azalea Trace Nursing facility. **Hamilton House** is a 128 bed nursing facility which includes 54 intermediate care beds, 54 skilled care beds and a 19 bed subacute rehabilitation unit. The facility provides care to patients needing long term nursing needs as well as short term rehabilitation services to patients recovering from acute injuries, illness or surgery in preparation for their discharge home. **Azalea Trace** Nursing facility provides 110 beds to patients needing long term nursing needs as well as short term rehabilitation services to patients recovering from acute injuries, illness or surgery in preparation for their discharge home.

John B. Amos Cancer Center

Additional clinical sites for nursing learning environments include the John B. Amos Cancer Center, a fully accredited community cancer and multiple outpatient clinics.

St Francis Hospital

St. Francis Hospital is a 376-bed facility, offering a full range of inpatient, outpatient and emergency room services. The Bradley Center, their mental health facility, has 84 beds. Additionally, 60 studio, one- and two-bedroom apartments for assisted living are available at Franciscan Woods, an assisted living community in north Columbus. They are also touching lives at the Patrick Heart Institute of St. Francis, St. Francis Orthopaedic Institute, St. Francis Center for Surgical Care, St. Francis Rehabilitation Center, The Women's Center of St. Francis, Home Medical Equipment of St. Francis, The Cancer Program of St. Francis and many other services in the St. Francis continuum of care. For all details please visit their website @ www.sfhga.com.

West Central Georgia Regional Hospital

WCGRH is located in Columbus Georgia and provides inpatient services to consumers from the following 28 counties: Butts, Carroll, Chattahoochee, Clay, Coweta, Crisp, Dooly, Fayette, Harris, Heard, Henry, Lamar, Macon, Marion, Meriwether, Muscogee, Pike, Quitman, Randolph, Schley, Spalding, Stewart, Sumter, Talbot, Taylor, Troup, Upson and Webster. WCGRH has the following treatment units: adult mental health and secure long-term care. The hospital can serve a total of

145 clients at any point in time. In fiscal year 2006, the hospital served a total of 1,879 clients. The hospital employs approximately 470 staff.

Martin Army Community Hospital

Fort Benning's **MEDDAC**, a major subordinate command of the U.S. Army Medical Command, furnishes medical care to an eligible patient population in excess of 72,000 beneficiaries. Its primary facility is Martin Army Community Hospital (**MACH**), Building 9200, conveniently located off I-185 and Marne Road. In 1995 the hospital received full Accreditation with Commendation from the Joint Commission on Accreditation of Healthcare Organizations (**JCAHO**), an honor reserved for only the finest hospitals in the nation. Within the hospital's 10 floors, four of which are patient wards, an extensive surgical suite with same-day capabilities, a labor-delivery and recovery suite, and over 36 ambulatory care clinics. Martin Army Community Hospital maintains a fully accredited laboratory service, diagnostic radiology with computerized tomography and nuclear medicine, an extensive pharmacy service, and many other ancillary support services.

Columbus Specialty Hospital

The Columbus Specialty Hospital is a 50-bed, long-term acute care hospital for critically ill patients who need a longer recovery time. It is a private, not-for-profit corporation with its own board of directors, medical staff and chief executive officer and is located on the ninth and tenth floors of The Medical Center in Columbus, GA. The average length of stay is more than twenty-five days. The hospital treats patients suffering from medically complex conditions; pulmonary disorders and ventilator weaning, neurological illnesses and post trauma as well as complex wound care.

Jack Hughston Memorial Hospital

Jack Hughston Memorial Hospital is a 70-bed, 110,000 square-foot full-service facility, including Surgical services, an eight-bed Intensive Care Unit, proposed Cardiac Cath Lab, full-service Diagnostic Imaging Department with a 64-Slice CT Scanner, MRI, mammography, X-Ray, ultrasound and nuclear medicine, and a 24-hour Emergency Services Department to support 30,000 visits per year.

Columbus Department of Public Health

Columbus Health Department (West Central Health District) is a general public health facility that provides a wide variety of service, including antepartal (including high risk), pediatric, well-child, high-risk pediatric, and family follow-up care. Various clinics are used for community health experiences.

Muscogee County Jail and Prison Clinics

The Muscogee County Jail and Prison Clinics are a combination of acute care and infirmary, which provide the full spectrum of medical intervention to a daily inmate population of 1,800. Through a combination of in-patient care and collaboration with community medical providers the two clinics offer services to its patients, reflecting the service available within the community which include chronic care, emergency care, dental and mental health. The clinics employ 4 physicians, 2 dentists, 2 psychiatrists, 1 clinical psychologist, and over 30 RNs and LPNs and Medical Technicians. In 2007, the Muscogee County Jail Clinic was the largest single provider of mental health services within Muscogee County.

Additional Clinical Facilities

Columbus Hospice

VistaCare Hospice

Phenix City Schools
Pediatrics
Pediatric Acute Care
Martin Army Community Hospital Pediatric Clinic
Care South
Phenix City Head Start
Valley Healthcare
New Horizons

NOTE: Clinical facility agreements are in place with a number of other health care facilities and clinics to meet the educational needs of CSU nursing students.

Get Involved!

Professional Nursing Organizations



(www.GANSINFO.org)



Columbus State University Association of Nursing Students (CSU-ANS)
Georgia Association of Nursing Students (GANS)

This organization is a local chapter of the National Student Nurses Association, whose mission is to “mentor students preparing for initial licensure as registered nurses, and to convey the standards, ethics, and skills that students will need as responsible and accountable leaders and members of the profession.” The local chapter provides an opportunity for both pre-nursing and upper division nursing students to participate in professional nursing activities at the local, state and national levels. Local, state and national events provide leadership and career development, opportunities to listen to renowned nursing leaders, workshops and panels on job opportunities, and the chance to network with hundreds of other students. The nationally sponsored programs include a state board licensing exam mini review which is always popular with students. The local chapter sponsors varying activities each year.

National Student Nurses Association (NSNA) (www.nsna.org)

NSNA is the only national organization for nursing students and is the largest independent student professional organization in the United States.

The mission of NSNA is to:

- organize, represent and mentor students preparing for initial licensure as registered nurses, as well as those nurses enrolled in baccalaureate completion programs;
- promote development of skills needed to be responsible and accountable members of the nursing profession;
- advocate high quality health care.

The purpose of NSNA is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; to provide programs representative of fundamental and current professional interests and concerns and to aid in the development of the whole person, his/her professional role, and his/her responsibility for the health care of people in all walks of life.

NSNA does this by: influencing the educational process; promoting and encouraging participation in community affairs and activities; representing students to the consumer, to institutions and other organizations; promoting and encouraging student participation in interdisciplinary activities and recruitment efforts regardless of a person's race, color, creed, life style, sex, national origin, age or economic status; and promoting collaborative relationships with other nursing and health organizations.

Sigma Theta Tau
Honor Society of Nursing
www.nursingsociety.org



Sigma Theta Tau International
Honor Society of Nursing

International

Pi Beta Chapter is the 384th chapter of Sigma Theta Tau International Honor Society of Nursing, which was established in 1922. The Honor Society is committed to fostering excellence, scholarship, and leadership in nursing to improve health care worldwide. The society promotes the use of nursing research and health care delivery and makes its resources available to all people and institutions interested in the latest nursing care knowledge.

Sigma Theta Tau International is the second largest and one of the most prestigious nursing organizations in the world. The society is comprised of chapters located on more than 400 college and university campuses in the United States, Puerto Rico, Canada, South Korea, Taiwan, and Australia.

Membership is by invitation based on specific national Sigma Theta Tau guidelines and is conferred upon students in baccalaureate programs, students in graduate nursing programs, and practicing nurses who are community leaders and demonstrate excellence in scholarship and exceptional achievement in nursing. The induction ceremony for the Pi Beta Chapter is held each spring in May.

***NURSING PROGRAM
ADMISSION & PROGRESSION
POLICIES***

Admission Requirements: Undergraduate Students
(subject to change in January of any year for the next fall semester)

Pre-nursing students must maintain at least a 2.75 or greater nursing grade point average, successfully complete core course requirements (each science course and lab with a grade of “C” or better) and pass the Regents’ exams prior to acceptance into the nursing program (Junior level nursing courses). The Georgia Board of Regents requires a grade of “C” or better in English 1101 and 1102 for graduation.

An entrance exam is required and the resulting scores are used in the admission process. Details are provided to students during pre-nursing advising. Refer to current online CSU catalog.

Advanced Placement for RN Students

The registered nurse (RN) student is admitted to the RN-BSN program and counseled individually by a nursing faculty advisor regarding required courses and curriculum requirements. In compliance with the Georgia RN-BSN Articulation Plan, CSU grants credit for previous nursing education and experience after the student successfully completes the Professional Clinical Nursing RN I course (NURS 3190). Credit is given for NURS 3275, 3175, 3277, and 4279. Once prerequisites are met, the nursing program is offered over five 8-10 week sessions.

In order to be eligible for consideration for admission to the program, students must have:

- 1. *been admitted to Columbus State University***
- 2. *a minimum grade point average of 2.75 or better on all required courses for the degree.***
- 3. *a grade of “C” or better in required science courses completed to meet CSU admission requirements.***
- 4. *a completed application and references***
- 5. *1000 hours of clinical practice (documented) during the time period immediately preceding admission date OR graduation from an accredited associate degree or diploma program within 6 months of admission date.***
- 6. *current RN licensure in Georgia***
- 7. *completed all pre-clinical requirements (see page 46)***

Course Withdrawal

Refer to current CSU guidelines for course withdrawal. Withdrawal from a nursing course counts as one course attempt when interpreting the CSU BSN Progression guidelines. In extremely extenuating circumstances beyond a student’s control, an exception to this policy may be requested and will be considered by the nursing faculty. The nursing faculty will retain the authority to approve or deny the request.

If you are considering withdrawing from a nursing course, please see an instructor or advisor for assistance. Withdrawal may not be needed.

Essential Abilities and Performance Standards Requirements

The BSN program mission is to prepare nurse generalists with basic competence in all areas of professional nursing practice. The following essential abilities and examples of performance standards are set forth so that students will understand the essential eligibility requirements for participation and progression in the baccalaureate nursing programs at Columbus State University. These standards include intellectual / cognitive, observation, interpersonal / communication, motor, and behavioral functions. The ability to assess and observe, plan, implement, and evaluate nursing care for a patient in a reasonably independent manner is an expectation of the School of Nursing in order to protect patient safety and provide competent general nursing care.

Essential Abilities and Performance Standards (list not exhaustive)

ESSENTIAL FUNCTIONS	EXAMPLES OF PERFORMANCE STANDARDS
INTELLECTUAL / COGNITIVE – A student must be able to think clearly and critically in order to make effective decisions and judgments.	• Short and long term recall of specifics, ways and means of dealing with specifics, as well as universal and abstract concepts related to nursing. • Translate, interpret, and extrapolate information. • Transfer and apply knowledge from one situation to another. • Analyze elements, relationships, and organizational principles, recognizing unstated assumptions and distinguishing fact from hypothesis. • Synthesize information and knowledge, producing a unique communication or plan or idea not clearly present before. • Evaluate by judging in terms of evidence (eg. logical accuracy, consistency, and other internal criteria) as well as compare to professional nursing standards and other accepted criteria. • Think in a way that considers and reasons within multiple points of view. <i>CSU Dept of Nursing, BSN Program NLNAC Self Study, Fall 2002, p. 72</i> <i>Adapted from Bloom's Taxonomy of Cognitive Objectives, 1956</i> <i>Adapted from Morrison et al, Critical Thinking & Test Item Analysis, p. 166</i>
OBSERVATION – A student must be able to independently read and understand written documents and computer screens and to observe a patient accurately using the senses of hearing, smell, vision, and touch.	• <u>Hear</u> heart and breath sounds, blood pressure, normal & faint voices, auditory alarms, and in noisy environments. • <u>Visualize</u> objects from 20 inches to 20 feet away (including depth perception & peripheral vision) such as patient records, appearance of a wound, skin color, gait) • Detect the presence of a foul <u>odor</u> • <u>Palpate</u> an abdomen, a pulse, skin temperature, sizes and shapes.
COMMUNICATION - A student must be able to communicate effectively verbally, non-verbally and in writing and using technology with others (for example: patients, families, peers, faculty, and members of the health care team).	• Establish rapport with patient, family, caregivers, & colleagues, while establishing therapeutic interpersonal boundaries. • Communicate verbally, nonverbally or in written format with all members of the health care team, peers, and faculty with professionalism, positive attitude, respect and courtesy. • Elicit information from a patient, family and caregivers. • Explain care and treatments and provide patient teaching applying teaching & learning principles and methods • Demonstrate procedures and regimens • Perceive non-verbal communication of others • Accurately describe patient, clinical, and other health related situations. • Communicate using computers and computer technology.
MOTOR – A student must have adequate motor function to effectively work with nursing problems and issues and carry out related nursing care.	• Safely, reliably and efficiently move from place to place and position to position including pushing, pulling, stooping, and bending in order to provide physical aspects of nursing care (eg. assisting patient ambulation, moving & positioning patients in bed, opening an obstructed airway, applying pressure to stop bleeding, cardiopulmonary resuscitation, pushing wheelchairs/stretchers). • Safely, reliably and efficiently provide aspects of nursing care requiring manual dexterity (eg. administration of medications by all routes, changing dressings, providing basic hygiene care).

ESSENTIAL FUNCTIONS	EXAMPLES OF PERFORMANCE STANDARDS
BEHAVIORAL - A student must possess the emotional health required for total utilization of his/her intellectual abilities	• Tolerate physically and emotionally taxing workloads and function effectively during stressful situations. • Display flexibility in adapting to ever-changing situations and environments, dealing effectively with the unexpected. • Safely, reliably and efficiently function in an environment of uncertainty that is inherent in clinical situations involving patients. • Effectively and efficiently perform multiple tasks concurrently. • Interact with others in a manner that is positive and promotes trust and confidence in others.

Adapted with permission from:
Medical College of Georgia. January 1993
Armstrong Atlantic State University, 2003
Updated 06/30/03; 7/8/07; Reviewed by CSU Office Disability Services 7/29/2009

Disability Services Office

The Office of Disability Services coordinates the compliance of Columbus State University with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, not merely to achieve legality, but to foster academic potential through individualized plans tailored to the particular needs of students with disabilities.

Students with documented physical, psychological, or cognitive disabilities should contact the Office of Disability Services as early as possible so that proper accommodations may be made in a timely manner. If you have a documented disability as described by the Rehabilitation Act of 1973 (P.L. 933-112 Section 504) and Americans with Disabilities Act (ADA) that may require you to need assistance attaining accessibility to instructional content to meet course requirements, we recommend that you contact the Office of Disability Services as soon as possible. It is then your responsibility to contact and meet with the instructor. The office of Disability Services can assist you and the instructor in formulating a reasonable accommodations plan for your disability. Course requirements will not be waived but accommodations may be made to assist you to meet the requirements. Technical support may also be available to meet your specific need.

Contact: [Joy Norman](#)

Coordinator of Disability Services, Schuster Center (706) 507-8755

Pre-Clinical Requirements Policy

PURPOSE

The purpose of this policy is to provide guidelines to insure timely submission and verification of all pre-clinical requirements for nursing students, including but not limited to CPR certification, immunizations, criminal background check, urine drug screen, health screening and professional liability insurance. **These are clinical facility requirements and completion of each is mandatory PRIOR to being enrolled in clinical nursing courses and participating in clinical experiences within clinical facilities. Failure to comply may result in late registration fees (if compliance occurs but is late) or exclusion from the nursing course (non-compliance with any requirement OR not accepted by clinical facilities).**

POLICY

Student Instructions

- Provide the **ORIGINAL** and a **COPY** of each of the required documents to the BSN secretary ...the copy will be kept in student's permanent file and the original retained by the student.
- Provide **ALL REQUIRED DOCUMENTATION** by the designated deadline in order to be enrolled OR remain in clinical nursing courses.
- All requirements **MUST BE CURRENT and MUST NOT EXPIRE BEFORE THE END OF THE TERM**. For example, if CPR certification expires in October for a student entering fall semester courses, a **new certification** that does not expire prior to December 15 must be obtained and presented by the deadline.

Any student **NOT** meeting the requirements by the deadline **MUST MEET THEM** in time for **LATE REGISTRATION** or they may lose their position in desired classes. **LATE FEES WILL APPLY.**

Health History: Students complete and submit a health history form (supplied by the School of Nursing) upon acceptance to the nursing program. This is a one time only requirement.

Physical Examination: Students are required to submit a physical examination documented within 6 months prior to beginning junior level nursing courses. The provided student examination form must be used. This is a one time only requirement.

Professional Liability Insurance: Liability insurance provides insurance coverage to pay for legal defense needs stemming from a malpractice lawsuit involving action or inaction while working in the role of a nursing student. It provides coverage **ONLY** for incidents that occur within the scope of the nursing student role as part of the nursing program at CSU. It **does not** cover activities outside of the official student role. It is **NOT** health insurance...it covers only liability stemming from nursing practice as a student. Students must carry at least \$1 million coverage, which is a clinical agency requirement. This coverage must be **renewed each year with the specific company selected by the School of Nursing (SON)**. The vendor is chosen based on quality of coverage for all program activities as well as price. The current vendor is:

*MARSH Affinity Group Services
Seabury & Smith
75 Remittance Drive, Suite 1788
Chicago, IL 60675-1788
1-800-503-9230*

When funds are available, the premiums are paid for by the SON.

Criminal Background Check & Drug Screen: Clinical facilities require that every student pass a criminal background and urine drug screen prior to being allowed to enter the facility for clinical experiences. This background check must be performed by HIRE online service (all facilities require and accept that vendor and level of check). Because all CSU nursing students rotate through all major clinical facilities in order to gain required learning experiences, a student not

accepted by one of the major facilities based on the review of their criminal background or urine drug screen will be unable to complete clinical requirements and will thus be excluded from the nursing program.

BCLS Certification: All nursing students must show proof of **Healthcare Provider level CPR certification (which includes adult, child, infant, and AED for adult and child)**. The health care facilities require certification in accordance with American Heart Association standards and **will not accept American Red Cross**. The original certification card must be presented to the School of Nursing secretary by the given deadlines. Student must provide proof of **renewal of BCLS certification IF** current certification expires before the end of the semester for which the student is being enrolled.

Immunizations

It is the student's responsibility to provide original documentation that he/she has met all health and immunization requirements prior to being enrolled in clinical nursing courses. Junior students are sent a letter at the time of acceptance into the program specifying immunization requirements. Senior students must have met all immunization requirements and present annual TB skin testing results prior to fall of the senior year.

- **Required one time upon admission to program**
 - o **MMR** (measles, mumps & rubella) **OR** positive blood titer for each
 - o **Hepatitis B Series** (series of 3 injections may be in progress rather than complete) **BUT** must be completed prior to participating in clinical experiences.
 - o **Varicella** (Chicken Pox) vaccination **OR** positive blood titer for varicella.
 - o **dTAP immunization** (new tetanus, diphtheria and pertussis vaccine for adults)
- **Negative PPD** (TB Skin test) **OR** if positive, evidence of follow-up evaluation with chest x-ray. **Required annually.**

ANNUAL REQUIREMENTS (summary)

- **Student professional nursing liability insurance – RENEWED ANNUALLY**
 - Newly admitted JUNIORS will fill out liability insurance applications as a group at the beginning of the fall semester.
 - All SENIORS are responsible for renewing their professional liability policies at their own expense **BEFORE THEY WILL BE REGISTERED INTO SENIOR CLINICAL COURSES**. It is suggested that students contact the approved insurance company and submit renewal payment **BEFORE JUNE 30** so that verification of renewal will be received before the FALL registration deadline.
- **Certification in BCLS (Basic Cardiac Life Support) for HealthCare Providers)**
 - o Includes adult, child, infant and adult/child AED.
 - o In accordance with American Heart Association standards
- **Negative PPD** (TB Skin test) **OR** if positive, evidence of follow-up evaluation with chest x-ray.

NOTE:

PRECLINICAL REQUIREMENTS MAY BE ADDED AT ANY TIME DUE TO NEW HEALTH FACILITY REQUIREMENTS.

JG/jg

C/CSU Nurs Student Handbook/Preclinical Requirement Policy

Reviewed by Judicial Affairs August 2004; Update 7/17/06; Updated 7/16/07; Updated 7/08/09; Reviewed 7/26/10

Progression Requirements

A student who has failed OR withdrawn from a clinical or non-clinical nursing course will be allowed to repeat it only once. A second failure of or withdrawal from the course, OR failure of or withdrawal from a second nursing course, will result in exclusion from the BSN program (CSU Catalog 2010-11.)

The following are BSN Program student requirements that directly affect student progression within the program:

1. Pass required drug calculation proficiency examinations (see Drug Calculation Proficiency Examination policy).
2. Complete specialty examinations (see Achievement Examination policy and Exit Examination Policy)
3. Successful completion of Skills Validation (see Skills Validation policy)
4. Compliance with CSU Academic Honesty Policy (see Academic Honesty policy)
5. Evidence of required pre-clinical requirements (see Clinical Agency & Health Related Policy and Student Preclinical Requirements Policy in this handbook).

Re-admission To Nursing Courses/Program: Criteria

Students who have **failed OR withdrawn from a nursing course for any reason** may be considered for readmission the next time the course is offered (or as directed by the Director, School of Nursing). The following rules apply:

1. A letter requesting readmission must be submitted to the Associate Director, SON & Undergraduate Programs at least one semester before the requested return semester.
2. The student must be eligible to enroll at Columbus State University in good academic standing.
3. The student must have a nursing grade point average of 2.0 or higher for all required courses completed toward the degree.
4. Resources and space must be available in the required course that is to be repeated.

A student who fails OR withdraws from a clinical nursing course a second time, or fails two clinical nursing courses is not eligible for readmission to the BSN program.

A student who fails OR withdraws from a clinical nursing course and fails to request readmission the next time the course is offered may be allowed to re-apply to repeat the entire program. The application will be considered competitively with all other applicants.

Skills Validation Policy

Purpose

The purpose of clinical skills testing is to validate that students have correctly performed these VERY BASIC skills at least once at designated points during the nursing program. The skills included for testing have been selected and designated by the faculty as essential to nursing practice. There are many skills taught as part of basic nursing education that are important for practice, thus the testable skills alone DO NOT prepare students for nursing practice. In addition,

passing a skills test does NOT GUARANTEE COMPETENCE in future skill performance. Instead, passing a skills test merely reflects the one-time correct performance of a skill in the presence of an instructor. It is each student's responsibility to maintain competence in skills once passed and to apply these skills in future clinical situations.

Skills Validation Timing

Just as it is necessary to pass written examinations in order to pass a course, it is also necessary to pass certain skills tests in designated courses. Each testable skill appears in this test booklet along with the course(s) in which the skill may or must be tested. Students MUST be tested and pass each skill in or before the course that is underlined in the skills booklet. For example, students must be tested and pass "Vital Signs" in NURS 3275 (course number is underlined) in order to pass that course. They may NOT wait until NURS 3277 or a later course to pass "Vital Signs". The course number that is underlined indicates that a student MUST PASS the skill in or prior to that course in order to progress in the nursing program. Skills may be passed in earlier courses in many cases, but not in later courses.

Skills Practice

Each testable skill is taught in a nursing course and opportunities to practice the skill, either in a campus lab simulation or a clinical situation, are provided. During skill practice opportunities, it is each student's responsibility to seek guidance and feedback from instructors. After practicing a skill, each student is expected to be prepared to test on that skill.

Skills Validation Procedure

Once in the testing situation, the students indicate when they are ready to begin. Once a skills test is in progress, the instructor will provide NO GUIDANCE in skill performance. Once a skills test is in progress, only the instructor can terminate without penalty. For each skills test, students must tell the instructor when they have completed the test. Each skill is broken down into its absolutely "critical elements" for scoring purposes. Failure to perform ANY ONE of these critical elements causes failure of that skill. Each time a skill is attempted, the ENTIRE SKILL MUST BE COMPLETED AND IS AGAIN SCORED.

A skills test can be repeated two times if necessary, meaning that each student has 3 chances to pass each skill. ***THE THIRD UNSUCCESSFUL ATTEMPT CONSTITUTES A FAILURE IN THAT COURSE. In these cases, the course grade is "F".***

Skills Remediation & Retesting

When a student is unsuccessful in an attempted skills test, the instructor will provide feedback on errors and may provide a campus lab referral. It is the student's responsibility to seek and arrange for opportunities for additional supervised practice. This practice may be in the clinical setting or in the campus lab, depending upon availability of the skill in question. Student, however, are responsible for making arrangements to correct their own deficiencies.

It is not common for a student to fail a course because of the clinical skills test requirement, but it is possible. Because of the consequences, every effort is made to have a different instructor conduct the third skills testing. This gives the student every opportunity to demonstrate proficiency and guards against perceptions of personal bias.

Overriders

The following behaviors are CRITICAL ELEMENTS for all skills and are NECESSARY AT ALL TIMES, though not written separately for each skill. These are paramount and universal OVERRIDERS that are an integral part of every skills test and MUST BE CONSIDERED AT ALL TIMES.

- **MAINTAINS PHYSICAL SAFETY:** Provides environmental safety at all times.
- **MAINTAINS EMOTIONAL SAFETY:** Gives due consideration to patient's emotional status and establishes an appropriate relationship with the patient & others in the work environment.
- **MAINTAINS INFECTION CONTROL:** Maintains asepsis to prevent the introduction and/or transfer of organisms to patient, self, or others.
- **MAKES APPROPRIATE DECISIONS:** Makes decisions within the context of skill performance and nursing practice that are appropriate for the situation.
- **MAINTAINS ACCOUNTABILITY:** Practices within the legal and ethical framework of the nursing profession and takes responsibility for own actions.

NURSING PROGRAM POLICIES

Academic Honesty Policy

The Columbus State University Baccalaureate Nursing Program recognizes honesty and integrity as essential virtues of academic life as well as professional nursing practice. The BSN Program supports and follows the CSU Academic Honesty Policy, which is available in the online CSU Student Handbook.

I. Student Responsibilities

The following is an outline of the responsibilities of students, both as individuals and as groups, at Columbus State University. It is the official record of all conduct and traffic regulations, rules affecting student organizations and group activities, and student oriented and administrative policies and procedures.

A. Academic Misconduct

The university recognizes honesty and integrity as central virtues of academic life and as fully necessary to its very existence. The university also recognizes and accepts that cooperation, discussion, and group studying outside of the classroom are essential elements of the academic experience, and that students may seek assistance in their studies, such as tutoring or peer review.

However, while such practices are acceptable and even encouraged, students must understand the parameters of accountability in their academic performance and need to respect the academic freedom of the faculty. Therefore, the following regulations are published in the interest of protecting the equity and the validity of the student's grades and degrees, and in order to assist the student in developing standards and attitudes appropriate to academic life:

1. During examinations no student shall use materials not authorized by the instructor.
2. No student or other person shall obtain and furnish to any other student materials which can be shown to contain the questions or answers to any examination scheduled to be given at any date in any course offered by the university.
3. No student shall knowingly receive and use materials, which can be shown to contain the questions, or answers to any examination scheduled to be given at any date in any course offered by the university.
4. No student shall receive or give assistance in preparation of any assignment, essay, laboratory report or examination to be submitted as a requirement for any academic course in such a way that the submitted work can no longer be considered the personal effort of the student submitting the work. In the case of tutoring, peer review and similar instances of assistance, a special effort must be made to retain this distinction and the integrity of the student's personal performance.
5. In some cases, tutoring may border on academic irregularity; in the case of course requirements for a grade, it is the student's responsibility to clarify the instructor's policy. If the student is uncertain as to the direction of the instructor, it is the student's responsibility to seek clarification from the instructor.
6. Plagiarism is prohibited. Themes, essays, term papers, tests, and other requirements for a grade, must be the work of the student submitting them. When direct quotations are used, they must be indicated, and when the ideas of another are incorporated in the paper, they must be appropriately acknowledged. Term papers, reports, reviews, or other assignments may not be purchased for submission in lieu of the student's own efforts.
7. Any person taking, or attempting to take, steal or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including tests, examinations, laboratory equipment, roll books, etc., shall be in violation of these regulations.

CSU Online Student Handbook
2009-10

The following School of Nursing regulations are followed to protect the quality and validity of nursing student's grades and degrees.

1. **Plagiarism** is prohibited and **copyright infringement** is unlawful and prohibited. Written assignments (care plans, clinical pathways, variance reports, teaching projects, etc) and other requirements for a grade must be the original work of the student submitting the assignments. Please refer to the current APA manual for further information. Written work or other assignments may **not** be borrowed or purchased for submission in lieu of the

student's own efforts. The online Plagiarism Tutorial is required of each student as the following policy outlines.

- a. The tutorial will be required as part of PDP I.
 - b. The tutorial must be completed before submission of the first written assignment.
 - c. Students must achieve 75% or better in order to pass.
 - d. Students will have unlimited opportunities to achieve 75% on the tutorial.
 - e. If the above requirements are not met, exclusion from PDP I will result.
2. Students are allowed to bring whiteboards/marker/eraser and car keys only into an exam. All other items must be left in their assigned locker or their vehicle.
 3. No student shall obtain and furnish to any other student materials which can be shown to contain the questions or answers to any examination scheduled to be given at any date in any course offered in this program.
 4. No student shall knowingly receive and use materials, which can be shown to contain the questions, or answers to any examination. Students are responsible for keeping their eyes on their exam, covering their answer sheet, and securing belongings along the walls of the classroom away from desks. No caps, hats, or visors will be worn during an exam.
 5. No student shall give or receive assistance in preparation of any assignment, laboratory report, or examination to be submitted as a requirement for any academic course in such a way that the submitted work can no longer be considered the personal effort of the student submitted the work.
 6. If a student is uncertain about the requirement for the assigned work, it is the student's responsibility to clarify the instructor's policy before due date.
 7. Any person taking, or attempting to take, steal, or otherwise procure in any unauthorized manner any material pertaining to the conduct of a class, including examinations, laboratory equipment, roll books, etc., shall be in violation of these regulations and will receive a zero for the assignment and/or possible exclusion from the course, nursing program and the university.

The nursing faculty believe that nurses must maintain a high level of integrity. **Integrity** is demonstrated by ***honesty, fairness, respect, and trust***. As a measure of accountability, students are required to sign the Honor Pledge which is printed on the last form in this handbook acknowledging that he/she has read and understands the handbook. Breaches in academic honesty may result in permanent dismissal from the Baccalaureate Nursing Program.

Definitions:

Cheating: Wrongful giving, taking, altering or fabrication of any course work (examinations, written reports, care plans, etc.) for the purpose of gain for self or others.

Plagiarism: The act of copying, stealing, or using another's ideas, words, or specific substances as one's own without giving credit to the source.

Copyright Infringement: The act of copying, stealing, or using another's ideas, words, or specific substances as one's own without written permission and giving credit to the source..

Misrepresentation: Work submitted improperly or falsely to meet course requirements.

Achievement Examination Policy

Purpose

The purposes of the Nursing Achievement Examinations are to:

- to provide ongoing feedback to students and faculty regarding student achievement in the nursing program.
- evaluate overall knowledge and competence related to NCLEX-RN.
- prepare students for success on the NCLEX-RN.

Specialty Achievement Examinations

A series of Specialty Achievement Exams are given at selected points throughout the program and include the final exam for NURS 4377, the capstone nursing course at the end of the program. The examination process provides not only testing, but also feedback and teaching through review of the answers and rationales for exam items. Students are responsible for paying the costs of these examinations through Nursing Exam Fees charged with tuition each semester. Courses may use the achievement exam as the final exam for the course and/or for points counted into the course grade.

Students are **highly encouraged to give these exams their best effort** in order to receive valid feedback on their own strengths and weaknesses. Students scoring **below a 900 benchmark score** are responsible for reviewing areas of weakness for improvement and may be required to repeat the exam. Exact timing of these exams will be provided to students as they progress through the program.

ATTENDANCE POLICY

Attendance in class, clinical laboratory experiences and campus lab is expected and necessary to meet course and clinical objectives. As part of professional behavior, students are expected to arrive on time for class, clinical experiences and campus labs.

- **Tardiness:** Arriving late for class, clinical or campus labs should occur only in *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, which are rare, and should never become a pattern. A pattern of tardiness disturbs class and reflects lack of time management, disrespect for peers and instructors as well as irresponsibility and is not acceptable. A pattern of tardiness for clinical experiences demonstrates a lack of respect for peers, patients, and members of the healthcare team, as well as irresponsibility in meeting patient care requirements.
- **Absence:** Missing class time, clinical time or campus lab time should occur only in *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, which are rare, and should never become a pattern. A pattern of absences, even for valid reasons described below, prevents participation in essential learning activities necessary for success in the nursing program.

CLASSROOM ATTENDANCE

Class Absences: Students will be excluded from the course and receive a “WF” for excessive absence when the hours of class absences exceed 10% of the total class hours for the course. Total class hours are calculated by multiplying the class hours per week by 15 weeks in a semester.

Example: NURS 3275 (5-9-8) meets a total of 75 class hours during the semester (5 hours per week X 15 weeks). A student may miss ONLY 7.5 hours of class during the entire semester. Students who are absent for more than 7.5 class hours in this course will receive a grade of “WF” for the course.

Exam Absences/Tardiness: Attendance for all examinations is expected & required.

- If a student anticipates or knows that he/she will be tardy or absent from an exam due to *unavoidable, unforeseen extreme extenuating circumstances (defined below)*, the student must notify the School of Nursing office (706-565-3649) as soon as possible. **Students who are absent for an examination will receive a zero (0) for that exam.**
- Students who arrive late for an exam will have only the remaining time to take the exam.

Class Tardiness: Students are expected to be in their seats, have needed books and materials open, and be prepared to begin class at the time the class is scheduled to begin. A grace period will be given while roll is being called. Anyone who arrives later for class disrupts the instructor and distracts other students. Once class has begun (which is defined as the start of class discussion), students will NOT be allowed to enter the classroom until the break. Tardiness will be recorded in increments of 1-hour and counted toward absent hours. It is the tardy student's responsibility to notify the instructor when he/she arrives for class (at the break). Failure to do so may result in being counted absent for the entire class.

CLINICAL & CAMPUS LAB ATTENDANCE

Clinical & Campus Lab Absence: Attendance and participation in clinical experiences, including campus labs, is essential for gaining competence required for the safe practice of nursing. Absences from clinical experiences or campus labs will result in clinical failure and a grade of "F" for the course.

Clinical & Campus Lab Tardiness: Students are expected to be at the clinical unit/facility or campus lab, coats and books put away, ready to begin at the time the experience is scheduled to begin. This is particularly important in the clinical setting because students are responsible for the care of assigned patients. Failure to arrive on time and assume that responsibility causes undue hardship on peers and unit staff, as well as disrupting patient care. If *unavoidable, unforeseen extreme extenuating circumstances* occur that will make a student late, the student MUST:

- Phone the clinical unit/facility and inform them of anticipated arrival time and reason for tardiness
- Obtain the name of the person to whom the message was given
- Contact the clinical instructor (by whatever means he/she has instructed) and inform him/her of anticipated arrival time and reason for tardiness.

Consequences for a pattern of tardiness OR for a single incidence of significant tardiness will be determined by the instructor / teaching team. Consequences may range from a documented verbal warning to clinical probation. The decision to allow a tardy student to remain for the experience will rest with the instructor, based on the situation at the time.

EXCEPTIONS TO POLICY

Extreme Extenuating Circumstances:

Very rarely, unforeseen, uncontrollable extenuating circumstances may cause absence from, or tardiness for, class, clinical laboratories, or campus lab. Such circumstances include:

- **Illness** of student or immediate family member requiring his/her care. Documentation will consist of medical statement with date, letterhead, and signature of care provider.
- **Death** of a family member. Documentation will consist of the newspaper obituary.
- **Unforeseen emergencies** preventing the student from attending class or lab (e.g. house fire, vehicle collision, etc). Documentation will consist of a signed statement from the appropriate agency or office.

Requests for Exception to Policy (Classroom or Clinical)

A formal request for an exception to the attendance policy may be made by a student. Such requests must be submitted to the Course Coordinator in a timely manner in the form of a formal letter with attached, required documentation.

- Formal letter includes date, salutation, body, and signature. This is the only format accepted...no emails.
- Include in letter of request the exception you are requesting and a detailed rationale for your request.
- State if you are requesting make-up clinical time or a make-up exam.
- Attach official, dated documentation of extenuating circumstances to the letter.

The course teaching team will make the decision to grant or deny the request based on a case-by-case review of individual circumstances. ***Patterns of past attendance, absence and tardiness***

will be considered in this decision. In general, do not expect the request to be granted because excessive absence from class, *even for valid reasons*, results in insufficient learning experiences to gain the knowledge, skills and abilities required for safe clinical practice or NCLEX-RN success.

Make Up Exams: If permission to take a make-up exam is granted, the time and type of examination will be determined by the teaching team. Make up exam items may be of any type including short answer and essay.

Make Up Clinical/Campus Lab: If a request to make up lab time is granted, the make up clinical experience or campus lab may be scheduled at any time the clinical facility and instructor are available (including weekends and nights) and the student will be expected to attend. The student will attend clinical with the instructor assigned with no special requests related to instructor, site, or time on the part of the student considered.

JG/jg

Approved May 2006; Revised & Approved April 2007

Children Attending Class: Policy

It is inappropriate for students to bring a child to any nursing class. No children of students will be allowed in classes. Other arrangements **must be made** for childcare. This policy will be enforced **at all times**.

Clinical Supervision of Nursing Students

Purpose

The purpose of this policy is to provide guidelines for compliance with the Georgia Nurse Practice Act and the Georgia Board of Nursing Rules & Regulations, and to protect public safety during undergraduate nursing student clinical learning experiences.

Policy

1. This policy applies to all nursing students and nursing faculty members, both full and part time, and registered nurses (RN) accepting the role of preceptor for undergraduate nursing students.
2. Students may perform the following activities **ONLY** under the direct supervision of a faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor (this specifically **EX**cludes supervision by any NON-registered nurse, such as LPN, Physician's Assistant, or others):
 - a. Invasive procedures
 - b. Administration of medication by any route (eg. PO, ID, SQ, IM, IV)
3. Students may administer medications by any route **ONLY** after the seven rights (*right patient, medication, dose, route, time, right to refuse, right documentation*) have been verified by the faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor.
4. The registered nurse (faculty member, RN preceptor, or designated RN) who supervises a nursing student in the performance of any nursing activity will co-sign all related entries into the patient record made by the student. This includes, but is not limited to,:
 - a. administration of medications by any route
 - b. performance of any invasive procedure
 - c. nurses notes of any type
5. Legal signatures in patient records
 - a. Faculty Member: *First name, Last name, RN, CSU*
 - b. Nursing Student: *First name, Last name, CSU-NS*

Last reviewed June 2009

Confidentiality of Patient Records and Information: HIPAA Requirements

Patient records and all patient information are **strictly confidential**. The following rules to protect patient privacy and confidentiality must be followed at all times.

1. Students are to discuss information related to patients **only** with appropriate health care personnel caring for the patient AND **only** during pre-conference, post-conference, and during the clinical day as it pertains to providing care.
2. Students are **prohibited** from discussing any information related to a patient or his/her health at any other time or to any other persons. Students are also **prohibited** from photocopying any portion of a patient's health record. This even includes verifying a patient's presence in a health care facility of any kind. It also means never discussing patients at lunch, in the elevator, with your friends, family or anyone, OR in any place where you could be overheard. **If a student violates this rule, he/she will have violated the Health Insurance Portability and Accountability Act (HIPAA) of 2002.**
3. Before discussing any information found in a patient's record with him/her or the family, discuss the information with your instructor and obtain approval. The patient has a right to access to his medical information, but timing and type of explanation are often crucial in providing effective care.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) was enacted by the U.S. Congress in 1996. .

HIPAA PATIENT PROTECTIONS: Update 2007

The Privacy Rule ensures a national floor of privacy protections for patients by limiting the ways that health plans, pharmacies, hospitals and other covered entities can use patients' personal medical information. The regulations protect medical records and other individually identifiable health information, whether it is on paper, in computers or communicated orally. Key provisions of these standards include:

- **Access to Medical Records.** Patients generally should be able to see and obtain copies of their medical records and request corrections if they identify errors and mistakes. Health plans, doctors, hospitals, clinics, nursing homes and other covered entities generally should provide access these records within 30 days and may charge patients for the cost of copying and sending the records.
- **Notice of Privacy Practices.** Covered health plans, doctors and other health care providers must provide a notice to their patients how they may use personal medical information and their rights under the new privacy regulation. Doctors, hospitals and other direct-care providers generally will provide the notice on the patient's first visit and anytime thereafter upon request. Patients generally will be asked to sign, initial or otherwise acknowledge that they received this notice. Health plans generally must mail the notice to their enrollees upon initial enrollment and again if the notice changes significantly. Patients also may ask covered entities to restrict the use or disclosure of their information beyond the practices included in the notice, but the covered entities would not have to agree to the changes.

- **Limits on Use of Personal Medical Information.** The Privacy Rule sets limits on how health plans and covered providers may use individually identifiable health information. To promote the best quality care for patients, the rule does not restrict the ability of doctors, nurses and other providers to share information needed to treat their patients. In other situations, though, personal health information generally may not be used for purposes not related to health care, and covered entities may use or share only the minimum amount of protected information needed for a particular purpose. In addition, patients would have to sign a specific authorization before a covered entity could release their medical information to a life insurer, a bank, a marketing firm or another outside entity for purposes not related to their health care.
- **Prohibition on Marketing.** The Privacy Rule sets restrictions and limits on the use of patient information for marketing purposes. Pharmacies, health plans and other covered entities must first obtain an individual's specific authorization before disclosing their patient information for marketing. At the same time, the rule permits doctors and other covered entities to communicate freely with patients about treatment options and other health-related information, including disease-management programs.
- **Stronger State Laws.** The federal privacy standards do not affect state laws that provide additional privacy protections for patients. The confidentiality protections are cumulative; the Privacy Rule sets a national "floor" of privacy standards that protect all Americans, and any state law providing additional protections continues to apply. When a state law requires a certain disclosure -- such as reporting an infectious disease outbreak to the public health authorities -- the federal privacy regulations does not preempt the state law.
- **Confidential Communications.** Under the Privacy Rule, patients can request that their doctors, health plans and other covered entities take reasonable steps to ensure that their communications with the patient are confidential. For example, a patient could ask a doctor to call his or her office rather than home, and the doctor's office should comply with that request if it can be reasonably accommodated.
- **Complaints.** Consumers may file a formal complaint regarding the privacy practices of a health plan or covered provider. Such complaints can be made directly to the covered provider or health plan or to HHS' Office for Civil Rights (OCR), which is charged with investigating complaints and enforcing the privacy regulation. Information about filing complaints should be included in each covered entity's notice of privacy practices. Consumers can find out more information about filing a complaint at <http://www.hhs.gov/ocr/hipaa> or by calling (866) 627-7748.

HIPAA: HEALTH PLANS AND PROVIDERS

The Privacy Rule requires health plans, pharmacies, doctors and other covered entities to have policies and procedures to protect the confidentiality of protected health information about their patients. These requirements are flexible and scalable to allow different covered entities to implement them as appropriate for their businesses or practices. Covered entities must provide all the protections for patients cited above, such as providing a notice of their privacy practices and limiting the use and disclosure of information as required under the rule. In addition, covered entities must take some additional steps to protect patient privacy:

- **Written Privacy Procedures.** The rule requires covered entities to have written privacy procedures, including a description of staff that has access to protected information, how it will be used and when it may be disclosed. Covered entities generally must take steps to ensure that any business associates who have access to protected information agree to the same limitations on the use and disclosure of that information.
- **Employee Training and Privacy Officer.** Covered entities must train their employees in their privacy procedures and must designate an individual to be responsible for ensuring the procedures are followed. If covered entities learn an employee failed to follow these procedures, they must take appropriate disciplinary action.
- **Public Responsibilities.** In limited circumstances, the rule permits -- but does not require -- covered entities to continue certain existing disclosures of health information for specific public responsibilities. These permitted disclosures include: emergency circumstances; identification of the

body of a deceased person, or the cause of death; public health needs; research that involves limited data or has been independently approved by an Institutional Review Board or privacy board; oversight of the health care system; judicial and administrative proceedings; limited law enforcement activities; and activities related to national defense and security. The Privacy Rule generally establishes new safeguards and limits on these disclosures. Where no other law requires disclosures in these situations, covered entities may continue to use their professional judgment to decide whether to make such disclosures based on their own policies and ethical principles.

- **Equivalent Requirements for Government.** The provisions of the rule generally apply equally to private sector and public sector covered entities. For example, private hospitals and government-run hospitals covered by the rule have to comply with the full range of requirements.

HIPAA: OUTREACH AND ENFORCEMENT

HHS' Office for Civil Rights (OCR) oversees and enforces the new federal privacy regulations. Led by OCR, HHS has issued extensive guidance and technical assistance materials to make it as easy as possible for covered entities to comply with the new requirements. Key elements of OCR's outreach and enforcement efforts include:

- **Guidance and technical assistance materials.** HHS has issued extensive guidance and technical materials to explain the Privacy Rule, including an extensive, searchable collection of frequently asked questions that address major aspects of the rule. HHS will continue to expand and update these materials to further assist covered entities in complying. These materials are available at <http://www.hhs.gov/ocr/hipaa>.
- **Conferences and seminars.** HHS has participated in hundreds of conferences, trade association meetings and conference calls to explain and clarify the provisions of the privacy regulation. These included a series of regional conferences sponsored by HHS, as well as many held by professional associations and trade groups. HHS will continue these outreach efforts to encourage compliance with the privacy requirements.
- **Information line.** To help covered entities find out information about the privacy regulation, OCR has a toll-free information line. The number is 1-800-368-1019.
- **Complaint investigations.** Enforcement is primarily complaint-driven. OCR investigates complaints and works to make sure that consumers receive the privacy rights and protections required under the regulations. When appropriate, OCR will impose civil monetary penalties for violations of the Privacy Rule provisions. Potential criminal violations of the law are referred to the U.S. Department of Justice for further investigation and appropriate action.
- **Civil and Criminal Penalties.** Congress provided civil and criminal penalties for covered entities that misuse personal health information. For civil violations of the standards, OCR may impose monetary penalties up to \$100 per violation, up to \$25,000 per year, for each requirement or prohibition violated. Criminal penalties apply for certain actions such as knowingly obtaining protected health information in violation of the law. Criminal penalties can range up to \$50,000 and one year in prison for certain offenses; up to \$100,000 and up to five years in prison if the offenses are committed under "false pretenses"; and up to \$250,000 and up to 10 years in prison if the offenses are committed with the intent to sell, transfer or use protected health information for commercial advantage, personal gain or malicious harm.

The guidance issued today must be updated annually but HHS may update and reissue it this year, after public comment is considered and at the same time HHS's breach notification regulation is published.

<http://www.hhs.gov/news/press/2009pres/04/20090417a.html>

Confidentiality of Student Records Maintained by the School of Nursing

PURPOSE

The purpose of this policy is to protect student privacy and right to confidentiality in accordance with institutional policy and the Federal Educational Rights and Privacy Act (FERPA).

DEFINITIONS:

“Record” means any information recorded in any way, including, but not limited to, handwriting, print, Computer media, video or audio tape, film, microfilm, and microfiche.

“Personally identifiable information” includes, but is not limited to:

- The student’s name;
- The name of the student’s parent or other family member;
- The address of the student or student’s family;
- A personal identifier, such as the student’s social security number or student number;
- A list of personal characteristics that would make the student’s identity easily traceable; OR
- Other information that would make the student’s identity easily traceable.

POLICY

1. Student records (including personally identifiable information) are private and confidential and will be maintained in secured (locked) areas within the nursing building offices.
 - Students’ School of Nursing files will be maintained in the School of Nursing office.
 - Student Course files will be maintained in faculty offices.
2. Only faculty and full-time administrative staff of the School of Nursing will have access to student records in order to conduct the normal course of business for the department and the institution.
3. An individual student has the right of access to his/her own record. No one else (including other students, parents, spouse or any other person asking for access to student records) will be allowed access to student records (other than those persons described in the above item).
4. *Exceptions:* FERPA does provide for exceptions to this policy in very specific circumstances. If anyone requests access to student records citing an allowed exception, he/she will be referred to the Associate Director, SON & Undergraduate Programs for verification, in consultation with the Office of the Registrar, that an exception can be made. Only the Chair, School of Nursing (or designee in his/her absence) will verify exceptions and allow access to student records based on an exception to FERPA.

JG/jg

Confidentiality Student Records

Reviewed by Office of Judicial Affairs Jan 2003

Approved: Dept of Nursing Feb 2003; Reviewed 6/01/07; Reviewed 7/08/09

Drug Calculation Proficiency Examination Policy

Purpose

The purpose of this policy is to protect patient safety and prevent potential medication errors by validating a minimal level of student proficiency in drug calculations (ie. medication dosage and intravenous fluid calculations). Basic medication dosage and intravenous fluid calculations are taught in NURS 3175, Pharmacology in Nursing.

Formative Evaluation

Each unit exam in NURS 3175 will include a significant percentage of calculation items. Students who do not achieve a score of 85% or higher on the calculation portion of each unit exam are responsible for seeking assistance and/or performing additional practice in the areas of difficulty.

Each student is responsible for monitoring his/her scores & progress on the calculation portion of unit exams, for seeking remedial assistance & assignments, & for *working toward* correcting deficiencies as the course progresses.

Summative Evaluation

In order to **pass** the pharmacology course, students must demonstrate a minimal level of proficiency in medication dosage and intravenous fluid calculations by **achieving 90% or higher** on the Nursing Calculations Final Examination. *Students will be given **two opportunities** to achieve the required score on this exam. The first attempt will be allowed during the last month of the term. A second attempt, if needed, will be allowed during the week of final exams. Students who fail to score 90% or higher on the second attempt will receive a grade of F for the course. Other calculations requirements for NURS 3175 Pharmacology in Nursing are outlined in the course syllabus.*

Ongoing Drug Calculations Proficiency

Following successful completion of NURS 3175, Pharmacology in Nursing, **students are responsible for maintaining proficiency in medication dosage and intravenous fluid calculations.** Students should recognize that this will require ongoing independent review and practice. Every unit exam given in clinical nursing courses may contain calculation items. Students are responsible for anticipating and preparing for these items. Proficiency in drug calculation is also expected for clinical experiences of every nursing course. Failure to maintain drug calculation proficiency can result in unsatisfactory clinical performance and a clinical failure. **In each clinical nursing course taken after NURS 3175 Pharmacology in Nursing, students will be required to pass a calculations examination**

The following criteria will be required of all clinical course calculation exams:

- **Students will be given two attempts**
- **Junior students will be required to make 90% to pass the exam**
- **Senior students will be required to make 95% to pass the exam**
- **After the first attempt, students will be encouraged to seek remediation from the skills lab prior to the second attempt**
- **Exams will be administered pencil-paper**
- **Calculators will be provided by the faculty**

A student who fails this exam twice will not be eligible to participate in clinical experiences of that course and will receive an “F” in the course.

Employment Policy for Students

(including requirements for students with health related licenses)

Employment Policy

Upon successful completion of the first clinical nursing course, students may be hired as a nurse technician/nurse aide by some of the health care agencies. LPN-RN students may also be employed while in the nursing program. The Bachelor of Science Nursing Program at CSU disavows any and all responsibility for the actions of nursing students who are employed in these positions. This includes internships, externships, and any other job offered to students. Clearly stated job descriptions for these positions are the sole responsibility of the employing institution. The employing institution also assumes legal and ethical responsibility for the actions of these employees. In these roles students are **NOT ALLOWED TO WEAR CSU UNIFORMS, NAME TAGS, PATCHES or any other item identifying them as CSU nursing students.**

Students With Health Related Licenses: Requirement

Students with health related licenses must bring the license to the **Office of the SON Director for visualization (Georgia Board of Nursing requirement)**. A copy of the license may be made for the student's record.

Evaluation and Grading

Overview

The School of Nursing overall grading policy for all nursing courses is outlined below. Students, however, are responsible for reading each nursing course syllabus for detailed information regarding grading for the course. The grading scale used by the SON is as follows:

NUMERIC GRADE	LETTER GRADE	COMMENT
90.00 - 100	A	PASS
80.00 – 89.99	B	PASS
75.00 – 79.99	C	PASS
67.00 – 74.99	D	FAIL
66.99 and below	F	FAIL

Students earn one grade for each nursing course. Nursing courses with a lab component are graded as one course, thus students receive one grade for the combined classroom/laboratory course. Nursing course grades are earned based on a point system that is outlined and explained in each course syllabus. The three major areas of student performance that are evaluated in a nursing course include:

- 1) exams
- 2) graded assignments
- 3) clinical laboratory performance.

In order to pass a nursing course, students must demonstrate a minimal level of knowledge by achieving a passing average on all nursing exams AND by passing the clinical portion of the course. Once students have met these minimal requirements, other points they have earned are added to the exam grades for a course grade. The total points/percentage must also be 75% or more in order to pass the course. The table below

summarizes these requirements and their rationale. But remember ... **AIM HIGH** (85% or higher) to increase your chances for success in the program and on the licensing exam.

Summary of Nursing Course Grading Requirements & Rationale

EVALUATION REQUIREMENTS	RATIONALE
Passing (75%) Exam Average (simple average of all unit exams and final exam)	Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, which reflect knowledge and clinical decision making ability.
Passing Clinical Performance	Students must demonstrate a basic ability to transfer and apply knowledge and skill to actual clinical situations in order to protect patient safety and meet legal standards of nursing practice. They must be able to “think on their feet”.
Passing (75%) Course Grade Exam Points + Assignment Points + <u>Passing Clinical Performance</u> Course Grade (75% to pass)	Passing course grade reflects at least a basic level of ability in nursing knowledge / clinical decision making (exams) and clinical practice (clinical). Assignment points allow students the opportunity to earn points in a variety of ways rather than by exams alone.

Exams

Because students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, they **must at least achieve a passing (75%) average on exams** (simple average of all unit exams and final exam) **alone in order to pass a nursing course**. In any nursing course, the teaching team **may require students to pass the final comprehensive exam with a minimum specified grade in order to pass the course**. If so, this will be specified in the course syllabus. Once a student has met exam passing requirements, other assignment points are added.

Exams consist primarily of items written at the **application or higher cognitive level**, which requires “multilogical thinking” in order to assess **critical thinking, nursing judgment and clinical decision making** skills (Morrison et al, 1996). It is not enough to “recall” or “know” facts...you must recall facts and use them to make decisions in a given situation.

Cognitive Levels & Multilogical Thinking

No More Than 15% of Exam Items	
KNOWLEDGE Recall of specifics, ways and means of dealing with specifics, and universals and abstractions in a field. The ability to remember the elements from which more complex and abstract forms of knowledge are built.	
COMPREHENSION Translation, interpretation, and extrapolation of information. The ability to recognize what is being communicated and make use of the material or idea without necessarily seeing its fullest implications.	
85% or More of Exam Items	
APPLICATION The use of abstractions in particular and concrete situations. The ability to transfer ideas and principles to new situations.	
ANALYSIS Analysis of elements, relationships, and organizational principles. The ability to break a whole into its parts, recognize unstated assumptions, distinguish facts from hypotheses, and to recognize connections and interactions among elements and parts.	
Generally Not Assessed By Multiple Choice Exams	
SYNTHESIS Production of a unique communication, plan, proposed set of operations, or set of abstract relations. The ability to arrange, organize or combine elements or parts into a pattern or structure not clearly present before.	
EVALUATION Judgment in terms of evidence or criteria. The ability to judge accuracy based on such evidence as logical accuracy, consistency and other internal criteria, as well as to compare material or ideas to standards in a field.	
<i>Adapted from Bloom's Taxonomy of Cognitive Objectives, 1956</i>	
MULTILOGICAL THINKING "Thinking that requires knowledge of more than one fact to logically & systematically apply concepts to a clinical problem. Thinking that enters, considers, and reasons within multiple points of view." <i>Morrison et al, 1996, p. 166</i>	

EXAM REVIEW POLICY

Purpose

The purposes of test reviews are to:

- help student learn how to take exams similar to NCLEX-RN exam
- clarify student misunderstandings related to exam items
- provide feedback to faculty about test items, which helps improve future items

Policy

Online Rationale Review

All nursing course exams are administered online (unless technical difficulties require paper and pencil exam). After online exam completion, you will be able to access your score as well as correct answers and rationales for items you missed. Review of rationales is an important part of the learning process. Be sure to take advantage of this activity.

Additional test reviews will be held face-to-face in a group. Test reviews for hybrid online courses will be addressed by the teaching team. These reviews may be held as optional reviews outside of class time OR as required reviews during class time. The following policies apply during all test reviews whether online or face to face.

- A. NO paper, pens, recording devices or other recording instruments are allowed in an exam review.
- B. NO DECISIONS ABOUT ITEMS/POINTS WILL BE MADE DURING AN EXAM REVIEW ... do not expect or request it.
- C. THERE WILL BE NO ARGUING OR DISRUPTIVE BEHAVIOR ANYONE WHO IS DISRUPTIVE TO THE EXAM REVIEW PROCESS WILL BE ASKED TO IMMEDIATELY LEAVE THE REVIEW and will speak with the Associate Director, SON & Undergraduate Programs at the earliest opportunity.
- D. Students must remain for the entire review, if required ... no dropping in and out.
- E. When a written exam is a necessity, exams and/or answer sheets will handed out for the review, no one leaves the review until all exams are turned back in and counted.
- F. Instructor will lead the review, a few items at a time.
- G. Students will speak one at a time to ask questions or explain their own (not someone else's) reasoning / rationale for an item.
- H. Students scoring less than 85% are strongly encouraged to attend optional test reviews. Meeting with faculty mentor to seek additional help is an example of this.
- I. The teaching team will meet and review each exam and its statistics within one week of the exam, unless extenuating circumstances prevail. On RARE OCCASION, credit may be given for more than one answer OR an item might be discarded, but ONLY if the item statistics reflect the need &/OR the faculty team arrive at a team decision to do so.
- J. Grades become final once they have been posted for 3 business days. ***If a student thinks an error was made in grading, he/she must contact the Course Coordinator within those 3 business days. No changes will be made after that time.***

Graded Assignments and Projects

A variety of graded assignments and projects are included in nursing courses in order to foster self-directed learning, to evaluate student learning from multiple perspectives, and to encourage creativity and critical thinking. Such assignments increase in number and complexity as students progress through the program, and include such things as:

1. written case studies, cognitive/concpet maps, reports, research papers, clinical pathways, care plans, IPR logs, reflective journals, research critiques & other similar assignments.
2. oral presentations, teaching projects, poster presentations & other similar assignments..
3. group projects such as community health fair and research critique / presentation & other similar assignments.

Clinical Lab Evaluation

Students are clinically evaluated according to established clinical objectives, which flow from level objectives and are specified in course-specific clinical evaluation tools. **Students earn a clinical evaluation rating of PASS or FAIL.**

FORMATIVE CLINICAL EVALUATION occurs during nursing courses with feedback to students, which can be part of the day-to-day student-instructor interaction or a formal conference. During the formative evaluation process, students are given reasonable opportunities to correct weaknesses and deficiencies. As the course progresses, students are expected to consistently

improve clinical performance. During formative evaluation, students may earn a “**S**” (satisfactory), “**NI**” (needs improvement), “**U**” (unsatisfactory), or “**NA**” (not available). Students are given feedback about their strengths, weaknesses, and suggestions for improvement.

Students who are deemed, at any point in the course, to be practicing in an **unsafe manner** or who are **weak in clinical performance** may be placed on **CLINICAL PROBATION**. This is formal notification to students that they are at risk of a clinical failure if performance is not improved significantly. A student placed on clinical probation will receive a letter informing him/her of the probation. The student will be informed of his/her weaknesses and related requirements for improvement. Students will be officially notified (in writing) when their performance improves to the point of meeting clinical objectives and/or safe practice. **Students who are practicing in an UNSAFE or UNPROFESSIONAL manner may be immediately sent from the clinical site with a grade of “F” for the course.**

SUMMATIVE CLINICAL EVALUATION is completed at the conclusion of the course. **Any “U” rating, or any “NI” rating not improved to a “S” by the end of the course results in an “U” for that objective and a clinical failure, thus course failure.** If a student fails the clinical component of any nursing course, the entire course must be repeated upon its next offering (on a space-available basis) in order to remain in the program (as long as the student is eligible to return to the program).

A **grade of “satisfactory”** is earned by students who demonstrate safe nursing practice and consistently perform care related to clinical objectives safely, competently, and with decreasing guidance over time, while applying concepts and skills from previous learning experiences and courses. Safe practice is defined as that practice which will keep the patient, staff, instructor, and student free from threat, danger, harm or loss.”

A **grade of “unsatisfactory”** is earned by students who demonstrate unsafe nursing practice and/or who fail to consistently perform care related to clinical objectives safely, competently, with decreasing guidance over time, or who are inconsistent in clinical performance and/or the application of concepts and skills from previous learning experiences and courses. Unsafe practice is defined as those actions or inactions which put the patient, staff, instructor or student in jeopardy either physically, mentally or legally.

To earn a “**satisfactory**” **grade**, the student must also be evaluated as **SAFE** in each of the following areas (which are universal standards of practice and are defined in the Skills Validation Policy): **physical safety, emotional safety, infection control, appropriate decision making, and accountability.** A **FAIL grade** will be earned if the student is evaluated **UNSAFE** in any area. The same “over-rider” behaviors deemed essential to safe skill performance are also a necessary and integral part of safe clinical practice.

Grievance Procedure

These INITIAL steps should be used to resolve issues in the nursing program:

- a. If a student wishes to discuss an issue or concern with an instructor, the student should make an appointment so that sufficient time can be scheduled for a discussion. It is the responsibility of the student to schedule and keep this appointment

- b. If after meeting and discussing the issue the instructor & student cannot reach a resolution, the course coordinator should then be consulted. It is the responsibility of the student to schedule and keep this appointment
- c. If the course coordinator and/or teaching team cannot reach a resolution of the issue, the Associate Director, SON & Undergraduate Programs should be consulted. It is the responsibility of the student to schedule and keep this appointment.
- d. If the issue is not resolved, the student will meet with the Director, SON.
- e. Appeal of School of Nursing Director decisions will follow CSU policy and procedure (see below).

It is important that the sequence listed above be followed so that all individuals involved are fully aware of a student's concerns. During this process, every effort should be made to resolve the issue at the lowest level.

Columbus State University's official procedure for the resolution of grievances, accepted by both faculty and students, is outlined in the CSU Student Handbook. **Keep in mind that simply disagreeing with a test grade, clinical evaluation, or established policy is not grounds for a grievance.**

Last Updated 7/26/10

Group-Work Guidelines & Policy

Purpose

The purpose of this policy is to promote harmonious and productive group work among students.

Policy

All students are expected to follow these guidelines when participating in group work, both for professional nursing organizations and academic assignments.

Expected Behaviors and Attitudes

1. Be fair and equitable in the assignment and distribution of tasks and workload to accomplish the group project.
2. Plan meeting times that will accommodate either all members schedules OR the majority on a rotating basis.
3. Organize workload so that multiple after hour meetings are not necessary...use e-mail, telephones, lunch times, etc. Avoid changing agreed upon meetings times and places, but if a meeting time must be changed, inform all group members in a timely manner.
4. Participate actively and productively in the group process and dynamics to be a positive force in accomplishing group work.
5. Attend all meetings on time and be prepared with your completed task or assignment toward the group project.
6. Submit work as requested by the group and/or by the agreed upon or assigned deadline.
7. Maintain a professional attitude in both verbal and written communication as well as interpersonal behavior with each other.
8. All group members should review the total completed assignment before submission to assigned faculty.
9. A listing of each group member's contribution(s) should be attached to the assignment.
10. Maintain a professional & respectful tone in all e-mail communications

Conflict Resolution

In the event a team member defaults on his/her responsibility to the group, or other conflicts arise, the members should respond in accordance with these guidelines.

Step 1

- As soon as it is recognized that a group member is not meeting their obligations, immediately inform the defaulting individual about his/her failure to comply with group work requirements.
- If you are the person who is approached by the group for failure to meet responsibilities, listen to them and discuss options for immediately resolving the issue and meeting your obligations.
- Other issues or problems should be brought to the group's attention as soon as they are recognized by any group member.

Step 2

- If the defaulting individual does not respond to step 1 above, the group should plan a meeting with the assigned faculty member to discuss the problem as soon as possible. The same applies for other issues or problems that the group is unable to resolve.
- The assigned faculty member will mediate options, but the final course of action will be the collective consensus of the group. Options CAN range FROM a reduction in points earned by the defaulting individual TO expulsion for the group with no points earned by the individual for the group assignment
- Assigned faculty members can serve as a resource and are available to meet with groups to discuss ongoing goals, progress, and problems. This often prevents small problems from becoming big ones.
- **DO NOT WAIT UNTIL A SITUATION IS OUT OF HAND OR DIASTROUS BEFORE IMPLEMENTING THIS CONFLICT RESOLUTION PROCEDURE AND CONTACTING YOUR FACULTY MEMBER.**

Peer Evaluations

At the conclusion of all group projects, group members will anonymously complete a peer evaluation for each member. Forms and guidelines will be provided by the course coordinator. These peer evaluations may be considered in assigning grades for the group work.

MEDICATION ADMINISTRATION “7 RIGHTS”

“RIGHT”	MEANING	NURSING ACTION	“WHAT IF” NURSING ACTION
RIGHT PATIENT	Correct patient --- not a patient with similar name	- Check MAR patient name - Identify the patient (armband)	- IF wrong name, find right name - IF wrong patient, do not give med
RIGHT MEDICATION	- Correct medication that is ordered (not one with a similar name or that has been discontinued) - Correct medication for patient ... he/she is not allergic to it - Medication appropriate for patient condition - Compatible with other meds patient is taking, including alternative therapies - Medication is NOT expired	- Check name of medication X3 when preparing - Ask patient about med allergies - Verify medication therapeutic purpose for this patient - Verify interactions with other meds, including alternative therapies. - Check expiration date	- IF wrong med, do not give & obtain correct med - IF patient reports allergy to med, ask what happens when takes med & notify ordering provider - IF cannot determine therapeutic purpose, discuss with ordering provider - IF incompatible, DO NOT give ... discussing with ordering provider. - IF beyond expiration date, discuss with pharmacy.
RIGHT DOSE	- Correct dose that is ordered - Dose is within therapeutic & safe range for patient - Correct dose is available	- Check ordered dose - Verify therapeutic & safe dose range for patient (age, weight, etc) - Compare ordered, safe dose to dose available	- IF wrong dose, do not give & obtain correct dose - IF NOT safe dose range, discuss with ordering provider. - IF med available is NOT ordered or safe dose, discuss with pharmacy
RIGHT ROUTE	- Correct route that is ordered - Appropriate route for this medication - If to be given parenterally, medication is mixed with correct diluent OR infused IV with compatible fluids/meds.	- Check ordered route - Verify route ordered is appropriate for this medication - Verify compatible diluent, IV fluids & other meds.	- IF wrong route, do not give by that route & obtain med for ordered route - IF med not approved for ordered route, discuss with ordering provider. - IF med not compatible with a diluent or other IV fluids, use those that ARE compatible.
RIGHT TIME	- Correct timing that is ordered - Timing that is documented on MAR - IV meds infused over correct time - Timing with patient activities appropriate	- Check ordered time - Verify last dose on MAR - Verify safe time range for infusing med - Give med correctly timed with/without food, etc.	- IF wrong time, do not give & give at correct time. - IF last dose too close or distant, do not give...adjust MAR times OR discuss with pharmacy. - Set med rate for correct infusion time. - IF activity timing not right, take measures to adjust activities (eg. give patient a snack if med must be taken with food)
RIGHT TO REFUSE	Patients have the right to refuse meds	Listen if patient refuses a med	- IF refused, encourage patient to take med with teaching about benefits. - IF still refuses, withhold med and discuss with ordering provider
RIGHT DOCUMENTATION	Record medication administration OR withheld medications.	- Record medication give on MAR - Record medication withheld on MAR	

Professional Behavior and Attire Policy

A student member of the nursing profession, nursing students are expected to exhibit professional appearance and behavior at all times during school related activities. This policy is based upon the fundamental principle of behavior that reflects courtesy and respect for others.

PROFESSIONAL BEHAVIOR

Purpose: To support a positive environment conducive to quality patient care and student learning, students are expected to comply with the following behavior requirements.

1. Active attention and participation in class, clinical and other learning activities
2. Speak one at a time in class or group meetings so that all can hear.
3. Voice your opinions and ideas in a calm, courteous manner
4. When you disagree with others, do so in a firm but tactful and courteous manner
5. NO side conversations or remarks during class or any group learning activity requiring your attention.
6. Arrive for class, clinical and other scheduled learning activities **AT LEAST 5 MINUTES EARLY and be prepared to begin ON TIME.**
7. Arrive back to class, clinical unit or learning activity on time from breaks.
8. If you must enter a class or group activity once it has begun, enter the back of the room quietly, have a seat, and do not disrupt others in any way.
9. Phones, beepers and other sound producing devices must be turned OFF or onto "vibrate" during class or clinical activities. **DO NOT** conduct phone conversations, texting or other electronic communication during class, clinical or other learning activities...it is disruptive to your learning and to that of others.
10. Demonstrate respect for patients, families and faculty by addressing them by title and last name (Dr., Mr., Ms., etc). Exceptions may be made for pediatric patients and adult patients who prefer to be called by a given name.
11. Maintain a professional attitude by demonstrating respect and courtesy with patient, families, and all members of the health care team. If issues arise that you are unable to resolve calmly alone, seek the assistance of your instructor.
12. Demonstrate reliability, commitment to your responsibilities, and respect for the time of others by **arriving for scheduled events ON TIME** (e.g. class, clinical, meetings, appointments, etc). This means you must **PLAN TO ARRIVE AT LEAST 10-15 MINUTES EARLY** so minor unexpected events will not make you late. This also includes turning in all written work **ON TIME.**
13. To protect patient safety and maximize your educational experience, you must arrive for clinical experiences **PREPARED.** The preparation required varies with course, agency and clinical experience.
14. Demonstrate initiative and eagerness to maximize your own learning experience by actively seeking out learning experiences during all clinical experiences.
15. Demonstrate a desire to resolve problems at the lowest level possible by following the chain of command when attempting to resolve differences (See Grievance Procedure).

PROFESSIONAL ATTIRE & APPEARANCE

Purpose: To project a positive image, respect and trust, students are expected to comply with the following attire and appearance requirements, which are based on clinical agency dress codes for nursing personnel.

1. Maintain a professional appearance when functioning as a student in the CSU BSN program. This includes attending class, visiting any clinical agency for any purpose (e.g. obtain assignments, observational assignments, clinical assignments, teaching project).
2. The CSU nursing student uniform consists of a Landau “galaxy blue” top and pants. The Landau scrub has been selected and several options of the uniform style are available at Famous Brand Uniforms, Columbus, GA. If you select a dress or skirt, the hem should be at least mid-knee. Jumpsuits are not permitted. Students may wear a white t-shirt under their scrub top.
3. Efforts should be taken to prevent undergarments from showing when bending over due to low rise scrub pants and/or shorter scrub tops.
4. A school patch must be sewn onto each uniform and lab coat (ordered and sewn on through Famous Brands Uniforms). ROTC students may also sew the ROTC patch onto their uniform.
5. A name tag with individual photo and CSU logo must be worn on all uniforms (Name tag obtained through CSU).
6. Professional white shoes with white socks or hosiery. Shoes should be purchased for comfort rather than style and must have closed toe. Clogs are not acceptable.
7. Tattoos must be covered.
8. Each student is expected to maintain neat and clean personal grooming as related to hair, beards, and mustaches. Hairstyles or cuts such as spikes and Mohawks and similar extremes are not acceptable. Long hair must be pulled up or confined. No bows, hair ribbons, turbans, etc. should be worn during clinical experiences. Hair colors of a natural tone are acceptable, while unnatural colors (greens, bright reds, pinks, etc.) are not acceptable.
9. Fingernails should be trimmed short and kept clean. Length of nails should not protrude above the top of the fingertip when viewed from the palm side of the hand. Fingernail polish must not be chipped and no artificial fingernails are allowed for infection control reasons.
10. Makeup, if worn, must be used in moderation. No strong perfume or after shave colognes should be used, as they may make patients nauseated.
11. Jewelry – One or two small stud earrings per ear. No dangling earrings will be allowed. No facial piercing. Ex: nose, tongue, lip(s) and/or eyebrow(s). A wedding ring or band or one simple ring may be worn. No bracelets are allowed. One necklace is acceptable but may not be worn on the outside of the uniform. Jewelry may NOT display symbols, emblems, or other designs which represent sexist, racist, drug, alcohol, or organizations which may be offensive to others.
12. Watch – students must possess a watch with a second hand. Preferably the watch should be waterproof, have a date indicator, and have all twelve Arabic numerals printed on the dial.
13. Stethoscope – Any color is acceptable. Students should put some type of identification on the stethoscope.
14. Bandage scissors – Scissors should be taken to each clinical experience. Some way to identify the scissors should be made.

- 15. Penlight – May buy disposable or reusable penlight.
- 16. Black ink pen and small note pad.

Students will wear either the blue uniform and name tag OR a lab coat and name tag over street clothes (as instructed by faculty) whenever entering a facility in the role of nursing students.

Apparel that is NOT acceptable in a health care environment includes blue jeans, t-shirts, shorts, short skirts, athletic, camouflage, capri-length pants, tank tops, crop tops, low cut blouses, baseball caps, jelly shoes, beach type shoes, and/or high heels. Apparel that is “see through”, low cut, too short, “skin tight”, or excessively baggy, is torn, patched, or discolored in an irregular manner, exhibits slogans, advertising, etc... is also NOT acceptable.

A student may be asked to modify their appearance or leave the clinical area if any of the above policies are not adhered to. Following instructions is a part of the students’ clinical evaluation.

Famous Brand Uniforms does offer nursing students discounts and is located at:
3843 Hamilton Road
Columbus, GA 31904
(706) 323-2503
FAX (706) 660 8960

JG/jg
Code Conduct
Approved: Dept of Nursing Dec 2002
Updated & Approved: May 2006; June 2009

Web-Sites and Online Resources Policy **(including copyright and fair use)**

Purpose

The purpose of this policy is to outline basic guidelines and expectations of students for use of BSN program course web-sites and online learning resources.

Background

CSU nursing students are expected to use course web-sites and online learning resources to support and enhance the educational program and their learning experiences. Health care agencies are rapidly moving toward a “paperless” record keeping system which requires knowledge, skill and ability in the use of computer technology. Thus, computer literacy (*the ability to communicate and to access and input information using computer technology*) is a learning outcome related to the program outcome “communication”.

Policy

Course Web-Sites

The CSU BSN program uses **CougarView VISTA** as the course management system for nursing course web-sites. Each nursing course has a web-site. The following guidelines outline expectations for all nursing students related to use of course web-sites.

1. **Computer Access** – There are numerous computer labs across campus for student use. In addition, there is a computer lab in Illges 201 for nursing student use. These computers are connected to the local CSU server and to the internet. There is also a laser printer connected to all of the computers. **Students must bring their own paper.** Of course, many students prefer to access course web-sites and online resources from the convenience of home or work. Be aware that if you have a computer more than 2 or 3 years old OR your internet service provider uses a phone line rather than a cable modem, you may have difficulty accessing some of the online course materials. In this case, using the computer lab may be more efficient for you.
2. **Enrolling in Course Websites** – Students are automatically enrolled in the course website after registering for the course itself. If you have problems accessing a course website or discover that your name is not on the website roster, notify your instructor immediately. More than likely you will already have a USER ID and PASSWORD for CougarView. If not, contact your instructor immediately. Be sure to write down your USER ID and your PASSWORD so you will not forget them...you must use them every time you log into a course web-site.
3. **Course Website E-mail**
 - a. Students are to use **ONLY THE CSU COUGARVIEW EMAIL SYSTEM FOR COURSEWORK COMMUNICATION.**
 - b. Every student is responsible for reading and complying with all communications through CSU CougarNet e-mail and for knowledge of materials and information posted on the course web-sites. **Students are expected to check their email and announcements at least daily Monday through Friday.**
 - c. Faculty will respond to your emails in a timely manner during the school week, **generally within 48 hours.** If you have a question that requires more than a brief answer, your email should request an appointment to talk with the instructor. Instructors cannot “re-teach” material via email but are happy to meet with you to help you with difficult material. Do not expect instant answers OR lengthy answers OR answers over week-ends or holidays. Individual instructors will provide further guidelines regarding email.
3. **Posted Materials** – Each student is responsible for accessing and using all information and materials posted on the course websites. Student responsibilities include:
 - a. **Log in to your course websites at least daily during the week** to check for **new announcements and information.** Don't wait until the last minute or you may encounter technical problems that prevent you from obtaining needed materials and information in a timely manner...*this is poor planning and will not excuse being unprepared.*
 - b. **Check your email at least daily during the week** for new messages and information related to course requirements and learning experiences. If you wait until the last minute and encounter technical problems that prevent you from obtaining needed materials and information in a timely manner, it will *not excuse being unprepared.*
 - c. **STUDENTS ARE TO USE THE CSU CougarNet EMAIL ACCOUNT FOR OFFICIAL SCHOOL EMAIL UNRELATED TO A PARTICULAR COURSE.** IF you have CougarNet

messages forwarded to a home email account, you must **verify that your home e-mail account is functional** periodically by sending yourself an email message from each course website and make sure it comes through to you. You are responsible for maintaining your email account in a manner that allows information to be sent to you.

- d. Log into course websites at least **THE DAY PRIOR TO CLASS DAY** and print any handouts or other materials required for use in class. **DO NOT WAIT UNTIL A FEW MINUTES BEFORE CLASS...BEING LATE DUE TO PRINTING HANDOUTS WILL NOT BE EXCUSED.** Many instructors post handouts and other materials related to course units and classes, which may be helpful to print and bring to class to facilitate note-taking. These handouts will NOT be distributed in class. At other times, handouts will be posted AFTER CLASS because the teaching strategies used work best without handouts printed.
4. **Netiquete** – “Netiquette” is a term coined to mean “*internet etiquette*”. Students are expected to become familiar with principles of netiquette and abide by them. A few major examples are listed below:
- a. Don't send anything in an email that you would not want **posted on a bulletin board**. Although you may send an email to one person, absolute confidentiality cannot be guaranteed.
 - b. Don't type in ALL CAPS...it indicates you are YELLING.
 - c. Don't “flame” anyone...that is, don't send rude, sarcastic, profane, degrading, or otherwise offensive messages via email.

For more netiquette guidelines, visit:

<http://www.albion.com/netiquette/corerules.html>

<http://www.learnthenet.com/english/html/09netigt.htm>

<http://www.learnthenet.com/english/html/65mailet.htm>

5. **Copyright and Fair Use** – These terms are often misunderstood.

Copyright gives authors, artists and others the right to exclude others from using their works” (online <http://www.fplc.edu/tfield/copynet.htm>)

Fair Use permits the use of others' works even without approval in accordance with some **very specific guidelines and limitations**.

For information about internet copyright and fair use laws/rules, visit :

<http://www.fplc.edu/tfield/copynet.htm>

<http://www.templetons.com/brad/copymyths.html>

6. **Online Grade Access** – Grades will be posted on each course website in the online grade book. Each student has access to ONLY his/her own grades because each student has selected his/her own private password. DO NOT share passwords or someone else will have access to our private information and grades.

MedsPub Total Curriculum Support / Online Testing/Learning System

The **MedsPub Total Curriculum Support Online Testing/Learning System** is a required resource for this course and has been paid for in your course fees. The entire system includes a variety of online tutorials and practice exams in every clinical specialty to help students learn how to apply concepts, critically think, and make clinical decisions. This is what is tested on the NCLEX-RN licensing exam and is very helpful in preparing students for success on that exam. **Each nursing course will specify assignments in the MedsPub system and will “unlock” and make available to students only the**

tutorials & practice tests that apply to that specific course and its related assignments.

Completing all assignments in MedsPub will help you succeed on nursing exams. Specific log-in instructions will be provided in class or on the course website.

Students often come into the nursing course sequence expecting exam items that merely require recall of memorized information. Nursing tests, however, are not based on only recall of knowledge. Nursing exam items are modeled after the type of items included on the NCLEX-RN licensing exam and require students to **use knowledge to critically think in the context of a nursing situation and make appropriate decisions, selecting the best answer(s) in a given situation.**

In the first semester of the junior year, each student will set up an account in the MedsPub System, which establishes your user name and password. Each nursing course will have a section in the MedsPub system, which contains the “unlocked” items for that course. Students will use that same account through out the program to “enroll” in each “course”, which then gives them access to the selected tutorials and practice exams. **Each “course” will have a unique “access code” which will be posted on your course website by your instructors.** You will use the appropriate “access code” to get into each “course” and its related tutorials and practice exams.

Students will have access to the MedsPub system from the first day of the month the semester begins through the last day of the month in which a semester ends. Fall semester access will begin August 1 and end December 31. Courses for the spring semester will be available on January 1 and remain accessible through June 30. Seniors are encouraged to use the time between graduation and June 30 to use the system for review in preparation for taking the NCLEX-RN exam. **All graduates should plan to review and then sit for the NCLEX-RN as soon as possible following graduation to increase their chances of success.**

Media (Videos) Online

The CSU nursing program has added a number of online learning resources available for student use. They are available on the web from any computer with internet access (marked WEB). A few resources may only be available through the on-campus network, which means they are only accessible only from an on campus computer (marked LOCAL). The resources are listed below. Instructions for use will be provided in class. Remember, these resources (especially those with video) may not work well with computers more than 2-3 years old OR with a phone line connection to the internet.

1. Bates Health Assessment Video Series (WEB)

The entire set of Bates Health Assessment videos is available online to students enrolled in the nursing program. These are copyrighted materials and require a specific password (provided to you in class) for access.

2. The MedsPub Learning System RN (WEB)

This interactive software contains a variety of NCLEX-RN type practice exam items organized by nursing specialty. It also includes a tutorial to help students learn about “critical thinking” and how to use critical thinking for success on this type of exam.

3. Evolve Apply Case Studies (WEB)

These online case studies provide an introduction to a real-world, patient situation — with critical-thinking questions. These questions cover nursing care for patients with a wide range of physiological and psychosocial alterations, as well as related management, pharmacology, and nursing concepts. You can measure how well you apply what you have learned! Because Evolve Apply provides critical thinking test items written at the application level, you actually practice with questions that simulate the NCLEX-RN® examination. Students MUST enroll at first opportunity in order to access this resource during the year.

4. Videos Online (WEB)

These video series are available on a web-based password-secured site. This list is likely not complete because new resources are frequently added.

Ethical Issues

[Video 1: Introduction: Concepts, Values, and Decision Making](#) 22:48 | MPG

[Video 2: Respect: Dignity, Autonomy, and Relationships](#) 18:04 | MPG

[Video 3: Commitment: Patients, Professionalism, and Boundaries](#) 12:02 | MPG

[Video 4: Protection: Privacy, Safety, and Standards](#) 21:16 | MPG

Neuro Assessment

[Video 1: Mental Status and Cranial Nerve Evaluations](#) 22:52 | MPG

[Video 2: Reflex and Motor Evaluations](#) 18:07 | MPG

[Video 3: Cerebellar Function and Sensory Evaluations](#) 13:49 | MPG

[Video 4: Diminished Level of Consciousness](#) 16:15 | MPG

Schizophrenia

[Video 1: Understanding the Disorder](#) 25:16 | MPG

[Video 2: Effects on Daily Life](#) 28:06 | MPG

[Video 3: The Community Response](#) 28:02 | MPG

Teamwork

[Video 1: Building Effective Teams](#) 20:45 | MPG

[Video 2: Problem Solving and Conflict Resolution](#) 22:42 | MPG

[Video 3: Leadership](#) 19:10 | MPG

Dementia

[Video 1: Enhancing Quality of Life](#) 21:33 | MPG

[Video 2: Communicating Effectively](#) 18:24 | MPG

[Video 3: Meeting the Special Challenges](#) 21:58 | MPG

[Video 4: Dementia and Resident Rights: Freedom of Sexual Expression](#) 17:02 | MPG

Acids and Bases

[Video 1: Ups and Downs of pH](#) 15:47 | QuickTime

[Video 2: Respiratory alkalosis and Acidosis](#) 22:01 | QuickTime

[Video 3: Metabolic Alkalosis and Acidosis](#) 26:42 | QuickTime

Cognitive

[Video 1: Hearing Impairment](#) 19:38 | MPG

[Video 2: Visual Impairment](#) 18:40 | MPG

[Video 3: Cognitive Impairment](#) 21:35 | MPG

See Me

[Video1: See Me](#) 9:52 | MPG

Wound Management

[Video 1: Wound Healing](#)

[Video 2: Wound Evaluation](#)

[Video 3: Arterial Wounds](#)

[Video 4: Venous Wounds](#)
[Video 5: Neuropathic Wounds](#)
[Video 6: Pressure Ulcers](#)
[Video 7: Atypical Wounds](#)
[Video 8: Debridement](#)
[Video 9: Dressings](#)
[Video 10: Physical Modalities](#)

Physical Assessment of a Child

[Video 1](#) 21:16 | WMV | [QuickTime](#)
[Video 2](#) 17:06 | WMV | [QuickTime](#)

Elderly Issue

[Video 1: Elderly Abuse](#) 26:52 | QuickTime | [WMV](#)
[Video 2: Nutritional Risks and Challenges](#) 23:18 | QuickTime | [WMV](#)
[Video 3: Preventing Falls](#) 26:34 | QuickTime | [WMV](#)

Chronic Respiratory Disorders

[Video 1: Chronic Obstructive Pulmonary Disease](#) Flash
[Video 2: Cystic Fibrosis](#) Flash

Specimen Collection and Screening

[Video 1: Specimen Collection](#) 27:43 | QuickTime
[Video 2: Point of Care Testing](#) 15:42 | QuickTime
[Video 3: Sterile Dressing Change](#) 15:11 | QuickTime

Respiratory Suctioning

[Video 1: Introduction to the Upper Airway](#) 15:05 | QuickTime
[Video 2: Lower Airway](#) 23:07 | QuickTime

Respiratory Disorders

[Video 1: Allergies and Anaphylaxis](#) Flash
[Video 2: Asthma](#) Flash
[Video 3: Lung Cancer](#) Flash

3-Lead EKG by sections

[Video 1: Introduction](#)
[Video 2: Sinus and Atrial Dysrhythmias](#)
[Video 3: Heart Block](#)
[Video 4: Ventricular Dysrhythmias](#)

3-Lead EKG (Full length)

[Video 1: Introduction](#) 22:55 | QuickTime | [WMV](#)
[Video 2: Sinus and Atrial Dysrhythmias](#) 20:16 | QuickTime | [WMV](#)
[Video 3: Heart Block](#) 12:11 | QuickTime | [WMV](#)
[Video 4: Ventricular Dysrhythmias](#) 13:37 | QuickTime | [WMV](#)

Cardiac Disorders

[Video 1: Coronary Artery Disease - Part One](#) Flash

[Video 2: Coronary Artery Disease - Part Two](#) Flash

Avoiding Malpractice

[Video 1: Introduction](#) 16:36 | WMV

[Video 2: Case of the Green Drainage](#) 22:21 | WMV

[Video 3: Case of the Pelvic Fracture](#) 18:43 | WMV

[Video 4: Case of the Elderly Fall](#) 18:44 | WMV

Cardiac Disorders: Heart Failure

[Video 1: Heart Failure - Part One](#) Flash

[Video 2: Heart Failure - Part Two](#) Flash

Caring for the Cancer Patient

[Video 1: Basic Genetics for the Oncology Nurse - Part 1](#) 15:00 | QuickTime | [WMV](#)

[Video 2: Basic Genetics for the Oncology Nurse - Part 2](#) 20:56 | QuickTime | [WMV](#)

Caring for the Cancer Patient: Leukemia

[Video 1: Diagnosis](#) 10:13 | QuickTime | [WMV](#)

[Video 2: Treatment Options and Laboratory Data](#) 18:45 | QuickTime | [WMV](#)

Caring for the Cancer Patient: Breast Cancer

[Video 1: Managing Side Effects of Specific Treatments](#) 13:30 | QuickTime | [WMV](#)

[Video 2: Promoting Psychological Health](#) 13:47 | QuickTime | [WMV](#)

[Video 3: Treatment Modalities & Informational Needs](#) 11:47 | QuickTime | [WMV](#)

Lung Cancer

[Video 1: Overview](#) 16:12 | QuickTime | [WMV](#)

[Video 2: Psychosocial Challenges](#) 14:36 | QuickTime | [WMV](#)

Managing Physical Assessments and Supportive Cancer Care

[Video 1: Part 1](#) 18:15 | QuickTime | [WMV](#)

[Video 2: Part 2](#) 18:17 | QuickTime | [WMV](#)

Goyne Lectures

[Video 1: Evidence Based Practice pt 1](#) 43:00 | QuickTime | [WMV](#)

[Video 2: Evidence Based Practice pt 2](#) 1:52:15 | QuickTime | [WMV](#)

Caring for the Patient: Psychiatric Disorders

[Video 1: Psychotropic Medications](#) 27:25 | QuickTime | [WMV](#)

[Video 2: Schizophrenia](#) 21:60 QuickTime | [WMV](#)

[Video 3: Bipolar Disorder](#) 14:17 QuickTime | [WMV](#)

[Video 4: Depression](#) 21:34 QuickTime | [WMV](#)

[Video 5: Anxiety](#) 16:49 QuickTime | [WMV](#)

Patho 3279

[Video 1](#) 51:02 | QuickTime | [WMV](#)

[Video 2](#) 47:38 | QuickTime | [WMV](#)

Others will be added as they are acquired.

***STUDENT
INFORMATION & SERVICES***

APA Format Policy and Guidelines

Purpose

The purpose of this policy is to set forth the official writing style and format required for all formal written papers in the School of Nursing and to provide information about student resources.

Policy

1. The writing style and format recommended by the American Psychological Association and published in the most current *Publication Manual of the American Psychological Association* is required for all formal written papers in the School of Nursing and, thus, the manual is a required text.
2. A summary guideline may be posted on course websites. If so, it will cover only the major aspects of APA style and format taken from the *Publication Manual of the American Psychological Association* published by the American Psychological Association and is not intended to replace the Publication Manual.
3. Students are referred to the full manual and to websites for questions about aspects of APA style and format not covered in this guideline. To obtain others, go to www.google.com and type in "APA format" in the search box.
4. The School of Nursing provides a standardized format for title page of a written paper that meets nursing program needs and is not covered in APA style manuals. Students MUST use this title page format.

Class Officers & Faculty Advisors: Roles, Responsibilities, & Officer Elections

CLASS FACULTY ADVISORS

The Associate Director, SON & Undergraduate Programs will assign a full time nursing faculty member as advisor to the junior class at the beginning of the fall term. This assigned advisor will remain with that class until they graduate two years later.

Nursing Faculty members will be assigned class advisor responsibilities on a rotational basis so that each faculty member takes a turn serving as class advisor.

Class faculty advisor responsibilities:

1. Provide guidance & direction for class officers and the class as a whole as they participate in activities as a class.
2. Supervise the earning, holding, and disbursement of funds, ensuring the class complies with institutional and state guidelines.
3. Serve as liaison with the Associate Director, SON & Undergraduate Programs and the nursing faculty as a whole regarding issues the class wishes to address with either.

ELECTIONS

Class officers will include:

- President (elected)
- 1st Vice President (elected)
- 2nd Vice President (elected)
- Secretary (elected)
- Treasurer (elected)
- Nursing Faculty Committee Representative (appointed by faculty)

Each nursing class (junior and senior) will elect officers at the beginning of the each fall term. The Nursing Faculty Committee Representative will be appointed by faculty and is necessary to build shared governance in the undergraduate programs.

Class elections will be supervised by the class faculty advisor and conducted according to the following guidelines.

1. Each office will be elected separately, beginning with president & progressing in the sequence listed above, by secret written ballot.
2. Nominations will be made from the floor until someone moves the nominations be closed.
3. Any person nominated who declines will so indicate at the time they are nominated, and his/her name will not be added to the list of candidates.
4. Nominees will be given a few minutes to introduce themselves and give any comments they wish.
5. Nominees will leave the room during voting and will retain their right to submit a secret written ballot.
6. Votes will be cast by secret written ballot and counted by the faculty advisor. Students not running for the given office may assist the advisor in vote counting.

7. The candidate receiving the majority of the votes will be elected. In the event of a tie, a run-off vote will be conducted in the same manner as the initial vote.
8. A student who was nominated for an office but not elected is eligible to be nominated & run for subsequent offices.

CLASS RESPONSIBILITIES

1. The **JUNIOR NURSING CLASS** is responsible for:
 - a. sponsoring the Nursing Honors Ceremony held each spring
 - b. raising funds to support the Nursing Honors Ceremony
2. The **SENIOR NURSING CLASS** is responsible for:
 - a. sponsoring Family Night for the junior class during the fall semester.
 - b. raising funds to support Family Night activities

CLASS OFFICER RESPONSIBILITIES

President

The President of the class will be responsible for:

1. Presiding at class meetings
2. Coordinating activities of class officers, committee chairs, and committees.

1st Vice President

The 1st Vice President of the class will be responsible for:

1. Presiding at class meetings during any absence of the President
2. Work with President on any issues and help organize/run meeting

2nd Vice President

The 2nd Vice President of the class will be responsible for:

1. Coordinating development of community activities
2. Coordinating public relations

Secretary

The secretary of the class will be responsible for:

1. Recording, printing, and distributing minutes of each class meeting to
 - a. Faculty Class Advisor
 - b. Associate Director, SON & Undergraduate Programs
 - c. "Minutes" book for the class
2. Written correspondence required for class activities (sub-committees may handle their own correspondence for special projects, but should provide a copy to the secretary for the records) and maintaining records of such correspondence.
3. Summary of fund-raising activities
4. Maintain log of student volunteer hours and review with faculty advisor monthly or more frequently when asked. Submit completed roster to faculty advisor at end of each semester.

Treasurer

The class treasurer will be responsible for:

1. Maintaining a register of class fund receipts and disbursements and provide a monthly written treasurer's report to the class (with copy for minutes & copy for class advisor).

2. Depositing receipts and writing requisitions for disbursements in accordance with CSU Business Office requirements.

***School of Nursing (SON) Representative**

The SON Representative, as a representative of the student perspective, will be responsible for:

1. attending scheduled nursing faculty meetings.
2. obtaining nursing student body input/opinion when requested by the faculty committee.
3. providing input from the student perspective regarding items discussed at faculty meetings.

NOTE: *This is not the place to discuss individual student issues or other concerns that should be handled at the course level.*

JG/jg

Class Officers Advisors 02

Approved 10/04/02; Updated 7/1/06; Reviewed 9/8/09; Updated 7/26/10

Community & Professional Service Recognition Program

Background and Purpose

Because the BSN program faculty members are committed to professional and community service, they encourage and support volunteer service. Students and graduates of this program are expected to participate in volunteer community service, defined as *voluntary participation in health care related, professional, and/or political activities*. Junior and senior level outcomes are derived from this overall program outcome (see below).

To foster a commitment to public and community service in students, a Community Service Recognition Program has been developed to recognize those students who meet or exceed a defined number of volunteer community service hours (see below).

Junior Level Outcome	Senior Level Outcome
• Service hours goal for junior year = 10 or more	• Service hours goal for senior year = 10 or more

Responsibilities

1. Each nursing student is responsible for

- a. seeking and volunteering for appropriate service activities
- b. maintaining documentation of hours worked, approved by faculty and signed by an appropriate official for the service activity, using the form provided (see handbook section "Forms").
- c. maintaining own personal records of documented community service hours for review at the end of each semester.

2. Nursing class secretary is responsible for:

- a. maintaining a log of each student in his/her class tracking event, date, and hours worked (see Class Secretary role description).
- b. submitting the completed log to the class Faculty Advisor at the end of each semester.

3. Faculty Class Advisor is responsible for

- a. reviewing the log of student volunteer hours periodically for accuracy, completeness, and compliance with guidelines of this policy
- b. submitting a summary of class volunteer hours to School of Nursing Faculty at the end of the academic year. Certificates will be awarded to students exceeding the required number of service hours.

4. Approved service activities

- a. Active participation in professional organizations / activities
 - Officer = 2 hours
 - Committee Chair = 1 hour
 - Active member (attends minimum of 4 meetings) = 1 hour

- Participation in organization sponsored events (hours worked)
- c. Volunteer hours for varied health related activities (hours worked)
This service must require your knowledge / skill as a nursing student OR as a member of a professional nursing organization, and may not be an activity that anyone without such education/membership could perform.
 - Health Fairs & Screenings (EXCLUDING those required for course work)
 - First aid stations
- c. Any activities not clearly fitting the criteria above will be decided by the faculty at the next department meeting.

Comm Service Hours 02
Approved 10/04/02; Updated 7/16/07

Financial Aid

The CSU financial aid program includes scholarships, loans, grants, and part-time employment. The Financial Aid Office provides financial counseling on matters pertaining to educational expenses.

Nursing Scholarships & Awards

Only nursing students accepted into the upper division clinical nursing courses are eligible for nursing scholarships or awards through the university. Students will be given specific information at appropriate times during the nursing program.

General Scholarships and Loans

The CSU Catalog lists many of the scholarships and loans available to students.

In addition to those listed, the following area hospitals may offer scholarships to students accepted to accredited nursing programs leading to licensure as a registered nurse.

Doctors Hospital, Columbus, GA

St. Francis Hospital, Columbus, GA

The Medical Center, Columbus, GA

Hughston Sports Medicine Hospital, Columbus, GA

For additional information regarding these scholarships and their terms and stipulations, students should contact the human resource department at the individual hospital.

CSU School of Nursing awards merit scholarships to junior and senior nursing students based on pre-established criteria. The amount of these scholarships is dependent on money available in scholarship funds.

University Work-Study Program

Part-time jobs on campus are available to students who qualify under this program. Interested students should contact the CSU Career Center.

Students in the BSN program are reminded that the nursing program is fast paced, challenging and requires a full time study commitment for successful completion. If students work at a job and/or other commitments more than 10-12 hours per week, they are likely to face academic difficulty, which could lead to failure from the nursing program.

Financial Information

Estimated Tuition and Fees (excluding room and board) These are estimates only. Information regarding current tuition and fees is available from the University Admission Office and is published yearly in the *Columbus State University Catalog*.

COLUMBUS STATE UNIVERSITY SCHOOL OF NURSING ESTIMATE OF STUDENT EXPENSES (excluding room and board) (Expenses published as of May 08, 2010 expenses are subject to change)					
ITEM	ESTIMATED COST FALL JUNIOR YEAR	ESTIMATED COST SPRING JUNIOR YEAR	ESTIMATED COST FALL SENIOR YEAR	ESTIMATED COST SPRING SENIOR YEAR	ESTIMATED TOTAL COST (4 semesters)
TUITION, IN-STATE, FULL TIME	\$1,937.00	\$1,937.00	\$1,937.00	\$1,937.00	\$7,748.00
SCHOOL OF NURSING FEES	\$1,244.00	\$1,208.00	\$1,408.00	\$1,644.00	\$5,504.00
CSU & BOARD OF REGENTS FEES	\$527.00	\$527.00	\$527.00	\$527.00	\$2,108.00
CRIMINAL BACKGROUD CHECK AND DRUG SCREENING FOR CLINICALS	\$216.00				\$216.00
NURSING CLASS DUES	\$50.00		\$50.00		\$100.00
TRANSPORTATION TO CLINICALS	\$175.00	\$175.00	\$175.00	\$175.00	\$700.00
NURSING UNIFORM, SHOES, SOCKS	\$275.00				\$275.00
WATCH WITH SECOND HAND	\$30.00				\$30.00
BANDAGE SCISSORS	\$15.00				\$15.00
STETHOSCOPE	\$45.00				\$45.00
PENLIGHT	\$10.00				\$10.00
STU NURSE LIABILITY INSURANCE	\$25.00	\$25.00	\$25.00	\$25.00	\$100.00
NURSE PACK: LAB SUPPLIES	\$150.00				\$150.00
BOOKS	\$1,800.00	\$600.00	\$700.00	\$650.00	\$3,750.00
ACADEMIC SUPPLIES	\$100.00	\$100.00	\$100.00	\$150.00	\$450.00
NCLEX REVIEW COURSES			\$200.00	\$400.00	\$600.00
LICENSURE APPLICATION				\$40.00	\$40.00
NCLEX EXAM				\$200.00	\$200.00
CRIMINAL BACKGROUD CHECK				\$32.00	\$32.00
TOTAL	\$6,599.00	\$4,572.00	\$5,122.00	\$5,780.00	\$22,073.00

JG/jg Updated 7/09/09; 7/2010

PROFESSIONAL TRAVEL GUIDELINES

for NURSING STUDENTS

PURPOSE

The purpose of this policy is to foster fair and timely planning of student professional travel by

1. providing guidelines for requesting student professional travel
2. outlining approval process for student professional travel
3. providing guidelines for completion of documents required for processing approved student travel
4. describing timelines for submission of documents related to approved travel

Definitions

- **“Professional student travel”** includes travel away from CSU campus for the purpose of participating in approved professional nursing activities.
- **“Active participation”** in a student organization includes
 - o attendance at over 50% of organization meetings, *AND*
 - o active service within the organization by serving on an active committee, holding an office, volunteer participation in an organization project, or similar active contributions to the organization.
 - o Final determination of whether a student has been an “active participant” rests with the organization officers and the faculty advisor.

Requesting Student Professional Travel

1. Requests for student professional travel will be submitted to the student organization faculty advisor at least at least **3 months** prior to the activity to allow adequate processing time for approved travel. The request will include:
 - a. Registration costs
 - b. Lodging costs
 - c. Travel costs

NOTE: Contact CSU official travel agency to make airline reservations. When Student Travel Requests reach the CSU office of Accounting Services, the tickets can be purchased. Reservations cannot be held and tickets cannot be purchased until the approved Student Travel Requests are received in the office of Accounting Services. Since the price of airline tickets can go up overnight, it is important to submit Student Travel Requests as soon as travel is approved so that tickets can be purchased within 24 hours.

2. Student organization faculty advisors will recommend approval/disapproval based on accepted criteria outlined below. Requests they approve will be submitted to Chair, School of Nursing at least **2 months** prior to the activity.
 - a. **SNA Conventions** – to attend, a student must
 - 1) have a minimum GPA 2.50
 - 2) be passing all nursing courses in which he/she is enrolled
 - 3) provide evidence of active participation in the CSU SNA during the past year.
 - b. **Other professional activities** – to attend, a student must meet the criteria specified by the faculty advisor for the organization.

Approval Process for Student Professional Travel

1. The student organization faculty advisor will either approve or disapprove student travel requests based on established criteria and submit to Associate Director, SON & Undergraduate Programs at least **2 months** prior to the activity.

2. The Associate Director, SON & Undergraduate Programs will approve or disapprove student travel requests based on established criteria AND availability of needed funds.
NOTE: Once this approval process has reached this point, no additional students may be added to the travel request UNLESS they agree in writing to pay for all of their expenses.
3. For approved travel requests, the Associate Director, SON & Undergraduate Programs will verify student organization sources of funding, determine department funds available to support the travel, and request additional needed funding through Dean, COS. If approved, organization faculty advisor will be notified and will then continue travel processing.

Document Processing Required for Approved Student Travel

Once travel is approved and all funding sources are identified, student organization faculty advisor is responsible for ensuring the following is completed.

1. Complete **Student Travel Request** form for **each student** who will be traveling and submit through Associate Director, SON & Undergraduate Programs and Dean, COS to CSU Accounting Services **as soon as travel and funding sources are approved**.
2. Contact CSU official travel agency (currently Columbus Travel 323-6371) to make airline reservations. When Student Travel Requests reach the CSU office of Accounting Services, the tickets can be purchased.
NOTE: Reservations cannot be held and tickets cannot be purchased until the approved Student Travel Requests are received in the office of Accounting Services. Since the price of airline tickets can go up overnight, it is important to submit Student Travel Requests as soon as airline ticket prices are known so that tickets can be purchased within 24 hours.
3. Contact Associate Director, SON & Undergraduate Programs who may be able to pay registration fees with department credit card. Be sure earliest registration deadlines are met to obtain lowest registration fee.

Required Forms

1. **Student Travel Application** (available on CSU Intranet under Forms, Administrative)
2. **Student Activities Fund, Team/Group Travel Authorization/Payment Request** (available on CSU Intranet under Forms, Administrative)

Written March 2006 Approved: Faculty Minutes April 2006; Updated 7/25/07; 7/09/09; Reviewed 7/26/10

***NURSING PROGRAM GRADUATION
AND LICENSURE POLICIES***

Graduation Requirements: Summary

Students must meet the following criteria to graduate from the BSN program:

1. Achieve at least 900 on the NURS 4377 Final Exam (Nursing Exit Exam)
2. Maintain grade point average of 2.0 or better.
3. Complete all university requirements for graduation with a minimum of 123 earned credit hours required for degree completion.
4. Comply with all procedures for application for graduation, which are listed in the Columbus State University Catalog 2010-2011.

Ceremony Participation Guidelines

- **“Walking” in CSU Graduation Ceremony**

CSU has allowed, and will likely continue to allow, students who have completed all graduation requirements except courses to be completed in the summer to “walk” at the spring graduation ceremony in May. **Students must understand that “walking” in this ceremony DOES NOT MEAN THEY HAVE GRADUATED.** Graduation and award of a diploma will ONLY occur after all degree and graduation requirements are met.

- **Participating in Nursing Honors Ceremony**

Nursing students who have completed all graduation requirements except courses to be completed in the summer may participate in the previous spring Nursing Honors Ceremony. **Students must understand that participating in this ceremony DOES NOT MEAN THEY HAVE GRADUATED.** Graduation and award of a diploma will ONLY occur after all degree and graduation requirements are met.

GRADUATION: NURS 4377 Requirements

PURPOSE

- NURS 4377 is a capstone nursing course designed to synthesize knowledge, skills and attitudes taught throughout the program and finalize preparation for NCLEX-RN success as well as competent professional practice.
- The Nursing Exit Exam is the final exam for NURS 4377 and is one of many tools used throughout the nursing program to:
 - o prepare students for success on first attempt on NCLEX-RN exam
 - o measure the ability of senior students to think critically and synthesize knowledge to make safe judgments and decisions in the discipline of nursing
 - o provide information for the ongoing, systematic evaluation of the curriculum (as required for national accreditation)

POLICY

- NURS 4377, Senior Preceptorship, is a capstone nursing course taken spring semester of the senior year. **To pass this course, students must meet all requirements of the course, which include participation in the NCLE-RN review, successful completion of a clinical preceptorship, and passing the final exam.**
- The Nursing Exit Exam is the final exam for NURS 4377. A passing benchmark score is set by the School of Nursing which must be achieved in order to pass the exam and thus the course. The exam vendor & passing score are determined by the School of Nursing.
 - o Senior nursing students are allowed up to two (2) attempts to achieve a passing score on the nursing exit exam during NURS 4377 spring semester.
 - o Students must wait at least 21 days between exam attempts in order to provide time for review in any areas of weakness.
 - o Students who do not achieve a passing score in two attempts will earn a grade of "Unsatisfactory" for NURS 4377 for spring term, which is a course failure. The "U" does not impact GPA.
- Students who fail NURS 4377 spring semester due to inadequate participation in the NCLEX-RN Review OR unsatisfactory performance in clinical preceptorship experience will be allowed to retake the course IF they have not failed a nursing course previously.
 - o *If the NURS 4377 failure is a second failure, the student will NOT be eligible to repeat the course, in accordance with School of Nursing policy which allows a student to repeat only one nursing course in the program.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
- Students who fail NURS 4377 ONLY due to final exam failure will be allowed to repeat NURS 4377 even if they have previously failed one nursing course.
 - o *This will be the ONLY exception to the School of Nursing progression policy which allows a student to repeat only one nursing course in the program. This exception in this very specific circumstance will in no way be used as a precedent or rationale for any other exception to the progression policy.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
 - o These students will be offered options when NURS 4377 course is repeated, which include:
 - **OPTION #1:** Retake entire course, including NCLEX-RN Review, preceptorship, and attempts to pass the final exam. Students may retake the same NCLEX-RN Review provided spring semester at no additional charge, but must locate a place and time the course is being offered and assume responsibility for all travel and expenses related to attending.
 - **OPTION #2:** Receive credit for completion of both the NCLEX-RN Review and the preceptorship experience, and participate in only the activities planned to help students succeed on the final exam. The teaching-learning format will be a "guided study" in which course faculty facilitate the review/study process and students are responsible for actively engaging in the recommended learning activities.
- Students repeating the course in either option above will be allowed to take the final exam after at least 21 days of review & study to strengthen weak areas. This pattern of review & study followed by an exam attempt may continue through the term for up to 5 attempts to pass the exam. If needed, students may be given an "incomplete" in order to continue attempts to pass the exam up to 5 attempts. Students who have not passed the final exam in 5 attempts will earn a grade of "U" and will not be eligible to return to the program.
- This policy provides students a total of 7 attempts to pass the NURS 4377 final exam ... 2 when the course is first taken and 5 during a repeated course.

I have read and understand this requirement and policy.

Student Name Printed _____

Student Signature _____ **Date** _____

Approved CSU BSN Curriculum Committee (latest review & approval November 2006; Summer 2008; July 2009)

NCLEX-RN & Licensing Procedures

Upon graduation from the Columbus State University Baccalaureate Nursing Program and receiving signed approval of the Associate Director of Undergraduate Programs, graduates are eligible to apply to take the National Council Licensing Examination for Registered Nurses (NCLEX-RN) and to apply for an RN license.

Specific instructions about applying to take the NCLEX-RN and applying for state licensure will be provided to students during the senior year of the nursing program. Please note the general process outlined below:

- Graduate will apply to take the NCLEX-RN through the vendor, Pearson Testing. The best way to apply is online approximately two months prior to graduation in order to ensure all paperwork is completed prior to graduation. The cost is approximately \$200.
- Graduates complete the “*Application for Initial Licensure by Examination*” (application available online at the board of nursing website) and submit to the School of Nursing along with
 - o a money order or certified check made out to the Georgia Board of Nursing in the amount of \$40, and
 - o two passport size photos of head and shoulders, one signed with official signature below the chin.
- The School of Nursing will send all graduate applications to the Board of Nursing along with individual official transcripts indicating the applicant has graduated with a BSN degree (**thus must be sent following graduation day**).
- The student must also have a fingerprint criminal background check done through the approved agencies.
- The state board of nursing processes the licensure applications as quickly as they can ... keep in mind they are processing graduates from all over the state. Once processed, the **board will notify Pearson Testing, who will then contact the graduate to make an appointment for testing.**
- Graduates then sit for the NCLEX-RN examination by appointment at one of a variety of test sites. Specific information will be provided as appropriate.

NOTE: As stated in the Columbus State University Catalog, a student who has a negative criminal or licensure history **MIGHT NOT** be allowed to sit for the NCLEX-RN exam. Permission to take the NCLEX-RN rests with the Georgia Board of Nursing. Further information regarding licensure may be obtained from the Associate Director, SON & Undergraduate Programs / Director, SON. **Passing the criminal background check to participate in clinical experiences DOES NOT guarantee Georgia Board of Nursing approval for licensure.**

FORMS

Campus Lab Referral

*This form is to be used to refer students in need of additional clinical practice / remediation to the campus lab. The **referring clinical instructor** is to complete the form, have the student sign it, give the original to the student and retain a copy for the student's clinical record. The **student** is to make an appointment with a campus lab instructor for the required practice, attend the practice session with this form*

_____ is being referred to the campus lab for supervised
(student name)
practice by _____ Of (describe specific practice needed below):
(name of clinical instructor)

Student Signature _____ Date Received _____

Printed Student Name _____ Clinical Faculty Signature _____

*clinical instructor is to make a copy of the signed form & retain for student records

Campus Lab Practice

Campus Laboratory Instructor Complete Below:

The above named nursing student has practiced the procedure(s) listed above **satisfactorily** in campus lab under my supervision on (date) _____.

Instructor Signature _____ Student Signature _____

The above named nursing student has practiced the procedure(s) listed above in campus lab under my supervision and has performed **Unsatisfactorily** on (date) _____. I make the following recommendations to the student:

Instructor Signature _____ Student Signature _____

*Campus laboratory instructor – make a copy & file in nursing office with the School of Nursing administrative assistant.

Nursing Student:

Student must return this form to the clinical instructor.

Clinical instructor signature _____

Date form returned _____

*Attach to clinical evaluation (clinical instructor)

JG/jg Community Service Hours Validation Form Lab Referral Form 05 Revised 7/7/05; Updated 7/10/07; Reviewed 7/8/09; Reviewed 7/26/10

Clinical Supervision of Nursing Students

Purpose:

The purpose of this policy is to provide guidelines for compliance with the Georgia Nurse Practice Act and the Georgia Board of Nursing Rules & Regulations, and to protect public safety during undergraduate nursing student clinical learning experiences.

Policy:

1. This policy applies to all nursing students and nursing faculty members, both full and part time, and registered nurses (RN) accepting the role of preceptor for undergraduate nursing students.
2. Students may perform the following activities ONLY under the direct supervision of a faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor (this specifically **EX**cludes supervision by any NON-registered nurse, such as LPN, Physician's Assistant, or others):
 - a. Invasive procedures
 - b. Administration of medication by any route (eg. PO, ID, SQ, IM, IV)
3. Students may administer medications by any route ONLY after the seven rights (*right patient, medication, dose, route, time, right to refuse, right documentation*) have been verified by the faculty instructor or RN preceptor, or another RN in the clinical teaching area who has been designated by the faculty instructor or RN preceptor.
4. The registered nurse (faculty member, RN preceptor, or designated RN) who supervises a nursing student in the performance of any nursing activity will co-sign all related entries into the patient record made by the student. This includes, but is not limited to,:
 - a. administration of medications by any route
 - b. performance of any invasive procedure
 - c. nurses notes of any type
5. Legal signatures in patient records
 - a. Faculty Member: *First name, Last name, RN, CSU*
 - b. Nursing Student: *First name, Last name, CSU-NS*

I have read and understand my responsibilities outlined in the above policy.

PRINTED NAME *Nursing Student*

SIGNATURE *Nursing Student*

Date

JG/jg Clinical Supervision Policy Fac 04 05/16/04

Reviewed by Education Consultant, Georgia Board of Nursing, July 2004; Reviewed 7/16/07; Reviewed 7/08/09; Updated 7/26/10

COMMUNITY SERVICE VALIDATION FORM

STUDENT NAME _____ JUNIOR SENIOR
(Clearly Print Full Name)

INSTRUCTIONS

1. **PRIOR** to participating in a service activity for which you wish to earn points within the School of Nursing, it is advised that you have your CLASS FACULTY ADVISOR sign & date approval of the activity.
2. **WHEN** you participate in the approved service activity, you must have an official at the event sign validation of your hours contributed.
3. **UPON COMPLETION** of the service activity, save this original form for submission at the end of the semester. It is recommended that you save a copy of every form submitted for your own records.

NOTE: It is your responsibility to obtain required validation signatures and save these forms for validation of community service hours. Credit for service hours will only be granted for those hours documented accurately and presented on this form. NO credit will be given for lost forms.

NAME OF SERVICE ACTIVITY:	
SPONSOR OF SERVICE ACTIVITY:	
LOCATION OF SERVICE ACTIVITY:	
DATE / TIMES OF SERVICE ACTIVITY:	
APPROVAL OF CLASS FACULTY ADVISOR:	
Signature _____	Date _____
VALIDATION OF SERVICE HOURS WORKED:	
# Hours Volunteer Service: _____	Date _____
Signature & Title of Official Representative _____	

Employment Record of Nursing Students

REQUIREMENT: Nursing students are required to complete this form and keep it updated. A form will be completed when students are first enrolled in the program and filed in the student's permanent record in the School of Nursing office. It is the student's responsibility to update this form in the department office if any changes to employment status occur while the student is enrolled in the nursing program at CSU.

Student Name _____ Date _____
(printed)

HEALTH RELATED LICENSES

_____ YES _____ NO

Do you hold a current license in a health care field?

(If answer is NO, go
to next part of form)

If so, what license do you hold?

_____ Practical Nurse (LPN, LVN)
_____ Emergency Medical Technician (EMT)
_____ Paramedic
_____ Therapist (any type) name type _____
_____ Other Name of license _____

License # _____ State _____

****Take the original license to the School of Nursing office and the secretary will make a copy for our records. You may not bring a copy that you have made. The original must be viewed by the department.**

EMPLOYMENT

Are you employed in *any capacity* while a student in the BSN Program?

_____ YES _____ NO *IF the answer is NO, stop here and sign form.*

Name of employing institution _____

Average # of hours worked per week _____

My signature below indicates that the above information is true and current And that I understand the requirement to take my original license(s) to the nursing office for photocopying.

Student Signature: _____ Date: _____

MEDICAL/EMERGENCY CARE

I UNDERSTAND THAT AS A NURSING STUDENT AT COLUMBUS STATE UNIVERSITY I AM NOT COVERED BY WORKMAN'S COMPENSATION, NOR IS THE CLINICAL FACILITY RESPONSIBLE FOR ANY INJURIES I MIGHT INCUR WHEN FUNCTIONING IN THIS ROLE.

IF MEDICAL CARE IS NEEDED I MAY SELECT THE FACILITY AND PHYSICIAN AND WILL BE RESPONSIBLE FOR THE FINANCIAL ARRANGEMENTS OF SUCH TREATMENT.*

I HAVE BEEN ADVISED TO OBTAIN PERSONAL HEALTH INSURANCE, THOUGH I HAVE THE RIGHT TO WAIVER IT. I AM INDICATING BELOW MY DECISION REGARDING HEALTH INSURANCE BY INITIALING THE APPROPRIATE STATEMENT.

MY SIGNATURE INDICATES THAT THIS INFORMATION HAS BEEN EXPLAINED TO ME AND ANY QUESTIONS ANSWERED TO MY SATISFACTION.

_____ I have obtained health insurance for myself.

_____ I decline to obtain health insurance and assume full responsibility for costs and financial arrangements for all health care I receive.

DATE

STUDENT SIGNATURE

DATE

WITNESS SIGNATURE

*All medical or health care (emergency or otherwise) that a student or College faculty member receives at the Facility will be at the expense of the individual involved.

From: Memorandum of Understanding Concerning Affiliation of Students for Clinical

NURS 4377 FINAL EXAM POLICY - Exit Exam

PURPOSE

- NURS 4377 is a capstone nursing course designed to synthesize knowledge, skills and attitudes taught throughout the program and finalize preparation for NCLEX-RN success as well as competent professional practice.
- The Nursing Exit Exam is the final exam for NURS 4377 and is one of many tools used throughout the nursing program to:
 - o prepare students for success on first attempt on NCLEX-RN exam
 - o measure the ability of senior students to think critically and synthesize knowledge to make safe judgments and decisions in the discipline of nursing
 - o provide information for the ongoing, systematic evaluation of the curriculum (as required for national accreditation)

POLICY

- NURS 4377, Senior Preceptorship, is a capstone nursing course taken spring semester of the senior year. **To pass this course, students must meet all requirements of the course, which include participation in the NCLE-RN review, successful completion of a clinical preceptorship, and passing the final exam.**
- The Nursing Exit Exam is the final exam for NURS 4377. A passing benchmark score is set by the School of Nursing which must be achieved in order to pass the exam and thus the course. The exam vendor & passing score are determined by the School of Nursing.
 - o Senior nursing students are allowed up to two (2) attempts to achieve a passing score on the nursing exit exam during NURS 4377 spring semester.
 - o Students must wait at least 21 days between exam attempts in order to provide time for review in any areas of weakness.
 - o Students who do not achieve a passing score in two attempts will earn a grade of "Unsatisfactory" for NURS 4377 for spring term, which is course failure. The "U" does not impact GPA.
- Students who fail NURS 4377 spring semester due to inadequate participation in the NCLEX-RN Review OR unsatisfactory performance in clinical preceptorship experience will be allowed to retake the course IF they have not failed a nursing course previously.
 - o *If the NURS 4377 failure is a second failure, the student will NOT be eligible to repeat the course, in accordance with School of Nursing policy which allows a student to repeat only one nursing course in the program.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
- Students who fail NURS 4377 ONLY due to final exam failure will be allowed to repeat NURS 4377 even if they have previously failed one nursing course.
 - o *This will be the ONLY exception to the School of Nursing progression policy which allows a student to repeat only one nursing course in the program. This exception in this very specific circumstance will in no way be used as a precedent or rationale for any other exception to the progression policy.*
 - o **Students who retake the course will be required to pay all tuition and fees normally associated with repeating a course.**
 - o These students will be offered options when NURS 4377 course is repeated, which include:
 - **OPTION #1:** Retake entire course, including NCLEX-RN Review, preceptorship, and attempts to pass the final exam. Students may retake the same NCLEX-RN Review provided spring semester at no additional charge, but must locate a place and time the course is being offered and assume responsibility for all travel and expenses related to attending.
 - **OPTION #2:** Receive credit for completion of both the NCLEX-RN Review and the preceptorship experience, and participate in only the activities planned to help students succeed on the final exam. The teaching-learning format will be a "guided study" in which course faculty facilitate the review/study process and students are responsible for actively engaging in the recommended learning activities.
- Students repeating the course in either option above will be allowed to take the final exam after at least 21 days of review & study to strengthen weak areas. This pattern of review & study followed by an exam attempt may continue through the term for up to 5 attempts to pass the exam. If needed, students may be given an "incomplete" in order to continue attempts to pass the exam up to 5 attempts. Students who have not passed the final exam in 5 attempts will earn a grade of "U" and will not be eligible to return to the program.
- This policy provides students a total of 7 attempts to pass the NURS 4377 final exam ... 2 when the course is first taken and 5 during a repeated course.

I have read and understand this requirement and policy.

Student Name Printed _____

Student Signature _____ **Date** _____

Approved CSU BSN Curriculum Committee (latest review & approval November 2006; Summer 2008; July 2009)

**COLUMBUS STATE UNIVERSITY
SCHOOL OF NURSING
COLUMBUS, GEORGIA**

STUDENT HANDBOOK PLEDGE

I have read and understand the contents of the 2010-2011 Nursing Student Handbook and agree to abide and be governed by the policies set forth and described in this handbook.

HONOR PLEDGE

I understand and agree that all work to which I put my name and submit as my work will be my own original work. I further agree that I am responsible for reporting, and will report, any suspected or known instance wherein others have cheated or violated this pledge.

DATE

STUDENT SIGNATURE

STUDENT PRINTED NAME

** Every nursing student must read this handbook, sign this statement, and submit to designated Course Coordinator by the end of the first week of class each fall.

Sample Letter of Exception

December 25, 2020

Dear Dr. Frander, Course Coordinator,

I am requesting an exception to the attendance policy as stated in the Columbus State University School of Nursing Student Handbook. I have missed 10 hours of class time and 14 hours of clinical time due to illness. I was unable to attend class or clinical due to an elevated temperature and productive cough for 5 days. I am providing a dated, signed note from my physician as documentation of my extenuating circumstances (see attached). I would like to request to make-up the 14 hours of clinical time. I would also like to be allowed to continue in the NURS 3275.

Thank you for your consideration in this matter.

Sincerely,

Student's Name

Student's CSU ID#

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

COMMISSION ON COLLEGIATE NURSING EDUCATION
ON-SITE EVALUATION: March 3-5, 2010
EVALUATION TEAM:
Therese Shipps, DNSc, RN, Team Leader
Sheila Adams, EdD, RN
Amelia Joseph, MBA, RN

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.



School of Nursing CCNE Self Study Baccalaureate Nursing Program

INTRODUCTION

Located in the growing northeast section of Columbus, Georgia, Columbus State University (CSU) is a senior unit of the University System of Georgia. Established by the Board of Regents in 1958 as a Junior College, it rapidly progressed from a two-year institution to a comprehensive college and in 1996 was elevated to University status. Columbus State University has a student body of over 8000. The 132-acre campus includes over 20 buildings, student housing in both dormitory and apartment style arrangements, and a wide variety of indoor and outdoor recreational facilities. Computer labs across campus provide student access to e-mail, word processing and online research, as well as instructional technology throughout the campus. The Simon Schwob Memorial Library provides online access to more than 100 data bases and to over 500 electronic full-text journals, including nursing journals.

Three off-campus centers provide unusual learning environments for CSU students and for the region's school children and residents. The *Oxbow Meadows Environmental Learning Center* is a living laboratory where students of all ages can observe and study nature. CSU's *Coca-Cola Space Science Center* houses a Challenger Learning Center, a planetarium theater that is technologically one of the best in the nation, and the Mead Observatory. CSU's nationally renowned Schwob School of Music and the Art and Theater programs are located in state-of-the-art performing arts facilities at the *River Center* uptown campus.

Columbus State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, educational specialist degrees and the recently instituted Doctor of Education degree.

School of Nursing History

The School of Nursing is housed in Illges Hall with administrative offices located on the third floor as well as faculty offices, classrooms and conference rooms located on first, second and third floors. The school facility includes the administrative suite, three large (100 seat) media-equipped classrooms, a faculty conference room, a student conference room, individual private faculty offices, a faculty/staff lounge, two campus labs containing a total of 17 beds, a computer lab containing 24-student stations & one instructor station, a Student Nurses

Association office, and the Pi Beta chapter of Sigma Theta Tau office. Space on the ground floor has been renovated to house the graduate program planned for the future and includes a conference room, computer lab (eight stations) and three faculty offices.

Columbus State University first offered a nursing program of study at the associate degree level in 1967. The program was established as a Department of Nursing under the governance of the Academic Dean. This program was fully accredited by the National League for Nursing Accreditation Commission (NLNAC) until its closure in 2001.

The Board of Regents of the University System of Georgia granted provisional approval establishment of a baccalaureate nursing program in 1983. The first BSN class was admitted in the fall of 1984. The NLNAC program evaluation visit for initial accreditation of the baccalaureate nursing program took place in November, 1986. A full eight years accreditation was granted by NLNAC in March, 1987. The associate degree and baccalaureate degree programs were both in place until the associate degree program closed in 2001.

For many years, the Department of Nursing was an academic unit within the College of Science. In spring 2009, the Department of Nursing became a School of Nursing, a structure better suited to the growth of the undergraduate program and development of a graduate program in nursing. In summer 2009, the CSU administration undertook a swift reorganization of the entire university and collapsed six colleges into four. The School of Nursing as well as Department of Health Science was moved to the College of Education, which was renamed the College of Education and Health Professions. The current organizational chart is provided at the conclusion of this introduction.

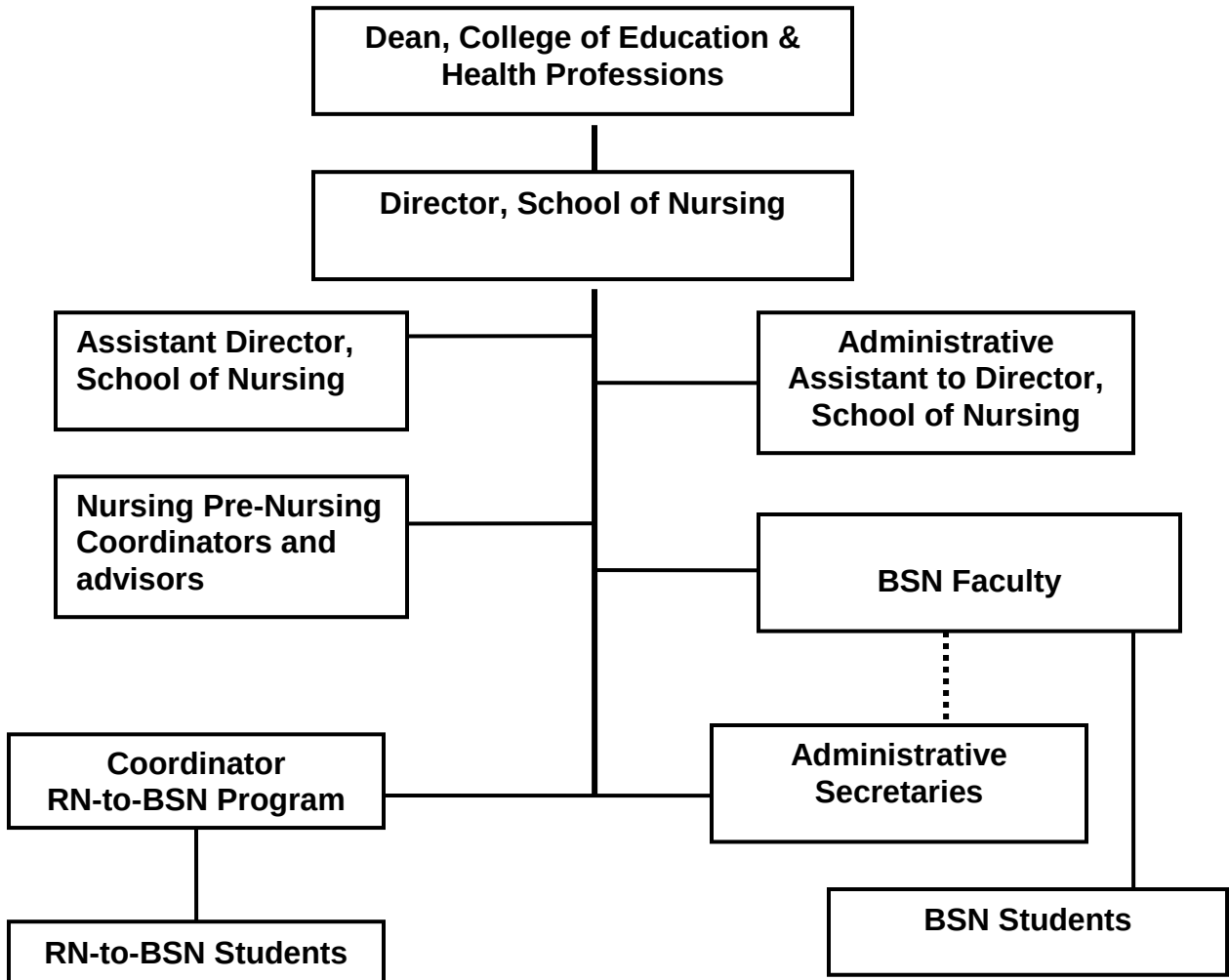
Since 2002, BSN program enrollment has tripled as a result of efforts to increase the number of nursing graduates to help alleviate an unprecedented national and local nursing shortage. In 2008, the graduation rate increased to over 80%, in large part due to a ground-roots faculty led Nursing Student Success Program.

The Bachelor of Science in Nursing program has full approval by the Georgia Board of Nursing, who last conducted a site visit and evaluation April 2008 (Appendix A). It is also accredited by the National League for Nursing Accrediting Commission through December 2010. The program is in the process of seeking national accreditation through the Commission on Collegiate Nursing Education (CCNE).

Georgia Board of Nursing
237 Coliseum Drive
Macon, GA 31217-3858
Telephone: (912) 207 1640
www.sos.state.ga.us/ebd-rn

National League for Nursing Accrediting Commission
61 Broadway – 33rd Floor
New York City, NY 10006
Telephone: 800-669 1656 Extension 153
www.nlnac.org

School of Nursing Organizational Chart Fall 2009



Faculty and Administration Roster: Spring 2010

Dr. David Rock	Professor and Dean, College of Education & Health Professions
Dr. June Goynes	Professor and Director, School of Nursing
Dr. Sheri Noviello	Professor and Assistant Director, School of Nursing

Faculty

Dr. Rhonda Hollis	Professor
Ms. Jean Arrighi	Associate Professor
Ms. Elizabeth Frander	Associate Professor (in DNP program)
Ms. Amanda Hawkins	Associate Professor
Ms. Gail Jones	Associate Professor (in DNP program)
Ms. Therese Lahnstein	Associate Professor (in EdD program)
Ms. Noreen McDonough	Associate Professor (in PhD program)
Ms. LaTonya Santo	Associate Professor (in EdD program)
Dr. Cheryl Smith	Associate Professor
Ms. Tammy Condrey	Assistant Professor
Ms. Sherika Derico	Assistant Professor
Ms. Carlie Frederick	Assistant Professor
Ms. Stephanie Lewis	Assistant Professor
Ms. Mimi Merriman	Assistant Professor
Ms. Dell Miller	Assistant Professor

Part-Time Faculty

Ms. Sarah Angermuller, MSN, Class & Clinical Instructor (Professor Emeritus)
 Ms. Bobbie Hunter, MSN, Clinical Instructor
 Ms. Sally Richter, MSN, Clinical Instructor
 Ms. Julie Starr, MSN, Clinical Instructor
 Ms. Wanda Street, MSN, Clinical Instructor
 Ms. Katrina Blocker, BSN, Clinical Instructor
 Ms. Mandy Bowden, BSN, Clinical Instructor
 Mr. Mike Hill, BSN, Clinical Instructor
 Ms. Rebecca Huggins, BSN, Clinical Instructor
 Ms. Tonya Kemper, BSN, Clinical Instructor (in MSN program)
 Ms. Annie Lewis, BSN, Clinical Instructor
 Ms. Marie McIntosh, BSN, Clinical Instructor
 Ms. Leslie Painter, BSN, Clinical Instructor (in MSN program, will graduate May 2010)
 Ms. Rachel Posey, BSN, Clinical Instructor
 Ms. Anne Rigdon, BSN, Clinical Instructor
 Ms. Mindy Scheible, BSN, Clinical Instructor

Pre-Nursing Coordinators

Ms. Judy Davidson, MSN, Pre-nursing Coordinator (Professor Emeritus)
 Ms. Joanne Warden, MSN, Pre-nursing Coordinator

Administrative Staff

Ms. Birgit Gatlin, Administrative Assistant
 Ms. Kim Riley, Administrative Secretary
 Ms. Shannon Probst, Administrative Secretary

The University System of Georgia (USG) has recently completed a review and revision of the core curriculum guidelines for all USG institutions. *“The (USG) Committee found a clear desire for two goals that are in tension: ease of transfer and institutional flexibility to develop cores that fit their unique missions. In addition, the current grave economic context means that any changes to the core must not impose any significant additional costs on institutions”* (<http://core.usg.edu/uploads/CorePolicy2009-09-23.pdf>). Specific changes will be discussed in this report.

The BSN curriculum has undergone a thorough review and revision over the past two years, which is discussed in detail later in this report. Fall 2009, the junior level of the revised curriculum was implemented with the incoming junior level students, while the last iteration of the previous senior year was still in place for student who were admitted fall 2008. The revised senior year courses will be taught for the first time beginning fall 2010 and the first class under the revised curriculum will graduate spring 2011. Both the pre-revision and the revised BSN curriculum schema are provided below. Note that the numeric annotation (eg 3-6-5) following each course provides the following information:

- first digit is number of classroom hours
- second digit is the number of clinical hours (3 clinical hours = 1 academic credit)
- third digit is the number of credit hours awarded for the course

Appendix Q contains a brief glossary of terms and abbreviations unique to the institution, state or region.

BACCALAUREATE NURSING PROGRAM
CURRICULUM SCHEMA: REGULAR STUDENT (PRE-REVISION)

Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
ENGL 1101	3-0-3	ENGL 1102	3-0-3
MATH (Area A Math Elective) 3-0-3		CHEM 1152	3-0-3
HUMANITIES (Area C Elective)	3-0-3	CHEM 1152L	0-2-1
CHEM 1151	3-0-3	COMM 1110	3-0-3
CHEM 1151L	0-2-1	FINE ARTS (Area C Elective)	3-0-3
PHED 1205	1-2-2	HIST 2111 or 2112	3-0-3
TOTAL CREDITS = 15		TOTAL CREDITS = 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
BIOL 2221	3-2-4	BIOL 2222	3-2-4
POLS 1101	3-0-3	PSYC 1101	3-0-3
WORLD CULT. (Area E)	3-0-3	PEDS	0-2-1
STATS 1127	3-0-3	BIOL 2225	3-2-4
BEHAVIOR SCI.(Area E Elective)	3-0-3	*ITDS, Foreign Language, or Lib 1-0-1	
		**Science/Math/Technology	3-0-3
TOTAL CREDITS = 16		TOTAL CREDITS = 16	

Article I. Upper Division Course Requirements - Total Credits: 60

JUNIOR FALL SEMESTER		SPRING SEMESTER	
NURS 3275	6-8-8	NURS 3277	8-12-12
NURS 3276	2-3-3	NURS 3279	3- 0- 3
NURS 3175	4-0-4	NURS 3176	2- 0- 2
TOTAL CREDITS = 15		TOTAL CREDITS = 17	
SENIOR FALL SEMESTER		SPRING SEMESTER	
NURS 4175	3-0-3	NURS 4177	4-0-4
NURS 4280	7-12-11	NURS 4279	4-9-7
		NURS 4377	0-9-3
TOTAL CREDITS = 14		TOTAL CREDITS = 14	

Degree: BS in Nursing

Non-Nursing: 63
Nursing: 60
Total Credits: 123

* (Area B) Institutional Options
** (Area D) Science/Math/Technology

AREA A ESSENTIAL SKILLS Req. Hours:9	COURSE TAKEN	AREA F – COURSES TO MAJOR Req. Hours: 18	COURSE TAKEN
English Composition I	ENGL 1101	Human A & P 1	BIOL 2221
English Composition II	ENGL 1102	Human A & P 2	BIOL 2222
MATH		Microbiology for the Health Sciences	BIOL 2225
AREA B INSTITUTIONAL OPT Req. Hours:4		Introduction to General Psychology	PSYC 1101
Communications	COMM 1110	Introductory Statistics	STATS 1127
LEAD or LIBR or ITDS or Foreign Language		AREA G PROGRAM REQUIREMENTS Req. HRS: 60	
AREA C HUMANITIES/FINE ARTS Req. Hours:6		Foundations of Nursing Practice	NURS 3275
Fine Arts		Intro to Health Assessment and Wellness	NURS 3276
Humanities		Pharmacology in Nursing	NURS 3175
AREA D SCIENCE/MATH/TECH Req. Hours:11		Basic and Therapeutic Nutrition	NURS 3176
Survey of Chemistry 1	CHEM 1151	Advanced Nursing Practice	NURS 3277
Survey of Chemistry 1 Lab	CHEM 1151L	Applied Pathophysiology	NURS 3279
Survey of Chemistry 2	CHEM 1152	Nursing Research	NURS 4175
Survey of Chemistry 2 Lab	CHEM 1152L	Community & Family Nursing	NURS 4280
SCIENCE/MATH/TECHNOLOGY		Leadership in Nursing	NURS 4177
AREA E SOCIAL SCIENCES Req. Hours:12		Complex Care in Nursing Practice	NURS 4279
History	HIST 2111 <u>or</u> HIST 2112	Senior Preceptorship	NURS 4377
Government	POLS 1101		
World Cultures		Total Hours Required = 123	
Behavioral Sciences			
WELLNESS REQUIREMENT Req. Hours:3			
Concepts of Fitness	PHED 1205		
Select any <u>one</u> PEDS course			

CURRICULUM SCHEMA: REGULAR STUDENT (REVISED 2009)
Pre-nursing: Lower Division Course Requirements - Total Credits: 63

FRESHMAN FALL SEMESTER		SPRING SEMESTER	
ENGL 1101	3-0-3	ENGL 1102	3-0-3
MATH (Area A Math Elective)	3-0-3	CHEM 1152	3-0-3
HUMANITIES (Area C Elective)	3-0-3	CHEM 1152L	0-2-1
CHEM 1151	3-0-3	COMM 1110	3-0-3
CHEM 1151L	0-2-1	FINE ARTS (Area C Elective)	3-0-3
PHED 1205	1-2-2	HIST 2111 or 2112	3-0-3
TOTAL CREDITS = 15		TOTAL CREDITS = 16	
SOPHOMORE FALL SEMESTER		SPRING SEMESTER	
BIOL 2221	3-2-4	BIOL 2222	3-2-4
POLS 1101	3-0-3	PSYC 1101	3-0-3
WORLD CULT. (Area E)	3-0-3	PEDS	0-2-1
STAT1127	3-0-3	BIOL 2225	3-2-4
BEHAVIOR SCI.(Area E Elective)	3-0-3	*ITDS, Foreign Language, or LIBR	1-0-1
		**Science/Math/Technology	3-0-3
TOTAL CREDITS = 16		TOTAL CREDITS = 16	

Article II. Upper Division Course Requirements - Total Credits: 60

JUNIOR FALL SEMESTER		SPRING SEMESTER	
NURS 3111	1-0-1	NURS 3112	2-0-2
NURS 3275	5-9-8	NURS 3277	7-11-10
NURS 3276	1-3-2	NURS 3279 (online)	3-0-3
NURS 3175	4-0-4	TOTAL CREDITS = 15	
TOTAL CREDITS = 15			
SENIOR FALL SEMESTER		SPRING SEMESTER	
NURS 4175 (online)	3-0-3	NURS 4112	2-0-2
NURS 4111	2-0-2	NURS 4279	7-11-10
NURS 4280	7-11-10	NURS 4377	0-9-3
TOTAL CREDITS = 15		TOTAL CREDITS = 15	

Degree: BS in Nursing

Non-Nursing: 63

Nursing: 60

Total Credits: 123

* (Area B) Institutional Options
 ** (Area D) Science/Math/Technology

AREA A ESSENTIAL SKILLS Req. Hours:9	COURSE	AREA F – COURSES TO MAJOR Req. Hours: 18	COURSE
English Composition I AND II	ENGL 1101, 1102	Human A & P 1 AND Human A & P 2	BIOL 2221, 2222
MATH		Microbiology for the Health Sciences	BIOL 2225
AREA B INSTITUTIONAL OPT Req. Hours:4		Introduction to General Psychology	PSYC 1101
Communications	COMM 1110	Introductory Statistics	STAT 1127
LEAD or LIBR or ITDS or Foreign Language		AREA G PROGRAM REQUIREMENTS Req. HRS: 60	
AREA C HUMANITIES/FINE ARTS Req. Hours:6		Professional Clinical Nursing I	NURS 3275
Fine Arts		Introduction to Health Assessment and Wellness	NURS 3276
Humanities		Pharmacology in Nursing	NURS 3175
AREA D SCIENCE/MATH/TECH Req. Hours:11		Professional Development Perspectives I	NURS 3111
Survey of Chemistry 1	CHEM 1151	Professional Clinical Nursing II	NURS 3277
Survey of Chemistry 1 Lab	CHEM 1151L	Professional Development Perspectives II	NURS 3112
Survey of Chemistry 2	CHEM 1152	Applied Pathophysiology	NURS 3279
Survey of Chemistry 2 Lab	CHEM 1152L	Evidence-Based Practice (online)	NURS 4175
SCIENCE/MATH/TECHNOLOGY		Professional Development Perspectives III	NURS 4111
AREA E SOCIAL SCIENCES Req. Hours:12		Professional Clinical Nursing III	NURS 4280
History	HIST 2111 <u>or</u> 2112	Professional Development Perspectives IV	NURS 4112
Government	POLS 1101	Professional Clinical Nursing IV	NURS 4279
World Cultures		Senior Preceptorship	NURS 4377
Behavioral Sciences			
WELLNESS REQUIREMENT Req. Hours:3			
Concepts of Fitness AND any <u>one</u> PEDS course	PHED 1205	Total Hours Required = 123	

AACN Standards for Accreditation of Baccalaureate Degree Nursing Programs

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.

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 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.

Program Response:

The nursing program's mission statement and expected student outcomes are published on the Columbus State University (CSU) nursing website (<http://nursing.colstate.edu/>), in the CSU catalog online and print versions (http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp) and in the BSN Student Handbook (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc>) thus is accessible to all current and prospective students.

In June 2009, both the School of Nursing and Baccalaureate of Science in Nursing (BSN) Program mission statements, as well as the BSN program outcomes, (<http://nursing.colstate.edu/>) were updated for consistency with the CSU mission, goals and objectives which had been revised and approved spring 2009 under a new university president (http://www.colstate.edu/aboutcsu/strategic_plan.asp). Both the CSU and School of Nursing

mission statements emphasize academic excellence, learner centered teaching, creative inquiry, student engagement, leadership, service, and life-long learning. The BSN program mission statement provides its specific mission within these broad areas for the educational preparation of professional nurse generalists (<http://nursing.colstate.edu/>). The BSN program philosophy / organizing framework (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc> pages 18-21; Appendix F) was evaluated and updated to better support the new mission statement and enable the new program outcomes. National standards used by the program were reviewed and updated. The decision was made to pursue accreditation by the Commission on Collegiate Nursing Education (CCNE), thus their standards for accreditation for baccalaureate nursing programs replaced the previously used National League for Nursing Accrediting Commission (NLNAC) accreditation standards. Table 1 provides a list of standards reviewed and either retained or added for incorporation into the revised curriculum.

Table 1 National Standards for BSN Program

Standard	Access
CCNE Standards for Accreditation of Baccalaureate Degree Nursing Programs (2010)	http://www.aacn.nche.edu/accreditation/pdf/standards09.pdf
Georgia Board of Nursing (GBN) standards (GBN Rules and Regulations, Chapter 410-3, 2009)	http://rules.sos.state.ga.us/cgi-bin/page.cgi?q=GEORGIA_BOARD_OF_NURSING%2FNU RSING_EDUCATION_PROGRAMS%2Findex.html&d=1
AACN Baccalaureate Essentials (2008)	http://www.aacn.nche.edu/Education/bacessn.htm
Quality and Safety Education for Nurses (QSEN) standards	http://www.qsen.org/
ANA Standards of Nursing Practice and Standards of Professional Performance (2004)	Table 2, ANA Standards 2004
NCLEX-RN Test Plan	https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf

Table 2 ANA Standards 2004

ANA Standards of Care	
Standard	Definition
Standard I. Assessment	The nurse collects patient health data
Standard II. Diagnosis	The nurse analyzes the assessment data in determining diagnoses
Standard III. Outcome Identification Standard IV. Planning	The nurse identifies expected outcomes individualized to the patient The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
Standard V. Implementation	The nurse implements the interventions identified in the plan of care.
Standard VI. Evaluation	The nurse evaluates the patient's progress toward attainment of outcomes.

<u>ANA Standards of Care</u>	
Standard	Definition
<u>ANA Standards of Professional Performance</u>	
Standard I. Quality of Care	The nurse systematically evaluates the quality and effectiveness of nursing practice.
Standard II. Performance Appraisal	The nurse evaluates one's own nursing practice in relation to professional practice standards and relevant statutes and regulations.
Standard III. Education	The nurse acquires and maintains current knowledge in nursing practice.
Standard IV. Collegiality	The nurse interacts with and contributes to the professional development of peers and other health care providers as colleagues.
Standard V. Ethics	The nurse's decisions and actions on behalf of patients are determined in an ethical manner.
Standard VI. Collaboration	The nurse collaborates with the patient, family and other health care providers in providing patient care.
Standard VII. Research	The nurse uses research findings in practice.
Standard VIII. Resource Utilization	The nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.

American Nurses Association (ANA) Scope and Standards of Nursing Practice, 2004

Table 3 gives examples of how the BSN program outcomes and philosophy / organizing framework concepts are congruent with QSEN competencies. During the most recent GBN site visit and evaluation, the CSU Baccalaureate Nursing Program was fully re-approved with ten commendations and no recommendations (Appendix A).

Table 3 Congruency of BSN Program and Selected Standards

BSN Program Outcomes	QSEN Competencies	BSN Program Concepts
Nurse generalist	Patient centered care; Teamwork & collaboration; EBP; Quality Improvement Safety ; Informatics	Individuals: unique, dynamic – physical, psychological, social, cultural, behavioral, ethical, developmental and spiritual variables. Nursing: concerned with human responses to health issues in a variety of settings
Liberal arts education	Teamwork & collaboration; EBP; Informatics	Nursing: practice in diverse, complex, ever-changing, global environments Nursing Education: Liberal arts education
Safe, patient centered care	Patient centered care; Safety	Health: physical, mental, social well-being Nursing: design & promote safe, cost effective, quality patient care

BSN Program Outcomes	QSEN Competencies	BSN Program Concepts
Optimal patient outcomes	Patient centered care; Teamwork & collaboration; EBP; Safety; Informatics	Nursing: assist individuals to maximize their independence and quality of life...promote, restore or maintain health...support a peaceful death.
Quality improvement process	Quality Improvement; Teamwork & collaboration; EBP; Safety	Nursing: implement measures for health promotion and risk reduction
Evidence based practice	Patient centered care; EBP; Safety	Nursing: practices from an evidence base Nursing Education: evidence based practice
Clinical decision making	Patient centered care; Teamwork & collaboration; EBP; Safety; Informatics	Critical thinking as foundation for professional judgment, decision making and problem solving
Communication and collaboration	Patient centered care; Teamwork & collaboration; Informatics	Individuals: interact with each other; Nursing: nurse patient partnerships for mutual planning of care and health care decision making Nurse Roles: provider of care - teamwork and collaboration
Interdisciplinary health care team	Teamwork & collaboration	Nurse Role: designer of care – nurse functions autonomously and interdependently within the health care team
Information technology	Informatics	Nurse Role: provider of care – professional knowledge, skills and attitudes related to ... informatics.
Leadership	Patient centered care Teamwork & collaboration	Nurse Role: provider, designer of care – knowledge, skills and attitudes related to ... organization, delegation, supervision and leadership
Nursing roles	Patient centered care Teamwork & collaboration EBP Safety Informatics	Nurse Roles: provider of care, designer/manager/coordinator of care, member of profession

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 BSN Program Evaluation Plan (Appendix C) specifies the triggers, which are either time frame or an event) to review and evaluate the need for revision of the BSN mission, goals and expected student outcomes. These triggers include a) every three years, b) institution change of mission / vision / goals, or c) change in nursing program. Table 4 outlines the defined process and the results within the past three years.

Table 4 Mission, Philosophy, Program Outcomes Review Results 2007-2009

Document Location	Responsible Party	Assessment Time / Frequency	Assessment Method / Benchmark	Assessment Data / Results
CSU Catalog, BSN Student Handbook, BSN website	Chair, Curriculum Committee	Every 3 years OR if CSU mission, philosophy, or goals change OR if nursing program changes.	Review & revise for consistency with currency: • CSU mission / vision / goals • GBN Rules and Regulations • Accreditation standards NLNAC (through 2009) • NCLEX-RN test plan. Nursing practice standards: • ANA Nursing Scope & Standards for Practice • AACN Baccalaureate Essentials • QSEN competencies (adopted 2009)	2007 - CSU developed new mission / vision / goals AND NCSCN implemented new NCLEX-RN test plan spring 2007. BSN Program mission, philosophy, organizing framework and program outcomes were updated with emphasis on better incorporating outcomes for nurse in 21 st century. Curriculum map was updated and major curriculum review & revision begun. 2009 New CSU mission and strategic goals were approved spring 2009. June 2009, School of Nursing adopted QSEN competencies as basis for revised program outcomes. BSN philosophy and organizing framework reviewed and combined.

The needs and expectations of the community of interest (Table 5 Community of Interest) have also been incorporated into all reviews and revisions, primarily through the CSU School of Nursing Advisory Board (http://nursing.colstate.edu/nursing_advisory_board.asp). In addition to discussions in board meetings, two advisory board members have served on the BSN Curriculum Committee (Ms Aleta Henderson, Doctors Hospital and Ms Jill Hiers, St Francis Hospital) and have provided significant insights and contributions to the curriculum revisions made in the past two years. Most noteworthy recommendations include quality improvement

and risk management processes, QSEN competencies, and Joint Commission National Safety Standards.

Table 5 Community of Interest

Specific Community of Interest	Definition
Current and Future Students	Student currently enrolled in nursing courses, pre-nursing students, and potential students
Faculty	Nursing faculty members, full and part time
University	University faculty members and administration
Alumni	Past graduates of the CSU nursing program.
Parents / Family	Parents, spouses and significant others of current nursing students
Employers	Facilities and organizations that employ CSU nursing graduates
Advisory Board Members	Membership is representative of the community and employment market who are impacted by, and impact, the CSU nursing program.

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.

Program Response:

The School of Nursing has defined outcomes for faculty members in the areas of *teaching, scholarship, and service* ... the areas required by CSU (<http://faculty.colstate.edu/handbooks/ftfac/100.asp#107.1>) and the University System of Georgia. Nursing faculty outcome standards are clearly stated in the School of Nursing Faculty Performance Standards (Appendix H), along with defined levels for “*successful*” and for “*meritorious*” performance. Failure to meet the “*successful*” benchmark results in a “*needs improvement*” (*unsuccessful*) rating.

Because CSU is first and foremost a teaching university, individual faculty members are expected to meet most of the “*meritorious*” benchmarks in the area of teaching. In addition, they are expected to reach “*meritorious*” benchmarks in one of the other areas, scholarship or service. The second area chosen for “*meritorious*” performance may change from rating period to rating period, depending on preference of the faculty member. This is discussed in annual performance evaluation meetings between each faculty member and the Director, School of Nursing.

“*Meritorious*” ratings are earned based upon time commitment and clear evidence of a positive impact rather than number of activities. These standards were developed by nursing

faculty members in the current format in 2003 and have been reviewed by the faculty annually and updated since that time in 2005, 2008, and 2009.

The CSU School of Nursing defines scholarship based upon the Boyer Model of Scholarship. Scholarship so defined includes activities that contribute to a) enhancing one's own professional knowledge, skills and abilities in teaching and clinical practice, b) the application & evaluation of creative evidence based educational strategies, or c) the sharing or discovery of new knowledge. These activities advance the evidence based practice of teaching and nursing through inquiry that a) is significant to nursing, 2) is creative, 3) can be documented, 4) can be replicated and elaborated, and 5) can be peer-reviewed through various methods (Adapted from Boyer,1990). This is congruent with the definition of scholarship in nursing approved by the AACN membership in 1999

(<http://www.aacn.nche.edu/publications/positions/scholar.htm>). Because nursing is a *"profession committed to both social relevance and scientific advancement"*, it should move *"beyond an exclusive focus on traditional and narrowly defined research as the only legitimate avenue to further the knowledge of the discipline and to obtain rewards for the professorial performance"* (AACN, 1999).

The current CSU administration is requiring a re-definition of criteria for promotion and tenure in all disciplines on campus. The directive has implications for a more focused definition of scholarship and service. As recommended by the Dean, College of Education and Health Professions, nursing faculty members immediately (December 2009) began a discussion of the new expectations and how the standards and values of nursing can be incorporated into new criteria that will be accepted at all administrative levels. This process will resume in spring 2010. Nursing faculty wish to redefine the value of "service" and fully incorporate evidence based practice into the definition of "scholarship" valued for promotion and tenure.

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 enable meaningful participation.

Program Response:

Nursing faculty members actively participate in program governance, but during this self study process it was discovered that student participation was inadequate. Investigation revealed that this was likely due to student membership on only one nursing committee and that the role of the students' participation was not clearly defined. Thus, a guideline for student

participation was developed in fall 2009 and approved in January 2010 (Appendix I). All students were oriented to this guideline, student representatives were named, and they will begin serving on the specified committees in spring 2010. This guideline will be included in the BSN Student Handbook 2010-11. The table below outlines the major avenues of faculty and student participation in self governance and some of the goals of that participation.

Table 6 Faculty and Student Participation in Program Governance

FACULTY / STUDENT	AVENUE OF PARTICIPATION	ROLES	GOAL
Faculty Roles (appointed)	Assistant Director Level Coordinator Course Coordinator Committee Chairs	Job / Role descriptions Appendix J	Clarify Faculty member awareness of role. Orient new faculty.
Faculty (appointed)	Program Leadership Team (Director, Asst Director, Level Coordinators, Program Evaluation Chair, Curriculum Chair) (minutes on secure p-drive)	Discuss issues requiring immediate decisions needing some faculty input. Refer issues to appropriate faculty committees when possible.	Team was formed & began meeting in Jan 2009
Faculty (all) and Student Representatives: Elected class representatives	Faculty meetings monthly (minutes on secure p-drive)	Active participation and contributions to decisions impacting all areas of the program.	Faculty are active but students rarely attend – when do attend, usually just provide list of complaints or requests, then leave. Action: <i>Developed guidelines for student participation in program governance published in January 2010.</i>
Faculty: Appointed Student: Appointed by committee (added Jan 10)	Curriculum Committee (minutes on p-drive)	Develop, evaluate and coordinate implementation of a curriculum that is based on current standards and is consistent throughout the program to enable achievement of program outcomes.	Complete curriculum review and revision 2007-2009 by this committee. Junior level implemented fall 2009; senior level to be implemented fall 2010 (detailed planning in progress). RN-to-BSN Program curriculum to be revised to reflect new curriculum in online format to begin fall 2010.
Faculty: Appointed Student: Appointed by committee (added Jan 10)	Program Evaluation Committee (minutes on p-drive)	Develop, evaluate and coordinate implementation of the Program Evaluation Plan. Aggregate data and provide to appropriate committees or bodies for decisions for program improvement.	Active faculty and student participation in program improvement.

FACULTY / STUDENT	AVENUE OF PARTICIPATION	ROLES	GOAL
Faculty non appointed (volunteer to serve)	Student Success Committee (minutes on p-drive)	Develop, implement, evaluate, and revise program to support student success, especially those at risk for failure.	Increase student retention rates, graduation rates and Nursing Exit Exam pass rates.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission 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.

Program Response:

All information related to the School of Nursing is kept accurate and current. Information is reviewed, updated and published online and/or in print as described in the table below. When changes are made in documents or publications, constituents are notified via email, faculty-student meetings, web-site announcements, and/or printed memoranda. Examples can be found at these web links:

- Admission Exam Changes:
<http://nursing.colstate.edu/Admission%20Exam%20Flyer%20Fall%202010.doc>
- Invitation to Provide Comments to CCNE:
<http://nursing.colstate.edu/Nursing%20CCNE%20Accreditation%20Flyer.doc>
- H1N1 Updates: <http://nursing.colstate.edu/H1N1.asp>

Table 7 Information Distribution Methods

Document / Publication	Information	Review / Distribution
CSU Catalog http://academics.colstate.edu/catalogs/index.asp CSU Nursing Website http://nursing.colstate.edu/	Nursing program offerings Nursing program outcomes Nursing accreditation/approval status CSU academic calendar Admission criteria and procedures Degree completion requirements Tuition and fees	Annual update OR when changes occur CSU catalog hard copy not available only on request
CSU BSN Handbook (print and online) http://nursing.colstate.edu	Nursing program offerings Nursing program mission, philosophy, outcomes Nursing accreditation/approval status	- Updated each summer - Hard copy distributed to students each fall

Document / Publication	Information	Review / Distribution
u/Student%20Handbook%202009-2010.doc	Admission criteria and procedures Grading policies Progression policies Degree completion requirements Expected expenses for nursing students (Numerous other policies and procedures)	Posted online
BSN Course Requirements http://nursing.colstate.edu/info.asp	NOTE: Reflects junior level of revised curriculum and senior level of previous curriculum.	- Updated when changes made - Given to each pre-nursing student during advising - Posted in BSN Student Handbook
CougarView Senior Student Website (password protected)	Procedures for initial licensure by examination	Updated each spring OR when changes are made

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.

Program Response:

School of Nursing faculty members participate in the development and approval of policies and procedures through the Nursing Faculty Committee, Nursing Curriculum Committee, Nursing Program Evaluation Committee and other smaller committees and task forces. School of Nursing policies and procedures are congruent with those of CSU with the exception of those required by the School of Nursing to protect patient safety and prepare graduates for success on the licensing examination as well as in clinical practice. School of Nursing policies and procedures are published in the CSU catalog (online http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing and print), the CSU SON website (<http://nursing.colstate.edu/>) and the CSU BSN Student Handbook (<http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc>). The CSU online catalog is updated periodically throughout the year and the print catalog is updated annually. The nursing

updates, which reflect the revised nursing curriculum, have been submitted for the CSU online and next print (2010-11) catalogs. Table 8 summarizes examples of the policies and procedures that are different or more stringent than those of CSU with rationale.

Table 8 Nursing Specific Policy Decisions with Rationale

Nursing Policy / Procedure	Rationale
Admission Requirements • Minimum nursing GPA 2.75 (2007) • Fail & repeat no more than one science course within 5 year period (2008) • Nursing admission exam (HESI A2) (2008) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing	Admission standards higher than the institution are required to select the students most likely to be successful in the nursing program. Seats are limited and the need for graduates is high. • Evidence has shown that GPA and science course grades are predictors of success in nursing programs. • History at CSU had shown that students who failed from the program had a nursing GPA at barely above minimum and/or had failed and repeated sciences multiple times before passing. • Most other nursing programs in the state were using admission exams and reported that they were a benefit in helping identify those students who had the best chance of successfully completing the nursing program. Only the A2 reading and math scores are considered because 1) pre-nursing students may take the exam prior to completing all sciences, 2) scores on the vocabulary portion of the test have not correlated with other scores (some students have not had sciences when the admission test is taken, thus do not score as well on vocabulary) Reading and math scores correlate with student success.
Progression policy Nursing student may fail & repeat only one nursing course and must repeat it when it is next offered OR at the time advised. Second failure results in student becoming ineligible to return to this program (1986) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing	Nursing students who cannot pass nursing courses in one attempt have historically had difficulty in meeting graduation requirements and passing the licensing exam if they do graduate. Because life events can be a one-time factor in a failing grade, and because historically there have been nursing students who failed one course and returned to be very successful in the program...CSU nursing students are allowed to repeat one nursing course if failed.
Essential Skills and Performance Standards (last updated 2009) http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing (scroll down the page)	The BSN program mission is to prepare nurse generalists who demonstrate basic competence in all areas of professional nursing practice. The Essential Skills and Performance Standards statement outlines basic skills and behaviors required for participation and progression in the baccalaureate nursing programs at Columbus State University. These standards include intellectual / cognitive, observation, interpersonal / communication, motor, and behavioral functions. The ability to assess and observe, plan, implement, and evaluate nursing care for a patient in a reasonably independent manner is an expectation of the School of Nursing in order to protect patient safety and provide competent general nursing care.
Evaluation and Grading Policies (BSN Student Handbook)	Grading policies in nursing were developed to set benchmarks associated with success on the NCLEX-RN exam as well as in clinical practice.

Nursing Policy / Procedure	Rationale
(http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc), Course syllabi) 75% is the minimum grade for passing a nursing exam or course. To pass a nursing course, ALL requirements must be met: • Minimum 75% course exam grade average (when all exams are averaged) AND • Passing Clinical Performance Evaluation AND • Minimum 75% course grade average	• Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure, which reflect knowledge and clinical decision making ability. • Students must demonstrate a basic ability to transfer and apply knowledge and skill to actual clinical situations in order to protect patient safety and meet legal standards of nursing practice. They must be able to “think on their feet”. • Passing course grade reflects at least a basic level of ability in nursing knowledge / clinical decision making (exams) and clinical practice (clinical). Non-exam assignment points allow students the opportunity to earn points in a variety of ways other than by exams and can raise a passing student’s grade OR lower a passing student’s grade to failing, BUT cannot raise a failing student’s grade to passing.
Calculations Exams (BSN Student Handbook (http://nursing.colstate.edu/Student%20Handbook%202009-2010.doc))	To protect patient safety by prevention of medication errors related to miscalculation of dosages.
Nursing Exit Exam (BSN Student Handbook; http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing)	To prepare students for success on the NCLEX-RN licensing exam before they graduate from the program.
Pre-clinical Requirements of Health Care Facilities (http://academics.colstate.edu/catalogs/2009-2010/college_cos.asp#nursing)	To protect patient safety (same as employee requirements): Criminal background check, Immunizations & TB skin testing BCLS certification, Professional liability insurance, Health insurance or health insurance waiver with notarized signature.

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.

Program Response:

The School of Nursing established a policy defining formal complaints which was last updated in 2009 (Appendix K). The policy outlines the procedures to be followed to investigate and resolve such complaints. A summary of formal complaints, actions taken and resolutions is available in the School of Nursing office.

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.

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.

Program Response:

The fiscal and physical resources are reviewed annually by the director and at the fall Nursing Strategic Planning Retreat where needs are identified and solutions are incorporated into strategic goals. During the past eight years, the School of Nursing has grown from 35 to 98 admissions per year supported by state grants, matching community hospital partner contributions, and institutional funding. Table 9 summarizes School of Nursing Funding for FY 2008-10 extracted from CSU online ledgers. Table 10 outlines strategic goals & outcomes related to fiscal and physical resources 2002-10. Appendix P contains faculty and staff position numbers and individuals filling them for 2007-08, 2008-09, and 2009-10.

Table 9 Nursing Program Funding Sources (FY 2008–10)

SOURCE	FY 08	FY 09	FY 10 (11/20/09) ½ year	COMMENT
STATE RECURRING				
Personal Services	\$1,384,917	\$1,383,115	\$1,687,818	Added 2 FT positions FY10
Operating Budget	\$ 16,000	\$ 16,000	\$ 15,040	Cut FY10 budget 10% (across campus)
Travel	0	0	0	Explanation below
STATE GRANTS				
USG Nurs Initiative	\$ 270,752	\$ 141,043	0	FY08=2 grants added together FY10 made grant funds recurring state
STUDENT FEES				
Nurs Lab Fees (only)	\$ 14,329	\$ 13,140	NA	\$36/nursing lab course
Nurs Lab/Program Fees	NA	NA	\$ 159,575	Jan09 began \$65/credit hour nursing program fee for each nursing course. Added to lab fee account
Nurs Exam Fees	\$ 70,070	\$ 138,128	\$ 50,748	Pay actual costs
PRIVATE GRANTS				Operations, Equipment, Supplies, Travel, Technology
St Francis Hospital	\$ 25,000	\$ 25,000	\$ 25,000	
CRHS Medical Center	\$ 25,000	\$ 25,000	\$ 25,000	
Doctors Hospital	\$ 25,000	\$ 25,000	\$ 25,000	
CSU GRANTS				
Student Tech Fee Grant	\$ 22,900	\$ 24,000	\$ 26,000	Technology
QEP Grant	\$ 2,000	\$ 2,000	\$ 2,000	Stipends for QEP projects
ENDOWMENTS				
Christophil Fund	\$ 37,000	\$ 35,000	0	Faculty Development (end FY10)
Griffin Fund	\$ 7,500	\$ 25,509	\$ 20,000	Host Professional Workshops
FOUNDATION GIFTS	\$ 19,153	\$ 18,000	\$ 23,000	Equipment
SCHOLARSHIPS	\$			CSU & Foundation Nursing Funds

Travel funds have not been in the nursing budget for the past eight years. Until summer 2008, nursing had approved access to an endowment fund that was used for student scholarships, faculty doctoral study, and faculty professional development and travel. In fall 2008 the will of the deceased donor was re-interpreted and the endowment was limited to only student scholarships. Since that time, limited faculty professional development has been funded by donated private funds and the parent College funds (formerly College of Science, now College of Education and Health Professions). In 2009, the operating budget for every academic unit was reduced by 6% following another state budget cut in funding to USG and its institutions.

Table 10 Fiscal & Physical Resource Goals and Outcomes

GOAL	ACTIONS	OUTCOME
Increase full time nursing faculty salaries in order to recruit & retain	2003 - 1 adjustment (<\$2000 per person), first from grant funds then recurring from state. 2006 - USG Nursing Education Initiative Grant provided \$6,000 annual supplement across the	Beginning salary for 9-month full time faculty contract is now \$52,000 plus \$3500 supplement from nursing program fees paid by students, which brings total to

GOAL	ACTIONS	OUTCOME																				
the best faculty members.	board to 9-month salaries for the grant period 2007-2010. 2009-10 - \$6000 full time faculty grant supplements converted to recurring state funding 1 year early by CSU. January 2009 CSU president added \$65/credit hour program fee to nursing courses, which pays for 75% of the part time faculty and merit-based supplements for full time faculty.	\$55,500 (still well below competitive clinical salaries ranging from \$85,000 to \$95,000). Main reason given for not applying, or for leaving once hired, is salary non- competitive with clinical position salaries that require MSN.																				
Increase funding to support program growth	2002-06: State ICAPP Grant with matching community partner funds. 2006-08: USG Initiative Grant with matching community partner funds. 2007-10: State Nursing Education Task Force grant with matching community partner funds. <table><tr><th>YRS</th><th>GRANT TOTAL</th><th>PARTNERS TOTAL</th><th>GRAND TOTAL</th></tr><tr><td>02-06</td><td>\$556,000</td><td>\$300,000</td><td>\$856,000</td></tr><tr><td>06-08</td><td>\$290,000</td><td>\$150,000</td><td>\$440,000</td></tr><tr><td>07-10</td><td>\$423,000</td><td>\$150,000</td><td>\$573,000</td></tr><tr><td>TOTAL</td><td>\$1,269,000</td><td>\$ 600,000</td><td>\$1,869,000</td></tr></table> 2010-13: Hospital community partners have committed \$200,000 annually for next five (total \$1million over 5 years) to help School of Nursing: 1) maintain expanded BSN program, 2) revise RN-to-BSN track & place online, 3) develop a masters graduate program. State appropriations operating budget remains \$16,000 annually past ten years ... personal services budget increased by 4 full time faculty positions	YRS	GRANT TOTAL	PARTNERS TOTAL	GRAND TOTAL	02-06	\$556,000	\$300,000	\$856,000	06-08	\$290,000	\$150,000	\$440,000	07-10	\$423,000	\$150,000	\$573,000	TOTAL	\$1,269,000	\$ 600,000	\$1,869,000	Streamlined, centralized pre-nursing advising center in School of Nursing staffed by nursing advisors (1.0 FTE) ... increased # of qualified applicants/year from 80 in 2002 to 140-160 per year. Increased admissions from 35 in 2001 to 98 in 2009 supported by the addition of 4 full time faculty positions, 4 part time positions, and a 3rd secretary. Full time faculty positions converted to permanent recurring state funding by 2009, but secretary still funded by soft money due to state budget cuts.
YRS	GRANT TOTAL	PARTNERS TOTAL	GRAND TOTAL																			
02-06	\$556,000	\$300,000	\$856,000																			
06-08	\$290,000	\$150,000	\$440,000																			
07-10	\$423,000	\$150,000	\$573,000																			
TOTAL	\$1,269,000	\$ 600,000	\$1,869,000																			
Acquire funding to update campus lab, classrooms, offices and technology	2002 to 2009 - ICAPP, USG Initiative, Community Funding sources (above) plus CSU Student Technology Fee Grants supported updating facilities & technology. <table><tr><th>Year</th><th>Tech Fee Grant</th><th>Used For</th></tr><tr><td>2006</td><td>\$ 22,900</td><td>SimBaby, Birth Simulator</td></tr><tr><td>2007</td><td>\$ 24,000</td><td>Sounds Tutors(7)</td></tr><tr><td>2008</td><td>\$ 26,000</td><td>Student Response Systems & clickers for 5 classrooms</td></tr></table> Completely remodeled & updated campus lab - Replaced all teaching models, stretchers, beds, equipment; added 3 high-fidelity human simulation manekins, 1 birthing simulator, 2 “Sounds Tutor” labs (heart/breath sounds and EKG simulation); new 7-bed ground floor campus lab. - Staffed campus lab on Fridays for optional student practice and required remediation	Year	Tech Fee Grant	Used For	2006	\$ 22,900	SimBaby, Birth Simulator	2007	\$ 24,000	Sounds Tutors(7)	2008	\$ 26,000	Student Response Systems & clickers for 5 classrooms	Two modern, technology equipped campus labs with fully updated equipment serve total enrollment ~ 190 students. Three large 100-seat media-equipped, internet connected classrooms serve classes ranging in size from 35 to 108. One adult and one infant simulation lab is taught for students on the senior level as a “value added” learning experience. Students practice assessment & are tested in Sounds Tutor labs. Student response system software loaded in classrooms								
Year	Tech Fee Grant	Used For																				
2006	\$ 22,900	SimBaby, Birth Simulator																				
2007	\$ 24,000	Sounds Tutors(7)																				
2008	\$ 26,000	Student Response Systems & clickers for 5 classrooms																				

GOAL	ACTIONS	OUTCOME
	Completely remodeled & updated all classrooms - Teaching stations with computer, video, microphone, ceiling mounted data projectors & projections screens. - Large, adult-sized student desks or chairs at tables. - New carpet, paint, ceiling, floors, furnishings & main office remodeling for efficiency - summer 2005. "Student Response Systems" for 5 classrooms including student "clickers" for current students.	and on faculty desktops fall 2009 ... faculty training pending.
Acquire professional development funding to support program evaluation & quality	2002-09: Endowment fund approved to use for faculty development and program improvement. - Faculty members teaching online required & funded to complete certificate program <i>"Teaching and Learning in Web-based Courses"</i>. - Educated faculty to begin infusing evidence based practice into curriculum beginning 2006. - Selected faculty participated in AACN specialty institutes (geriatric nursing, end of life care, applying for QSEN) to support curriculum/program revision. - Each faculty member allowed up to \$1000 for professional development activities annually. 2009-10: Limited funds for professional development due to reinterpretation of endowment fund guidelines. 2010-15: Hospital community partner funding will restore professional develop support for next five years.	Each nursing course posts course materials online ... many incorporate some online learning modules. Two courses (Evidence Based Practice; Pathophysiology) taught online. Evidence based practice integrated through curriculum; Increased emphasis on geriatrics and end of life care in recent curriculum revision; Program outcomes revised based on QSEN competencies.

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.

Program Response:

The BSN program and its students have access to the wide array of support services available to all students and faculty at Columbus State University and some specific to nursing.

CSU Student Services can be found at these websites: Student Services

(<http://students.colstate.edu/services.asp>), Library (<http://library.colstate.edu/>) Campus Life

Resources (<http://students.colstate.edu/campuslife.asp>), CougarView Course Management

(<https://colstate.view.usg.edu/webct/logonDisplay.dowebct?insId=21194011&glcid=URN:X-WEBCT-VISTA-V1:03128e43-a818-5d85-016b->

ced828b6330a&insName=Columbus%20State%20University), CougarNet email

(<http://cougarnet.colstate.edu/cp/home/loginf>), Financial Aid

(<http://www.colstate.edu/future/cost/pay.asp>), Computer Help

(<http://cins.colstate.edu/studenthelp/>), and International Education (<http://cie.colstate.edu/>). As

called for in the Program Evaluation Plan, these resources are reviewed every two years or more often when issues arise. The table below provides examples of changes made in the past seven years based upon identified needs.

Table 11 Support Resources

Resource / Website	Overview of Services	Changes Based On Need
CSU Schwob Memorial Library http://library.colstate.edu/	The services below provide many options for accessing needed information. Titles are linked to online sites: Course Reserves CSU Campus Transfer Distance Learning GALILEO GIL and GIL Express Interlibrary Loan	Library 2002 –Though nursing books and print journals available, students reported that pages were often torn out) and that interlibrary loan was too slow to be useful. Department of Nursing negotiated with the library to purchase a package of full-text nursing journal subscriptions. Nursing contributed \$1200 which was approximately 25% of the cost. Nursing contributed to payment for this subscription 2002 through 2009, when the library began funding the entire subscription. <u>Ovid Medical Journals</u> – provides 81 full-text journals covering a wide variety of nursing areas (Appendix S). <u>ProQuest Nursing and Allied Health Source</u> - Provides full-text access to over 800 journals about nursing and related areas and to the Joanna Briggs Institute evidence-based resources. Other data based provide online journals, many full text (<u>CINAHL</u>, <u>Health Source & Nursing</u>, <u>Medline</u>.) By working with the College of Science liaison, interlibrary loan processing time was significantly shortened within one year (by 2003).

Resource / Website	Overview of Services	Changes Based On Need
Pre-nursing Student Advising	Two part time (1FTE) former faculty members advise only pre-nursing and nursing students. The advisors have offices in the School of Nursing administrative suite and are supported by secretarial staff.	Nursing Student Advising Prior to 2002 the BSN Program Coordinator advised all pre-nursing and nursing students. In 2002, the ASN program was closed and the BSN program began expanding. It has already been found that pre-nursing students too often were ineligible to apply for the nursing program because they lacked one or two key courses, causing them to wait an entire year to apply. In order to resolve this issue and prepare all students in a more timely manner for application to the nursing program, the centralized nursing advising program was begun. It has grown from 0.5 FTE to 1.0 FTE. The student response has been overwhelmingly positive.
Technology University Information Technology Services http://uits.colstate.edu	UITS A wide variety of support services are available through UITS and are listed at http://uits.colstate.edu/services.asp with links to descriptions of each. NURSING ED TECHNOLOGY • CLASSROOMS: Media equipped (overhead data projector / speakers and instructor kiosk containing computer with internet access, DVD player & microphone) • INTERNET access wireless throughout building • COUGARVIEW: Course management software (used throughout USG) for all nursing courses. • COMPUTERS: Faculty desktops in every office; Laptops available for loan in nursing office; Computer Lab 24-station with instructor kiosk. • HUMAN SIMULATORS high fidelity (2 SimMen, 1 SimBaby) • SOUNDS TUTOR LAB: Audio breath and heart sound simulation and visual EKG rhythm strip simulation at individual student stations.	2002 – Major problems were identified with a significant lack of technology to support nursing education. • Outdated campus lab with broken equipment, hand-crank beds, deteriorating training models. • Classrooms with only an overhead projector for audio visual projection. One large TV on cumbersome rolling cart available in building for VHS viewing. • Lack of computer access convenient for nursing students • Old, slow computers for faculty • VHS videos, most outdated, available only for viewing in library. Major effort begun with help of state grant and matching community partner funds to modernize and update classrooms and campus labs, add a computer lab, add modern lab simulations, purchase only CD/DVD format videos with site license for “on demand” viewing via internet, update all faculty computers, and place nursing course resources online using course management software and training for faculty on use of technology to support teaching and learning. 2004 – Acquired new models and lab equipment, one SimMan, seven SoundsTutors, a 6-station student

Resource / Website	Overview of Services	Changes Based On Need
		computer lab, 4 media-equipped classrooms, a wide variety of current videos with site license for viewing online (password protected), faculty members now completing the online certificate program <i>“Teaching and Learning in Web-based Courses Professional Certificate”</i> offered by Indiana University at Purdue School of Nursing before eligible to develop or teach online learning modules (http://nursing.iupui.edu/continuing/teachingweb.shtml). 2006 – Added second campus lab (as enrollment continued to increase) with 7 beds, an additional SimMan, expanded student computer lab/classroom to 24-stations with instructor kiosk, continued adding current videos available online for students. 2008 – Acquired SimBaby, new electric beds for all campus labs, additional SoundsTutors (two small labs); all full time faculty have completed “online teaching” training. 2009 – Began an advanced med-surg and then a pediatric clinical rotation to a high-fidelity human simulation lab. Very positive student response. Obtained student response system (clickers) for all five classrooms in Illges Hall. Training pending.
Writing Center http://writingcenter.colstate.edu/ QEP http://cougarnet.colstate.edu/cp/render.UserLayoutRootNode.uP?uP_tparam=utf&utf=http%3A%2F%2Ffaculty.colstate.edu%2Fprogram.asp	Free assistance for writers of all levels and abilities and from any discipline. The Center offers on-line consultations as well as face to face meetings. Formally trained peer consultants can help writers understand assignments and generate ideas; focus, organize, and develop drafts; document sources to avoid plagiarism; and edit for usage and punctuation errors.	2006 – CSU faculty chose “<i>student writing</i>” as the focus for the Quality Enhancement Plan (QEP) required by the Southern Association of Colleges and Schools (SACS) accrediting body. Nursing faculty recognized the potential to help improve nursing student professional writing and became the first entire academic unit to participate in the program. Since 2006, nursing faculty have participated in a number of training events, met with guest writing consultants, been awarded QEP grants to establish and enhance the nursing writing program, and incorporated writing assignments into each semester of the nursing program. As a result, nursing student writing has improved though some students still have great difficulty. The project is ongoing.

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.

Program Response:

The Director of the School of Nursing, Dr. June S. Goyne, meets all credentialing standards and has 38 years of nursing experience, 25 of which are in academic nursing education. She earned her BSN in 1972 and MSN (adult health and nursing education) in 1979 from the University of Alabama in Birmingham School of Nursing. In 2001, she earned her Doctor of Education degree from Auburn University with a focus in Supervision and Curriculum. Her clinical nursing experience includes neurosurgical and neurosurgical intensive care nursing, medical nursing, and emergency nursing in both civilian and military hospitals. During that time she also served in clinical leadership positions as “head nurse” and then “section supervisor” during her United States Army active duty service, retiring at the rank of Lieutenant Colonel in 1994 from the Army Nurse Corps. She has teaching experience in both associate degree (eight years) and in baccalaureate (17 years) nursing education programs. Dr. Goyne began teaching at CSU in 1992 and has served as CSU chief nurse administrator since 2002 (first as department chair, then as school of nursing director). She holds a current license as a registered nurse in Georgia. Vita and credentials are available in the School of Nursing.

The Director, School of Nursing is vested with the authority to make recommendations and decisions for the School of Nursing, including personnel decisions, program operations, as well as the planning and execution of the annual nursing budget (within the parameters of total funds allocated to nursing). She seeks faculty input in making these decisions. For example, she encourages faculty members to provide information about equipment, supplies, hardware,

software and other resources they need in order to make relevant and valued purchasing decisions and actively involves faculty search committees in hiring decisions.

The director has served as chief nurse administrator of the nursing unit since 2002 and is recognized within the university and community as a visionary and collaborative leader. Under her guidance, the BSN program has tripled its enrollment with commensurate increases in faculty, staff, and physical resources to support meeting desired outcomes. She led the reforming of the CSU Nursing Advisory Board which has become a vital part of the life of the nursing program, with members actively participating in the recent curriculum review and revision. She encourages faculty participation in all levels of self governance through annual strategic planning retreats, monthly faculty meetings, special purpose faculty subcommittees, and teaching teams to resolve specific issues and concerns at the lowest level possible. When these efforts fail, she willingly intervenes to help resolve problems.

Professional development is a priority led by the director, as reflected in nursing faculty continuing education activities, locally sponsored conferences and workshops for nursing faculty members within the community, support of faculty doctoral studies. Since 2002 she has supported seven full time faculty members with partial release time to pursue a doctorate. Although only one remains on faculty, four have graduated, three are near graduation, and two are currently in doctoral course work. Table 12 outlines continuing education activities sponsored for nursing faculty since 2004.

Table 12 Workshops Sponsored for Nursing Faculty 2004 - 2009

DATE	ACTIVITY	SPEAKER	FUNDING
Jan 2004	"Item Writing & Teaching Strategies for Critical Thinking"	Sylvia Rayfield RN, MN Loretta Manning	CSU Endowment
Oct 2004	"Clinical Teaching for Nursing Judgment & Decision Making"	Loretta Manning Lydia Zager	CSU Endowment
Mar 2005	"Transforming Clinical Teaching"	Loretta Manning Lydia Zager	CSU Endowment
Dec 2005	"Exam Item Writing-I"	Sylvia Rayfield RN, MN	CSU Endowment
Mar 2006	"Exam Item Writing-II"	Sylvia Rayfield RN, MN	CSU Endowment
May 2006	"A CARING Model for Mentoring Programs"	Julia Aucoin, DNS, RN, BC	CSU Griffin Fund
Sep 2006	"Preserving Student Due Process"	June Goyne MSN, EdD	NA
Dec 2006	"Enhancing Learning For Today's Diverse Students: An Evidence Based Approach"	Donna Ignatavicius, MS, RN	GHA Promise of Nursing Grant
Apr 2007	"Evidence Based Clinical Teaching in Nursing"	Barbara Chamberlain, DNSc, APN, C, CCRN, WCC	GHA Promise of Nursing Grant
Nov 2008	"Clinical Teaching: Coaching Professional Thinking"	Loretta Manning	CSU Griffin Fund

DATE	ACTIVITY	SPEAKER	FUNDING
Apr 2009	"Evidence Based Practice: "	Ellen Fineout-Overholt PhD Bernadette Melnyk, PhD	CSU Griffin Fund
Sep 2009	"Preserving Student Due Process: Update"	Dr. June Goyne MSN, EdD	NA

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.

Program Response:

At the beginning of fall term 2009 (September 15, 2009), there were 34 nursing faculty members (17 full-time and 15 part-time) at Columbus State University. All full-time and five part-time faculty members (22 of 33 or 67%) hold a master's degree or higher in nursing. Four full-time faculty members hold earned doctorate degrees and five are presently enrolled in doctoral programs. All nursing faculty members have evidence of current expertise in nursing practice and a verified current license as a Registered Nurse in the State of Georgia, with five (four full time and one part time) faculty members holding an Advanced Practice Authorization from the Georgia Board of Nursing, which is noted on their license. Two of the eleven BSN prepared clinical instructors are enrolled in masters nursing programs. Despite these challenges, the majority of faculty members teaching in any given semester are full-time with at least a master's degree in nursing, meeting the Georgia Board of Nursing requirement. All faculty members are experienced in the areas in which they teach. Appendix E summarizes faculty education, experience, and teaching assignments.

Table 13 Nursing Faculty Specialty Summary

Teaching Area	# Faculty Members
Foundations / MedSurg	8 full time, 7 part time
Geriatrics	1 full time
Mental Health	2 full time, 1 part time
Maternity	1 full time; 2 part time
Pediatrics	2 full time, 1 part time
Community / Public Health	2 full time, 2 part time
Critical Care (ICU / ER)	3 full time, 2 part time

Recruiting and retaining qualified nursing faculty has been a strategic goal and a challenge since 2002. Since 2002, the nursing faculty has experienced a 67% full time turnover and an 88% part time turnover. In the past five years (2005-06 through 2009-10), the full time turnover rate remained 67% and part time turnover rate was 50% (83% of those lost held a masters degree in nursing). Full time faculty members have been lost to (in order of frequency): 1) *return to clinical practice for better salary*, 2) *retirement*, 3) *moved away*, 4) *contract non-renewed*. Part time faculty members have been lost to (in order of frequency): 1) *moved away*, 2) *returned to full time employment with benefits*, 3) *contract non-renewed*.

Every fall for the past eight years there has been at least one (and at one time three) vacant full time faculty positions. Each year only three to five applications were received for the advertised positions and with two exceptions, newly hired faculty members had extensive clinical experience but lacked teaching experience and educational background in teaching and learning. By the end of 2011, 29% (5 of 17) full time faculty members will reach retirement age, with three of them reaching that age in 2010, extending this problem into the future.

Within the past 18 months, many of the part time faculty members left their positions to pursue full time work with benefits and recruiting efforts resulted in no masters prepared applicants. To meet the clinical teaching needs of students, clinical part time faculty members with BSN degrees and necessary clinical experience have been hired with an exception to policy approved by USG. Each has worked closely with a full time faculty mentor. Two new masters prepared part time faculty members were recently hired, resulting in an increase to 5 of 15 (33%) masters prepared clinical faculty for spring 2010. This problem extends state wide, as evidenced by a recent call for applications for a state funded grant to fund education for BSN prepared faculty members to earn a master's degree in nursing to become nurse educators. The CSU School of Nursing application is in process (filed in School of Nursing).

Faculty members maintain and continue to improve their expertise in nursing through activities such as clinical teaching, individual clinical practice, and professional development

activities. Georgia Board of Nursing Annual Reports, which are on file in the School of Nursing, and annual faculty self-evaluation portfolios provide evidence of these activities.

Table 14 Faculty Member National Certifications

Certifications	Faculty Members	Part Time Faculty
Certified Nurse Educator (CNE)	Dr. Sheri Noviello; Ms Stephanie Lewis	
Certified Critical Care Registered Nurse (CCRN)	Ms Terry Lahnstein; Ms Tammy Condrey	Ms Marie McIntosh
Certified Emergency Nurse	Ms Dell Miller	
Clinical Specialist in Child & Adolescent Psychiatric Mental Health Nursing Clinical Specialist in Adult Psychiatric and Mental Health Nursing Pediatric Nurse Practitioner	Ms. Carlie Frederick	
Family Nurse Practitioner	Ms. Lisa Frander; Ms Dell Miller	Ms. Bobbie Hunter
Neonatal Nurse Practitioner		Ms Julie Star
CAPPA Childbirth Educator	Ms. Jean Arrighi	Ms. Leslie Painter
Certified Maternal Newborn Nurse (RNC)		Ms. Leslie Painter

Nursing faculty to student ratios have exceeded state standards for the past eight years, providing a faculty to student classroom ratio of 1:11 and a faculty to student clinical ratio of no greater than 1:7. This has been supported by CSU and provides an environment conducive to effective teacher and student interaction, close student supervision, and protection of patient safety. Evidence that supports this practice include

- NCLEX-RN first time pass rate >93% over past six years
- Graduation rate increased to over 80% in past two years
- Positive feedback from students and faculty

The teaching load for full-time faculty members at Columbus State University is 12-credit hours or the equivalent per semester, which equates to 180 to 214 contact hours. Contact hours more accurately reflect nursing faculty workload because three hours of clinical lab produces only one hour of academic credit. The current Nursing Faculty Workload Guideline was developed by a nursing ad hoc committee in 2009 (Appendix L). It includes the calculation of contact hours as well as defines “contact hour” credit allowed for performing recurring additional faculty duties each term (such as course coordinator). Appendix L also contains a sample faculty workload document for spring semester 2010.

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.

Program Response:

The last course in the pre-licensure curriculum is a capstone learning experience in which senior nursing students synthesize and apply theories, concepts, knowledge, skills and abilities with an experienced nurse who has at least a baccalaureate degree and a minimum of one year of experience. The course (NURS 4377) includes precepted clinical experiences, a required four-day NCLEX-RN review course, and two attempts to pass the Nursing Exit Exam. Students are not compensated during their clinical experience.

In the fall semester, all senior level students are given a preceptor request form to identify three choices for hospital and clinical area. The requested hospital identifies qualified preceptors. The preceptor qualifications include:

- Employee in good standing in the institution.
- Minimum of one-year clinical nursing experience.
- Minimum of baccalaureate degree in nursing (exceptions if no baccalaureate nurse available and associate degree nurse with extensive experience is available).
- Demonstrated proficiency in technical and interpersonal skills.
- Interested in serving as role model and resource person for student.
- Currently licensed to practice professional nursing.
- Approved by agency and nursing faculty.

Each student/preceptor pair is assigned a faculty member advisor. Each clinical preceptor has only one student to mentor. The faculty member meets with the preceptor and student prior to clinical experience to discuss roles of the student, preceptor and faculty advisor. Student developed clinical objectives are approved by the faculty advisor prior to the orientation. The faculty advisor clarifies roles and has each preceptor complete the Georgia Board of Nursing Qualification form and sign a form accepting responsibility for the student during the hours of clinical (available online on course NURS 4377 website: *Roles of Faculty, Preceptor and Student, Georgia Board of Nursing Qualification Form, and Clinical Responsibility Form*). This documentation is filed in the CSU School of Nursing office. The preceptor orients student to staff and facility.

In recent years the School of Nursing has experienced increasing difficulty in procuring qualified preceptors for senior students. Contributing factors include other nursing programs also seeking preceptors for their students, potential nurse preceptors “tired” from constantly precepting students or new nurses in orientation, and a lack of BSN educated nurses to serve as preceptors. For the first time during the spring of 2009, several associate degree nurses were assigned as preceptors. These associate degree preceptors were determined by the hospital to be experts in their clinical areas. In order to prevent this situation from happening in the spring 2010, the NURS 4377 course coordinator and director of the SON met with the individuals responsible for preceptor assignments in each facility to negotiate methods for assuring that CSU would have preference for BSN preceptors over associate degree programs and other non-local BSN programs seeking preceptors. Those responsible for preceptor assignments agreed.

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.*

Program Response:

The School of Nursing provides many opportunities to support faculty members in the roles expected of them. The expectations are clearly listed in the Nursing Faculty Performance Standards in the areas of teaching, scholarship and service (Appendix H).

The teaching role is supported by both CSU and School of Nursing resources. The Center for Quality Teaching and Learning (CQTL) is a unit of the College of Education and Health Professions and has as its mission to “...provide high-quality consulting and professional learning services that prepare educators to demonstrate 21st Century teaching excellence within modern, learner-centered environments” (<http://cqtl.colstate.edu/>). The School of Nursing has co-sponsored workshops with them in the past and faculty members are invited to offering

they provide. The School of Nursing also sponsors at least one workshop annually related to teaching and learning for CSU and sometimes invites faculty members from other schools to participate (listed in Table 12). Table 15 summarizes major professional development activities funded by the School of Nursing over the past three years to provide a strong pedagogical foundation for curriculum updates and revisions.

Table 15 SON Supported Faculty Development 2006 - 2009

Professional Development Activities	# Faculty Members Participating 2006-07	# Faculty Members Participating 2007-08	# Faculty Members Participating 2008-09
Doctoral Study (release time and funding support)	2	3	3
Georgia Governor's Teaching Fellowship (competitive selection)	1	1	1
Indiana University at Purdue certificate program, <i>"Teaching and Learning in Web Based Courses"</i>	2	2	3
Evidence Based Practice Mentorship Program, Arizona State University (4-day) (competitive selection)	NA	4	NA
AACN Geriatric Nursing Education Consortium Faculty Development Institute (competitive selection)	NA	NA	2
AACN End of Life Care faculty development institute (competitive selection)	NA	NA	2
QSEN Education Consortium Institute (competitive selection)			2 faculty members Jan 2010

An extended, individualized orientation program is provided for new full time faculty members, who are assigned an experienced faculty mentor to assist them during the first year. New faculty member workload during the first year is also reduced to facilitate orientation to School of Nursing expectations and transition into the role of nurse educator if it is a new role. When three new faculty members were hired fall 2008 to work on the same program level, the School of Nursing Director met with the group periodically to help them with aspects of the educator role they identified as challenging. This helped alleviate the burden on the three experienced full time faculty members on that level and was very positively received by the new faculty members.

As part of the annual evaluation process, full time faculty members complete a portfolio containing evidence of their accomplishments, status of goals from the previous years, and

goals for the upcoming year. During the meeting with the SON Director, activities to support those goals are discussed and planned. Individual performance evaluations with plans are stored in a secure file in the School of Nursing office.

In the past, there has been a generous endowment to the nursing department at CSU, and funds were available to support a variety of professional development activities, ranging from attendance at local workshops to hosting regional workshops. In 2008, this fund became unavailable for this purpose when the donor's will was reinterpreted. Professional development funds are limited now and are drawn from community partner contributions to the School of Nursing or from College of Education and Health Professions resources.

Faculty members are encouraged to provide professional and community service and are allowed to do so at any time that does not interfere with their teaching responsibilities. Evidence of the variety and extend of service activities supported is contained annual Georgia Board of Nursing reports filed in the School of Nursing.

STANDARD III**PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND
INDIVIDUAL STUDENT LEARNING OUTCOMES**

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 individual student learning outcomes.

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 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 student outcomes.

Program Response:

BSN program outcomes serve as the basis for nursing junior and senior level expected outcomes (Appendix G). Included in course syllabi, course objectives are derived from level objectives and guide the development of teaching and learning activities in each course. Classroom unit objectives flow from course objectives, are listed on the course outline, and serve as a guide for measuring student learning outcomes on exams and in assignments. Clinical objectives for clinical courses also flow from course objectives and are listed in the course Clinical Evaluation Tool (Appendix M). Table 16 provides examples of the flow of selected program outcomes to level outcomes to course outcomes to unit and clinical outcomes.

Table 16 Alignment of BSN Student Learning Outcomes: Examples

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
Provide patient centered care in a variety of settings.	JUNIOR: Develop an understanding of multiple dimensions of patient-centered care.	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care.	NURS 3275: Identify factors that may affect the surgical client.	NURS 3275: Performs priority assessment and recognizes priority assessment findings (eg, VS, Head to Toe, System Specific, Labs, Meds)

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
	SENIOR: Organize, coordinate and provide nursing care for individuals, families, groups and communities with a variety of needs ranging from basic to complex.	NURS 4279: Acquire and apply selected advanced & specialized nursing knowledge related to the nursing care of patients of all ages experiencing acute, complex and/or multi-system physiological and/or psychological health problems	NURS 4279: Apply principles of crisis theory to the nursing care of adults and children experiencing acute, complex and/or multisystem physiological and psychological health problems.	NURS 4279: Perform priority assessment of individuals based on their needs & situation (VS, Head to Toe, System Specific, Focused, Labs, Meds, etc)
Apply concepts of safe practice to promote optimal patient clinical outcomes	JUNIOR: Value the contributions of standardization and reliability to safety. SENIOR: Describe processes used in understanding causes of error and allocation of responsibility and accountability.	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care. NURS 4279: Apply principles of therapeutic communication, group dynamics, cultural differences, growth & development, teaching and learning, stress & adaptation, nursing theory, legal & ethical standards of care, critical thinking, and nursing process to nursing practice in a variety of complex care settings.	NURS 3275: Identify the behavioral, environmental, socioeconomic, development, cognitive, and physiological factors that affect safety. NURS 4279: Provide safe and effective care based on sound nursing judgment/decisions for patients who require an artificial airway, including maintaining patency, delivery of oxygen, routine nursing care, promotion of communication, and recognition, prevention & management of complications.	NURS 3275: Assesses priority environment safety concerns (eg. electrical hazards, equipment functioning, falls prevention, fire safety, hazardous material) NURS 4279: Assess individual safety risks & preventive needs that are age and situation appropriate. Skin integrity, sensory impairment, mobility & falls risks, medication interactions, & others.
Apply the quality improvement process to ensure patient safety and to meet desired	JUNIOR: Determine best practices for quality patient outcomes.	NURS 3112: Appreciate the importance of different quality improvement tools, such as the cause	NURS 3112: Examine quality improvement issues involved in patient care	NURS 3275: Provide care based upon recognized benchmarks for quality patient

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
clinical outcomes.	SENIOR: Recognize how the "Voice of the Customer" (VOC) should impact performance improvement processes.	and effect diagram. In development	In development	outcomes In development
Use sound evidence to make appropriate clinical decisions.	JUNIOR: Explain the role of evidence in determining best clinical practice. SENIOR: Describe how the strength and relevance of available evidence influences the choices of intervention in provision of patient-centered care.	NURS 3112: Discuss the application of basic EBP principles in the clinical setting. NURS 4280: Utilize evidence-based practice principles as a basis for nursing practice in family and community health nursing via electronic retrieval programs.	NURS 3112: Discuss the levels of evidence NURS 4280: None identified; will be corrected in curriculum development	NURS 3275: Locate evidence from appropriate resources to help answer a clinically relevant PICOT question NURS 4280: Plan priority interventions based on best evidence to achieve desired outcomes
Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.	JUNIOR: Acquire professional communication knowledge, styles and skills. SENIOR: Acquire and discuss effective strategies for overcoming barriers, facilitating teamwork and resolving conflict in various settings.	NURS 3112: Identify elements of professional communication NURS 4177: Communicate effectively through verbal, non-verbal, and written methods to portray information and concepts to intended audience.	NURS 3112: Value effective professional communication styles. NURS 4177: Communicate effectively when delegating care.	NURS 3275: Gathers relevant basic patient family data from health records, other appropriate data sources, observations, & interactions NURS 4279: Collaborates & cooperates with peers, health team members in providing care
Integrate informatics into nursing practice in a variety of settings.	JUNIOR: Acquire professional communication knowledge, styles and skills.	NURS 3112 Discuss potential dilemmas with technology and documentation	NURS 3112: Apply the elements of proper documentation.	NURS 3275: Comply with confidentiality and HIPAA standards for patient privacy

Program Outcome	Level Outcome	Course Outcome	Unit Objective	Clinical Objective
	SENIOR: Use information management tools to monitor outcomes of care processes.	NURS 4279: Demonstrate proficiency in selected advanced nursing psychomotor, technological and interpersonal skills.	NURS 4279: None identified; will be corrected in curriculum development	NURS 4279: Retrieve relevant, current & valid information from information resources, electronic & non-electronic, & critique its value for nursing practice.
Function as a leader in the nursing roles provider of care, manager of care, and member of profession.	JUNIOR: Demonstrate leadership behaviors that have a positive influence on small groups to achieve a common goal. SENIOR: Organize and manage the work of a team both in providing patient care and professional groups.	NURS 3112: Describe & select effective strategies to resolve healthcare and personnel problems NURS 4279: Employ leadership and management skills to organize & coordinate nursing care for 1 intensive care patient, 1-2 emergency patients, and 1-2 psychiatric patients.	NURS 3112: Explore the roles of the professional nurse as leader, collaborator, consultant & liaison. NURS 4279: Compare and contrast the care focus and roles of nurses within intensive care units, emergency care units, and acute psychiatric care units.	NURS 3275: Organize & coordinate nursing care for an individual patient & his/her family NURS 4279: Acquire knowledge of leadership & management principles drawn from the sciences, humanities, & nursing science.

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 student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2009).**

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.

Program Response:

As previously mentioned, selected national standards (AACN Baccalaureate Essentials, NCLEX-RN Test Plan, ANA Standards of Nursing Practice, NLNAC standards) and required

Georgia Board of Nursing (GBN) standards (GBN Rules and Regulations, Chapter 410-3 have historically guided the BSN program. Table 17 provides examples of how AACN Baccalaureate Essentials are incorporated into BSN program outcomes, organizing framework concepts, and nursing course outcomes. Course syllabi and outlines containing related teaching and learning activities are available on course websites in CSU CougarView course management system.

Table 17 Examples of Incorporation of AACN Baccalaureate Essentials

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
Nurse generalist	Individuals: unique, dynamic – physical, psychological, social, cultural, behavioral, ethical, developmental and spiritual variables. Nursing: concerned with human responses to health issues in a variety of settings	IX – Baccalaureate generalist nursing practice	NURS 3275: Develop an understanding of the nursing process, its use in the clinical area and its role in fostering critical thinking in the professional nurse. NURS 4280: Use health promotion and prevention strategies in family-centered nursing across the lifespan.	NURS 3275: Class discussion of nursing process and its application. Identification of priority nursing diagnoses / needs based on assessment data reflected in “clinical web” (concept map) in clinical experiences. NURS 4280: Class discussion of strategies for health promotion in communities. Participate in health fairs to screen for common health problems and provide health promotion teaching.
Liberal arts education	Nursing: practice in diverse, complex, ever-changing, global environments Nursing Education: Liberal arts education	I - Liberal education for baccalaureate generalist nursing practice	NURS 3275: Discuss and distinguish among culture, religion and spirituality and their impact on patient care. NURS 4279: Integrate knowledge from the natural and behavioral sciences and humanities with nursing knowledge and experience as a	NURS 3275: Reading assignment and class discussion of concepts. Cultural sharing experience in class – student where dress and bring food reflective of own culture. NURS 4279: Classroom discussion and case studies related to specific physiological and psychological emergencies link new knowledge to background in natural

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			basis for critical thinking, clinical judgment, and decision making in the care of adults and children experiencing acute and/or complex health problems.	and behavioral sciences.
Safe, patient centered care	Health: physical, mental, social well-being Nursing: design & promote safe, cost effective, quality patient care;	V – Healthcare policy, finance and regulatory environments IX - Baccalaureate generalist nursing practice	NURS 3275: Acquire and demonstrate foundational knowledge and skills required to deliver safe patient care. NURS 4280: Use principles and techniques of critical thinking to deliver individualized and holistic care to families and communities.	NURS 3275: Class discussion introducing national safety standards for patient care (eg. CDC Infection Control; Joint Commission National Patient Safety Goals) Skills validation for defined “essential skills” in campus lab prior to participating in actual clinical environments. NURS 4280: Online learning module on “Vulnerable Populations” in the community. Clinical experiences providing care to individuals in the home environment.
Optimal patient outcomes	Nursing: assist individuals to maximize their independence and quality of life...promote, restore or maintain health...support a peaceful death.	VII – Clinical prevention and population health for optimizing health IX - Baccalaureate generalist nursing practice	NURS 3275: Acquire knowledge about and participate in researching a topic for best practice guidelines and applying them to improve patient outcomes. NURS 4280: Summarize intrapartal care for optimum maternal-fetal outcome.	NURS 3275: Classroom discussion of identification of desired patient outcomes and how to measure them. NURS 4280: Completion of workbook on labor and delivery. Labor & delivery clinical experience.
Quality improvement process	Nursing: implement measures for	II – Basic organizational and systems	NURS 3112: Appreciate the importance of	NURS 3112: Class discussion of basic quality

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
	health promotion and risk reduction	leadership for patient safety and quality care	different quality improvement tools, such as the cause and effect diagram. Senior level: Discuss performance improvement methodologies commonly used in health care settings. (senior course outcomes are in development for new curriculum for implementation Fall 2010).	improvement tools and processes. Senior Level: In development
Evidence based practice	Nursing: practices from an evidence base Nursing Education: evidence based practice	III – Scholarship for evidence based practice IX - Baccalaureate generalist nursing practice	NURS 3112: Discuss the application of basic EBP principles in the clinical setting. NURS 4175: Integrate research evidence into clinical practice through the development of a practice guideline.	NURS 3112: During clinical experiences, identify relevant clinical questions in PICOT format. NURS 4175: Group project to focus and research a clinical question asked by practicing nurses, find and critically appraise best evidence, develop a clinical practice guidelines to answer the questions, and present results to the nurses and staff.
Clinical decision making	Critical thinking as foundation for professional judgment, decision making and problem solving	IX – Baccalaureate generalist nursing practice	NURS 3275: Develop an understanding of the nursing process, its use in the clinical area and its role in fostering critical thinking in the professional nurse. NURS 4177: Use discipline knowledge and experience to implement critical	NURS 3275: Class discussion incorporating basic case studies for student analysis and decision making (eg vital sign abnormalities, basic wound observation and care). NURS 4177: Online learning module “Delegation in Nursing” which builds on basic delegation principles introduce on the junior

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			thinking skills to effectively manage client care and formulate clinical decisions.	level.
Communication and collaboration	Individuals: interact with each other; Nursing: nurse patient partnerships for mutual planning of care and health care decision making Nurse Roles: provider of care - teamwork and collaboration	VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3112: Value effective professional communication styles. NURS 4280: Demonstrate effective communication techniques and awareness of socio-cultural variations when interacting with community-based groups, families, agencies, and populations.	NURS 3112: Class discussion of communication styles and application to professional communication within healthcare teams. NURS 4280: Clinical experiences in a variety of urban and rural home settings at various socio-economic levels.
Interdisciplinary health care team	Nurse Role: designer of care – nurse functions autonomously and interdependently within the health care team	VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3112: Understand the roles of the professional nurse as leader, collaborator, consultant, and liaison NURS 4280: Explore collaborative partnerships in public health nursing.	NURS 3112: Expansion of discussion of nursing roles from those introduced in NURS 3111. NURS 4280: Clinical experiences with public health nurses in practice.
Information technology	Nurse Role: provider of care – professional knowledge, skills and attitudes related to ... informatics.	IV – Information management and application of patient care technology	NURS 3112: Discuss potential dilemmas with technology and documentation. NURS 4279: Retrieve relevant, current, valid information from a variety of sources (both electronic &	NURS 3112: Class discussion of advantages and potential risks associated with electronic patient care records. NURS 4279: Retrieve information with assistance of faculty and staff from electronic database and chart electronically in

BSN Program Outcomes	BSN Program Concepts	Baccalaureate Essentials	Nursing Course Outcomes	Teaching Learning Activities
			non-electronic) and critique its value for application to nursing practice in complex care settings.	one ED with assistance of faculty and staff.
Leadership	Nurse Role: provider, designer of care – knowledge, skills and attitudes related to ... organization, delegation, supervision and leadership	II – Basic organizational and systems leadership for patient safety and quality care	NURS 3112: Develop an understanding of basic principles of delegation. NURS 4279: Employ leadership and management skills to organize and coordinate nursing care for 1 intensive care patient, 1-2 emergency patients, and 1-2 psychiatric patients. NURS 4177: Synthesize knowledge of various leadership theories, styles, and characteristics with an increased self-awareness of own strengths and weaknesses to become more effective leaders.	NURS 3112: Online learning lesson about basic principles of delegation in nursing. NURS 4279: Rotate to junior level clinical groups to gain experience in leadership and management while working with other students and faculty in order to meet clinical objectives. NURS 4177: Interview a registered nurse in a leadership position in a healthcare facility.
Nursing roles	Nurse Roles: provider of care, designer/manager/coordinator of care, member of profession	VIII - Professionalism and professional values	NURS 3112: Distinguish among the roles of the professional nurse. NURS 4280: Appraise the diversity of nursing roles in family and community health nursing.	NURS 3112: Assignment and class discussion of the roles of a professional nurse. NURS 4280: Classroom discussion of variety of roles in maternity, pediatric and community health nursing.

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.**

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, 2009) 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, 2009), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

CSU has a pre-licensure BSN program and an RN-to-BSN track based on the Georgia Articulation Model (Appendix N). The RN-to-BSN track was suspended FY 2009 and 2010 due to lack of faculty and low student numbers (only three) but will resume fall 2010 after revision to reflect the revised BSN curriculum and to provide an online format.

BSN Pre-licensure Program

The BSN pre-licensure curriculum is organized into an upper and lower division. The lower division (first four semesters of study) consists of the non-nursing core and pre-requisite courses required by the University System of Georgia (USG), Columbus State University (CSU), and the School of Nursing. The USG required non-major courses fall into five designated curriculum areas (A, B, C, D, E <http://nursing.colstate.edu/info.asp>). These courses are core to all baccalaureate degrees earned within the USG and provide a foundation in English, Math, History, Humanities, Political Science, Social Science, and Science. BSN programs are allowed by the USG to choose one of two specified lab-science sequences for Area D in nursing. CSU SON chose the chemistry sequence to provide knowledge of chemistry that would foster a deep understanding physiology, pharmacology, and pathophysiology in nursing.

CSU is allowed to select three institutional requirements, which are currently COMM 1110 (Communication), PHED 1205 (Concepts of Wellness), and one elective PHED (physical and health education) course in order to promote health and fitness as well as effective communication. Table 18 outlines how each curriculum area is currently integrated into nursing.

CSU is in the process of review and revision of core requirements to align with the revisions recently made in the USG. Spring 2010 will provide opportunities for faculty members to provide input and feedback to the CSU taskforce charged with this goal. Major changes in nursing pre-requisites are not anticipated.

Table 18 USG Core Courses, Nursing Prerequisites and Nursing

CORE REQUIREMENTS	INTEGRATION INTO NURSING
Area A Essential Skills Required Hours: 9 ENGL 1101 (grade "C" or better) ENGL 1102 (grade "C" or better) MATH (select one): 1101 / 1111 / 1113 / 1125 / 1131	Program Outcomes: • <i>Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.</i> ○ Therapeutic communication with patients/families ○ Collaboration with peers and health care team ○ Written health care documentation, formal papers and informal writing. • <i>Provide safe, patient centered care in a variety of settings.</i> ○ Effective communication during assessment for provision of patient centered care. ○ Accurate calculations of medication dosages and other parameters. ○ Clear understanding and communication of requirements for protecting safety. Professional Writing in Nursing (QEP) • Required writing assignments to build skill in effective informal and formal written communication.
Area B Institutional Options Required Hours: 4 COMM 1110 Select 1 of the following courses: ITDS 2726 / ITDS 2727 / ITDS 2735 / ITDS 2746 / ITDS 2748 / ITDS 2749 / ITDS 2755 / EURO 2105 / LIBR 1105 / LEAD 1705 / POLS 2401 / Foreign Language 1001, 1002, 2001, or 2002 / Any Area C-E course with a study abroad component.	Program Outcomes • Communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.
Area C Humanities/Fine Arts Required Hours: 6 Select one humanities course: ENGL 2111 / ENGL 2112 / ITDS 1145* / ITDS 1155 / PHIL 1105 Select one fine arts courses: ARTH 1100 / ITDS 1145* / MUSC 1100 / THEA 1100	Program Outcomes • <i>Graduates will provide safe, patient centered care in a variety of settings.</i> ○ Foster understanding of different people, cultures, philosophies and arts in order to provide individualized, patient centered care.

CORE REQUIREMENTS	INTEGRATION INTO NURSING
*ITDS 1145, though listed under both humanities and fine arts, may be taken only once.	
Area D Science/Math/Technology Required Hours: 11 CHEM 1151/1151L CHEM 1152/1152L Select 1 of the following courses or an Area D science course: CPSC 1105 / CPSC 1301&1301L / MATH 1113 / MATH 1125 / MATH 1131 / MATH 1132 / MATH 1165 / MATH 2125 / PHIL 2115 / STAT 1127	Program Outcomes • <i>Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.</i> ○ Logical reasoning and problem solving required for risk identification and reduction as well as ongoing efforts to improve patient outcomes. • <i>Graduates will use sound evidence to make appropriate clinical decisions about health care.</i> ○ Locating and weighing evidence to draw conclusions and make decisions.
Wellness Requirement Required Hours: 3 PHED 1205 Select any one PHED course.	Program Outcomes • <i>Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.</i> ○ Role model of healthy living for patients, peers ○ Educate patients/families about healthy lifestyles
Area F Courses Related to Major Required Hours: 18 BIOL 2221 Human Anatomy and Physiology I BIOL 2222 Human Anatomy and Physiology II BIOL 2225 Microbiology for Health Sciences STAT 1127 Introductory Statistics PSYC 1101 Intro to General Psychology	Program Outcomes • <i>Graduates will provide safe, patient centered care in a variety of settings.</i> ○ Understanding of normal human anatomy, physiology, and microbiology to support accurate health assessments and sound clinical judgments and decisions. • <i>Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.</i> ○ Basic understanding of the psychology of human behavior to support 1) empathetic, caring attitudes, 2) therapeutic nursing relationships, 3) mental health nursing principles. • <i>Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.</i> ○ Scientific model for understanding nursing process and making sound decisions. ○ Logical reasoning and problem solving required for risk identification and reduction as well as ongoing efforts to improve patient outcomes. • <i>Graduates will use sound evidence to make appropriate clinical decisions about health care.</i> ○ Locating and weighing evidence to draw conclusions and make decisions. ○ Interpreting published evidence analyzed using basic statistical methods.

Course descriptions for all current courses can be found in the CSU Catalog for 2009-2010 at http://academics.colstate.edu/catalogs/2009-2010/course_descr.asp.

The USG recently completed a revision of the core course requirements which all of their institutions (<http://core.usg.edu/uploads/CorePolicy2009-09-23.pdf>) as follows:

1. The core will remain at its current size, 42 hours in Areas A-E and 18 hours in Area F.
2. The areas A-F will remain but the USG will not specify a precise number of hours. Instead it will specify minima as follows:
 - Area A1: Communication Skills: At least 6 hours
 - Area A2: Quantitative Skills: At least 3 hours
 - Area B: Institutional Options: At least 3 hours
 - Area C: Humanities, Fine Arts, and Ethics: At least 6 hours
 - Area D: Natural Sciences, Math, and Technology: At least 7 hours
 - At least 4 of these hours must be in a lab science course.
 - Area E: Social Sciences: At least 6 hours
 - Area F: Lower-Division Major Requirements: 18 hours
3. All core courses must transfer, even if a core area is not completed and even if it means giving transfer credit across areas (e.g., credit for a math course in Area C). However, the transfer restrictions for science majors are preserved.

This proposal makes room for innovation. For example, one institution could expand Area B to make room for interdisciplinary or theme-based courses. Another institution could focus on the arts and humanities by expanding Area C. A third institution might focus on global issues and require a great deal of foreign language in the core. A fourth might use its Area B as a locus for its SACS-required Quality Enhancement Plan.

Because the current core fits within the parameters of the proposed core, the proposal would require no significant changes in this time of serious budget problems.

Ease of transfer is assured because all core courses transfer, even if an area is not completed.

Current Core

Area A1: Communication Skills 6 hours
Area A2: Quantitative Skills 3 hours
Area B: Institutional Options 4-5 hours
Area C: Humanities/Fine Arts 6 hours
Area D: Science, Math, Technology 10-11 hours
Area E: Social Sciences 12 hours
Area F: Courses Related to the Program of Study 18 hours

New Core

Area A1: Communication Outcomes At least 6 hours
Area A2: Quantitative Outcomes At least 3 hours
Area B: Institutional Options At least 3 hours
Area C: Humanities, Fine Arts, and Ethics At least 6 hours
Area D: Natural Sciences, Math, and Technology At least 7 hours* At least 4 of these hours must be in a lab science course.
Area E: Social Sciences At least 6 hours
Area F: Lower-Division Major Requirements 18 hours

A CSU faculty task force has begun revising the CSU core requirements for consistency within the new USG requirements. All core content requirements are anticipated to remain in support of the nursing program, though specific courses may change.

RN-to-BSN Program

The RN-to-BSN track provides an accelerated path for licensed registered nurses to earn the BSN degree. The current course sequence will undergo revision in spring and summer 2010 to reflect the revised pre-licensure curriculum. Courses will be placed in an online format and the time-frame and sequencing of courses will be evaluated and revised to facilitate successful completion by RN students working full time. The revised courses will contain new emphasis in areas identified as weak or absent (eg gerontology, global health, cost effective care, end of life care) in the program evaluation process, but will also retain many of the strengths of the current courses.

RN-to-BSN students must complete required prerequisite courses to be admitted to the degree completion track. The first nursing course, NURS 3278, Professional Nursing Practice, is a bridge course that awards 32 additional credit hours upon successful completion. This course number and title will be retained and content revised. The remaining 25 credit hours of nursing courses will be designed to provide students with opportunities to acquire baccalaureate level knowledge and competencies based upon the BSN program outcomes, the American Association of Colleges of Nursing (AACN) *Baccalaureate Essentials*, *QSEN standards*, and ANA Standards of Nursing Practice. Table 19 provides examples of how courses in the current RN-to-BSN sequence will address program outcomes and the AACN *Baccalaureate Essentials*. Some knowledge and competencies may be shifted during the revision process but will be retained in the new courses. The table will be expanded during the revision to summarize how the other standards listed above are incorporated into RN-to-BSN nursing courses.

Table 19 BSN Program Outcomes and AACN Baccalaureate Essentials in RN-to-BSN Courses

PROGRAM OUTCOME (Competency)	COURSE	COMMENT
Graduates will provide safe, patient centered care in a variety of settings.	NURS 3278 Bridge	Credit for previous nursing knowledge / experience Introduction to baccalaureate nursing education, program goals, and national standards. Role of nurses with various educational preparation.
	NURS 3276 Health Assessment	Health assessment methods & interpretation of findings throughout the lifespan.
	NURS 3279 Applied Pathophysiology	Knowledge of pathophysiology related to health assessment and clinical decisions.

PROGRAM OUTCOME (Competency)	COURSE	COMMENT
	NURS 4276 Community Nursing	Patient care in a variety of traditional and non-traditional community settings for individuals, families, and populations.
Graduates will communicate and collaborate with members of the interdisciplinary health care team in a professional and effective manner, through verbal, non-verbal, written and electronic means to improve patient outcomes and teamwork.	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Professional communication Interdisciplinary teamwork Role of nurses in interdisciplinary teams. Electronic communication and privacy standards.
Graduates will apply the quality improvement process to ensure patient safety and to meet desired clinical outcomes.	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Introduction to quality improvement processes and goals. Principles and methods of quality improvement and risk reduction Nursing roles and methods in the quality improvement process
Graduates will use sound evidence to make appropriate clinical decisions about health care.	NURS 4175 Evidence Based Practice NURS 4276 Community Nursing	Introduction to evidence based practice principles, critical analysis of evidence, and application to clinical care. Application of EBP in clinical practice in community settings.
Graduates will integrate information technology into nursing practice in a variety of settings.	NURS 3278 Bridge NURS 3276 Health Assessment NURS 4276 Community Nursing NURS 4175 Evidence Based Practice NURS 3279 Pathophysiology NURS 3380 Issues & Roles NURS 4177 Leadership NURS 4377 Senior Project	Immersion in information technology and standards related to electronic communication in ALL courses: - Course websites - Online video and media - World Wide Web - Electronic library resources - Electronic databases - Electronic patient records - Presentation technology
Graduates will function as a leader within the nursing roles provider of care, manager of care, and member of the profession.	NURS 3278 Bridge NURS 4177 Leadership	Introduction to roles Application of principles of delegation, supervision, management, and characteristics of effective leadership.

BACCALAUREATE ESSENTIALS	RN-to-BSN COURSE	COMMENT
I - Liberal education for baccalaureate generalist nursing practice	Pre-requisite courses	Same as for pre-licensure program previously discussed.

BACCALAUREATE ESSENTIALS	RN-to-BSN COURSE	COMMENT
II – Basic organizational and systems leadership for patient safety and quality care	NURS 3278 Bridge NURS 4177 Leadership	Safety and quality standards Introduction to organizational leadership & systems thinking Application of systems approach to problem solving, quality improvement, and leadership
III – Scholarship for evidence based practice	NURS 4177 Evidence Based Practice	Application of evidence based practice principles, critical analysis of evidence, and recommendations for practice.
IV – Information management and application of patient care technology	NURS 3278 Bridge NURS 3276 Health Assessment NURS 4276 Community Nursing	Responsibilities for patient care technology accuracy & safety Patient information management and privacy Technology supporting health assessment & documentation. Technology supporting nursing in the community, public health, and population health.
V – Healthcare policy, finance and regulatory environments	NURS 3380 Issues and Roles in Professional Nursing	Exploration of healthcare ○ policy issues ○ financing sources & issues / cost effective care ○ regulatory agencies & standards- voluntary and mandatory
VI – Interpersonal communication and collaboration for improving patient health outcomes	NURS 3278 Bridge NURS 4175 Evidence Based Practice NURS 4177 Leadership	Introduction to interdisciplinary teamwork Explore roles of nurses with different educational preparation Communicating best evidence Planning and implementing change
VII – Clinical prevention and population health for optimizing health	NURS 4276 Community Nursing	Basis of disease processes in communities and populations Patient care in community settings and for populations Nursing role in preventive health care
VIII - Professionalism and professional values	NURS 3278 Bridge NURS 3380 Issues and Roles in Professional Nursing	Apply nursing standards & ethics Identify & explore current issues in nursing Emerging roles in nursing Professional engagement
IX – Baccalaureate generalist nursing practice	NURS 3278 Bridge & NURS 3276 Health Assessment NURS 4276 Community Nursing NURS 4175 Evidence Based Practice NURS 4378 RN Senior Professional Project	Roles of baccalaureate nurse generalist Clinical experiences in a variety of community settings, traditional and non-traditional. Nurses' roles in evidence based practice. Selected projects assuming role of baccalaureate nurse generalist

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

Program Response:

The entire curriculum is based on a basic to complex approach. For example, basic safety principles are introduced on the junior level, addressing such topics as environmental safety, falls, and medication errors. Students are expected to recognize and apply safety interventions within the clinical environment from the first clinical course and throughout the program. In the following semesters, safety principles are integrated into each clinical course and related to specific patient care environments and health care problems.

The junior level nursing courses provide an introduction to nursing as a profession and as a practice discipline. Emphasis is placed on basic nursing concepts and skills that serve as the foundation for nursing practice in any health care setting. The junior level nursing courses introduce students to nursing knowledge related to an expanding array of chronic and/or somewhat predictable alterations in physiological, psychological, social and/or spiritual functioning within the growth and developmental phases of the life-span. Communication processes including group dynamics and therapeutic communication principles are introduced and assignments in information literacy and effective written communication are begun. Selected basic clinical skills are taught and practiced in a supervised campus lab as well as the clinical setting. Supervised clinical practice in long term care facilities and in acute care hospital units provide opportunities to apply & reinforce the basic knowledge & skills taught.

The senior level nursing courses build on the junior level courses and promote synthesis of basic nursing knowledge, skills, values and competencies in more complex and/or unpredictable patient care environments. Emphasis is placed on specific populations (e.g. pediatric, maternity, critical physical and mental illness), community nursing, leadership, evidence based practice, and clinical decision making based on critical thinking and professional judgment incorporating previously taught knowledge, skills, values and competencies. Communication processes and principles by all means are reinforced and expanded in these settings. NURS 4175, recently renamed Evidence Based Practice”, focuses on further developing students’ knowledge and skill in finding and critically appraising evidence as well as application of best evidence in clinical practice. The last semester of the program

culminates with a capstone course which includes a three-week student preceptorship in a clinical area with a selected nurse preceptor.

Teaching Learning Strategies-Overview: A variety of graded assignments and projects are included in nursing courses in order to foster self-directed learning, to evaluate student learning from multiple perspectives, to promote reflective thinking and to encourage creativity and critical thinking that will enhance decision making. These assignments increase in number and complexity as the student progresses through the program. Table 20 provides a summary of major graded assignments, exams and student projects for nursing courses.

Table 20 Graded Assignments, Exams, and Projects by Course

Nursing Course	Graded Assignments, Exams, and Projects
JUNIOR LEVEL	
NURS 3275 Professional Clinical Nursing 1	1 formal written paper (topic: evidence based practice related to a clinical topic) Pass/Fail clinical evaluation On-line Meds Pub Assignments Online unit exams and comprehensive final exam
NURS 3276 Intro to Health Assessment and Wellness	Pass/Fail focused health assessments practicum Final practical exam Online unit exams and comprehensive final exam 1 formal written paper (topic: Assessment and Healthy People 2010)
NURS 3175 Pharmacology in Nursing	Medication calculation exam (must score 90% or > in two attempts) Online unit exams and comprehensive final exam On-line Meds Pub Assignments Written assignment (National Patient Safety Goals)
NURS 3111 Professional Development Perspectives I	Written Assignment (Reflective Essay) Image of Nurses in the Media Discussion Board On-line Meds Pub Assignment Evidence Based Practice (PICO's)
NURS 3277 Professional Clinical Nursing II	Teaching Paper and Project On-Line Meds Pub Assignment Online unit exams and a comprehensive final exam Pass/Fail clinical experiences evaluation
NURS 3112 Professional Development Perspectives II	Cause and Effect Diagram Levels of Evidence Table and Poster Image of Nurses in the Media II Discussion Board Legal/Ethical Discussion Board
NURS 3279 Applied Pathophysiology	Individual Unit Assignments related to major concepts Online unit exams and a comprehensive final exam
Senior Level	
NURS 4175 Nursing Research	7 online quizzes over material included in modules Individually critically appraise a research article (mid-term exam) Group project Develop an written evidence based practice guideline

Nursing Course	Graded Assignments, Exams, and Projects
	• Make a short formal presentation to practicing nurses in local healthcare facilities.
NURS 4280 Community and Family Nursing	Reflective journaling Computerized unit exams and a comprehensive final exam Pass/Fail clinical experiences evaluation Study guides Online tutorials Validation report Online modules Discussion Boards, Blogs MedsPub Pediatric Calculations Service Learning Projects
NURS 4177 Nursing Leadership	1 formal written paper (topic: application of change theory in making a student selected clinical change) Debate (in class) Online learning modules • Letter to legislator • Resume • Asynchronous discussion board participation Online unit exams and a comprehensive final exam (only on topics covered on NCLEX-RN) MedsPub online Evolve Case studies
NURS 4279 Complex Care in Nursing Practice	Online unit exams and a comprehensive final exam Pass/Fail clinical evaluation Weekly reflective logs Evolve Case Studies Online module
NURS 4377 Senior Nursing Preceptorship	Nursing Exit Exam Pass/Fail clinical evaluation Personal learning goals for clinical experience Two Encounter logs (one at 48 hours and one at 96 hours) Four Day NCLEX Review Course

Teaching Learning Activities - Classroom: Classroom learning strategies are varied and designed to engage students in active learning. Some of the active classroom learning strategies that are being used include paired & group problem solving and reporting, group case studies, question and answer, role playing, student participation in thinking through & discussing practice exam items, guided skits, and hands-on practice with certain skills (for example, checking extra-ocular movements in a partner).

Lecture/discussion is still used for complex topics requiring explanation and to help students learn to think through problems. Lectures are designed to be interactive rather than the traditional “sage on the stage”, based on principles such as those described in the following articles which have been posted as a faculty resource.

Di Leonardi, Bette Case. (2007). Tips for Faculty Learning: The lecture deserves some respect. Journal of Continuing Education in Nursing. July/August, (38) 4

Johnston, Susan & Cooper, Jim (2007). Quick-thinks: The Interactive Lecture. Tomorrow's Professor, sponsored by The Stanford University Center for Teaching and Learning. Archived of online postings available at: <http://ctl.stanford.edu/Tomprof/posting.html> .

_____ (2007). How to create memorable lectures. Tomorrow's Professor, sponsored by The Stanford University Center for Teaching and Learning. Archived of online postings available at: <http://ctl.stanford.edu/Tomprof/posting.html> .

Teaching Learning Strategies - Clinical Instruction: Clinical learning experiences are designed and sequenced to allow students to apply concepts from classroom learning activities and assignments in actual patient-care situations. These experiences are supervised by nursing faculty and are provided in a variety of settings, including long-term care facilities, hospital acute-care units, clinics, prisons, schools, industry, hospices, and home health agencies which include patients from newborns to the fragile elderly.

Nursing faculty select agencies and sites for clinical practice experiences based on specific curricular and course needs. Standard contracts (filed in School of Nursing between CSU and clinical agencies are signed for specified periods of time and provide legal agreements for student clinical experiences. Faculty member collaboration with the clinical agency and unit personnel ensures congruency between expected outcomes and available clinical experiences for each individual nursing course. Table 21 summarizes the clinical sites used fall 2009 and in current use for spring 2010.

Table 21 Clinical Sites Fall 2009 and Spring 2010

NURS COURSE	FACILITY	UNITS / PATIENT POPULATION
NURS 3275 Professional Clinical Nursing I	Hamilton House Nursing Home	2 nd floor, 3 rd floor –geriatric
	Magnolia Manor Nursing Home	1 South – geriatric
	Azalea Trace Nursing Home	2 nd floor, 1 st floor – geriatric
	Muscogee Manor Nursing Home	North Unit, South Unit - geriatric
	The Medical Center	CSH, 7 Main, 8 Main – medical surgical
	Doctors Hospital	4 th floor – medical surgical
	Hughston Hospital	2 North – medical surgical
	St Francis Hospital	3 South, 2 South, 4 South – medical surgical
NURS 3277 Professional Clinical Nursing II	St Francis Hospital	3 South, 3 North, 2 North, 2 South, 4 South – medical surgical
	The Medical Center	CSH, 6 Main, 7 Main, 8 Main – medical surgical

NURS COURSE	FACILITY	UNITS / PATIENT POPULATION
	Doctor's Hospital	5 th floor – telemetry 2 nd floor- surgical
	Hughston Hospital	2 North – medical surgical
	Martin Army Hospital	6 th floor- medical surgical
	Jack Hughston Memorial Hospital	4 th floor- medical surgical
NURS 4280 Community and Family Health	Vista Hospice	Home Care – end of life
	Columbus Hospice	Inpatient Unit Home Care – end of life
	Muscogee County Correctional Facilities	County Jail Clinic - prisoners
	Phenix City County School System	School age children
	The Medical Center	Labor & Delivery - postpartum Nursery
	Doctors Hospital	Labor Delivery Postpartum Unit
	Pediatrics	Day Care for Special Needs Children
	Pediatric Urgent Care	Children – acute care clinic
	Care South	Home Health Care
	Valley Healthcare of Columbus	Clinics for vulnerable populations
NURS 4279 Complex Care	The Medical Center	ICU 8 th Floor – critically ill adults ICU 7 th Floor – critically ill adults Emergency Dept - all ages
	St Francis Hospital	ICU – critically ill adults Emergency Dept – all ages
	The Bradley Center	Inpatient mental illness – adolescents and adult Outpatient mental health care
	New Horizons	Outpatient mental health care

Clinical instruction focuses on application of knowledge and skills, clinical judgment and decision making as a care provider, manager of care and member of profession. Instructors use a variety of strategies during patient care clinical instruction, including such things as PICOT question development for EBP, patient teaching projects, clinical rounds, pre/post conferences, “hand off” reporting, student mini-reports on selected topics, cognitive/concept mapping, reflective logs, case studies, service learning projects, guided team leading experiences, “noticing” exercises, verbal care planning at bedside, documentation peer reviews, and student self evaluation.

Campus Lab: Two campus labs with a total of 17 beds are used by full and part time faculty to teach cognitive and psychomotor skills related to health assessment, medication calculations, nursing care, and clinical decision making in simulated patient situations using high-fidelity human patient simulations.

In response to facility requests for “skills validation lists” from students applying for internships and graduates applying for jobs, basic “essential skills” have been identified and junior level students must pass a “skills validation” practical test in the campus lab prior to providing care in a clinical setting (Skills Validation Booklet; Health Assessment Skills Validation Booklet). The number of skills, as well as the list of critical steps in each, has been reduced over the past five years in order to shift the focus from memorizing long lists of steps to that of gaining competence in the critical aspects of skills and adapting them to real patient situations. This also enhanced consistency among faculty members in testing students, though that issue must be continuously addressed to maintain consistent grading. The two skills validation booklets are available in the School of Nursing and are included as enclosures with this self study.

In response to student and faculty recommendations, the lab has been staffed for the past six years by selected part time faculty members on Fridays and some evenings for required student remediation and voluntary extra practice. Since implementation, the extra hours have been used extensively for these purposes, especially during the first nursing courses of the junior year. Student feedback has been very positive about having access to an instructor for extra help and practice.

Table 22 Campus Lab Resource Examples

LAB RESOURCE	LAB ACTIVITY	COMMENT
Beds, linens, small skill-specific models and associated supplies	Bladder catheter insertion, NG insertion, Wound care, Suctioning, Medication administration, IV insertion, Vital sign measurement	Used extensively in first clinical nursing course and Health Assessment course.
“Sounds Tutor” heart/breath sounds AND EKG rhythm strip simulators.	Student practice & testing in assessing heart and breath sounds as well as basic EKG rhythms.	Used extensively in Health Assessment and in Complex Care.
Manikins (non-high fidelity) Central line models – chester chest Foley insertion models Wound care models GT models IV models IM/SQ models	Practice hands on skills prior to clinical experience.	Used to increase student competence and assure minimal competency before bedside care.
Manikins (high fidelity) – 2 adult and 1 infant	Critical Care: Recognition of rapid-response situations, recognition of irregularities on EKG and vital sign monitors, code situations. Pediatric: Learning to assess vital signs, breath sounds, heart sounds, pediatric assessment practice, role playing – parental and nurse roles,	Use of high-fidelity mannequins (simman and simbaby) to replicate clinical experiences that students may be exposed to. Well-constructed case studies and scenarios have many of the clinical aspects that a student

LAB RESOURCE	LAB ACTIVITY	COMMENT
	pediatric drug calculations – safe dose, documentation, code scenarios. Use NLN NCLEX-RN based scenarios.	needs in order to react positively when exposed to that particular clinical situation in real life. The safe and non-threatening environment allows the student to learn without the stress surrounding real world clinical experience.
“Noelle” birthing simulator	Student visualization of fetus in utero and simulation of birth process, both vaginal and caesarian.	Used for maternity nursing class and campus lab
Wheel chairs, walkers, canes and other similar assistive devices	Student practice	Used primarily on junior level
Simulated medication bottles/vials, needles, syringes, alcohol pads etc	Student practice administering medications	Used at all levels, especially junior level
Ventilator – mechanical	Basic mechanical ventilator monitoring and trouble shooting.	Used by senior students.

Teaching & Learning Activities - Student Assignments: Student assignments are designed to support course objectives, promote self-directed learning and collaboration in groups, stimulate reflective and critical thinking, foster creativity, and enhance clinical judgment and decision making. They include such activities as reading assignments, online learning modules, asynchronous online threaded discussions, formal and informal written papers, internet searches, literature reviews, evidence-based clinical practice guideline development, critical analysis of research reports, interviews, and practice exams

Writing Assignments: In 2006, the School of Nursing became the first entire academic unit on campus to participate in the new CSU quality enhancement plan (QEP) initiative, “*Writing: the Solution*” (<http://sacs.colstate.edu/plan.php>). Required by the Southern Association of Colleges and Schools (SACS), the QEP plan was developed by a CSU task force based on faculty input campus-wide. The goal of the program is to graduate students who are competent writers in their discipline. During the first two years of college, the goal is to produce “competent writers” in general and during the last two years, to develop discipline specific “competent professional writers”. The QEP has been funded since its inception to provide faculty development, train student peer tutors, support a campus writing center, provide internal grants for QEP projects, and encourage other activities to fully implement the plan. The School of Nursing faculty members have received training on teaching and evaluating student writing, have developed and tested a common writing grading rubric, and have integrated formal and

informal writing assignments into nursing courses throughout the program. Several nursing faculty members have received internal QEP grants to support this project. The most current grant award is supporting development and implementation of nursing student electronic portfolios (e-folios) that are compiled over the course of the program. Table 23 summarizes the nursing QEP activities over the past three years.

Table 23 School of Nursing QEP Student Writing Project

YEAR	PROJECT / GOAL	COMMENT
2006-07	Establish benchmark for minimal level of writing Revise SON standardized writing rubric	- Identified a resource for grammar/writing, APA - Rubric revised with inter-rater reliability
2007-08	Writing across the curriculum Writing assessment grading policy development New faculty orientation to grading rubric	- Writing assignment integration into each course - Done workshop
2008-09	Student portfolio development Use of eFolio, MN	- Rubric/assignment developed - eFolio template developed
2009-10	Plagiarism module development	Currently in the works

Throughout the nursing program, students work in small groups on assignments designed to develop skills in teamwork and collaboration with peers to achieve a goal. Examples of group projects include conducting literature reviews, preparing and making audio-visual presentations, planning and holding health fairs, and doing patient teaching projects. Students begin in the junior year with teaching projects presented to small groups of patients and/or peers and culminate with development of a nursing practice guideline presented to groups of practicing nurses in the senior year.

Teaching Learning Activities - Online Learning Modules: Beginning several years ago, the School of Nursing began an online learning project based on requests by students as well as evidence indicating its effectiveness while offering flexibility to students. To ensure quality and maintain credibility of online nursing instruction the decision was made to require professional development related to online learning for any faculty member who engaged in learning module development or online teaching. The Indiana University School of Nursing online certificate program, "*Teaching & Learning in Web-based Courses*", which consists of four online courses (<http://nursing.iupui.edu/continuing/teachingweb.shtml>), was chosen to provide this training based upon its quality, affordability and accessibility. To date, all full-time faculty

members who have been at CSU two years or more have completed the program and earned the certificate. A number of online learning modules (Appendix R) have been developed and are now used throughout nursing courses. For example, learning modules related to nutrition are integrated throughout the nursing curriculum. NURS 3279 (Applied Pathophysiology) and NURS 4175 (Evidence-Based Practice) are currently taught on-line with optional face-to-face class meetings and on-site testing. Although a few students have given negative feedback regarding the learning modules (primarily citing learning strategies in which they say they are “teaching themselves”, failing to see the value of active learning), many more have given positive feedback. In fact, one of the major factors driving this project was student requests for online learning.

Teaching Learning Strategies – Student Success Program: In 2006, a Nursing Student Success Committee was formed and charged with developing a Student Success Program for nursing students aimed at reducing student attrition, increasing graduation rates, and increasing Nursing Exit Exam success. They reviewed the literature and implemented a variety of strategies to identify at risk students and provide early intervention to help them achieve success. Some of the strategies currently include:

- Identify at risk students beginning early in first semester of nursing courses
- Lunch and learn sessions
- Peer study groups
- Faculty mentor groups
- Practice national achievement testing

The initial program began in fall 2007 and was expanded in 2008 with partial support from a state grant. In fall 2008, the first positive impact was noted when the progression rate from junior to senior year nursing courses increased from 86 of 98 juniors progressed to the senior level (88%). When this class graduated in 2009, the graduation rate increased from 57% the previous year to 85%. In fall 2009, the progression rate of juniors to seniors remained at the same level (86 of 98 or 88%) and these 86 seniors are expected to graduate in 2010. The Nursing Student Success committee and program remain active and evolving. Table 24 captures the graduation rates from 2004 – 2009.

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).

Program Response:

The Nursing Advisory Board meets every semester and provides insights and suggestions from clinical practice and stakeholders. An example of the Advisory Board's impact on the curriculum is the new four-course series, Professional Development Perspectives. The course sequence was developed as a venue for teaching professionalism and concepts traditionally thought of as "nursing leadership and management" beginning with the first semester of nursing and integrated throughout the program. Basic professional nursing concepts are introduced in the first course and each subsequent course builds on previous courses in the series.

Adult learning strategies are emphasized in the BSN program because the student body is a diverse group of age, gender, ethnicity, and race (CSU Nursing Student Demographics, are available in the School of Nursing). Adult learners prefer to share life experiences and integrate them into learning, to learn relevant concepts that are immediately applicable in real life, and to avoid wasting time. The faculty members have integrated a variety of interactive activities such as role playing, case study discussions, collaborative practice exams, and cultural awareness and sensitivity experiences into nursing courses, which has previously been summarized.

CSU's Center for International Education has an English Language Institute (ELI) Coordinator who assists students who need to polish their English-speaking skills and prepare for the Test Of English as a Second Language (TOEFL), which is required for admission to CSU. English as Second Language (ESL) students must also pass a reading and grammar nursing admission test for eligibility for admission to the nursing program. The ELI coordinator has asked that all ESL students with concerns be referred to him for assistance. Junior students are placed with a senior student mentor with same cultural background for their first year of nursing school so that they have a role model from their own background.

The caliber and extent of teaching and learning using simulation has dramatically improved over the past six years with the acquisition of new procedure models (SoundsTutor simulator stations, and high fidelity human simulators (SimMan, SimBaby, Noelle Birthing simulator). Faculty members who demonstrated interest received training on use of simulation for teaching and learning. Last year two courses began a clinical rotation of two days per course in a simulation lab. One is a "crisis intervention" lab with SimMan in which students must make decisions and implement them based on assessment findings and SimMan responses to their actions (NURS 4279, Complex Care). The other is a similar experience using SimBaby for a pediatric learning experience (NURS 4280, Family & Community Nursing). Both of these are "value added" experiences and do not replace facility or community clinical experiences.

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 are ultimately responsible for evaluation of individual student learning outcomes.

Program Response:

The nursing student evaluation and grading requirements are based on expectations of nursing graduates and are published in the BSN Student Handbook each year and are reinforced in nursing course syllabi. Students must achieve a minimum 75% average on all exams AND a passing clinical grade in order to pass a nursing course. Once these two requirements are met, other graded assignments are calculated into the course grade in order to reward students for their efforts and achievement on those assignments, however, failure on these assignments could result in course failure. Table 24 summarizes nursing grading requirements and rationale.

Table 24 Nursing Grading Requirements & Rationale

EVALUATION REQUIREMENTS	RATIONALE
Passing (75%) Exam Average	Students must demonstrate ability to pass exams similar to the NCLEX-RN multiple-choice exam required for RN licensure in order to pass a nursing course.
Passing Clinical Performance	Students must demonstrate a basic ability to transfer and apply knowledge and skill to clinical situations in order to protect patient safety and meet legal standards of nursing practice.
Passing (75%) Course Grade	Passing course grade reflects at least a basic level of ability in the course, while allowing students the opportunity to demonstrate & be rewarded for excellence in a variety of ways rather than by exams alone.

Over the past six years the School of Nursing has undertaken a project to improve faculty exam item-writing skill to produce exams that are written in the NCLEX-RN format and test students' ability to critically think and make clinical decisions. The benchmark for written exams is at least 85% items requiring application and analysis for clinical decision making. All nursing exams are administered online in the same format that will be experienced on the NCLEX-RN. An online exam item development, banking and administration software program

(SmarTest by Elsevier, formerly HESIWare) is used to create and administer most exams. A number of course final exams are customized by Elsevier based on nursing course syllabi and outlines. The MedsPub Total Curriculum Support© online resource “*Learning System RN Online*” (<http://online.medspub.com/meds/schoolslibProdDetail-Tabs.aspx?pid=362&>) is a resource that provides tutorials and practice exams in the NCLEX-RN format and helps students learn to succeed on this type of exam. Each student has a password protected account.

Medication calculation exams with a passing benchmark of 90% or higher in no more than two attempts are required throughout the BSN program in order to protect patient safety validating a minimal level of student proficiency in drug (medications and intravenous fluids) calculations, taught in the first semester of the program. The benchmark had been 100% but was changed to 90% consistent with local facilities’ policies. Two attempts are allowed to help reduce student anxiety related to one high-stakes test. Table 25 summarizes the placement of calculation requirements and consequences of failing to meet benchmarks.

Table 25 Medication Calculation Requirements in BSN Program

Medication Calculation Requirement / Benchmark	Placement in Program	Consequences
Medication Calculation	NURS 3175 Pharmacology (1 st semester)	Fail NURS 3175
Medication Calculations Exam each semester	Beginning of semester prior to clinical experiences	Fail clinical nursing course associated with exam
Unit exams contain at least two medication calculations	Every clinical nursing course each semester	Student responsible for seeking assistance / remediation if fails to meet benchmark on an exam. Online remediation resources and campus lab instructors available for review and remediation.

Proficiency in drug calculations is also expected for clinical experiences in every clinical nursing course. Students are advised that failure to maintain drug calculation proficiency can result in unsatisfactory clinical performance and a clinical failure, which is reflected on the clinical evaluation form.

Nationally normed specialty achievement exams are administered at selected points throughout the program and a comprehensive Nursing Exit Exam is required at the end of the program (current vendor Elsevier) in order provide feedback to students and faculty and to help prepare students for success on the Nursing Exit Exam and the NCLEX-RN. The examination process provides not only testing, but also feedback and teaching through review of the answers and rationales for exam items. Students are responsible for paying the costs of these

examinations through nursing exam fees charged with tuition each semester. Some clinical courses use custom-developed final exams from the same vendor so that students will take the exam seriously and it will more accurately reflect students' abilities. In these cases, the scores are calculated into course grades. Students scoring below 850 probability score are responsible for reviewing areas of weakness for improvement and may be required to repeat the exam. The table below outlines the current specialty achievement exam schedule.

Table 26 Nursing Achievement Exam Placement

Nursing Achievement Exam	Placement 2009-2010
Fundamentals (PCN I customized final exam)	Junior year, end of 1 st semester clinical course
Pharmacology (customized final exam)	Junior year, end of 1 st semester
Medical Surgical / Pharmacology (PCN II customized final exam)	Junior year, end of 2 nd semester (used as mid-program benchmark)
Fundamentals Specialty Exam (PCN II, 5% course grade)	Junior year, end of 2 nd semester
MedSurg Specialty Exam (mid program benchmark and NURS 4279, 5% course grade)	Senior year, beginning 3 rd semester
Community/Maternity/Pediatrics (NURS 4280 customized final exam)	Senior year, end of 3 rd or 4 th semester
Management (NURS 4177 customized final exam)	Senior year, end of 3 rd or 4 th semester
Psychiatric Specialty Exam (in NURS 4279, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Obstetrics Specialty Exam (NURS 4280, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Pediatric Specialty Exam (NURS 4280, 5% course grade)	Senior year, end of 3 rd or 4 th semester
Exit Exam	Senior year, April, following required NCLEX-RN review course. Two attempts allowed in NURS 4377 (capstone course). If unsuccessful, repeat course summer term with focus on remediation and retesting with multiple attempts (see Appendix S, Exit Exam Policy)

Clinical evaluation of students is based upon expected behaviors contained in the course specific Clinical Evaluation Tool (example in Appendix M). The tool format is the same throughout the program with major headings, sections, and grading scale remaining the same. Expected student behaviors within major sections, though similar, are course-specific and reflect a progression from basic to complex. Students receive a grade of "S" (satisfactory), "U" (unsatisfactory), or "NI" (needs improvement) for the behaviors listed on the tool. The tool and expectations are provided and behaviors clarified to students prior to clinical experiences. Clinical evaluation is formative in the early weeks of a nursing course and becomes summative

at the end. Students are given feedback about their strengths, weaknesses, and suggestions for improvement. Any “NI” rating not improved to an “S” by the time of the summative evaluation results in a “U” for that objective and a clinical failure, thus course failure. Students must receive an “S” or “U” at final summative evaluation. “NI” is no longer appropriate because the formative evaluation period is over. Students receive only one grade for a nursing course, thus a clinical failure results in failure of the nursing course. If a student’s performance becomes unsatisfactory, he/she is placed on clinical probation, receives a formal letter of warning, and a clinical evaluation which reflects where the student must improve.

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.

Program Response:

Every semester, students complete evaluations of each nursing course, their teachers (classroom and clinical), and their clinical sites using specified data collections forms (Appendix O). Two years ago these forms were placed in an online format to facilitate aggregation of responses for analysis. Table 27 provides examples of how the results of evaluations have been used to facilitate program improvement.

Table 27 Program Improvements Based on Evaluation Results

EVALUATION	PURPOSE /	EXAMPLES
Course Evaluations (course summaries archived electronically on secure p-drive)	Consider identified patterns of student perceived course strengths and weaknesses in course planning and revision.	2007 NURS 3276 Health Assessment: Student feedback revealed that they were disappointed that all on-line modules were scheduled at the end of the semester. Faculty responded and evenly distributed the on-line modules throughout the semester. 2008 NURS 3275 Foundations of Nursing Practice: Student feedback revealed that they felt the lecture days were too long. Faculty responded and divided 3277 into 2-4 hour days for spring instead of a 6 hour one and a 2 hour one. Will

EVALUATION	PURPOSE /	EXAMPLES																		
		review Foundations for that opportunity in the fall. 2009 NURS 3111 Professional Development Perspectives: Student feedback revealed disappointment with the APA content delivered. They felt that the information was not clear. Faculty responded with requiring the 6th edition, 2nd run APA Manual as the resource for APA. 2007 <table> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> <tr> <td>NURS 4279</td><td>Psych content not very helpful and disorganized</td><td>Psych content on outline updated for current practice</td></tr> </table> 2008 <table> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> <tr> <td>NURS 4175</td><td>Students didn't feel comfortable enough with pulling items out of articles for mid-term</td><td>Use more practice articles throughout the semester</td></tr> </table> 2009 <table> <tr> <th>Course</th><th>Strength/Weakness</th><th>Action</th></tr> <tr> <td>NURS 4280</td><td>Not clear about what is to be expected to know on exams</td><td>Have a review for students especially before Exam 3, where clarity is needed about what to study</td></tr> </table>	Course	Strength/Weakness	Action	NURS 4279	Psych content not very helpful and disorganized	Psych content on outline updated for current practice	Course	Strength/Weakness	Action	NURS 4175	Students didn't feel comfortable enough with pulling items out of articles for mid-term	Use more practice articles throughout the semester	Course	Strength/Weakness	Action	NURS 4280	Not clear about what is to be expected to know on exams	Have a review for students especially before Exam 3, where clarity is needed about what to study
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Course	Strength/Weakness	Action																		
NURS 4280	Not clear about what is to be expected to know on exams	Have a review for students especially before Exam 3, where clarity is needed about what to study																		
Evaluation of Classroom Instructors	Consider identified patterns of student perceived classroom instructor effectiveness in self-evaluation and improvement activities as well as formal faculty evaluation process.	Used for self-improvement efforts and supervisor recommendations in annual self-evaluation portfolios and performance evaluations. Individual evaluations confidential and filed in School of Nursing.																		
Evaluation of Clinical Sites	Consider student identified strengths and weakness of clinical sites when making decisions to place student rotations there in the future, and help identify and resolve problems encountered in specific clinical sites.	2007 NURS 3277 Advanced Nursing: The teaching team elected to discontinue use of Hughston Orthopedic Hospital's Rehabilitation Unit based on student needs that were not being met by the patient population and routine. The Rehabilitation Unit's routine for patients included about 4 hours in the middle of the day dedicated to OT and PT, thereby decreasing student nurse contact time, which was reflected on their evaluations of the site.																		

EVALUATION	PURPOSE /	EXAMPLES
		NURS 4279 Psych-Mental Health Nursing (PMHN) Clinical Rotation <i>Changed PMHN clinical locations from the State psychiatric hospital to a private hospital.</i> Student feedback on Clinical Agency Evaluations was negative toward the facility (West Central Georgia Regional WCGRH) as well as the nursing staff. The student felt strongly that the staff was not helpful to the students nor that they wanted student nurses. The students also perceived the nurses to be uncaring and uninvolved in the care of the patient. Overall average for the 20 question evaluation tool was 3.77 in fall 2007. This perception was validated by Nursing Faculty. Student feedback on Clinical Agency Evaluations has consistently improved since the facility change in fall 2008. Student nurses report feeling very positive about the care the patients receive and about the welcoming nature of their learning environment. Overall average for the 20 question evaluation tool was 4.63, evidencing strong improvement. This perception was validated by Nursing Faculty.
Evaluation of Preceptors	Consider student identified strengths and weakness of individual preceptors when collaborating with facilities to make future preceptor selections.	Although each student completes an evaluation form on their preceptor, the tool is in the process of being revised by the Program Evaluation Committee. In preparing this self-study, a deficiency in a formal process for reviewing and responding to student evaluations of preceptors has been identified. This process will be developed and utilized at the end of preceptorship for Spring 2010.
Evaluation of Clinical Instructors (full and part-time)	Consider identified patterns of student perceived clinical instructor effectiveness in self-evaluation and improvement activities as well as formal faculty evaluation process.	Used for self-improvement efforts and future hiring decisions by School of Nursing. Individual evaluations confidential and filed in School of Nursing.

The BSN curriculum has undergone a thorough review and revision over the last two years, with the junior level implemented fall 2009. The guiding principles identified at the beginning of the process included, 1) *keep or add what is essential, relevant, and current*, 2) *delete what is non-essential or trivial, irrelevant or outdated*, 3) *incorporate most current national standards for nursing in the 21st century*, and 4) *introduce EBP and leadership concepts in first nursing course and integrate through program*, and 5) *balance student workload over the four semesters*. This was done with an agreement to maintain a “program level” perspective over

“pet content” perspective. Table 28 provides examples of how these principles guided the decisions and actions of the faculty.

Table 28 Curriculum Revision Guiding Principles and Examples of Actions

Guiding Principles	Example of Actions
Keep or add what is essential, relevant and current	Retained basic sequence of concepts, skills and competencies taught, beginning in the first year with concepts and skills basic to all nursing (foundations, assessment, pharmacology, medical terminology, medication calculations, pathophysiology) and progressing in the last year to more complex or specialized concepts and skills (basic critical care, pediatrics, maternity, acute mental illness, community nursing).
Delete what is non-essential or trivial, irrelevant or outdated.	- Considered national morbidity and mortality data, CDC incidence and prevalence data, community patterns and NCLEX-RN test plan in deciding to reduce number of specific diseases included in courses, limiting them to most commonly occurring in the nation and region. - In accordance with AACN Essentials, eliminated concepts determined to be outside the scope of practice of a “nurse generalist”. <i>Examples: Eliminated some of the more complex cardiac arrhythmias and focused only on the most commonly occurring and/or most deadly; Eliminated Neonatal Intensive Care rotation and made it an optional observation for highest performing students.</i>
Incorporate most current national standards for nursing in 21 st century.	Reviewed and retained: - NCLEX-RN Test Plan - AACN Baccalaureate Essentials - ANA Standards of Nursing Practice Reviewed and adopted: - QSEN Competencies (based on IOM competencies) - Joint Commission National Patient Safety Goals
Introduce EBP and leadership concepts in first nursing course and integrate through program.	- EBP introduced in PDP I first semester of nursing courses and expanded in PDP II second semester. - Nursing Research course renamed Evidence Based Practice and kept in third semester for all students. Course revised for higher level of knowledge and skill expected of senior students by third semester ... expanded teaching and learning activities in critical analysis of evidence and application of best evidence.
Balance student workload over the four semesters	- Each semester of nursing courses developed to contain 15 academic credit hours for total of 60. - Clinical courses in each semester equal in classroom and clinical hours.

Examples of program changes and evidence upon which the decisions were made are outlined in Table 29. The Program Evaluation Plan and an overview of findings and actions based on findings since 2003 are contained in Appendix B.

Table 29 Program Evaluation Results/Program Improvements: Examples 2005-2009

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS																												
2005	Pediatrics In 2004 moved NURS 3277 pediatric classes concepts to NURS 4275 (Parent Infant Nursing)	NURS 3277 (2 nd semester) contained some pediatric classes but taught in only adult clinical sites. Student feedback -- all pediatric classes be moved to NURS 4275 which teaches pediatric clinical labs (3 rd or 4 th semester) Follow-up student scores on pediatric scores, Exit Exam. <table><tr><th>YR</th><th>PEDS AVG SCORE</th></tr><tr><td>05</td><td>1032</td></tr><tr><td>06</td><td>960</td></tr><tr><td>07</td><td>894</td></tr><tr><td>08</td><td>893</td></tr><tr><td>09</td><td>913</td></tr></table>	YR	PEDS AVG SCORE	05	1032	06	960	07	894	08	893	09	913	Student feedback has been positive after pediatric classes moved to course with pediatric clinical rotations in 2004. Pediatric average scores dropped since 2005 but maintained around 900. Scores extracted from Exit Exams V1 annually.																
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05	1032																														
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2005	NURS 4280 - Created NURS 4280 (Family & Community Health) by combining NURS 4276 Community and NURS 4275 Parent Infant... implemented Fall 2006.	Student feedback of overwhelming clinical workload 3 rd or 4 th semester when NURS 4276 & 4275 were taken together in the same semester...had 4 clinical days/week. Review of workload for those two courses in one semester = 270 hours compared to 180 in other terms. Average scores from Exit Exams: <table><tr><th>YR</th><th>PEDS</th><th>MAT</th><th>CH</th></tr><tr><td>04</td><td>922</td><td>911</td><td>807</td></tr><tr><td>05</td><td>1032</td><td>1076</td><td>1011</td></tr><tr><td>06</td><td>960</td><td>941</td><td>923</td></tr><tr><td>07</td><td>894</td><td>930</td><td>906</td></tr><tr><td>08</td><td>893</td><td>882</td><td>831</td></tr><tr><td>09</td><td>913</td><td>865</td><td>954</td></tr></table>	YR	PEDS	MAT	CH	04	922	911	807	05	1032	1076	1011	06	960	941	923	07	894	930	906	08	893	882	831	09	913	865	954	Average student scores on maternity, pediatric and community health nursing achievement exams have been maintained around 900.
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Spring 2007- Spring 2009	Major Curriculum Review & Revision Curriculum consultants Donna Ignatavicius and Jean Giddens reviewed program and provided workshops. Revised program outcomes based on QSEN competencies. Reviewed and updated philosophy and organizing framework.	Based on review of national standards recommended by CSU Advisory Board members (QSEN competencies, Joint Commission National Patient Safety Goals) identified need for more emphasis on: - Information Technology - Quality Improvement Processes Based on review of AACN recommendations for baccalaureate nursing education, identified need for more emphasis on: - Geriatrics	Curriculum committee approved changes at college and institution levels. Monitor student outcomes according to Program Evaluation Plan once phased in implementation begins fall 2009.																												

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS
	Developed balanced Professional Clinical Practice (PCN) course sequence (11 credit hours per semester). Developed Professional Development Perspective (PDP) four-course series to teach professional, EBP, and leadership concepts throughout program. NURS 3176, Nutrition, eliminated and content integrated into clinical courses across program. NURS 4175, Nursing Research, name changed to Evidence Based Practice to reflect actual content. EBP principles introduced 1st semester in PDP I. Reviewed and revised BSN Curriculum Map.	• End of Life Care Based on results of graduate-exit and alumni surveys, identified need for more emphasis on: • Cost Effective Care • Global Health Based on recommendation of Nursing Advisory Board, need more emphasis on: • Nurses as Leaders • Quality Improvement Processes Curriculum map & courses review revealed • “curriculum overload” ... much has been added over the years and very little removed • Some unintentional overlap in course content • Unbalanced academic workload across program (12-17 hours per semester) • Essential concepts not introduced until senior year (EBP; delegation; organizing and prioritizing care; leadership;	

STANDARD IV

PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

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.

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. 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). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. 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).

Program Response:

The School of Nursing collects and aggregates student data related to expected program outcomes on a regular basis in accordance with the Program Evaluation Plan. Table 30, Student Outcome Data Collection Plan is derived from the Program Evaluation Plan (Appendix B) and outlines the type of data collected, how it is collected, when it is collected, and how it is calculated or aggregated. Exact employment data has been very difficult to obtain in hard numbers. By student report at time of graduation, 90% or more of any given graduating class have already accepted employment offers. By local facility informal report, it is estimated that 80% or more of BSN graduates remain in this geographic area each year.

Table 30 Student Outcome Data Collection Plan

DATA TYPE	COLLECTION METHOD	COLLECTION TIMING	COMMENT
BSN Program Retention Rate (JR to SR progression)	CSU online course reports - # of nursing seniors enrolled each fall.	October	Retention rate calculated: <i># seniors enrolled divided by # admissions previous fall</i>
BSN Pre-licensure Graduation Rate	Record # new admissions to NURS 3275 (first clinical course) every fall. Record # of graduates spring/summer two years later.	October December	Graduation rate calculated: <i># graduates spring-summer divided by # enrolled in NURS 3275 two years previously.</i>
Nursing Exit Exam Pass Rate	Exit Exam grade sheets/ reports (Elsevier, online)	May-August annually	Calculations: 1 st attempt pass rate – May 2 nd attempt pass rate – May 3 rd – 4 th attempt pass rate – summer Passing in >4 attempts not calculated.
NCLEX-RN Pass Rate (first attempt)	NCLEX-RN Program Reports (Pearson Mountain Measurement)	Reports received twice yearly: Apr-Sep Oct-Mar	Aggregated for each calendar year.
Graduate Exit Satisfaction Survey	Educational Benchmark Inc	Spring annually	Longitudinally compared to previous results
Alumni Survey	Educational Benchmark Inc	Every two years, spring	Longitudinally compared to previous results
Employer Survey	Educational Benchmark Inc	Every two years, spring	Longitudinally compared to previous results

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.

Program Response:

Annual NCLEX-RN pass rates, graduation and attrition rates are reviewed annually and finalized at the end of the calendar year. Table 31 (extracted from Aggregated Student Data Cumulative Appendix D) summarizes aggregated student outcome data over the past four years.

Table 31 Aggregated Student Outcome Data 2006 - 2009

YEAR GRAD	# Admit 2 yrs prior	# GRAD Generic/ RN	Grad / Attrition Rate	TOTAL# NCLEX- RN Writers	#PASS FIRST TRY	% PASS FIRST TRY	4-YR AVG %PASS 1 st TRY	COMMENTS
2006 adm04 apply	74 4 repeat. + 8 RN	52 (+5 RN)	73.3%/ 26.7%	52	52	100%	153/163 = 93.87%	• 3rd ICAPP Graduates • Adm 71 fall 2004 • Lowest GPA 2.92 (min req 2.50)
2007 adm05	76 Includes 6 repeat. + 6 RN	64 + 5 RN	84%/ 16%	64	61	95%	187/ 195 = 95.8%	New NCLEX-RN Exam Apr 07 • 4th ICAPP Graduates • Adm 70 in 2005 • Lowest GPA 3.05 (min req 2.50) • First class taking NURS 4280 Family & Community Health
2008 adm06	98 + 5 RN	56 (May 49 July 7)	57%/ 43%	56	52	93%	203/ 216= 94%	• Adm 91 fall 06 • Lowest GPA 3.11 (min increased to 2.75) • Lost 31 JRs Fall 2007 • Received NETF Nursing Initiative Grant (Faculty Salaries & Student Success Program)
2009 adm07	98 +3 RN	82	85%/ 15%	79	78 (3 pending 1 st attempt Jan10)	98.7%	243/ 251= 96.8%	• Adm 102 fall 07 • 11 JR repeaters: 4 Foun; 2 Assess; 5 Pharm • Began the mid-program review in 1st semester of Senior year • 30 students had remediation in Summer 09 for success on exit HESI Exam; all students successful • Recommendation to increase the number of specialty exams thru the Program
				4/8/10 81	4/8/10 79	4/8/10 97.5%	4/8/10 244/ 253 96%	

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.

Program Response:

In 2006, the School of Nursing began gathering graduate exit, alumni, and employer satisfaction data through Educational Benchmarking Inc (EBI) which provides online surveys and extensive data reporting. Prior to that time, return rates on faculty made mailed surveys had fallen to unacceptably low rates (<20%) and thus were not useful in evaluating program

effectiveness. EBI survey return rates have increased and the reports have provided very valuable data including:

- mean score summaries for each factor and for each item comprising the factors
- statistical comparison of factor mean scores to the weighted means of three groups of other nursing programs: 1) six similar schools, 2) same Carnegie Class schools, 3) all EBI schools.

Respondents rate the factors using a 7-point Likert Scale.

The Senior Exit Survey is done annually in spring for current graduates. For the four years surveyed (2006-2009), results have demonstrated factor mean scores above or equal to the three comparison groups.

Alumni and employer surveys are administered every two years (spring of even years) for the graduates who have been in practice for one and two years. The titles of EBI reports can be confusing as to the actual respondents' graduation year. For example, the EBI report titled "*2005-2006 Alumni Survey*" was conducted in spring 2006 but actually reports responses from 2004 and 2005 graduates. The "*EBI 2007-2008 Alumni Survey*" was conducted in spring 2008 and reflects responses from 2006 and 2007 graduates. The 2009-2010 alumni survey will be conducted in spring 2010 for graduates of 2008 and 2009.

The first alumni survey of 2004 and 2005 graduates revealed two major factors needing increased emphasis in the program: "*problem solving*" and "*management skills*". In 2006 the faculty had already begun a project to increase "application and analysis" exam items on nursing exams to 85% or more of the items. In addition, they identified the need to incorporate more critical thinking, clinical judgment and decision making, and problem solving into all nursing course teaching and learning activities. Multiple workshops over a period of several years were held to improve not only faculty exam item writing skills, but also to enhance their knowledge and skill using interactive teaching strategies that provide students practice in those cognitive skills.

When reviewing the questions associated with each major factor, several other areas in need of more focus were identified:

- global health care
- cost factors in care delivery
- health policy impact on populations
- function as member of health care team
- organization of health care delivery systems
- culturally competent care
- promotion of healthy communities
- accountability

- incorporate nursing standards
- make effective presentations

The faculty realized that the first five topics were either not addressed or only minimally addressed in the program, thus were added to various courses. The last five topics were already incorporated into the curriculum, but needed increased visibility and emphasis, which was done.

The second survey (2006 and 2007 graduates) reflected a dramatic improvement in mean scores and comparison ratings on major factors needing improvement as well as the ten topics identified from review of all factor questions. Ranking within all three comparison groups in overall program effectiveness also improved. Table 32 summarizes the factor mean scores (7 point Likert scale), performance descriptions (superior to extremely poor), ranking in comparison to the three benchmarks groups, and actions taken by faculty. EBI results are available in the School of Nursing office and on a password protected portion of the vendor's website.

Table 32 EBI Alumni Survey Results and Actions 2006-2009

FACTOR	GRADS 04 & 05 MEAN SCORE	GRADS 06 & 07 MEAN SCORE	COMMENT
Number of respondents / number of surveys sent	29 / 79 37%	38 / 117 35%	
Nursing program promoted successful career	6.14 Excellent Above 2 grps	6.15 Excellent Above 2 grps	
School activities contributed to success	4.89 Good No difference	4.94 Good No difference	
Enhanced patient relationships and care	5.53 Excellent No difference	6.17 Excellent Above 3 grps	
Enhanced problem solving <i>* Top predictor of overall program effectiveness rating for 06-07 group</i>	5.36 Good No difference	6.18 Excellent Above 3 grps	2006 – increased focus on clinical decision making, critical thinking and problem solving in teaching – reflected in exam items.
Enhanced community health care	5.10 Good No difference	5.85 Excellent Above 3 grps	
Enhanced professional relationships	5.10 Good No difference	6.16 Excellent Above 3 grps	
Enhanced professional skills	5.52 Excellent No difference	6.24 Excellent Above 3 grps	

FACTOR	GRADS 04 & 05 MEAN SCORE	GRADS 06 & 07 MEAN SCORE	COMMENT
Enhanced management skills	4.87 Good No difference	5.57 Excellent Above 3 grps	2006 – increased teaching in nursing delegation as well as organizing and prioritizing care – reflected in exam items.
Overall program effectiveness	5.28 *Rank 6 / 7 Rank 10 / 18 Rank 29 / 56	5.14 *Rank 3 / 7 Rank 15 / 39 Rank 54 / 148	06-07 other factors ranked: # 1,2 & 3 of 7 (6 similar programs) # 1-5 of 22 (same Carnegie class) # 1-16 of 84 (all EBI programs)

*1st ranking is with six similar schools; 2nd ranking is with same Carnegie class schools; 3rd ranking is with all EBI schools.

Employers are emailed survey invitations by EBI if the alumnus provided an email address for them. In both surveys, we received less than six employer responses, which made the data unusable. The program relies on the Nursing Advisory Board and other contacts within the community for feedback about employer satisfaction.

Graduating senior exit surveys are done each spring. Over the past four years, ratings have remained fairly stable. The results of the 2009 graduate exit survey are not as useful as previous years because of the low response rate, which resulted from the unintentional delay of survey launch until a few weeks after students graduated. In prior years, it had been launched in mid spring and closed prior to the last day of class, which gave faculty time to encourage graduates to complete it. Future exit surveys will be launched and closed prior to the last day of class to maintain high response rates.

Results from graduates in 2007 identified the factor “*course lectures*” as a strength and “*facilities and administration*” as an area for improvement. In looking at questions for the latter factor, the one that had a mean slightly lower than weighted group comparisons was “*quality of classrooms*”. An interior building renovation, including classrooms, was done summer 2006 just before their senior year. During their senior year, updated media equipment was installed in all classrooms and larger student desks were purchased. Later classroom ratings improved.

Results from graduates in 2008 identified two factors as strengths: “*course lecture*” and “*classmates*”. No major factors were noted as in need of improvement. Review of questions comprising each factor revealed the following weak areas:

- global health care
- organization of health care delivery systems
- tuition / fee level
- feedback from instructors on assignments

The first two are already priorities in the curriculum revision process. The dissatisfaction with tuition/fee level is likely the results of fees associated with nursing courses that pay for achievement testing, external NCLEX-RN review courses, and online resources. The faculty agreed to make extra efforts to provide students timely feedback on assignments.

Results from 2009 graduates (response rate only 28%) revealed an even lower satisfaction with “*facilities and administration*”, in large part due to the implementation by the CSU president of a nursing program fee of \$65/credit hour to make up for extreme state budget cuts fall 2008. Of this estimated \$300,000 per academic year in revenue, 10-15% is taken by CSU, 50% pays for part time clinical nursing faculty, and the remaining amount provides salary supplements to full time nursing faculty. Sub-factor areas that still need improvement are:

- cost factors of care
- global health care environment
- organization of health care delivery systems
- feedback on assignments

Further efforts are being explored to strengthen the learning experiences with these topics.

With the 2009 graduates, one sub-factor that was rated lower than in the past was “*clinical teaching*” and “*classroom teaching*”. Based on comments from students, some do not like online learning modules or interactive, application class discussions that require preparation for class activities and/or independent online work. Some stated they “*have to teach themselves*” and did not understand that engaged, interactive learning requires a different kind of student effort. The faculty will work on ways to begin trying to change this mindset and attitude toward academic, work beginning with the first nursing courses.

Table 33 EBI Graduating Senior Exit Survey Results and Actions 2006-2009

FACTOR	GRADS 2006 MEAN SCORE	GRADS 2007 MEAN SCORE	GRADS 2008 MEAN SCORE	GRADS 2009 MEAN SCORE
Number of respondents / number of surveys sent	36 / 52 69%	60 / 64 94%	61 / 62 98%	23 / 83 28%
Overall program effectiveness	5.54 Rank 2 of 7 Rank 6 of 47 Rank 21 of 139	5.14 Rank 3 of 7 Rank 15 of 39 Rank 54 of 148	5.30 Rank 3 of 7 Rank 19 of 55 Rank 61 of 194	4.83 Rank 4 of 7 Rank 28 of 60 Rank 110 of 220
Quality of nursing instruction	5.29 Good	4.99 Good	5.08 Good	5.12 Good
Work and class size	5.80 Excellent	5.71 Excellent	6.43 Excellent	5.75 Excellent
Course and lecture interaction	5.83 Excellent	5.74 Excellent	5.75 Excellent	5.88 Excellent

FACTOR	GRADS 2006 MEAN SCORE	GRADS 2007 MEAN SCORE	GRADS 2008 MEAN SCORE	GRADS 2009 MEAN SCORE
Facilities and administration	5.49 Good	5.09 Good	5.40 Good	5.34 Good
Classmates	6.10 Excellent	5.66 Excellent	5.69 Excellent	6.01 Excellent
Professional values	6.67 Excellent	6.65 Excellent	6.43 Excellent	6.50 Excellent
Core competencies	6.35 Excellent	6.03 Excellent	6.16 Excellent	6.45 Excellent
Technical skills	6.60 Excellent	6.45 Excellent	6.47 Excellent	5.99 Excellent
Core knowledge	6.09 Excellent	5.64 Excellent	5.80 Excellent	5.55 Excellent
Role development	6.32 Excellent	6.26 Excellent	6.13 Excellent	6.03 Excellent
COMMENTS	Rank 1 of 7 similar schools on all factors. Above weighted means of all comparison groups on all factors except "quality of nursing instruction" (which was no difference)	Rank 1-3 of 7 on all other factors except one (rank #4) Above weighted means of similar six on 5 factors and no difference on others.	Rank 2-3 of 7 on all other factors. Above weighted means of similar six on all factors except "quality of nursing instruction" (which was no difference)	Rank 2 of 7 on 6 factors & 3-4 on 3 factors. Above weighted means of similar six on 3 factors and "no difference" on others. Response rate low because survey not launched few weeks after students graduated. Will launch and complete prior to last nursing course completion.

*1st ranking with six similar schools; 2nd ranking with same Carnegie class schools; 3rd ranking with all EBP schools.

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.

Program Response:

The program evaluation plan and an overview of findings and actions based on findings are contained in Appendix B and C. Supporting data and more detailed reports are available in a program evaluation notebook and files housed in the nursing office. Examples of major program/curriculum changes and evidence upon which the decisions were made are outlined in Table 34 for 2005-2009.

Table 34 Program Evaluation Results/Program Improvements: Examples 2005-2009

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS																												
2005	Pediatrics In 2004 moved NURS 3277 pediatric classes concepts to NURS 4275 (Parent Infant Nursing)	- NURS 3277 (2nd semester) contained some pediatric classes but taught in only adult clinical sites. - Student feedback -- all pediatric classes be moved to NURS 4275 which teaches pediatric clinical labs (3rd or 4th semester) - Follow-up student scores on pediatric achievement exam <table><tr><th>YR</th><th>PEDS AVG</th></tr><tr><td>05</td><td>1032</td></tr><tr><td>06</td><td>960</td></tr><tr><td>07</td><td>894</td></tr><tr><td>08</td><td>893</td></tr><tr><td>09</td><td>913</td></tr></table>	YR	PEDS AVG	05	1032	06	960	07	894	08	893	09	913	- Student feedback has been positive after pediatric classes moved to course with pediatric clinical rotations in 2004. - Pediatric achievement exam average scores dropped since 2005 but maintained around 900.																
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Spring 2007- Spring 2009	Major Curriculum Review & Revision Curriculum consultants Donna Ignatavicius and Jean Giddens reviewed program and provided workshops. Revised program outcomes	Based on review of national standards recommended by CSU Advisory Board members (QSEN competencies, Joint Commission National Patient Safety Goals) identified need for more emphasis on: - Information Technology - Quality Improvement Processes Based on review of AACN	Curriculum committee approved changes at college and institution levels. Monitor student outcomes according to Program Evaluation Plan once phased in implementation begins																												

DATE	CURRICULUM / PROGRAM CHANGE	EVIDENCE	EVALUATION OF EFFECTIVENESS
	based on QSEN competencies. Reviewed and updated philosophy and organizing framework. Developed balanced Professional Clinical Nursing (PCN) course sequence (11 credit hours per semester). Developed Professional Development Perspective (PDP) four-course series to teach professional, EBP, and leadership concepts throughout program. NURS 3176, Nutrition, eliminated and content integrated into clinical courses across program. NURS 4175, Nursing Research, name changed to Evidence Based Practice to reflect actual content. EBP principles introduced 1st semester in PDP I. Reviewed and revised BSN Curriculum Map.	recommendations for baccalaureate nursing education, identified need for more emphasis on: • Geriatrics • End of Life Care Based on results of graduate-exit and alumni surveys, identified need for more emphasis on: • Cost Effective Care • Global Health Based on recommendation of Nursing Advisory Board, need more emphasis on: • Nurses as Leaders • Quality Improvement Processes Curriculum map & courses review revealed • “curriculum overload” ... much has been added over the years and very little removed • Some unintentional overlap in course content • Unbalanced academic workload across program (12-17 hours per semester) • Essential concepts not introduced until senior year (EBP; delegation; organizing and prioritizing care; leadership;	fall 2009.

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.

Program Response:

The consistency of faculty outcomes and performance standards as well as the faculty evaluation process has already been addressed in standard 1-C. The faculty outcomes are consistent with the mission and expected student outcomes of the nursing program as reflected in Table 35.

Table 35 Faculty Outcomes and Program Mission and Outcomes

Faculty Outcome	Mission	Program Outcomes	Comment
Teaching Superior teaching as determined by peer and student evaluation and administrative review • Teaching Effectiveness • Teaching Team Member Effectiveness • Course Coordinator Effectiveness • Curriculum & Program Development & Evaluation	Teaching Prepare a baccalaureate nurse generalist.	Patient centered care Safety Quality improvement Evidence based practice Communicate & collaborate Information technology Leader	Faculty members must demonstrate ability to teach these major outcome concepts within their clinical specialty. Faculty must function as team members and team leaders. The program emphasizes evidence based teaching strategies.
Scholarship Academic achievement; this shall include scholarly and artistic attainment, as determined by peers and superiors Professional growth and development; this shall include contributions to the teaching profession, a scholarly discipline and the overall common educational process, as determined by peers and administrative reviews.	Scholarship & Professional Development Enhance Professional Knowledge, Skill & Abilities Share Professional Knowledge, Skill & Abilities Apply or Discover Knowledge	Quality improvement Evidence based practice Communicate & collaborate Information technology Leader	Faculty members must demonstrate continuing professional development in order to remain clinically current and to continuously improve teaching knowledge and skill. The program has significantly expanded its use of technology to support teaching and learning, and faculty have had to continuously improve their own abilities using technology effectively.
Service Outstanding service to the institution Service to the community	Service Activities performed without compensation that require professional and/or discipline specific knowledge or skill that contribute to: • University (includes SON) • Professional organizations • Public agencies • Non-profit agencies • Other service agencies	Communicate & collaborate Leader	Faculty members are expected to perform service within the SON and may select service as one of the areas in which they wish to excel. If so, the expectations for involvement in service are greater. Faculty serve as role models for students.

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.

Program Response:

In 2007, the Nursing Exit Exam policy was changed in response to complaints of two students who failed it multiple times. The policy has been revised slightly since that time and currently focuses on helping students gain the knowledge and skill they need to pass it rather than limiting attempts and excluding them from graduating. If a student does not pass the exam in two attempts in NURS 4377 spring term, they do not graduate in spring and repeat the course the immediately following summer term. In 2009 the Exit Exam policy stated that students are provided remediation resources and activities and are allowed to repeat the exam every 30 days. If they have not passed by the end of summer term, they receive a grade of “incomplete” and continue to take the exam until the end of December. If they have not passed by that time, their “incomplete” is converted to “F” and they do not graduate. Summer 2009 all repeating seniors passed the Exit Exam and graduated August 2009. For seniors in the class of 2010, the policy was revised to allow exam retake every 21 days and to limit total attempts to seven, two in spring and five more in summer. This decision was based on two things. The change to 21 days between exams attempts was to allow students to complete the process more quickly and become eligible for NCLEX-RN more quickly. The change to limiting attempts to seven was based on the fact that more than seven attempts was excessive, especially given the amount and type of remediation provided to students who had to repeat the exam multiple times.

Updated 02/15/2010

Date of Hire:
Tenured: Yes (date)
Date Last Post Tenure Review: NA
Rank:
Date of Last Promotion:

Columbus State University
School of Nursing
Columbus, Georgia 31907

School of Nursing Faculty Evaluation Criteria

FACULTY NAME _____

DATE _____

Faculty members are evaluated annually and at the time of application for promotion or tenure in the areas of **teaching & learning, scholarship & professional development, and service**. Evaluation criteria were developed and approved by the School of Nursing.

FACULTY INSTRUCTIONS:

By January 31 of each year, submit a self-evaluation for each of the three major areas of evaluation, addressing behaviors listed for each. Include any relevant documentation to support self evaluation (e.g. appraisals from students, colleagues, administrators; letters of appreciation / service; certificates for certifications / continuing education; award documentation; etc).

RATINGS

M = MERITORIOUS (defined below)	N = NEEDS IMPROVEMENT (less than successful)
S = SUCCESSFUL (defined below)	NA = NOT EVALUATED / NOT APPLICABLE

EVALUATOR COMMENTS

I TEACHING EFFECTIVENESS

Classroom & Clinical Teaching

•

Collaboration & Teamwork

•

II SCHOLARSHIP & PROFESSIONAL DEVELOPMENT

III SERVICE

•

FACULTY MEMBER COMMENTS *(continued on reverse side)*

An evaluation conference was held on (date) _____

Faculty Signature _____ Date _____

Evaluator Signature _____ Date _____

I TEACHING EFFECTIVENESS

Teaching and learning are the primary focus for evaluation in accordance with the mission of Columbus State University, which is a regional teaching university. Indicators of achievement in the area of teaching and learning in nursing education include criteria in five major areas. Faculty members are expected to adequately meet criteria for “successful” performance in teaching and learning.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (OUTSTANDING)	N	S	M
TEACHING EFFECTIVENESS				
Complies with university system and university policy such as attendance, meeting classes, return of graded assignments, etc.	NA			
Averages an instructional load of 12 semester hours per semester or its equivalent.	Voluntarily assumes overload in teaching responsibilities for which no remuneration is awarded... assumes difficult teaching assignments.			
Receives student instructor evaluations that are consistently positive (average score 4.00-4.49 on CSU Evaluation form for behaviors #3-20 & #23-26, which reflect individual instructor behaviors rather than team decisions).	Receives student instructor evaluations that are consistently <i>highly</i> positive (average score 4.50-5.00 on CSU Evaluation form for behaviors #3-20 & #23-26, which reflect individual instructor behaviors rather than team decisions).			
Receives consistently positive peer evaluations and makes improvements in areas of weakness.	Receives peer evaluations that are consistently <i>highly</i> positive and recognize faculty member as a very highly effective / excellent teacher.			
Participates in continuous quality improvement activities in teaching and learning.	Takes initiative to actively plan and implement continuous quality improvement activities in teaching and learning.			
Develops and maintains organized, clear, meaningful, and current teaching materials.	Develops and maintains teaching materials recognized by peers and students as <i>highly</i> organized, clear, meaningful, and current.			
Develops exam items that reflect decision making and critical thinking at levels appropriate for students	Demonstrates <i>outstanding ability</i> in the development of exam items and test item banks that reflect decision making and critical thinking at levels appropriate for students. Serves as role model.			
Provides guidance and assistance as needed / requested and is available for students during regular class times and by appointment.	Receives recognition for devoting extra time & effort in helping/guiding students in addition to expected availability for such assistance			
	Develops innovative teaching & learning activities that are effectively implemented and serve as a role model.			
	Receives honors or awards in the area of teaching effectiveness.			
TEACHING TEAM MEMBER EFFECTIVENESS				
Attends and participates in teaching-team meetings and completes assigned activities to support team functioning.	Attends and actively participates in teaching-team meetings, often volunteering for and responsibly completing activities to support effective team functioning.			
Makes positive contributions to teaching team consistency and effectiveness.	Makes outstanding contributions to teaching team consistency and effectiveness.			
Cooperates and collaborates in planning, implementing and evaluating courses: • Shares ideas and opinions in an assertive, clear, respectful and tactful manner • Listens to and is respectful of the ideas and opinions of others, including students • Open to new ideas & opinions different from own • Implements and supports group decisions, even if different than own preference • Assumes and effectively completes a fair share of extra duties and responsibilities required for School of Nursing and program functioning • Regularly attends and participates in nursing faculty meetings, committees, ad hoc groups, course team meetings, and activities required to maintain course, school and program functioning.	Recognized by peers for consistently exemplifying outstanding ability to collaborate and foster an atmosphere of open, constructive communication and collaboration.			

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (OUTSTANDING)	N	S	M
COURSE COORDINATOR EFFECTIVENESS				
Plans, organizes, and publishes drafts of course syllabi, schedules, outlines and other course materials far enough in advance to involve team members in timely course planning.	Recognized by peers as outstanding in ability to plan, organize, lead and document teaching team activities that promote effective teaching team functioning.			
Plans, schedules, and leads regular team meetings in a way that promotes teaching-team consistency as well as team planning, implementation and evaluation of courses	Receives recognition from peers for outstanding ability to promote teaching-team collaboration, consistency and effectiveness.			
Coordinates course administrative activities related to student issues and problems (e.g. professional conduct, academic/clinical weakness/failure, probation, student complaints/concerns, etc)	Receives recognition from peers and students for outstanding ability to address student and/or faculty issues and resolve problems/concerns in a positive and effective manner.			
Submits & maintains timely teaching-team and course records (e.g. team meeting minutes, course evaluation summaries, etc) as well as accurate and current student files and records	Submits & maintains highly organized, effective and timely teaching-team and course records (e.g. team meeting minutes, course evaluations summaries, etc) as well as accurate and current student files and records.			
Provides feedback about part-time faculty teaching effectiveness to Director, School of Nursing.				
CURRICULUM & PROGRAM DEVELOPMENT & EVALUATION				
Attends and participates in School of Nursing committee meetings and activities.	Receives recognition from peers for outstanding ability to plan, organize, lead and document teaching team activities that promote effective teaching team functioning.			
Participates actively in committees and activities required for ; - implementation of the nursing program systematic evaluation plan - revision and continuous quality improvement of nursing curriculum - meeting standards of the Georgia Board of Nursing and national accrediting organizations	Initiates and consistently makes significant contributions in leading, planning and implementing activities to achieve the goals of : - School of Nursing and curriculum committees and/or - implementation of the nursing program systematic evaluation plan and/or - revision and continuous quality improvement of nursing curriculum and/or - meeting standards of Georgia Board of Nursing and national accrediting organization.			

II SCHOLARSHIP AND PROFESSIONAL DEVELOPMENT

Scholarship and professional development include activities that contribute to enhancing own professional knowledge, skills and abilities in teaching and clinical specialty; the development of new educational techniques/strategies; or the discovery of new knowledge. Indicators of achievement in the area of scholarship and professional development in nursing education include criteria in four major areas. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious scholarship & professional development activities involve those that involve major time commitments and/or show clear evidence of positive impact.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
ENHANCE PROFESSIONAL KNOWLEDGE, SKILL & ABILITIES				
Participates in continuing education activities and programs relevant to teaching and learning, education or professional discipline annually.	Participates in formal educational activities (e.g. doctoral study, post-graduate study, special programs, residency, fellowships, etc)			
	Updates and enhances clinical knowledge, skill and judgment through professional practice in nursing.			
	Maintains current national certification in a professional nursing specialty.			
	Maintains national certification in a specialized clinical program recognized by a national professional organization (e.g. ACLS, PALS)			
	Participates actively or is newly inducted into national professional honor society or organization.			
SHARING PROFESSIONAL KNOWLEDGE, SKILLS & ABILITIES				
Publishes articles relevant to health care, nursing or	Publishes an original professional book or chapter in			

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
education in publications for the public when requested.	a professional book, published by a reputable publisher			
Presents inservice and/or short continuing education offerings for peers within the School of Nursing.	Publishes a monograph or article in a refereed national or international journal, either online or print			
	Presents an invited or contributes papers, lectures or competitively selected papers, poster presentations at local, state, regional, national or international meetings.			
	Writes successful grants and/or serving as official grant reviewer.			
	Serves as editor of a journal, appointment to the editorial board, or a manuscript/book/film reviewer for a journal or reputable publisher			
	Publishes articles relevant to health care, nursing or education in publications for the public			
	Serves effectively as a teaching preceptor for graduate students from other institutions			
	Serves as test item writer for NCLEX-RN or for nationally recognized nursing achievement testing service.			
	Selected for fellowships, residencies, or other programs that are competitively selected.			
EDUCATIONAL TECHNIQUES / STRATEGIES				
	Develops online, web-based or computer mediated instruction based on established pedagogy for such instruction			
	Develops & evaluates formal innovative teaching and learning techniques/strategies			
DISCOVERY OF NEW KNOWLEDGE				
	Originates & conducts basic and applied professional nursing or educational research (including action research as well as formal research)			
	Participates in the basic or applied professional nursing or educational research of other primary investigators or as part of a research team (including action research as well as formal research)			

III SERVICE

Service includes activities that contribute to the university, professional organizations, public agencies, non-profit agencies, health and human service agencies, or other service agencies without compensation. Indicators of achievement in the area of service include the following criteria. An individual faculty member is expected to meet only some of these criteria rather than all or even most of them. The most meritorious service activities are those that involve major time commitments and/or show clear evidence of positive impact.

BASIC EXPECTATIONS (SUCCESSFUL)	MERITORIOUS SERVICE (EXCELLENT)	N	S	M
SERVICE				
Participates in university / college committees, councils, and volunteer faculty activities that require active involvement of faculty member in order for group to accomplish its goals.	Participates actively and contributes to university / college committees, councils, and activities that require a significant time commitment to achieve goals.			
Participates in professional / community organizations, committees, boards, task forces, etc.	Serves in a leadership role on college and university committees and councils, professional/community organizations, committees, boards, task forces, etc			
Collaborates with university faculty, staff and students in internally-based community outreach programs.	Participates in an active and ongoing manner in leadership roles for professional / community organizations, committees, boards, task forces, etc.			
Participates competently in student academic advising.	Receives awards and recognition for service.			
	Performs voluntary community activities/teaching (e.g. CPR, ACLS, childbirth education, inservices, Headstart programs, food banks, health promotion programs, etc.)			
	Serves as faculty advisor for active student organizations.			

Faculty Initials _____ Date _____

Evaluation Initials _____ Date _____

JG/jg

Faculty Evaluation Form 05

Developed & Approved Sept 2003

Revised & Approved Sept 2005

Nursing Honors Convocation



*Friday May 6, 2011
6:30 pm
Columbus State University
University Hall
4225 University Avenue
Columbus, Georgia 31907*

PROGRAM

Processional

Presiding *Dr. Sheri Noviello*
Director, School of Nursing

Honored Guest *Dr. Timothy S. Mescon*
President, Columbus State University

..... *Dr. Tom Hackett*
Interim Provost and Vice President for Academic Affairs

..... *Dr. Ellen Roberts*
Interim Dean, College of Education and Health Professions

Recognition of Honor Students



CSU NURSING AWARD

Established in 2003
Outstanding BSN Graduate
Presented by Dr. Sheri Noviello

LEWIS GARRARD DAVIS BLANCHARD MEMORIAL AWARD

Established in 1977 by Mrs. Page
Outstanding BSN Senior
Presented by Sally Richter

SARAH ANGERMULLER CLINICAL EXCELLENCE AWARD

Outstanding BSN Senior voted on by Student Nurses Association
Presented by Dell Miller

KENNETH NANCE NURSING SCHOLARSHIP

Established in 1986 from the estate of Kenneth Nance
Presented by Christine Schwarting

JEAN MacARTHUR MEMORIAL AWARD

Established in 1974
Outstanding BSN Junior in the Clinical Area
Presented by Nicole Richardson and Miya Leonard, 2010 Recipients

LOUIS A. & KATHERINE P. HAZOURI MEMORIAL AWARD

Established by John Amos in 1986
Outstanding Junior BSN Student
Presented by Dr. Elizabeth Frander

CHRISTOPHIL MEMORIAL SCHOLARSHIP

Established in 1993 from the estate of Jane T. McEwen Christophil
Presented by Stephanie Lewis

CSU ADP ENDOWMENT SCHOLARSHIP

Annually funded scholarship through the state
Presented by Amanda Hawkins

ASTRID HIE BAKER AWARD

Established in 2004 by Mrs. Baker's son, Dr. Champ Baker
Presented by Takelya White and Katherine MacEachern 2010 Recipients

LUCY Q. PAGE MEMORIAL SCHOLARSHIP AWARD

Established in 1977

Presented by Monique Williams, Gretchen O'Donnell, and Justin Banister 2010 Recipients

GRIFFIN SCHOLARSHIP

Established in 1992 from the estate of Louise B. Griffin

Presented by Dr. Gail Jones

ROSE GUTMAN ENDOWMENT AWARD

Established in 1995 by Mr. & Mrs. John Satlof

Presented by Bernice Wilson 2010 Recipient

ART OF NURSING AWARD

Established in 1986

Outstanding Junior BSN Student

Selected by the Junior Nursing Class

Presented by Chelsea Mixon, President of Senior Class

AWARD FOR PROFESSIONAL EXCELLENCE

Established in 1986

Outstanding Senior BSN Student

Selected by the Senior Nursing Class

Presented by Angela Cruz, President of Junior Class

SHELBY SPEARS "HERO MAMA" AWARD

Established in 2004

Presented by Keiona Martin 2010 Recipient

AMERICAN RED CROSS SERVICE AWARD

Presented by Tammy Condrey

FACULTY AWARD

Presented by Angela Cruz, President of Junior Class

Presented by Chelsea Mixon, President of Senior Class

.....
Sigma Theta Tau Inductions presented by *Dr. Sheri Noviello, President Sigma Theta Tau*
Presentation of Graduates *Dr. Sheri Noviello*
Pinning of Graduates *Dell Miller, Leslie Painter, Dr. Cheryl Smith*
Pledge to Profession *Dr. Sheri Noviello*

Recessional

~ Sigma Theta Tau International Honor Society of Nursing ~



Presentation of the Honor Cord.....Annestastia Alderson
.....Justin L. Banister
Speaker.....Gretchen Danielle O'Donnell
Calling of Inductees Names.....Kristen Smith
Delivery of Certificates.....Michael M. Chamberlain
.....Mary Anna Sprong
Honor Roll of Members.....Eric Henderson
.....Maegan Ashley Bell
Presentation of Inductees.....Allison Cantrell Estevez

The above Sigma Theta Tau members were in the top ten percent of their nursing class and were inducted Spring, 2010.

Pledge to the Nursing Profession

I solemnly pledge before this assembly to uphold the role of a professional nurse and fulfill my obligations to the community...

As a caregiver, I will utilize a holistic approach in caring for patient, working with patients, and leading them to their highest potential...

As a teacher, I will strive to be an informative, reliable source to bring a special understanding to those entrusted to my care...

As a counselor, I will efficiently utilize the resources of people, time and environment to accomplish the tasks set before me...

As a researcher, I will approach my profession as an ongoing learning experience and will participate in the expansion of nursing as a science and an art...

With loyalty, I will endeavor to be my patients' advocate and be accountable and responsible to those committed to my care.

Written by the first graduating class in the CSU Bachelor of Science Nursing Program, June 1986

6/10/86 Unrevised

~ Baccalaureate Degree Nursing Graduates ~

1st 1 Annestasia Alderson	6 Jarielle V. Fluellen	2 Jillian Leigh Lusher	7 Kristina Jean Shirley
2 *Elizabeth Mary Alexander	7 Stacie Annette Freeman	3 Katie Elizabeth Lyons	8 Carla Renee Smith
3 Shannon Nicole Alexander	8 Talisha Annette Glen	4 Katherine MacEachern	Elizabeth Dawn Smith
4 Danielle L. Alvarado	Victoria Golden	5 *Darrell Mackenzie	9th 1 Kristen Smith
5 Justin L. Banister	1 Kimberly Thomas Goodwin	6 Keiona Martin	2 Mary Anna Spong
6 *Katlyn Barr	2 *Stephanie Amanda Gordon	7 Jillian Matthews	3 Sarah Elizabeth Streetman
7 Maegan Ashley Bell	3 Meghan Gray	8 Jordan McKenzie	4 Brittany Nicole Strejeck
8 Monique Francesca Brooks	4 Eric James Hall	Chelsea Mixon	5 Quinnara Terry
1 Allison Cantrell Estevez	5 Tacara Nichole Hemingway	7th 1 *Oby Gloria Moneke	6 *Erin Elizabeth Thornton
2 Michael M. Chamberlain	6 Eric Henderson	2 *Alyssa Jean Morris	7 Danielle L. Trinder
3 Teresa Paulette Chancey	7 Sherine Hill	3 Stephanie R. Nappi	8 Mahogany N. Walker
4 Jacob S. Chauvin	8 Haley Erin Hobbs	4 Tina Betty Luyiga Nsangi	9th 1 Katherine Walton
5 Mary Catherine Coleman	Kendra Renee Huneycutt	6 Gretchen Danielle O'Donnell	2 *Laura Garrett Weatherby
6 DeAnna Joyce Danz	1 Rebecca Johnson	7 *Alicia P. Orlich	3 Takelya White
7 Sarah Frances Denes	2 Kirsten Elizabeth Joiner	8 Sarah Ann Patenaude	4 Chelsey Lynn Wiggins
8 Stephanie Dias	3 Leslie Marie Knight	1 Rebekah Perkins	5 *Erica Williams
1 Domonique Dulin	4 Glendese Lanier	2 Teresa Poole	6 *Monique A. Williams
2 *Lauren Elizabeth Dumke	5th 6 *Crystal J LeMarQuand	3 Kathryn H. Ray	7 Bernice Elizabeth Wilson
3 Ashley Elizabeth Edwards	7 Miya Leonard	4 Nicole R. Richardson	8 Jacqueline Winford
4 Kate Lynn Ellerbee	8 Latravia Daniella Lewis	5 Diana Sanders	9 Ashley Elizabeth Yarbrough
5 Newt C. Fisk	6th 1 Jessie L. Lindsey	6 Emily M. Schmitz	*Sigma Theta Tau Inductees

~ Nursing Faculty ~

Sheri Noviello, RN, PhD
Director, School of Nursing

~ BSN Nursing Faculty ~

Tamara Condrey, RN, MSN, CCRN
Sherika Derico, RN, MSN
*Elizabeth Frander, DNP, RN, APRN, FNP-BC
Carlie Frederick, APRN-PMHN, BC, CPNP
Gail Jones, DNP, RN, CNS
* Support faculty for RN-BSN program

Therese Lahnstein, RN, MSN, CCRN
*Stephanie Lewis, RN, MSN-Ed., CNE
*Noreen McDonough, RN, MSN
Mimi Merriman, RN, MSN
Dell Miller, RN, MSN, FNP, EMTP

Leslie Painter, RNC, MSN, CCCE
Sally Richter, RN, MSN
LaTonya Santo, RN, MSN
Christine Schwarting, RN, MSN, CNS
*Cheryl Smith, RN, EdD, FNP

~ RN-BSN Program ~

Amanda Hawkins, RN, MSN
RN-BSN Program Coordinator

~ Part-Time Faculty ~

Amanda Bowden, RN, BSN
Michael Hill, RN, BSN
Rebecca Huggins, RN, BSN
Bobbie Hunter, RN, MSN, FNP
Susan Grier, RN, BSN

Tonya Kemper, RN, BSN
Annie Lewis, RN, MS
Marie McIntosh, RN, BSN
Rachel Posey, RN, BSN
Suzette Ramsey, RN, BSN

Anne Rigdon, RN, BSN
Mindy Scheible, RN, BSN
Wanda Street, RN, MSN
Brooke Thompson, RNC, BSN

~ Administrative Staff ~

Judy K. Davidson, RN, MSN, CS
Theresa Conklin

Chris Smith, RN
Kimberly Riley

Joanie K. Warden, RN, MSN
Takeia Mosala

**COLUMBUS STATE UNIVERSITY DEPARTMENT OF NURSING
MAJOR FIELD ASSESSMENT
LEVEL-3 STRATEGIC PLAN FOR FISCAL YEAR 2012**

Program: BSN

Academic Year: 2010-2011

Table 1 School of Nursing Trended Outcome Data

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-2011
# Admissions annually	76	91	98	98	98	97
Graduation rate (those admitted 2 years earlier)	60% (of 74 adm in '04)	85% (of 76 adm in '05)	66% (of 98 adm in '06)	87.5% (of 98 adm in '07)	85.7% (84 of 98 adm in 08)	85.6% (83 of 97 adm in 08)
NCLEX-RN Pass Rate (1st attempt)	100%	94%	93%	98.6% (11/10/09) (6 pending)	88%	91% (9/30/11) (82 of 84)
NCLEX-RN Pass Rate (2nd attempt)	NA	100%	100%	(no 2 nd attempts as of 11/01/09)	pending	pending

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 Achieve excellence in undergraduate & graduate education to meet student & community needs.	Maintain NCLEX-RN Success	Review NCLEX-RN pass rates. Benchmarks: 1 st time pass rate 90% or higher 2 nd time pass rate 95% or higher	NCLEX-RN pass rates 2011: 1 st attempt = 91%	Used to ensure curriculum continues to prepare students for success on licensing exam.
	Program satisfaction survey for graduating seniors.	EBI Inc Online Assessment each spring ... average scores equal or exceed national benchmarks.	2010 Graduate Exit Survey results: met 1 and exceeded 9 national benchmarks.	Areas of focus for improvement (global health, cost effective care, and end of life care) mean ratings were statistically no different than 2009. Two factors, cost factors and end of life care were statistically improved over 2008, while global health was no different. However, ratings for all 3 were in the top 22% of 225 schools nationally.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 (continued) Achieve excellence in undergraduate & graduate education to meet student & community needs.	Program satisfaction survey for alumni (every 2 years for most recent two classes)	EBI Inc Online Assessment each spring ... average scores equal or exceed national benchmarks.	Alumni data pending	Incorporated identified concepts and priorities into revised curriculum.
	Base curriculum & program revisions on identified community needs and priorities.	BSN Advisory Board involved in curriculum & program revision (minutes Advisory Board)	Curriculum revision progress discussed in BSN Advisory Board minutes.	Continue evaluation of new curriculum and continue to obtain feedback from Nursing Advisory Board for updates/changes.
	Develop and implement online Masters in Nursing Science program with RN-to-MSN track.	Track status & completion of major required tasks: • Hire consultant as needed • Educate key faculty members • Secure funding • Secure BOR approval • Initiate CCNE accreditation process • Hire first 12-month FTE faculty • Develop MSN curriculum • Admit first class • Evaluate • Hire second 12-month FTE faculty • Expand enrollment	MSN proposal was approved by the BOR in April 2011 with start of collaboration in Fall 2011. Columbus State University will begin offering courses in spring 2012. Secure Funding Funding from community partners support 12-month contract of MSN Program Coordinator (Dr. Cheryl Smith) Educate Key Faculty Members Drs. Sheri Noviello and Cheryl Smith attended Master's Essential Conferences in 2010 and 2011.	Support MSN program. Dr. Sheri Noviello and Dr. Cheryl Smith attended and returned with key insights and knowledge for development and accreditation of MSN program.
	Offer study abroad opportunities for nursing students.	Initiate development of program in London ... follow in minutes Internationalization of Nursing Curriculum (INC) Committee.	Discussed & reflected in Nursing Faculty Meeting minutes.	Evaluate feasibility of development during 2010-11.
	Graduates attain basic competency in professional writing.	Monitor number & type of writing assignments in program.	Undergraduate students are now writing in every major nursing course and have begun developing professional electronic portfolios.	To evaluate & revise nursing professional writing through the program.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 1 (continued) Achieve excellence in undergraduate & graduate education to meet student & community needs.	Maintain CCNE national accreditation of BSN Program. Recruit & retain qualified faculty & staff to adequately support the School of Nursing mission.	Monitor standards & compliance with accreditation standards. Program Evaluation Committee, Curriculum Committee, and Policies & Bylaws Committee are assigned specific parts of accreditation to prepare & update on a regular basis. Monitor full & part time faculty positions ... benchmark: Full time – 100% with at least a Masters Degree in nursing. Part time – Majority with Masters Degree in nursing.	Prepare for Georgia Board of Nursing visit in 2012 and CCNE visit in spring 2015. Fall 2011 - All but one full time positions filled (two with temporary appointments). Majority of part time faculty members do not hold MSN ... difficulty recruiting and hiring part time clinical instructors continues.	Continue recruitment for part time masters prepared faculty.
Goal 2 Increase enrollment to 10,000 by fall 2011.	Maintain expanded BSN pre-licensure admissions. Increase & maintain graduation rate for BSN program - 85% or higher. Maintain qualified BSN applicant pool Expand RN-to-BSN Program	Review trended admissions data. Benchmark: 98 admissions / yr Review trended graduation rates. Benchmark: 85% or higher Review annual numbers of declared nursing major student data & monitor trends. Enroll 40 students or more into RN-to-BSN program for Fall 2011.	Admitted 97 students fall 2010 Graduation rate 2011 = 85.6% Over 425 nursing majors in fall 2010. Over 125 qualified applicants to nursing program for fall 2010. Online RN-to-BSN program started in October 2010 with an enrollment of 15.	Maintain pipeline of students eligible to apply to program Help evaluate Nursing Student Success Program and program effectiveness. Monitor to maintain pool of qualified nursing applicants. Continue to market program and recruit.
Goal 3 Create more partnerships with academic institutions, government agencies, and business consistent with the university's mission.	Clinical site contracts maintained. (see goal #4 below)	Clinical site contracts filed & monitored in SON office.	All contracts current.	Facilities not used for two years removed.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
Goal 4 Increase external funding & recognition.	Financial support continued from community partners.	Monitor ongoing efforts & discussions through office of university advancement.	Received \$1 million commitment from two community partners (St Francis Hospital and Columbus Regional Healthcare) over five years, four years remaining. Will support maintaining expanded BSN program, revising RN-to-BSN program, and development of MSN program.	Support of programs as described.
	Secure ongoing state funding following 3-year grant to support faculty salary supplements & Student Success Program.	Full time faculty salaries converted on continuing state lines in 2010.	No additional state funds for covering market adjustments to full-time faculty salaries currently covered by community partner gifts.	Support pre-licensure program as described.
	Expand CSU Nursing Alumni Organization.	CSU Nursing Alumni Group responsibility given to Clinical Placement Coordinator.	Organization expanded to approximately 100 members.	For renewed emphasis and efforts.
Goal 5 Provide a best-in-class technology platform & information-based services.	Maintain state of the art equipment, models and simulations in campus labs.	Seek funding for state of the art simulation lab to be placed Illges ground floor.	Campus lab expanded with 7 additional beds. Vital Sim manikins in 3 rd floor lab and high fidelity manikins in first floor lab.	Continue to seek funding sources for new equipment. Continue renovation of Illges ground floor to house current equipment.
	Add state of the art technology to the classrooms as evaluated & requested by faculty	Monitor faculty requests for new classroom technology.	"Student Response System" inservice given in fall 2010. SmartBoard placed in Illges 116. SmartBoards to be placed in 216 and 318 when funds are available.	Evaluate use and effectiveness of new technology.
	Expanded online teaching & learning.	Monitor percentage of FT faculty members who have completed required certificate program (Indiana University at Perdue) <i>"Teaching & Learning in Web-Based Courses ... goal 100% of those who teach any module online.</i>	100% of the faculty teaching online have completed required course.	Reflects standard for faculty education met.

Expanded Statement of Institutional Purpose	Program Intended Outcomes	Assessment Method & Criteria	Assessment Results	Use of Results
	Maintain effectiveness of teaching and learning when placed online.	Course exam pass rates on content tested from learning modules.	Exams reflect expected & acceptable range of scores.	Reflects effectiveness of online modules.
		Course pass rates for courses using online learning modules.	Pathophysiology offered during the summer 2011 for the first time to pre-nursing students who were accepted into the nursing program for fall 2011.	Reflects effectiveness of online modules.
	Maintain & expand online full-text nursing journal data-base access for faculty & students.	Monitor subscription & seek funding.	2011 database maintained through CSU Library and USG Gallileo.	Support integration of evidence based practice into nursing curriculum AND development of MSN program.

SN/sn Major Field Assessment 2010-11 December 12, 2011