

Department of Nursing



BEMIDJI
STATE UNIVERSITY

Commission on Collegiate Nursing Education
Self-Study Report
Fall 2017

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Overview of Bemidji State University

Bemidji State University (BSU) is situated in northern Minnesota along the shores of Lake Bemidji in the city of Bemidji, a community of 14,594 residents, located in Beltrami County with a population of 45,672. The name *Bemidji* is taken from the Ojibwa name *Bay-may-ji-ga-maug*, which means "a lake with crossing waters," and Bemidji is geographically situated near three American Indian reservations. It is also the first city on the Mississippi River. BSU is a "Master's II" by Carnegie classification (<http://carnegieclassifications.iu.edu>, 2015), offering a broad array of liberal and professional studies at the bachelor's and master's levels.

BSU is part of the Minnesota State (formerly Minnesota State Colleges and Universities or MnSCU) system, which is made up of seven state universities and 30 colleges, with 54 campuses throughout the state. The system serves about 400,000 students per year in credit and non-credit courses. Minnesota State is dedicated to providing students with 3,700 educational programs for life-long education in both technical and academic fields, ranging from short-course certificates to the master's degree. Minnesota State information can be found at <http://www.minnstate.edu/system/index.html>.

In 1919, Bemidji State Normal School began its first regular school year with 38 students. The school was chartered by the Minnesota State Legislature in response to a growing need for public school teachers, and teacher training was its primary curriculum. In 1921, in a pattern familiar to American higher education, Bemidji Normal School became Bemidji State Teacher's College, offering a four-year degree. Reflecting ongoing changes in the curriculum, the school was renamed Bemidji State College in 1957. In 1975, in recognition of its growing role as a multipurpose educational institution, it became Bemidji State University. Currently, BSU enrolls approximately 5,000 undergraduate students and 300 graduate students annually. It offers majors in more than 65 baccalaureate fields of study as well as 14 Master of Arts and Master of Science degrees. The number of degrees granted in 2016 was 1,177 (Bemidji State University Data Dashboard, 4/2017).

From its inception, BSU's first responsibility has been to provide quality educational opportunities to the citizens of northern Minnesota. Over the decades BSU has attracted more and more students from throughout the state, the Midwest, the nation, and other nations. Eighty-eight percent of the fall 2016 student population was from Minnesota, but students from 36 other states and 38 different countries also attended (<https://www.bemidjistate.edu/about/facts/>, 4/2017). In support of its regional mission, the University has a history of providing courses throughout its service region via satellite sites, ITV, and internet, with many programs offering online or hybrid degree options. Welcoming the current challenge of global education, BSU encourages international students to study at BSU, and it offers students opportunities to study abroad.

Overview of the Department of Nursing

Current Program

BSU offers two program tracks to meet the needs of prelicensure students and current registered nurses (RNs) completing bachelor's degrees. The prelicensure track is primarily seated, with courses on the BSU campus and practicum experiences in local health care agencies. Students complete 87 nursing and prerequisite credits and meet the university's liberal education requirements to achieve a bachelor's degree with a major in nursing. Nursing courses in the RN to baccalaureate (RN-BS) track are provided via a blended delivery format to provide access for students who are employed and live a distance from the campus. Six of the twelve required nursing courses in this track are completely online, with the remaining six being hybrid. Hybrid courses meet on campus three times per semester in addition to the online activity. RN-BS students may enroll on a full-time or part-time basis and complete 36 nursing credits along with meeting liberal education requirements. All hybrid nursing courses are offered in a

block schedule format, meeting one day of the week at each of six campus sites. These sites include BSU's main campus, Anoka Ramsey Community College (both the Cambridge and Coon Rapids campuses), Lake Superior College, Century College, and Northland Community and Technical College.

History of Program Evolution

The Agassiz Region Nursing Education Consortium (ARNEC) was formed in 1973 to (a) increase the number of registered nurses in the geographically large, rural northwestern Minnesota region, (b) optimally utilize existing postsecondary institutions, and (c) develop approaches that would promote educational mobility for graduates of the nursing education programs. In 1977, the Minnesota Higher Education Coordinating Board presented policies that required educational mobility among types of nursing education programs and specifically recommended the establishment of a baccalaureate nursing program at Bemidji State University to serve the geographic region. In 1979, ARNEC conducted a feasibility study and also recommended that BSU establish a baccalaureate nursing program designed to provide educational mobility for registered nurses. In 1981, eleven postsecondary institutions in northeastern Minnesota formed the Itasca Nursing Education Consortium (INEC) with aims similar to ARNEC, emphasizing collaboration, the fostering of educational mobility, and accessibility. INEC also endorsed the establishment of a baccalaureate nursing program at BSU.

Legislative approval for the establishment of the RN to baccalaureate nursing program at Bemidji State University was granted in May 1983. The first group of students completed the nursing major in 1985. The upper-division Bachelor of Science nursing program is specifically designed to provide educational mobility for associate degree and diploma registered nurses. The program has been hybrid since its inception, including some on-campus and some independent learning and online content.

Initially the RN-BS on-campus days were held exclusively at BSU. Since 2009 the department has added satellite campuses and cohorts in various locations throughout the state. A cohort was added at the Cambridge campus of Anoka Ramsey Community College (ARCC) in 2009 and another in 2011 at Lake Superior College (LSC) in Duluth. The next additions were a second cohort at ARCC (2013) and a new cohort at Century College in White Bear Lake (2013). The second ARCC cohort moved from Cambridge to the Coon Rapids campus of ARCC in 2014. The most recent addition was a cohort at Northland Community and Technical College (NCTC) in 2015.

The prelicensure (4-year track) program began accepting freshman students in the fall of 2007 and graduated its first class of 27 BSNs in May of 2011. The addition of this prelicensure program came after focused discussions in February 2003 with the area community college and state university presidents about the nursing needs of northern Minnesota. BSU Nursing Advisory Board members had also recommended this addition. Since that time, we have seen increasing numbers of applicants to the prelicensure track and have moved toward our desired capacity of 60 students per cohort progressing through the program. We accept one cohort annually and have graduated a total of 227 students from this program between 2011 and 2016.

The organization of the Department of Nursing has experienced transition within the past several years. The department was part of first, the College of Social and Natural Sciences and then, in 2008, the College of Health Sciences and Human Ecology. In 2012, in an effort to consolidate local nursing education resources and provide a more seamless progression opportunity for nursing students, the Bemidji School of Nursing was established under the leadership of Dean Jeanine Gangeness. The School represented a semi-formalized relationship between BSU's and Northwest Technical College's nursing programs and combined many resources of the two entities, eventually housing the two programs together at BSU. Administrative and resource changes in 2015 resulted in an organizational restructuring, however, and the individual programs were separated into Northwest Technical College (NTC) programs and BSU's program during the academic year 2015–2016. The BSU Department of

Nursing is now a part of the College of Arts and Sciences (CAS), led by Dean Colleen Greer. The Bemidji State University and Northwest Technical College Nursing Collaborative exists to continue the collegial and supportive relationship between the schools.

In summary, the Department of Nursing has seen dramatic change since our last full accreditation in 2007. Our 2016-2017 data indicate that enrolled student numbers have increased from 61 to 388, our graduates from 21 to 169, and our additional campus sites from zero to five. During this period of growth, we have adapted systems, services, and curricula to meet the needs of two different program tracks and a wide range of student populations. We are proud of the quality of our program and the graduates we are producing.

Standard I

Program Quality: Mission and Governance

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

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

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

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

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

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

A program may select additional standards and guidelines.

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

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

Program Response:

Congruence with parent institution. The BSU Department of Nursing's mission, goals, and outcomes are congruent and in alignment with BSU's mission and vision and that of the College of Arts and Sciences. They can be found in the department's *Student Resource Manual*, available to students on the department's web page ([Student Resource Manual](#)). BSU is located in an expansive, rural region of northern Minnesota and serves as the main baccalaureate educational resource for this area. As such, our community of interest and clinical education resources include rural hospitals, public health agencies, schools, and long term care facilities, and the program includes a focus on the challenges of providing health care in rural communities. Several technical and community colleges in the region provide lower-division preparation. BSU and the colleges of the region are part of a merged state postsecondary system (Minnesota State), which addresses the educational needs of citizens through various educational alliances that promote educational and career mobility for learners. The geographic area includes small towns with health care linkages, often to larger cities, and industry related to agriculture, mining, and

tourism. The goals of the Nursing Department support the institutional mission. For example, departmental Goal 4—“Recruit and retain qualified and diverse students committed to academic excellence and professional development”—helps provide baccalaureate-prepared nursing professionals for staff and leadership roles in many settings, often in the local rural settings in our region.

The University revised its Strategic Plan, Master Academic Plan, and Master Facilities Plan during the academic year ending 2013. They can be found at <http://www.bemidjistate.edu/offices/president/planning/> (Master Academic Plan, Appendix A; Strategic Plan, Appendix B). The Master Academic Plan identifies four academic core values: creative and critical thinking; living democratic principles; inclusion of students, staff, faculty, and administrators in all aspects of university life; and highly interactive, relevant, and engaging teaching and learning environments. These values are central to the department’s mission, passion, and promise. Nursing’s mission and vision are located on the Nursing Department website and in the *Student Resource Manual* ([Student Resource Manual](#)). Table I-A1 demonstrates areas of congruence between the mission and vision statements of BSU, CAS, and the Department of Nursing, with common concepts bolded and identified. Additional examples of congruence among the BSU Master Academic Plan, CAS Purpose Statement, and the Department of Nursing goals and philosophy statements can be found in Appendix C.

Table I-A1. Examples of Congruence Among BSU, CAS, and Department of Nursing Vision & Mission

BSU	CAS (currently undergoing revision 8/2017)	Department
<p>Vision We educate people to lead inspired lives.</p> <p>Mission We create an innovative, interdisciplinary and highly accessible learning environment committed to student success and a sustainable future of our communities, state and planet. Through the transformative power of the liberal arts, education in the professions, and robust engagement of our students, we instill and promote service to others, preservation of the earth, and respect and appreciation for the diverse peoples of our region and world.</p>	<p>Vision As a college that values intellectual curiosity, creativity, and diversity, we foster the transformation of lives and societies through the power of an engaged integrative education.</p> <p>Mission We shape passion for knowledge, meaning, and creativity.</p>	<p>Vision We educate professional nurses to lead inspired lives.</p> <p>Mission To engage in scholarship that supports the development of critical thinkers, creative problem solvers, and innovative leaders in care delivery.</p> <p>To teach and support professionalism and professional values in the care of individuals and populations across diverse cultures, ages, and environments.</p> <p>To educate the baccalaureate nurse generalist for a future that includes lifelong learning and professional practice.</p>
<p>Common concepts: inspired and transformed lives, engagement, creativity, innovation, diversity, passion for learning, professionalism, focus on individuals and communities, respect for persons</p>		

Program outcomes and professional nursing guidelines. The curriculum outcomes reflect the *AACN Essentials of Baccalaureate Education (2008)*, the current professional nursing standards and guidelines for the preparation of baccalaureate-prepared nursing professionals. The *AACN Essentials* serve as program-level outcomes, called curriculum outcomes, and are evaluated annually as part of the Annual Program Evaluation. Other professional nursing standards of practice that support achievement of our mission, goals, and program outcomes include the Code of Ethics (American Nurses Association [ANA], 2015); Standards of Practice (ANA, 2015); Nursing’s Social Policy Statement (ANA, 2015); Quality and Safety in Nursing Education (QSEN) competencies; various specialty standards of practice; and the Minnesota Nurse Practice Act.

The Annual Program Evaluation Plan (Appendix D) identifies student-level outcomes, as well as faculty and community of interest outcomes that help achieve the mission, vision, and goals of the department. For example, the student program-level outcome expressed in Essential II addresses innovative leadership as expressed in the departmental mission statement: “Engage in scholarship that supports the development of critical thinkers, creative problem solvers, and innovative leaders in care delivery.” In addition, program outcome (and Essential) VIII addresses professional nursing values related to the mission statement: “To teach and support professionalism and professional values in the care of individuals and populations across diverse cultures, ages, and environments.” Faculty program outcomes address the percent of faculty who pursue scholarship activity and the percent who engage in activity to improve their teaching. These outcomes support departmental Goal 5: “Recruit and retain qualified faculty who contribute to the university, the profession, and other arenas through activities associated with education, service and scholarly endeavors.” The Annual Program Evaluation Plan also addresses outcomes related to our community of interest. One such outcome—systematically responding to issues raised by our Advisory Board members—supports the achievement of the department’s mission statement: “To teach and support professionalism and professional values in the care of individuals and populations across diverse cultures, ages, and environments.” Mission and goal statements are in the *Student Resource Manual*, (p. 5, Resource Room).

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:

Mission, vision, goals review. In an effort to continuously advance and improve the nursing program, its mission, vision, philosophy, and goals are periodically reviewed for consistency with BSU’s statements, professional standards and guidelines, and the needs of the various communities of interest. These core departmental statements are formally reviewed every two years, or more frequently if deemed necessary. This responsibility, previously held by the department’s Curriculum Committee, was moved to the Faculty and Budget Committee (FAB) during the 2015–2016 academic year to ensure full faculty involvement (given that all departmental faculty sit on this committee, whereas only a subset of faculty comprise the Curriculum Committee). The departmental goals review remained with the Curriculum Committee for the 2016–2017 cycle. The most recent review of the mission and vision and philosophy occurred during the April 2017 FAB meeting, where revisions were accepted (FAB minutes,

4/14/17). The departmental goals have been reviewed every two years by the Curriculum Committee, most recently in April 2017 with the Resource Manual review, and have seen no revision since 2007 (minutes, 4/6/17). The departmental mission, vision, goals, and philosophy provide valuable direction to the department's efforts.

The department participates in the ongoing institutional assessment process and actively contributes to the Higher Learning Commission (HLC) self-study process. The HLC self-study process involves the examination of institutional and departmental endeavors and engages in strategic planning efforts supportive of the institutional Master Academic Plan. The most recent HLC self-study was conducted in 2010 (Resource Room). The University follows a five-year academic program planning and review cycle, which "...is a continuous, integrated process of decision-making at the departmental/program level linking program improvement and change with planning and assessment of student learning" (Guidelines: Five Year Academic Program Assessment Planning and Review Cycle, 2010, p. 6, Resource Room). The University accepts the CCNE self-study and Continuous Improvement Progress Reports (CIPR) as evidence of a five-year review. This assessment process is submitted to the Academic Affairs Office and archived in Taskstream, a web-based repository for program information.

Curriculum outcome review. Curriculum outcomes are also reviewed biannually and as needed to ensure alignment with professional nursing guidelines. These were substantially revised in September 2009 by faculty consensus to reflect the revised *AACN Essentials of Baccalaureate Education (2008)* (Curriculum Committee minutes, 9/1/09). Since that time the *Essentials* have served as program-level student-learning outcomes, called curriculum outcomes. During the 2014–2015 academic year, the Nursing Department analyzed the curriculum outcomes (*AACN Essentials*) in relation to every RN-BS and prelicensure course in the present curriculum to assure congruence with and comprehensive coverage of the *Essentials* (curriculum retreat minutes, November 2014). Syllabi for required courses, beginning in the fall of 2016, list the *Essentials* that are demonstrated in that course. Curriculum alignment tables reflect course content as related to curriculum outcomes (Appendices E and F).

Communities of interest. The Nursing Department focuses on the needs of several communities of interest. We define our internal community of interest as the university-at-large, including the students, faculty, administration, and organizational units. We define our external community of interest as our alumni, employers of our alumni, health care providers, professional groups, and consumers of nursing care. The mission, vision, and department goals are included in the *Student Resource Manual* (p. 5), which is updated annually and available to our students, the dean, and other interested university sectors on our website for both internal and external communities of interest (See [Student Resource Manual](#)). Opportunities exist for members of the community of interest to participate in the examination and assessment of the departmental documents through the Advisory Board and through employer evaluation of graduates. For example, when the program outcomes changed in 2009, we revised the employer evaluation form to reflect these new outcomes and asked employers how well our graduates were achieving these outcomes. Changes to the department's mission and vision were reviewed at the Advisory Board meeting in April 2017 and received the group's support (Advisory Board minutes, 4/2017).

Internal community of interest. Nursing students, as one component of our internal community of interest, have access to the mission, vision, goals, and outcomes in the *Student Resource Manual*, and our new students are introduced to these statements during orientation. The curriculum outcomes are incorporated into selected course assignments, which enables us to assess students' realization of expectations. Throughout the program, students have many informal opportunities to provide reactions and recommendations, which affirm or influence revisions of the core documents. Such avenues include course evaluations, evaluation of practicum experiences, open departmental committee meetings, and program evaluations.

An example of student response to the department's mission statement occurred during the prelicensure Nursing Leadership and Management class (NRS 4200) during spring 2017. Student teams were asked to give examples of how the department had achieved (or did not achieve) our mission during their course of study. One group indicated that the "Engage" portion of the mission ("To engage in scholarship that supports the development of critical thinkers, creative problem solvers and innovative leaders in care delivery") was achieved as follows: "The program definitely promotes problem solving in and outside of the classroom. Some ways this is evidenced is through the use of case studies, group work and projects, and by not always just giving us the answers. We have to work for our results without being told step-by-step. This leads to critical thinking skills, problem solving skills, and being an innovative leader in care delivery." In the same assignment, groups speculated that more simulation practice would have benefited their critical thinking and skill development. Students also accurately interpreted the *Essentials* (their program outcomes) in their own words and described learning activities throughout the program that contributed to their achievement.

As another example of seeking input from this community of interest, potential and current students were surveyed in December of 2016 to determine their preferences regarding course delivery: online or hybrid (a combination of online and on-campus) (Resource Room). This survey was distributed to current students (53 respondents) and students in associate degree programs (96 respondents). Of those respondents in an AD-RN program, 48% preferred a purely online format, while 43% preferred hybrid and 8% preferred weekly on-campus classes. Of current students in the program, 63% indicated a preference for fully online courses, with only 35% preferring hybrid course format. The RN-BS task force continues to work toward developing recommendations for addressing these preferences, and the question of future formatting for the program will be part of a departmental strategic planning effort during the 2017–2018 academic year (RN-BS task force minutes, 3/27/17).

Faculty, as another internal community of interest, serve as a significant group in assessing and implementing the intentions of the documents through their individual roles and through departmental committees. The departmental mission, goals, philosophy, and curriculum outcomes frame the conduct of the program within the university context through policies, procedures, curriculum, and practices. The mission, goals, philosophy, and curriculum outcomes provide a rationale for patterns of functioning such as curriculum changes, course scheduling, learning resources, and advocacy for learners. Thus, the conduct of the program becomes a source from which the core documents are determined to support programmatic endeavors or suggest a reassessment of departmental statements. Biannual review of the documents by the full Faculty and Budget Committee ensures that these foundational documents continue to provide appropriate direction for the program. Table I-B1 reflects regular review of mission, vision, and program outcomes.

External community of interest. We define our external community of interest as our alumni, employers of our alumni, health care providers, professional groups, and consumers of nursing care. This includes the regional health care community in which many of our students are employed and many of our graduates find employment. Area agencies such as local private hospitals and clinics, public health agencies, federal and tribal health agencies, home care agencies, long term care facilities, schools, and other nursing programs with which we are aligned are included. These entities are represented on our Advisory Board, with regular evaluation of membership and semiannual meetings. Input related to mission, goals, and program outcomes is sought from this community of interest, and program evaluation findings are shared with them. The most recent program evaluation findings were presented at the April 26, 2017, Advisory Board meeting (minutes, Resource Room). Advisory Board membership is evaluated biannually. Current members include representatives from health services at nearby American Indian reservations, Lake Superior Community College, CHI St. Joseph's Area Health Services, Essentia Health (Fosston), Northland Community and Technical College, Sanford Health

Bemidji, Northwest Technical College, and Beltrami County Public Health, as well as an alumna, a professor emeritus, and current students (Appendix G).

Other formal strategies to acquire external community of interest perspectives and recommendations include employers’ surveys, alumni surveys, and practicum site meetings with the department chair (Resource Room). Every 3 to 5 years, employers of our graduates and the alumni themselves are surveyed relative to how program outcomes are achieved and demonstrated in practice. In 2016, the alumni and employer surveys were substantially revised, both to reflect changes in program outcomes and to decrease the length of the surveys. At that time, graduates were surveyed anonymously and were provided an external link by which they could identify their employers. The plan was to provide a student name to employers when we surveyed them about the performance of our graduates, but the University indicated this approach was not adequately respectful of graduates’ privacy. Therefore, the plan was modified to identifying employers who have multiple BSU graduates and eliciting their feedback individually or through our Advisory Committee representatives.

Table I-B1. Review of Mission, Vision, Goals, Philosophy, and Program Outcomes

Document	Reviewed by	Date of most recent review	Dates of two prior reviews	Planned next review
Mission & vision	Curriculum Committee (2014–2016) Faculty and Budget Committee (2017)	4/14/2017	3/2016 4/2014	4/2019
Mission & vision	Advisory Board	4/26/2017	12/1/2015 (SON vision, mission)	Spring 2019
Goals	Curriculum Committee	4/6/2017	3/2016 4/2014	4/2019
Philosophy	Curriculum Committee (2014–2016) Faculty and Budget Committee (2017)	4/14/2017	3/2016 4/2014	4/2019
Program outcomes	Curriculum Committee	4/6/2017	3/2016 4/2014	4/2019

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

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

Program Response:

Outcomes clearly identified by the nursing unit. The expected faculty outcomes are outlined by the *IFO/MnSCU Master Agreement* (IFO contract), Section 22, Professional Development and Evaluation (2015) (Resource Room). The contract states, “Faculty members may place different emphases on the various criteria so long as such emphases are consistent with university/college/department/program goals and objectives, and university policy” (p. 59). The criteria established for individual faculty outcomes include activity in each of the five areas listed:

- Demonstrated ability to teach effectively and/or perform effectively in other current assignments,

- Scholarly or creative achievement or research,
- Evidence of continuing preparation and study,
- Contribution to student growth and development, and
- Service to the university and community (p. 58).

By written agreement with the University in a proposal dated January 29, 2010, the University's administration agreed to accept scholarship activities as described in the Boyer Model for nursing faculty (Resource Room). Annually, on a designated schedule, faculty complete a Professional Development Plan (PDP) describing planned activity in each of the five areas. The PDP is submitted first to the department chair, who elicits feedback from other departmental faculty. The individual may revise the plan and meet with the dean before final submission of the PDP to the dean, who responds to each faculty person's PDP with support or recommendations for change. Throughout the year, as faculty complete the activities in their PDPs, they collect evidence of their activities to submit along with a Professional Development Report (PDR). That evidence is made available for review by other nursing faculty and administrators either in hard copy or in the Desire to Learn (D2L) Brightspace learning management system. The dean's response to the PDR is the formal evaluation of individual faculty achievement.

Aggregate faculty expected outcomes. Nursing faculty also have agreed to specific aggregate faculty outcomes that reflect our program's effectiveness. These were selected by faculty and most recently approved at the Faculty and Budget Committee meeting on March 3, 2017, as part of the Annual Program Evaluation Plan. Aggregate expected faculty outcomes evaluated annually include:

- Faculty academic achievement
 - 70% of faculty holding fixed-term, tenure-track, or tenured positions will have completed a terminal degree or be actively progressing in a terminal degree program.
- Participation in learning or evaluation activities
 - 90% of faculty with teaching as their primary role will participate in a learning or formative evaluation activity for teaching improvement at least every two years.
- Participation in scholarly activities
 - Outcome set by faculty at "80% of faculty will participate in scholarly activity as described by the Boyer model at least once every two years" (3/3/2017). Re-evaluation of the outcome occurred September 5, 2017, and faculty increased the aggregate expectation to "90% of faculty will participate in scholarly activity as described by the Boyer model at least annually".

Outcomes are written and communicated to the faculty. Annual PDP/PDR schedules are available to faculty on the Office of Academic and Student Affairs web page (<http://www.bemidjistate.edu/academics/affairs/faculty-resources/>). The Center for Professional Development (CPD) also offers annual faculty workshops to support faculty new to the process (most recently 9/11/17) and provides consultation for individual faculty as needed (memo listing recent CPD offerings in Resource Room). Nursing faculty become familiar with the program-specific expected outcomes through orientation to the department and participation in the annual program evaluation process. Each academic year, tenured, probationary track, and fixed-term faculty receive and sign a document that describes their teaching load and any other compensated non-teaching assignments (release time). This process is currently transitioning to a computerized Faculty Workload Management (FWM) system that provides ongoing access to this information for faculty.

Faculty expectations, in summary, are reflected in the IFO contract, departmental Annual Program Evaluation Plan, and load documents/FWM system. In a faculty survey conducted in spring 2017, faculty indicated that they are generally aware of their expected outcomes (Resource Room).

Outcomes are congruent with institutional expectations. The PDP/PDR processes are IFO contract-driven and apply to all fixed-term, probationary track, and tenured faculty in all departments at the University. As such, the outcomes described in the IFO contract are congruent with institutional expectations for all University faculty. The more specific aggregate outcomes selected by the nursing faculty to demonstrate program effectiveness are also congruent with institutional expectations. They are more specific in that they describe how frequently faculty will engage in scholarship and development activities specific to teaching and learning, both of which are expected in the professional development process. The aggregate expectation for percent of nursing faculty with terminal degrees reflects the department's value that faculty are academically and experientially prepared to teach nurses at the baccalaureate level. Faculty are notified of this expectation in the initial position posting as part of the hiring process. Position postings for recent probationary track and fixed-term appointments are available in the Resource Room.

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

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

Program Response:

Faculty participation in governance at the university level. The organizational structure of Bemidji State University is depicted in the Bemidji State University organizational charts and the Minnesota State organizational chart (Appendices H, I, J). The Department of Nursing is in the College of Arts and Sciences (CAS). The chair of each CAS department serves on the CAS Chairs Committee, which meets once a month with the dean, Dr. Colleen Greer. The Chairs Committee serves in an advisory capacity to the dean.

The roles of faculty in governance of the University are clearly defined by the *IFO/MnSCU Master Agreement* in Article 6, which addresses the IFO members' rights to make policy recommendations in many areas of university function. This is accomplished through the Bemidji State University Faculty Association (BSUFA) executive committee, faculty senate, and a substantial supporting committee structure. Nursing faculty are active participants in all these areas. For example, during academic year 2014–2015, three nursing faculty served on the BSUFA executive committee and three others served as senators. One nursing faculty served on the executive committee for 2015–2016 and another also served on the IFO board, while two faculty served as senators. A nursing faculty person served as the grievance officer and three served as senators during 2016–2017. Nursing Department faculty members are actively involved in many BSUFA committees (Appendix K).

Student participation in governance at the university level. BSU students all have an opportunity to participate in governance at the university level through the Bemidji State University Student Association (BSUSA) (<http://www.bemidjistate.edu/offices/senate/>). Students become aware of this organization through their orientation process. During the 2015–2016 academic year, a senior nursing student served as co-president of the BSUSA. Many nursing students also belong to the BSU Student Nurses' Association (SNA). This organization is developing since its inception in 2009, adding members and recently becoming more representative of the prelicensure nursing student population. Though the SNA has no formal role in university governance, it has provided a forum for service to the University and the community, interaction among nursing students, and communication between the students and the department.

Faculty and student involvement in governance at the Department of Nursing level. The organizational structure of the Department of Nursing is illustrated in the *Student Resource Manual* and

reflected in Appendix L. The departmental bylaws describe a self-governance structure that includes committees with clearly described responsibilities for departmental decision-making. The committees also forward recommendations, as appropriate, to administration. The Department of Nursing has four standing committees: the Student Admission, Progression, and Concerns Committee (SAPC), the Academic Resources Committee (ARC), the Curriculum Committee (CC), and the Faculty and Budget Committee (FAB). In March 2017, the faculty voted to add an additional committee to address student appeals and grievances previously handled in the SAPC committee (FAB minutes, 3/3/2017). Implementation of the Student Appeals and Grievance (SAG) committee will begin during the fall semester of 2017. All fixed-term, probationary track, and tenured faculty serve on FAB and one of the other departmental committees. Each committee has a chair, a secretary, and an annual calendar or work plan that ensures routine issues are addressed. As additional issues arise, they are directed to the appropriate committee for action (Faculty Resource Manual in D2L Brightspace). Committee minutes are housed in Taskstream, where they are available to departmental faculty and administrators. Committees also offer summary reports during the monthly FAB meeting. Committee minutes and annual work plans are available in the Resource Room.

Students are invited during program orientation to participate in committees as members, or to bring identified issues to committees. All departmental committee meetings are regarded as open, though students are asked to leave during discussion of confidential student issues. Student members have been most consistently part of the SAPC committee, with a standing student member during years 2014–2016 and another during 2016–2017. A student member also attended most ARC meetings during 2016–2017. Often, we do not have students willing or able to participate as full committee members. For this reason, we have created other methods of eliciting student involvement in program governance. In 2016 we added student input forums (described in *Student Resource Manual*, [Student Resource Manual](#), p 9.) for students to express opinions about program issues. Most recently these occurred during RN-BS on-campus class days in the fall of 2016 (NRSG 3100, Concepts of Nursing course) and on January 23, 2017, for prelicensure students. Topics of interest were identified by nursing faculty and open-ended questions were asked. Individuals and small groups responded verbally or in writing to the issues presented and were able to raise additional issues. Notes from these most recent forums were shared with the committee chairs (minutes, 2/28/17) and faculty (via email) and are available in the Resource Room.

The department responds to input from students. For example, students expressed concern about wearing polo shirts as the required clinical uniform in the acute care setting and the department responded by changing the uniform policy to include scrub tops instead (SAP minutes, 10/30/15 and 12/17/15). In response to student feedback from the RN-BS program (and other factors), a task force was developed to evaluate the delivery methods in this program (RN-BS task force minutes).

Students have also participated in program governance through membership on the Advisory Board. During the 2016–2017 academic year, student members included two junior and two senior prelicensure students. Two RN-BS students also attended the meeting in December 2016 (Advisory Board minutes). Student perspectives shared through course and end-of-program evaluations affect decisions made for the program, and issue-specific surveys are used to elicit input. For example, in evaluating our program delivery methods (hybrid vs. online only) in December 2016, RN-BS students were surveyed, as were local students completing associate degree programs who are potential students for this program. We continue to seek more consistent and effective ways of engaging students in program governance.

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

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

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

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

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

Program Response:

Documents and publications are accurate. As the program has grown to include two tracks, multiple campus sites, and increasing numbers of faculty and students, the challenge to maintain accuracy in all information formats has also grown. Common sources of information about our program include the Department of Nursing website, printed program planning documents for each program track and site, the *Student Resource Manual*, program brochures, the Extended Learning Department website (RN-BS program), the Faculty and Staff Resource Manual in D2L Brightspace, and various departmental D2L Brightspace shells. The department’s office and administrative specialist (OAS) assumes primary responsibility for identifying the various locations of a given piece of information and ensuring that changes are made as necessary. Annual review of the *Student Resource Manual* is delegated in parts to appropriate committees and incorporated by the OAS during the annual summer revision of the manual. During this review process, committees consider changes needed to policies, processes, and forms located in the *Student Resource Manual*. A written process, located in the Faculty and Staff Resource Manual in D2L Brightspace, describes the steps taken to ensure consistency when changes are made and identifies the various locations where specific information exists. Table I-E1 includes examples of commonly used program documents and their locations.

Table I-E1. Program Document Locations

Document	Location(s)
Course descriptions	Catalog http://www.bemidjistate.edu/academics/catalog/20183/areas/nrsg
Program plans – RN-BS	Department of Nursing website

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

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

Document	Location(s)
(sample is for the northern cohorts)	https://www.bemidjistate.edu/academics/departments/nursing/wp-content/uploads/sites/32/2017/02/RN-BS-Full-Part-Schedule-North-1.2017.pdf
	Printed copies in office areas
Program plan – prelicensure	Department of Nursing website https://www.bemidjistate.edu/academics/departments/nursing/wp-content/uploads/sites/32/2016/03/Nursing-Major-BS-4-Yr-Handout-2016.2.pdf
	Printed copies in office areas
	<i>Student Resource Manual</i>
Departmental policies	<i>Student Resource Manual</i> https://www.bemidjistate.edu/academics/departments/nursing/wp-content/uploads/sites/32/2017/07/Student-manual-for-website-7.17.pdf
Application information	Department of Nursing website http://www.bemidjistate.edu/academics/departments/nursing/apply/

A process is used to notify constituents about changes in documents and publications. The department’s *Student Resource Manual* is reviewed and updated annually and the most current version is always available on the departmental website. Current students are notified via email when the new version is available, including a summary of substantive changes (2017 in Resource Room). The manual states, “The *Department of Nursing Student Resource Manual* will apply for each academic year. Resource Manuals will be updated and posted on our website annually and significant changes in policies/procedures will be made available to students during the year.” If a change that could affect students is implemented during the year, students are notified of that change via their BSU email. Faculty, Advisory Board members, and other communities of interest are notified of changes as needed. This can occur in writing, via email, or via an announcement at a meeting.

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

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

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

Program Response:

Fair and equitable institutional policies and University resources are published for students in the Student Handbook (<http://www.bemidjistate.edu/offices/development-enrollment/handbook/>). Students also have access to the *BSU Catalog* online, which is updated annually, and the *Department of Nursing*

Student Resource Manual. Students are required to adhere to all University policies and additional policies specific to the Department of Nursing. University policies are listed and described at <http://www.bemidjistate.edu/offices/president/policies/a-z/>. Department of Nursing Policies are in the *Student Resource Manual* (Appendix M).

The Department of Nursing policies are aligned with BSU policies except in specific instances related to the unique nature of the nursing program. Some additional policy requirements for nursing include:

- Application for formal admission to the nursing major, in addition to BSU admission;
- Maintenance of current, unencumbered RN licensure (for RN-BS completion students);
- Compliance with clinical eligibility requirements such as background studies and immunizations;
- Achievement of a minimum grade of C to pass courses required for the nursing major (D is a passing grade for the University);
- Use of the Publication Manual of the American Psychological Association (APA) format for papers assigned in the Nursing Department;
- Attendance at classes and clinical experiences regularly as described in course policies; and
- Removal of incompletes prior to beginning courses the next semester if the courses are prerequisites for the upcoming courses.

These differences in policy reflect curriculum needs, a commitment to rigor, scholarship, and excellence, the increasing demands of the nursing profession, and requirements of agencies serving as clinical sites. Table I-F1 lists similarities and differences in departmental policies that may overlap or coincide with BSU policies.

Table I-F1. Similarities and Differences in University and Department of Nursing Policies

BSU policy	<i>Department of Nursing Student Resource Manual</i>	Congruence or explanation of the need for specific policy change
Admissions undergraduate policy	4-year track admission, p. 21 RN-BS admission, p. 28	Students must be admitted to BSU prior to applying for the nursing program.
https://www.bemidjstate.edu/offices/president/policies/wp-content/uploads/sites/7/2015/06/Admissions-Undergraduate-Policy1.pdf		The prelicensure nursing program has a separate admission process related to the competitive nature and limited number of available admission spots. This admission process is on the Nursing Department webpage, available through handouts, and is in the <i>Student Resource Manual</i> . Admission may be denied based on background study results, or inability to meet specific criteria such as CPR certification. The prelicensure student must meet the requirements for clinical placement by our outside health care facilities for patient safety.
		The RN-BS program requires an unencumbered RN license. Application and acceptance is on a first-come basis. Beginning fall 2017 an admission GPA minimum (2.5) requirement was added. This requirement is consistent with other completion

BSU policy	Department of Nursing Student Resource Manual	Congruence or explanation of the need for specific policy change
<p>Academic Integrity Policy clearly states the need for academic integrity and carefully lays out areas of responsibility and clear definitions.</p>	<p>Plagiarism, p. 17</p>	<p>programs in the state, and is intended to improve student success and retention rates in the program.</p>
<p>https://www.bemidjiate.edu/offices/president/policies/wp-content/uploads/sites/79/2015/06/Academic-Integrity-Policy2.pdf</p>		<p>The Nursing Department follows BSU's policy. However, the University policy does not include expulsion from the University except for extreme, rare cases.</p> <p>Nursing faculty have noticed and reported an increased number of plagiarism incidents over the last 5 years. Nursing has added clarifying language to both the course syllabi and the <i>Resource Manual</i>. Nursing uses APA formatting, the Turnitin software as a check, and increased due process. Instruction related to plagiarism prevention is included in the first required NRSNG course in the RN-BS program. Nursing course syllabi are very clear about consequences regarding any suspected plagiarism events. Because of the Nursing Code of Ethics and patient vulnerability, the Nursing Department policy includes more and immediate consequences including dismissal from the program.</p>
<p>Academic Progress Policy</p>	<p>Grading policies, #8-10, p. 12</p>	<p>BSU only requires a 66.67% course completion rate and a 2.0 minimum GPA. There is no limit to the number of times a course may be repeated unless it has been specified during the curriculum approval process. "D" is considered a passing course grade at the University.</p>
<p>https://www.bemidjiate.edu/offices/president/policies/wp-content/uploads/sites/79/2015/06/Academic-Progress-policy1.pdf</p>	<p>A course grade of 70% is a "C" in the department. Students must attain a course grade of "C" in required nursing courses to progress in the program.</p>	<p>The Department of Nursing policy specifies that nursing courses may be repeated only once, and if two nursing courses are failed the student is dismissed from the program. An appeal process is described in the <i>Student Resource Manual</i>.</p>
	<p>"A second experience of receiving a grade less than "C" in a nursing course (the same or different course) will result in dismissal from the nursing program."</p>	<p>Rationale: Nursing knowledge is constantly evolving. Best practice for patient care requires consistent updating and rewriting of nursing core curricula. Because of this, many nursing courses only maintain their relevance to practice for a few years. It would be difficult to provide for continuity and integrity of nursing knowledge if students are able to repeat a course multiple times. In addition, professional nursing practice requires mastery of course content, not minimal competency. Finally, the nursing program is required to reach specific</p>

BSU policy	<i>Department of Nursing Student Resource Manual</i>	Congruence or explanation of the need for specific policy change
Student Complaints and Grievances Policy	Appeal, p. 13	<p data-bbox="824 260 1463 323">national benchmarks including first-time NCLEX pass rates.</p> <p data-bbox="824 333 1490 474">The Department of Nursing does not provide a definition for a grievance or an appeal, and the BSU policy has separate definitions for grievances and appeals.</p> <p data-bbox="824 516 1479 657">The timeframe to submit a grievance is different. BSU states same semester or two weeks into subsequent semester, and nursing states within six weeks of the occurrence.</p> <p data-bbox="824 699 1500 951">Nursing invites the student to the grievance/appeal meeting, and BSU does not. Personal presentation of the student's appeal allows students to express themselves further and provides for professional interaction between faculty and student. The serious consequences in Nursing require more timely and direct due process.</p> <p data-bbox="824 993 1500 1058">The departmental policy is under revision at the time of this writing.</p>
Academic Grade Challenge Policy	Grading, p. 12	<p data-bbox="824 1068 1500 1278">The Department of Nursing does not address final grade challenges in its appeal process. Final grade challenges are handled through the University policy and committee. The departmental grading policy states that the grading standard is visible in the syllabus.</p>

Summary

Strengths

- The Nursing Department's mission and vision are congruent with those of the University. The College of Arts and Sciences is currently updating its mission and vision statements; the Chief Nursing Administrator is a part of this process.
- Nursing faculty regularly review the mission, vision, goals, and program outcomes for congruence with professional nursing standards.
- Nursing faculty are aware of University and departmental expectations of them.
- Faculty consistently participate in governance at the university and departmental level. Recommendations and appropriate decisions are made within the departmental committee structure, which includes all tenured, probationary, and fixed-term faculty.
- Students are actively involved in governance through some departmental committees.

- Departmental staff have access to update the website, and a process exists that ensures documents and publications are accurate.

Areas for Improvement and Strategies

Areas for improvement	Strategies
Lack of systematic method to seek input on mission, vision, and program outcomes from community of interest	<ul style="list-style-type: none"> • Generate a calendar and standing agenda for Advisory Board meetings to ensure review. • Continue to explore ways to increase our Advisory Board members' engagement, to ensure they represent our community of interest well.
Some change in interpretation of faculty expectations was noted with change in dean; this may also happen with any future changes	<ul style="list-style-type: none"> • Explore ways to increase clarity and specificity of faculty expectations with leadership changes.
Lack of systematic faculty orientation method	<ul style="list-style-type: none"> • Continue to refine the newly-revised faculty orientation plan that uses the <i>Department of Nursing Faculty Orientation</i> site and the <i>Faculty and Staff Resource Manual</i> in D2L Brightspace.
Student participation in governance is inconsistent; students are not active in all committees	<ul style="list-style-type: none"> • Hold student forums at least once annually for each program group; rotate RN-BS campus on which forum is held. • Continue to explore creative methods of engaging student input including recruitment of students early in their course of study to committee membership, and methods of integrating participation into coursework. • Expand the role of the SNA in representing student concerns and offering student advice.
Process for annual policy review lacks specificity	<ul style="list-style-type: none"> • Describe annual policy review process more specifically, including committee accountability for each policy. Ensure the review process includes review of related University policies.

Standard II

Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response:

Budget. Funding for the University is appropriated by the legislature and is allocated through the Board of Regents of Minnesota State to each institution within the system. Allocation of funds is based on a Minnesota State approved formula. The state legislature provided \$1,356,746 to BSU for FY18 and allowed a tuition increase of \$270 for a full-time student (3.67%). The University budget included reductions of \$1.6 million and investments of \$300,000. Internal allocation of all funds is the ultimate responsibility of the university president. The Provost and Vice President for Academic and Student Affairs, in consultation with the Dean's Council, allocates funds to the specific colleges within the University. The deans of the colleges are responsible for allocating funds to their respective departments. Most of the university's operating budget comes from revenue generated through tuition and fees. The University has supported faculty application for external grant funding. A recent example of this is the financial support for grant writing resources used in the application process for the Nursing Workforce Diversity grant from the U.S. Department of Health and Human Services.

The dean of the College of Arts and Sciences (CAS) allocates funds to the Department of Nursing annually for the operating expense budget and personnel, including regular and adjunct faculty, clerical staff, and student workers. Equipment costs are covered in the differential tuition budget described below, or with funds provided by Minnesota State or the University in response to departmental requests. The university library allocates a separate annual departmental budget for library acquisitions. Tuition for all nursing courses includes a \$35 per credit differential, which provides supplemental funding. Needed improvements, such as painting and carpeting, office furnishings, and classroom improvements, are covered by funds provided by the University outside of the departmental budget. The University also provides personal computers and software for all faculty members from a centralized budget. Computers are replaced about every four years (most recently in 2015 for faculty, 2016 for staff) and software is added or replaced as needed.

The personnel, operating, and equipment expenses for the Department of Nursing for the last three fiscal years are illustrated in Table II-A1. The personnel category in Table II-A1 reflects salaries and benefits for full-time faculty members, part-time and adjunct faculty members, a full-time lab coordinator, and a full-time departmental office and administrative specialist. Student workers are

budgeted separately from a centralized University budget. The operating expenses cover such costs as copying, telephone use, postage, office supplies, memberships, computer software, and some travel. The departmental equipment budget has covered larger purchases such as lab computers, printers, furnishings for offices and classroom, and lab equipment. Beginning in Fiscal Year (FY) 2015, departmental equipment budgets were discontinued and equipment purchases were moved to a centralized university-wide budget. Personnel salaries are determined by bargaining unit contracts and are negotiated at the state level.

Operating expense budgets, allocated by the dean, consider faculty input regarding departmental needs. The Department of Nursing’s Academic Resources Committee (ARC) meets monthly to explore, review, and support learning resource needs identified through student course surveys, annual faculty resource surveys, and academic resource request forms. ARC minutes are available in the Resource Room. Recommendations for resource needs are brought to the FAB Committee for discussion, advice, and consensus before forwarding equipment and resource requests to the department chair. For example, FAB members were involved in the analysis and review of new assessment resources during 2015–2016, resulting in a change from ATI to HESI resources beginning fall semester 2016, and a change to the HESI admission exam fall 2017 (FAB minutes, 3/25/16, 4/29/16, 11/4/2016).

Equipment requests are submitted to the dean, who considers all CAS departmental requests before forwarding recommendations to the academic vice president and chief financial officer, who are ultimately responsible for allocating funds. A five-year plan for systematic replacement and addition of essential equipment was crafted by the Chief Nursing Administrator, with input from nursing’s ARC, in May 2016. ARC will continue to review and provide input into the five-year plan annually (ARC minutes, 2/13/17). The budgets in all categories are adequate for conducting departmental functions and appropriate to overall university resources. Faculty in the Department of Nursing understand the current financial and budgetary challenges to the University and are working to formulate innovations to meet the needs of our students within existing financial limits.

Table II-A1. Nursing Department Expenses – All Nursing Cost Centers

Expenses	FY 2017	FY 2016	FY 2015
Salary	\$1,517,353	\$1,381,507	\$1,300,355
Benefits	\$566,104	\$485,938	\$464,036
Operating Expenses	\$156,919	\$213,454	\$307,544 ^a
Equipment	\$55,292	\$11,970	\$295,362 ^a
Total students (fall registration)	388	395	387
Total full-time faculty	18	16	15

^aIncludes Bensen Hall Nursing Department renovation

Space at BSU. The Department of Nursing on BSU’s campus is located in Bensen Hall, which consists primarily of office, laboratory, and classroom space supporting the departments of Education, Criminal Justice, and Nursing. The Department of Nursing utilizes space on the first and second floors, which underwent substantial renovation in 2014 to accommodate the department. Bensen 220 includes the main reception area with a student worker desk, conference room, visitor chairs, offices for the OAS and the department chair, plus space for nine full-time faculty members. Faculty offices are fully furnished with desks, filing cabinets, ergonomic chairs, bookshelves, and telephones. Tables, chairs, and supplemental computer equipment such as monitors, keyboards, and docking stations are also included per faculty members’ preferences. The OAS’s office is similarly furnished with desk and visitor chairs, file cabinets, telephone, and desktop computer. The clerical work area also includes a desktop computer,

telephone, and work surface for student workers, locked filing cabinets, two networked printers, office supply storage area, and a kitchenette for faculty and staff use. The department also uses a storage room in the lab for additional office supplies. The clinical laboratory is located directly across the hall from Bensen 220 and is further described below.

A second office suite, Bensen 109, houses the remaining full-time nursing faculty and includes 15 private offices, furnished as described above. A conference room that accommodates eight people is equipped with a conference phone and video projection capability; it is often used for small faculty or student group meetings. A waiting area is comfortably furnished with chairs and houses the networked printer/copier used by faculty. A kitchen area with a full-size refrigerator, dishwasher, sink, microwave, table, and chairs allows faculty to eat lunch together in the office area. Bookshelves in the open area of the office suite house recent texts and resource materials for faculty and student use. As part of the HRSA Nursing Workforce Diversity grant awarded in June 2017, additional space was made available for American Indian students. Bensen 128-129 are being furnished to support social/relaxation time and study time for students. Additional space is provided for two full-time, grant-supported employees—a student mentor and a grant coordinator.

On-campus classes range in size from 12 to 60 students. One introductory class occurring before students are accepted into the prelicensure program accommodates 90 students. Classes are held in a variety of classrooms throughout the campus, depending on the size and structure of the course. As we have approached our maximum capacity of 60 students in the prelicensure program, we have been challenged to find classrooms that accommodate that number of students and are also amenable to small group work, a frequently used instructional method. Each semester, our OAS makes every effort to reserve the most appropriate classroom space available. Faculty provide input through the course evaluation process and directly to the OAS to influence classroom selection. The recent renovation of Memorial Hall has provided more options, and the University is anticipating a bonding bill in 2018 that will support a replacement of the current Hagg-Sauer building. The replacement building will better accommodate small group activity in larger classroom spaces. Students have proven to be flexible in adapting to small group work in auditorium-style lecture rooms. Frequently used classrooms include Bensen 115, Bridgeman 100, Bensen 352, and Sattgast 228 and 248. When RN-BS completion students are on campus for their infrequent class days at BSU, they are often scheduled in Bangsberg 119. This building, accessible through tunnels but some distance from the Nursing Department offices, is very convenient to a large parking space used by the students and to Deputy Hall, which houses such administrative and support offices as the cashier, financial aid, records, and the IT help desk. With increased use of personal computers in class, students have requested more access to electrical outlets; a recent renovation of Bensen 115 and the new classrooms in Memorial Hall have addressed this need. Students respond to a question in end-of-program evaluations about the teaching/learning environment. Responses in recent years have ranged from 83% to 94% of 4-year track students and 88% to 100% of RN-BS students who agree or strongly agree that the environment is conducive to learning (question 21, end-of-program surveys, 2015–2017, Resource Room).

Classrooms are all equipped with *smart room* technology that includes projector, screen, document camera, DVD/VCR combo player, sound system, and wireless internet. Classroom Technology Services maintains and troubleshoots classroom technology and the staff are very responsive to faculty needs. Multiple computer labs are available on campus for student use, including a new 24/7 computer lounge in Decker Hall ([BSU computer labs](#)). Prelicensure students are required to have laptop computers, which are often used during classroom learning activities and for testing. RN-BS students need computer access for online learning activity, which comprises the bulk of their program. Faculty have identified a challenge in the lack of a single computer lab large enough to accommodate the full 60 students in prelicensure courses during proctored, nationally-normed learning assessments

(ATI or HESI tests). At this time, the need is met by reserving two labs at the same time, requiring two faculty proctors.

Space on satellite campuses. RN-BS courses are held on five campuses in addition to the BSU campus. The following Minnesota schools have agreed to provide classroom and lab space that is adequate to support classes of up to 40 students, with current classroom projection technology and wireless internet access for BSU students: Lake Superior College in Duluth, Century College in White Bear Lake, Anoka Ramsey Community College (ARCC) at its campuses in Cambridge and Coon Rapids, and Northland Community and Technical College in East Grand Forks. Though most of the lab facilities are adequate, we have been challenged by the small size of the lab on the Cambridge campus of ARCC. The Nursing Department receives support from BSU's Extended Learning department for contracting and communicating with these campus partners. Extended Learning, housed in Deputy Hall on the BSU campus, maintains necessary contracts and arranges for classroom and lab space with our campus partners each semester.

Clinical Resource Center (nursing lab). The BSU Clinical Resource Center, also referred to as the nursing lab, is located in Bensen Hall in room 202. The lab is used regularly for instruction, demonstration, simulation, and practice, most frequently in the prelicensure program. Courses that schedule lab time include Introduction to Clinical Practice (NRS 2203), Health Assessment (NRS 2204), and Practicum: Role Integration (NRS 4201). Intravenous (IV) therapy labs and clinical orientation for junior-year practicum courses, as well as scheduled simulation experiences associated with the practicum courses, are also held in the lab. The schedule is managed by the lab coordinator so space is utilized and available for all lab experiences. Open lab hours offer students the opportunity to practice skills and are supported by nursing student workers and/or the lab coordinator. The 7,270 square foot space includes ten hospital bed units, five exam room units, and a home care suite.

The lab is equipped with beds, low-fidelity mannequins, and other equipment for teaching nursing skills. High-fidelity simulators include two adult, one child, and one obstetric simulator. There are two rooms equipped with one-way windows visible to faculty in the control room, from which simulations are observed and managed. These rooms, and two others in the lab, are equipped with video recorders, allowing students to record and submit skills test-outs and faculty to record simulations for review and debriefing. Additionally, low-fidelity simulators (five adult and one child) provide opportunity to practice clinical skills and assessments in a relatively realistic clinical setting. Lab equipment includes a variety of commonly used medical devices, including suction, oxygen, mechanical lifting, enteral feeding, and medication administration equipment. Though a few IV pumps are available for simulations, most are rented when needed for IV therapy lab. Many anatomical models and specialty simulators (e.g., auscultation chests, injection models, medication dispensing machine, and IV access simulator) are also available. Our maternity room offers six infant models and bassinets, which provide practice opportunity for newborn care. Storage rooms in the lab house the many parts of simulators, equipment, linen, and supplies. A washer and dryer in the lab are used to maintain the linens.

Lab supplies include a variety of sample medications along with supplies used to administer oral, intramuscular, subcutaneous, intravenous, and rectal medications. Supplies are available for practicing many nursing procedures, such as wound care, urinary catheterization, oxygen administration, respiratory and naso-gastric suction, tracheostomy care, and central line care. Students purchase equipment including a stethoscope, pen light, and scissors, as well as a lab kit that provides individual supplies for practice and testing. RN-BS students from the BSU campus site use the lab for their Advanced Health Assessment course (NRS 3140); activities include assessment demonstration, practice, and test-outs. Commonly used assessment equipment (e.g., otoscopes, ophthalmoscopes, penlights, tuning forks, and reflex hammers) are available for their use. These are also transported to clinical labs at satellite RN-BS campus sites during Advanced Health Assessment courses.

Faculty response. During analysis of this key element at a faculty retreat on February 20, 2017 (minutes available in the Resource Room), faculty discussed changes that have occurred within the last three years to the organizational structure, the change in personnel resources available because of these changes (NTC staff moved off campus), and some uncertainty about future availability of resources related to the change from a School of Nursing with a dean to a department in the College of Arts and Sciences. Faculty noted that the number of faculty positions has increased as we have added satellite campus cohorts, and that we have been successful in recruiting and retaining qualified faculty. Also identified were strengths in our ability to purchase needed equipment, continued access to differential tuition, hiring of a lab coordinator, and the dean's recognition that technical and lab equipment needs to stay current. Faculty expressed some concerns about safety in the Bensen 109 office suite because it has only one exit. They were also concerned about lack of resources to support a faculty-level simulation coordinator position and changes in the clinical coordination function. A more recent change (summer 2017) resulted in the loss of compensation for a course coordinator role in RN-BS courses with multiple sections and faculty; this is also of concern to faculty. Despite these concerns, in summary, the fiscal and physical resources available are adequate to achieve the mission, goals, and expected outcomes of the program.

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

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

Program Response:

Library resources. The A.C. Clark Library incorporates the latest in information technology and library design. Amenities include more than 100 computer stations with the complete campus software library installed, multifunction copier/printers, a 23-station computer classroom, 10 group study rooms, two group study rooms equipped with large screen TV and Smartboard for collaborative projects, 25 one- and two-person research carrels, comfortable reading and study spaces, a book scanning station, digital microform scanner, and Assistive Technology workstations equipped with the latest ADA-compliant software. For patrons who choose to bring their own laptops, the library offers ample power outlets and wireless and hardwired internet throughout the facility. The library houses over a quarter of a million books and collections of government publications, audiovisual materials, maps, and microforms. There are over 6,500 bound volumes in health within the physical collections (over 500 in nursing alone), and thousands of health care related electronic periodical titles. In addition, the library provides access to the holdings of other libraries through an extensive interlibrary loan (ILL) network. Students, faculty, and staff may submit requests for ILL materials online, and articles ordered through the service may be delivered electronically or picked up at the library. There is no charge for ILL services. Students may also print from computers at no charge, as printing costs are covered by the University's technology fee fund. Through its home page, the library offers access to high-quality research content, electronic indexes and full-text databases, and e-reference tools. For example, the Cumulative Index to Nursing and Allied Health (CINAHL) database provides full-text access to the research literature; numerous other resources such as the Cochrane Library, PubMed, Web of Science, EBSCO Health Source Nursing/Academic Edition, ScienceDirect, PsycINFO, and ERIC are available 24/7 to students both on and off campus. Patrons can also search easily and quickly across most of the library's resources using the Library Search, also located on the home page. Access to MnPALS Plus,

the shared catalog of the MnPALS Consortium—a consortium of Minnesota State and other libraries with a common philosophy of resource sharing—is also available. The library provides bibliographic instruction and orientation for incoming students as well as discipline-specific instruction for upper-level students. Library personnel are also available to provide research assistance to students individually by email, 800 number, or in person, and very clear instructions for using all library services are provided on the library home page (<http://www.bemidjstate.edu/library/>). Individual research consultations with a librarian are also available upon request.

Over the last decade, much has changed in the academic publishing landscape with the increasing use of electronic information, such as e-journals, open access journals, and the like. An outgrowth of the library’s continuing evolution from physical formats to a mix of traditional and electronic formats is that access to all of its current journal subscriptions is online only. Thus, holdings of online nursing periodicals reside in several different e-resource platforms. These platforms include EBSCO, which allows easy-to-use searching and linking to the full text of content in CINAHL, OVID/Lippincott Nursing Full Text Journals, ScienceDirect, as well as individually subscribed e-journal titles. These e-journal platforms provide the bulk of the current full-text access. Currently, there are over 374 full-text nursing titles listed in the library’s A-Z list of electronic periodicals (many of which are scholarly journals), while over 2,500 e-journals in related health and medical disciplines are also available. Additionally, Cochrane Library, while not a typical academic journal database, contains a large repository of full-text, evidence-based reviews.

Because subscription costs have increased dramatically over the last decade, the total allocation for nursing (books and serials) is now completely committed to serials subscriptions. Since these are annual costs, the library and the Nursing Department’s ARC have worked collaboratively to find ways to move serials spending to within the allocation. For example, during the 2016–2017 academic year, the ARC and the library initiated discussions about serials costs and the library allocation. To that end, the ARC chair requested, and the library provided, serials costs and usage data to help inform the committee’s evaluation of their current mix of subscriptions (ARC minutes, 11/4/2016). These discussions led to the cancellation of a low-usage online journal, with attendant cost savings. It might be noted that, while the high-quality Lippincott Nursing Full Text package takes up around 70% of the total allocation for nursing, due to the vendor offering it as a fixed package, it is less flexible in terms of possible cost savings. The evaluation of the renewals of the Cochrane Library and Micromedex databases in spring 2016 provide another example of the productive working relationship between the Nursing Department and the library (ARC minutes, 2/25/2016). Overall, these processes represent the continuing evaluation of library resources undertaken by the Department of Nursing in cooperation with library personnel, who are extremely supportive of the department’s efforts to provide excellent resources for faculty and students. The library also provides a dedicated liaison to the department in Dr. Pete McDonnell. Table II-B4 illustrates the library’s expenditures for the Department of Nursing for the past five academic years.

In spring 2014, the library conducted a campus-wide survey of student satisfaction with library services (Resource Room). In response to the survey results, they made several changes including extending their hours, allowing food and beverages in the library, and increasing their software access to include all the campus software programs on library computers.

Table II-B1. Library Expenditures for Department of Nursing

Category	2016–17	2015–16	2014–15	2013–14	2012–13
Periodicals	12,386	11,374	10,449	9,586	8,776
Books (LC Class RT)	301	0	415	48	854
Total	\$12,687	\$11,374	\$10,864	\$9,634	\$9,630

Information technology. Computer services available to faculty and students include multiple computer labs as listed on the website (<http://www.bemidjistate.edu/offices/its/labs/>) and computer support services available in person (Deputy 161), by phone (Monday – Thursday 7:30am – 5pm; Friday 7:30am – 4pm), or online (<http://www.bemidjistate.edu/offices/its/support/>). The largest lab, a public lab in the A.C. Clark Library, contains 100 computers distributed over four floors. The complete BSU software library is available in both the library lab and the Beaver Lounge, a new computer lounge area available 24/7 for student use. A book scanner, printers, and copiers are also available to students in the library. Other computer labs on campus contain between 2 and 31 computers (most have PCs, but a few have Macs) and many have printers. Students in our prelicensure track are required to have laptop access, and these are commonly used during nursing courses. Though not required, laptop access during class is also recommended for RN-BS students.

The learning management system D2L Brightspace is used for all online courses and supports many on-campus courses with content, assignment submission, grades, and discussion forums. Students learn about D2L Brightspace early in the program, through in-person orientation or tutorials available on the site. Students also have access to online learning supports such as SmarThinking, which provides 24/7 online tutoring (www.smarthinking.com). Turnitin is a frequent requirement for submission of assigned papers. BSU employs dedicated D2L Brightspace support staff for faculty and students to enable and enhance our use of D2L Brightspace and prepare us for the regular upgrades in the system. The eLearning Support department, located in the library (L233) conducts regular faculty learning sessions and publishes an eLearning newsletter to keep faculty current (Resource Room). The eLearning Support staff are also readily available via phone or email for assistance with D2L Brightspace.

Classroom Technology Services supports a wide range of technologies, including smart classrooms, video production, conference hosting, and equipment setup and troubleshooting. They are very accessible to faculty to troubleshoot immediate problems in the classroom and are available to assist with planned presentation needs in a variety of settings on campus (<https://www.bemidjistate.edu/offices/its/classroom-technology/>).

Academic advising. The Advising Success Center is a university-level resource staffed by a director, a student success advisor, and a team of student peer advisors and tutors. The Advising Success Center’s team is available to all campus and distance students and provides advising services that help students understand and complete their degree requirements. A communication system (currently Starfish, previously EARS) is available to faculty for early identification of student concerns and communication with the Advising Success Center.

Incoming freshman with a declared nursing major are advised by nursing faculty during campus-wide Academic Advising and Registration (AAR) events. In addition, the Advising Success Center assigns each nursing student a nursing faculty advisor who is available to meet advising needs throughout the program. Nursing faculty in their first year at BSU are not assigned advisees, and use this time to benefit from working with more experienced faculty as they advise in individual and group sessions. Nursing advising services take several forms to meet the varied needs of our students. Group advising opportunities occur during prelicensure classes around registration time each semester; access codes are available and students learn about registering for required courses in the upcoming semester. During “open advising” hours, available both on campus and for distance students around registration time each semester, faculty take turns being available for drop-in (or call-in) advising. Individual students may also contact their nursing advisor and set a time to meet or talk by phone as needed.

Several faculty are using an online advising site on D2L Brightspace to enhance advising services available to their students. Dr. Mary Fairbanks designed the site, invites her advisees to access the site, and keeps current information available in this way. Faculty have used the site for both online (RN-BS) students and to supplement their in-person availability to the prelicensure students. The site

includes opportunity to access the faculty advisor through Skype for Business, so virtual “in-person” advising is also available.

As our program has grown, we have been challenged to assign advisees in approximately equal numbers to nursing faculty advisors. In fall 2016, individual faculty maintained between 24 and 102 advisees. Assignments are affected by sabbaticals, medical leaves, and variability in students’ length of stay in the program. In March 2017, a process was put in place to address this concern: the department chair will review advising lists for faculty and collaborate with Extended Learning and the Advising Success Center to assign new students appropriately (Nursing Chairs Committee minutes, 3/29/2017). An effort is made to avoid changing a student’s advisor if possible.

In end-of-program evaluations, the majority of students express satisfaction with their advising experiencing, as seen in the table below (evaluations in the Resource Room). Table II-B2 includes recent survey results.

Table II-B2. Student Satisfaction with Advising from End-of-Program Evaluations

	Graduation Year					
	2017		2016		2015	
	RN-BS N=48	4-year N=41	RN-BS N=60	4-year N=38	RN-BS N=58	4-year N=40
% of respondents who selected “satisfied” or “very satisfied” when asked to rate academic advisement	87.5%	71%	80%	92%	93%	90%
	Q#17	Q#17	Q#17	Q#17	Q#19	Q#17

Other support services. In addition to the resources described above, a range of support services is available to students. Key services include:

- Student Health and Counseling Services <http://www.bemidjistate.edu/services/health-counseling/>
- Financial Aid Office <http://www.bemidjistate.edu/mybsu/finances/aid/>
- American Indian Resource Center <http://www.bemidjistate.edu/airc/>
- The Gillett Recreation Fitness Center and Outdoor Program Center <http://www.bemidjistate.edu/services/campus-recreation/>
- Records and Registration Services <http://www.bemidjistate.edu/mybsu/registration/>
- Disability Services <http://www.bemidjistate.edu/services/disability/>
- TRIO/Student Support Services <http://www.bemidjistate.edu/services/trioss/>

These and other support services, as well as policies and procedures relevant to students’ rights and responsibilities, are also described in the *Undergraduate Catalog* (<http://www.bemidjistate.edu/academics/catalog/>) and in the *Student Handbook*, published online annually (<http://www.bemidjistate.edu/offices/development-enrollment/handbook/>).

The Extended Learning department is an additional resource for students in our RN-BS program. It provides admission services, early advising for individuals accepted into the program who have not yet begun, and information related to the advising and learning resources available to distance students (<http://www.bemidjistate.edu/academics/distance/>).

The University participates regularly in the National Survey of Student Engagement (NSSE). Survey results are reviewed by the Institutional Research department and evaluated at the administrative level by the Deans’ Council and the President’s Cabinet. Areas of concern are identified, and action initiated in response. For example, the 2015 survey results demonstrated lower scores related to student

wellness and academic support resources. In response, the University implemented a student wellness initiative and the Beaver Coaches mentoring program. NSSE results and examples of response are in the Resource Room.

Regular review. The Nursing Department's ARC manages the process for regular review, faculty input, and recommendations for purchase of academic resources for the department. Annually, the committee conducts a survey to ascertain faculty satisfaction levels with academic resources as described above (Appendix N). In February 2017, the full faculty met to review recent trends and to identify areas in need of improvement (2/20/17 CCNE Standard II minutes). Recent changes in leadership at the dean and administrative levels and a change from the School of Nursing to a department of the College of Arts and Sciences were felt to have affected faculty responses to the 2016 survey. In addition, the 2016 response rate was low. Full faculty discussion (2/20/2017) revealed areas of satisfaction and fewer areas of concern. Priorities for attention and strategies are identified at the end of this standard.

II-C. The chief nurse administrator:

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

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

Program Response:

Licensure, academic, and experiential preparation. The chair of the Department of Nursing at BSU, Dr. Sheila Paul, is qualified to lead the program in its pursuit of accomplishment of the mission, goals, and expected outcomes. Dr. Paul is a Registered Nurse and holds a baccalaureate degree in nursing from Bethel University, a master's degree in nursing from the University of Phoenix, and a PhD in adult and postsecondary education from Capella University.

Dr. Paul's practice experience includes medical-surgical and maternal newborn nursing. She has held charge nurse, head nurse, and house supervisory roles. She also served as dean of several programs, including nursing, at Anoka Ramsey Community College.

Dr. Paul has been employed in the BSU baccalaureate nursing program full-time since August of 2010, first as an assistant then associate professor. She has been Chief Nursing Administrator and chair of the department since September 2016 and was Chief Nursing Administrator in her previous role as Interim Assistant Dean of the College of Arts and Sciences from July 2015 through August 2016. Dr. Paul has taught a variety of courses in the prelicensure and RN-BS completion tracks at BSU, has served on the Nursing Curriculum Committee, and has been an active member of the Faculty and Budget Committee during her time at BSU. She has also served the university community as a member of the

Bemidji State University Faculty Association's executive committee and as a Faculty Senate representative. See Appendix O for Dr. Paul's curriculum vitae.

Administrative authority. The Chief Nursing Administrator and chair role is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes (Appendix P). For example, the role includes accountability for compliance with Minnesota Board of Nursing requirements and reporting, scheduling of courses and faculty assignments, annual department budget, and oversight of accreditation activity and the Advisory Board. Dr. Paul works in close collaboration with the dean of the College of Arts and Sciences, who oversees the hiring and supervision of nursing faculty and staff.

As previously described, the department has undergone organizational and leadership changes over the past three years. During a School of Nursing meeting (minutes, 5/9/16) department faculty discussed their preferred administrative structure. It was determined that faculty ideally would like to have an individual dean of nursing. As this concept was considered and discussed at a higher administrative level, the provost, dean, and president determined that BSU could not financially support a fourth dean. Dean Greer and Dr. Paul contacted AACN, CCNE, and other nursing departments in the Minnesota State system to explore other administrative options for BSU nursing. Their research confirmed that the chair of the department could serve as the Chief Nursing Administrator, as long as the required accreditation needs are met. In keeping with this structural determination, the position description of the department chair was changed and the chair was awarded release time for this work (Appendix P).

II-D. Faculty are:

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

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

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

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

Program Response:

Sufficient in number. The nursing faculty members are sufficient in number to accomplish the mission, goals, and expected outcomes of the program. The department's goals highlight a commitment to seeking and retaining highly qualified and diverse professionals who are committed to meeting the educational needs of an increasingly diverse and changing society, and who strive to meet or exceed

national and professional standards of excellence. The BSU Department of Nursing faculty members are representative of the professionals BSU seeks and retains.

Adjunct appointments are used to meet temporary staffing needs due to enrollment increases, to replace faculty who are on leave or sabbatical, or to teach courses requiring special expertise. Table II-D1 illustrates the number of credits taught by departmental and adjunct faculty in nursing courses over the past three academic years. Data sources include the scheduling document (Resource Room) for spring 2016 forward and the Advanced Schedule (Resource Room) for prior semesters.

Table II-D1. Number of NRSNG Credits Taught by Regular and Adjunct Faculty by Semester

	S2017 ^a	F2016 ^a	S2016 ^a	F2015 ^b	S2015 ^b	F2014 ^b
Total # of credits	207	202	199	195	175	182
# of credits by regular faculty	191	189	174	157	165	156
# of credits by adjunct faculty	16	13	25	38	10	26
Leaves, sabbaticals, etc.	2 Full-time faculty sabbatical leaves	2 Full-time faculty sabbatical leaves	2 Full-time faculty sabbatical leaves	2 Full-time faculty sabbatical leaves, 1 medical leave, 1 faculty serving as interim assistant dean of CAS	1 Full-time faculty sabbatical leave	1 Full-time faculty sabbatical leave

^aSource: scheduling grid document. ^bSource: advanced class schedule.

Academically prepared. To keep up with the substantial program growth of the past ten years, the department has added nursing faculty. As of August 2017, the department has nine tenured faculty, all at the associate professor level; four probationary track faculty, all at the assistant professor level; and three fixed-term faculty at the assistant professor level. Faculty are prepared academically; 4/16 (25%) have PhD's (three of which are in nursing); 9/16 (56%) have DNP degrees, and 3/16 (19%) are actively enrolled in doctoral programs.

Experientially prepared. The full-time faculty members represent medical-surgical, community health, child and family health, and psychiatric/mental health nursing clinical specialties, and six faculty members are nationally certified as advanced practice nurses. Appendix Q includes full-time faculty profiles and clinical and role preparation related to teaching responsibilities. These clinical specialties represent significant diversity in practice settings. We have also been able to increase the cultural diversity of our faculty, including Dr. Nguyen-Moen, a Vietnamese native, and Drs. Mary Fairbanks and Misty Wilke, both American Indians. Our community is located near three Indian reservations and such representation on the faculty increases our cultural diversity and understanding; we hope that it will also increase recruitment of AI students. A HRSA Nursing Workforce Diversity grant was awarded in June of 2017 to support our efforts in attracting, supporting, and graduating more AI nursing students (AINSI minutes and Grant document in Resource Room). Faculty release time (50%) is provided by the grant for the project director, Dr. Wilke.

One issue of concern to full-time faculty members has been the ratio of probationary track to fixed-term positions. Faculty prefer the relative security of a probationary track position and, as a department, we have expressed our desire for a predictable and stable faculty complement moving forward. Administration has responded to this concern by approving two additional probationary track positions for the 2017–2018 academic year. One position was filled; the other resulted in a failed search that will be conducted again this fall. A request to replace an additional fixed-term position with a probationary track position is also in process.

According to the *IFO/MnSCU Agreement* (Article 10), a faculty member's workload shall not exceed 14 undergraduate credit hours per semester nor 24 undergraduate credit hours per academic year (Resource Room). The workload is determined by courses taught as well as committee chair responsibilities, and includes committee work, coordination of practicums, and practicum supervision visits. Faculty members are responsible for making 10 hours per week available for student advising or other contact with students; these hours are held in the office or virtually through online office hours. In addition to teaching and advising, faculty members are also expected to engage in scholarly work, continuing preparation and study, and service to the University and community. Because BSU is a teaching institution, that is where the majority of faculty time is spent. Faculty accomplishments in all five areas are listed in Appendix R and demonstrate an active and productive department.

The faculty/student ratios for required theory-based courses during the 2016–2017 academic year ranged from 1:22 to 1:56. One exception is the Introduction to Professional Nursing course (NRS 4200), which students take prior to being accepted into the prelicensure program; the ratio was 1:81. Faculty/student ratios in lab classes during the same timeframe reached a maximum 1:12 ratio in the prelicensure courses and 1:15 in the RN-BS lab course. Finally, practicum course faculty/student ratios ranged from 1:5 to 1:11 in prelicensure courses, and from 1:8 to 1:18 in the RN-BS practicum course.

The department has been fortunate to have a group of adjunct faculty members who have master's degrees, represent a wide-range of clinical expertise and experience, and have been teaching intermittently over the past few years. Adjunct faculty credits, courses taught, and qualifications are in Appendix S. Adjunct Faculty Profiles, which highlight the clinical expertise and diversity of our adjunct faculty members are available in Resource Room. Rarely we have met the need for practicum faculty with bachelor's prepared nurses with direct experience in their practicum unit. When this occurs, the adjunct faculty person receives substantial support from other course faculty.

In summary, faculty members are academically and experientially qualified and sufficient in number to accomplish the mission, goals, and expected outcomes of the program.

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

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

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

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

Program Response:

Preceptor role. Preceptors are used in the Practicum: Role Integration course (NRS 4201) in the prelicensure program. These nursing professionals provide teaching, support, and supervision to

students in their capstone experiences. The role of the preceptor is described in the Preceptorship Learning Agreement (Appendix T). Responsibilities of preceptors and faculty are described in the agreement as follows:

PRECEPTOR: Facilitates the learning activities for the student:

1. Arranges unit orientation and access to clinical learning experiences.
2. Provides one-to-one instruction where indicated.
3. Supervises the student's clinical activities.
4. Serves as a resource person and role model for student.
5. Required paperwork:
 - a. Completes qualification form and returns to faculty.
 - b. Completes brief evaluation checklist every 2-3 shifts and reviews with student.
 - c. Completes a mid-clinical student evaluation and shares with faculty as arranged.
 - d. Completes an end-of-clinical student evaluation and shares with faculty as arranged.

FACULTY: Assist in the implementation of the agreement.

1. Provide guidance, support and consultation as necessary or requested.
2. Confer with the preceptor at least once during the first two weeks of the clinical period and as needed for problem solving. Meet with the preceptor and student at least once.
3. Arrange with the student for ongoing contact during the course of the semester.
4. Required paperwork: Résumé including RN license verification on file in the Nursing Department.
5. Grade the evaluation products according to established criteria.
6. Assign the final grade for the preceptorship.

As noted, faculty have ultimate responsibility for student evaluation and use input from the on-site preceptor to arrive at a final grade decision.

Preceptor qualifications. Ideally capstone preceptors will be qualified for their role by their interest in working closely with a nursing student, their experience providing a high standard of RN care in the capstone site, and their educational preparation at the bachelor's (or higher) degree level. We are located in a rural community and place a priority on preparing students to meet the need for bachelor's prepared nurses in rural practice. That said, many of our capstone sites do not employ a high percentage of BSN-prepared nurses. In addition, pressure for clinical placement is increasing statewide, and the use of a placement system that favors local programs (The Clinical Coordination Partnership [TCCP]) has also increased. Because of these conditions, we have been challenged to place our students with BSN-prepared preceptors in many sites. Alternatively, we have been able to place the students with highly experienced professionals. Faculty support the preceptors in their teaching role with students, and our students have generally valued their preceptors' contribution to their learning.

Preceptors are selected for this role by their managers. When seeking capstone site placements, faculty convey to managers a preference for BSN-prepared preceptors, but often these are not available on staff. As we continue to grow the senior class size, we are more challenged to find enough placements for all students and greatly value the many rural facilities that have contributed in this way. We are very encouraged that capstone sites are hiring our graduates; we expect this trend will help improve the percentage of preceptors prepared at the BSN level in the future. We are also proud to be contributing BSN graduates to the rural health care facilities in our area.

Preceptors are evaluated by students in a survey following the capstone experience and by faculty as they interact with students and preceptors during the experience (survey results available in Resource Room). Decisions about the continued use of a capstone site or a particular preceptor are made by faculty teaching in the Practicum: Role Integration course in consultation with one another. At times, an apparently qualified preceptor is not as effective as hoped, and a decision is made to request not to use that preceptor in the future. For example, a BSN-prepared preceptor at a local rural facility was not

effective in communicating her expectations to a student and did not take initiative to engage the student in new learning opportunities. Despite feedback to the preceptor about the student’s role, no improvement was seen. The student was creative in enhancing her own opportunities by engaging other staff and had a successful experience. However, the faculty person requested the manager assign a different preceptor in the future, and this was accomplished.

Table II-E1. Preceptor Academic and Experiential Preparation 2015–2017

	2017 N=42	2016 N=44	2015 N=47
% of preceptors with BSN or higher nursing degree	42%	61%	53%
Average years of experience	13	15.5	14.5

(Supporting documents available in Resource Room)

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

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

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

Program Response:

Institutional process. The Department of Nursing Program Goal 5 states we will “recruit and retain qualified faculty who contribute to the university, the profession, and other arenas through activities associated with education, service and scholarly endeavors” (*Student Resource Manual*, p. 5, Appendix M). Bemidji State University and the Department of Nursing provide and support an environment that encourages faculty to successfully perform their responsibilities.

The faculty roles in teaching, scholarship, service, and practice are identified clearly in the *IFO/MnSCU Agreement*, Article 22, Professional Development and Evaluation, which addresses the purpose of professional development, criteria and schedule for evaluation, progress reports, and post-tenure review (Resource Room). The criteria for professional development are: (a) demonstrated ability to teach effectively and/or perform effectively in other current assignments, (b) scholarly or creative achievement or research, (c) evidence of continuing preparation and study, (d) contribution to student growth and development, and (e) service to the university and community. Detailed explanations of each category are found in Article 22 of the IFO contract, (Appendix U).

Full-time faculty members must prepare a professional development plan (PDP) for the period established by the IFO contract (Article 22, Section C), which varies with rank and years of service (Resource Room). The PDP must include specific objectives, methods, and expected achievements for the five criteria. Faculty members may place different emphases on the various criteria as long as the

plans are congruent with university policy and department goals and reflect performance in all five areas. This supports and encourages individual development. Faculty members present their PDPs to the FAB Committee and receive feedback, guidance, and approval from the members. Any written comments are shared with the faculty member and, through the department chair, with the dean of the College of Arts and Sciences. Faculty members are invited to meet with the dean during the PDP process to discuss their goals and plans. The faculty member submits the plan to the dean of CAS who writes an evaluation that is forwarded to the academic vice president and eventually the president of BSU. The president of BSU is the final authority on retention, progression, promotion, and tenure decisions, although the recommendations of the department and the dean are generally followed. Progress reports must be submitted at intervals established by the IFO contract. Faculty members' PDPs are available in the Resource Room. Adjunct faculty members are not required to do PDPs. The five areas of the PDP are addressed below.

Overall support. Bemidji State University provides overall support to the Department of Nursing in a variety of ways. Administration provides funds to cover our annual accreditation membership and to hire a CCNE consultant. We have a full-time office and administrative specialist, a full-time lab coordinator, and student workers in the office, the lab, and as tutors. We received funds to hire a grant writer to assist in identifying and obtaining external funding to support our program efforts to reach more AI students. The departmental offices were renovated in 2014 and have new desks and chairs so that the faculty work environment is healthy, comfortable, and conducive to high productivity.

The Interfaculty Organization (IFO) supports the faculty by developing an official contract with the University and Minnesota State (Resource Room) and ensuring that the contract is upheld. The IFO represents the faculty in contract negotiations and plays a major role in salary and benefit decisions. The IFO also facilitates the grievance process for faculty. BSUFA is the campus arm of the IFO. BSUFA faculty representatives convey departmental or faculty concerns to the BSUFA Senate.

Teaching effectiveness. BSU supports faculty efforts to achieve a high level of teaching effectiveness. Each faculty member receives a new laptop computer about every four years. The academic technologist coordinates, on average, six "Words for Nerds" sessions per semester where faculty are able to learn about available resources. The Department of eLearning Support also offers frequent D2L Brightspace training programs. Faculty members have access to the BSU library from their offices as well as their homes. The Extended Learning department offers financial support for online faculty to integrate advanced and emerging technologies into educational experiences beyond the classroom.

The IFO contract requires that the University provide \$1,380 per year (increased from \$1,300 in FY 2017) for each faculty member to attend conferences, purchase professional journals and memberships, or use on other scholarly endeavors (see Table II-F1). Within the Nursing Department, each faculty member has the discretion to decide how the money will be spent. BSU provides a new faculty orientation each fall and the Department of Nursing provides individual orientation for new and adjunct faculty. New fixed-term and probationary track faculty are assigned a nursing colleague mentor. The Center for Professional Development (CPD) offers faculty trainings, seminars, discussions on key issues, and individual faculty classroom assessments upon faculty request. Furthermore, the CPD staff welcomes ideas from faculty and makes every effort to accommodate such requests. For example, based on interest and requests, the CPD has presented workshops during 2016–2017 about teaching the millennial generation, preparing for tenure, and how to write a Professional Development Plan.

Scholarly achievement/research. BSU provides support that encourages faculty to produce scholarly achievements and/or research. The IFO funds (\$1,380/year) can be used to attend classes, pursue graduate education, and present at conferences. Professional Improvement Grants are available to faculty who are presenting at conferences or conducting research. These competitive grants are awarded twice a year. Nursing faculty members have consistently received these grants to support travel and

presentations at research conferences (see Table II-F1). The laptop computers provide support for scholarly achievement and research, and because they are portable faculty members have been able to take the computers with them while pursuing advanced degrees or conducting research. Sabbaticals are available to faculty every seven to ten years to pursue graduate education, conduct research, or pursue other scholarly endeavors. The faculty member must apply for the sabbatical, and if approved, receives a percentage of her salary depending on the length and number of prior sabbaticals. Semester-long sabbaticals are compensated at 100% of salary, while yearlong sabbaticals earn 80% of salary. Five faculty members have taken yearlong sabbatical leaves since fall 2014, pursuing research, practice, and educational endeavors. The University has also supported faculty application for external grant funding. A recent example is the financial support for grant writing resources used in the application process for the Nursing Workforce Diversity grant from the U.S. Department of Health and Human Services.

Continuing preparation and study. The IFO money and sabbaticals mentioned above also support continuing preparation and study (see Table II-F1). A tuition waiver benefit provides financial support for graduate courses at schools within the MN State system. There are also special grants available to interested faculty. For instance, during the academic years of 2014–2016, monies were provided for the chair to attend an AACN meeting in Washington, DC (see Table II-F1).

Contribution to student growth. The University creates an environment for faculty to make contributions to student growth. Each faculty member who participates in Academic Advising and Registration days (AAR) is given an *Advising Handbook*, which contains information on advising students. Advising resources specific to nursing also exist in the Curriculum Committee D2L Brightspace shell. The Department of Nursing supports faculty members in their advising role by providing committee time to deal with advising issues and concerns. All concerns that the faculty want help with are dealt with in this manner. For instance, the Student Admissions, Progression, and Concerns Committee organizes the semi-annual open advising events; the department OAS and student workers provide materials and in-person support for these events. The Curriculum Committee also supports the effort by providing resources for faculty in the D2L Brightspace shell, and by designing crosswalks and other tools to help faculty consistently advise around curricular changes.

University and community service. The University and Nursing Department support university and community service in several different ways. Faculty members must teach their classes and set aside ten hours for advising, but are free to determine how the remainder of their time will be spent. Faculty members have chosen to serve on various university committees and community boards and do community presentations as requested. Clinical practice is not an expectation at BSU, but time is allowed for faculty members who choose to practice. Presently, one faculty member has a clinical practice in psych/mental health nursing, and several faculty are employed as nurse practitioners. In addition, faculty members participate on multiple advisory boards supporting their communities. Examples include: Hope House, Sanford Advance Care Planning, Bemidji Schools Local Indian Education Advisory Council, ACT on Alzheimer’s, and the Village of Hope.

Table II-F1 summarizes the institutional funding for nursing faculty over the last three years.

Table II-F1. Institutional Funding for Nursing Faculty 2014–2016

Type of funding	Purpose	Year	Amount
BSU	Sabbatical	2014–16	\$304,345
	AACN & CCNE memberships	2014–16	\$22,457
	Accreditation needs (consultant, etc.)	2017	\$20,000

Type of funding	Purpose	Year	Amount
SON or CAS dean	Grant writer – HRSA Nursing Workforce Diversity grant	2016	\$7,185
	Dean, chair, and one faculty attendance at AACN conference (Dec 2014)	2014	\$3900
	Chair attendance at AACN conference	2015	\$1431
	Chair and Chief Nursing Administrator (Interim Assistant Director of CAS) attendance at CCNE self-study preparation conference	Fall 2016	\$2800
Professional Improvement Grants (competitive)	Dr. Christine Nguyen-Moen: poster presenter at the National DNP Conference, Baltimore, MD	October 2016	\$979
	Dr. Tiffany Hommes: presentation at the National Association of Pediatric Nurse Practitioner Conference, Denver, CO	October 2016	\$1,200
	Dr. Denise Meijer: International Rural Nursing Conference attendance, Rapid City, SD	July 2016	\$1,200
	Dr. Misty Wilke: keynote speaker at Indigenous Nurses Aotearoa Conference in Auckland, NZ	August 2015	\$1,500
	Dr. Tiffany Hommes: paper presentation at the American College of Health Association conference in Orlando, FL	May 2015	\$1,000
	Dr. Denise Meijer: Attend conference "International Rural Health and Rural Nursing Research Conference in Bozeman, MT.	July 2014	\$1,000
New Faculty scholarship and innovation grant	Dr. Misty Wilke: Quality of Health/Life After Organ Donation and Transplantation: The American Indian Experience	Fall 2015	\$4,577
Faculty mini-grant	Collaborative research: Use of Technology to Collect Data on Risk Behaviors with College Women; Dr. Tiffany Hommes with Dr. Jim White & Sanford Research Center	2014	\$3,000
	Collaborative research: Dr. Jeanine McDermott, Dr. Sheila Paul, Dr. Tiffany Hommes, Dr. Jim	Spring 2015	\$3,000

Type of funding	Purpose	Year	Amount
	White, and Dr. Derek Webb, “Lifelong Wellness Through Participatory Education”		
	Collaborative research: Dr. Sarah Tarutis, Dr. Carolyn Townsend, and Dr. Derek Webb, “Feed Them and Will They Keep Coming?”	2015–16	\$2,000
IFO Funds	Amount used for faculty travel and scholarly activities	2016–17	\$22,192
		2015–16	\$9,647
		2014–15	\$15,329
TOTAL			\$428,742

In light of the data presented above, we conclude that Bemidji State University and the Department of Nursing provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected outcomes of the program.

Summary

Strengths

- We have been able to recruit and retain adequate and increasing numbers of qualified faculty.
- We have current simulation and lab equipment.
- We have a variety of clinical practice sites for prelicensure practicum students.
- We enjoy excellent support from library, D2L Brightspace, and Information Technology resources.
- Faculty have access to funds for educational support, professional development, scholarship, and sabbaticals.

Areas for Improvement and Strategies

Areas for improvement	Strategies
Size of lab classroom space	<ul style="list-style-type: none"> • Advocate for an increase in the size of the lab classroom when possible • Respond to recent administrative request (9/2017) for a proposal to reconfigure space in the lab to meet this need
Computer lab access	<ul style="list-style-type: none"> • Investigate opportunity to have a larger computer lab available • If not possible, advocate for resources to support a second proctor during HESI testing
% of faculty in fixed-term vs. probationary track positions	<ul style="list-style-type: none"> • Continue current search process to fill the failed probationary track position in 2017–2018

Areas for improvement	Strategies
	<ul style="list-style-type: none"> • Request one additional probationary track position
<p>Lack of clarity of preceptor role outside of Practicum: Role Integration course; lack of BSN-prepared preceptors available in capstone sites (Practicum: Role Integration)</p>	<ul style="list-style-type: none"> • Continue process currently in place to define more clearly who we consider to be preceptors, considering Practicum: Rural Communities/Populations in addition to Practicum: Role Integration • Revise Learning Agreement for Practicum: Role Integration to more accurately reflect faculty role • Continue to request BSN-prepared preceptors whenever possible at capstone sites
<p>Changes in resources available to support clinical coordination, course coordination, and some other departmental functions</p>	<ul style="list-style-type: none"> • Begin a departmental strategic planning process in the spring of 2018

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

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

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

Program Response:

Curricula include clearly stated outcomes. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates. BSU's nursing program prepares students to attain the Bachelor of Science degree in nursing. Students achieve one set of program outcomes, but approach the degree via two different tracks with two separate curricula. One track admits students who have previously attained an associate's degree in nursing and passed the national licensure exam. This curriculum was based on the *AACN Essentials* and underwent substantial change in 2011 to address changes to the *Essentials* (AACN, 2008). The other track admits prelicensure students and was initially developed based on the *AACN Essentials* and the Minnesota Board of Nursing Abilities in effect when the program began in 2007. The two curricula are designed to meet the needs of these two different student communities of interest, preparing them to achieve the same set of expected student outcomes at program completion called curriculum outcomes.

Clearly stated outcomes relate to roles. The curriculum outcomes clearly describe expected student outcomes and are related to the roles for which our graduates aspire (*Department of Nursing Student Resource Manual*, pp. 7-8, Appendix M). The *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) were selected as curriculum outcomes in September of 2009 and will be referred to as the *Essentials* (Curriculum Committee minutes, 9/18/09). The program prepares graduates for roles as baccalaureate generalist practitioners, providing care for patients in a variety of care settings across the continuum of care delivery environments. Graduates are also prepared to enter graduate nursing programs to pursue advanced practice nursing roles.

Two examples follow, illustrating how the curriculum outcomes relate to the roles graduates assume. Curriculum outcome (Essential) IX describes baccalaureate-level generalist practice including care across the lifespan that is focused on individuals, families, and/or populations and provided in a variety of care environments. Graduates of BSU's program have assumed nursing roles in a wide variety of settings including public health, school, home care, acute care, long term care, mental health, pediatric, geriatric, and hospice (Career Services report in Resource Room). Curriculum outcome II describes knowledge and ability in leadership, quality improvement, and patient safety. Some graduates are working in managerial roles; others are demonstrating leadership in non-managerial roles, using the knowledge and skills gained through the program. Some students have chosen to immediately progress into graduate nursing programs.

Curricular objectives relate to student outcomes. The curricula include course descriptions and course objectives that were designed, in aggregate, to comprehensively address the curriculum outcomes. These are revised when needed by the Curriculum Committee, are included in all syllabus

templates used by faculty, and are evaluated by course faculty regularly during the course evaluation process (Appendices V, W, & X). In a thorough analysis completed in the fall of 2014, both curricula were extensively reviewed by all program faculty to ensure that all aspects of the curriculum outcomes were being addressed somewhere within the curricula. This process began by addressing each curriculum outcome (*Essential*) and the specific end-of-program outcomes delineated under each in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). Faculty identified course objectives, unit objectives, or learning activities addressing each. Unnecessary overlaps and gaps were identified, with plans to address them. A curriculum alignment document was generated for each curriculum (Appendices E & F).

Curricula are revised. Curriculum revisions have occurred in response to changes in curriculum outcomes (*Essentials*), faculty evaluation of curricula, and/or student success in achieving identified measures of program effectiveness. For example, the RN-BS curriculum underwent substantial revision in 2011 to more explicitly align the courses with the newly identified curriculum outcomes (*Essentials*). Course descriptions and objectives were designed to reflect the outcomes described in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). Further revision to the RN-BS curriculum occurred in 2014 when faculty determined it was important to resume inclusion of a Health Education course that was discontinued during the 2011 revision. More minor revision of the prelicensure curriculum occurred after the program had been in place for several years. Evaluation data from faculty, students, and student performance on standardized ATI assessments guided revision to credit loads and content in some courses and the addition of a Nursing Pharmacology course at that time (Curriculum retreat minutes, 10/2013).

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

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

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

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

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

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

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

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

Program Response:

Curricula reflect professional standards and guidelines. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing* (AACN, 2008). BSU faculty have chosen the AACN *Baccalaureate Essentials* as curriculum outcomes. Other professional nursing standards and guidelines are incorporated into coursework throughout the curricula as appropriate to the course. The *Code of Ethics with Interpretive Statements* (American Nurses Association [ANA], 2015), *Nursing: Scope and Standards of Practice* (ANA, 2015), and *Nursing's Social Policy Statement* (ANA, 2010) are examples of foundational documents that inform content in courses throughout the program. Other guidelines used include *End of Life Nursing Education Consortium* content (AACN, 2017), *Quality and Safety Education for Nurses* (Case Western Reserve University, 2014; Cronenwett et al., 2007), and specialty standards of practice that are incorporated into appropriate coursework.

Curriculum outcomes demonstrated. The *Essentials*, identified as our curriculum outcomes, are demonstrated by students through designated assignments, identified by faculty, and assigned and evaluated through specific courses. Curriculum outcomes and their demonstrating assignments are available as Appendix A and Appendix B of the *Student Resource Manual* (Appendix M and Resource Room). One example from each curriculum is included in Table III-B1.

Table III-B1. Examples of Essential (Curriculum Outcome) Assignments

Essential	Course	Assignment descriptions
Essential III: Scholarship for Evidence-Based Practice <i>Professional nursing practice is grounded in the translation of current evidence into one's practice.</i>	Prelicensure: Nursing Research (NRSR 4100)	Evidence-Based Project: Using the steps described in the course material, students will develop an evidence-based project based on a Nurse Sensitive Indicator from a place of employment or a clinical site.

Essential	Course	Assignment descriptions
Essential VIII: Professionalism and Professional Values <i>Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.</i>	RN-BS: Concepts of Nursing & Health Care (NRSRG 3100)	Essential Assignment: The purpose of this assignment is to engage in reflective thought regarding your concept of yourself as a baccalaureate-prepared professional nurse. In this assignment, you will evaluate and interpret your abilities regarding dimensions of professional practice based on the AACN <i>Essentials of Baccalaureate Nursing for Professional Practice</i> (2008). This self-reflection and evaluation will assist you in articulating to yourself and others (sharing your voice) what it is to be a baccalaureate-prepared professional nurse.

Standards and guidelines are clearly evident within the curricula. Course map documents exist for each course in both curricula. For each course-level objective, the course map identifies those professional nursing standards and guidelines (PNSGs) used to inform the content included in the course. Evaluation methods are also identified for each course objective. Course maps were initially completed by faculty in 2014–2015 and, beginning in 2017, review and revision has been incorporated into the regular faculty course evaluation process. Course maps are available to faculty for use in course design and revision. Course content, learning activities, and evaluation strategies are informed by the course map. Two course objectives from NRSRG 2204 Health Assessment (4-year track) are included in Table III-B2 as an example of the course map’s design. The NRSRG 2204 course syllabus reflects teaching-learning activities including class presentations, lab practice, and clinical interviewing; these are divided into units based on human systems across the lifespan. Content is consistent with Standard 1 of the *ANA Scope and Standards of Practice* (2015): “The registered nurse collects pertinent data and information relative to the healthcare consumer’s health or the situation” (p. 53). Competencies identified in the standard are incorporated into the course expectations. Essential IX (AACN, 2008) also delineates outcomes related to assessment that are considered and incorporated into course content and evaluation tools.

Table III-B2. Sample Portion of NRSRG 2204 Course Map

Course objectives	Professional standards & competencies	Evaluation methods	Grading instrument
1. Perform focused physical assessments on clients across the lifespan using an organized, systematic approach.	ANA Scope and Standards of Practice, Standard 1 Essentials of Baccalaureate Education (2008), Essential IX	Head-to-toe physical assessment Weekly lab folders	Head-to-toe grading rubric
2. Differentiate normal findings for the client’s age, developmental stage, and cultural background and those unusual or abnormal	AACN Competencies for Nursing Care of Older Adults, Essential IX	Exams Readiness Assessment tests Weekly lab folders	Exam score RAT score

Course objectives	Professional standards & competencies	Evaluation methods	Grading instrument
findings that require further evaluation.	Nursing Scope and Standards of Practice, Standard 1 Essentials of Baccalaureate Education (2008), Essential IX		

Table III-B3 includes a portion of the course map for NRS 3240, Information Management and Collaborative Communication from the RN-BS curriculum. As above, teaching-learning activities are included on the course syllabus; the course map reflects professional standards and guidelines that inform the content included to achieve each objective and the evaluation methods used to demonstrate achievement.

Table III-B3. Sample Portion of NRS 3240 Course Map

Course objectives	Professional standards & competencies	Evaluation methods	Grading instrument
1. Advocate for the use of new patient care technologies for safe and high quality patient care as a member of the inter-professional team.	AACN Baccalaureate Essential IV	Online discussion	Discussion Rubric
	Informatics Nursing Scope & Standards of Practice		
	Institute of Medicine Crossing the Quality Chasm Recommendations for Redesign #10 (2001)		
2. Use inter and intra-professional communication, collaborative skills, information technology to deliver and improve patient care outcomes, safe care environment, and evidence-based and patient centered care.	AACN Baccalaureate Essential VI	Interprofessional Team Paper (ITP)	Rubrics for ITP & CWE
	Institute of Medicine Crossing the Quality Chasm (2001)	Consumer Website Evaluation (CWE)	Chapter questions
	Informatics Nursing Scope & Standards of Practice	Online discussions	
	ANA Standards of Professional Performance 11	Quizzes	

Course objectives	Professional standards & competencies	Evaluation methods	Grading instrument
	QSEN competency – Teamwork and Collaboration (K,S,A)		

A full course map example from each curriculum is included as Appendices Y and Z and all course maps are available in the Resource Room. Additional examples in Table III-B4 illustrate how PNSGs are incorporated into course content to achieve course objectives.

Table III-B4. Prelicensure and RN-BS Examples: PNSGs, Course Content, and Course Objectives

Course	Course objective	Content	PNSGs
<i>Prelicensure</i>			
Elements of Scholarly Practice (NRS 3000)	4. Interpret nursing practice implications of selected nursing frameworks/theories – nursing theories.	Two nursing care plan case study assignments incorporating nursing theories (Maslow, Erickson, Orlando)	Essentials of Baccalaureate Education, (AACN, 2009), Essential I Liberal Education for Baccalaureate Generalist Practice, #1: “Integrate theories and concepts from liberal education into nursing practice” (p. 12).
Practicum: Role Integration (NRS 4201)	1. Utilizing the knowledge gained from all the courses in the nursing program and the AACN Essentials, demonstrate integration of baccalaureate nursing roles and expectations within a selected rural setting.	Journal assignment that encourages reflection on professional roles and values states: “The reflective journaling must include the student’s SMART objectives within the Capstone rotation assigned and topics such as the professional nurse’s role, collaboration, and development of the broader theory of Benner’s Theory <i>From Novice to Expert</i> or another nursing theory that fits the Capstone experience within the student’s understanding of their	Code of Ethics with Interpretive Statements Standards of Nursing Practice Standards VII, VIII, XIV

Course	Course objective	Content	PNSGs
		own development during the Capstone experience.”	
<i>RN-BS</i>			
Nursing Research (NRS 4101)	1. Relate the role of nursing research in the development of nursing knowledge and nursing practice.	Discussion question: Identify a problem or question you have encountered in your clinical practice. How would you go about answering the question using literature, experience, intuition, and EBP?	Essentials of Baccalaureate Education (AACN, 2009), Essential III, #6: “Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care” (p. 16).
Nursing Leadership and Management (NRS 4210)	1. Analyze leadership theories and strategies for their applicability to nursing leadership roles.	Online discussion question: “How would you carry out transformational leadership to affect the culture of your organization? Or if not working, what aspect of transformational leadership would be helpful to affect the organizational culture?” Leadership Theory Case study	Scope & Standards of Nursing Professional Development Essentials of Baccalaureate Education, (AACN, 2009), Essential II, Sample content includes: “leadership, including theories, behaviors, characteristics, contemporary approaches, leadership development, and styles of leadership” (p. 14).

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

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

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

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

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

Program Response:

Logical structure of the prelicensure curriculum. The curriculum is logically structured to achieve expected student outcomes. The prelicensure curriculum includes a foundation of liberal arts, sciences, and humanities. Prior to being accepted into the nursing program, students are required to have completed biology content including concepts related to human biology, anatomy, and physiology. Psychology courses required prior to acceptance include introductory and lifespan development courses. For degree completion, students are also required to complete 42 total credits of liberal education coursework, including arts, communication, sciences, math, humanities, global studies, and environmental perspectives. This broad range of liberal education prepares students to think critically while addressing complex issues in a global society. Courses also equip students to effectively explore and evaluate a variety of ideas; these skills are essential for success in junior- and senior-level nursing courses. Students develop the ability to evaluate and apply current evidence to practice as they progress through a variety of learning experiences based on liberal education principles.

The nursing courses build on knowledge gained in the prerequisite biology and psychology courses. For example, following acceptance into the program, students apply their understanding of human anatomy and physiology in the Health Assessment course (NRS 2204). Achievement of course objective 1, “Perform focused physical assessments on clients across the lifespan using an organized, systematic approach,” requires and builds on the knowledge of anatomy; achievement of objective 3, “Analyze findings from health assessments, distinguishing normal, at-risk, and abnormal profiles and potential health concerns,” builds on physiology concepts introduced in the prerequisite course. Knowledge gained in psychology courses is applied in therapeutic communication during clinical care experiences in Practicum: Adult/Gerian and Practicum: The Family courses (NRS 3003/3203), and serves as a foundation for concepts addressed in Mental Health Nursing (NRS 4100) and Palliative Care Nursing (NRS 4002).

The nursing courses are sequenced from simple to more complex learning. Sophomore courses introduce clinical, pharmacologic, and assessment concepts and include simulation experiences that prepare students, in a safe and supervised setting, for actual patient care experiences. Junior courses include theory related to health challenges across the lifespan, incorporating pathophysiology, pharmacology, and concepts of prevention, treatment, and amelioration of suffering. Knowledge gained in the classroom is applied in a variety of clinical settings where students are able to expand their understanding and develop their interpersonal, critical thinking, and technical skills. Junior courses focus on use of the nursing process in the care of individuals and families.

Senior fall courses expand the students’ perspectives to include community and population health. Clinical learning occurs in a variety of community settings where groups of students apply the nursing process to a specific population. The mental health nursing course occurs during fall of senior

year, complementing students' developing understanding of human responses with insight into mental health issues. During the final semester, the more complex subjects of nursing leadership and palliative care are introduced. By this time, students have gained knowledge about a variety of health conditions and developed skills in providing individual care, family care, and addressing population health needs. They are able to consider the care of people with serious illnesses and their families in a holistic way, addressing physical, emotional, social, and spiritual aspects of care in Palliative Care Nursing (NRSNG 4002). Leadership concepts build on a solid foundation of professional behavior, interpersonal skills, and ability to attain and communicate knowledge effectively (NRSNG 4200). The Practicum: Role Integration course (NRSNG 4201) challenges students to integrate knowledge, skills, and attitudes developed throughout the program. Students apply these first in simulation scenarios involving patients with multiple complex conditions, then again in capstone experiences in a variety of professional nursing roles throughout the region and the state. The Organizing Framework in the Faculty and Staff Resource Manual in D2L Brightspace illustrates this structure and lists the concepts central to both curricula (Schemas in Appendix AA).

Logical structure of the RN-BS completion curriculum. The RN-BS curriculum is also logically structured to achieve expected student outcomes. Accepted students must have completed an associate degree nursing program and achieved RN licensure before beginning the program. The curriculum includes the liberal education courses required to achieve any Bachelor of Science degree at BSU. As noted above, these include courses in arts, science, humanities, environment, and math. Students transfer in applicable courses and complete the remaining liberal education requirements prior to graduation. Students may complete liberal education requirements at any time before, after, or concurrent with their nursing courses. The nursing curriculum requires students to apply written and verbal communication skills and knowledge to access and analyze information in assignments throughout the program. Perspectives gained from a liberal education base inform their approach to a variety of patients and prepare students to work effectively in a complex, multi-disciplinary health care environment.

The RN-BS student community of interest includes a wide variety of students; some are working full-time, some have unpredictable or inflexible schedules, some are recent graduates from associate degree programs moving directly into the bachelor's program, and many have family responsibilities. To meet the needs of this student group, nursing courses are arranged for maximum flexibility, providing for a full or part-time approach to the program. Concepts of Nursing and Health Care (NRSNG 3100) is designed to be taken during the first semester in the program, providing exposure to skills and concepts that serve as a foundation for the remaining courses. Though students are able to take nursing electives prior to NRSNG 3100, all other required nursing courses must be taken with or following NRSNG 3100, which is a fall semester course. For example, students are exposed to literature search, professional writing, and American Psychological Association (APA) formatting skills during this course. They also explore *The Essentials of Baccalaureate Nursing Education* (AACN, 2008) to provide context and describe the outcomes they are pursuing. Concurrent and subsequent courses continue to build on developing knowledge and skills.

One example is the development of abilities related to practice based on evidence. Spring semester includes a Nursing Research course (NRSNG 4101), during which students build on the knowledge gained in NRSNG 3100 by analyzing research studies and evaluating evidence. One course objective reads, "Analyze research findings for their applicability to nursing practice." Concurrently (for full-time students) or subsequently (for part-time students) in the Evidence, Practice, and Profession course (NRSNG 4240) the students achieve these course objectives: "Organize and synthesize the best current evidence identifying gaps, commonalities, and variations," and, "Recommend continuation of current practice or a change in practice based on the evidence," by completing an evidence-based practice project.

Community and Family Health Nursing (NRS 4116) and Nursing Practicum: Community (NRS 4120) must be taken concurrently. Students develop an understanding of community health principles through NRS 4116, including the objectives, “Interpret the scope of community health nursing utilizing the concept of population focus as client,” and, “Analyze the effect of economic, social, cultural, global, governmental, legal, and ethical factors that influence the health of a community.” Concurrently, NRS 4120 objectives—“Complete a community health assessment using a Community as Partner Model” and, “Analyze assessment data, and formulate community health diagnoses/problem statements”—are being addressed as students apply their learning in the community setting.

All required courses are offered annually and sequenced such that the first required course (NRS 3100) is a fall course; courses reflecting a broader perspective and integrating concepts learned across the curriculum are designed as last courses and are offered in spring semester. For example, Nursing Leadership and Management (NRS 4210) and Evidence, Practice, and Profession (NRS 4240) occur in the final semester of a full or part-time program. The NRS 4210 course objectives, “Relate management functions to leadership in health care delivery and nursing practice,” and, “Examine political, economic and sociological phenomena influencing leadership decisions and strategies,” build on concepts of professional practice and the health care delivery system addressed in Concepts of Nursing and Health Care (NRS 3100), Health Care Policy and Finance (NRS 3300), and Community and Family Health Nursing (NRS 4116). Courses that aren’t designed to be necessarily first or last in the curriculum are scheduled in a way that balances the credit load and allows for effective full or part-time program completion.

Liberal education requirements are clearly described in the BSU catalog (<http://www.bemidjistate.edu/academics/catalog/20183/content/364>), and program plans for both tracks are included on the nursing webpage and in Appendices BB and CC.

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

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

Program Response:

Teaching-learning practices and environments in the prelicensure program. Teaching-learning practices and environments support the achievement of expected student outcomes in the prelicensure program. This campus-based program provides a variety of environments for learning, including classrooms, a clinical and simulation laboratory, and access to an online environment through D2L Brightspace. The online platform is used to make content available to students, for student/faculty communication, and for discussion, assignment submission, and grading. Practices in the classroom vary based on course outcomes, ranging from traditional lecture to case study, discussion, student presentations, and group projects.

Some courses use team-based learning strategies to improve learning outcomes and develop students’ ability to collaborate with peers. For example, Adult-Gerian Health (NRS 3001) employs the team-based learning strategies described by Michaelsen, Knight, and Fink (2002), including individual and group readiness assessment testing (RATs) and in-class team projects. Students are committed to a team for the full semester and evaluate one another at midsemester and at the end of the semester, with final evaluations reflected in students’ final grades. Other classes use groups that may change during the semester based on interest or student choice to engage in debates or discussion, complete case studies, investigate questions, or complete projects or presentations.

Case studies are commonly used to help students relate the ideas they are learning to patient scenarios; these achieve course objectives that contribute to achievement of curriculum outcomes. For example, interactive virtual scenarios illustrating mental health disorders are used to stimulate discussion among groups of students in the Mental Health (NRSG 4001) course. This activity helps achieve the course objective, “Analyze the psychodynamics of human behavior in relation to the mental health/mental illness spectrum and common lifespan concerns,” which contributes to the curriculum outcome (and Essential) IX, Baccalaureate Generalist Practice, specifically related to individual care of patients with mental health concerns. Some classrooms, furnished with movable desks and chairs, accommodate group work very effectively. All classrooms are equipped with projection equipment, video capability, and internet access. Students are required to bring laptops to class.

Laboratory time is regularly scheduled in several courses including Introduction to Clinical Practice (NRSG 2203), Health Assessment (NRSG 2204), and Practicum: Role Integration (NRSG 4201). Lab activities include demonstration and supervised practice of psychomotor and assessment skills prior to care of patients. Students have the opportunity to learn and practice discrete skills (e.g., sterile technique and injection technique) and progress, using low-fidelity simulation, to more complex application of these skills (e.g., sterile dressing change and medication administration) in a safe but relatively realistic setting. Junior students learn, practice, and demonstrate IV therapy skills, and senior students (NRSG 4201) refresh skills prior to capstone practicum. Aspects of physical examination are practiced on peers or models under the guidance of faculty. In addition to textbook and classroom resources, students have access to video demonstrations of nursing procedures and assessment techniques to augment their laboratory practice. Curriculum outcome (and Essential) IX is addressed through these teaching-learning practices.

High-fidelity simulation is evolving as a teaching-learning practice throughout the curriculum. During the sophomore lab classes (NRSG 2203 & 2204), junior clinical courses (NRSG 3003 & 3203), and senior practicum course (NRSG 4201), students experience a variety of simple to complex patient care scenarios using high-fidelity simulation. Simulation exposes students to specialty care that is not consistently available locally such as a patient with extensive burns, a new spinal cord injury, a pediatric patient with respiratory failure, and obstetric patients with complications. It also provides an opportunity for students to problem solve, in the moment, in the care of patients with complex and life-threatening conditions without risk to a live patient. Students prepare in advance for simulation, observe or participate with others in the activity, and debrief with faculty following the experience. Learning occurs in all phases; sometimes students repeat the simulation after the debriefing session and are able to more effectively provide the care needed.

In an integrative learning experience in the final semester, students participate in an end-of-life simulation involving a patient and family with complex emotional, spiritual, biophysical, and social issues. This simulation culminates in a case presentation to a simulated ethics committee composed of volunteers from the professional community. In this activity students apply liberal education learning: “Apply knowledge of social and cultural factors to the care of diverse populations” (AACN, 2008, p. 12), and, “Implement patient and family care around resolution of end-of-life and palliative care issues, such as symptom management, support of rituals and respect for patient and family preferences” (AACN, 2008, p. 31). The winning team is awarded a homemade traveling trophy, a cherished program tradition since our first class graduated in 2011.

Table III-D1 includes examples that relate teaching-learning practices with the course objectives and program outcomes in the prelicensure program.

Table III-D1. Examples Relating Teaching-Learning Practices to Program Outcomes – Prelicensure

Course & program outcome	Course objective(s)	Unit learning outcome (if identified in syllabus)	Learning activity
Elements of Scholarly Practice (NRSG 3000) <i>Essential I: Liberal education for baccalaureate generalist nursing practice</i>	Examine the inter-relatedness of knowledge and practice as a basis for the advancement of nursing practice through evidence-based practice.	Unit 3 topics: Types of Evidence, How to evaluate evidence & literature, Evidence-Based Nursing, Scholarly Writing Expectations (APA; Essay Structure; assurance of academic integrity; etc.)	WebQuest Activity and Essay: Evaluate information on the internet; evaluate a website for quality, accessibility, currency, and relevance. Demonstrate scholarly writing skills through the completion of an essay that addresses the WebQuest activity and findings.
Practicum: Rural Communities and Populations <i>Essential VII: Clinical Prevention and Population Health</i>	Apply the nursing process to a community partner: Complete a community health assessment using the Community Assessment Model. Analyze assessment data, and formulate community health diagnoses.		Community Health Assessment Project including • Windshield Survey Assessment • Focused Community Health Assessment Paper • Community Health Diagnosis Paper • Community Health Nursing Interventions Paper • Class Community Health Project Presentation to class (group) and population • Group Evaluation Quality Participation

Teaching-learning practices in the RN-BS curriculum. Teaching-learning practices and environments support the achievement of expected student outcomes. This hybrid program, which uses the learning platform D2L Brightspace, includes some fully online courses and some which meet on campus two or three times each semester. Campus courses occur in six different locations throughout the state, where classroom and lab space is available to support student learning close to students' homes. The Advanced Health Assessment course (NRSG 3140) includes clinical laboratory experiences, providing demonstration and practice opportunity for developing and advancing health assessment skills. Other courses are held in classrooms that have projection, video, and internet connectivity resources available to students and faculty. Students are encouraged to bring laptop computers to class and are provided information about system requirements when they begin the program.

During on-campus days, faculty employ strategies that complement the online learning activity. For example, in Concepts of Nursing and Health Care (NRSG 3100), students take a position and hold a debate about identified nursing leadership (2016) or societal health (2017) issues during class. This utilizes liberal education skills of inquiry, analysis, and discourse, and requires students to expend effort to understand a position they do not necessarily affirm. It contributes to achievement of curriculum outcomes (and Essentials) I & II by requiring students to "Use skills of inquiry, analysis, and information literacy to address practice issues" (AACN, 2008, p. 12), and, "Apply leadership concepts,

skills, and decision making in the provision of high quality nursing care, health care team coordination, and the oversight and accountability for care delivery in a variety of settings” (AACN, 2008, p. 14).

Online learning involves a variety of strategies. Discussion forums are used to engage students in processing text and journal readings. Discussion rubrics often require students to access additional resources to support their ideas, enhancing their ability to acquire and apply scholarly information. For example, a discussion rubric used in NRS 3100 includes the criterion, “References a journal article with citation of author’s last name and year. Uses course reference.” A criterion on another discussion rubric used in NRS 4210 and NRS 3240 states, “Provides evidence-based, scholarly resources that include one course textbook AND one non-course reference (a peer reviewed journal or professional report) that supports one’s position on the posed topic or idea” (Appendix DD). Discussion questions are often designed to help students relate their learning to an experience they have encountered in their practice. In this way, students share the richness of their professional experiences with each other and connect these with baccalaureate-level practice concepts. Online content often incorporates interactive modules generated by national organizations such as Institute for Healthcare Improvement (NRS 3100 and 4210), Sigma Theta Tau Nursing Management Certificate (NRS 4210), International Nurses Coalition for Mass Casualty Education (2006) (NRS 4116), and National Institutes of Health (NRS 4101).

Curriculum outcomes are achieved through teaching-learning practices. Examples from several courses in the table below demonstrate this process.

Table III-D2. Examples Relating Teaching-Learning Practices to Program Outcomes – RN-BS

Course & program outcome	Course objective	Unit learning outcome (if identified in syllabus)	Learning activity
Nursing Research (NRS 4101) <i>Essential III: Scholarship and evidence-based practice</i>	Relate the role of nursing research in the development of nursing knowledge and nursing practice.		Discussion question: Identify a problem/question you have encountered in your clinical practice. How would you go about answering the question using literature, experience, intuition, and EBP?
Nursing Leadership and Management (NRS 4210) <i>Essential II: Basic organizational and systems leadership for quality care and patient safety.</i>	Analyze leadership theories and strategies for their applicability to nursing leadership roles.	Explain the purposes of nursing care models. Compare and contrast the different nursing care models discussed in this chapter. Explain the key advantages of shared governance for nursing staff.	Discussion question: You learned about several different nursing models of care in the readings this week. Think about your work place, the structure and the processes that are in place to deliver patient care and other services. Now focus on the nursing unit you work in and describe the nursing care model that is used at your clinical work place. If you are not working in nursing, explain what model was used in one of your student clinical work

Course & program outcome	Course objective	Unit learning outcome (if identified in syllabus)	Learning activity
			experiences. Discuss how the model is (was) applied, the pros and cons, and how you think the model might be improved. How do you think shared governance would work for your facility and how might it affect patient care?

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

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

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

Program Response:

Planned clinical practice experiences in the prelicensure program. The prelicensure curriculum includes planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes. Direct care clinical practice experiences occur in four semesters and are focused on different patient populations, care delivery settings, and levels of student preparation. As juniors, students see adult and gerian patients in acute care settings in the Practicum: Adult/Gerian course (NRS 3003). They are supervised by faculty in the direct care of patients, implementing knowledge gained in a concurrent didactic course, Adult/Gerian Health (NRS 3001). In addition to direct care of patients with medical and surgical diagnoses, students observe care delivered in intensive care, ambulatory surgery, and peri-operative settings. Practicum: The Family (NRS 3203), another junior-year practicum course, involves students' participation in the care of patients in acute care (pediatric, postpartum, labor and delivery, wound care, and acute rehab settings). Students also work with children in the school setting, participating in health screenings and responding to the daily health care needs of children in the community. Two concurrent didactic courses, Child/Adolescent Health (NRS 3202) and The Childbearing Family (NRS 3201), expose students to concepts of care across developmental stages, common pediatric health issues, and reproductive and newborn care and complications. Students demonstrate curriculum outcome (and Essential) IX, Baccalaureate Generalist Practice, during these semesters.

Senior students experience community-based care through a practicum course in which they assess, plan, implement, and evaluate care for an identified population. Placements include a tribal health care agency, an adult mental health facility, a homeless shelter, a boys and girls club, and a campus-based population. Practicum: Rural Communities/Populations (NRS 4003) is taken along with Community Health Nursing (NRS 4110), which informs the practicum activity. Students demonstrate the curriculum outcome (and Essential) VII, Clinical Prevention and Population Health, during this

semester. Lastly, Practicum: Role Integration (NRS 4201), includes a preceptor-supervised capstone placement in a nursing practice setting. These placements include acute care, home care, public health, long term care, hospice and other settings across the state of Minnesota and eastern North Dakota. During this capstone course, students integrate knowledge gained throughout the program in a professional nursing role.

Students evaluate their clinical experiences in course and end-of-program evaluations (Appendices EE & FF, complete evaluation examples in the Resource Room). Their feedback informs department and faculty actions to improve ineffective aspects of the experience or sustain effective aspects. The department chair, in the role of clinical coordinator, interacts directly with our most frequently used clinical agencies, meeting at least annually to share feedback, address concerns, and ensure that students and agencies are benefitting from the experience. Following the capstone placement, students evaluate their experience at the clinical site and faculty decide whether to continue with that site, attempt to improve the experience with the site, or avoid using that site for future placements. Notes from clinical coordinator meetings with sites and student course evaluations from clinical courses and practicum sites reflect this activity (Resource Room).

Prelicensure clinical practice experiences are evaluated by faculty. Nursing faculty are accountable for the evaluation of students in all practicum courses. Direct observation of the student's care, input from co-assigned nursing staff, feedback from patients, and analysis of a student's written and verbal communication associated with patient care inform the evaluation process. Clinical evaluation rubrics are included in Appendix GG, and samples of completed evaluations are in the Resource Room. When students are supervised by a preceptor in the capstone course, faculty evaluation is informed by preceptor input provided verbally and in writing to the course faculty.

Planned clinical practice experiences in the RN-BS program. The RN-BS curriculum includes planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes. Clinical practice experiences are spread throughout the program and focused on meeting specific course objectives that align with curriculum outcomes. All clinical activities are academically supervised and evaluated by course faculty. Examples of evaluation methods and a table describing direct and indirect clinical practice experiences are located in Appendix HH.

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

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

Program Response:

Process for eliciting feedback from student communities of interest. The curricula and teaching-learning practices consider the needs and expectations of the identified community of interest. The two program tracks represent two very different student groups. Strategies used to elicit student feedback are similar and involve responses to their experience in both individual courses and the program as a whole. Students have the opportunity to evaluate each course at the end of the term, using a common course evaluation that is completed anonymously through the D2L Brightspace learning platform (Appendix EE). Faculty integrate student responses into the faculty course evaluation, completed regularly for each course and reported through the Nursing Curriculum Committee (Appendix W, completed examples in Resource Room). Faculty also include consideration of student feedback in their course revision processes. Questions on the students' evaluations involve the learning

environment, usefulness of assigned readings, and organization of the course content. Students are also asked to comment on aspects of the course that contributed to or interfered with learning.

Overall curriculum feedback is provided by students concurrently through occasional forums. Students are also invited to participate on the Nursing Curriculum Committee, though this has rarely occurred. At the end of their final semester, students complete an end-of-program evaluation which elicits feedback about the curriculum and teaching-learning practices overall (Appendix FF). This feedback is reviewed by the Nursing Curriculum Committee, shared with faculty, and used to inform curricular and teaching-learning practice changes. For example, end-of-program student comments, along with other information, informed changes to the 4-year track curriculum that were planned in 2013 and implemented in the fall of 2015 (Curriculum retreat minutes, 10/18/13).

Meeting the needs of the prelicensure student community of interest. The prelicensure curriculum and teaching-learning practices consider the needs and expectation of the identified community of interest. Substantial student feedback about inadequate exposure to pharmacology content began to appear in end-of-program evaluations with the first graduating class (2011) and continued despite attempts to better integrate the content into courses. To correct this persistent shortcoming, our first curriculum revision added a pharmacology course, which is now a requirement. An additional improvement that has been made as a response to student concerns is the expansion of the anatomy and physiology prerequisite course. Students commented that they were not retaining enough learning from the required five-credit, one-semester course offered by the Biology Department. Beginning with the Fall semester of 2016, an eight-credit, two-semester course specifically for nursing students became available and is currently an experimental course being evaluated as a replacement prerequisite. Student comments related to these issues occurred in forums and end-of-program evaluations (Resource Room).

Recently students have expressed a desire in forums and end-of-program surveys for more experience with simulation to be spread throughout the program (Resource Room). A plan for systematically including simulation in several identified courses and educating more faculty with a commitment to and interest in simulation is being implemented in the Fall 2017 semester.

Meeting the needs and expectations of RN-BS student community of interest. The RN-BS curriculum and teaching-learning practices consider the needs and expectation of the identified community of interest. Examples of changes to the curriculum and teaching-learning practices demonstrate response to student feedback. Student comments on evaluations of the Advanced Health Assessment course (NRSG 3140) in 2014 and 2015 indicated a need for more lab time, video demonstrations of assessments, and simulation. In the summer of 2016, a virtual assessment product, Shadow Health, was added to the course to address these needs. Following two semesters of use, faculty have observed that Shadow Health provides the opportunity for students to practice assessment skills, but students experience some frustration with the program. Faculty therefore plan to continue closely monitoring the effectiveness and feedback related to Shadow Health to determine whether to continue its use (faculty course evaluations in Resource Room).

Writing expectations and APA format are introduced in Concepts of Nursing and Health Care (NRSG 3100). Faculty noted that students who had not yet taken this course were struggling with the writing expectations in other courses. To address this weakness, NRSG 3100 became a pre- or co-requisite to all required NRSG courses beginning in the fall of 2015 (minutes, RN-BS task force 4/1/13; Curriculum Retreat 10/2013, Resource Room). Anecdotal reports from faculty teaching Nursing Research (NRSG 4101) indicate that 2017 students had improved literature search and APA skills compared with 2016 students. Formal evaluation will occur during the November 2017 Curriculum Retreat to determine more definitively whether this change in sequence better meets the needs of the student community.

Over the years, students have commented in program evaluations about a desire for the program to have an all-online format. Other students have identified the on-campus days as a strength for the

program. In response to this varied input, an RN-BS Task Force is currently investigating the question of completely online versus hybrid format for the RN-BS program (task force minutes, Resource Room).

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

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

Program Response:

Evaluation strategies in didactic, hybrid, and online courses include a variety of tests and assignments designed to measure achievement of specific learning objectives. Rubrics are commonly used in evaluation of written, discussion, presentation, and project assignments. Examples are included in the Resource Room. A standard writing rubric is used across both curricula, weighted more heavily for professional inquiry, analysis, writing, and formatting skills as students advance through the curricula (Appendix II). Group projects are evaluated by faculty. Students provide peer feedback for members of their groups, and often peer feedback points are assigned as part of the project grade (sample in Resource Room). Students also provide anonymous peer feedback in some courses, such as Adult/Gerian Health (NRSNG 3001), using team-based learning concepts. In this course, feedback, including comments and assignment of points for each peer, is submitted by each member of a team, collated by faculty to ensure anonymity, and shared with each student at the middle and end of the semester. Midsemester feedback to students does not count in the course grade and offers students the opportunity to improve based on peer comments. Final point assignments from peers are reviewed by faculty and become part of the final grade. Faculty observe teams' progress and provide support to teams and students in the peer review process.

Evaluation feedback is available to students through D2L Brightspace or directly from the instructor. Faculty may use the D2L Brightspace rubric function, design rubric documents, or use other means to communicate evaluation information to students. Throughout the semester, assignment and test grades are available to students through the D2L Brightspace grade function. Final semester grades are available to the students through their e-services university site.

Evaluation policies and procedures for individual student performance are defined and consistently applied. The Department of Nursing uses a standard grading scale, which is accessible to students in the department's *Student Resource Manual* (p. 12, Appendix M) and in course syllabi. Additional grading policies are also in the *Student Resource Manual* (p. 12) and applied consistently to all students. The standard grading scale and a link to the *Student Resource Manual* are locked into the syllabus template for each course to ensure consistent inclusion in the syllabi for all NRSNG courses. Faculty may include more specific evaluation information in course syllabi and apply it consistently within their course. Students have access to a grievance process if they believe a policy has been applied unfairly or in error. The Student Admission, Progression, and Concerns (SAPC) Committee oversees the grading policies, participates in the grievance review process, and reviews the policies annually. SAPC minutes include evidence of annual review and grievance activity (Resource Room). In addition, an Academic Grade Challenge Policy exists at the university level that describes the process for

challenging a final grade (<https://www.bemidjistate.edu/offices/president/policies/wp-content/uploads/sites/79/2015/06/Academic-Grade-Challenge-Policy.pdf>).

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

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

Program Response:

Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement. Course and curriculum evaluation are continuous processes facilitated by the Nursing Curriculum Committee and implemented by faculty. The *curriculum loop* illustrates the ongoing process of course and curriculum review, revision, and evaluation (Appendix X). Syllabus templates and course maps are used to ensure that the essential curricular components of courses remain stable over time, even if taught by different faculty. Course objectives and curriculum outcome level assignments (Essential assignments) are locked into the syllabus template of each course, meaning they cannot be edited. Faculty are aware that changes to these structural components of the overall curriculum cannot be made without action by the Nursing Curriculum Committee. Course maps include course objectives (locked), professional nursing standards and guidelines informing content, and evaluation methods specific to each course objective. The syllabus template, course map, and most recent faculty course evaluation for each course are available to faculty in the Curriculum Committee D2L Brightspace shell and form the starting place for course design each semester. The checklist designed to assist faculty in using these tools is also available in the same shell.

At semester's end, faculty gather student feedback in course evaluation surveys located in each course's D2L Brightspace shell. Faculty review the information and use it to inform course decisions. Annually, each course is formally evaluated by faculty; a faculty course evaluation is submitted to the Nursing Curriculum Committee (Appendix W, examples of completed evaluations in Resource Room). Faculty record students' achievement of the curriculum outcome (Essential) assignments, note changes made in response to previous recommendations, validate the continued appropriateness of the course objectives and curriculum outcome assignments, and recommend changes to course components or activities. At this time, the course map is also reviewed and updated by faculty who make editing changes in the document for committee review. The committee reviews the faculty course evaluation and records the percent of students meeting curriculum outcome assignments in Taskstream, assesses whether recommended changes have been made, and addresses recommendations for change affecting other courses or the curriculum. The committee also addresses updates in the course map, accepting the changes as appropriate and placing the revised map into the Curriculum Committee shell. Beginning in the Fall 2017 semester, each course will be formally evaluated every other year with RN-BS and prelicensure courses evaluated in alternate years. Courses will continue to undergo informal evaluation by faculty each time they are taught and can be formally evaluated more frequently at the instructor's discretion. This may occur, for example, if there are substantial changes to the course, course resources, or a curriculum outcome (Essential) assignment.

An annual curriculum retreat is held during fall semester, focusing on the prelicensure and RN-BS curricula as needed. Program and student outcome data and course evaluations are analyzed for implications for overall curriculum quality. The Curriculum Alignment documents provide a structure for overall analysis of needed changes to the curriculum (Appendices E & F, revisions in Resource

Room). Strengths are identified and action plans are generated to address areas of weakness. The Curriculum Committee facilitates implementation of the action plans. Changes needed range from investigation of content overlap (in research and evidence-based practice courses) to addressing content gaps (in health care policy content, for example) to substantial curricular revision (e.g., changing credit alignment and addition of a pharmacology course) (Curriculum Committee and retreat minutes).

Changes that result from curriculum evaluation are integrated into the structure of the curricula. The Baccalaureate Essentials Assignment tables (*Student Resource Manual*, pp. 31-38, Appendix M) and syllabus templates are revised, for example, to reflect a change in a curriculum outcome (Essential) assignment. Alignment documents are updated to reflect the current status of courses and learning activities. If needed, substantial curriculum changes are shepherded through the University’s curriculum revision process, catalogs are updated, and plans for transitioning current students into the revised curriculum are made.

Summary

Strengths

- Structures exist for ongoing evaluation and improvement of courses and the curriculum.
- Curricula and teaching and learning practices integrate PNSGs.
- Faculty continuously improve courses and curricula in a systematic way.

Areas for Improvement and Strategies

Areas for improvement	Strategies
Curriculum review processes are tedious and time-consuming for faculty	<ul style="list-style-type: none"> • Move to biannual course review and focus major curriculum reviews and revision on one curriculum each year; alternate years. • Integrate curriculum review process into Faculty and Staff Resource Manual in D2L Brightspace and (more formally) into new faculty orientation process.
Question whether we have adequate focus on rural health care	<ul style="list-style-type: none"> • Evaluate this question as part of the formal biannual curriculum review for each program.
Question whether the RN-BS program should have an all-online format	<ul style="list-style-type: none"> • Task force currently addressing this question; continue to explore during a strategic planning process, 2017–2018.
Are RN-BS students exposed to strong literature search skills early enough in the program?	<ul style="list-style-type: none"> • NRSRG 3100 faculty to evaluate changes made to fall 2017 course (with input from Nursing Research faculty) to strengthen these skills.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

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

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

Program Response:

A written, ongoing process exists to determine achievement of program outcomes. A process exists to measure and analyze the program's achievement of outcomes. The plan is comprehensive, including completion, licensure, and employment rates as well as student achievement of identified curriculum outcomes (*Essentials*). Focused program outcomes are identified by faculty and include measures related to aggregate student achievement, faculty accomplishments, and community of interest participation. Students' level of satisfaction with the teaching and learning environment, quality of courses, and teaching effectiveness are important program outcomes and are evaluated regularly as part of the plan. Faculty development in the areas of teaching, scholarship, and academic achievement are also reflected. Community of interest feedback is assessed, with special attention to agencies providing clinical opportunity for our students. The process is described in the Annual Program Evaluation Plan (Appendix D).

Data are collected regularly to assess achievement of the outcomes. For example,

- First-time pass rates on the NCLEX exam, as reported by the Minnesota Board of Nursing, are recorded and assessed to determine whether the program is achieving an annual rate of at least 80%.
- Data collected to determine whether students are achieving the identified curriculum outcomes (*Essentials*) include percentage of students passing the identified Essential assignments.
- Data on faculty participation in teaching-learning development and scholarship are aggregated.

The Annual Program Evaluation Plan identifies expected outcome levels and provides for actual data reporting for each focused program outcome, measured annually. Analysis is conducted each year by faculty review of actual versus expected outcomes and results in plans to address discrepancies. The plan is reviewed periodically and revised. The most recent review of the plan, occurring in December 2016, identified several needs for revision. Though data were collected, reported, and responded to in a variety of venues, a comprehensive document describing all aspects of program effectiveness being measured was not apparent. Faculty collaborated to identify measures currently in place, to add focused measures of aggregate student, faculty, and community of interest outcomes, and to more clearly identify data collection and analysis timelines and responsibilities. This process resulted in a more

coordinated plan with more explicit expectations. The Program Evaluation Plan was approved at the Faculty and Budget Committee meeting on March 3, 2017 (FAB minutes).

In addition to this focused annual program evaluation, the department collects data to measure each key element of CCNE's accreditation standards. Measures identified previously were revised with faculty input (fall 2014 PowerPoint, notes in Resource Room) and are listed in Taskstream, where the evidence to support their achievement is collected. Outcomes and measures were revised during the Fall semester of 2015 to incorporate the 2013 CCNE Standards revisions (Taskstream, 2015–2016 workspace). Accountability for data collection and analysis of each measure is assigned to a role or committee. Achievement gaps or concerns are resolved by the accountable party or referred to the department chair for resolution, involving the FAB committee if needed. Concerns may be addressed at the annual program evaluation or more urgently if needed.

Annual review of the plan is the responsibility of the Faculty and Budget Committee, is initiated by the department chair, and occurs along with the review and analysis of data collected in May of each year. The next review of the plan will be May 2018.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

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

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

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

Program Response:

Program completion rates demonstrate program effectiveness. Program completion is defined by the BSU Department of Nursing as the percent of students who earn a Bachelor of Science degree with a major in nursing within five calendar years of the semester in which they take their first required nursing course.

Data reflecting completion rates. Students in the RN-BS track start the required nursing courses in fall semester with Concepts of Nursing and Health Care (NRS 3100). Prelicensure students begin the nursing program in spring semester with Introduction to Clinical Practice (NRS 2203). Completion rates reflect those who have completed within five years of the semester in which they first took these initial courses. Completion rates are a ratio of the total number from both tracks who have earned degrees by the end of five years over the number who begin the program in a given year. For example, if the number of students who took NRS 3100 in the fall of 2010 (RN-BS) or NRS 2203 in the spring of 2011 (4-year track) is the denominator, the number of students who earned degrees before the fall of 2015 (RN-BS) or spring of 2016 (4-year track) would be the numerator in the ratio. Data is

generated by the institutional research department (Resource Room). Program completion rates are reported in Table IV-B1.

Table IV-B1. Aggregate Program Completion Rates 2014–2016

	2016	2015	2014
# enrolled	138	123	96
# completed	116	110	83
Completion rate	84%	89.4%	86.4%

RN-BS and prelicensure data are reported separately in the Annual Program Evaluation to facilitate more focused analysis and response if needed. Table IV-B2 includes data for RN-BS students only.

Table IV-B2. RN-BS Program Completion Rates 2014–2016

	2016	2015	2014
# enrolled	85	71	52
# completed	69	63	49
Completion rate	81.1%	88.7%	94.3%

Long-term trends are difficult to discern as the 4-year track has a relatively short history and growing enrollments, and the RN-BS track has added substantial capacity and a variety of student populations over the past five years. Ongoing annual review and analysis of completion rates will continue as part of the Annual Program Evaluation.

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

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

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

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

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

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*

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

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

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

Program Response:

Licensure pass rates demonstrate program effectiveness. Licensure pass rates are reported annually by the Minnesota Board of Nursing (MBON), listing the number of program graduates who have taken the NCLEX for the first time during that year and the percent of these who passed the exam. The report accounts for program graduates who have tested outside of Minnesota. Occasionally graduates will not take the NCLEX exam during the calendar year of their graduation, resulting in some discrepancy between BSU and MBON data. Table IV-C1 shows MBON data for the past three years. MBON reports are in the Resource Room.

Table IV-C1. Minnesota Board of Nursing NCLEX Pass Rates for First-Time Test Takers

Year	# Graduates ^a	# Test takers ^b	First-time pass rate ^b
2016	41	41	90.0%
2015	44	44	88.64%
2014	36	35	88.57%

^aSource: BSU data. ^bSource: Board of Nursing data.

IV-D. Employment rates demonstrate program effectiveness.

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Employment rates demonstrate program effectiveness. Employment rates are based on the number of program graduates from both tracks using information gathered by the Career Services office and published in an annual Grad Follow-up Report (Resource Room). Career Services uses a variety of sources and methods to determine graduates' employment statuses and reports number and percent of graduates employed full-time and part-time in nursing within twelve months of their graduation. Table IV-D1 includes program data for the most recent three years, including the percent whose status is unknown. Efforts to improve our employment rates will focus initially on accessing graduate employment and contact information prior to graduation.

Table IV-D1. Percent of Graduates Employed in Nursing Within Twelve Months of Graduation

Year of graduation	2015	2014	2013
% known to be employed in nursing	76%	71%	70%
Status unknown	17.8%	17.1%	12.6%

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

Program Response:

Measures related to the student community of interest. Student success in our program is also measured by achievement of curriculum outcomes (*Essentials*) and student satisfaction with their learning experiences at the course and program levels.

Curriculum outcomes. Students' ability to achieve the expected program-level student learning outcomes (called curriculum outcomes) is measured by successful completion of assignments identified for each curriculum outcome (*Essential*) (Appendix M, p. 31-38). Successful completion is described for each assignment, and the expected aggregate program outcome is at least 80% of students successfully completing the assignment. Aggregate achievement data are collected in Taskstream and are reported by faculty on the faculty course evaluation document. The department's Curriculum Committee considers changes to identified Essential assignments and reviews the data generated. Table IV-F1 includes data illustrating student achievement of program-level curriculum outcomes over the last three years. Faculty analysis of the data occurred during the annual program evaluation process on May 9, 2017, noting that our data collection process has been improving. Lack of reporting by course faculty during 2014 resulted in missing data in several courses. This pattern improved with feedback to faculty and a simplification of the course evaluation submission process in 2015. As the faculty course evaluation process moves to a biannual schedule for each course and the use of the LAT side of Taskstream is discontinued, the Curriculum Committee is working to revise the process for collecting these data. In general, faculty are

satisfied with students' success in achieving the curriculum outcomes. It was noted that, with such high percentages of success, we may wish to evaluate the assignments in the future to ensure sufficient rigor.

Table IV-E1. Student Achievement of Program-Level Student Learning (Curriculum) Outcomes

Percent of students achieving at least 70% on assignments demonstrating program outcomes						
Program outcome (<i>Essential</i> assignment)	2016		2015		2014	
	Course evaluations reported 2016–2017 reflecting courses taught in spring & fall semesters 2016		Course evaluations reported 2015–2016 reflecting courses taught in spring & fall semesters 2015		Course evaluations reported 2014–2015 reflecting courses taught in spring & fall semesters 2014 ^a	
	RN-BS	prelicensure	RN-BS	prelicensure	RN-BS	prelicensure
Essential I	98%	100%	100%	93%	98%	100%
Essential II	99%	100%	100%	100%	99%	100%
Essential III	100%	100%	100%	100%	100%	100%
Essential IV	97%	100%	99%	100%	98%	98%*
Essential V	100%	97%	100%	100%	100%	100%
Essential VI	97%	100%	99%	100%	89%	Missing data
Essential VII (1)	100%	100%	98%	100%	100%	100%
Essential VII (2)	100%	100%	100%	100%	Missing data	100%
Essential VIII	93%	97%	98%	100%	Missing data	100%
Essential IX (1)	100%	100%	100%	100%	Missing data	98%/100%*
Essential IX (2)	100%	100%	100%	100%	100%	89%
Essential IX (3)	100%	100%	98%	100%	100%	100%

^aCourse evaluation schedule was revised after 2014; one course offered both semesters included fall 2013 and spring 2014 data (rather than all 2014 data). These outcomes are marked with an asterisk.

Student satisfaction. End-of-program surveys are conducted annually and students address questions about the teaching-learning environment and their overall satisfaction with teaching effectiveness (Appendix FF, results in Resource Room). Faculty recognize that many variables influence student satisfaction and are committed to influencing those factors we can address without compromising program effectiveness. Table IV-E2 includes data related to student satisfaction over the past three years. Faculty analysis occurred most recently during the annual program evaluation process on May 9, 2017. Faculty noted the substantially lower ratings experienced in the 4-year track program with the class graduating in 2014 and discussed student and program variables that have improved since that time. It was recognized that, though important impressions were expressed, this particular year was an outlier for student satisfaction. Faculty also noted that the 2014 RN-BS findings did not represent all cohorts, as these data were either lost or never collected. Surveys at that time were included in D2L Brightspace shells for final semester courses. Aggregation of results among the multiple cohorts' D2L Brightspace shells was done manually and was very cumbersome. This led to a change in practice, and the survey has moved to an online format that allows us to aggregate data and filter for cohort-specific findings.

One additional measure was added to the annual program evaluation process, and data collection will begin in academic year 2017–2018. We will be measuring the percentage of courses in which a

majority of students responding to the course survey rate the course as “Excellent” or “Good.” Recognizing the range of student interest and valuing of different courses, faculty set an expected outcome as follows: for 80% of courses reporting faculty course evaluations each year, at least 50% of students responding to the course survey will rate the course as “Excellent” or “Good.”

Table IV-E2. End-of-Program Student Satisfaction Data 2014–2016

Outcome	Measure	Data source	Expected outcome	Actual outcome		
				2016	2015	2014
Students report the teaching-learning environment is conducive to student academic achievement [Standard IV]	Students responding to this question in end-of-program surveys	End-of-program surveys: 4-year track and RN-BS track	80% of responding students agree or strongly agree with this statement	RN-BS N=60 88% 4-yr N=38 94.7%	RN-BS N=58 100% 4-yr N=40 87.5%	RN-BS N=25 ^a 100% 4-yr N=30 70%
Students’ reports of satisfaction with overall teaching effectiveness [Standard IV]	Students responding to this question in end-of-program surveys	End-of-program surveys: 4-year track and RN-BS track	85% of responding students report being satisfied or very satisfied in response to this question	RN-BS N=58 88% 4-yr N=38 94.7%	RN-BS N=57 100% 4-yr N=40 95%	RN-BS N=25 ^a 100% 4-yr N=30 56.6%

^a2014 RN-BS includes only two cohorts (Bemidji and Duluth)

Measures related to the non-student community of interest. The perspectives of our community of interest, including our Advisory Board and our frequently used prelicensure clinical practicum sites, are important indicators of program quality and effectiveness.

Advisory Board membership evaluated. The Advisory Board meets semi-annually; it is our intention that its membership represent area health care employers, educators from our satellite RN-BS program sites, local health care professionals, and professional nurses with some expertise in nursing education. Advisory Board membership is assessed every two years to ensure that appropriate organizations are represented. We have recently attempted to engage, from any given organization, the person or persons most able to give feedback and advice on our program’s effectiveness. In fall 2015, the Chief Nursing Administrator reviewed the member list and contacted members to assess their interest in remaining engaged. In addition, current Advisory Board members were asked what level of the organization could best participate in Board activities. Results indicated that all levels of the organization would be good member candidates including nursing administration, nurse managers, and staff nurses (12/7/16, Advisory Board minutes).

Advisory Board feedback addressed. Advisory Board comments and feedback to the department inform our activity. For example, at the Advisory Board meeting on April 20, 2015, the question was raised about the number of American Indian students in our program along with several suggestions to increase that number as well as the level of student exposure to local American Indian health care (Advisory Board minutes, 4/20/15). AI faculty expressed concern about attention to AI student recruitment and successful completion at a FAB meeting (10/30/15). This aligned with faculty priorities for recruitment and retention of a diverse student population (see FAB minutes, 9/18/15). In the fall of 2015, an American Indian Nursing Student Initiative (AINSI) group began working toward these goals (AINSI minutes). A grant application was submitted in the fall of 2016 to access resources

that would enable us to better recruit and support AI nursing students. Red Lake Indian Health Services (IHS) has also been pursued as a practicum site for the prelicensure course Practicum: Rural Communities/Populations (NRSG 4003), though contracting issues have resulted in a delay in implementation. This section will be taught by Dr. Mary Fairbanks, an AI faculty member who has led very successful practicum experiences at Cass Lake IHS. Dr. Fairbanks also offered an elective course, American Indian Health Issues and Nursing (NRSG 3920), beginning in the Spring 2017 semester.

Additional feedback at the April 2015 meeting addressed the value of internships, both for local rural facilities and for student development. Internship numbers have grown steadily, from four students in summer 2014, to 12 students in the summers of 2015 and 2016, to 27 students in summer 2017. An increased number of paid internships available locally and regionally, as well as very positive student experiences and earlier recruitment of junior students, have contributed to this increase.

Additional examples of the department's response to Advisory Board feedback are included in Appendix JJ.

Prelicensure clinical sites provide feedback on program effectiveness. The department chair, in her clinical coordinator role, meets with the RN clinical educator and the director of the Education Department at Sanford Bemidji twice annually to assess the effectiveness of the clinical practicum activity of BSU students. Areas of discussion include logistics of onboarding, staff feedback about students' abilities, students' feedback about staff support, and effectiveness of nurse internship experiences for both the organization and the students. Based on these conversations, adjustments are made by the agency and by the program as needed. In April 2016, BSU clinical faculty and the department chair met with the Sanford Bemidji Education Department and nurse managers from the units that host BSU students. During this meeting, Sanford managers agreed to accommodate a clinical group of up to five students (up from a maximum of four students) on the Medical/Surgical unit. This change positively affected the number of direct care days that students experience in their junior year clinical rotation.

Catholic Health Initiatives (CHI) St. Joseph's, a critical access hospital in a nearby town, provides practicum site experiences for junior and senior students. The department chair also meets with the education director and the nurse manager of the Medical/Surgical/OB unit semiannually. This contact has been helpful in identifying strengths and challenges as faculty new to the practicum site adjust. Feedback from St. Joseph's has helped students meet the expectations of the hospital staff and maximize their patient care experiences. Notes from clinical site meetings are available in the Resource Room.

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

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

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

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

Program Response:

Faculty outcomes are identified, include expected levels of achievement, are congruent with institutional expectations, and reflect expectations and evaluation of faculty performance. Priority

faculty roles include teaching, scholarship, and service. These roles are described in the Professional Development article of the IFO contract as they apply to all University faculty, are incorporated in the annual PDP process, and constitute aspects of faculty annual evaluations (IFO contract and faculty files containing evaluations in Human Resources). In order to achieve these outcomes effectively, the BSU Department of Nursing expects that faculty in fixed-term, tenured, or probationary track positions be working toward or have achieved a doctoral degree. In addition, faculty together identified aggregate outcomes to reflect activity in scholarship and efforts to improve teaching. Table IV-F1 reflects these outcomes, measures, expected levels of achievement, and achievement data as reported in our Annual Program Evaluation (Appendix KK).

Faculty outcomes contribute to achievement of the mission and goals. The degree completion and scholarship outcomes reflect the priority we place on our scholarship role and their achievement contributes to the program’s mission: “To engage in scholarship that supports the development of critical thinkers, creative problem solvers, and innovative leaders in care delivery” (*Student Resource Manual*, p. 5). The teaching improvement outcome enables faculty to continuously improve their teaching skills, consistent with the department’s mission: “To educate the baccalaureate nurse generalist for a future that includes lifelong learning and professional practice” (*Student Resource Manual*, p. 5). All three identified faculty outcomes also contribute to the achievement of the Department of Nursing’s Goal 5, to “Recruit and retain qualified faculty who contribute to the university, the profession, and other arenas through activities associated with education, service and scholarly endeavors” (*Student Resource Manual*, p. 5).

Table IV-F1. Aggregate Faculty Outcomes from Annual Program Evaluation May 2017

Outcome	Measure	Data source	Expected outcome	Actual outcome		
				2017 ^a N=18	2016 N=16	2015 N=15
Faculty will have terminal degrees. [Standard II]	Faculty will have completed or be in the process of completing terminal degrees.	Faculty report, HR records	70% of faculty holding fixed-term, tenure-track, or tenured positions will have completed a terminal degree or be actively progressing in a terminal degree program.	17/18 94%	16/16 100%	15/15 100%
Faculty will participate in learning or evaluation activities to improve their teaching. [Standard II]	Faculty will report on annual PDR one of the following: participation in a class, workshop, or conference related to teaching; documented peer observation of their teaching; participation in a formal degree program; or	Faculty report, PDRs	90% of faculty with teaching as their primary role will participate in a learning or formative evaluation activity for teaching improvement at least every two years.	17/18 94%	16/16 100%	15/15 100%

Outcome	Measure	Data source	Expected outcome	Actual outcome		
				2017 ^a N=18	2016 N=16	2015 N=15
	application for Quality Matters certification for a course.					
Faculty will participate in a scholarly activity according to the Boyer model. [Standard II]	Faculty will report on annual Professional Development Report an activity described as Scholarship of Discovery, Scholarship of Teaching, Scholarship of Practice, or Scholarship of Integration in the Boyer model of scholarship.	Faculty report, PDR's	80% of faculty will participate in scholarly activity as described by the Boyer model at least once every two years. Boyer model of scholarship – AACN	17/18 94%	16/16 100%	15/15 100%

^aAcademic year ending.

Aggregate faculty outcomes are analyzed and compared to expected outcomes. Full faculty analysis of these outcomes occurred in May of 2017. Faculty were satisfied with the progress we are making toward our terminal degree goal. Individual faculty who have not yet achieved their degrees are progressing satisfactorily, and a newly hired, fixed-term faculty person began her program in summer 2017. Faculty were also satisfied that we are exceeding our expected outcomes related to scholarship and action to improve our teaching. Faculty identified some process concerns related to how we are recording our scholarship and teaching improvement activities on our annual PDP reports. Another concern identified was how effectively we review and comment on one another's reports. These two issues were referred to FAB for action during the 2017–2018 academic year. These findings are reflected in the Annual Program Evaluation analysis from May 9, 2017 (Appendix LL).

As suggested by the dean and another professional peer, faculty reevaluated the scholarship outcome (9/5/2017) and revised the expected outcome. Going forward, the expected outcome will read "90% of faculty will participate in scholarly activity as described by the Boyer model at least once annually."

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

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

Program Response:

Definition and process for addressing formal complaints. The *Department of Nursing Student Resource Manual* (Appendix M, p.13) includes a description of the process by which students can

express a complaint or appeal a decision or action with which they disagree. Grievances, complaints, and appeals are processed through the Student Admissions and Progressions Committee within six weeks of their submission to the committee. Students submit written appeals and are offered the opportunity to appear before the committee in person to present information related to their situation. The committee responds in writing to the student, and responses are retained in Taskstream for future reference. In a recent evaluation of committee workload (1/6/17 CCNE Standard I retreat minutes), the process of responding to appeals was relegated to a new committee, the Student Appeals and Grievance Committee, allowing the SAPC committee more time to attend to its other duties. The department's handling of complaints and appeals is a first step for students. Those who disagree with the outcome may take an appeal to the next level, presenting their concern to the dean or using a university-level process to forward their interest. Students also have access to university processes to appeal final course grades ([BSU Academic Grade Challenge policy](#)) or to address actions perceived as arbitrary or unfair ([BSU Student Complaints and Grievances policy](#)). The faculty identified a concern with the clarity of the department's grievance and appeals process and agreed that this should be revised by the SAPC committee. This process began during the summer of 2017, with the review of the *Student Resource Manual*. It will continue through the 2017–2018 academic year and be completed during the summer of 2018.

So far in 2017 the SAPC committee has addressed a total of 25 student complaints or appeals. The most common complaints centered on classroom assignments or grades awarded in individual classes. The remainder addressed policy-driven decisions such as dismissal related to two failures or withdrawals and admission requirements. Twenty-four issues were addressed by the committee in 2016, 15 of which were related to classroom assignments with the remainder focused on policy-driven decisions. A total of 18 issues were addressed in 2015; again most focused on classroom assignment or grade disagreements. Plagiarism concerns and unsafe or unprofessional behavior in clinical or skills lab settings were trends seen in appeals and grievances. On average, one or two issues per year progress beyond the departmental process to the dean or university-level committee. For example, in spring 2017 a student was dismissed from the 4-year track program because she did not achieve the necessary grades in her nursing courses to continue. She appealed the decision to the dean, and the decision was reversed. She was readmitted to the program and informed that if she fails to meet the standard in any future courses, she will be dismissed with no further avenue for appeal. A second example involves a student who received a failing grade on a test-out in her RN-BS program's health assessment course. This appeal progressed to the level of the Vice President for Academic Affairs and was denied based on his review of the grading rubric for the assignment and the faculty documentation of the test-out. Appeals and responses are housed in Taskstream; a comprehensive table listing them and documentation related to the examples referenced above are in the Resource Room.

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

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

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

Program Response:

Data from student evaluations are used to foster program improvement. Student satisfaction data and suggestions are gathered from end-of-program evaluations and inform changes in our programs. One example involves student suggestions that we include a stand-alone pharmacology course in the 4-year track program. End-of-program evaluations in 2011–2014 included this suggestion and, combined with students’ performance on standardized assessments and faculty impressions of curriculum effectiveness, these data were used to inform a curriculum change that was implemented in fall 2015. More recently, students have indicated in surveys and forums an interest in more frequent exposure to simulation (end-of-program evaluations 2016, 2017; student forum notes January 2016, Resource Room). In response to this desire as well as to faculty survey data, a plan to routinely include simulation in the junior year clinical courses is being implemented in the Fall 2017 semester.

Advisory Board input is used to foster program improvement. At an Advisory Board meeting (April 22, 2015, Advisory Board minutes), a member asked how many American Indian (AI) students were enrolled in our program. We are located in close proximity to three reservations. A discussion of our progress in recruiting and successfully graduating AI students ensued. The American Indian nursing faculty also expressed concern that the number of AI students was low and efforts should be made by the University to increase the number of AI nursing students and graduates (FAB, October 30, 2015). An American Indian Nursing Student Initiative (AINSI) was formed (fall 2015), and this group submitted a grant proposal to HRSA (fall 2016) and was notified of the grant award in June 2017. The group has been active in identifying methods to more effectively recruit and support AI students (AINSI minutes). The grant implementation includes the addition of two full-time staff—a student mentor and a grant coordinator—in addition to release time for the project director. These resources will be focused on addressing the full spectrum of AI student challenges.

NCLEX results are used to foster program improvement. The graduating class of 2013 did not achieve the expected outcome of 80% first-time pass rate on the NCLEX. The program responded to this result with several interventions. The specific areas of concern were identified with NCLEX data. One example of concern was the area of fundamentals. Faculty in the Introduction to Clinical Practice course (NRS 2203) refocused the content in that course on areas of concern. They also introduced a course requirement that students spend an identified amount of time working with nursing tutors. Teaching assistants were introduced into the course and into the lab, providing additional peer support for students as they learned the fundamentals of nursing practice. Changes also occurred in the Practicum: Role Integration course (NRS 4201) with increased use of simulation, focused review of ATI materials, and individual advising of those not achieving assessment benchmarks. NCLEX results have improved subsequent to these changes.

Recent use of data for program improvement. Recent end-of-program surveys from RN-BS students as well as student responses during student forum discussions in fall 2016 have raised the question of an all-online format for our program. In addition, though we are achieving our expected outcomes, a downward trend in program completion rates was discussed during analysis of the Annual Program Evaluation on May 9, 2017. Faculty recommended implementation of a five-year completion requirement in this program, along with several strategies to communicate with students who are not on track to complete. This proposal is presently under administrative review. A task force activated to investigate a possible change in format to an all-online program will continue its work. In addition, a departmental strategic planning process will be undertaken in academic year 2017–2018, including further attention to the effectiveness of this program.

Another example of program improvement is in response to student grievance and appeal data. Recently, student concerns and appeals have more often centered on faculty responses to issues of plagiarism, especially in the RN-BS track. In response to this trend, a more specific statement about plagiarism was added to the *Student Resource Manual* (Appendix M, p. 17-18) and more focused attention to avoiding plagiarism through appropriate use of APA style has been added to the Concepts in

Nursing and Health Care course (NRSG 3100). Since fall 2015, this course has been a pre- or co-requisite to all required nursing courses in this track.

Faculty are involved in data analysis and program improvement. Faculty participated in the Annual Program Evaluation on May 9, 2017 (Appendix LL). Responses to data in this forum and others are initiated by faculty in an effort to improve program effectiveness.

Summary

Strengths

- Annual program evaluation plan includes a variety of measurable program outcomes.
- Measures have faculty support.
- Overall the department is meeting expected outcomes.
- Data collection processes are improving.

Areas for Improvement and Strategies

Areas for improvement	Strategies
Departmental student complaint and appeal policy needs additional clarity	<ul style="list-style-type: none"> • Student Admissions, Progressions, and Concerns Committee to revise policy to include definitions of complaint and appeal and to clarify processes.
Responsibilities for systematic collection of annual data are not clearly delegated or planned for in a work plan	<ul style="list-style-type: none"> • Department chair and committee chairs will identify responsible party for each measure and include data collection in the annual work plan for that party.
Regular analysis of the evaluation data as a whole has occurred only recently	<ul style="list-style-type: none"> • Ensure continued annual faculty review of program evaluation data.
RN-BS completion rates trending downward	<ul style="list-style-type: none"> • Implement and communicate requirement for completion of nursing courses within five years of first nursing course in this program (curriculum change process, fall 2017), pending administrative approval. • Review ideas from summer 2016 to communicate with students who are not registering about their plans for completion. • Task force to continue with evaluation of program format (hybrid vs. all-online) in strategic planning process 2017-2018.

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Appendices

- A. BSU Master Academic Plan
- B. BSU Strategic Plan
- C. Vision, Mission, and Values Alignment
- D. Annual Program Evaluation Plan
- E. Curriculum Alignment Table: 4 Year Track
- F. Curriculum Alignment Table: RN-BS
- G. Advisory Board Membership June 2017
- H. BSU President's Organizational Chart
- I. BSU Academic Affairs Organizational Chart
- J. Minnesota State-BSU Organizational Chart
- K. BSUFA Committee Membership with Nursing Faculty Highlighted
- L. Department of Nursing Organizational Structure
- M. *Department of Nursing Student Resource Manual 2017-2018*
- N. Academic Resources Faculty Survey Results 2014-2017
- O. Curriculum Vitae: Dr. Sheila Paul, Chief Nursing Administrator
- P. Position Description: Department of Nursing Chair and Chief Nursing Administrator
- Q. Faculty Teaching and Experience Table
- R. Faculty Accomplishment Table
- S. Adjunct Faculty Table
- T. Practicum: Role Integration (NRSG 4201) Preceptor Learning Agreement
- U. IFO Contract, Article 22: Professional Development And Evaluation
- V. Faculty Course Evaluation Process
- W. Faculty Course Evaluation Form
- X. Curriculum Loop
- Y. Course Map Sample: 4-Year Track
- Z. Course Map Sample: RN-BS
- AA. Organizing Framework of the Curricula
- BB. Program Plan: 4-Year Track
- CC. Program Plan Sample: RN-BS
- DD. Discussion Rubric Used in NRSG 3240, 4116, & 4210
- EE. Course Evaluation by Student Template
- FF. End of Program Evaluation Template
- GG. Clinical Evaluation Rubric Samples: 4-Year Track 3003 & 3203
- HH. RN-BS Direct and Indirect Clinical Practice Experiences
- II. Standard Writing Rubric
- JJ. Examples of Response to Advisory Board Feedback
- KK. Annual Program Evaluation Report, May 2017
- LL. Analysis of Annual Program Evaluation Report, May 2017