The Essentials of Master's Education in Nursing	Program Outcomes	Courses
		In this course students identify a clinical nursing problem suitable for publication, conduct an in-depth review of the literature, construct appropriate recommendations and identify the need for additional research. Students prepare a manuscript for publication in a specific nursing journal or complete a comprehensive nursing proposal for change in a specific health care unit.
V. Informatics and Healthcare Technologies	Outcome 2: Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.	*N531 Care and Outcomes Manager I* *N532 Care and Outcomes Manager II* These two courses focus on direct and/or indirect care with emphasis on clinical outcomes and practice environment management. The readings and assignments in these courses require the integration of technology, information systems, policy, organization and financing into the improvement of health care delivery and health outcomes.
VI. Health Policy and Advocacy	Outcome 3: Demonstrate a commitment to ethical decision making, social justice, and advocacy for vulnerable and diverse populations.	*N523 Role of the Advanced Nurse* Students analyze the advocacy and ethical concepts pertinent to advanced nursing. *N526 Leadership* This course addresses leadership theories and behaviors essential to nursing practice and within diverse and complex healthcare systems. Students analyze how healthcare systems are organized and financed as well as analyze health policies that impact nursing practice.
VII. Inter-professional Collaboration for Improving Patient and Population Health Outcomes	Outcome 3: Demonstrate a commitment to ethical decision making, social justice, and advocacy for vulnerable and diverse populations.	*N531 Care and Outcomes Manager I* Students assume a leadership role in the design, delivery, and evaluation of patient safety and quality improvement initiatives within the context of the inter-professional team. Quality initiatives developed in this clinical course are culturally responsive equitable, and patient-centered. *N532 Care and Outcomes Manager II*

This course expands on the skills in N531 with a focus on management of the care environment. Students serve as a leader and partner in the interdisciplinary health team, manage human and fiscal resources, design/coordinate/integrate/evaluate ethical care for individuals, families, groups, communities, and populations. A minimum of 240 clinical hours are spent with experts in the area of student focus.

N540 Illness and Disease Management

This course focuses on management of chronic illnesses, navigation across health care settings and agencies to provide essential care and access to community resources. Students follow a client with a chronic illness after hospital discharge to facilitate self-care with a goal of maximizing health and to prevent re-hospitalization.

VIII. Clinical Prevention and Population Health for Improving Health

Outcome 6: Collaboratively design client-centered strategies for clinical prevention and health promotion.

N524 Advanced Health Promotion

In this course students explore epidemiological data to draw inferences regarding population health and develop strategies for advancing equitable and efficient health care services. Students explore frameworks for addressing local, national, and global health issues. The major project is to develop an educational program plan for a target group related to one of the outcomes from *Healthy People 2020*.

IX. Master's-Level Nursing Practice

Outcome 5: Advance the profession through collaboration, adherence to nursing standards and values, service, and commitment to lifelong learning.

N523 Roles of the Advanced Nurse

In this course the roles and competencies of advanced practice nurses are explored and compared with those of advanced generalists.

The profession is also advanced by the poster presentation assigned in *N531 Care and Outcomes Manager* to be presented at a professional event and through the *N596 Scholarly Inquiry* article for publication.

The masters level nursing practice clinical courses are:

Care & Outcome track: N540 Illness and Disease

The Essentials of Master's Education in Nursing	Program Outcomes	Courses
		Management (30 hrs clinical), N531 Care & Outcomes I (120 hrs clinical), and N532 Care & Outcomes II (30 to 300 hrs clinical practica).
		Family Nurse Practitioner track: N540 Illness and Disease Management (30 hrs clinical), N582 Advanced Health Assessment (120 hrs clinical), N584 Family Nurse Practitioner I (240 hrs clinical), and N585 Family Nurse Practitioner II (240 hrs clinical).

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

BSN Curriculum

The PLU BSN program is a 128 semester credit degree that is designed for traditional students to complete in four academic years. All students are tracked in meeting degree requirements via their Academic Program Contract (Appendix W). All students undergo a Junior review with their advisor to ensure they are meeting all the university general education courses as well as completing their nursing courses as required. Students or advisors can retrieve a CAPP (Curriculum, Advising, and Program Planning) report from Banner Web at any point to monitor progress toward degree completion (see sample Junior Review and CAPP report forms in onsite resource room, Exhibit III-C-1).

Pacific Lutheran University has a General Education curriculum as a foundation for all baccalaureate students. The University values the development of whole persons—body, mind, and spirit—for engagement and service as a world citizen. PLU offers education with not only knowledge but also valuing and an understanding that life gains meaning when dedicated to a larger purpose than self. PLU also aims to make education student-centered and encourages each student to organize inquiry into ways of knowing that cross disciplines to gain an understanding of themselves and the world. The General Education program prepares graduates to ask questions of significance, critically evaluate humanity and the world, formulate values, and learn to creatively express themselves. The range of academic disciplines provides a set of lenses through which the world is viewed. Students are challenged to understand the world from various perspectives. Courses in the General Education program include multiple offerings in the arts, sciences, and humanities. It is this foundation on which the nursing program is built.

The BSN prerequisites have a direct bearing on the nursing curriculum and allow the students to understand pathologic conditions, human behavior, critical thinking, and how to express themselves. The baccalaureate nursing program builds on these skills and prepares the students to meet the changing health needs of society. General education and prerequisite courses are found in Table III-C-1.

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Table III-C-1:
General education and prerequisite courses
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PLU General Education Program	Nursing Prerequisites at PLU or approved equivalent

Math Entrance Requirement
Foreign Language Entrance Requirement (2 yrs in high school or 1 year college level)
First Year Experience Program (4 cr)*
Fine Arts: Art, Music or Theatre (4 cr)
Literature (4 cr)
Mathematical reasoning (4 cr)
Philosophy (4 cr)
Physical Education: Four different activity courses, including PHED 100 (4 cr)
Religion, Christian (4 cr)
Religion, Global (4 cr)
Social Sciences (2 courses, 4 cr each)
Writing (4)
Diversity: Alternative perspectives: NUR 365 (2-4 cr)
Diversity: Cross-Cultural Perspectives (2-4 cr)
Senior Seminar/Project: NURS 499

BIOL 201: Introductory Microbiology
BIOL 205: Human Anatomy and Physiology I
BIOL 206: Human Anatomy and Physiology II
CHEM 105: Chemistry of Life
PSYC 101: Introduction to Psychology
PSYC 320: Development Across the Lifespan
STAT 231: Introductory Statistics

* (Transfer students do not participate in the First-Year Experience Program regardless of their class standing at matriculation)

The BSN nursing program at PLU begins in the Sophomore year. Students who enter as freshman with conditional admission to the SoN must maintain a 3.0 on a 4.0 scale to continue in the nursing program in their sophomore year. To be admitted to the BSN program PLU and transfer students must have a minimum cumulative college grade point average of 3.0 or higher on a 4.0 scale; a minimum grade of 2.0 on a 4.0 scale in each nursing prerequisite course; and a minimum cumulative GPA in prerequisites of 2.75 or higher on a 4.0 scale.

Once a BSN student begins the program in their sophomore year all nursing courses must be taken in sequence or concurrently, with successful completion of courses in each semester a prerequisite to enrollment in courses in the next course in the sequence (Appendix X). All nursing courses must be completed with a minimum grade of "C" (2.0 on a 4.0 scale).

BSN courses are sequenced to build knowledge and clinical capabilities through the three years of the program. Courses in the sophomore year begin with an introduction to conceptual thought; theoretical perspectives for practice; historical, professional and social perspectives of nursing practice; characteristics of the healthcare delivery system; the nursing process; (NURS 260) and basic interpersonal and therapeutic competencies needed for beginning level clinical experiences (NURS 220, NURS 270). Subsequent course work focuses on the integration and application of knowledge and skills in care of individuals, families, and communities across diverse populations. Movement from comprehension to application to achievement of program outcomes has been identified on a course-by-course basis. The BSN program of study culminates in the second semester of the fourth year with a formal presentation and completion of a digital portfolio that demonstrates how program objectives are met as a capstone requirement.

In addition to course sequencing, core competencies are sequenced including the integration of safety principles, informatics, and genetics. The use of simulation and technology-based psychomotor skills has helped the student understand the importance of safety. In addition, by using simulation, students are provided performance feedback regarding the care of increasingly complex patients in a controlled and safe learning environment. Basic knowledge of informatics is introduced at the Sophomore II level and in the Junior year students take NURS 360

Nursing Research and Informatics to solidify their knowledge. Through clinical and didactic course experiences students learn to access and navigate in a variety of electronic health records and databases. Genetics content is included in the Pathophysiology course and pharmacogenetics is covered in the Pharmacology course. Discussion of genetic disorders is integrated into the following courses: NURS 260 Professional Foundations I (introductory information), NURS 270 Health Assessment (students submit a genogram as part of a complete health history), NURS 350 Mental Health (treatment of genetic disorders), NURS 370 Childbearing (prenatal genetic testing), NURS 380 Childrearing (treatment in and coping with childhood disorders), NURS 340 Adult Health I and NURS 440 Adult Health II (management of adult disorders), and NURS 460 Healthcare Policy (trends in genetic research and public policy).

Master's Program

The graduate curriculum is based on the core knowledge and competencies provided through baccalaureate nursing education. The graduate program builds upon the preparation of baccalaureate nurse generalists and prepares nurses for the roles of advanced practitioner, leader and scholar. Table III-C-2 illustrates how the MSN program outcomes are built upon the BSN program outcomes. The graduate curriculum also serves as a foundation for doctoral studies.

The master's core courses are taken sequentially and provide the theoretical bases upon which advanced nursing practice is developed. Advanced nurses are required to have the leadership knowledge and skills essential for organizational, systems, policy, finance, and regulatory issues related to nursing practice. Building on baccalaureate knowledge, graduate students become skilled in the analysis and critique of research and evaluation of evidence that supports safe, quality nursing care. Information management and data analysis for decision making is also emphasized in the program. Developing complex interdisciplinary and inter-professional communication skills is essential for the role of the advanced nurse. Students have the opportunity to work in inter-professional environments during their practica and demonstrate their leadership capabilities. In addition, students are mentored to engage in professional organizations and lifelong learning activities that contribute to their professional development and the advancement of nursing.

Table III-C-2
Comparison of BSN and MSN Program Outcomes

Baccalaureate Program Outcomes	Master's Program Outcomes
Demonstrate the ability to incorporate the dimensions of person, nursing, and environment to promote health in a variety of nursing situations.	Expand nursing expertise through the application of advanced pathophysiological, pharmacological, and assessment knowledge and skills.
Provide evidence-based clinically competent care of individuals, families, and communities in a variety of settings across diverse populations.	Implement evidence-based practice, incorporating theory, models, and science to ensure safe, quality health care.
Employ principles of ethical leadership, quality improvement, and cost effectiveness to foster the development and initiation of safety and quality	Develop and use collaborative leadership and management strategies that foster safety and quality improvement throughout a healthcare system.

initiatives within a microsystem or entire system.

Collaborate in the inter-professional design, management, and coordination of safe, quality care.	Collaboratively design client-centered strategies for clinical prevention and health promotion.
Pursue practice excellence, lifelong learning, and professional engagement.	Advance the profession through collaboration, adherence to nursing standards and values, service, and commitment to lifelong learning.
Demonstrate knowledge of how healthcare policy, including financial and regulatory, affect the improvement of healthcare delivery and/or health outcomes.	Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.
Demonstrate the use of information systems, patient care technologies, and inter-professional communication strategies in support of safe nursing practice.	Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.
Enact the role of service as a professionally educated member of society.	Demonstrate a commitment to ethical decision making, social justice, and advocacy for vulnerable and diverse populations.

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

One of the primary values of Pacific Lutheran University is teaching excellence, hence the mission of the SoN is centered on student learning. There are 31 full- and part-time faculty members: four have doctoral degrees and are tenured or in a tenure-track, eight are enrolled in doctoral programs and one is currently applying for admission into a doctoral program. Also, six non-tenure track faculty have earned doctorates. The doctorally-prepared faculty are generally course leads. Faculty have been teaching at PLU for a number of years with the newest instructors currently in their second year at our institution. Faculty are diverse in their expertise and interests which balances the content delivery.

Teaching-Learning Environment

SoN faculty create an open learning environment where students are engaged in their learning and free to ask questions, state opinions, or debate in a safe setting. Strategies to achieve student participation include direct question-and-answer methods, the use of clickers to pose questions or problems embedded in a PowerPoint presentation, discussion forums in the classroom or online, small group activities, student presentations, seminar, and clinical practica. Case studies are a popular way to present material. While most courses are typically didactic content delivered in a classroom, the pediatric course, N380, is a hybrid of classroom and distance learning. NURS 441 Senior Nursing Seminar is solely based on case studies and content is student-led discussion. Faculty are open to having students audiotape lectures so students can review the content multiple times for retention and exam preparation. Many students bring laptop computers to facilitate following PowerPoint presentations and to take

notes. In all course syllabi professional behaviors are identified and expected to be exhibited by students in their conduct and demeanor that respects peers as well as instructors.

Undergraduate clinical experiences are obtained in local hospitals, long-term care facilities, and community agencies under the direct supervision of clinical faculty and at the graduate level within healthcare organizations and outpatient clinics. Students enrolled in NURS 499 Synthesis, NURS 531 COM I, NURS 532 COM II, NURS 582 Advanced Health Assessment, NURS 584 Family Nurse Practitioner I, and NURS 585 Family Nurse Practitioner II are placed in a clinical setting with a preceptor. Faculty supervise these students indirectly but maintain contact with the preceptors through telephone calls and site visits.

Classrooms and Labs

The majority of classes are held in Ramstad Hall which can accommodate 40 students in most classrooms. Larger classes are held in other buildings on campus, most often in the Administration Building or Xavier Hall. Classroom space in Ramstad is limited and crowded, one classroom has school desks which are old and uncomfortable, others have chairs and tables.

There are four laboratory areas—one with traditional hospital-style beds and manikins for practicing psychomotor skills. Another is a health assessment lab equipped with physical assessment materials and wall-mounted oto- and ophthalmoscopes. A third space is devoted to computer training and software for testing. A simulation lab has one adult SIM-Man™ and one OB manikin with baby. Students practice psychomotor skills and demonstrate clinical judgment during scenarios presented by the lab coordinator and participate in the debriefing period afterward.

The physical environments for classes in Ramstad are not ideal. Old-style school desks are hard and uncomfortable and have little room for backpacks and winter jackets. Carpets are also old and some are frayed. The building itself is old with concrete brick interior walls with few outlets for students to plug in laptop computers. Students bring power cords to plug in several laptops at a time but cords are stretched to the limit and pose a potential hazard. Temperature control is not ideal. The heating system is old and temperature regulation is difficult. There is no air conditioning except for the lab areas due to the more delicate technology. Thus, classrooms seem to be either too cold or to warm and can affect the learning environment.

At one time there was a Learning Resource Center containing journals, textbooks, reference materials, and videos. Most of that has been phased out due to streamlined library access to electronic journals and streaming videos. All that remain are a few textbooks (not used in current courses) which students access from time to time. A library liaison (a SoN instructor) surveys faculty for requests of books, journals, videos or other materials that can be housed in the University library and accessed by students on campus or from their homes.

Technology and Teaching

All rooms are equipped with technology (computer, DVD, and LCD projector). Faculty frequently use PowerPoint slides to deliver content. In the past year a few faculty have used "clicker" technology to vary learning opportunities. Several faculty also use computer based discussion boards or forums which is popular with students and faculty note that discussion is lively and even the most reserved student actively participates.

The University computer-based learning platform is supported by Sakai. Sakai allows the instructor to tailor course materials for computer access, set up assignments to be submitted electronically, includes a grade book,

houses a discussion board and email message center, and has other features for teaching and learning. Sakai is where syllabi and course materials are posted and students can access them from anywhere. Turning Technology is the support for clicker technology. Instructors build question and answer slides into PowerPoint presentations that allow participative learning. Students purchase the clickers from the University bookstore and use them in a number of classes. Another feature of Turning Technology® is the ability to record attendance, monitor responses to quizzes or general student participation.

Clinical Agency Sites

The PLU School of Nursing belongs to a consortium of Schools of Nursing in the local region, <u>Nursing Clinical Placement District #1</u>. There is a current clinical affiliation agreement for each clinical agency (Exhibit III-D-1). The consortium coordinator receives requests from 14 schools for clinical placements and places them on a grid of clinical placement sites and student slots per site. The clinical grid is in the onsite resource room, in a binder titled NCPD#1 GRIDS. The system avoids overburdening any one hospital or nursing unit with students but it is cumbersome and expensive. The major sites utilized for undergraduate students are Good Samaritan Hospital in Puyallup, St. Joseph Hospital in Tacoma, St. Peter' Hospital in Olympia, Mary Bridge Children's Hospital in Tacoma, Madigan Army Medical Center in Tacoma, Western State Psychiatric Hospital in Lakewood and the Veterans Administration American Lake Psychiatric Hospital in Tacoma for the major clinical courses. In addition, the Tacoma-Pierce County Health Department and other community agencies are sources for students in the community health course. All agencies support the student-learning mission. Students in NURS 499 Synthesis may be placed in additional institutions beyond the 50 mile radius at their request and with faculty agreement.

Graduate Program Clinical Sites

Students in the Master's program have unique learning needs. Care and Outcomes Management students are individually placed in a variety of settings based on area of interest. The FNP students are generally placed in primary care settings for their clinical rotations. A database of preceptors is maintained in the SoN office and updated each semester. Clinical contracts between the school and the agency/practitioner are required and maintained by the School of Nursing. Contracts are typically valid for a 2 year period. A SoN administrative assistant contacts both agency and faculty when contracts are due for renewal.

Securing clinical sites for graduate students whether the COM or FNP student is time consuming and challenging at times. There is competition from Seattle-area and out-of-state online graduate programs for clinical sites. University of Washington-Tacoma will be starting a Physician Assistant program with 10 students per year beginning Fall 2013, which will also require local clinical placements. Faculty have built relationships with clinical agencies and preceptors to continue to be able to place students locally, ideally within 50 miles of the university.

Another problem with clinical placements for FNP students was related to large numbers of ELMSN students wanting the FNP track. Since 2009, the number of ELMSN students who applied to and were accepted into the FNP track has declined to a more manageable number. Only 5 ELMs applied for the 2013-2014 academic year to total 10 FNP students in the cohort. In the first clinical course, Advanced Health Assessment, 120 hours are required during the semester (equates to one day each week). In the Family Nurse Practitioner courses 240 hours per semester are required. Most providers are willing to have a student one day a week so it became challenging to find

enough clinical sites when two courses were running simultaneously. That issue has been resolved by the majority of ELM students continuing in the COM track rather than the FNP track and by moving the NURS 582 Health Assessment course to the summer session when the graduate curriculum was revised. With only one clinical course per semester in the FNP program, it has been easier to find the number of preceptors needed for the students.

Strengthening Gerontological Nursing Education and Developing Partnerships through the Comprehensive Gerontologic Educational Partnership

The Comprehensive Gerontologic Educational Partnership (CGEP) began as an original project designed to strengthen the baccalaureate and higher degree infrastructure for producing more qualified nurses committed to the care of the older adult (http://www.plu.edu/nursing/cgep/home.php). The SoN had recognized the need to strengthen the gerontologic content in the nursing curriculum and received a Partners in Nursing grant from Robert Wood Johnson and Northwest Health Foundation to fund the program. The project began in 2008 and includes 18 partnering community agencies committed to addressing the shortage of qualified nursing professionals caring for older adults. CGEP includes a diverse group of agency partners representing multiple disciplines and educational backgrounds with a goal of providing quality care and services for older adults. CGEP partner agencies include representation from the major health systems in the community, state and county government agencies, long-term and residential care agencies, community and/or educational outreach organizations, statewide professional associations, and family foundations.

Since 2008, CGEP has worked to develop tenure-track faculty with expertise in gerontological nursing; infuse the curriculum with the American Association of Colleges of Nursing's (AACN's) gerontological competencies; and create and provide high quality gerontological continuing education offerings that have reached interdisciplinary professionals across a four county region. Three additional highlights of CGEP's work include the creation of three original programs that have proven successful and continue on an ongoing basis:

The Gerontological Scholar Program within the SoN selects up to 10 nursing students each year who wish to focus their education toward and pursue a career in the care of the older adult. The Gerontological Scholar program is competitive and students take additional continuing education courses in addition to the regular nursing curriculum to strengthen their knowledge and expertise in gerontological nursing. Also, they participate in additional leadership and service activities within PLU and CGEP partner agencies in order to apply their expanded expertise. The students receive a scholarship to provide financial support while in the program. Through the generous contributions of the Gary E. Milgard Family Foundation, the Gero-Scholar Program is now endowed.

The Kinship Caregiver Program (KCP) was designed to address care coordination for caregivers as they have been identified in Washington's statewide Behavioral Risk Factor Surveillance Survey (BRFSS) data as a high-risk population for health disparities. Students enrolled in the Community Health course provide home visits, health assessment, teaching, and care coordination for this population. Due to the success of this program, KCP expanded into a neighboring county in 2011 and has inspired the creation of similar partnerships across the state.

The Heart Failure Community Transition Program (HFCTP) allowed the SoN to seize an opportunity to participate in a unique program. MultiCare Healthcare System's (MHS) Heart Failure Community Transition Program partnered with the SoN to provide support for heart failure (HF) clients with complex co-morbidities

following hospital discharge in an effort to decrease readmission rates. Students partnered with HF clients and make regular telephone calls and home visits to inquire about clients' current health status. The program focused on four conceptual areas: 1) medication self-management, 2) use of a personal health record to facilitate communication and ensure continuity of the plan of care, 3) follow-up with the primary care provider and/or specialist, and 4) client recognition of a worsening condition and how to appropriately respond. Clients were identified by a Nurse Navigator before hospital discharge and agreed to participate in the program. Clients received intensive instruction as to the operationalization of the program and the expectations. The overriding goal of the program was to provide education and support that promotes client knowledge and self-management of their condition as they transitioned through multiple settings.

The Heart Failure Community Transition Program (HFCTP) was a patient-centered model designed to improve the quality of care and facilitate the hand-offs for HF patients with complex needs as they transition across health care settings. Maintaining continuity in patients' medical care is especially critical following discharge from the hospital and for older patients with multiple chronic conditions. The Program was patient-centered as often the patient and their caregivers are the only common thread as they transition from one level of care to the other. The students gained clinical expertise in physical assessment of the older CHF client and felt they're making a difference in someone's life; the patients loved the visits and support; and MHS benefited from reduced costs.

Nursing students provided a key role in supporting clients' transition from hospital to home in HFCTP. To accomplish the task of home monitoring, students were assigned clients enrolled in the transition program to monitor the plan of care, review medication compliance, identify support needs, and use a structured protocol to ask and answer questions. Student involvement began in the second sophomore semester and continues through the remainder of the program. Students received detailed instructions from the Nurse Navigator prior to making the first client contact. Students documented their visits in an electronic medical record which could be accessed by the Nurse Navigator, the primary care provider, and supervising nursing faculty. At the Senior II level, students transitioned their client to continuing students and become mentors for sophomores and juniors to provide optimal continuity for the clients and leadership, advice, and assistance for their fellow students.

Responsive Care Coordination Program

The HFCTP was very successful in providing an effective clinical experience for students to apply and enhance their learning and capabilities in a valuable triad of arenas that are extremely relevant to the future of healthcare: community-based nursing; gerontological nursing; and chronic illness management.

In 2012/13, the program expanded and evolved into the Pierce County Responsive Care Coordination Program (RCCP) a Centers for Medicare & Medicaid Services (CMS) community based transitions program which was awarded funding under Section 3026 of the Affordable Care Act (Appendix Y). The RCCP program includes the SON collaborating with MultiCare Health System, Franciscan Health System and Pierce County Community Connections (Aging and Disability Resources). The RCCP program expanded the transitions program from two hospitals to six hospitals and includes community agencies (See Appendix Z for a flow chart of agencies involved). In the RCCP PLU nursing students conduct home visits and telephone support after hospital discharge of patients with heart failure, acute myocardial infarction, and atrial fibrillation under the guidance of faculty and health system

nurses. The MSN students conduct a 30-day intervention immediately after discharge and then the BSN students continue providing guided long-term support for the client. Currently, more than 200 BSN and MSN students are partnered to support optimal self-management of health. Outcomes will be measured to demonstrate the efficacy of the community model in preventing hospital readmission. Additional information on the CGEP, HFCTP and RCCP program are found in the onsite resource room, Exhibit III-D-2.

While CGEP's official grant period through the Robert Wood Johnson and Northwest Health Foundations ended in 2011, the work of CGEP continues and has shown expansion, particularly in terms of the HFCTP. In addition, CGEP's partners have adopted an expanded focus to include individuals with chronic illness as well as older adults. There is a group of 50+ diverse agencies, called Together We Care, now working with PLU School of Nursing to improve care coordination for individuals with chronic illness across care settings. In 2012,the School, with support from the Dimmer Family Foundation, The Gary E. Milgard Foundation, the Cornelsen Family Foundation and Franke Tobey Jones, purchased a new mobile health unit. The mobile health unit is used in NURS 430 Community Health Nursing course to provide community outreach to provide basic health assessment, promotion and education. The FNP students will use the mobile health unit to integrate the chronic disease care model to plan and implement a culturally competent, evidence-based, and patient centered health outreach service project (HOSP), with four community site visit scheduled Spring 2013.

Through partnership, collaboration and creativity, the PLU SON clinical resources are adequate to meet student learning needs and sufficient to support the number of students enrolled in both baccalaureate and master's programs.

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

The community of interest for the School of Nursing is its students and agencies within a geographical region with a radius of approximately 50 miles around Parkland, WA. All agencies are within the State of WA but extend from Pierce County where the School is located into King, Kitsap and Thurston Counties.

Baccalaureate Program

Students usually reside within the 50-mile radius from the School. They range from the traditional young college student to older adult learners returning to school after several years of absence. Many have family and employment responsibilities, some are single mothers with other challenges. Students come from varied backgrounds and ethnicities. Some are not native English-speakers but have enough command of the language to be successful. Since students are so diverse, the SoN strives to offer teaching methodologies that meet diverse learning needs. Audio taping of lectures is often permitted by instructors so students have access to repetition of content. Lecture notes are posted on Sakai by most instructors so students have the opportunity to prepare for classroom discussion. Tutors are available through the Center for Teaching and Learning to assist students with content mastery.

The baccalaureate program is designed to produce a graduate who can function as entry-level generalist nurse in a variety of healthcare environments. However, most students indicate they plan to seek employment in an acute care setting, most often a medical-surgical unit or a residency program in a specialty area such as ICU or the Emergency Nursing. Few, other than the Gerontological Scholars, consider long-term care. Few opportunities exist

for community-based nursing without prior experience as a registered nurse. A small percentage of students are offered employment in the nursing unit where they did their preceptorships. This allows the prospective employer to directly observe the student's abilities and potential fit within the organization. However, students discuss in their portfolios that the 5- or 10-year goal is to attend graduate school, become a travel nurse, enter military service, or become involved with organizations like the Peace Corps that provide healthcare in other countries. Evaluation of portfolios is done by PLU graduate Lisa Johnson, MSN, RN, a nurse in practice, as well as the N480 course lead, Dr. Ruth Schaffler. PLU School of Nursing enjoys a very good reputation in the community for producing competent graduates. Graduates are usually able to find employment despite the current economic situation.

Systematic feedback regarding the SoN program and healthcare agency needs comes from community stakeholders. The State of WA established the Council of Nurse Educators in Washington State (CNEWS), a group of Deans and program directors as well as representatives from the Washington State Nurses Association and the Washington State Nursing Care Quality Assurance Commission who meet regularly to address healthcare services best served by nursing education. The Washington Center for Nursing communicates regularly with PLU SoN to address legislative concerns. In addition, faculty serve on major boards which exposes them to agency input. The Dean has served on the MultiCare Health System and Good Samaritan Hospital Regional Oversight Board for seven years, another faculty member serves on the Pierce County EMS Committee. PLU SoN has also had representation on the Nursing Quality Assurance Commission in Olympia. Together We Care, an extension of the Comprehensive Gerontologic Education Partnership (CGEP) consists of more than 50 diverse agencies, is facilitated by PLU School of Nursing, and has a mission of achieving outstanding coordination across all care settings for individuals experiencing chronic illness; Together We Care provides professional leadership, service, and learning opportunities for students and faculty alike. All of these organizations provide feedback on how we are doing as a school and where we need to go in the future based on changing healthcare trends and needs.

Master's Program

The Family Nurse Practitioner curriculum is designed to produce a beginning nurse practitioner who is able to provide, manage, and direct primary care with individuals and families and aggregate populations. The majority of graduates seek employment in primary care, urgent care, or in specialty clinics upon completion of the program. It is more likely that a few COM graduates rather than NP graduates may be employed as faculty members in a nursing program. Also, COM graduates may be employed in tertiary settings as their practica are focused on specific areas of interest which can include direct as well as indirect patient care. The didactic and practica experiences are focused on management of acute and chronic illness, disease prevention, research-based practice interventions, leadership, and prepare the graduate to find career paths in a variety of settings.

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

Student assessment and evaluation are integral to the learning process and in maintaining the integrity and quality of the nursing program. Each faculty member responsible for a didactic course determines course policies to include grading rubrics which are generally part of the syllabus and posted on Sakai at the beginning of each semester. Rubrics give information on how student work will be graded and assist faculty in applying uniform

standards to student achievement. The School of Nursing follows the grading scheme developed by the University for all coursework. The minimum benchmark for successful completion of a didactic course in the SoN is a grade of C. Student performance can be evaluated by formal papers, exams, quizzes, posters, presentations, portfolio completion, or various other assignments that demonstrate student knowledge and performance. It is expected that faculty will treat all students fairly and equally. The average attrition rate in the SoN is 7.5% which indicates student satisfaction with the program and its policies.

Clinical practica are graded as pass/fail using a standardized evaluation tool. The current clinical evaluation tool (Exhibit III-F-1) was developed in 2007 as a standardized tool using concepts from the AACN *Essentials* that all students in the program should meet. However, in practicality, the tool does not always meet specific behavioral objectives instructors want. CIE is aware of the discrepancies and will develop a new evaluation tool in the spring of 2013, using faculty input, with a heavier emphasis on learning that is more reflective of student progress.

Baccalaureate Program

Courses in the undergraduate program are a good blend of theory, seminar, laboratory, and clinical experiences. The Dean conducts exit interviews with graduating students who provide feedback on their experiences during the program. The focus of the Exit Interviews is on programmatic evaluation rather than instructor evaluation.

Each student is formally evaluated by the instructor at the end of the semester. If an instructor finds the student's work to be below the minimum standard at mid-semester, a written warning is issued and the student is to meet with his or her advisor to develop a plan for successful course completion. Often the student carries out the plan and is successful. On some occasions a student fails a course with a grade below C. At that point the student and advisor can meet to assist the student in petitioning to repeat the course using the established SoN petitioning procedure but only if the student has failed only one course. If the student fails any two courses or the same course twice, it is grounds for dismissal from the program. The Recruitment, Admission, and Progression (RAP) Committee reviews all petitions and makes recommendations to the Dean who is responsible for making the final decision about progression or dismissal.

Clinical courses are graded as pass/fail. Each student meets with the clinical instructor and submits a self-evaluation that is reviewed by the instructor. The student's final grade is reflective of his or her ability to satisfactorily meet the course objectives and/or demonstrate competence in delivering safe nursing care.

External formative evaluation tools are also used to measure student progress throughout the program. The SoN utilizes Assessment Technologies Institute (ATI) for this purpose. ATI scores are tracked by individual and by cohort data to monitor trends and identify areas needed for further study in preparation for NCLEX-RN or for course modifications. Students are also interested in taking NCLEX prep courses offered by the National Council of State Boards of Nursing, (NCSBN), Kaplan, Hurst, or other commercial companies in addition to self-study. These systems are beneficial to students who wish to maximize their chance of NCLEX success.

Master's Program

Graduate students are evaluated on the same basis as undergraduate students. Students are expected to meet course outcomes and demonstrate clinical competency. Evaluation mechanisms include grading of formal papers or

other written work, presentations, posters, portfolio completion, class participation, facilitation of seminar discussion, and various other assignments. In the clinical courses, faculty members collaborate with preceptors and make site visits as appropriate to determine clinical competence and development of skills needed to achieve course and program outcomes as well as the likelihood of being successful when taking the respective certification exams after graduation.

Students are selected on the likelihood of achieving success in the graduate program to which they are applying. Once enrolled, a graduate student must maintain a B average each semester or be placed on probationary status. If performance falls below expected benchmarks, the student may meet with the instructor and/or advisor to develop strategies for remediation. If on probation, a student needs to sign a new academic contract outlining the steps for successful course and/or program completion.

A new method of tracking FNP student clinical was instituted Fall 2012. The use of the Typhon Tracking system was designed for nurse practitioner programs to collect information related to numbers and types of patients seen in clinical settings as well as a log of student hours. Students enter demographic data, clinical information, diagnoses, procedure codes, medications, and clinical information to complete a picture of the patient encounter. This tool is also helpful for students learning to work with ICD-9 and CPT codes. Faculty can access student entries and use this data to evaluate the links between what the student was taught and what the student is actually performing in the clinical environment as well as student progress toward meeting course objectives and program outcomes. An example of the data collected via Typhon is located in the onsite resource room, (Exhibit III-F-2).

The FNP clinical evaluation tools were revised in Spring 2013 to provide leveling of student performance throughout the three FNP clinical courses, with clearer expectations on what level the student is expected to perform at each semester (Exhibit III-F-3). The same tool is used by faculty and preceptors.

The N540 clinical evaluation tool was modified for J-Term 2013 and has proven to be easier for a busy practitioner to complete (Exhibit III-F-4). Performance is graded on a Likert-type scale so is simpler to use. Discussion is held with the preceptor at the time of the clinical site visit or by telephone contact regarding student performance and progress. Occasionally there is a conflict between the student and preceptor that requires the student to be placed in a different setting but that is rare. The student is encouraged to seek regular feedback on performance from the preceptor before the formal clinical evaluation is completed.

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

Each faculty member is evaluated by students at the end of the semester. These evaluations are analyzed externally and results are provided to the Dean for review. The faculty member receives copies of the evaluation forms rating the instructor and the course design (see example in Resource Room, Exhibit III-G-1) as well as aggregate data related to student satisfaction. These evaluations are separate from the annual evaluations by the Dean. Both are utilized to evaluate faculty performance and effectiveness. Feedback is important to faculty regarding course construction and delivery of content. Formal evaluations allow faculty to make adjustments or revisions as necessary.

Unique to our program is the number of faculty currently enrolled in doctoral programs across the country. There are eight faculty in various stages of program completion but these faculty also serve as role models for

lifelong learning and share the same types of balance between school requirements and family obligations as the students in the program. Students recognize this and have a greater appreciation for the meaning of lifelong learning that PLU embraces.

The CIE committee developed a Balanced Scorecard which is akin to a roadmap for success. Evaluative outcome measures include ATI scores, NCLEX-RN pass rates, certification exam pass rates, portfolio grades, and student satisfaction surveys, which are discussed in Standard IV. Elements in the scorecard are regularly assessed for benchmarks and updated related to Curriculum, Instruction, and Evaluation measures. The most recent update of the scorecard was Fall 2012. A copy of the Scorecard is found in the onsite resource room, (Exhibit III-G-2). Curricula are assessed for currency with changing healthcare practices and for updated competencies specified by accrediting organizations. The committee also conducts periodic course reviews for content, instructional methods, creeping overlap, student workload, grading trends, and other issues that may be of programmatic concern.

Baccalaureate Program

Students complete course evaluations at the end of the semester. Evaluations are anonymous, the instructor is not to be present when the forms are being completed. Students understand this routine and are free to express their opinions without fear of reprisal.

Graduating Seniors attend a program exit interview with the Dean. At this meeting they are asked to provide feedback on their PLU experiences. Students share both positive and negative information based on their individual or collective learning experiences. Data from these exit interviews help shape the program and offer insight as to the strengths of the program and where improvement is needed. The CIE Committee becomes involved in any curricular or teaching-learning issues that need to be addressed.

We shifted from using a form to evaluate clinical agencies to using the monthly clinical consortium as a meeting forum for providing this feedback.

Another measure of program success is the NCLEX-RN pass rate. PLU SoN enjoys a 97% pass rate on the first attempt indicating students are well prepared for entry into practice. While the annual rates may vary slightly, PLU has an overall high rate of student success.

ATI exams are administered regularly throughout the program to assess student learning. This external evaluative method helps students identify areas of strengths and areas that need improvement. The SoN monitors trends for each exam and each cohort. Trended ATI results are located in the onsite resource room, Exhibit III-G-3). Any irregularities are addressed in CIE to maintain a consistent quality of instruction.

Graduates find employment in a number of local, regional, and governmental institutions within and outside the PLU radius. The SoN is unable to track how many PLU graduates are employed in any specific institution because agencies do not track data on educational preparation of their nurses. Thus it is impossible to gather information regarding employer satisfaction with our graduates other than anecdotal.

Master's Program

A similar process of evaluation occurs in the graduate program. Course evaluations are submitted at the end of each semester. The information the instructor receives is used to revise teaching methods or content emphasis.

Use of the Typhon Tracking system was new to our FNP program in the Fall of 2012. Critical evaluation will be made of this tool by both students and faculty at the end of the current academic year.

Upon graduation, nurse practitioner students are eligible to sit for the Family Nurse Practitioner certification examination. To date, PLU has had a 100% pass rate, a testament to the quality and rigor of the program as it exists. Once licensed, the graduate, now a nurse practitioner, is eligible to apply for DEA prescriptive authority. In WA a nurse practitioner is authorized to practice independently but most graduates look for employment in a group practice as novices. Employment rates are also a measure of program viability and help identify areas of strengths as well as need for improvement.

COM students have no certification exam requirements. Since the CNL track is fairly new, no students have yet taken the certification exam. None of the five academic nurse educators has chosen to take the NLN Certified Nurse Educator examination. Our last COM class that included CNSs (2011) graduated six CNSs, five of whom took and passed the appropriate CNS examinations.

COM and FNP graduates find positions in a variety of institutions and settings. Feedback regarding employment rates is a method of evaluating the strengths of the program and fulfillment of community need for advanced practice nurses.

Strengths of Program Relative to Standard III

1. Dedicated faculty who promote quality instruction and learning experiences.
2. Faculty who collaborate to improve teaching and learning practices, and work well together.
3. Eight faculty enrolled in doctoral studies at six different institutions of higher education.
4. Schedules that support faculty's ability to maintain clinical practice expertise and currency.
5. Reputation of the School to produce quality graduates.
6. Coordination of community partners.
7. Responsive to community needs and coordination of community partners.
8. Success of graduates, including high NCLEX-RN pass rates and 100% pass rate for nurse practitioner certification exam.
9. Innovative teaching practices, including early adoption of simulation, DEU, CGEP, HFTCP, clickers.
10. Study-away opportunities for nursing students with and without nursing faculty.
11. COM track offers flexibility
12. Sakai as a teaching-learning platform is easy to learn and flexible.

Areas for Improvement Relevant to Standard III

1. Scholarship of teaching.
2. Evaluation and documentation of student clinical performance.

Action Plan Relevant to Standard III

1. Starting with culture, assure that our meetings, communication, activities, and what we reinforce are systematically aligned with the value that scholarship of teaching is core to our work and purpose.
2. During the initial faculty orientation:
   - Orient clinical faculty to school and course expectations.
   - Establish clinical and behavioral standards and expectations for students.
   - Establish assessment and documentation standards and expectations for faculty.
3. Assure avenues for ongoing communication that supports faculty and their development throughout each semester.
4. Assess progress/effectiveness of faculty's evaluation of student clinical performance to enable faculty to document behavior over potential.
5. Support curriculum assessment practices that strengthen the scholarship of teaching, as well as continuous quality improvement efforts.
6. Develop better clinical evaluation tools and orient all faculty and preceptors on their use.
7. Assess effectiveness of our evaluation of student clinical performance at least annually.