



Sonoma State University
Department of Nursing

CCNE
Self-Study Document
for accreditation
October 2024

Introduction

Located in Northern California, one hour north of San Francisco, Sonoma State University (SSU) is a small campus with big ideas located in Rohnert Park, California. With a tradition of promoting intellectual and personal growth, leadership opportunities and technological proficiency, SSU offers its students a friendly, safe and informal atmosphere on a beautiful campus setting. SSU is one of 23 campuses in the California State University (CSU) system, initially opening as a college in 1960 and moving to its current 220 acre location in 1966 and gaining University status in 1978. SSU is a regionally serving public University and one of 29 public Universities aligned with Council of Public Liberal Arts Colleges (COPLAC) designation in the United States and Canada and the only liberal arts college in the CSU with this prestigious designation. COPLAC designation is for small to medium size Universities that combine an egalitarian concern for access with academic rigor, focusing primarily on undergraduate studies. Our University is designated as a Hispanic Serving Institution (HSI) with approximately 28% of the student body identifying as Hispanic. We have over 9,000 students at the University and offer 46 bachelor's degrees, 15 master's degrees, and 9 credential programs. SSU has been regionally accredited by the Western Association of Schools and Colleges since 1969 and most recently reaccredited in February 2018.

Following a University-wide reorganization, as of this academic year (24-25) the Department of Nursing (DON) is in the process of becoming the School of Nursing and Health Science (SONHS), and is now housed in the [College of Science, Technology and Business \(CSTB\)](#) along with 4 other Schools, and two departments, which include School of Business, School of Engineering and Computer Science, School of Mathematics, Economics, & Statistics, School of Physical Sciences, and the Departments of Biology, and Kinesiology ([University Org Chart](#)). The year and half long process across the University was structured to be collaborative and garner input from all Schools, Departments, Faculty and Staff. Nursing's unique needs were heard and considered, ultimately allowing us to maintain a measure of autonomy and maintain our structure to meet regulatory and functional requirements. As this process is evolving, you will see both the title Department of Nursing and School of Nursing and Health Science. In this document we will continue to use the identifier Department of Nursing (DON).

Nursing became a part of the University in the 1970's as a response to the service area's interest in a Bachelor of Science in Nursing (BSN) program at Sonoma State. In spring of 1971, plans were made to initiate a bachelor's program in nursing, and first nursing faculty came to SSU in 1972 to develop an innovative curriculum that was modeled and used as a starting point for the curricula for the Second Step RN BSN programs nationally and internationally for years to come. The Second Step RN-BSN program was developed with the primary purpose of providing a two-year upper division-nursing program for Registered Nurses (RN), which articulated with junior/community college nursing programs. In fall 1972, the first class was admitted and later graduated in 1974, the program received its initial accreditation from the National League for Nursing the same year. The BSN program was unique in several ways, the early modeled Second Step program was one of the first University situated Family Nurse Practitioner (FNP) programs in California granting a BSN/FNP. The program experienced phenomenal growth until the mid-1980s when undergraduate enrollment leveled off and declined throughout the country. Enrollment in the baccalaureate program fluctuated for the next few years, and the Department turned to development of graduate education. The BSN/FNP program evolved into a Post-Licensure BSN program, and a Master's program with Family Nurse Practitioner was developed in 1984. A second Master's option in Nursing Administration was begun in 1988 and developed into a Nursing Leadership and Management program with tracks in Administration and Education that was discontinued in 2013 due to low enrollment. Concurrently with the graduate nursing program development, the DON began to explore the creation of a pre-licensure baccalaureate program option that articulated with the established upper division post-licensure BSN program. The local community was very supportive of SSU developing a pre-licensure baccalaureate program and in the fall of 1994, the Department admitted the first class of

pre-licensure students who completed their BSN and curriculum for RN licensure simultaneously. The first class graduated in May 1998 and was successful on the RN licensing exam and in obtaining employment in the healthcare field. Our Collaborative Nursing Education Continuum Model (CNECM) program which began in 2009, was one of the first in California allowing students currently enrolled in ADN programs at local community colleges to begin taking classes toward their BSN during the summer between their 1st and 2nd year in their ADN program. Once they complete the Associates Degree in Nursing (ADN), they complete an additional summer, two additional semesters and graduate from the Post-Licensure BSN Program. Currently we have a full and part-time MSN FNP program along with a full-time Post MSN Certificate FNP (PMC-FNP) program. The PMC-FNP program is pausing admissions for restructuring, and we have one remaining student in the program who is on track to graduate in Spring 2025. Both the Post-Licensure BSN and the FNP programs were developed with a unique curriculum and an instructional delivery system designed to increase access to baccalaureate and masters level education for the employed registered nurse in rural Northern California by removing commute barriers and scheduling conflicts, allowing students to remain in their communities to work and provide healthcare in these remote areas.

Over the past several years, SSU has welcomed an entirely new administration and state funding has improved affording the School five new tenure track faculty hires within the past three years, both to help fill the huge gap created due to several recent retirements and to support program expansion. The new University administration is working hard to expand and upgrade facilities, invest in students and the graduation initiative. Goals are being evaluated from the seven-year [strategic plan \(2018-2025\)](#) which was created by staff, faculty, administration and students with the primary goal to guide campus decision-making, budget, academic program development, hiring, programming, fundraising, revenue diversification, and other core efforts. A new academic master plan is being developed, begun during 2023-2024 academic year, and with more new leadership, it continues evolving. Nursing remains at the forefront of the University's agenda, and attention is being paid to learn what the Department needs for sustainability and growth.

In summary, SSU's Nursing Department is highly recognized and considered one of the best nursing schools in the region, with a strong commitment to diversity and a mission to serve the underserved populations of California. We offer pathways to BSN, MSN/FNP degrees which benefit regional and distance students and employers while preparing students to make a positive impact across communities locally and globally. The DON continues to move on a positive path, striving to prepare well qualified graduates to serve Northern California, as well as ongoing quality improvement in our faculty and programs.

Welcome to Sonoma State University!

Table of Contents

Introduction	2
Standard I	6
I-A	6
I-B	9
I-C	15
I-D	17
I-E	21
I-F	22
I-G	23
I-H	24
Standard II	25
II-A	25
II-B	28
II-C	30
II-D	33
II-E	34
II-F	40
II-G	41
Standard III	43
III-A	43
III-B	48
III-C	51
III-D	54
III-E	55
III-F	57

III-G	65
III-H	71
III-I	74
III-J	76
Standard IV	78
IV-A	78
IV-B	79
IV-C	81
IV-D	82
IV-E	84
IV-F	85
IV-G	89
IV-H	90
IV-I	91
IV-J	92
Index of Appendices	94

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**
- **reviewed periodically and revised as appropriate.**

Elaboration: The program's mission, 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. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response

Sonoma State University's Mission, Goals, and Core Values

Sonoma State University (SSU) is a regionally serving public university committed to educational access and excellence. Guided by core values and driven by a commitment to the liberal arts and sciences, SSU delivers high-quality education through innovative programs that leverage the economic, cultural, and natural resources of the North Bay. The core values of the University include diversity and social justice, sustainability and environmental inquiry, connectivity and community engagement, and adaptability and responsiveness. Additional information is located at: <https://www.sonoma.edu/about/mission> and <https://strategicplan.sonoma.edu/>

The Purpose, Vision, and Values of the College of Science, Technology and Business

The Department of Nursing (DON) is situated within the [College of Science, Technology, and Business \(STB\)](#). The STB mission is to empower students with knowledge and skills for success in science, technology, and business. Faculty foster innovation, collaboration, and ethical leadership in a dynamic learning community. Through academic excellence and experiential learning, we prepare graduates to drive positive change in society.

The Mission, Vision and Core Values of the Department of Nursing

Our School educates exceptional nurse graduates who initiate and foster the equitable health of individuals within local and global communities, according to the overall mission of SSU and the California State University (CSU) system to provide the foundation for lifelong learning, and to practice nursing within a broad cultural perspective while

affirming intellectual and aesthetic achievements as part of the human experience. Faculty models a philosophy of caring to sustain a nurturing learning environment that embodies a commitment to equity and standards of inclusive excellence, as reflected in our [Racial and Social Justice Statement](#). Our commitment to ongoing work toward racial and social justice includes a department Anti-Racism, Justice, Equity, Diversity and Inclusion (AJEDI) committee that serves to guide curriculum, policy and processes within the department. This committee was formed in 2022 and faculty, staff and students are invited to participate. (APPENDIX 3: [AJEDI ACTION PLAN](#))

We encourage our students to develop professional leadership and active citizenship, fostering flexibility and resilience for a career in nursing to serve a dynamic world. We strive to be open-minded, practice with humility, and engage in lifelong learning. The DON's overall Mission for graduates is to contribute to the health and well-being of the world at large. Additional information is located at: <https://nursing.sonoma.edu/> and <https://nursing.sonoma.edu/about-us>.

The mission and core values of the Nursing program are congruent with the mission of the University, the California BRN (CA BRN) requirements, and the Essentials of Baccalaureate (2008) and Master's (2011) Nursing Education for Professional Nursing Practice as set forth by the American Association of Colleges of Nursing (AACN). The course and terminal objectives for BSN and MSN programs for the DON are consistent with the University's Mission and accessible in the Nursing Faculty and Student Handbooks (Appendix 1, 2). Faculty have been doing in-depth work to revise philosophy, theoretical framework and full curricula based on updated AACN's [The Essentials: Core Competencies for Professional Nursing Education \(2021\)](#), however the above described mission, values and following discussion of theoretical framework remain in place for current curricula review. (DON Minutes – Virtual Resource Room [VRR])

Table I.A.1 *Congruence of University and Department Of Nursing Missions*

University Mission	Department Of Nursing Mission
Sustainability and environmental inquiry	Providing a foundation for lifelong professional learning
Connectivity and community engagement Diversity and Social Justice	Practicing nursing within a broad cultural perspective
Adaptability and responsiveness	Affirming intellectual and aesthetic achievement as part of the human experience
Connectivity and community engagement Adaptability and responsiveness	Developing professional leadership and active citizenship
Diversity and Social Justice Sustainability and environmental inquiry Connectivity and community engagement Adaptability and responsiveness	Contributing to the health and well-being of the community within a perspective of the world at large

The SSU DON offers the following nursing education programs: Undergraduate Pre-Licensure and Post-Licensure BSN, Graduate (MSN-FNP) and the Post-MSN Certificate FNP (PMC). The philosophical foundation of the SSU DON has been based upon [Humanistic Nursing Theory](#) (HNT) (Paterson & Zderad, 1988; Appendix 9). Faculty extracted foundational concepts from HNT that guide curriculum and pedagogical methods. HNT is a

multi-dimensional metatheory centered on the essence of nursing, the nurse client (individual, family, community, organization) interaction, and provides an inclusive bridge from theory to practice. The Department recognizes nursing as a nurturing response, based upon a blend of art and science, occurring within a subjective and objective environment with the aim of developing the wellbeing of both nurse and patient. Consistent with the concepts in HNT is the consideration of students as unique individuals with varied ethnic and cultural backgrounds, learning styles and goals. Therefore, the following philosophical statements structure the Department's curricula and policies:

1. Nursing centers on shared experiences and these interactions hold client nurse potentials for achieving growth, development and greater well-being.
2. Fulfilling health potentials for the client and nurse is the outcome of choices and the mutually determined inter-subjective relating of those involved.
3. Humans have a basic need for being heard and affirmed. All nursing actions have the potential for being humanizing.
4. Humans have an "all at once" or gestalt existence including perceptions of the past, hopes, fears, environment and future. This inherent wholeness cannot authentically be reduced to separate needs, pathologies, cultures and parts.
5. The nurse must be aware of what he/she individually holds as truth so assumptions, preconceived ideas and expectations do not interfere with understanding the client's perceptions of the experience.
6. The nurse perceives clients scientifically and intuitively through synthesis of subjective and objective accumulated knowledge.
7. Nurse-client interactions are mutually dynamic in that they organize diverse data to create something new.
8. Nurses are members of an interrelated nursing community and a global community with obligations to each to promote a greater well-being. (Appendix 2)

These philosophical commitments reflect the DON faculty's mission, vision and commitment to educate graduates to be lifelong learners, continually evolving and advancing their practice roles. We recognize that adult learners continue to learn, apply, utilize and synthesize throughout their lives; graduation is a transition and not a completion. This philosophy underlies our approach to maximize curricular flexibility for individual student needs and interests. The DON's philosophical statements are operationalized below in the nine core HNT concepts that serve as the foundation for our mission, vision and outcomes that were developed to direct curricula.

1. Human caring is the core of the intersubjective relationship between the client and the nurse. Caring encompasses nurturing thoughts and behaviors that support the fulfillment of client and nurse health potentials and the outcome of choices. Caring is manifest in compassion, empathy, respect, and presence. Caring occurs through sharing and relating with clients, families, professional colleagues and other health care providers within a local and global perspective. Supported by philosophical statements 1, 4.

2. Critical thinking is essential for the practice of nursing. Philosophical statements 1,2,5,7 support the following definition. The ideal critical thinker is habitually inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, clear

about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of inquiry permit (Facione, 1990, p.3).

3. Communication is the vehicle for inter-subjective relating between client, nurse and the greater community that fulfills health potentials. Communication requires scientific and intuitive perceptions to support an exchange in which the client is heard and affirmed. Communication in nursing is a dialogue in which meeting, relating, presence; a call and response are essential (Paterson and Zderad, 1976, 1988). Philosophical statements 1,2,3,5,7

4. Advocacy/Social Justice is the spiritual and ethical determination of beneficence for the client, for the self and the profession. Advocacy acknowledges uniqueness and diversity and requires free choice, self determination and self-responsibility. Social justice acknowledges just ways of care in accordance with ethical nursing practice. Philosophical statements 1,3,5,8.

5. Teaching is a system of directed and deliberate actions that are intended to result in learning. Learning is self-active and results in a personal change mediated by an experience. The teaching-learning process is a complex, cooperative and personal relationship. Philosophical statements 1,2,5,6,7,8.

6. Professionalism in nursing is the embodiment of the art and science of nursing. Professionalism is a process of self-transformation, which includes integrity, intellectual awareness, and commitment to the well-being of client and self. Philosophical statements 1,3,4,6,8.

7. Leadership is the ability to influence change and is guided by vision and commitment to the well-being of the client as an individual, group or organization. Leadership is an active state in which the nurse is fully present in actualizing inter-subjective choices. Philosophical statements 1,8.

8. Research is a scholarly process of acquiring knowledge essential in providing evidence and theory-based practice. Scholarship includes the critique and management of information and thoughtful participation in inquiry. Philosophical statements 1,6,8.

9. Cultural Competence* encompasses diverse populations of clients who need culturally sensitive care by healthcare providers. This care values and respects diversity and individual differences and treats clients as unique individuals. Philosophical statements 1,3,4,5,6.

*Of note, faculty acknowledge that this concept is no longer reflective of current beliefs and best practices, and encourages students to apply the lens of structural competency. Upcoming curriculum revision processes are addressing and updating these frameworks.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: 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), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

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:

The Mission, Goals, and expected program Outcomes (terminal objectives) in our programs are consistent with current professional nursing standards and guidelines (PNSG) for the preparation of nursing professionals in BSN, MSN and PMC programs. The DON Handbooks for faculty and students are reviewed annually and compared to the University Mission and Goals (<https://strategicplan.sonoma.edu/building-our-future-ssu>) to ensure that the stated Mission, Goals and expected Outcomes for students, faculty and the programs consistently reflect institutional goals and PNSG.

Table I.B.1 Crosswalk of University, Department of Nursing, BSN Program Terminal Objectives & AACN BSN Essentials

University Mission Statements	Department of Nursing Mission Statements	Baccalaureate Program Terminal Objectives	Essentials of Baccalaureate Education (2008)
-Adaptability and responsiveness	Affirming intellectual and aesthetic achievements as part of the human experience	Caring: Demonstrate the integration of respect for human diversity, social justice, and self in the nursing role	II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety IX. Baccalaureate Generalist Practice
-Connectivity and community engagement -Adaptability and responsiveness	Developing professional leadership and active citizenship	Critical Thinking: participate in initiatives that support health promotion and disease prevention	I. Liberal Education for Baccalaureate Generalist Nursing Practice VIII. Professionalism and Professional Values

-Connectivity and community engagement -Adaptability and responsiveness	Developing professional leadership and active citizenship	Communication: Communicate within a team framework to promote optimal client outcomes	I. Liberal Education for Baccalaureate Generalist Nursing Practice II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety IV. Information Management and Application of Patient Care Technology VI. Inter-professional Communication and Collaboration for Improving Patient Health Outcomes VII. Clinical Prevention and Population Health VIII. Professionalism and Professional Values IX: Baccalaureate Generalist Nursing Practice
-Diversity and Social Justice Sustainability and environmental inquiry -Connectivity and community engagement -Adaptability and responsiveness	Contributing to the health and well being of the community within a perspective of the world at large	Advocacy/Social Justice: Delineate ethical principles on which to base practice decisions Teaching/Learning: Demonstrate the role of the nurse in specific client centered teaching	IV. Information Management and Application of Patient Care Technology V. Healthcare Policy, Finance and Regulatory Environments VI. Inter-professional Communication and Collaboration for Improving Patient Health Outcomes VII. Clinical Prevention and Population Health II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety IX: Baccalaureate Generalist Nursing Practice
-Sustainability and environmental inquiry	Providing a foundation for lifelong professional learning	Professionalism: Commit to lifelong learning and participation in the profession	VIII. Professionalism and Professional Values

-Diversity and Social Justice -Sustainability and environmental inquiry -Connectivity and community engagement	Contributing to the health and well-being of the community within a perspective of the world at large	Leadership: Participate in changes to promote improvement in patient care	II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety V. Healthcare Policy, Finance and Regulatory Environments
-Adaptability and responsiveness	Affirming intellectual and aesthetic achievements as part of the human experience	Evidence-Based Practice/Research: Demonstrate the use of theoretical foundations of nursing engagement in scholarship to guide clinical practice	II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety III. Scholarship for Evidence-Based Practice V. Healthcare Policy, Finance and Regulatory Environments VII. Clinical Prevention and Population Health VI. Inter-professional Communication and Collaboration for Improving Patient Outcomes
-Connectivity and community engagement -Diversity and Social Justice	Practicing nursing within a broad cultural perspective	Cultural Competence: Demonstrate respect for the unique care of clients in all aspects of the nurse client relationship	I. Liberal Education for Baccalaureate Generalist Nursing Practice VII. Clinical Prevention and Population Health VIII. Professionalism and Professional Values IX. Baccalaureate Generalist Nursing Practice

Table I.B.2 Crosswalk of University, Department of Nursing, MSN & PMC Programs Terminal Objectives and AACN MSN Essentials

University Mission Statements	Department of Nursing Mission Statements	Master's Program Terminal Objectives	Master's Essentials of Nursing Education (2011)
-------------------------------	--	--------------------------------------	---

-Adaptability and responsiveness	Affirming intellectual and aesthetic achievements as part of the human experience	Evidence-Based Practice/Research: Acquire knowledge to support theory and evidence based practice. Integrate the science of nursing, advanced knowledge and practice excellence to actualize the professional roles associated within the area of role focus.	I. Background for Practice from Sciences and Humanities
----------------------------------	---	--	---

-Connectivity and community engagement -Adaptability and responsiveness	Developing professional leadership and active citizenship	Professionalism: Continue the process of self transformation in the profession of nursing and in the world community. Contribute to the development of organizations and the advancement of the profession.	II. Organizational and Systems Leadership
-Connectivity and community engagement -Adaptability and responsiveness	Developing professional leadership and active citizenship	Advocacy/Social Justice: Exemplify moral and ethical professional standards. Advocate for the client, nursing profession, the organization and the global community.	III. Quality Improvement and Safety
-Diversity and Social Justice -Sustainability and environmental inquiry -Connectivity and community engagement -Adaptability and responsiveness	Contributing to the health and well-being of the community within a perspective of the world at large	Evidence-Based Practice/Research: Acquire knowledge to support theory and evidence based practice. Integrate the science of nursing, advanced knowledge and practice excellence to actualize the professional roles associated within the area of role focus.	IV. Translating and Integrating Scholarship into Practice

<ul style="list-style-type: none"> -Diversity and Social Justice -Sustainability and environmental inquiry -Connectivity and community engagement -Adaptability and responsiveness 	Contributing to the health and well-being of the community within a perspective of the world at large	Communication: Demonstrate humanizing interactions that are grounded in the integration of the art (subjective) and science (objective) of nursing. Create a collaborative milieu in dialogue with nurses and other health care professionals to promote team decision making.	V. Informatics and Health Care Technologies
<ul style="list-style-type: none"> -Providing a foundation for lifelong professional learning 	Providing a foundation for lifelong professional learning	Human Caring: Develop inter-subjective nurturing relationship that supports the fulfillment of potential of client and nurse. Initiate policy and practices that demonstrate the integration of respect and social justice that considers the client, the profession and nurse.	VI. Health Policy and Advocacy
<ul style="list-style-type: none"> -Diversity and Social Justice -Sustainability and environmental inquiry -Connectivity and community engagement -Adaptability and responsiveness 	Contributing to the health and well-being of the community within a perspective of the world at large	Leadership: Actualize inter subjective choices guided by vision and commitment to the well-being of the client. Effect improvement of patient care outcomes, systems and policy.	VII. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
<ul style="list-style-type: none"> -Adaptability and responsiveness 	Affirming intellectual and aesthetic achievements as part of the human experience	Critical Thinking: Make informed choices through critical analysis that promotes nurse/client well being. Create and implement initiatives that support health promotion and disease prevention.	VIII. Clinical Prevention and Population Health for Improving Health

-Connectivity and community engagement -Diversity and Social Justice	Practicing nursing within a broad cultural perspective	Cultural Competence: Promotes cultural sensitivity and culturally competent care that respects each individual's right to be understood as a unique individual. Identify and initiate changes related to system health care inequities of client populations.	IX. Master's-Level Nursing Practice
---	--	---	-------------------------------------

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response:

The Department defines our Col as the constituents listed in Table I.C.1 and stays informed about the needs and expectations of the Col by soliciting input from current students, alumni, and employers via surveys, participation in regional Nursing Advisory Committee meetings, faculty participation in School and University committees, and involvement in community outreach and service learning partnerships with schools, and agencies in our [service area](#). The DON's expectations of graduates are to fulfill the aims of the School's mission which strives to meet the Col's needs and expectations. Our programs' intention is for graduates to be fluent in best research practices, well prepared for further education and a desire for continued professional growth. The DON's mission also reflects the needs of our Col in the program outcome (terminal objectives) that assures graduates will have skills to empower and address the needs of diverse populations. We also endeavor to admit and retain diverse students needed in today's healthcare field. With our HNT philosophical influence on the curricula and commitment to AJEDI work,, we strive to deepen each student's caring behaviors in dealing with patients across the lifespan and across all care settings. Our mission is to mentor and prepare every BSN/MSN/PMC student to step forward to leadership opportunities in their workplace and their communities to fulfill the identified expectations of the Col.

The DON also considers workforce and practice trend information from regional, state, national and international entities and related regulations to healthcare delivery to best meet the current expectations of employers in our service area. We have provided conceptual alignment of the DON's mission with the Col constituent's needs and expectations in Table I.C.1 below. Currently, the DON does not solicit commentary about the University or DON's mission, goal and outcomes. However, through formal and informal feedback mechanisms, alumni and employers report a high level of professionalism, competency, social awareness, and leadership abilities in our graduates. Our employers also comment on the strong connection of the SSU DON to the community and the ability of graduates to apply evidence-based practice to their patient care as well as influence policy. Specific Examples include: Each year our

nursing colleagues from the California Association for Nurse Practitioners (CANP) invite our FNP students to join them for their Lobby Day, "Together Affecting Change", at the State Capitol. These NP leaders have spoken very highly of our students' knowledge of the legislative process and their ability to effectively advocate for change during this lobby event. Similarly, each year as part of our graduate course, "Research and Theory in Primary Care", nurse leaders and their quality improvement teams partner with our FNP students on several Evidence Brief projects that aim to improve the organizations' clinical practices and/or patient health outcomes. These nurse leaders also attend and present at the Symposiums. Each year they share how impressed they are by the projects the students have produced and have expressed a commitment to implementing several of the students' practice recommendations. Another example is maintaining or expanding the number of graduates produced in our Post-Licensure BSN and MSN/FNP programs as well as adjusting our entrance requirements to facilitate an increased diversity in cohorts and accessibility across our service area. Service area based on the CSU-defined regions informs our BSN programs, but by default our service area for the MSN/FNP/PMC program incorporates areas as far north as the Oregon border, east to Nevada and as far south as San Jose. We are in the process of establishing a formalized APRN advisory council within Northern California to increase communication and collaboration. We also collaborate with other local nursing schools when placing students in clinical settings to avoid competition in our local facilities (Nursing Advisory Minutes, DON and Program Minutes: VRR). For the purpose of this accreditation cycle we have reached out to our Col via email and posted the upcoming site visit on the DON website to provide an opportunity for anonymous feedback related to our programs (Email sent to Col for comments: VRR).

Table I.C.1 *Congruence of Department of Nursing Mission, Community of Interest & Needs and Expectations*

Mission Department of Nursing	Community of Interest	Needs and Expectations
Providing a foundation for lifelong professional learning Practicing nursing within a broad cultural perspective Affirming intellectual and aesthetic achievement as part of the human experience Developing professional leadership and active citizenship Contributing to the health and well-being of the community within a perspective of the world at large	Students Potential students Alumni Faculty Agencies/Employers Campus Community Service Area	Increase the number of competent and caring BSN/MSN/PMC Student Success Academic Excellence Leadership Cultivation Transformative Impact Effectively work with diverse populations & address health disparities Diverse workforce to meet needs of diverse populations

Table I.C.2 Pre-Licensure Hospital Partnerships, as part of COI

Clinical Agencies	BSN - Pre-Licensure
Hospitals	Providence Santa Rosa Memorial Hospital Sutter Santa Rosa Regional Hospital Kaiser Permanente Santa Rosa Medical Center Providence Petaluma Valley Hospital Providence Healdsburg District Hospital Providence Queen of the Valley Medical Center

Faculty members are actively involved in a wide range of community activities and service learning partnerships. The Department has an outstanding collaborative working relationship with numerous health and human service agencies in the multiple communities in our service area. We actively pursue an interchange of communication and dialogue which is crucial to the success of our students' clinical experience and meeting our terminal program objectives.

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response:

The current Nursing Faculty Handbook (Appendix 1) is accessible to all faculty and clearly defines the departmental expectations for faculty. It is reviewed bi-annually by Program Directors and Chair and updated as necessary. All new faculty receive an orientation to the University and the Department and workload is governed by the CSU's [Collective Bargaining Agreement](#) (CBA). New hires receive orientation information compliant with the CBA and Faculty Affairs provides information related to new employment information on their website at <https://academicaffairs.sonoma.edu/faculty-affairs> for both [Tenure Track \(TT\)](#) and [Temporary faculty](#) (classified as lecturers in the CSU, whether teaching clinical or didactic courses) (Appendix 1: Nursing Faculty Handbook; CBA, New Employment Information: websites & VRR).

Clearly defined expectations are outlined for TT faculty teaching, scholarship, and service, and are documented in the [re-appointment, tenure and promotion process](#) (RTP) in alignment with the CBA. Information related to the [evaluative process](#) for temporary faculty are also documented and available on the [Faculty Affairs website](#). TT faculty have the opportunity to confer with faculty mentors, and/or committee members at any level of review, and to have access to the RTP criteria which is used as a basis for the evaluative decisions made by the University. The RTP policy is intended to support candidates in their careers at the University and is derived from the [CBA](#) (RR), compliant with [Title V, California Code of Regulations](#) and [Title IX Federal Code of Regulations](#) which are available in the Office of Faculty Affairs. It is the obligation of the Chair of the Department to provide the faculty member, upon appointment, with copies of the Departmental evaluation criteria, procedures, and standards for all levels of review.

The [DON RTP criteria](#) provide discipline specific guidance but do not supersede University RTP policy (Appendix 4: DON RTP Criteria). TT faculty are evaluated annually with either a Brief Evaluation (Periodic) or a Comprehensive (Performance) Evaluation ([Calendar of RTP schedule 2024-2025](#): VRR). TT faculty are provided the opportunity to work with the DON RTP Committee to receive guidance on their dossier prior to submission of documents to assist with alignment to RTP criteria. ([RTP Faculty Affairs Website](#): VRR). Once the TT faculty has prepared their documents, they upload all required documents to OnBase (Appendix 8: [Candidate checklist for the Working Personal Action File \(WPAF\)](#)) for review at Department, College, and University levels and ultimately by the Provost and President of the University. At each level of review, the TT faculty member considered for reappointment, tenure, or promotion is evaluated according to criteria in each of the following categories (CBA 20.1) in priority order, with primary emphasis placed on teaching:

- a. Teaching effectiveness
- b. Scholarship, research, or creative achievement
- c. Service to the University, Profession, and Community.

Teaching

TT faculty teaching is evaluated with student surveys and peer observation. The University has recently revised the student surveys. Previously Student Evaluation of Teaching Effectiveness (SETE), now called [Reflection of Student Experience \(ROSE\)](#)(ROSE Policy: VRR). These student surveys, peer evaluations and faculty's self-assessment make up the elements of this evaluation process. ROSE are administered at the university level for anonymity and consistency, and are required for all faculty who teach (with the exception of course sections smaller than 5 students or in direct supervision courses), and peer evaluations are conducted in compliance with the University RTP Policy. The University's expected level of achievement is that average ROSE scores for TT faculty on each criterion show growth toward or maintenance of an effective to very effective rating (3.5 on a 1-5 Likert scale). The Department also acknowledges the known biases that have been demonstrated in the ROSE system, and prioritizes peer evaluations and self-reflection. The policy provides the Department the opportunity to develop additional discipline specific questions, and the DON's additional ROSE questions are bolded in the table below.

Table I.D.1 *Reflection of Student Experience Questions*

Displays enthusiasm for teaching the course
Actively helpful when students have problems
Clearly presents course information
Seems well-prepared for class
Clearly explained goals of course
Enables me to participate actively in learning
Respects different viewpoints
Encourages me to further independent study

Provides opportunities to question ideas in class
Stated goals of course consistently pursued
Displays competence in course topics
Makes difficult topics understandable
Consults and advises effectively outside of class
Stimulates interest in the course
Provides timely feedback
Incorporates the 9 philosophical concepts
Serves as a role model
Performance expectations are clearly identified**
Client assignments provide opportunity to apply theory**
Instructor is an advocate in the clinical setting**

****Bold** are DON specific ROSE questions*

***Questions for DON clinical courses only*

All SSU's Departments are required to conduct peer observations of teaching for each TT candidate. One peer observation is required for Periodic Evaluations and two peer observations are required for a Performance Review. This process provides an opportunity for senior faculty to observe, provide valuable feedback, and mentor TT faculty in the development of quality teaching skills. The DON peer evaluation takes into account evaluation of various teaching modalities, course development and student supervision. (Appendix 5 & 6 DON Peer Evaluation Instruction and DON Peer Evaluation Form)

Scholarship:

The written scholarship expectations of the University and DON are that TT faculty are required "to provide evidence of a record of significant growth and contribution in the area of research, scholarship, and creative activity" ([SSU RTP Procedures, Criteria, and Standards for Tenured and Probationary Faculty](#): Website and VRR). TT faculty are expected to develop a scholarship agenda with goals for dissemination of their work in presentations, publications, grant writing and/or collaborations with the aim to influence practice, policy, or pedagogy. The DON discipline specific criteria for scholarship reflects the AACN (1999) definition of activities that "systematically advance the teaching, research, and practice of nursing through rigorous inquiry..." and further specifies peer-reviewed publications and presentations. DON Scholarship encompasses the scholarship of discovery, teaching and/or practice, however faculty choose to engage. (Appendix 4: DON RTP Criteria). Growth is not quantitatively defined by the University or DON,

nonetheless, the expectation of the depth of one's scholarly contribution is commensurate with the individual's amount of time in their probationary process.

Service

Service includes participation in the faculty self-governance process at the Department, School and/or University levels. Service as defined by the University RTP criteria reflects contributions to the organizational, academic, intellectual and social life of the University, including participation on committees and student organizations. Service also includes activities that enhance the University's ability to serve the needs of a diverse student body, non-traditional and prospective students, and also include those that enhance the University's ability to retain and graduate students, including mentorship and advising. All faculty are expected to participate in a minimum of three areas of community service per year. (Appendix 7: Faculty Participation on SSU Committees). Faculty clinical practice is separate from service but is valued as it helps to ensure faculty remain clinically current in a dynamic healthcare environment. Faculty service may include consulting, furthering education, community based projects or professional service (boards for professional or community organizations), committees on or off campus at any level (Department, College, University, Community or National) (Appendix 4: [DON RTP Criteria 2022](#))

Temporary Faculty

Similar to the TT faculty, temporary faculty teaching is evaluated by students through the ROSE surveys and written peer observation of teaching effectiveness every three years as part of the cumulative periodic evaluation submitted to the SST Dean. The individual outcome standard for the Nursing Department is identical to TT for ROSE scores, earning an average rating of 3.5 on a 5-point Likert-scale, showing growth toward or maintenance in teaching effectiveness.

The written peer review process and observation provides an opportunity for tenured or TT faculty to provide mentoring and feedback to foster quality teaching by temporary faculty. The peer evaluation takes into account evaluation in the use of various teaching modalities, course development and student supervision.

Table I.D.2 *Faculty Outcomes*

Criteria	Benchmark and Expected Level of Achievement
RTP	100% TT faculty will meet the requirements and progress in the RTP process
Cumulative Evaluation	100% of Temporary faculty due for cumulative review will meet requirement
Teaching Effectiveness	90% of BSN graduates will assign a positive rating to their satisfaction and the overall learning outcomes they achieve.
	90% of MSN graduates will assign a positive rating to their satisfaction and the overall learning outcomes they achieve.
	90% of PMC graduates will assign a positive rating to their satisfaction and the overall learning outcomes they achieve.

	Average ROSE/SETE score in BSN courses will show growth toward or maintenance of effective or very effective (3.5) on 1-5 Likert scale
	Average ROSE/SETE score in MSN courses will show growth toward or maintenance of effective or very effective (3.5) on 1-5 Likert scale
	Average ROSE/SETE score in the PMC courses show growth toward or maintenance of effective or very effective (3.5) on 1-5 Likert scale
Scholarship	100% of TT faculty participate in a minimum of one scholarly or professional development activities each academic year; gain updated knowledge of nursing specialty content
Service	100% of TT faculty will participate in at least three service activities per academic year

I-E. 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:

Governance of the Nursing Department is accomplished through monthly department meetings and program team meetings. Full-time and TT Faculty attend monthly in-person Department meetings, and a Zoom link is provided for temporary faculty and student representatives, to encourage participation (Appendices 1 & 2: Faculty & Student Handbooks). Department meetings are open to all faculty, DON staff and student representatives. All full-time nursing faculty hold membership on DON committees, five key areas discussed in Team and DON meetings are: Curriculum, Student Affairs (including admissions, recruitment/retention, student barriers/resources), RTP/Cumulative Evaluation, Faculty Search Committee Resources (when needed), Assessment and Evaluation. Governance issues may be referred to the appropriate Nursing Committee or an *ad hoc* subcommittee for follow-up or recommendations. Issues related to academic program policies requiring a faculty vote are brought to the monthly Department meeting. Program Directors and Assistant Directors function as petition councils, and review student petitions concerning nursing program policies.

An integral part of the DON philosophy is to include students as active participants in all aspects of their educational experience. Nursing students are given multiple opportunities to participate in the identification, formulation, and evaluation of policies and procedures related to their education. Students formally provide feedback via course evaluations, ROSEs and end of program surveys. They also have access to Program Directors and faculty to provide additional course or program specific feedback. A description of the student representative role is in the Nursing Student Handbook, student representatives attend only the open sessions enabling faculty to confer on confidential and individual student matters in closed session. All policies are available to students online in the Nursing Student Handbook (Appendix 2). A student representative is selected by the class, participates in faculty meetings and represents their class to communicate educational needs and successes to faculty. The student representative is encouraged to bring forth from their student peers concerns regarding curriculum, instruction, evaluation, clinical facilities, learning experiences and course requirements to program level meetings. Examples of student participation in Department governance include pre-licensure students requesting additional time in the skills lab. Student

Representatives brought the request to the Pre-Licensure meeting and faculty collaborated with students to formulate a plan to have open lab hours on Mondays when they were not in class, to practice skills. Additionally, in response to student feedback that they wanted more pharmacology resources, additional resources from Lippincott, Kaplan were added for pharmacology and med math; and we are piloting a program with Level Up Nursing. In the Post-Licensure Program, students voiced barriers from employers getting time off work to attend mandatory on-campus program orientation and presentation meetings. This was brought to the Post-Licensure faculty who drafted a letter informing employers the importance of participation in the few mandatory on-campus days which greatly facilitated the students in getting the necessary time off. Additionally campus dates are provided as early as April for Fall dates, to allow students to plan ahead where possible (Example Employer Letter, Post Licensure BSN Minutes: VRR). MSN/PMC students had concerns over the amount of group work required at the start of the program. They requested more individual course work initially with more group work once they got to know their cohort. The FNP team looked at the pedagogy of the curriculum and revised group assignments to individual work to accommodate this request (DON & Program Minutes:VRR).

Faculty and staff endeavor to inform students in a timely manner of important changes in Departmental and University policies that might affect their education. Faculty are involved in governance through Program and Department meetings, faculty unable to attend in person are provided the opportunity to participate either by video (Zoom) or phone conferencing. Department documents for review are posted in shared google folders for access to be reviewed prior to or following meetings. All faculty have access to meeting minutes after each meeting and edits/feedback/additions are solicited. (DON and Program Minutes: VRR)

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program 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 outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

Program Response:

[CSU academic policies](#) are posted on the website: University policies are located in the University Catalog and also accessible through the Sonoma State University policies website at: <https://catalog.sonoma.edu/> and <http://www.sonoma.edu/policies>. Policies are reviewed at the University, College, and Department level periodically. DON policies are located in Student and Faculty Handbooks in the resource section for each program, on the nursing website at: <https://nursing.sonoma.edu/academic-programs>. All academic policies comply with fair and equitable standards defined by [Title IX Federal Code of Regulations](#).

Nursing faculty are involved in the development, review and revision of academic program policies at the Department, College and University levels. At the department level faculty evaluate and revise admission criteria annually for congruence with University policy. At College and University levels, faculty participate on various committees and represent the voice of the DON. Nursing is represented on the Academic Senate via the School senator, remaining informed by the school constituents enabling votes on policy revision and implementation,

reporting to the CSTB Chairs and to the Department. Academic program policies include, but are not limited to those related to student recruitment, admission, retention, and progression. Academic policies are written, accessible and communicated to relevant constituents, new and continuing policies are reviewed in team and Department meetings for fairness and equity to promote student success. Policies are implemented throughout the academic year and variance between the Nursing program and University policies such as professional conduct, academic performance, admission and retention, passing Grade Point Average (GPA), and attendance are identified in the Student Handbook and support achievement of the program's mission, goals, and expected outcomes. These are reviewed with incoming students during orientations, and are reviewed regularly by faculty and staff.

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

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

Program Response:

The University's definition of a formal complaint is when a student utilizes the Universities' [Formal Dispute Resolution process](#) as part of a [grade appeal](#) or [student grievance](#). Additionally faculty may utilize this dispute resolution process when reporting a [cheating or plagiarism](#) incident. DON has no separate policy resolving formal complaints and follows the University's procedures. Links to Formal Dispute Resolution Procedure are included in the Student Handbook, and in the DON syllabus (Appendix 2, 22). Any formal complaint submitted by a student is kept on record in confidential student files, along with any associated documents.

In compliance with Formal Dispute Executive Order 1037, Sonoma State University has established Formal Dispute Resolution Procedures and the Dispute Resolution Board to hear grade appeals with procedures to protect the rights of students and faculty, the rights listed below are incorporated into the [Grade Appeal Policy and Procedures](#). Students and faculty have the right to:

1. impartial review;
2. advice and assistance;
3. reasonable time limits throughout the process;
4. an adjudication by the Dispute Resolution Board;
5. access to relevant documentation;
6. a decision based on the record of the adjudication;
7. a written statement of the grounds for the decision and the evidence relied upon.

Students who believe that an appropriate grade has not been assigned should first seek to resolve the matter informally with the instructor of record. If the matter cannot be resolved informally, the student may present his/her case to the appropriate campus entity, have it reviewed and, where justified, receive a grade correction. The Dispute Resolution Board does not have purview over allegations of discrimination, harassment, or retaliation. Students who believe that they have experienced discrimination, harassment, or retaliation that has impacted their grade in a course may file both a grade appeal and a complaint with Title IX procedures through the University [Office for Prevention of Harassment and Discrimination](#).

In ongoing revision of orientation materials and syllabi templates (Appendix 1: Faculty Handbook), the DON

endeavors to both prevent and objectively resolve or mitigate any student-faculty or student-department disagreements. It is the culture of the Department and our professional obligation to inform students of their option to formally dispute a grade or Department policy. The vast majority of student concerns are addressed directly by faculty and occasionally reach the level of program director or chair in resolving the issues. In the 2019-2024 evaluation cycle the Department has received and processed only one formal complaint in alignment with department and university policies. All formal complaints will continue to be processed following the University policy for grievance and in accordance with the Dispute Resolution Board and OPHD as needed. Related documents are maintained in the confidential student file.(Confidential Student Files: VRR)

I-H. 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 program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

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, 2016).

Program Response:

Faculty utilize several means to assure program information is accurate and constituents are notified of changes. The DON Student Handbook is updated annually and reviewed for accuracy and completeness at the end of the Spring semester and over the summer. The current Student Handbook is disseminated to all new and continuing students at the start of each academic year, it is available online and reviewed at the mandatory orientations for all programs. [ADN-BSN Roadmaps](#) are also reviewed and revised annually and updated on the DON web page. Major General Education (GE) requirements are reflected in BSN admission information to potential applicants on the [DON home-page](#). The [University Catalog](#) listings are also reviewed by the Chair and Directors prior to final publication. Additionally, promotional materials from the Office of Admission and Extended Education are reviewed by Chair and/or Program Directors to assure accuracy. The DON notes that accuracy of all online and written material is very important to avoid misinterpretation of policy and procedures. Additional means of communicating changes in requirements to current students include our Learning Management System (LMS) announcements, course syllabi, student representatives, email announcements, academic advising as well as bi-annual Nursing Advisory Committee meetings. The University holds public meetings to invite comments on processes such as closing a program, or changing impact criteria of the CNECM program. We publicly disclose that we are accredited by the Commission on Collegiate Nursing Education (CCNE) along with specific outcomes required to be posted on our website. www.nursing.sonoma.edu.

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 and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal 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 supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

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

Program Response:

The University provides sufficient support to the DON to achieve its Mission, Goals and Outcomes for the academic programs. Funding to DON comes primarily from the University with substantial support in grant awards, gifts, extended education and clinical course fees. Funds are used to cover the current Department requirements for salaries, benefits, travel, instructional materials and operational costs. The allocation of resources to the University starts with the annual state budget. The state of California provides funding to the CSU Chancellor's office to disperse the annual budgets to each CSU campus. Funding for each CSU is determined by previous and projected Full-Time Equivalent Student (FTES) ([Campus Budget Plan](#)). Increases or decreases associated with enrollment growth are distributed based on the CSU marginal cost formula. Non-enrollment growth related changes are distributed based on share of campus budget or other methodology determined by the President and the President's Budget Advisory Committee (PBAC). The Department funding from the University is from the State's General Fund. Variations in the Department budget from 2021 to 2024 in Table II.A.1 *Department Budget Academic Years 2021-2024* reflect program changes and subsequent expansion or contraction of enrollment. The information presented also includes the DON trend of full time equivalent faculty (FTEF) related to the number of full-time equivalent students (FTES). Since 2019, FTES have remained similar (FTES 193.58 in 2019), yet supplemental lab fees have decreased by 69%, and there has been no increase in budgeted operational expenses in over 15 years. Currently there are sufficient fiscal allocations from the University and solicited outside monies available to the department to assure program delivery, evaluation, ongoing revision and meet educational outcomes. We are in the process of proposing an increase in lab fees to meet ongoing increased course-related expenses. This process requires approval by campus committees ([Campus Policy for Course Fees](#)).

Table II.A.1 *Department Budget Academic Years 2021-2024*

Academic Year (AY)	AY 21-22 (FA21/SP22)	AY 22-23 (FA22/SP23)	AY 23-24 (FA23/SP24)

Number Students Enrolled*	297/271	290/272	298/286
Full Time Equivalent Students (FTES)	187.1/201.1	155.8/174.8	157.3/191.3
Full Time Equivalent Faculty (FTEF)**	16.4/15.73	15.71/15.3	18.56/17.3
Salaries and wages	1,302,596	1,478,486	1,441,467
Operating Expenses	9315	9315	9315
Total Expenses	1,311,911	1,487,801	1,450,782

*Includes pre-nursing students

**Includes Chair, Directors and other assigned/release units.

Department Funding Sources by Academic Year (AY) are displayed in Table II.A.2, of note are the significant sources of monies outside of state funding that have decreased since 2019, such as grants; gifts and self-supported course fees. Department faculty have proactively pursued funding to enhance current educational outcomes and to support all programs in the Department. Selected courses are provided through Extended Education and are considered self-supported in which the fees charged to students directly cover the cost of faculty salaries and materials and are not state funded.

Table II.A.2 *Department Funding Sources by Academic Year 2021-2024*

Funding Source	AY 21-22	AY 22-23	AY 23-24
State Fund (OE)	9,315	9,315	9,315
Song Brown	192,000	192,000	180,000
Extended Education Disbursements	83,890	75,300	92,246
Other Grants (IDC) and Donations	3,279	2,076	25,000
Course Fees (supplemental lab)	7,133	6,940	8,026

Comparisons of institutional funding (excluding grants and other outside monies) between similar departments within the University for AY 2021-2024 are shown in Table II.A.3 *Budget Comparison between Departments within the University* and Nursing salaries are on par with similar departments. Operational expenses among similar departments reflect allocations to Nursing are lower, yet within reasonable range.

Table II.A.3 *Budget Comparison between Departments within the University (AY 2023-2024)*

Department	Full-time TT Faculty	FTES	FTEF*	SFR	TT Faculty Salaries	OE
Nursing	8	191.47	15.24	12.56	735, 488	9,315
Business	20	518.87	20.849	24.89	26,660,718	Shared between B & E \$41,239
Economics	6	95.93	5.368	17.87	763,928	
Kinesiology	4	135.82	6.585	20.63	337,328	12,412
Computer Science	7	139.73	7.392	18.9	553,255	10,574
Engineering	4	80.95	4.573	17.7	393,866	12,887
Biology	10	291.02	15.841	18.37	1,187,196	112,233
*reflect instructional units only						

Table II.A.4 Annual Nursing Faculty Salaries Comparison with Similar Type/Geographical Institutions

<u>Professor (doctoral)</u>	<u>Associate Professor (doctoral)</u>	<u>Assistant Professor (doctoral)</u>	<u>Instructor (non-doctoral)</u>
AACN*: mean(sd);90th percentile)	AACN*: mean(sd);90th percentile)	AACN*: mean(sd);90th percentile)	AACN*: mean(sd);90th percentile)
\$122,787(36,341);162,666	\$96,885(16,484);115,842	\$84,609(14,464);102,060	\$71,933(16,478); 93,349
SSU TT Nursing (avg salaries by rank)			SSU Lecturers (avg full time salary)
\$127,746	\$113,616	\$99,000	\$67,632
*Full-Time Instructional Nurse Faculty Annual Salaries in Western, Public Universities by Rank/Degree from AACN Salaries 2023-2024 (Appendix 21: Table 64)			

The process for obtaining allocations for the DON's fiscal needs involves the Dean of the CSTB meeting with each department chair to discuss upcoming needs in the department and assists in identifying what resources will be required to meet those needs. The Dean also confers with the Council of Department Chairs to gain further understanding of program needs across the College and to identify possible strategies and priorities for the budget. Departments are given enrollment targets and part-time lecturer cost targets based on analyses of actual metrics of the previous two years and include known changes in staff and curriculum. (see Table II.A.3 *Budget Comparison between Departments within the University*). Program goals are also met with funding streams for faculty development,

travel and instructional supplies as portrayed in Table II.A.5 below.

Table II.A.5 *Funds Spent on Faculty Development, Instruction Supplies, and Technology*

Funding Category	AY 21-22	AY 22-23	AY 23-24
Faculty development paid by department	\$509 (1 faculty)	\$1528 (2 faculty)	\$5056 (3 faculty)
Faculty Development paid by College	\$2440 (3 faculty)	\$2262 (2 Faculty)	1600 (2 Faculty)
Travel paid out of OE	\$4278	\$6692	\$5203
Travel paid out of Song Brown fund	\$532	\$3550	\$0
Instructional supplies & technology (from OE, Grants & Donations)	\$9036	\$12823	\$20033

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are 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 materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response:

Currently classroom, laboratory, and office space utilized in the delivery of DON BSN/MSN degrees and PMC FNP Certificate are sufficient to meet the needs of program Goals and Outcomes. The physical resources required by the Department are varied according to pedagogical focus, see Table 11.B.1 *Classroom/Clinical Learning Area Characteristics*. Classroom space is determined by a university-wide metric, which considers class size, frequency of sessions, and equipment requirements. The Department submits a schedule of classroom needs to the University scheduler each semester and classroom space is assigned. Faculty have the opportunity to review assigned rooms and make requests for change if warranted.

Challenges are assuring that the unique pedagogical physical space needs associated with nursing education are achieved. Unique aspects to the Department include required clinical space, specialized equipment, consumable supplies and both human and artificial models. Advanced and careful planning of the use of the skills labs (Nichols 149, and Salazar 1029, 1030) determines how courses and clinical activities are scheduled.

The challenges of scheduling have been partially mitigated with pre-semester planning and collaboration by faculty to develop a master schedule of lecture and clinical time slots and space assignments that meet all individual course and program needs. The skills labs have a limit which does not allow for an entire cohort to have on-campus clinical activities scheduled simultaneously, so rotations are factored in for courses using this space, which leads to a less than efficient model, but is adequate at this time. Since 2019 the University has provided the rooms Salazar 1029, 1029 for BSN skills and sim labs, which greatly expands flexibility in how the space is utilized and sessions scheduled. (Appendix 10: DON Class Schedule)

DON has made ongoing requests for designated clinical space such as a classroom to provide didactic, video simulation, post-conference, small group activities for a larger number of clinical students while rotating eight students into a skills lab for hands-on learning and performance assessment. The off-campus simulation lab is costly and scheduling involves competing with the vendor's other customers. An on-campus clinical simulation lab has been requested with the pedagogical benefit of increasing the amount of simulation across programs to keep up with best practices in educational approaches.

Table II.B.1 *Classroom/Clinical Learning Area Characteristics*

Classroom	Seats	Type of Equipment
Nichols 0149 Skills lab	12	White board, computer /USB drive CD/DVD/LCD
Salazar 1029	47	White board, computer /USB drive CD/DVD/LCD
Salazar 1030	12	White board, computer /USB drive CD/DVD/LCD
Salazar 2012	24	White board, computer /USB drive CD/DVD/LCD
Shultz 2010	42	26 iMacs with both Mac OSX and Windows
Shultz 3001	67	Video Conferencing/Web-streaming
Student Center 3050/Ballroom A	1200	Connections for computer/data projector
Stevenson 1300	128	White board, computer /USB drive CD/DVD/LCD

Staff and faculty workspace is allocated so every member of the DON team has a desk, computer, server access and phone. TT and adjunct faculty have access to private office space to meet with student(s), colleague(s) and other partners from campus or region.

The DON utilizes clinical sites throughout the state (DON Clinical Affiliation Agreement Binder: RR) and the evaluation of the currency, accessibility and adequacy of resources and physical facilities that are utilized by students and faculty and are evaluated each semester and surveys are conducted in every course (Appendix 11: Systematic

Plan of Evaluation [SPE]). The DON evaluation benchmark for both clinical sites and preceptors is set for a 90% average rating of effective or very effective by students and faculty in achieving outcomes. In Team and full DON meetings, evaluative feedback is analyzed to either maintain and or change to improve the existing campus and clinical sites to meet DON program needs (Team & DON Meeting Minutes: RR)

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

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

Academic support services available to nursing students are sufficient to meet program and student needs at SSU. The University is committed to supporting nursing students in their studies by providing a strong array of academic resources which include the Schulz Library, Information Technology services, Disability Student Services and direct services such as academic advising and research support. Students also have access to one-on-one help with academic courses in the [Tutoring Center](#). Course offerings can be viewed online, and the [academic calendar](#) holds important information on academic, recreational and informative events on campus. A review of academic resources for inclusion in the Nursing and Faculty Handbook as well as syllabi are reviewed annually.

The Nursing Club has implemented a formal mentoring program where entering DON pre-licensure BSN students are paired with a current BSN student. The mentorship program was developed by students to help new students more successfully integrate into the nursing program. The Nursing Club holds monthly meetings which are open to any interested student. Participants have volunteer opportunities for community service, and host educational events where panels of expert nurses speak to students. Student leadership opportunities build skills and expose students to a civic role in their community (Nursing Club Meeting Minutes: RR).

A primary resource for our student success is the library which currently subscribes to over 40,000 journals, with over 99% of current titles in electronic format. Students, faculty, and staff have access to these electronic journals and databases both on-site and remote. The library offers over 150 databases and **Table II.C.1** lists some of the most useful databases to support nursing students and faculty in meeting educational outcomes. Each program requires an on-campus orientation which includes an introduction to the [University librarian](#) with expertise in Nursing literature, who instructs students how to use the online resources and conduct effective nursing research literature searches. Students are encouraged to bring their laptops or tablets to allow on the spot problem solving with new technology interfaces.

Table 11.C.1 Professional Journal Databases Available in the SSU Library

<i>CINAHL Plus with Full Text</i>
<i>Cochrane Library</i>
<i>Health Reference Center Academic</i>

<i>MedlinePlus</i>
<i>PubMed</i>
<i>Social Services Abstracts</i>
<i>Sociological Abstracts</i>
<i>SpringerLink</i>
<i>Science Magazine</i>
<i>PsycInfo and PsycArticles: published by APA; access to psychological research.</i>
<i>Education Research Complete</i>
<i>Films on Demand: Health & Medicine Collection</i>
<i>OECD Data Explorer</i>
<i>UN Data</i>
<i>Mental Measurements Yearbook with Tests in Print</i>
<i>PILOTS Database: post-traumatic stress disorder and other mental-health issues resulting from traumatic events.</i>
<i>Academic Search Complete: interdisciplinary, full-text access to more than 4,600 publications, including nearly 4,000 peer-reviewed journals.</i>
<i>Business Source Premier: business, management, organizational development</i>
<i>SocINDEX with Full Text: 860 journals.</i>
<i>Sage Knowledge</i>
<i>ACM Digital Library</i>
<i>Ethnic NewsWatch: full-text collection of newspapers, magazines and journals of the ethnic, minority and native press.</i>
<i>GenderWatch: women's and gender issues across a broad spectrum of subject areas, including health care.</i>
<i>Science Direct: hundreds of full-text journals in nursing, psychology, psychiatry, behavior, child & adult development, and more.</i>
<i>Sage Research Methods Online and Sage Research Methods Cases</i>
<i>BioOne</i>

<i>American Chemical Society Journals</i>
<i>PLoS Medicine</i>
<i>CQ Researcher</i>

Faculty, students and staff have access to [Instructional Technology](#) (IT) support via a zoom or chat request online or by phone call which serve our distant students. Due to decreases in IT personnel, in-person services are minimal and require scheduling in advance. Low cost access is available for students to purchase Adobe Acrobat and Creative Cloud, and several other software products (<https://it.sonoma.edu/faq/software-downloads-home-use>). The University has used various LMS over the years and currently subscribes to Canvas. Faculty use Canvas for web-enhanced coursework, assessment and for communication in all programs. We have two expert faculty in online course delivery and evaluation who serve as mentors to DON junior and temporary faculty. The DON online teaching experts are also sought across departments at the University as consultants in online education, and served the University by mentoring faculty at drop-in sessions hosted by CTET during the pandemic-related educational pivot to online teaching. IT support hours of 8am-5pm Monday-Thursday, and 9am-5pm Friday allows students to receive support during normal business hours, which can be a challenge for students who are balancing school work with other work and family responsibilities. Some faculty have opted to set assignment due dates specifically during these business hours to ensure that students have support during the time when they are submitting work. The CTET provides faculty numerous opportunities for research, teaching, and academic pedagogy and technology support.

The [DON Webpage](#) lists the details of admission eligibility and procedures for each program. Program Directors answer potential applicant queries by email and phone and endeavor to inform the Col through the Nursing Advisory Council (Advisory Committee Minutes: VRR). Academic Advising for pre-majors and majors have been carried out by TT faculty, pre-majors have also been co-assigned to Professional Academic Advisor through the University Advising Center, which enables the DON faculty to concentrate on students in the major. The Post-Licensure BSN Program hires an additional Academic Advisor to interface with the five community colleges in the service area and guide students to complete the appropriate transfer requirements before matriculation to SSU.

Following the DON's SPE (Appendix 11) all students evaluate (Program Evaluations:VRR) all academic support services at the end of the program, and BSN students also provide feedback mid-way through the program (BSN Evaluation Matrix: VRR). The DON has had significant improvement in the level of student satisfaction with academic support services in the areas of academic IT support, dedicated Nursing Research Librarian and Advising. A historical complaint from BSN students and DON advisors was the lack of choices in online upper division general education (UDGE) courses at SSU, specifically access to enrolling in an SSU Ethnic Studies online UDGE course. However, since the Assembly Bill 1460 was passed, requiring all CSU graduates to have Ethnic Studies courses and accepting lower division courses from community colleges prior to transferring to SSU - this has ceased to be an issue for nursing students.(Appendix 12: AB 1460). Some challenges remained for BSN students getting into online upper division GE (UDGE) courses. In response to this (and given the high unit major requirements for Nursing) two courses have been approved to meet GE requirements within the major (NURS 412 - Area D, and NURS310 - Area B). Additionally, DON further developed and offered GE courses. This serves nursing students, and also offers non-nursing students online courses in areas of interest. An expansion of programs and departments across campus who are developing and offering online course options has also improved this situation. Between the increased number of online GE offerings, GE met in major, and the availability of [CSU FullyOnline](#), students are able to get courses required to graduate on time.

Table II.C.2 Online Upper Division General Education courses offered online Fall 2023 - Spring 2024

	Total number of UDGE courses offered online	Total number of UDGE courses offered hybrid
Fall 2023	19	1
Spring 2024	20	4
Total	39*	5

*8 out of the 39 are offered by Nursing

II-D. The chief nurse administrator of the nursing unit:

- **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 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 an effective leader of the nursing unit.

Program Response:

The chief nurse administrator of the nursing unit is the Department (transitioning to School) Chair, answerable to the Dean of the College of Science, Technology, and Business (CSTB). The 12-month Chair of the Department holds the faculty rank of Professor and devotes 50% FTE to the administration of the Department, in collaboration with the Prelicensure Program Director (who works 50% in the role), such that between the Chair and Pre-Licensure Director there is a single full-time position; or may be divided between two qualified individuals, in accordance with regulatory requirements, and to meet the needs of the Department. Dr. Krista Altaker, PhD, MSN, RN, holds an unencumbered nursing license in California and is approved by the CA BRN to serve in the position of Chair and chief nursing administrator. She holds a MSN with a concentration in leadership and education, and a PhD in Nursing from the University of California, San Francisco. Dr. Altaker is an alumni of the MSN program at SSU, starting her teaching career as a lecturer in 2011. She has 6 years of academic leadership experience starting with her role as Assistant Director of the Post-Licensure program in 2018, moving to Director in 2021, and most recently Chair since 2023. The previous Chair, Dr. Anna Valdez, who held the joint position of Chair and Pre-Licensure Director as a full time position, currently serves as the 12-month Pre-Licensure Director and teaches part-time as faculty in the Department. (Chair & Faculty CVs:VRR). The CSTB procedure for this position is for Chair candidates to be nominated by the Department faculty and then elected by vote of all DON faculty prior to the end of the three year term. Dr. Altaker was elected (in Spring 2023) to this position, starting in Fall 2023 for a three year term by Department Faculty vote, which demonstrated the faculty's support of her leadership and commitment to achieving the mission, goals and expected

outcomes (DON Minutes: VRR).

II-E. 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 faculty (whether full-time, part-time, adjunct, or other) for each degree and post graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide 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 justification 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:

The faculty are currently sufficient in number and qualifications to accomplish the mission, goals and expected program outcomes. Table II-E-1 shows the current number of full-time equivalent faculty (FTE) in the DON. FTE's are calculated using the following formula: 1 credit unit/sem = 0.07 FTE. At SSU 15 units/sem is considered a 100% workload. Tenure/TT faculty carry a 12 unit/sem course load, with three units for service, scholarship and student advising. Temporary full time faculty carry a 15 unit/sem course load, with no requirements for scholarship or service, work of the department, scholarship and student advising. Program Directors are compensated as described in Table II-E-2. We currently have 10 Tenure-Track faculty. Two temporary faculty are currently working full-time (15 units/semester), have a 3-year contract, and are considered senior faculty members. Remaining teaching workload is divided among the other 24 part-time faculty. TT Faculty in their first 2 years receive 3 units release time/semester. Table II-E-1 reflects the total number of faculty per program, and also offers insight into the teaching load that is covered by both TT Faculty and Temporary Faculty. We have one TT Faculty currently who teaches in both the undergraduate program, and in the graduate program.

Table II-E-1 Number of Current Full Time Equivalent (FTE), Undergraduate (UG), Graduate (G) faculty in DON, Fall 24

Full-Time Faculty Total (TT)	Number of Part-time Faculty (Full-Time Equivalent)	Total Number of Faculty

12 (10 TT: 6 UG,4 G)*	23 (7.5)*	35
Full-time UG (FTE**)	Number Part-time UG (FTE**)	Total Number Under Grad (FTE**)
6(4.2)	12(6.9)	18 (11.1)
Full-time G: TT/Temporary(FTE**)	Number Part-time G (FTE**)	Total Number G (FTE**)
4/2(4.15)	11(1.9)	17 (6.05)
<i>*includes release/assign time for non-teaching work.</i> <i>** reflects direct teaching workload only</i>		

Table II-E-2 Non-Teaching Workload in Units and FTE

Position	Semester Units/FTE
Chair	6/0.5
Pre-Licensure Director	6/0.5
Pre-Licensure Assistant Director	3/0.25
Post-Licensure Director	4/0.33
Post-Licensure Assistant Director	1.5/0.13
MSN-FNP Director	6/0.5
MSN-FNP Assistant Director	3/.20*

BSN Faculty

The CA BRN requires that all faculty hires be vetted by an assigned Nursing Education Consultant for teaching in a Pre-Licensure BSN program. We utilize an 8:1 student faculty ratio in clinical to meet the CA BRN requirements as well as requests from our agencies who are not able to accommodate more than 8 students per rotation.

Didactic class sizes are 24 in the BSN program and this has enabled the Department to support a greater diversity of learners. The majority of classes are offered annually with the exception of N310, N412, and N412P which are offered every semester to deliver the different pre and post-licensure curricula. Pre Licensure students have an assigned advisor by cohort (Dr. Napoli and Dr. Werder for AY 24-25) and this role is rotated among pre-licensure faculty. Post-Licensure students are advised by Audrey Spall, along with Dr. Altaker. Students are directed to seek advice related to a specific course from the faculty of record.

Due to a shortage of Master's prepared nursing faculty who meet CA BRN criteria for clinical currency ([CCR Title 16, Div 14, Article 3. Pre-Licensure Programs 1425a-d](#)), we currently have 4 BSN prepared clinical faculty on our team. BRN criteria for "Assistant Instructor"(as defined in 1425d, linked above) includes stipulations that these faculty will

work under direct supervision of lead faculty who have a MSN or higher. Additionally, these faculty do not teach didactic courses and work closely with a tenure-track faculty. Both program directors are engaged to ensure they continue to meet standards and are supported in their role.

Table II-E-3 Faculty Expertise, Preparation and Teaching Assignments AY 2021-24

KEY: **Orange** = Full Time **Green** = Part Time **Blue** = Retired from DON; **BOLD** = BRN Content Expert

Tenured Track (TT)	Specialty/ BRN Content Expert	Degrees/Credential	Courses Taught AY 2021-2024
Altaker, Krista	Research, Ethics, Leadership	PhD, MSN	N310, N312, N410, N416, N560, N495
Coleman-Smith, Janelle	Med/Surg, Geriatrics	DNP, MSN, CNL	N310, N407
Fidler, Rich	Adult/Geri NP, Primary Care, Simulation, Leadership	PhD, MBA, MSN, CRNA, NP, FAAN	N501, N562, N509
Freborg, Kaija	Pediatrics, DEI/Anti-Racism, Social Justice	DNP, MSN	N370, N409, N410, N412P, N414, N416
Napoli, Rachel	Obstetrics, Maternal Child,	DNP, MSN	N301, N303/N305, N310, N414
Nwaizugbu, James	Primary Care	DNP, MSN, RN, FNP-BC, PHN, CNL	N550AC, N549
O'Brien, Anne-Marie	Women's Health, Reproductive Health, Research/EBP, Community Health	PhD, RN, WHNP-BC	N560, N410, N564, N412P
Roberts, Deborah	Pediatrics, Med/Surg, C/PH, Leadership	EDD, FNP-C, MSN	N407, N409, N410, N416
Rose, Jordan	Primary Care, Informatics	DNP, FNP-BC	N501, N540AB, N549, N595, N562, N566
Valdez, Anna	Med/Surg, Pediatrics, Obstetrics,	Ph.D., RN, PHN, CEN, CFRN, CNE, FAEN, FAADN	N313, N407, N410, N495,

	Emergency, DEI/Health Equity		
Werder, Karen	Psych-Mental Health	MSN, DNP, MHNP-BC	N304, N310, N412, N412P

Part-Time/Temporary			
Ackles, Joy	Primary Care	MSN FNP-C	N549, N550
Alvarez, Jennifer	Med/Surg, Geri	BSN	N407, N302
Bleyhl, Diane	Med/Surg, Geri	BSN	N301
Brogan, Alanna	Leadership, Community-Public Health	MSN, PHN	N412P, N410, GE: N480, N490
Bucey, Nancy	Primary Care	MSN - FNP	N550ABC
Brown, Kathleen	Primary Care, Emergency, Osteopathy, Integrative medicine	MSN FNP-C, DOMP	N550AB, N509
Chambliss (Kaplan), Rebecca	Primary Care	MSN, FNP	550ABC, N509
Doeding, Courtney	Med/Surg, Geriatrics	MSN	301, 302
Edmunds, Johnna	Primary Care	DNP, MSN/FNP-BC, PHN	N370, N509, N549, N550ABC
Freeman, Jeanine	Primary Care, Med Surg	MSN, FNP	N550A, N301, N302, N407
Gardner, Grey	Med/Surg, Geri	MSN	N407, N301, N302, Skills/Sim
Gebreslassie, Selam	Primary Care	MSN-FNP	N550ABC
Griffen, Nicole	Obstetrics	BSN	N305
Hemp, Naomi	Primary Care	MSN FNP	N550ABC
Hewitt, Janet	Primary Care	MSN FNP	N550ABC, N549

Ippolito, Lisa	Primary Care	MSN, FNP-C	N550ABC, Clinical Coordinator Modesto Gospel Mission
Hernandez, Elizabeth	Primary Care	CEN,FNP-C, MSN, DNP(S)	N549, N550ABC
Hill, Margaret	Obstetrics,	MSN	N303/N305
Jacobsen, Maria Feo	Psych/Mental Health	RN-BC	N304
Kaur, Sukhdeep	Primary Care	MSN, FNP-C	N550ABC
Knowles, English	Primary Care	MSN, FNP	N501, N549, N550A, N564, N566,
Lehmann, Monica	C/PH, Med/Surg, Geri	MSN, MPH	N301, N370, N412,
Nevin, Lisa	Pediatrics	MSN	N409
Rankins, Lillian	Med/Surg, Geri	RN, BSN	N301, N302
Reed, Pam	Med/Surg, Geri	MSN	N301, N407, N302
Reinhard, Holly	Med/Surg, Geri, Pediatrics	MSN	N290, N407, N409
Roth, Giedre	Med/Surg, Geri, Pediatrics	MSN	N301, N407, N414
Ritter, Barbara	Primary Care	EdD, MSN, FNP, CNS	N550ABC
Roberts, Deborah* (Professor Emerit	Pediatrics, Med/Surg,C/PH, Leadership	EDD, FNP-C, MSN	550A, N550B, N509, Clinical Coordinator JCFC
Seo, Monica	C/PH, School Nurse	MSN, PHN, NBCSN	N412, N412P, N416
Shreibman, Barbara	Primary Care, PMH	FNP-BC, MSN, PHN	N304
Sloan, Melissa	Primary Care	MSN, FNP-BC	N509, N549, N552, N566, N550AC
Stein, Patricia	Primary Care	MSN-FNP, APRN, CFRN, CEN, BETC	N501, N550ABC, N540AB, N562, Clinical Coordinator Esplanade House

Stipanov, Lindsay	Med/Surg, Geri	BSN	N301, N414
Trask, Jonathan	Med/Surg, Geri, Critical Care, Research	MSN, PhD	N310
Tres, Jay (Jean Philippe)	Primary Care	FNP	N566
Valdez, Jessica	Obstetrics	BSN	N305
Van Loon, Anna	Obstetrics,	MSN-ED, RNC-OB	N305
Warren, Rachel	Med/Surg	MSN	N290, N301

MSN/FNP and PMC/FNP Faculty

The student to faculty ratio for the MSN/FNP and PMC/FNP Programs ranges from 30:1 for didactic courses and 10:1 for N509 Advanced Health Assessment. Faculty are assigned to clinical students on a 1:2 ratio per workload unit, and faculty student ratio at agency face to face site visits is 1:1.

The Director of the FNP program solicits faculty input regarding teaching preferences and assigns qualified faculty to meet the needs of the Department. The FNP Director and Assistant Director assign clinical faculty to supervise students at approved clinical sites (Clinical Affiliations:VRR). Final confirmation of teaching assignments rests with the Chair of the Department, with respect to University and CBA that guides faculty workload policies.

Faculty qualifications and previous teaching evaluations are carefully considered when hiring and assigning faculty to teach various courses. The faculty of record who teach FNP clinical courses are MSN or doctoral prepared and all hold national certification in the population in which they teach (Appendix 14: Site Faculty Expertise). All T/TT faculty who teach in the FNP program are doctoral prepared and have experience in research, teaching, and clinical practice. All clinical faculty have current unencumbered Advanced Practice Registered Nursing (APRN) CA license and are clinically current as nurse practitioners providing primary care to patients. (Appendix 14: FNP Faculty Expertise) The Dean supports faculty clinical practice in a letter of support (Appendix 13: Dean Letter of Support [NTF I.C]). Faculty supervision of clinical students is direct and indirect depending on clinical course, level of student competence and practice setting. Both the FNP Clinical Coordinator and clinical faculty act as a liaison to the various agencies, and the faculty of record evaluate student's progress weekly via Clinical Logs in Typhon, clinical assignments such as SOAP notes with MP3 recording of oral presentation with preceptor, and a minimum of one on site visit per semester. If there are issues at the site or concerns about the student's learning at a site, additional site visits or meetings will be scheduled. For on-campus clinical seminars/intensives (suturing, HIV, radiology, ortho) all available clinical faculty and all full time FNP faculty participate in the labs and simulated exams.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response:

All DON programs provide orientation to clinical preceptors using several modalities. Each preceptor is provided a Preceptor Packet where preceptor, student and faculty roles are described (Appendix 16, 17, 18: FNP Preceptor Handbook, FNP Pediatric Preceptor Handbook, FNP OB Preceptor Handbook). In BSN programs, preceptors are provided a face to face meeting with faculty, student and preceptor at the start of all clinical rotations (Appendix 19, 20: N414, N412P Preceptor/Site Practitioner Packets). The FNP program provides an orientation to preceptors with a preceptor packet as well as two online modules “Preceptor Pearls”. The program clinical faculty, provides oversight of the planning, implementation and evaluation of the precepted clinical learning experience. This includes clinical site visits, email, face to face, Zoom and/or phone consultations with preceptors and/or agency administrators. The students are responsible for evaluating both the site and preceptor at the end of each clinical rotation and faculty evaluate the student, clinical site and preceptor.

All preceptors utilized by the DON are vetted by program Directors with recommendations and approval of their role in supervising a student by their supervisor, experience of one-two years in the role, and verification of an unencumbered license(s) on the [CA BRN website](#). In the FNP program preceptors are required to sign a Letter of Agreement which delineates the time period and expectations of the preceptor (Preceptor Documents: VRR). The role of preceptor is defined in Appendices 1;16-19: Faculty Handbook and Preceptor Packet (BSN) and Preceptor Handbooks MSN/PMC. Expectations for teaching, supervision, feedback about student performance and communication with clinical faculty are included and in alignment with Department philosophy of student centered instruction and preparing our students to deliver the highest quality of patient care. In congruence with the SPE (Appendix 11), students and faculty evaluate preceptors every semester and make changes accordingly in the selection of preceptors as needed to improve student learning outcomes. Preceptors are also offered the opportunity to evaluate their experience as a preceptor for the Department including orientation to the role, clinical objectives and student performance expectations and communication with faculty. DON’s expected level of achievement for all clinical evaluations; student evaluation of preceptor, faculty evaluation of preceptor, and preceptor evaluation of preceptor experience, individual and aggregate averages will be a minimum of 90% effective or very effective.

BSN Program

At the start of the semester clinical faculty, preceptor, student and faculty meet in the agency to identify the roles of each party and review student performance expectations and learning outcomes and provide a hardcopy and electronic link to the Preceptor Packet, clinical syllabus with course objectives, and the clinical evaluation tool (VRR).

Preceptors provide feedback for student performance and written comments at midterm and final evaluation periods. (Appendix 19, 20). Student, faculty and DON contact information are provided and Incident Reporting procedures are reviewed. Clinical faculty contact preceptors via phone/email/zoom after two-three shifts to assess the preceptors' comfort in their role, answer any questions about student performance and get a preliminary report on how the student is developing their clinical skills. Faculty conduct clinical site visits (either via Zoom or face to face) at midterm to meet with preceptor and student and facilitate a constructive forum for feedback, and assure the student is on track in meeting clinical competencies. If a student is not meeting the expected clinical learning outcomes, faculty identify clinical teaching strategies for the preceptor to improve student learning, intervene directly to remediate the student, and in rare situations change clinical preceptors or sites to foster student success. At the end of each course that includes preceptors, faculty make recommendations for whether or not to use the preceptors for future students.

MSN/FNP and PMC FNP Program

The FNP Director works in conjunction with the FNP Clinical Coordinator to assure all students are placed with an appropriate primary care preceptor and clinical site. Each preceptor is vetted, their CV is reviewed for certification/education for the population specific specialty, licensure is verified by [BreEZe](#) and checked for an unencumbered license. The FNP Program follows the clinical preceptor model. Preceptors are licensed as nurse practitioners (NP), physicians, Certified Nurse Midwives (CNM) or Physician Assistant (directly supervised by a physician), and work in primary care settings (family practice, adult medicine, pediatrics, OB/GYN). NPs and CNM are masters prepared and a majority of NP clinical preceptors are nationally certified. (Preceptor Documents: VRR)

II-G. 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 (whether full-time, part-time, adjunct, or other) and in support of the mission, goals, and expected faculty outcomes.

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

Program Response:

The expectations for faculty related to teaching, scholarship and service are clearly outlined in [University policies](#) as well as within the DON RTP Criteria (Appendix 4) and Faculty Handbook (Appendix 1). Part-time faculty have specific criteria for expected outcomes which are found on the [Faculty Affairs website](#) for temporary faculty. The University supports teaching, scholarship and research through several entities including [Information Technology](#) (IT), the [Office of Research and Sponsored Programs](#) (ORSP), the [Center for Teaching and Educational Technology](#) (CTET), the [CSU Institute for Teaching and Learning](#), and the [CSU Faculty Development website](#).

The IT Department offers the following support services:

- Consultation, workshops and collaboration on classroom design that facilitates effective learning experiences and environment
- Video conference systems for distance learning (web-streaming)
- Instructional equipment loans (laptop computers and video/data projectors, digital cameras, camcorders, digital audio recorders (NTF, IV.A)

The [ORSP](#) assists faculty in the following ways:

- Assisting faculty and staff in developing and administering federal, state and privately funded projects
- Seeking funding sources, offering grant-related workshops, assisting with proposal development and submission, interpreting agency guidelines and policies
- Assisting with staff recruitment, and purchasing support for funded projects
- Accounting and financial reporting support for research and project funds
- ORSP Training, related to funding/grants etc. (NTF, IV.A)

The CTET provides sufficient and continued support in the effective uses of technologies for enhancing learning, facilitating research, and supporting strategic University initiatives. The CTET fosters teaching excellence in the design, development, and effective use of learning environments and educational media and offers a variety of faculty focused support services, training, workshops and some stipended projects with individualized support. CTET offers LMS (Canvas) support with self-paced tutorials, and one on one appointments to migrate materials from one course to another. The ORSP offers workshops for poster development and presentation, with focused workshops scheduled prior to the Faculty/Graduate Student Research and Creative Works Showcase each spring..

The DON has a sufficient librarian and library services for both Nursing faculty and students. The Librarians are available to assist faculty in embedding library resources in the LMS, developing course specific materials to facilitate student access to literature sources, and are available to assist faculty with literature reviews and to obtain needed materials for research. Additionally they work closely with nursing faculty to develop library-based “libguides” focused on specific nursing research and evidence-based practices processes. (NTF, IV.A)

The CSTB has a Professional Development Committee that provides funding for faculty to engage in scholarly activities including presenting at or attending conferences, or covering costs associated with furthering their research program. Priority for funding is given to junior faculty who are developing their program of scholarship. The MSN/FNP and PMC/FNP has been awarded state grant funding from [HCAI/Song Brown](#) for the past two decades and a portion of this is used to support FNP faculty in attending the annual [California Association of Nurse Practitioner](#) conference. Scholarly works are expected, in addition to 12 units of teaching and service to the School and University. The current CBA provides a reduced teaching load from 12 to 9 units for TT faculty for the first four semesters of their appointment. This provides new TT faculty the opportunity to establish their research trajectory. DON Faculty are proud of their scholarly accomplishments, and frequently display these on the walls of the Department.

Faculty practice, though not required for all faculty, is supported through a flexible schedule that allows opportunity for clinical currency (NTF I.C). NP faculty may partially fulfill clinical practice requirements to maintain national NP certification and to meet CA BRN requirements for recent clinical practice during non instructional days in the academic year, or during inter-sessions or summers. There is no faculty practice plan within the University (NTF, I.C; NT, V.A3).

Faculty are well supported by the DON to provide service to the Department, School, University and the community. Faculty serve on area boards, advisory committees, and professional groups (Appendix 7: Faculty on Committees). Faculty and alumni participate in SSU’s Lambda Gamma chapter of Sigma International, which has funding for research and scholarly presentations, provides opportunities for professional development, mentorship into leadership roles, as well as local and regional opportunities for faculty to present their scholarship.

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;
- are congruent with the roles for which the program is preparing its graduates; and • consider the needs of the program-identified community of interest.

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 in DON programs are guided by nine foundational concepts derived by faculty, drawn from the Humanistic Nursing Theory (HNT): human caring, critical thinking, communication, advocacy/social justice, teaching/learning, professionalism, leadership, research/evidence-based practice, and cultural competency (Appendix 2: Nursing Student Handbook). The philosophy derived from HNT is the basis of course objectives in every class syllabi and reflect Department Mission and Goals (Appendix 22: Example DON Syllabus). The terminal objectives for the two levels of nursing education, BSN and MSN, demonstrate preparation of graduates for today's roles and are congruent with both the DON's vision and address the expectations and needs of our Community of Interest (COI).

BS Nursing Program

The purpose of the [Pre-Licensure BSN Program](#) is to prepare RN's for entry level BSN professional practice and meet the needs of our Col. The purpose of the [Post-Licensure BSN Program](#) is to advance the ADN prepared RNs as leaders with population-based competencies acquired with a working knowledge of policy and a deeper understanding of their role in addressing health disparities. The Col demand for increasing BSN's in the region is partially addressed by the CNECM program to increase the number of BSNs. The CNECM program serves ADNs and meets employer requests in the region by offering a seamless and successful program for ADNs in our service area to earn their BSN.

SLOs have been developed in each course, define measurable unit-level learning expectations and meet course objectives which are statements that define what students who complete the course will have learned. Curriculum is influenced by the needs identified by our Col, the DON Mission is also reflected in the terminal objectives which students demonstrate on completion of the program (Appendix 2).

TABLE: III.A.1 *Examples of Congruence BSN Student Learning Outcomes, Corresponding Course Objectives and Program Mission and Goals*

Course	Student Learning Outcome	Course Objective	Congruence with Program Mission & Goals
N310: Nursing Research and Evidence Based Practice	<p>Utilize skills of inquiry, analysis and information literacy to address practice as a registered nurse.</p> <p>Integrate the knowledge and methods of a variety of disciplines to inform decision making</p> <p>Evaluate the credibility of sources of information, including but not limited to databases and internet resources</p> <p>Evaluate data from all relevant sources, including technology, to inform the delivery of care</p>	<u>Critical Thinking</u> : Compare and contrast evidence using traditional and digital sources, for the purpose of advancing health potentials for groups of clients.	Lifelong Learning, Connectivity, Adaptability, and Responsiveness
N412: Community /Public Health Nursing Theory	<p>Discuss key aspects of successful community health program planning</p> <p>Identify influences on health care and population focused care</p> <p>Navigate ethical priorities for C/PHN's</p> <p>Effectively intervene in correcting health disparities.</p> <p>Identify environmental health responsibilities in the C/PHN role.</p> <p>Determine health status and priorities for promoting healthy communities.</p> <p>Advocate for environmental justice on behalf of communities in need</p> <p>Effectively plan and</p>	<u>Advocacy/Social Justice</u> : Supports moral and ethical professional standards by striving for cultural competency in promoting and protecting clients in diverse populations.	Diversity and Social Justice, Connectivity and Community Engagement, Active Citizenship

	mitigate public health consequences of disaster.		
N301: Nursing Care of the Adult I	Effectively plan and mitigate public health consequences of disaster. Practices effective communication within a hierarchical agency structure Develops effective verbal communication with all members of the health care team. Demonstrates accurate and professional written communication and clinical documentation and dissemination of information to the healthcare team. Practices effective communication skills including acceptance of feedback from faculty and colleagues.	Communication: Theory: Discuss and affirm communication techniques to ensure meaningful dialogue between the patient, family nurse and community; ensure collaborative care and acknowledging culture and diversity in the care of the older adult population. Clinical: Demonstrates effective communication with clients and families in collaboration with the health care team in order to facilitate patient centered care and interprofessional collaboration using the principles of dialogue, presence and response.	Professional Leadership, Engagement, Connectivity, Sustainability

MS Nursing Program (MSN)/Post Master's Certificate (PMC)

The DON currently offers one graduate concentration: MSN(FNP) and one PMC/FNP. Graduates from both programs meet eligibility criteria to sit for the FNP (Family Nurse Practitioner) national certification exams with either [The American Academy of Nurse Practitioners Certification Board](#) (AANP) or the [American Nurses Credentialing Center](#) (ANCC) upon program completion. The purpose of the MSN and PMC programs are to prepare BSN and MSN prepared RN's for advanced practice roles as FNPs. In each course, SLO's have been developed and define measurable unit-level learning expectations that meet course objectives. Course objectives are statements defining what students who complete this course will have learned. Upon completion of all course objectives, terminal (program) objectives will be met. Curriculum is influenced by the requirements outlined by the California Board of Registered Nursing, Commission on Collegiate Nursing Education (CCNE), and the National Organization of Nurse Practitioner Faculty (NONPF), and our COI. Our Mission is also reflected in the terminal objectives which students will demonstrate upon completion of the coursework as proscribed.

The MSN and PMC FNP programs have been delivering a hybrid LMS based program for over 30 years, allowing bachelor and masters prepared nurses to remain in their communities and places of employment while remotely continuing their education to become APRN in rural and frontier locations throughout Northern California. The FNP curricula terminal objectives ensure students will achieve safe primary care practice competencies in contemporary health care environments.

All MSN/FNP courses have been mapped to reflect AACN MSN Essentials (2011) SLOs and learning activities, corresponding course objectives to align with the Department's Mission and Goals to prepare the student for the

APRN role (Appendix 23: MSN/PMC/FNP Essentials Mapping). Plans and actions are already being taken to update the curriculum and mapping to reflect the more recent 2022 AACN Essentials.

Table III.A.2: *Examples of Congruence of MSN/PMC Student Learning Outcomes and Corresponding Course Objectives*

Course	Student Learning Outcome	Course Objective	Congruence with Program Mission and Goals
N501: Health Promotion: Righting Disparities Didactic Course	<p>Begin to assess, develop, and implement health promotion plans for clients in all developmental stages of life in primary care settings. Examines major health related behaviors that contribute to a less than optimum health status.</p> <p>Assess health risks, begin to initiate strategies and identify community agencies and resources which assist clients in modifying risk factors which can lead to disharmony of body, mind and spirit.</p> <p>Begin to understand, recognize and analyze the relationships of family/group affiliation dimensions to health and illness.</p> <p>Begin to expand and utilize knowledge of culture, social, economic, political, environmental, epidemiological, and genomic variables to promote understanding and modify patterns of behaviors affecting health.</p> <p>Begins to understand the relationship of meaningful use technology as it relates to client safety and evidence outcomes (HER, USPSTF, Census data).</p>	<p>Human Caring: Develop intersubjective, nurturing relationships with clients throughout the lifespan that support the fulfillment of growth potential; focus on health promotion in individuals, families and communities.</p> <p>ME: I.1-6, V. 2-3, V.6:</p>	Contributing to the health and well-being of the community within a perspective of the world at large. Have a broad cultural perspective.

<p>N540A: Patho-physiological Concepts in Diagnosis and Management Didactic</p>	<p>Critically evaluate health care situations in both acute and non-acute setting of patients throughout the lifespan</p> <p>Perform diagnostic reasoning to rule in/rule out differential diagnoses that are pertinent to a client with a presenting chief complaint.</p> <p>Order and interpret pertinent diagnostic tests and medication prescriptions pertinent to the client's physiological, financial, and cultural needs.</p> <p>Perform critique of evidence derived for clinical practice resources and apply appropriate practice guidelines to improve care of the client.</p>	<p><u>Critical Thinking:</u> Acquire knowledge to critically evaluate health care situations in the Primary Care Setting in clients throughout the lifespan by implementing appropriate diagnoses and treatment in the provision of professional advanced nursing care. ME: II. 4-5; IV.1, IV.4-6.</p>	<p>Foundation for Lifelong learning, Connectivity, Adaptability, and Responsiveness</p>
<p>N549 Health Promotion Practice in Primary Care Lab and Clinical Course</p>	<p>Establish a professional relationship with Preceptor, staff and clients.</p> <p>Understands the process of clinical decision-making required to: collect a comprehensive and appropriate history, perform a thorough screening physical exam, interpret finding from the physical exam accurately, and identifying normal, normal variant and pathological findings</p> <p>Identify probable health risks.</p> <p>Consider screening procedures and dx tests appropriate for the risk profile identified.</p> <p>Develops a plan that supports the clients' multiple dimension and uniqueness with focus on health</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the lifespan. That supports the fulfillment of growth potential focus on health promotion in individuals, families and Communities. ME: I.2, VIII.5, IX.1, IX.13</p> <p><u>Communication:</u> Identify the needs of clients throughout the life span through a live dialogue (authentic) that includes, meeting related presence and emphasizes and acknowledges the relationships of personal and family dimensions to health. ME: III.8; VII.1,VII.3, VII.4, VII.6</p>	<p>Contributing to the health and well-being of the community within a perspective of the world at large. Have a broad cultural perspective.</p> <p>Professional Leadership, active citizenship, Engagement, Connectivity, Sustainability</p>

	<p>education and support for behavior changes as necessary.</p> <p>Develops understanding of cultural impact and responds to the unique health care needs and challenges of underserved populations. Including psychosocial care, counseling, and referral when appropriate follow-up of client</p>		
--	---	--	--

III-B. Baccalaureate 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).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

The DON's nine foundational concepts along with professional nursing practice competencies are reflected in the course objectives for the learning outcomes and the terminal objectives of the BSN program. Course objectives are listed in every syllabi and are clearly mapped with the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN 2008) and PHN Competencies (2013). Additionally, activity level SLO's with corresponding assignments outlined in each syllabus assure evaluation of student progression in meeting objectives of the course. Appendix 25, 26 (BE MAP for Pre-Licensure and Post Licensure BSN) portrays how Baccalaureate Essentials's (BE) are met with the BSN course objectives and terminal objectives. In addition to the BE's, several other PSNG's inform the BSN curriculum including CA BRN curricular content requirements, the National Council of State Boards of Nursing (NCSBN) RN Test Plan, [The Code of Ethics with Interpretive Statement](#) (ANA, 2015); [Future of Nursing: Charting a Path to Achieve Health Equity](#) (IOM 2021), and the *Humanistic Nursing Theory (HNT)* (Paterson & Zderad, 1988) which are integrated throughout the program. BSN PNSG's are reflected in the application of the [Public Health Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing \(2013\) \(PE\)](#) and The [Quad Council Coalition Community/Public Health Nursing Competencies](#) (2018). Note that faculty have been actively working toward curricula revision to align with most current AACN Essentials (2022), planning to implement in 2025.

Table III.B.1 *Examples of BSN Course Objectives in Correlation with Baccalaureate Essentials and Public Health Guidelines*

Course	Course Objective (CO)	Baccalaureate Essentials (BE) Public Health Nursing Competencies (PE)
N301: Nursing Care of the Adult I	<u>Communication:</u> <u>Theory:</u> Discuss and affirm communication techniques to ensure meaningful dialogue between the patient, family, nurse, and community ensuring collaborative care and acknowledging culture and diversity in the care of the adult and older adult population. Clinical: Demonstrates effective communication with clients and families in collaboration with the health care team in order to facilitate patient centered care and inter-professional collaboration using the principles of dialogue, presence and response.	BE.1. Liberal Education for BSN generalist nursing: Use written, verbal, nonverbal and emerging technology methods to communicate effectively BEII.7. Collaborate in the collection, documentation and dissemination of evidence BE IV.1 Demonstrate skills in using patient care technologies, information system, and communication devices that support safe nursing practice BE IV.2 Use telecommunication technologies to assist in effective communication in a variety of healthcare settings BE IV.4 Understand the use of CIS system to document interventions related to achieving nurse sensitive outcomes. BE VI.2 Use inter and intra-professional communication and collaborative skills to deliver evidence based, patient centered care BE VI.3 Incorporate effective communication techniques including negotiation and conflict resolution to produce positive professional working relationships. BE VI.4 Contribute the unique nursing perspective to inter-professional teams to optimize patient outcomes. BE VIII.6 Reflect on one's own beliefs and values as they relate to professional practice BE VI.7 Identify personal, profession and environmental risks that impact personal and professional choices and behaviors. BE IX.4 Communicate effectively with all members of the healthcare team, including the patient and the patient support network
N310: Nursing Research and Evidence Based Practice	<u>Critical Thinking:</u> Compare and contrast evidence using traditional and digital sources, for the purpose of advancing health potentials for groups of clients.	BE I.3 Use skills of inquiry, analysis and information literacy to address practice issues. BE I.7 Integrate the knowledge and methods of a variety of disciplines to inform decision making. BE III.4 Evaluate the credibility of sources of information, including but not limited to database and internet BE IV.6 Evaluate data from all relevant sources, including technology, to inform the delivery of care
N412: Community /Public Health Nursing Theory	<u>Advocacy/Social Justice:</u> Supports moral and ethical professional standards by striving for cultural competency in promoting and protecting clients in diverse populations.	BE I.8 Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare program BE II.1 Apply leadership concepts, skills and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings BE II.2 Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement

		<p>initiatives within the context of the inter-professional team</p> <p>BE III.5 Participate in the process of retrieval, appraisal and synthesis of evidence in collaboration with other members of the healthcare team to improve patient outcomes</p> <p>BE IV.1 Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practices</p> <p>BE V.9 Use an ethical framework to evaluate the impact of social policies on healthcare, especially for vulnerable populations</p> <p>BE VII.7 Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.</p> <p>BE VII.8 Assess the health, healthcare, and emergency preparedness needs of a defined population</p> <p>BE VII.9 Use clinical judgment and decision-making skills in appropriate, timely nursing care during disaster, mass casualty, and other emergency situations.</p> <p>BE VII.10 Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death</p> <p>BE VII.11 Participate in clinical prevention and population-focused interventions with attention to effectiveness, efficiency, cost-effectiveness, and equity</p> <p>BE VII.12 Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities</p> <p>BE IX.3 Implement holistic, patient centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health illness continuum, across the lifespan, and in all healthcare settings</p> <p>BE IX.8 Implement evidence based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan</p> <p>BE IX.13 Revise the plan of care based on an ongoing evaluation of patient outcome</p> <p>PE I.5 Utilize the social and ecological determinants of health to work effectively with diverse individuals, families and groups</p> <p>PE II.1 Apply systems theory to PHN practice with individuals, families and groups</p> <p>PE III.1 Identify the determinants of health and illness of individuals and families using multiple sources of data</p>
--	--	---

		<p>PE III.2 Use epidemiologic data and the ecological perspective to identify health risks for a population</p> <p>PE IV.5 Understand methods and practices used to identify and access public health information for individuals, families, and groups</p> <p>PE V.2 Identify the impact of the system on individual, families, and groups</p> <p>PE VII.2 Collaborate with community partners to promote the health of individuals and families within the population</p> <p>PE VII.3 Practice evidence-based public health nursing to promote the health of individuals families and groups</p> <p>PE VII.4 Partner effectively with key stakeholders and groups in care delivery to individuals, families and groups</p> <p>PE VIII.4 Identifies opportunities for population focused advocacy for individuals, families and groups.</p>
--	--	--

III-C. Master's 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).

- **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.**
- **All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)?is this the correct year?) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (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.*

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response:

In the MSN FNP curricula, integration of the *Master's Essentials* in each course is enumerated on the curricula mapping and in each syllabus (Appendix 23: MSN FNP Essentials Map). *The Criteria for Evaluation of Nurse Practitioner Program* (2017) are incorporated throughout the program (Appendix 27: SSU NTF Criteria Worksheet). All NP students complete advanced practice core courses in Advanced Health Assessment (NURS 509), Pathophysiology in Primary Care (NURS 540A/NURS 540B) and Pharmacology in Primary Care (NURS 552). (FNP Program Binder: RR)

The DON's nine foundational concepts along with professional practice competencies are reflected in the SLOs, course objectives, and the terminal objectives of the MSN program. Course objectives are listed in every syllabus and are clearly mapped with the AACN Master's Essentials (2011) and National Organization of Nurse Practitioner Faculty Core and Population based competencies (FNP Program; Table of Courses Mapped to PNSG: VRR). Additionally, activity level SLO's and assignments outlined in each syllabus reflect and assure evaluation of student progression in alignment with the course objectives. The MSN FNP Program curriculum provides the theoretical knowledge and clinical skill base for advanced primary care practice across the lifespan with a family emphasis. Additional APRN core content specific to the role and population is integrated throughout the curriculum as evident in Research & Theory Applied to Primary Care (N560), Health Promotion: Righting Health Disparities (N501), Advanced Nursing Practice in Primary Care (N562) and Health Policy and Advocacy in Primary Care (564). (FNP Program: VRR)

The course objectives, SLO's and learning activities in all MSN FNP courses align and are mapped with the Department's HNT conceptual framework and comply with the Essentials of Master's Education in Nursing (2011), The Criteria for Evaluation of Nurse Practitioner Programs (NTF 2016) and NONPF Core Competencies Content (2017) and The Family-Across the Lifespan Population-Focused Competencies (2013) (Appendices 23-24: MSN Essential mapping).

Table III. C.1 *Examples of Student Learning Outcomes and Corresponding Course Objectives Outcomes*

Course	Course Objective	Masters Essentials
N501: Health Promotion: Righting Disparities Didactic Course	Human Caring: Develop intersubjective, nurturing relationships with clients throughout the lifespan that support the fulfillment of growth potential; focus on health promotion in individuals, families and communities	ME.I.1 Integrate nursing and related science into the delivery of advanced nursing care to diverse populations ME.I.2 Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families and communities while accounting for patient values and clinical judgment ME.I.3 Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing and organizational sciences. ME.I.4 Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery ME.I.5 Synthesize evidence for practice to determine appropriate application of interventions across diverse

		<p>populations.</p> <p>ME.I.6 Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.</p> <p>ME.V.2 Evaluate outcome data using current communication technologies, information systems and statistical principles to develop strategies to reduce risks and improve health outcomes.</p> <p>ME.V.3 Promote policies that incorporate ethical principles and standards for the use of health and information technology</p> <p>ME.V.6 Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others</p>
<p>N540A</p> <p>Pathophysiological Concepts in Diagnosis and Management Didactic</p>	<p><u>Critical Thinking:</u></p> <p>Critically evaluate health care situations in the Primary Care Setting in clients throughout the lifespan by implementing appropriate diagnoses and treatment in the provision of professional advanced nursing care.</p>	<p>ME.I.1 Integrate nursing and related science into the delivery of advanced nursing care to diverse populations</p> <p>ME.I.4 Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery</p> <p>ME.I.5 Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.</p> <p>ME.IV.1 Integrate theory, evidence, clinical judgment, research and inter-professional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates</p> <p>ME.IV.4 Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge, dissemination and planning and evaluation knowledge implementation.</p> <p>ME.IV.5 Apply practice guidelines to improve practice and the care environment.</p> <p>ME.IV.6 Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.</p>
<p>N549 Health Promotion Practice in Primary Care Lab and Clinical Course</p>	<p><u>Communication:</u> Identify the needs of clients throughout the life span through a live dialogue (authentic) that includes, meeting relating presence and emphasizes and acknowledges the relationships of personal and family dimensions to health.</p>	<p>ME.V.4 Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes</p> <p>ME.V.5 Use information and communication technologies, resources and principles of learning to teach patients and others</p> <p>ME.V.6 Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others</p> <p>ME.VII.4 Use effective communication strategies to</p>

		develop, participate and lead inter-professional teams and partnerships ME.IX.4 Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes
--	--	--

III-D. DNP 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).

- **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.**
- **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (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 deems this necessary.

Program Response: N/A

III-E. Post-graduate APRN certificate program 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). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (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 certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

The PMC FNP Program curriculum provides the theoretical knowledge and clinical skill base for advanced primary care practice across the lifespan with a family emphasis. Each PMC student brings a unique perspective and personal/professional developmental level to the learning milieu. In the PMC FNP Program, the curriculum was adjusted from a 46 unit program to a 36 unit program which takes into account the prior learning of the student with respect to the Masters of Nursing degree from an accredited nursing program (ACEN or CCNE). In the admissions process, the PMC applicant's transcript is reviewed for evidence of coursework that is foundational in the MSN-FNP curriculum; N560 Research and Theory in Primary Care and N564 Health Policy and Advocacy in Primary Care. If there is any question regarding the course content, the applicant has the choice to provide the syllabi for evaluation or complete N560 and N564. Previous knowledge gained from their MSN related to health policy, health related theory and research is essential for PMC FNP students to develop plans of care for their patients which incorporates these content areas. For example requiring knowledge of evidence-based practice and an understanding of content such as Change Theory, as foundational underpinnings to facilitate competence in the Master's Essentials. An additional difference in the PMC curriculum is the Observed Structured Clinical Exam (OSCE). The PMC-FNP students complete the OSCE-Culminating Clinical Practicum Exam but are not required to complete the MSN Culminating paper related to the application of Research/Theory and Policy/Advocacy. The PMC FNP program acknowledges the previously earned MSN degree as evidence of achievement of the MSN project learning outcomes in Research/Theory and Policy/Advocacy to APRN practice. (FNP Program:VRR)

The PMC FNP program is evaluated and approved by the CA BRN and meets the identified codes and statutes

to qualify for licensure as a Nurse Practitioner in California ([Title 16, California Article 8: 1484](#)). Graduates are also eligible to be granted a CA BRN Furnishing number to prescribe pharmaceuticals and devices commensurate with the APRN practice role in California. (Appendix 15: BRN SSU MSN/PMC FNP Approval Letter) PMC/FNP graduates are eligible to take national FNP certification exams offered by the ANCC and the AANP. Additional APRN core content specific to the role and population is integrated throughout the curriculum with a foundation provided in their first course: Health Promotion: Righting Disparities (N501) and Advanced Nursing Practice in Primary Care (N562).

All PMC FNP courses have been mapped and course objectives, terminal objectives and learning activities align with the Department's HNT Conceptual Framework and comply with The Essentials of Master's Education in Nursing (2011), The Criteria for Evaluation of Nurse Practitioner Programs (NTF 2016) and The National Organization of Nurse Practitioner Faculty Core Competencies Content (2017) and The Family - Across the Lifespan Population-Focused Competencies (2013) (Appendix 23a-24a: ME Mapping PMC FNP, PNSG's PMC Curriculum Mapping).

Table III. E.1 *Examples of Student Learning Outcomes and Corresponding Course Objectives Outcomes*

Course	Course Objective	Masters Essentials
N501 Health Promotion: Righting Disparities Didactic Course	Human Caring: Develop intersubjective, nurturing relationships with clients across the lifespan that support the fulfillment of growth potential focus on health promotion in individuals, families and communities	<p>ME.I.1 Integrate nursing and related science into the delivery of advanced nursing care to diverse populations</p> <p>ME.I.2 Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families and communities while accounting for patient values and clinical judgment</p> <p>ME.I.3 Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing and organizational sciences.</p> <p>ME.I.4 Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery</p> <p>ME.I.5 Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.</p> <p>ME.I.6 Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.</p> <p>ME.V.2 Evaluate outcome data using current communication technologies, information systems and statistical principles to develop strategies to reduce risks and improve health outcomes.</p> <p>ME.V.3 Promote policies that incorporate ethical principles and standards for the use of health and information technology</p> <p>ME.V.6 Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others</p>

<p>N540A Pathophysiological Concepts in Diagnosis and Management. Didactic</p>	<p><u>Critical Thinking:</u> critically evaluate health care situations in the Primary Care Setting in clients throughout the lifespan by implementing appropriate diagnoses and treatment in the provision of professional advanced practice nursing care.</p>	<p>ME.I.1 Integrate nursing and related science into the delivery of advanced nursing care to diverse populations ME.I.4 Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery ME.I.5 Synthesize evidence for practice to determine appropriate application of interventions across diverse populations. ME.IV.1 Integrate theory, evidence, clinical judgment, research and inter-professional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates ME.IV.4 Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge dissemination and planning and evaluation knowledge implementation. ME.IV.5 Apply practice guidelines to improve practice and the care environment. ME.IV.6 Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.</p>
<p>N549 Health Promotion Practice in Primary Care Lab and Clinical Course</p>	<p><u>Communication:</u> Identify the needs of clients throughout the life span through a live dialogue (authentic) that includes, meeting relating presence and emphasizes and acknowledges the relationships of personal and family dimensions to health.</p>	<p>ME.V.4 Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes ME.V.5 Use information and communication technologies, resources and principles of learning to teach patients and others ME.V.6 Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others ME.VII.4 Use effective communication strategies to develop, participate and lead inter-professional teams and partnerships ME.IX.4 Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes</p>

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

- **Baccalaureate curricula build on 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 degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-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 nursing knowledge.

Graduate programs 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. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the 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 the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, in Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

The liberal arts education at SSU (Appendix 28: [48 Unit GE Pattern A-F](#)) prepares students and graduates to work effectively with a wide diversity of clients in various settings. As a [Hispanic Serving Institute](#), SSU has an increasingly diverse student population which provides a rich opportunity for our nursing students who participate in campus activities. The liberal arts courses expose our students to differing opinions and cultural variations that stretch beyond race and ethnicity, exposing learners to diversity that spans sexual orientation, culture, socio-economic background, and health seeking beliefs. Students are able to share these experiences throughout the program during classroom, online, and clinical discussions.

BSN Program

The Pre-Licensure program builds on the completion of undergraduate general education (GE) requirements including eight required prerequisites (English, critical thinking, speech, integrated chemistry, anatomy, physiology, microbiology and statistics). (Table III-F-1: [Four Year Pre-Licensure BSN Plan](#)). The revised 48 unit [GE pattern](#) was implemented for pre-licensure nursing students in Fall 2020, and for Post-Licensure nursing students in Fall 2021.

The CSU requirements for baccalaureate graduates includes a [graduation writing assessment requirement \(GWAR\)](#). In the Nursing program the GWAR has been met through Writing Intensive Courses (WIC) that incorporate specific writing instruction and structured writing activities. NURS301 (taken during the first semester of the Pre-Licensure Program) and NURS312 (the first course taken by Post-Licensure BSN students) were developed as WIC in 2018, and 2016 respectively. In 2023, an option to meet GWAR included a Writing Enriched Course (WEC) where students may demonstrate writing competency. It had been determined through student and faculty evaluation

processes that NURS301 was not the best fit for the requisite intensive, scaffolded writing instruction of the WIC, and therefore NURS310 was identified as a WEC that offered students more writing opportunities, and meets the GVAR and overall student competencies in writing. NURS312 continues to be offered as a WIC for Post-Licensure BSN students, with good successes and notable improvements in student writing skills throughout the program.

Prerequisite science courses provide the foundational information required to understand the holistic concepts of the human body, mind, and spirit. The liberal arts GE courses assist the students in oral and written communication, organization of thoughts, and critical thinking. The inclusion of Psychology, Sociology, American Institutions, and Ethnic Studies coursework along with other GE courses expand students' ability to understand variance of human responses, to place behaviors and events in broader context, and expand their perspective as a result of exposure to other cultures. The Pre-Licensure curriculum builds from care of the individual, to family, to sub-populations and communities. The first semester curriculum for the Pre-Licensure Program begins with Nursing Care of Adult I (N301) and Psychiatric and Mental Health Nursing (N304), which provides an important foundation of holistic nursing care and is applied across clinical experiences in the program. In the second semester students have Maternal and Women's Health Care (N303), which is an opportunity to provide care to younger healthy women and their newborns, with a lower level and frequency of procedural skills. Nursing Care of the Adult I, II, III (NURS 301, 302, 407) builds upon knowledge obtained in the first through third semesters and includes content on the young adult, adult and gerontology patients. Content on gerontology is threaded throughout several courses all meeting the gerontologic competency requirements of the CA BRN. (Pre-licensure Program; BRN Content Mapping: VRR)

Table III-F-1 *Pre-licensure BSN Curriculum 4 Year Plan*

PRE-NURSING TRACK	
Freshman Year Fall Semester	Units
BIOL 115 Intro to Biology (GE Area B2)	3
CHEM 105 Elem of General, Organic & Biochemistry (GE Area B1+B3 lab)	5
GE, A2 Written Communication (<i>Stretch option = 2 semester</i>)	3
MATH 165 Statistics (GE Area B4) (<i>Stretch option = 2 semester</i>)	4
(Only 9 units of area B count for GE of the 12) GE Units: 9	Total Units: 15
Freshman Year Spring Semester	Units
BIOL 220 Human Anatomy	4
GE, A3 Critical Thinking	3
GE, A1 Oral Communication	3
GE, C1 or C2 Arts or Humanities	3
GE, LD D Social Sciences, AI Overlay	3

	GE Units: 12	Total Units: 16
Sophomore Year Fall Semester		Units
BIO 224 Human Physiology		4
PSY 250 Intro to Psychology (GE Area LD D)		3
GE, C1 or C2 Arts or Humanities		3
GE, C1 or C2 Arts or Humanities		3
NURS 290 Intro to Nutrition (GE Area E)		3
	GE Units: 12	Total Units: 16
Sophomore Year Spring Semester		Units
BIO 240 General Microbiology		4
GE, F		3
GE, LD D Social Sciences, AI Overlay		3
Elective - EDEC 250 (Recommended)		3
	GE Units: 6	Total Units: 13
	Total GE Units: 39	Total: 60

PRE-LICENSURE PROGRAM	
Junior Year Fall Semester	Units
NURS 301 Nursing Care of Adult I [Theory (5)/Clinical (4)]	9
NURS 304 Psychiatric & Mental Health Nursing [Theory (4)/Clinical (2)]	6
	GE Units: 0
Junior Year Spring Semester	Units
NURS 302 Nursing Care of Adult II [Theory (4)/Clinical (2)]	6
NURS 305 Maternity & Women's Health Care [Theory (4)/Clinical (2)]	6

NURS 310 Nursing Research & Evidence Based Practice [Theory (3)] (GE Area UD B)	3
UDGE Units: 3	Total Units: 15
Senior Year Fall Semester	Units
NURS 407 Nursing Care of Adult III [Theory (3)/Clinical (3)]	6
NURS 409 Nursing Care of Child in Family [Theory (4)/Clinical (2)]	6
GE, UD C NURS 370 or NURS 490 (Recommended)	3
UDGE Units: 3	Total Units: 15
Senior Year Spring Semester	Units
NURS 410 Nursing Power, Policy & Politics [Theory (5)]	5
NURS 412 Community/Public Health Nursing [Theory (3)/Clinical (2)] (GE UD D)	5
NURS 414 Clinical Nursing Preceptorship [Theory (1)/Clinical (4)]	5
Total UDGE Units: 3	Total Units 15
GE Total: 48	BSN Total: 120

The Post-Licensure BSN Program builds on the completion of the ADN degree, and students have obtained generalist nursing skills and passed their NCLEX. ADN students have completed lower division GE course requirements and the program curriculum fosters an expansion of learning to broader applications. CSU "System-wide Nursing Policy - Executive Order 1084" (2013) requires that RN-BSN curriculum is new content and does not duplicate pre-licensure education. The [ADN-SSU BSN Road Maps](#) clearly outline the program curriculum sequence and GE requirements from Associates to Bachelor degree. Progressing from the ADN, students engage in BSN foundational knowledge acquisition during the summers between their 1st and 2nd year in their ADN program, and skill building is the focus in 2nd summer. Students then matriculate to complete two full semesters at SSU to earn their BSN. The University graduate writing competency requirements are met with NURS312WIC at the start of the program, which sets students up for successful writing through the rest of their BSN education, and nursing career. The Baccalaureate Perspective courses (NURS312 and NURS313) are followed by further knowledge acquisition, skill building and application in fall and spring semesters with population based framework in Community/Public Health Nursing (N412), the exploration of evidence-based practice (NURS310), health policy (NURS 410) and synthesizing their knowledge with a capstone experience (NURS416) in which they apply the various concepts learned and complete a service learning project in their community.

Table III-F-2: *Post-Licensure BSN Program Curriculum*

Admission to program while in ADN	Units
--	--------------

Summer between 1 st and 2 nd Year of ADN Program	NURS 312 Baccalaureate Perspectives I	4
Summer following Graduation from ADN Program	NURS 313 Baccalaureate Perspectives II	4
Transfer Credit From Community College Applied Toward BSN		70
Up to 20 units upper division Nursing credit awarded for NCLEX-RN based on transcript evaluation		20

After ADN and RN Licensure - Matriculation to SSU			
Fall Semester		Spring Semester	
NURS310* Nursing Research & Evidence Based Practice	3	NURS 410 Nursing Power, Policy and Politics	5
NURS 412* Community/Public Health (theory 3/clinical 2)	5	NURS 416 Application of Baccalaureate Perspectives (Clinical)	3
UDGE Area C or Elective	3	UDGE Area C or Elective	3
Total	11	Total	11
Total BSN = 120 units			
*NURS310 meets UDEGE Area B, NURS412 meets UDEGE Area D			

Both BSN tracks (pre-licensure and post-licensure) require 5 units of Community/Public Health that meets the AACN PHN competencies (2013), and graduates can receive a designation of Public Health Nurse (PHN) certification from the CA BRN, and are well prepared to meet the emerging needs of population based healthcare (Appendix 25, 26).

MSN/PMC FNP Program

The MSN-FNP Program builds on baccalaureate education for MSN-FNP students and leads to an advanced practice nursing role as a FNP. The PMC-FNP program recognizes the previous education of the students who have earned their MSN and are able to apply the concepts of research, ethics and health policy and build upon these in the context of the advanced practice role. The MSN-FNP and PMC-FNP graduate curriculum is designed to meet the needs of adult learners and working nurses.

The curriculum is designed so that the student develops increasing knowledge and skill over the span of the program. Didactic courses build on knowledge and are taken concurrently with the appropriate clinical skill level coursework so that theoretical knowledge can be applied and melded with clinical skills and learning. (MSN/FNP Full-Time and Part-Time [curriculum plan and progression](#)). See Tables III-F-3 and Table III-F-4 below.

The MSN FNP program curriculum provides the theoretical knowledge and clinical skill base for advanced primary care practice with a family emphasis. The process of knowledge acquisition, skill building and application from previous BSN education is the foundation of the program. Students proceed from beginning didactic and skills that involve review and expansion of bachelor's coursework in the beginning of the program to the more complex didactic and clinical skills as they progress and students demonstrate competency of didactic and clinical confluence in the culminating experience (N566). The curriculum in the PMC-FNP incorporates previous MS nursing knowledge of research, theory and health policy. The PMC-FNP curriculum is only offered as a two-year (full-time 36 unit) progression, as depicted in Table III-F-5.

Table III-F-3 *MSN FNP Full-Time Curriculum*

Fall Semester I <ul style="list-style-type: none"> • N501 Health Promotion Theory Righting Disparities (4) • N509 Advanced Health Assessment (4) • N549 Health Promotion Practice in Primary Care (3) Total=11 units	Spring Semester II <ul style="list-style-type: none"> • N540A Pathophysiologic Concepts in Primary Care I (3) • N552 Pharmacology in Primary Care (3) • N550A Clinical Practice in Primary Care I (4) Total=10 units
Fall Semester III <ul style="list-style-type: none"> • N540B Pathophysiologic Concepts in Primary Care II (3) • N550B Clinical Practice in Primary Care II (4) • N560 Research and Theory in Primary Care (4) Total=11 units	Spring Semester IV <ul style="list-style-type: none"> • N562 Advanced Practice in Primary Care Systems (4) • N550C Clinical Practice in Primary Care III (4) • N564 Health Policy and Advocacy in Primary Care (4) • N566 Culminating Experience (2) Total=14 units
DEGREE TOTAL=46	

Table III-F-4 *MSN FNP Part-Time Curriculum*

Fall Semester I <ul style="list-style-type: none"> • N501 Health Promotion Theory Righting Disparities (4) • N560 Research and Theory Applied to Primary Care (4) Total=8 units	Spring Semester II <ul style="list-style-type: none"> • N509 Advanced Health Assessment (4) • N564 Health Policy and Advocacy in Primary Care (4) Total=8 units
Fall Semester III <ul style="list-style-type: none"> • N549 Health Promotion Practice in Primary Care (3) • Elective – optional Total=3 units	Spring Semester IV <ul style="list-style-type: none"> • N540A Pathophysiologic Concepts in Primary Care I (3) • N552 Pharmacology in Primary Care (3) • N550A Clinical Practice in Primary Care I (4) Total=10 units

Fall Semester VI <ul style="list-style-type: none"> • N540B Pathophysiologic Concepts in Primary Care II (3) • N550B Clinical Practice in Primary Care II (4) Total=7 units	Spring Semester VII <ul style="list-style-type: none"> • N562 Advanced Practice in Primary Care Systems (4) • N550C Clinical Practice in Primary Care III (4) • N566 Culminating Experience (2) Total=10 units
DEGREE TOTAL=46	

Didactic courses in the FNP program build on previous BSN content and are taken concurrently with the clinical rotations so theoretical knowledge will be applied and melded with development of new clinical skills especially diagnostic reasoning. As BSN prepared RNs, FNP students have existing competencies in therapeutic communication, basic assessment and nursing diagnosis and the curriculum assures growth into the APRN role. For example, in the Advanced Health Assessment course (N509) and the Health Promotion practicum (N549) students learn how to obtain a holistic health history and apply diagnostic reasoning skills, expanding on their previous level of BSN competencies in patient assessment and communication techniques. N549 (Health Maintenance Practicum) presents knowledge for students to capitalize on their existing BSN skill set in nursing assessment and judgment to interpreting findings from a comprehensive physical exam and develop new clinical reasoning competencies in the APRN role.

Required NTF APRN core content of advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology, are all delivered in the MSN/FNP curriculum plan. (FNP Program; Syllabi N509, N540AB and N552: VRR). APRN core content specific to the role and population is also integrated throughout the curriculum as is evident in Health Promotion: Righting Disparities (N501) when students work in small groups discussing adolescent and geriatric health promotion priorities and strategies and compare current practices with the United States Preventive Services Task Force (USPSTF) recommendations. In Advanced Nursing Practice in Primary Care (N562) students create standardized procedures that are required for legal practice in California and this learning activity can be utilized and help to solidify their understanding of scope and breadth of practice in the APRN role.

PMC FNP curriculum (see Table III-F-5) builds on the Master's Essentials which are foundational graduate-level nursing competencies in research and policy courses required from an accredited Masters of Nursing program. PMC students are not required to repeat content previously taken but are asked to draw upon this knowledge in developing plans of care incorporating evidence-based APRN practices and nursing theory to their strategies in patient care delivery the primary care settings. PMC FNP students are expected to reflect on their existing knowledge of health policy in Professional Issues in Primary Care (N562) and have the opportunity to apply this knowledge at Lobby Day in the state capital where they meet with legislators and advocate for bills related to population health and the APRN role.

Table III-F-5 *PMC/FNP Full-Time Curriculum*

Fall Semester I <ul style="list-style-type: none"> • N509 Advanced Health Assessment (4) Lab/Clinical • N549 Health Promotion Practice in Primary Care (3) Clinical • N501 Health Promotion Theory Righting 	Fall Semester III <ul style="list-style-type: none"> • N540B Pathophysiologic Concepts in Primary Care II (3) • N550B Clinical Practice in Primary Care II (4) Clinical TOTAL= 7 units
---	--

Disparities (4) TOTAL= 11 units	
Spring Semester II <ul style="list-style-type: none"> • N540A Pathophysiologic Concepts in Primary Care I (3) • N552 Pharmacology in Primary Care (3) N550A Clinical Practice in Primary Care I (4) Clinical TOTAL= 10 units	Spring Semester IV <ul style="list-style-type: none"> • N562 Advanced Practice in Primary Care Systems (4) • N550C Clinical Practice in Primary Care III (4) Clinical TOTAL= 8 units
	Certificate TOTAL= 36

The PMC FNP curriculum builds on the foundation of an accredited MSN program and is designed so that the PMC FNP student increases their knowledge and skill level over the course of the program. Didactic courses build on previous MSN content and are taken concurrently with the clinical rotation so theoretical knowledge will be applied and melded with development of new clinical skills especially diagnostic reasoning. As MSN prepared RNs these students have more advanced competencies in therapeutic communication, basic assessment and nursing diagnosis and the curriculum assures growth into the role that builds on this prior knowledge. For example, in the Advanced Health Assessment course (N509) and the Health Promotion Practicum (N549) students learn holistic health history and apply diagnostic reasoning skills, expanding on their previous level of competencies in patient assessment and communication techniques. N549 (Health Promotion) presents knowledge for students to capitalize on their existing skill set in nursing assessment and judgment interpreting findings from a comprehensive physical exam and developing new clinical reasoning competencies. Required APRN core content of advanced physiology/pathophysiology, advanced health assessment and advanced pharmacology, are evident in the PMC FNP curriculum plan. (FNP Program Binder; Syllabi N509, N540AB and N552: RR]. Additional APRN core content specific to the role and population is integrated throughout the curriculum as is evident in Health Promotion: Righting Disparities (N501) as students work in small groups discussing health promotion across the life-span and comparing current practices with the USPSTF recommendations. In Advanced Nursing Practice in Primary Care (N562) students develop standardized procedures that are required in California for legal practice and used in their first job as an FNP and help to solidify their understanding of scope and breadth of practice in the APRN role.

In both the MSN FNP and the PMC FNP Programs, the family primary care specific courses are structured to introduce students to the role and role expectations, the basic skill set for becoming an entry level FNP and this is demonstrated in the final semester with a fishbone analysis of a primary care problem involving quality in practice, identifying and analyzing an issue, researching possible solutions and alternative practices. For example applying a fishbone analysis to a patient arriving late to their appointment provides the student greater insight into individual and system barriers to delivering quality care. Application experiences are structured to provide for growth of the student as a FNP clinician and an overview of the types of situations one might encounter in that role.

III-G. Teaching-learning practices:

support the achievement of expected student outcomes;

consider the needs and expectations of the identified community of interest; and

expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments

(e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response:

SSU DON Programs aim to maximize the academic achievement of students to be able to meet the terminal program objectives which prepare them as graduates to fulfill the workforce needs identified by our Col. Each program has adopted unique approaches and modalities to deliver the curriculum from a primarily face-to-face pre-licensure program to the online post-licensure, MSN FNP and PMC FNP programs. Each faculty member incorporates principles of adult learning along with a variety of resources to support student learning and success. The DON has been successfully using an LMS for course delivery for more than 25 years. SSU has a [Student Resource page](#) that lists various support services available ranging from library research assistance to Instructional Technology (IT) support. The DON online teaching experts are also sought across departments at the University as consultants. Faculty use a variety of teaching technologies and strategies to increase student engagement and foster success in diverse learners. Examples of technology include VoiceThread, Camtasia, Zoom, and webpage creations. A web based pedagogical tool, VoiceThread is utilized across programs as a means of developing articulation skills and demonstrating critical thinking for dynamic discussions, providing online students the opportunity to verbally practice responding to one another on various topics. In Pathophysiology (N540B) FNP students create patient education web pages that are available after graduation as resource pages for their practices. Various group projects culminate in formal presentations online, on campus or in the community (Table III.G.1 and III.G.2: Best Teaching Practices).

In keeping with best teaching/learning practices for online learners, our students attend an on-campus orientation at the start of their program or semester. During orientation students meet their faculty and peers, which fosters a deeper level of student engagement equating to increased student connection, and confidence in their online learning environment. Students are walked through the expectations for the semester, a review of each course is provided along with hands-on practice of any new technology being introduced. In addition, on-campus student services, curriculum progression, FAQ's, needed supplies, student handbook, clinical requirements, books, appropriate clinical attire and navigation of the SSU and DON websites are reviewed. Faculty, academic advisors and staff are introduced to the students so students are aware who to contact for whatever issue they may have.

Pre-Licensure BSN Program

The pre-licensure BSN courses are primarily delivered in traditional face to face modality as well as clinical setting with onsite faculty. Eight courses have a clinical practicum or laboratory component facilitating the direct application of didactic content to the practice setting. Students must pass a medication calculation exam in N301 with 94% correct to demonstrate safe medication administration skills before administering medication in the clinical setting. In all subsequent Pre-Licensure courses, students must continue to demonstrate safe medication administration skills. Medium fidelity simulation is utilized in the following courses; NURS 301 Adult Med/Surg I, NURS 302 Adult Med/Surg II, NURS 407 Adult Med/Surg III, NURS 305 Maternal Child Health, and NURS 409 Nursing Care of Child in Family that supports real world clinical learning. The use of simulation prepares students to perform competently in patient care. Simulation provides the opportunity to standardize learning experiences in the program ensuring all students have the same opportunity to participate in high stakes and infrequently occurring clinical experiences that meet the course objectives and ultimately the terminal program objectives. Examples of simulation include post-partum hemorrhage and cardiac arrest.

Kaplan offers a web-based curriculum with learning activities, assessment and evaluation of individual and aggregate performance of NCLEX readiness. In the Pre-Licensure Program Kaplan materials are threaded throughout the curriculum to facilitate learning of the didactic content and helps to ensure student mastery of high quality patient care in clinical settings. Students are required to complete Kaplan exams in each core content course and if they do not pass the exam, students are given guidance and a remediation plan and required to retest and improve their score. (Appendix 2: Student Handbook p. 53-54 Kaplan Policy). Kaplan provides a variety of learning activities to meet the needs of diverse learners: For example in N303 (Maternal Child Health), N407 (Adult Med/Surg III) and N409 (Nursing Care of Child in Family, adaptive quizzes are interactive learning tools used prior to class to encourage pre-reading. Quizzes given at the start of theory class to encourage pre-reading are also utilized by faculty. In N407 (Adult Med/Surg III) case studies are employed to apply theory in a flipped classroom type setting. Many instructors provide their PowerPoints prior to and after class for students' independent review. Some courses have embedded questions and case studies throughout lectures to keep students engaged and assess learning as they progress through the content. (Appendix 2: Student Handbook)

Post-Licensure BSN Program

To facilitate successful transitioning of students from a traditional ADN face to face program, we hold in-person program, course, and advising orientations, which are in accordance with best online learning practices. We recognize our ADN students as adult learners and validate their prior learning and diverse life experiences. To support the working RN and distant students, the Post-Licensure Program is primarily delivered online. In-person orientation sessions increase student engagement, build community among students and faculty, and strengthen connections in cohorts. Additionally these on-campus face-to-face orientations offer the opportunity for hands-on support with technology to access web-based tools and utilize library services to build information literacy. As a primarily online program with one or two scheduled face-to-face meetings on campus per semester, the majority of coursework is conducted through our LMS. Instruction includes interactive online elements such as synchronous online meetings, asynchronous discussions both written and audio/video/verbal. In addition to the standard readings and written work, there is an emphasis on community as client and mastery of PHN Competencies (2013) with case applications in student's home communities. All courses are clearly outlined with standardized syllabi and course structure to promote better student understanding and navigation, with transparent expectations for learning at each activity level (SLOs), linking to course objectives, and leading to terminal program level objectives. The capstone course N416 is an opportunity to synthesize and apply prior learning, from both ADN and BSN programs, to real world settings, offering students the opportunity to demonstrate mastery of program level objectives in their community. Table III.G.1 below depicts selected best teaching practices in the BSN Program.

Table III.G.1 *Examples of Pre- and Post-Licensure BSN Teaching Practices Supporting Student Learning Outcomes*

Course	Teaching Practice	Student Learning Outcomes
N301 (PreL) Nursing Care of Adult I	Reading, lecture, skills demonstration and hands on student practice Simulation on fundamental nursing skills with debrief	<u>Evidence-Based Practice</u> : Through the informed use of research and information management articulates current theory-based knowledge as it relates to health, well-being and contemporary nursing practice in the adult health care setting. <u>Cultural Competency</u> : Summarize and include each client's culture in assessment, health-care planning,

	<p>Weekly adaptive quizzing</p> <p>Med calculation practice; testing and review of correct answers</p> <p>Pre and post conference discussions</p> <p>Group discussion of case study of nursing assessment of actual patient</p>	<p>interventions, and evaluation in adult health care settings</p>
<p>N410 (Pre and post Licensure BSN)</p> <p>Power, Policy and Politics in Nursing</p>	<p>Develop appraisal performance tool</p> <p>Online discussion and reply to peer</p> <p>Group project on evaluating budget for nursing unit</p> <p>Journal on coping with stress in workplace/legal/scope of practice prompts</p> <p>Prepare PowerPoint on debate outline</p> <p>Online Group Debates of Current Topics in Healthcare</p> <p>Culminating group paper on group work</p> <p>Self appraisal of performance</p>	<p><u>Critical Thinking</u>: Identify practice-based problems and strategies for problem solving within the healthcare arena.</p> <p><u>Advocacy/Social Justice</u>: Identify roles and theories that support a sense of sociopolitical knowing in order to advocate for patients, families and community.</p> <p><u>Leadership</u>: Demonstrate effective team building and collaborative strategies when working with teams to positively impact healthcare systems and delivery.</p> <p><u>Research/Evidence-Based Practice</u>: Explain the interrelationships among theory, practice, and research to inform and advocate for changes in the healthcare system.</p>

MSN/FNP and PMC/FNP

The MSN- FNP curriculum meets the needs of working nurses, minimizes seat time on campus and driving time through the use of innovative educational technology and pedagogy, is available for those students in underserved areas (medically and geographically underserved) and maintains a two year (full time) and three year (part time) progression plan. These criteria are important indicators for success in extramural funding at the state level as evidenced by our Song Brown ([HCAI State Funding](#)) data, the curriculum and its graduates meet the broad range of

diverse health care needs of the [14 California Building Healthy Communities](#) population and social determinants that continue today.

The MSN FNP and PMC FNP program use many of the same teaching methods to enhance student learning as the Post-Licensure BSN Program. Courses are primarily in an online or hybrid format enabling RNs to remain in their communities to further their education as APRNs and continue to work. Students come to the SSU campus for the eight week N509 Advanced Health Assessment intensives so that one-on-one coaching from faculty can take place. Students also come to campus three times each semester for intensive clinical seminars and OSCE/simulated clinical labs. The LMS is used to deliver content, facilitate discussions, for individual and group work as well as serve as a means of frequent communication among students and faculty.

Since 1994, the SSU MSN FNP and the PMC FNP programs have provided a means for rural students that encompass the Northern Central Valley of California as far south as Merced and in Northern areas up to the Oregon border to earn a master's degree (Song Brown Data: VRR). The enrollment focus is working, rural BSN's who desire to become MSN FNP's and MSN-prepared RN's who wish to obtain a PMC FNP. An additional and unique focus in the FNP program is providing our students the opportunity to deliver patient care at clinic preceptorship sites that meet the needs of underserved populations and permit students to understand the needs of rural and medically underserved populations which also have a high percentage of culturally diverse patients. By working in underserved areas FNP students are exposed to individuals with diverse life experiences, perspectives and backgrounds.

Incorporation of a variety of existing and new learning technologies, and maintaining established clinical linkages in community clinics serving underserved populations allows us to serve the student population and Col. We maintain a high quality program by providing streaming technology, with a majority of the didactic coursework delivered either fully on-line or in a hybrid format. All students complete the required clinical hours in their own communities in approved preceptorships and a high percentage of our graduates live and work in the areas in which they complete their clinical hours, meeting the needs of our Col (Song Brown Data: VRR).

We have incorporated several strategies into the curriculum to further prepare our students for meeting all terminal objectives and success on national certification. We adopted the *Leik Family Nurse Practitioner Certification Intensive Review* textbook (VRR) for the fall 2019 cohort and students are directed to reference this resource throughout the program during various courses to increase exposure to the types and format of questions they will encounter on national FNP certification exams. This textbook includes a mobile application that provides 725 questions with rationales to practice test taking. Since Spring 2019, students have had the option to attend a three day face to face FNP review course "The Necessary NP Review" <https://www.necessaryworkshops.com>, which also encourages the students to test sooner rather than later to promote success on national certification. Moving forward the FNP Program is investigating using grant funding to subsidize providing this type of review for students at a minimal cost (FNP Meeting Minutes: VRR).

We have incorporated several strategies into the MSN FNP and PMC FNP curriculum to demonstrate the congruence between and among the three P courses (Pathophysiology, Pharmacology and Physical Assessment). These courses expand the student's ability to identify and promote the behaviors that enhance the health of clients (individuals, families and communities). The Three P's course content focuses on rapid identification of physical, mental, emotional, and spiritual health risks and modification of risks as part of the primary care role. In clinical and out of class learning activities such as faculty directed clinical experience FNP faculty onsite directly instruct students in underserved clinics including the [Jewish Community Free Clinic](#), [Modesto Gospel Mission](#), and the [Esplanade House](#). Our aggregate student data collected in Typhon indicates that 62% of clinical hours are dedicated to meeting the needs of underserved populations. Our students are exposed to individuals from diverse backgrounds and experiences during the course of in-class discussions, guest speakers, and throughout clinical patient-care activities in various settings throughout the program. With our diverse student population, simply sharing perspectives during course

discussions offers exposure to other students of diverse backgrounds. Additionally, clinical settings include care of patients and communities that range from populations in lower socioeconomic and low resources in shelters, ethnically and geographically diverse populations in various primary care services from state-funded programs to grant funded free clinics and disaster medical and clinical services. Table III.G.2 below illustrates best practices in pedagogy in the MSN/PMC FNP Programs.

Table III.G.2 *Examples of MSN/PMC Teaching Practices Supporting Student Outcomes*

Course	Teaching Practice	Student Outcomes
N501 Health Promotion: Righting Disparities Didactic Course	<p>Online didactic and lecture presentation of content. Builds on BSN Essentials.</p> <p>Course Learning activities each week are Individual Discussion at beginning of course with group work/projects as course progresses.</p> <p>Example of week 2: Case Studies of application of I. Health Attitudes, Behavior and Learning Theories. II. Family Theories/Models.</p> <p>Example of week 3: Case studies of application of Habits and Behavior disruptive to Health Promotion and developing a Therapeutic Relationship. Using Motivational interviewing, BATHE technique and implementing principles of Change Theory.</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the lifespan that support the fulfillment of growth potential focus on health promotion in individuals, families and Communities. SLO: Begin to assess, develop, and implement health promotion plans for clients in all developmental stages of life in primary care settings.</p> <p><u>Communication:</u> Identify the needs of clients throughout the life span through a live dialogue (authentic) that includes meeting related presence and emphasizes and acknowledges the relationships of personal and family dimensions to health. SLO: Begin to assess, develop, and implement health promotion plans for clients in all developmental stages of life in primary care settings. Examines major health related behaviors that contribute to less than optimum health status e.g. exercise, nutrition substance used/abuse etc. Recognize and develop comfort with the principles of Therapeutic Communication and apply to a multitude of client situations.</p>
N549 Health Promotion Practice in Primary Care. Lab and Clinical Course	<p>Online didactic lecture, group and one-on-one demonstration and return demonstration of skills of Assessment, Physical Exam techniques and development of Health Promotion plans. Builds on BSN Essentials.</p> <p>In one-on one Supervisory Clinical Preceptorship of 144 hours builds on N505 and N501 and adds to N540.</p> <p>Student skill performance of</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the lifespan that support the fulfillment of growth potential focus on health promotion in individuals, families and Communities. SLO: Understands the process of clinical decision making required to: collect a comprehensive and appropriate history, perform a thorough screening physical exam, interpret findings from the physical exam accurately, and identify normal, normal variant and pathological findings. Identify probable health risks. Consider screening procedures and dx tests appropriate for the risk profile identified. Develops a</p>

	<p>interactive well exam through computer simulation (Aquifer). Case studies practice in developing history appropriate to patient presentation and uniqueness of person.</p> <p>Group problem solving developing the diagnostic process and presenting process to the preceptor using MP3 upload.</p>	<p>plan that supports the clients multiple dimension and uniqueness with focus on health education and support for behavior changes as necessary. Develops understanding of cultural impact and responds to the unique health care needs and challenges of underserved populations.</p>
--	--	---

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

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

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response:

The curriculum includes planned clinical experiences that enable students to integrate new knowledge while fostering interprofessional collaborative practice and demonstrate attainment of program outcomes which are evaluated by faculty. The clinical learning across programs is very important since this provides the student the opportunity to apply the didactic knowledge to the care of the patient or a population. Each clinical experience in the programs are designed to meet course outcomes and to provide experiences that enhance student understanding and advance their competency. Each program has evaluative processes in place to assess students' clinical performance and to inform students on how they will progressively master the course outcomes that lead to meeting the terminal objectives of the program. The clinical evaluation of student performance for all programs, is the responsibility of faculty of record with input from the preceptor and student when applicable. Content in the curriculum around role development in inter-professional collaboration is evident in the BE and ME Mapping (Appendices 23-26), course syllabi and clinical evaluation tools for Pre, Post-Licensure, MSN FNP, & PMC FNP Program (VRR).

Pre-Licensure BSN Program

Clinical courses are pass/fail and based on the student's demonstration of the specified standard competencies

(SLO's) that are evaluated by the clinical course faculty. Clinical Evaluation Tools (Appendix 31) list clinical competency expectations presented in measurable terms (SLO's) and are directly correlated to the nine HNT concepts upon which the curriculum is based and subsequently meet all terminal objectives. These clinical evaluation tools are leveled with Bloom's taxonomy for roles within each area of practice and move the student through the curriculum from simple to complex concepts and competencies. In each clinical course, student learning activities are planned, and the instructor provides students continuous feedback on their progress. Teaching/learning in clinical courses may include preparation prior to the clinical day with pre-lab, pre-conference and/or post-conference. At mid-term and at the conclusion of the course, the students evaluate their own performance in meeting each SLO and course objective as part of the evaluation process as well as written and verbal evaluation by faculty. Clinical competencies are either met or not met, and bold italicized items on Clinical Evaluation Tools are critical indicators of quality care and patient safety. If any of the critical indicator competencies are not being met at any point during the semester, faculty provide a standardized written performance contract that indicates specific goals to meet competency. All critical indicator competencies must be met to pass clinical by the final evaluation. Clinical Evaluation Tools are utilized across the BSN curriculum to provide a standardized format of expectations of clinical competencies for students to meet and faculty to evaluate performance. Faculty incorporate evidence from direct observation, student self assessment, and feedback from preceptors in the overall evaluation of students in the clinical setting. In the senior year, students provide population-based care which includes assessment of community priorities and evaluation of existing services with respect to addressing health disparities and recommend appropriate intervention for a community (Pre Licensure Program Binder: RR). Our clinical agencies and Col provide excellent feedback on the quality of the care our students provide and their desirability for hire after graduation. (Appendix 29: Employer Surveys, Appendix 30: Preceptor Evaluation of Students)

Pre-licensure students complete 945 clinical hours in the BSN program, including direct patient care hours required for licensure, community/public health practicum and simulation lab hours (Appendix 42,43). The required clinical hours allow students to apply didactic knowledge to the care they are providing in the clinical setting. In the clinical setting our students have the opportunity to work with an inter-professional team which includes physicians, social workers, pharmacists, dieticians, physical therapists, and respiratory therapists to name a few. Examples of inter-professional team learning activities include participating in report (before and after a shift), discharge planning, high utilization case management, meal planning, dietary consultations, and pharmacology consultation. In community based settings students have the opportunity to interact with social workers to assure patients have adequate resources transitioning home from the hospital. They interact with public health agencies (i.e. In Home Health Support, Adult Protective Services, Communicable Disease) by reporting cases of suspected abuse or tuberculosis to the public health department or coordinating discharge planning. These clinical interactions are invaluable to our students because they enforce the theoretical content provided in the curriculum and provide real world experiences in the delivery of quality care with a multidisciplinary team. With progress through the program, students are able to demonstrate competency that builds on each previous course by taking care of an increasing number of patients and/or with higher acuity. The majority of clinical experiences are inpatient, nonetheless students in Psych/Mental Health (N304), Pediatrics (N409) and Community/Public Health (N412P) have the opportunity to care for patients in the outpatient and community setting. In Psych/Mental Health students work in the psychiatric outpatient agencies such as Crisis stabilization unit, Psychiatric Medication Clinic, and the Wellness and Advocacy Center (a peer support organization), and as part of pediatrics the students rotate with a school nurse, Indian Health Services, Jewish Community Free Clinic on a pediatric day, or an outpatient surgery center that has a day dedicated to pediatric surgeries. In Community/Public Health students are placed in the Public Health Department, Transitional Care, Outpatient Hospice, and Meals on Wheels (to name a few) with fall prevention, nutrition and socialization or primary care case management. The DON is working on a partnership with a Federally Qualified Health Center with outpatient

clinics that provide comprehensive primary care to the underserved population in Sonoma County. Logistical onboarding barriers with some of these agencies are an ongoing challenge that we frequently reassess to determine continued partnerships. Many community partner relationships shift from year to year depending on personnel currently engaging with us, and the capacity of their staff.

Post-Licensure BSN Program

In the Post-Licensure BSN Program, planned clinical learning experiences center on using previous ADN knowledge and sequentially adding direct care competencies in clinical prevention, population based practice and health policy. Clinical competencies outlined in Community/Public Health Nursing (N412P) are derived from 1) Essentials, 2) PHN Competencies, 3) Quad Council, and 4) CA BRN PHN competencies. Community/Public Health Nursing (C/PHN) competencies that are developed over 90 hours in a practicum settings from Public Health Departments, Hospital to Home Transitional Care, elder nutritional, social, and fall risk assessments (Meals on Wheels), to hospice and home health. Clinical practice experiences are assessing populations for health disparities; using holistic frameworks for individual and family assessments, evaluation of impact of public health policies, ethical care of homeless populations, examining transitional and primary care models and the evolving role of the RN in community clinics. The C/PHN lecture course provided content and learning activities to assess populations and explore ways to improve health in one's community. Clinical simulation activities include: water borne disease outbreak management, life skills and disaster preparation in a women's and children shelter, and assessment of the effectiveness of a selected community service. Case studies and clinical journal prompts guide students to appreciate interdisciplinary roles and capacity and concurrently develop their own role as members of interdisciplinary teams. One example is students create a Situation – Background – Assessment – Recommend (SBAR) in C/PHN to handover care of a hospitalized patient to a community based agency (public health, community clinic, and/or hospice). This handover assignment requires the RN-BSN student to apply their knowledge as an ADN in the acute care setting to assess and communicate priorities for quality care post-hospitalization. The result is increased competency in holistic assessment of patients and increased understanding of interdisciplinary and community services which partially meet terminal program objectives and Baccalaureate Essentials (Appendix 26; Post Licensure Program: VRR). With the regional fire disasters and flooding, faculty note increased awareness and dedication by students to better prepare themselves and populations to survive and build a life after a disaster in an inter-professional collaborative environment.

FNP/MSN and FNP/PMC Programs

FNP (both MSN and PMC) students complete a total of 816 supervised clinical hours in a variety of primary care settings under the direct supervision of a preceptor and evaluated by FNP course faculty while in the program. FNP curriculum has a focus on the value of interdisciplinary health care team approach to care delivery. Our students strive to integrate resources which include: the interdisciplinary team of medical doctors, social workers, physical therapists, occupational therapists, dietitians, physician assistants and RNs, to assure an effective and holistic approach to care delivery. Many FNP clinical sites are not comprehensive family practices so our students typically have an Obstetrical rotation (≥ 40 patient encounters at greater than 50% participation in the care process) and a Pediatric rotation (≥ 60 patient encounters at greater than 50% participation in the care process) which assures clinical experiences across the lifespan. We also use paid models to teach pelvic exams (N509) and have one day HIV, suturing, radiology and EKG workshops (N550A, N550B, N550C).

To assure adequate and diverse clinical experiences, students document and faculty monitor student clinical experiences using Typhon. Typhon is a data management system that provides quantifiable data regarding the clinical

hours, demographics of the patients as well as a log of the diagnoses and procedures being performed during the semester. The Clinical faculty assigned to the student are responsible for monitoring student progress in all clinical settings and for initiating changes in assignments with the Clinical Coordinator as necessary. Aggregate student data detailing student-patient encounters in primary care indicates our students collectively on average see more than 20,000 patients across the lifespan per academic year (FNP Program: VRR).

Students manage clients with acute episodic and chronic multi-system problems, and over the course of the three clinical semesters students progressively increase the number of patients they see through the use of increased clinical expertise and time management skills. To ensure all students have the opportunity to see specific disease processes in the clinical setting environment we have integrated [Aquifer](#) (formerly MedU in 2015) which is a web-based interactive simulation/case study software. With Aquifer, each clinical course has approximately 25 standardized cases that students are required to work through and are given feedback as part of the online learning requirements in N549, N550A, N550B and N550C. OSCEs are used to evaluate the level of student competency during the latter part of each clinical rotation to assure each student is meeting the appropriate course objectives. (Appendix 23-24, Course Syllabi: VRR) Faculty also conduct clinical site visits for each student every semester to assess the clinical learning environment, appropriateness of patient population, volume of patients and student performance. FNP faculty discuss clinical cases with students during class (N549, N550ABC) when reviewing Subjective, Objective, Assessment and Plan (SOAP) notes and MP3 audio recordings assigned from clinical as well as during the clinical site visit to document performance. Faculty evaluate the student's ability to derive differential diagnoses and clinical management plans for patients of all ages with acute and chronic health problems. As an example, a student would be expected to apply American Diabetic Association guidelines to the management of a patient newly diagnosed with diabetes, which is a frequent (high volume) diagnosis in primary care. Students are expected to assess for target organ complications, prescribe the appropriate nonpharmacologic and pharmacologic therapies, and provide the appropriate education, follow-up, and referral if indicated. In the final semester of the program students develop components for a professional portfolio for entry into practice. Professional portfolios include: clinical log data, resume and standardized procedures (developed in N562) (Green Folders N562; Typhon, Resume, and Standardized Procedures: VRR). Upon completion of the FNP program, students must demonstrate competence in the provision of primary health care reflected in the characteristics of an advanced practice nurse and meet the PSNGs. The OSCE requires all MSN/PMC/FNP students to apply knowledge acquired in the program to a complex clinical scenario, and are expected to obtain a thorough focused history, complete a focused physical exam, determine an appropriate assessment with at least three differentials and a comprehensive plan that includes evidence-based practice and appropriate age and gender specific health maintenance care. MSN FNP students are also required to write two scholarly papers applying theory, ethics and health policy to this specific patient scenario. The PMC FNP students taking into consideration their previous master's coursework and thesis, as described in KE III.F are not required to complete these papers having demonstrated this knowledge in their previous MS programs.

III-I. 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:

Individual student performance is evaluated by the faculty and reflects the student's achievement of expected course outcomes. Faculty employ a variety of assessment methods to evaluate individual student performance throughout the curriculum. Every course in the Department has a specific set of measurable SLOs that create the framework for meeting clinical objectives and clinical progression in the program. The SLO's are derived from the specific program terminal objectives (BSN, MSN, and PMC). Course assignments, course clinical expectations, grading criteria, weight for assignments and tests are described in detail in each course syllabi. Course syllabi are available to students in every course via the LMS and their grade-to-date is available throughout the semester. The DON syllabi template (Appendix 22) assures the BSN/MSN/PMC grading criteria and guidelines are listed in every syllabi, as well as Student and Faculty Handbooks (Appendix 1, 2), and the [general course catalog](#). Each clinical course has a specific Clinical Evaluation Tool that has specific clinical competencies (SLOs and course objectives) listed, students are evaluated by the faculty on listed assignment expectations (BSN/FNP Program: VRR). Student clinical performance is self-evaluated by the student with self-report on meeting SLOs and course objectives, scoring of written clinical assignments, direct observation by faculty with formal and informal feedback from preceptor and/or agency staff. In the Pre Licensure Program students in combined theory/clinical courses must pass both the theory and clinical requirements in order to pass the course. Policies related to grading, passing a course, and progression in a program are in the Student Handbook (Appendix 2).

The grading systems for the DON undergraduate and graduate programs are listed in Table III.1.1 below. Students must maintain an overall GPA of 3.0 in order to progress in all nursing programs. In the BSN program a minimum grade of a C is passing and for the graduate program a minimum grade of a B- is passing commensurate with a higher standard of expectation in a master's prepared graduate. A failed nursing course may be repeated only one time (based on space availability); subsequent failure of any nursing course for a second time, or failure of a second course results in dismissal from the program (Appendix 2 Student Handbook page 33).

Table III.1.1 Undergraduate Percent Grading Scale

93.5-100	A	73.5-76.4	C*
89.5-93.4	A-	69.5-73.4	C-
86.5-89.4	B+	66.5-69.4	D+
83.5-86.4	B	63.5-66.4	D
79.5-83.4	B-	60.5-63.4	D-
76.5-79.4	C+	<60.5	F

*Minimum grade in BSN nursing courses

Table III.1.2 Graduate and Post MSN Percent Grading Scale

95.5 -100	A	77.5-80.4	C
-----------	---	-----------	---

92.5-95.4	A-	74.5-77.4	C
89.5-92.4	B+	72.5-74.4	D+
86.5-89.4	B	69.5-72.4	D
83.5-86.4	B-*	<69.5	F
80.5-83.4	C+		

*Minimum grade in FNP courses

DON program expectations are defined clearly for each course, from the terminal objectives/ program level outcomes (Appendix 1 Student Handbook, p 13,14), to the course level outcomes which are supported by activity level outcomes (SLOs) are included in each course syllabus. The expectations in each syllabi and program create a transparent path for student success and spell out measurable expectations for their academic accomplishments. Rubrics are applied as appropriate for evaluating various learning activities, clinical evaluation tools are frequently reviewed, revised and compared for inter-rater reliability among faculty to consistently evaluate students in an equitable manner. (Program Meeting Minutes:VRR). Faculty readily seek feedback from preceptors and staff however remain the primary evaluator of their students' clinical performance. The 8:1 student:faculty ratio assures effective supervision and evaluation of BSN clinical students. A variety of evaluation methodologies have been developed to measure SLOs, course and program outcomes and include both formative and summative assessment techniques. Evaluation methods are consistent with course outcomes and reflect professional and practice competencies. See Appendices 30-31 for examples of clinical evaluations, and preceptor feedback tools.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used 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. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

The curriculum is comprehensively and regularly evaluated under the framework of the DON SPE. Both the BSN curriculum and the MSN/PMC/FNP curriculum were revised (2011) and last approved by CCNE in 2019 and the CA BRN (2021). Faculty have been actively working toward a full curriculum revision to meet most recent AACN Essentials. (DON Minutes: VRR). Regarding currently delivered curricula, at the end of each semester, students complete anonymous course evaluations consistent with the Department policy (Appendix 32: Evaluation Responsibilities Matrix; Appendix 11: SPE). Students evaluate each course as to whether the course objectives have been met and if there are any recommendations for changes in resources or content delivery. End of program surveys include student's self evaluation of meeting the terminal objectives, satisfaction with the learning environment, curriculum, preparation for role and, lastly, if they would recommend their program to others.

Course data is placed in a digital "Green Folder" and includes; course syllabi, sample assignments, clinical evaluation tool, student and faculty evaluation of clinical sites and preceptor (where relevant), and aggregate student

course evaluation data. Faculty review the course data in team meetings and approve any recommendations for any indicated changes or improvements in their Annual Course Reports. Expected level of achievement for all evaluations is an aggregate average of 90% rating of Effective to Highly Effective for each survey question. Any gaps in the actual versus expected outcomes are reviewed and addressed - frequently with an action plan for revisions in the next course offering. Consideration is taken when there is a low student response rate for course evaluations and faculty may use their own judgment in deciding whether it is an aberration or trend and if change is indicated. Additionally, many faculty conduct informal mid-term evaluations to guide course improvements during the semester. Annual Course Reports are conducted in every course to assess the need for revision of learning materials, course content, and teaching modality. (Appendix 33: Green Folder Check off List; Green Folders: VRR]. Each Program Director compiles and analyzes Annual Course Reports and other student outcome data to create an Annual Program Report (Annual Program Reports: VRR).

One example of how course and program evaluations were used to improve student outcomes was to incorporate a standard LMS design and syllabi for all courses to facilitate better student navigation. We also aim to develop rubrics for assignments to provide clear expectations for students and interrater reliability for faculty grading (DON Minutes & Program Minutes, BSN/FNP Programs: VRR).

Teaching effectiveness is evaluated with peer observation and ROSE (previously SETEs), which is integral in determining the quality of teaching. Evaluation of teaching effectiveness (via ROSE) is mandated by the University, School and DON as part of the evaluative process for RTP and Cumulative Evaluations. The University Policy related to ROSE is followed ([ROSE Policy](#)), such that ROSEs are distributed by the University online, anonymously, and voluntarily completed by students at the end of the semester for each faculty of record (FOR) in all class sections of greater than 5 students. The ROSE instrument uses a 5-point Likert scale to solicit responses to ten questions pertaining to teaching in a classroom or clinical setting. Both quantitative and qualitative (student comments) data are collected. Departments have the option of adding additional questions to the ROSE that are specific to nursing. We have included six additional Nursing specific questions (three that are specific to clinical courses). Faculty gain access to evaluation results after the official closing of the semester, statistical summaries and student comments are also provided by University's Office Reporting and Analytics through the Faculty's SSU Portal. Any additional student communication or evaluation outside this process must be identified with a name for it to be included in the Personnel Action File (PAF).

In the MSN FNP and PMC FNP programs we also utilize aggregate data from the Barklay exams to determine if there are gaps in the curriculum and as a graduate faculty work to remedy any areas that may be lacking. We have adopted the *Leik Family Nurse Practitioner Certification Intensive Review textbook* (RR) current cohort and students are directed to reference this resource throughout the program during various courses to increase exposure to the types and format of questions they will encounter on the certification exam.

In the BSN program, the evaluative process revealed the pre-licensure students' desire for more time to practice skills in an open lab. The DON provided additional open labs with minimal student utilization of the practice opportunity. Pre-Licensure BSN students also requested additional learning activities for pharmacology to reinforce what was being taught across the curriculum. In response we implemented a pharmacology tutorial Fall 2019, which is integrated into the pertinent didactic/clinical courses. With continued requests for more resources, we are piloting an additional Level-UP RN program this Fall 2024, that includes additional pharmacology resources, review questions, flashcards and med math review. (Annual Program Evaluations, Pre/Post-Licensure, MSN/FNP/PMC/FNP Program Minutes: VRR)

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 (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is 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; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response:

SSU's DON has a SPE that aligns with the University as well as the Department's Mission and Goals which is a multifaceted continuous comprehensive systematic evaluation that is utilized for program development, maintenance and revision. (Appendix 10: SPE, Appendix 32: Evaluation Responsibility Matrix). The SPE provides evaluation data for 1) Program Quality: Mission and Governance, 2) Program Quality: Institutional Commitment and Resources, 3) Program Quality: Curriculum and Teaching-Learning Practices, and 4) Program Effectiveness: Aggregate Student and Faculty Outcomes. Criterion in the evaluation plan for each section provides a timetable that specifically directs the collection of information relevant to the category. The SPE defines expected outcomes, data and support documentation, frequency of evaluation, method of evaluation, actual outcomes and the action plan for action to maintain or improve a level of improvement.

Input on program effectiveness is solicited from a variety of sources that reflect the University, faculty, students, and Col served by the Department. The timeline for the SPE process provides an efficient framework for managing and communicating data to evaluate program effectiveness. The SPE includes data elements to measure expectations of CCNE Key Elements (completion rates, licensure, certification and employment) and the CA BRN criteria in accordance with [CCR Section 1424\(b\)](#) and 1484(b). The SPE will be reviewed every two years and revised as needed to assure it reflects current professional standards.

The SPE process puts into place feedback mechanisms for the purpose of modifying and improving our nursing curricula. TT/T and temporary faculty, students, curriculum and resources are evaluated in the BSN, MSN and PMC programs per the Department's SPE. At the end of each academic year, data are analyzed and areas needing improvement are identified. Faculty teaching in the program evaluate the courses and with analysis of Annual Course Reports, program survey data and meeting minutes, an Annual Program Evaluation is created and presented to DON faculty during the fall semester. The Annual Program Evaluation for the BSN, MSN and PMC is comprehensive and includes: program completion, licensure and certification pass rates, and employment data as required by the U.S. Department of Education (Annual Program Evaluations: VRR).

Additional data specific to each of the programs may include: student demographic information (ethnicity, gender, educational background; community college attended to earn ADN for Post-Licensure Program, school where pre-requisites completed and/or pre-nursing as SSU for pre-licensure program, where BSN obtained for MSN/FNP and where MSN obtained for PMC).

Documentation of benchmarks, and U.S. Department of Education performance data are recorded and three academic years of data is available on the [DON's homepage](#) in the *Student Achievement Outcome Data*. The DON agreed that an overall benchmark of > 90% would be used to assess how well students' learning outcomes are met. This *Student Achievement Outcome Data* also includes MSN/PMC certification pass rates (Key Element IV-D), program completion (Key Element (IV-B), graduate satisfaction (IV.I attainment of program objectives), and job placement rates (Key Element IV-E). For the Pre-Licensure BSN program, ATI/Kaplan RN Comprehensive Predictor, NCLEX pass rates (Key Element IV-C), program completion (Key Element IV-B), graduate satisfaction (IV.I attainment of program objectives), employer satisfaction (IV.I attainment of program objectives) and job placement rates (Key Element IV-E) are listed.

Agendas and minutes for the Department and Program meetings present a record of continuous improvement efforts by documenting outcomes and the implementation of various strategies to ensure student success (DON, BSN, MSN/PMC Minutes: VRR). The Nursing Department's Strategic plan aligned with and complements the University's Strategic plan (2018) <http://strategicplan.sonoma.edu/>. Our strategic plan was a forecast of the Department's trajectory in providing nursing education to the Col and looks ahead to 2025. This is a dynamic document and is intended to be reviewed every 5 years ([Nursing Strategic Plan](#)). Of note, since January 2023, the University has been working on their next Strategic Plan, through a series of cross-representation on various committees on campus as part of the [Academic Master Plan](#) (AMP) and campus Strategic Planning processes. When this has been finalized, the Nursing faculty will review and revise the Nursing Strategic Plan accordingly. The major campus reorganization (discussed in the Introduction) was a part of this process.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year 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; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change majors or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response:

All three programs, BSN, MSN and PMC demonstrate achievement of level of required program outcome completion rates and exceeds the CCNE's required 70% completion rate for the past three academic years. Each of our programs follow a cohort model which we admit annually in the fall. All graduation completion rates are well above 70% over the last three academic years and we have not needed to exclude students with any specific identified factors. The University in concert with the CSU promotes the [Graduation Initiative 2025](#) (GI 2025) which is an ambitious initiative to increase graduation rates for all CSU students by eliminating equity and achievement gaps. The goal of GI 2025 is to ensure that all students have the opportunity to graduate in a timely manner according to their personal goals, positively impacting their future and to a larger extent facilitating a means to produce the graduates needed to power California and the nation.

The Pre-Licensure students come into the program having completed their prerequisites and approximately 60 lower division units (approximately 2 years) and then the DON admit a cohort of 24 each fall semester. This program is a four semester program (Appendix 44: [Pre-licensure 4-year Plan](#)). The Post- Licensure cohort starts with co-enrolling ADN students into CNECM program, beginning their first summer at SSU between the first and second year in their ADN program. Progression follows the CNECM [Academic Plan](#) through a second summer at SSU, then the students are matriculated to the University for the subsequent fall and spring semesters. The cohort completes the Post-Licensure BSN program in two summers and two matriculated semesters. The MSN/FNP has two cohorts one is full time – four semesters and the other is part time – six semesters (Appendix 45 [FT/PT FNP Curriculum Progression](#)). The PMC/FNP cohort has only a full time option and is four semesters (Appendix 46 [PMC Curriculum Progression](#)). Due to the competitive nature of admission to the Pre-Licensure Program, our student attrition remains low, for the past three academic years, the program has had an attrition rate of zero. In AY 2023-2024 we had a student withdraw prior to classes starting for a family emergency and replaced the student with an alternate candidate. During the 2018-2019 academic year we had one student who failed in two courses during the final semester of the Pre-Licensure Program. In the situation of a student failing academically, or identified as at risk, the faculty mentor, identify potential barriers to success who will recommend campus services to support and assist with study strategies which include testing and time management techniques to promote student confidence and success.

The MSN-FNP graduate curriculum is designed to meet the needs of adult learners and working RNs and courses are scheduled to accommodate students in a full-time or part-time program (MSN FNP [Curriculum Progression FT/PT](#)). The Program is congruent with the Department of Nursing and the University Strategic Plan ([SSU and Nursing Strategic Plan 2018-2025](#)).

Completion rates are calculated from the time students enter the Pre-licensure, Post-Licensure or MSN/PMC FNP programs as a cohort. The table below shows graduation rates of students for the past three years. Only students who have started the first day of the program are included in the completion rates. Students admitted but that did not begin the program are excluded from these data.

Table IV-B-1: Graduation Completion Data

Program	Year of Graduation	Year of Entry	# students admitted	# students graduated	% students graduated
BSN Pre-Licensure 2 years	2024	2022	24	25	100%
	2023	2021	24	21	88%
	2022	2020	24	22	92%
BSN	2024	2022	37	36	97%

Post-Licensure 1.5 years	2023	2021	38	33	87%
	2022	2020	42	38	90%
	Total All BSN	2022 98.5%	2023 87.5%	2024 91%	---
MSN/FNP (FT/PT) FT 2 years PT 3 years	2024	2022/2021	17FT/17PT	28	82%
	2023	2021/2020	18FT/13PT	28	90%
	2022	2020/2019	37FT/13PT	33	66%
PMC/FNP 2 years	2024	2022	4	4	100%
	2023	2021	8	7	88%
	2022	2020	4	4	100%
	Total ALL MSN	2022 69%	2023 90%	2024 84%	--

The above data indicates that the Pre-Licensure BSN and the FNP (MSN and PMC) demonstrate, with the exception of the dip from students who were admitted during pandemic years, a strong record of student retention and is compliant in this key element. For the FNP (MSN and PMC) programs we attribute part of our success in completion to our online delivery of the curriculum which accommodates the working students allowing them to remain in their community to gain an advanced practice degree. The Post-Licensure BSN Program has a unique diverse student population which brings with them variables associated with barriers to completion rates for this cohort. This Post-Licensure Program has students that are concurrently enrolled in rigorous ADN programs they must graduate from their ADN program, sit for the NCLEX exam and often are starting a new RN job as a new grad while balancing a full-time BSN program. Some students realize during the first semester that the difficulties of managing school, a new job and competing personal responsibilities is too great a barrier and opt out of the program. Of note, years aligning with the height of pandemic impact are reflected in completion rates for those cohorts. Several students reported a need to prioritize family, jobs and health during this time, others did not share their decisional processes. Two returned the following year to complete the program. Completion rates for all programs have historically been quite high, and current data shows a trend to return to this baseline.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *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 (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*

- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response:

The Pre-Licensure Program demonstrates achievement of the required program outcome regarding NCLEX pass rates based on the NCLEX-RN pass rates for first time takers over the three most recent calendar years. The SSU nursing faculty is proud of the quality program graduates bring to the profession and continue to refine and improve the curriculum to stay abreast of emerging practice requirements and standards based on feedback from our program stakeholders and employers.

Table IV-C-1 NCLEX Pass Rates

Year Graduated	Number of Candidates	First Time Pass Rates (%)
2024	25	Pending
2023	14	100%
2022	42	90.48%
2021	23	100%

Additional pass rate data available at: <http://www.rn.ca.gov/schools/passrates.shtml>

IV-D. Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;

- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response:

The certification pass rates for MSN and PMC/FNP students meet the expected CCNE Key Element IV.D of certification pass rate at 80% or greater for all takers (first time and repeaters who pass) over the three most recent calendar years. Graduates from FNP programs in California are not required to obtain national certification to practice as an APRN, so not all FNP graduates take the certification exam. The FNP curriculum meets the eligibility criteria for MSN/PMC FNP students to sit for the national certification exam for both AANP (<https://www.aanpcert.org/index>) and ANCC (<https://www.nursingworld.org/our-certifications/>) although this is not a requirement for the SSU program completion. All federal medical programs require FNP's to be nationally certified (i.e. Medicare, Department Of Justice for controlled substance) so more of our students are sitting for this exam and faculty highly encourage graduates to achieve FNP certification.

Table IV-D-1 National Certification Rates MSN/FNP

Year of Graduation MSN	Number of Takers for each exam	Percentage Pass first time and repeaters for each exam		
	ANCC	AANP	ANCC	AANP
2024	6/6 (reported)	3/3 (reported)	100	100
2023	8/8	21/26, 2nd try 26/26	100	81/100
2022	8/10, 10/10 2nd try	19/21, 2nd try 21/21	100	90/100
2021	6	17/20	83.33	85

Table IV-D-2 National Certification Rates PMC/FNP

Year of Graduation PMC	Number of Takers	Percentage Pass of All Takers		
	ANCC	AANP	ANCC	AANP
2024	3/3	No data	100	No data
2023	6/6	7/8	100	87.5
2022	2/2	1/1	Anecdotal 100*	Anecdotal 100*
2021	3/3	5/5	100	100

*too few to report

IV-E. Employment rates demonstrate program effectiveness.

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

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 the post-graduate APRN certificate program.*
- *Data is collected within 12 months of program completion, not at program entry. 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.*

Program Response:

All DON programs demonstrate achievement of expected outcome with respect to employment rates by collecting data within twelve months of graduation for all programs. See Table IV.E.1 below.

Due to the small cohort of pre-licensure students, we can easily keep track of the employment status of these graduates through social media and communication with our regional clinical agencies. Our pre-licensure students typically remain in California and are often hired into the clinical agency where they did their clinical rotation or senior preceptorship (N414). We have positive anecdotal feedback and formal survey responses from agencies ranking graduates as high quality RN-BSN's in their entry level RN positions.

In the Post-Licensure BSN Program the End of Program survey collects employment data at graduation with 100% employed in RN role for these students ([Student Achievement Outcomes Table](#)). Many of the ADN- BSN student secure their first RN position while in the program. Previously the End of Program survey for the Post-Licensure program did not include the option for graduates to provide personal emails for opting to have DON contact them 6-12 months after graduation however this has been rectified in the 2019 survey.

Information on employment satisfaction is obtained from our employer-partners during Nursing Advisory Meetings and surveys indicate a high level of satisfaction from our employers.

Our survey data reveal the MSN FNP and PMC FNP students also readily find employment post- graduation. The nature of the FNP program allows students to remain in the communities they live where they also do their preceptorships, many of our student's communities are in rural California, considered medically underserved and in desperate need of primary care providers (Song Brown Data Map: RR). Many of our students receive offers of employment prior to graduation in agencies where they are accruing clinical hours. At the end of the FNP Program (MSN and PMC) students are also asked to complete an End of Program evaluation, and as part of this evaluation the Director collects personal emails which enables us to contact our graduates 12 months after graduation to gather information about employment. Another strategy we have been using is LinkedIn, in their final semester, students are required to establish a LinkedIn account as part of their professional role development. The LinkedIn account provides another option to track students and determine employment status post-graduation. Faculty are proud that over the past five years more than 60% of our graduates are working in underserved areas caring for this very culturally diverse population, this well reflects the Mission of the Department and University.

Table IV-E-1 Employment Rates by Program

Year of Graduation	Programs	Employment rates
2024	MSN FNP	86% 6/7

	PMC FNP	UTA
	Post-Lic BSN	93% 13/14
	Pre-Lic BSN	71% 5/7
2023	MSN FNP	100% 8/8
	PMC FNP	UTA
	Post-Lic BSN	100% 11/11
	Pre-Lic BSN	75% 9/12
2022	MSN FNP	100% 8/8
	PMC FNP	UTA
	Post-Lic BSN	85% 11/13
	Pre-Lic BSN	100% 8/8

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

As part of our SPE (Appendix 10), the DON collects and analyzes data related to completion, licensure, certification and post-graduation employment as necessary to inform areas for program improvement. The SPE assures the DON evaluates discrepancies between actual and expected outcomes deliberately and on an ongoing basis. Faculty review completion, licensure or certification and employment rates, these important outcomes are part of each program's annual evaluation that is discussed first at the program/team level and then presented to the entire faculty at Department meetings (DON Minutes: RR). Based on the findings, faculty formulate recommendations for curricular and/or program changes that might be required to maintain or improve outcomes. The profession of Nursing is dynamic at every practice level so the DON also focuses on currency and relevance of the curriculum ensuring we are producing the best-prepared nurses for today's unique and diverse healthcare needs.

The data in Table IV.F.1 indicates the Pre-Licensure BSN and the FNP (MSN and PMC) Programs have demonstrated a strong record of student retention over the past three calendar years and is compliant in this Key Element. For the FNP (MSN and PMC) Programs we attribute part of our success in completion to our online delivery of the curriculum which accommodates the working students allowing them to remain in their community to gain an advanced practice degree. The Post-Licensure BSN program has a unique diverse student population which

contributes to the variables associated with completion rates for this cohort. This program has students that are concurrently enrolled in rigorous ADN programs, graduate from the ADN program, sit for the NCLEX exam and often are starting a new RN job as a new grad while balancing a full-time BSN program. The high completion percentage in 2017-2019 data, reflect the successful results of continuous efforts of faculty and staff in the Department to maintain a quality program with students' success a top priority.

Maintaining high completion rates in all the programs is projected as we continue to provide support to our diverse student population. DON faculty are committed to work with various learning styles and cultural differences that have the potential to impact our student's success.

Table IV.F.1 Nursing Program Outcomes (Pre-Licensure, Post Licensure BSN and Master FNP and PMC FNP)

Area							
Pre-Licensure/Post-Licensure BSN							
	Expected Level of Achievement	2019-20	2020-21	2021-22	2022-23	2023-24	
ATI RN Comprehensive Predictor: probability of passing the NCLEX-RN	All pre-licensure students taking the ATI RN Comprehensive Predictor will be at 91% or higher probability of passing NCLEX.	Unable to complete due to COVID	Not Required	91.3%	97%	97%	
NCLEX-RN Exam Pass Rates	Pre- NCLEX Annual NCLEX program pass rate will be > or equal to 95%.	94.44%	100%	90.48%	100	TBD	
Program Completion Rates	90% of Pre-licensure graduates will complete the program within 2 years once admitted to the major	Pre 100%	Pre 100%	Pre 100%	Pre 91.66%	Pre 100%	
	80% of Post-licensure FT graduates will complete within 1.5 of program length	Post 95%	Post 93%	Post 100%	Post 96%	Post 97%	
Graduate Satisfaction	90% of graduating students surveyed will strongly agree or agree that they were satisfied with their educational experience in the nursing program	Pre 93%	Pre >95%	Pre >95%	Pre 100%	Pre TBD	
		Post 97.5%	Post 100%	Post 100%	Post 100%	TBD	
Area MSN/PMC							

Certification Exam Pass Rates	Expected Level of Achievement	2019-20	2020-21	2021-22	2022-23	2023-24
	Annual certification pass rates will be at or above national means.	88%	92%	90%	94%	100% 6/6
	80% or higher for all takers (first time and repeaters who pass) over the three most recent calendar years.					
Program Completion Rates	90% of FNP FT graduates will complete the program within 2 years, PT within 3 years, PMC within 2 years	100% 38	100% 38	100% 37	100% 36	97% 36
Graduate Satisfaction	90% of graduating students surveyed will strongly agree or agree that they were satisfied with their educational experience in the nursing End of Program and 1 year post graduation surveys	N=11 100% all SLO >90%	N = 12 100% of objectives met >90%	N=9 100% of program objectives for satisfaction met >90%	N =8 100% of SLO >90%	0 responses
Employer Satisfaction	90% of employers surveyed will strongly agree or agree that they are satisfied with the graduates educational preparation for entry level FNP	100%	100%	100%	100%	100%
Job Placement Rates	90% of graduates who seek employment within 6 months to 12 months of graduating will be employed as an FNP	93%	94%	90.5%	96%	100%

From nursing website homepage: www.nursing.sonoma.edu

The Pre-Licensure BSN program has consistently reported outcome data that exceeds the CCNE minimum expected outcome as described in Key elements IV B, C and E. The Department will continue to use the SPE to evaluate the curriculum for currency and effective delivery. During COVID-impacted years, NCLEX pass rates dropped, but are trending back to high pass rates, meeting all the Student Achievement Outcomes. We have worked on maintaining and updating the currency of our content with any major curriculum changes, and continue to support student success.

In the Post-Licensure BSN program the outcomes exceed the CCNE minimum expected outcomes with Key elements IV B and E. The other elements in this area do not apply to the Post-Licensure Program because students are ADNs and are required to pass their NCLEX exam prior to matriculation. In this cohort, 80-100% of students are employed RNs prior to their BSN graduation. However, students report enrollment in a BSN program is a positive factor in the hiring process.

Impaction criteria <http://admissions.sonoma.edu/how-apply/impacted-majors/first-time-freshman-impacted-major-criteria> (first time freshman), <http://admissions.sonoma.edu/how-apply/impacted-majors/transfer> (transfer) has been analyzed and revised to increase equity in the opportunity to obtain SSU BSN for successful ADN students from diverse backgrounds and inclusive of a broader services area. An example of why the admission criteria needed to change was that previously a C grade in prerequisite Chemistry course would prevent ADN students from qualifying for our BSN program. Our desire was to remove the barrier of one C grade for students who were otherwise successful in their ADN program. We have been closely monitoring since this change in criteria, and have found that outcomes are consistently positive (taking into consideration un-related challenges faced during the height of the pandemic).

Students in the Post-Licensure BSN program had a history of sub-optimal on time degree completion rates due to complicated and lengthy transfer credit interpretation. Proactive advising while students are still in their ADN programs to complete all their lower division GE courses was identified as a need for on time degree completion. A dedicated CNECM Advisor provides group and individual academic advising. A clear ADN-BSN Academic Plan with [Road Maps](#) specific to our partner community colleges is available, priority registration in online upper division GE courses fosters success among distant and/or working students who would not find a seat in an online upper division GE if the DON did not offer courses with priority registration. Student Ambassadors (representatives) are recruited from the current cohort, and act as champions for the program at their community colleges and offer peer outreach for potential candidates. These students also represent their class to faculty and facilitate communication of academic barriers as they arise (Post-Licensure Minutes: VRR).

The MSN FNP Program met all Key Elements as noted in the Student Achievement Outcome data in Table IV.F.1. With the diversity of our MSN FNP students, English may not be a first language and faculty continue to work on strategies to prepare FNP students to successfully pass national certification. We encourage our students to sit for the exam within three months of graduation with the data that this practice statistically yields the best outcomes. Since national certification is not required to practice in California, many of our students delay taking the certification exam for one to several years (some coming back after 20 years) which can affect success on the exam.

In the FNP Program we also use the data related to student achievement outcomes for program improvement. In 2016 we noticed that our national certification pass rates had dropped from high 90s to the low 80% pass rates. We evaluated the curriculum and implemented specific strategies to prepare students for the exam. Pass rates have improved, supporting the multi-pronged approach (Barkley Exam, Diagnostic Readiness Test, and Necessary NP) that faculty have integrated throughout the program, including specific exam prep workshops. Many employers now require national certification for Medicare billing and controlled substance furnishing, so we are seeing more students taking (and passing) the exams.

The high degree completion percentage in 2019-2024 data (with the exception of pandemic-impacted cohorts), reflect the successful results of continuous efforts of faculty and staff in the nursing department to maintain a quality program with students' success a top priority. Maintaining high rates of program completion in all programs is projected as we continue to provide support to our increasingly diverse student population. We will continue working with various learning styles and cultural differences that have the potential to impact our student's success.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

There are two distinct groups of faculty at SSU: T/TT faculty, with the expectations for teaching, scholarship and service; and part-time/temporary faculty (also titled Lecturer regardless of whether they are clinical or didactic instructors) with expectations that focus on teaching, however scholarly work and service are encouraged. There are five tenured faculty, including the Department Chair, and ten total TT faculty. Of the ten TT faculty two faculty are Full professors (Valdez, Altaker) and eight TT faculty are currently at the Associate professor rank (Fidler, Freborg, Napoli, O'Brien, Rose, Werder) and two are Assistant professors (Coleman-Smith, Nwaizugbu).

There are currently two full time temporary faculty (teaching 15 units/semester) and 27 part-time temporary faculty who teach in the DON (Resource: Chair & Faculty CV Binder: RR).

Tenured/Tenure-Track Faculty

The T/TT Probationary faculty follow expected outcomes for Reappointment, Tenure and Promotion (RTP) Procedures, Criteria and Standards for Tenured and Probationary Faculty per [University policy](#); as well as the Department specific RTP criteria developed to meet the unique needs for Nursing faculty (Appendix 7 [Nursing RTP policy](#)). The Department criteria were reviewed by [Faculty Standards and Affairs Committee \(FSAC\)](#) to ensure that the criteria are consistent with the [University RTP policy](#), the [Collective Bargaining Agreement \(CBA\)](#), and the University Mission. The Department RTP criteria were revised and implemented in 2022, through a process of faculty collaboration and input (DON Meeting Minutes: RR) and approved by FSAC. The RTP policy is intended to protect both the rights of the University to exercise judgment in the granting of reappointment, tenure, and promotion and the rights of the faculty to a complete and impartial evaluation. Table IV.G.1 displays the aggregate outcome of faculty and benchmarks for expected level of achievement.

Table IV.G.1 *Aggregate Faculty Outcome Data Summary*

Criteria	Benchmark and Expected Level of Achievement	Aggregate Outcome		
		21-22	22-23	23-24
Evaluation	100% of TT Faculty Progress in RTP process	Met	Met	Met
	100% of Temp Faculty will progress in cumulative review process	Met	Met	Met
Teaching	100% of faculty will achieve SETE with	Met	Met	Met

Effectiveness	average score > 3.5*			
	≥90% of students report satisfaction on End of Program Evaluations	Met	Met	Met
	≥90% of students report satisfaction with end of course evaluation	Met	Met	Met
	100% of faculty will receive a peer evaluation per Peer Evaluation policy	N/A	N/A	N/A
Scholarship	100% Faculty participate in one scholarly or professional development activities per year	Met	Met	Met
Service:	100% Faculty participate in at least three service activities per academic year	Met	Met	Met

*Faculty aggregate data (Chair and Faculty Binder: RR)

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- *Faculty outcome data are used to promote ongoing program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

We use aggregate faculty outcome and accomplishment data to assure that students are receiving quality didactic and clinical teaching as well as adequate supervision of students and in turn being prepared to deliver quality patient care. Aggregate data for faculty SETEs demonstrates that 100% of faculty earn an average score of 3.5 or greater on a 1-5 Likert scale. Data also indicates that greater than or equal to 90% of students self-report satisfaction with the program they are completing in the End of Program Evaluations across programs. Students also report satisfaction with individual courses in the programs with greater than 90% satisfaction with meeting course objectives. The DON has exceeded the expected outcome for both scholarship and service with all faculty meeting the outcome and many demonstrating additional scholarship with publications, presentations, grants, and continuing education. Being a small department and understanding the importance of having our voice heard across campus and in the community, faculty generally participate on multiple committees. We have met the expectations delineated in the SPE for faculty related to all outcomes. We will continue to maintain our high standard and outcomes in continued support of our academic successes and we have University resources providing ongoing support for faculty professional development.

The DON will continue to maintain the process for obtaining data for aggregate faculty outcomes and initiate a process for implementing annual peer evaluations for all faculty to support growth in teaching and their trajectory in nursing education. With many new TT faculty and temporary faculty in the Department we will be planning a faculty

retreat for spring 2020 to support team building, review of BRN and accreditation processes and in-depth program review.

IV-I. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response:

Program outcomes other than those related to completion rates, licensure pass rates, certification pass rates, employment and faculty are defined by the program and incorporate expected levels of achievement and are listed below. See Table IV-F-I

- 90% of graduating students (BSN, MSN, PMC) surveyed report satisfaction with the program.
- 90% of employers surveyed will report satisfaction with graduate education and preparation for entry level position.
- 100% of the MSN students will pass the culminating experience,
- 100% for the Post-Licensure BSN students will earn 88% or greater on the capstone project. 100% of pre-licensure BSN graduates will complete the comprehensive ATI with 91% predicted NCLEX pass rate.

The DON demonstrates achievement of program outcomes as outlined in the SPE in addition to licensure and certification pass rates, employment rates and faculty and include End of Program Survey, One Year Post Graduate, Employer Survey, Culminating Experience (MSN), Capstone Project (BSN) and Nursing Advisory Committee feedback (www.sonoma.edu/nursing/).

Expected Level of Achievement for End of Program Survey

End of Program surveys are conducted at the end of the final semester in each program. The survey result in all programs is a benchmark of greater than 90% of the graduates will report satisfaction with the programs ability to prepare them in meeting the terminal objectives, provide an environment conducive to learning and a positive clinical experience. All benchmarks were met at > 90% satisfaction from 2016-2019 across programs.

Expected Level of Achievement One Year Post Graduation Survey

The One Year Post Graduation Survey is sent out to our alumni one year after graduating from their designated programs. The One Year Post Graduation Survey's expected outcome is that greater than or equal to 90% of the graduates will report satisfaction at one year post graduation. The MSN/PMC/FNP One Year Post Graduate Survey asks participants to rank their level of satisfaction related to how well the program met their personal needs (timing of classes, affordability, and flexibility), and achievement of mastery (communication, therapeutic intervention management, critical thinking and evaluation). All expected outcomes were met for the MSN/PMC/FNP programs. The DON also gathers information about the FNP Graduate's employer and the Director uses this data to send out the Employer Satisfaction surveys. The BSN One Year Post Graduation Survey has a similar expected outcome as described above and asks about satisfaction with the quality of instruction, preparation for practice, preparation in

communication, cultural competence, research, caring, critical thinking, leadership, and advocacy, teaching/learning and to be a lifelong learner. All expected level of achievements were met for the BSN program. Both the MSN/PMC and BSN surveys provide graduates the opportunity to write narrative comments related to their experience and the DON values the unscripted feedback.

Expected Level of Achievement (ELA) Employer Survey

Employer surveys are distributed during our Nursing Advisory Committee Meeting (Advisory Committee Meeting Minutes). We receive anecdotal feedback from our clinical partners who participate in the Nursing Advisory Committee meetings. Many of our BSN graduates remain local and are employed by these same clinical partners and provide feedback on our graduates related to entry level RN readiness for practice.

Moving forward we plan to formalize the Employer Survey process for the BSN program to help quantify satisfaction with these graduates.

Because the FNP program is primarily serving distant students we send out employer surveys via email or snail mail once employer data is received from the One Year Post Graduate Surveys. The FNP Employer Survey ELA is that greater than > 90% of employers are satisfied with our graduate's ability to communicate, their technical skills, assessing patient needs, critical thinking, leadership and implementation of a plan of care. We also ask if SSU graduates are desirable employees and provide opportunities for comments. Our employers consistently express that our graduates, across programs are well prepared reporting > 90% satisfaction across categories on our employer survey (Appendix 35, 36: All & FNP Program Employer Surveys, (Annual Program Evaluation Binder: RR)

Expected Level of Achievement Capstone (BSN)

In the Pre-Licensure program the capstone experience is the ATI RN Comprehensive Predictor and must earn above 91% probability of passing the NCLEX. A remediation policy is in place for those students that do not successfully meet this benchmark on the first attempt. The ELA for the Capstone Project (N416) is 100% of Post-Licensure BSN students will earn an 88% or better on their capstone assignment. The capstone project applies all previous course work exploring research, best practices, communities need and population characteristics and implements a quality improvement service learning project. These ELA were met by all Pre-Licensure BSN students for 2016-2019.

Expected Level of Achievement for OSCE/Culminating Experience (MSN/PMC/FNP)

The expected level of achievement for the OSCE is 100% of the MSN/PMC students will pass the OSCE in N550C and 100% of the MSN students will pass the overall culminating experience (N566) (University requirement for graduation with MSN). The OSCE requires all MSN/PMC/FNP students to apply their knowledge acquired in the program to a complex clinical scenario – and obtain a thorough focused history, focused physical exam, determine an appropriate assessment with at least three differentials and a comprehensive plan that includes evidence-based practice and appropriate age and gender specific health maintenance care. The MSN students also write two scholarly papers applying theory, ethics and health policy to this specific patient scenario. The expected level of achievement was met by all MSN/PMC/FNP students for 2016-2019.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*

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

Program Response:

The DON SPE provides a framework to assure outcome data are provided as the basis for the process to foster ongoing program improvement. Within the SPE all program outcomes are defined and have measurable levels of achievement. Each year student achievement outcome and program outcome data are reviewed by Program Directors and analyzed for discrepancies between actual and expected levels of achievement. The Directors formulate the program data into an Annual Program Report that is first presented to the Program Team for input and if there are discrepancies between actual and expected outcomes, guide the development of an action plan to address gaps. Program Directors present the Annual Report to the DON in fall each year. (Appendix 10 SPE, Annual Program Reports, Program and DON Meeting Minutes: VRR). Quality of data is also considered, for example when a low response rate was identified, a plan to improve the low rate was included in the Annual Report.

Each of the expected program outcomes were met and faculty are committed to ongoing improvement and minor changes to courses are implemented via recommendations in Team meetings and with conferred approval in DON meetings. One example of a minor change includes data from the BSN End of Program Survey, where some students reported the DON Homepage was difficult to navigate. Directors and Administrative Coordinators streamlined and improved links on the [DON Homepage](#). Following 2020 updates, satisfaction increased. However, as of October 2024, the platform for all university-housed websites has changed, requiring a full redesign. While this will likely improve user interface in the long run, the current website is undergoing frequent revisions and edits to align with the new platform and continue to provide correct and current information to browsers. Another example of fostering ongoing program improvement informed by data collected is faculty identification of the low response rate of Post-Licensure BSN Alumni and a new plan to collect graduates' personal emails was initiated in spring 2019 to facilitate contact with graduates. We have slightly improved responses, but will continue to brainstorm ways to improve response rates across all programs. (Annual Program Reports: VRR)

Continued feedback will be requested from employers on a formal and informal/anecdotal basis. Trend data will be collected, analyzed and minor changes to courses can be accommodated via recommendations per Program meetings and conferred approval in DON meetings. An example of minor change in a course may be as simple as increased clinical skill time or additional content on a particular technique or topic. Major curricula revision is in process currently, in alignment with updated AACN/NONPF guidelines, preparing to implement in 2025.

Our employer's expectation is for graduates to be workforce ready in all circumstances and the DON is always willing to investigate and implement changes to foster new skills and expand competencies in our graduates. A request was made in the Advisory Meeting (Advisory Meeting Minutes April 2019: VRR) for all graduates to have the ability to produce handwritten narrative charting in the event of a power failure and or disaster. This request came from employers' experience in coping with recent regional disasters which affected power supply and failure of electronic medical records systems. DON has implemented handwritten narrative charting competencies to assure graduates are able to function well in the event of a disaster. The program outcome data and the above examples demonstrate the DON's capacity through faculty engagement at Team and Department levels are able to effectively act to improve programs whenever necessary.

Index of Appendices and Evidence

Appendix	Source Title	Std
Appendix 1	Faculty Handbook	Std I-IV
Appendix 2	Student Handbook	Std I-IV
Appendix 3	AJEDI Action Plan	Std I
Appendix 4	DON RTP Criteria	Std II, IV
Appendix 5	DON Peer Evaluation Instruction	Std I
Appendix 6	DON Peer Evaluation Form	Std I
Appendix 7	Faculty Participation on Committees	Std I-II
Appendix 8	Candidate Checklist for the Working Personal Action File (WPAF)	Std I
Appendix 9	Humanistic Nursing Theory (pdf)	Std I
Appendix 10	DON Class Schedule AY 23-24	Std II
Appendix 11	Systematic Plan of Evaluation (SPE)	Std I-IV
Appendix 12	AB 1460	Std II
Appendix 13	Dean Letter of Support	Std II
Appendix 14	FNP Faculty Expertise	Std II.E
Appendix 15	BRN SSU MSN/PMC FNP Approval Letter 2021	Std II
Appendix 16	FNP Preceptor Handbook	Std II
Appendix 17	FNP Pediatric Preceptor Handbook	Std II
Appendix 18	FNP OB Preceptor Handbook	Std II
Appendix 19	N414 Preceptor Packet	Std II
Appendix 20	N412P Site Practitioner Packet	Std II
Appendix 21	AACN Salaries 2023-24	Std II
Appendix 22	Example DON Syllabus	Std III
Appendix 23	MSN/FNP Essentials Mapping	Std III

Appendix 23a	PMC/FNP Essentials Mapping	Std III
Appendix 24	MSN/FNP PNSG MAPPING	STD III
Appendix 24a	PMC/FNP PNSG MAPPING	Std III
Appendix 25	BE Map for Pre-Licensure BSN	Std III
Appendix 26	BE Map for Post-Licensure BSN	Std III
Appendix 27	SSU NTF Criteria Worksheet	Std III
Appendix 28	48 Unit GE Pattern A-F	Std III
Appendix 29	Employer Surveys	Std III
Appendix 30	Preceptor Evaluation of Students	Std III
Appendix 31	Sample Clinical Evaluation Tools (BSN)	Std III
Appendix 32	Evaluation Responsibilities Matrix	Std III-IV
Appendix 33	Green Folder Checklist	Std III
Appendix 34	One Year Post Graduate Survey Tool	Std IV
Appendix 35	Sample Clinical Contract	Std III
Appendix 36	BRN Content Required for Licensure (EDP-P-06)	STD III
Appendix 37	BSN PreL Total Curriculum Plan (EDP-P-05a)	STD III
Appendix 38	BRN Requirements for PHN	Std III