



Sonoma State University Department of Nursing

Self-Study Document

September 2019

Introduction

Located in California's premier wine country 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 gained 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 was recently 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 recently reaccredited most in February 2018.

The Department of Nursing (DON) is housed in the School of Science and Technology along with 8 other departments which include Math & Statistics, Physics & Astronomy, Engineering Science, Computer Science, Chemistry, Biology, Geology, and Kinesiology. The DON became a part of the University as a response to the service area's interest in a Bachelor of Science (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 within 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 then 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 articulate with the established upper division RN to BSN program. The local community was very supportive of the Department of Nursing 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 CNECM Community 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 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 and one additional year and graduate from the RN - BSN Program. Currently we have a full and part-time MSN FNP program along with a full-time Post MSN Certificate FNP program. Both the RN-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 barriers such as time and place, 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 Department five new tenure track faculty hires to help fill the huge gap created during the previous decade with several retirements. The new University administration is working hard to expand and upgrade facilities, invest in students and the graduation initiative. Goals are being set based on a new seven year [strategic plan \(2018-2025\)](#) which was created by staff, faculty, administration and students with the primary goal to create a meaningful strategic plan that will guide campus decision-making, budget, academic program development, hiring, programming, fundraising, revenue diversification, and other core efforts for the next several years.

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 as well as the Post MSN FNP Certificate Program (1994) which benefit regional and distance students and employers while preparing students to make a positive impact in the local to global communities. 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!

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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 and 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 Mission include diversity and social justice, sustainability and environmental inquiry, connectivity and community engagement, and adaptability and responsiveness. Additional information is located at: <https://strategicplan.sonoma.edu/building-our-future-ssu>

The Mission of the School of Science and Technology

The Department of Nursing (DON) is within the School of Science and Technology. The School of Science & Technology (SST) is a dynamic academic community committed to educational excellence across disciplines in the life and physical sciences, technology, engineering, math and health-related sciences that include kinesiology and nursing. The highly qualified and dedicated faculty and staff are committed to the SST Mission to graduate learned and capable students that will contribute to the well-being and prosperity of our region, state, nation and planet. Additional information is located at <http://web.sonoma.edu/scitech/>.

The Mission of the Department of Nursing

Our Department strives to develop and maintain excellent programs of undergraduate and graduate instruction 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. 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. 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: <http://web.sonoma.edu/nursing/about/>.

The Mission of the Nursing program was developed to be congruent with the Mission of the University, the California BRN (CA BRN) requirements, and the Essentials of both Baccalaureate (2008) and Master's (2011) 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. (DON Minutes - Resource Room [RR])

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 three levels of nursing education: undergraduate Pre-Licensure and Post-Licensure BSN, graduate (MSN-FNP) and the Post-MSN Certificate FNP (PMC). The philosophical foundation of the SSU DON is based upon [Humanistic Nursing Theory](#) (HNT) (Paterson & Zderad, 1988). Departmental values are based in HNT from which faculty tailor curriculum and pedagogical methods. HNT is a multi-dimensional metatheory centered on the essence of nursing, the nurse client (individual, family, community, organization) interaction, 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. 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 6, p. 6)

These philosophical commitments reflect the DON faculty's Mission, Goals and commitment to educate graduates to be a lifelong learners, continually evolving and advancing their practice roles. We recognize 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 eight philosophical statements are operationalized below in the nine core HNT concepts that serve as the foundation for our Mission, Goals and Outcomes that were developed to direct curricula.

1. Human caring is the core of the inter-subjective 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 Competency 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.

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.

Within nine organizing concepts reside six critical competencies identified in the Quality and Safety in Education in Nursing (QSEN) guidelines. Faculty value the goal of QSEN which is to prepare future nurses with the knowledge, skills and attitude necessary to continually improve the quality and safety of the healthcare systems where they practice. In Table I.B.1 faculty have aligned the six QSEN competencies (patient centered

care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics) with the Department philosophical concept, emphasizing the incorporation of QSEN across BSN/MSN/PMC curricula (Appendix 1: Student Handbook).

Table I.B.1 *Crosswalk of University, Department of Nursing, BSN Program Terminal Objectives and 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	<p>Caring: Demonstrate the integration of respect for human diversity, social justice and self in the nursing role</p> <p>QSEN Competency Patient-Centered Care: recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.</p>	<p>II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety</p> <p>IX. Baccalaureate Generalist Practice</p>
Connectivity and community engagement Adaptability and responsiveness	Developing professional leadership and active citizenship	<p>Critical Thinking: participate in initiatives that support health promotion and disease prevention</p> <p>QSEN Competency Quality Improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.</p>	<p>I. Liberal Education for Baccalaureate Generalist Nursing Practice</p> <p>VIII. Professionalism and Professional Values</p>
Connectivity and community engagement Adaptability and responsiveness	Developing professional leadership and active citizenship	<p>Communication: Communicate within a team framework to promote optimal client outcomes</p>	<p>I. Liberal Education for Baccalaureate Generalist Nursing Practice</p> <p>II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety</p> <p>IV. Information Management and</p>

			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 QSEN Competency Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.	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
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	Teaching/Learning: Demonstrate the role of the nurse in specific client centered teaching	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 QSEN Competency Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performances.	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 QSEN Competency Teamwork and Collaboration: Function effectively within nursing	II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety V. Healthcare Policy, Finance and Regulatory Environments

Adaptability and responsiveness		and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.	VI. Inter-professional Communication and
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 QSEN Competency <i>Evidenced Based Practice:</i> Integrate best current evidence with clinical expertise and patient/family preferences and values for the delivery of healthcare.	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
Connectivity and community engagement Diversity and Social Justice	Practicing nursing within a broad cultural perspective	Cultural Competency: 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 evidenced based practice. Integrate the science of nursing, advanced knowledge and practice excellence to actualize the professional roles associated within area of role focus. QSEN Competency <i>Evidenced Based Practice:</i> Integrate best current evidence with clinical expertise and patient/family	I. Background for Practice from Sciences and Humanities

		preferences and values for the delivery of healthcare.	
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. QSEN Competency Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performances.	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. QSEN Competency Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.	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 evidenced based practice. Integrate the science of nursing, advanced knowledge and practice excellence to actualize the professional roles associated within area of role focus.	IV. Translating and Integrating Scholarship into 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	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

Providing a foundation for lifelong professional learning	Providing a foundation for lifelong professional learning	<p>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.</p> <p>QSEN Competency <i>Patient-Centered Care:</i> recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.</p>	VI. Health Policy and Advocacy
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	<p>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.</p> <p>QSEN Competency <i>Teamwork and Collaboration:</i> Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect and shared decision-making to achieve quality patient care.</p>	VII. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
Adaptability and responsiveness	Affirming intellectual and aesthetic achievements as part of the human experience	<p>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.</p> <p>QSEN Competency <i>Quality Improvement:</i> Use data to monitor the outcomes of care</p>	VIII. Clinical Prevention and Population Health for Improving Health

		processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.	
Connectivity and community engagement Diversity and Social Justice	Practicing nursing within a broad cultural perspective	Cultural Competency: 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 DON developed its Mission statement in 1972 and we currently operationalize the philosophical concepts of the Mission to educate and prepare students to meet the needs of our community of interest (Col). 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 Nursing Advisory Committee meetings, faculty participation in School and University committees, and involvement in community outreach to schools, and agencies in our service area. The DON's expectations of graduates are to fulfill the aims of Department'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 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 and we also endeavor to admit and retain diverse students needed in today's healthcare field. With our HNT philosophical influence on the curricula, 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 fulfil the identified expectations of the Col. The DON also consider 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 Mission, Goal and Outcomes. However, through formal and informal feedback mechanisms, alumni and employers report a high level of professionalism, cultural

competency, and leadership abilities in our graduates. Our employers also comment on the strong connection of the DON to the community and ability to apply evidence-based practice to their patient care as well as influence policy. Specific examples include our Department's accommodation of the new Joint Commission expectations for background check and drug screens into our clinical requirements. Another example is maintaining the number of graduates produced in each of our programs (BSN/MSN/PMC) as well as adjusting our entrance requirements in the Post-Licensure BSN program to facilitate an increased diversity in cohorts. We also collaborate with schools to place students in clinical settings to avoid competition in our local facilities (Nursing Advisory Minutes, CAPA-Marin Minutes: RR). We modified our traditional face to face Post-Licensure BSN program to an online co-enrollment of the ADN to address the demands for bachelor prepared nurses (CNECM curriculum, DON and Program Minutes: RR). For the purpose of this accreditation cycle we have reached out to our Col via email and posted the of upcoming site visit on the DON website to provide an opportunity for anonymous feedback related to our programs (Email sent to Col for comments: RR).

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

Faculty members are actively involved in a wide range of community activities and 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 2) is accessible to all faculty and clearly defines the departmental expectations for faculty. It is reviewed annually by DON 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 <http://web.sonoma.edu/aa/fa/all-faculty/new-faculty.html> for both Tenure Track (TT) and temporary faculty (Appendix 2: Nursing Faculty Handbook, CBA, New Employment Information: RR).

Clearly defined expectations are outlined for TT faculty teaching, scholarship, and service, and are documented in the [retention, tenure and promotion process](#) (RTP) and are further described, and 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 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 Department RTP criteria provide discipline specific guidance but do not supersede University RTP policy (Appendix 6: DON RTP Criteria). TT faculty are evaluated annually with either a Brief Evaluation (Periodic) or a Comprehensive (Performance) Evaluation (Calendar of RTP schedule 2018-2019: RR). 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.

(<http://www.sonoma.edu/policies/reappointment-tenure-and-promotion-procedures-criteria-and-standards-tenured-and>). Once the TT faculty has prepared their documents, they upload all required documents to OnBase (Appendix 3: Candidate checklist for the Working Personal Action File [WPAF]) for review at Department, School, 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 effectiveness:

- 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 evaluation of teaching effectiveness (SETE) and peer evaluations. SETEs are required for all faculty who teach and peer evaluations are conducted in compliance

with the University RTP Policy. The University's expected level of achievement is that average SETE 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 policy provides the Department the opportunity to develop additional discipline specific questions, and the DON's additional SETE questions are bolded in the table below.

Table I.D.1 *Student Evaluation of Teaching Effectiveness 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 SETE questions)*

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 and provide valuable feedback to 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 4 & 5 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 scholarship" (SSU RTP Procedures, Criteria, and Standards for Tenured and Probationary Faculty

<http://www.sonoma.edu/policies/reappointment-tenure-and-promotion-procedures-criteria-and-standards-tenured>).

TT faculty are expected to develop a research 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 includes grant preparation and administration, conference presentations, community policy development, professional conference convener, publishing, mentoring and contributions to accreditation documents and processes (Appendix 6 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 as contributions to the organizational, academic, intellectual and social life of the University, including participation on committees and student organizations. Service is also 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: Table Faculty Participation on SSU Committees). Faculty clinical practice is recognized as community service and helps to ensure faculty remain clinically current in a dynamic healthcare environment. Faculty practice may include working in the area of specialization, consulting, furthering education, new or maintenance of required state RN licensure, certification(s), community based projects or professional service (boards for professional or community organizations) (Appendix 6: DON RTP Criteria March 2018)

Temporary Faculty

Similar to the TT faculty, temporary faculty teaching is evaluated by students through the SETE 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 SETE 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 tenure 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 preparation they receive
	90% of MSN graduates will assign a positive rating to their satisfaction and the overall preparation they receive
	90% of PMC graduates will assign a positive rating to their satisfaction and the overall preparation they receive
	Average SETE score in BSN courses will show growth toward or maintenance of effective or very effective (3.5) on 1-5 Likert scale
	Average SETE score in MSN courses will show growth toward or maintenance of effective or very effective (3.5) on 1-5 Likert scale
	Average 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 faculty participate in a minimum of one scholarly or professional development activities each academic year; gain updated knowledge of nursing specialty content via CEU
Service	100% of 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. For each meeting a Zoom link is provided for 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 areas in the DON discussed in Team and DON meetings are: Curriculum, Admissions, RTP/Cumulative Evaluation, Faculty Search Committee, 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 set 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, SETE's and end of program surveys. They also have access to Program Directors and faculty to provide course or program specific feedback. A description of the student representative role is in the Nursing Student Handbook, a student representatives attend only the open sessions enabling DON faculty to confer on individual student matters in closed session. All policies are available to students online in the Nursing Student Handbook (<https://web.sonoma.edu/nursing/resources>). A student representative is selected by the class and 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 team meetings. Examples of student participation in Department governance include pre-licensure students requesting additional time in the skills lab, Representatives brought the request to the Pre-Licensure Team meeting and formulated a plan to have open lab hours on Fridays to practice skills. In the Post-Licensure Program, students voiced barriers from employers getting time off work to attend mandatory on-campus program orientation meetings. This was brought to the Post-Licensure Team 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 (Example Employer Letter, Post Licensure BSN Minutes: RR). 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 and then 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:RR).

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 program governance through Team and Department meetings, faculty unable to attend in person are provided the opportunity to participate either by video (Zoom) or phone conferencing. All faculty receive a copy of meeting minutes after each meeting and edit/feedback/additions are solicited. (DON and Program Minutes)

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 on <http://www.calstate.edu/app/policies/>, University policies are located in the University Catalog and also accessible through the Sonoma State University website at:

<http://www.sonoma.edu/academics/catalog> and <http://www.sonoma.edu/policies> Policies are reviewed at the University, School, and Department level periodically. DON policies are located in Student and Faculty Handbooks in the resource section of the Sonoma State University nursing website at:

<https://web.sonoma.edu/nursing/resources/>

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, School and University levels. At the department level faculty evaluate and revise admission criteria annually for congruence with University policy. At School 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 SST Chairs and DON. 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 DON meeting 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 Grade Point Average (GPA) and attendance are identified in the Student Handbook and support achievement of the program's Mission, Goals, and expected student Outcomes.

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](#) in disagreement with a grade or treatment by faculty or department. DON has no separate policy resolving formal complaints and follows the University's procedures. Links to Formal Dispute Resolution Procedure are listed in Student Handbook, and links are in every DON syllabus (Program Binders: RR).

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 <http://web.sonoma.edu/hr/erc/title-ix/>

In ongoing revision of orientation materials and syllabi templates (Appendix 2: 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 DON has not had a formal complaint filed in over 10 years.

<http://www.sonoma.edu/policies/grade-appeal-policy> . In the 2016-2019 evaluation cycle the Department has not had any formal complaints or grievances filed (Key Element I-G). All formal complaints would be processed following the University policy for grievance <http://www.sonoma.edu/policies/student-grievance-policy>

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."

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

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).

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) revisions of 2019 are now 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 School of Extended Education and International Studies (SEIE) CNECM, PMC/FNP 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 comment such as closing a program, or changing impact criteria of the CNECM program. We publicly disclose that we are accredited by the Accreditation Commission for Education in Nursing (ACEN) along with the specific student outcomes required to be posted by that agency on our website. www.sonoma.edu/nursing/

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) ([2018-2019 Campus Budget Report](#)). 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 2016 to 2019 in Table II.A.1 *Department Budget Academic Years 2016-19* and reflect program changes and subsequent expansion or contraction of enrollment. The information presented also includes the DON trend of full time equivalent faculty related to the number of full time equivalent students. Since 2015, FTES have increased 8.2%, and supplemental lab fees increased by 8.5%, however there has been no increase in operational expenses in 10 years. Currently there are sufficient fiscal allocations and solicited outside monies available to the department to assure program delivery, evaluation, ongoing revision and meet educational outcomes.

Table II.A.1 *Department Budget Academic Years 2016-19*

Academic Year (AY)	AY 16-17	AY 17-18	AY 18-19
No. Students Enrolled	161	179	181

Full Time Equivalent Students (FTES)	175.77	177.2	193.58
Full Time Equivalent Faculty (FTEF)	17.10	16.84	16.44
<i>Salaries and wages</i>	1,448,182	1,377,497	1,364,145
<i>Operating Expenses</i>	9315	9315	9315
<i>General Fund Total</i>	1,457,497	1,377,497	1,373,460

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, such as grants; gifts and self-supported course fees. Department faculty have proactively pursued and obtained funding to enhance current educational outcomes and to support all programs in the Department. Selected courses are provided through SEIE 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 2016-19*

Funding Source	AY 16-17	AY 17-18	AY 18-19
State Fund	9,315	9,315	9,315
Song Brown	173,556.48	184,513.96	192,000
Ext. Education Disbursements (IDC)	1124	1160	1088
Other Grants (IRA)	12,000	14,000	16,000
Course Fees (supplemental lab)	7221	7440	7845

Comparisons of institutional funding (excluding grants and other outside monies) between similar departments within the University for AY 2017-2018 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 commensurate.

Table II.A.3 *Budget Comparison between Departments within the University (AY 2017-18)*

Department	Full-time TT Faculty	FTES	FTEF	SFR	TT Faculty Salaries	OE
Nursing	8	177.2	16.84	10.52	618,548	9,315
Business Admin & Economics	30	1060.97	35.03	30.28	2,717,252	53,837
Education	22.5	585.68	34.37	17.04	1,935,774	126,228
Kinesiology	6	216.98	17.11	12.68	581,932	12,992
Computer Science	7.5	238.6	11.19	21.32	750,601	8,950
Engineering	3	51.27	4.23	12.12	230,338	5,000
Biology	10.5	415.57	18.43	22.55	987,673	23,624

The process for obtaining allocations for the DON's fiscal needs involves the Dean of the SST 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 School 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. The DON has secured new funding with the award of Instructionally Related Activities (IRA) allocations for purchasing simulation clinical laboratory time for pre-licensure BSN students at a local vendor (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.4 below.

Table II.A.4 *Funds Spent on Faculty Development, Instruction Supplies, and Technology*

Funding Category	AY 16-17	AY 17-18	AY 18-19
Faculty development Avg per FT faculty	\$5756	\$5213	\$7901
Travel paid out of OE	\$7860	\$5258	\$5092
Instructional supplies & technology	\$2500	\$2912	\$1317

Average salaries in DON are compared to similar departments, recruitment for TT or adjunct faculty is challenging as salaries for nursing professionals in the region are significantly higher than CSU faculty salaries.

Table II.A.5 *TT Faculty Salary Comparison between Departments within the University (AY 2017-18)*

Department	Full-time TT Faculty	TT Faculty Salaries	Salary Average
Nursing	8	618,548	77,318
Business Admin & Economics	30	2,717,252	90,575
Education	22.5	1,935,774	86,034
Kinesiology	6	581,932	96,989
Computer Science	7.5	750,601	100,080
Engineering	3	230,338	76,779
Biology	10.5	987,673	94,064

Despite an increase in FTES, the DON is not able to meet demand for increasing enrollment in the BSN program which would require new TT faculty hires and assurance of clinical sites. The University is adopting Strategic Budgeting in 2019-20 and the DON looks forward to involvement in a larger University discussion of resource allocations based on SSU's mission, goals and outcomes.

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 metric, which considers, class size, frequency of sessions, and equipment requirements. The Department submits a schedule of classroom needs to the University each semester and classroom space is assigned.

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 lab (Nichols 149) determines how courses and clinical activities are scheduled. (Appendix: 8 Equipment Inventory)

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 lab has a limit which does not allow for an entire cohort to have on-campus clinical activities scheduled. For example, doubling clinical groups (16 students) for didactic portion of clinical learning would be a more efficient means of instruction time and use of space without compromising quality. (Appendix 9: 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 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 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 262	15	White board, computer /USB drive CD/DVD/LCD
Nichols 149 Skills lab	8	White board, computer /USB drive CD/DVD/LCD
Multipurpose room	100	White board, CD/DVD/LCD
Shultz 1121	50	Connections for computer/ data projector
Shultz 3001	60	Video Conferencing/ Web-streaming
Salazar 2009A	40	White board, computer /USB drive CD/DVD/LCD
Stevenson 2044	33	33 iMacs with both Mac OSX and Windows
Stevenson 2055	30	30 iMacs with both Mac OSX and Windows
Shultz 1014	16	16 iMacs with both Mac OSX and Windows
Shultz 2010	26	26 iMacs with both Mac OSX and Windows

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 10: Systematic Plan of Evaluation [SPE]). The DON evaluation benchmark for both clinical sites and preceptors is set for a 90% average ratings 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 instruct 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>OVID Nursing Full-Text Plus: 45 journals from LWW</i>
<i>PubMed</i>
<i>Virginia Henderson International Nursing Library</i>
<i>PsycInfo, PsycArticles, and PsycTests: published by APA; access to psychological research.</i>
<i>Health & Wellness Resource Center: fitness, pregnancy, medicine, nutrition, diseases, public health, occupational health & safety, alcohol & drug abuse, etc.</i>

<i>Mental Measurements Yearbook with Tests in Print</i>
<i>PILOTS Database</i> : post-traumatic stress disorder and other mental-health issues resulting from traumatic events.
<i>Academic Search Complete</i> : interdisciplinary, full-text access to more than 4,600 publications, including nearly 4,000 peer-reviewed journals.
<i>Business Source Premier</i> : business, management, organizational development
<i>SocINDEX with Full Text</i> : 860 journals.
<i>Sage Journals</i> : 450 peer-reviewed journals, particularly in social sciences.
<i>Wiley Online Library</i> : 1,500 peer-reviewed journals
<i>Ethnic NewsWatch</i> : full-text collection of newspapers, magazines and journals of the ethnic, minority and native press.
<i>GenderWatch</i> : women's and gender issues across a broad spectrum of subject areas, including health care.
<i>Science Direct</i> : hundreds of full-text journals in nursing, psychology, psychiatry, behavior, child & adult development, and more.
<i>Web of Science</i>
<i>Sage Research Methods Online</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 in person, via a chat request online or by phone call which serve our distant students. They also provide low cost access to Adobe Professional and Microsoft Office Suite software for students. The University has used various LMS over the years and most recently transitioned to Canvas. Part of this transition included multiple workshop options for both faculty and students to help with navigating the new LMS. Faculty use Canvas for web-enhanced coursework, assessment and for communication in all programs. We have five 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. IT support hours of 8am-7pm Monday-Thursday, Friday 8am-5pm allows students to receive support after normal business hours which better fits their schedule with competing work and family responsibilities. The [Faculty Center](#) 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 and tract. Program Directors answer potential applicant queries by email and phone and endeavor to inform the Col through the Nursing Advisory Council (Advisory Committee Minutes: RR) Academic Advising for pre-major and major have been carried out by TT faculty, pre-majors have been recently co-assigned to the [STT Advisor](#) which enable the DON faculty to concentrate on students in the major. The CNECM 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 10) all students evaluate (Program Evaluation Binders: RR) all academic support services at the end of program, and the BSN students also provide feedback mid-way through the program (BSN Evaluation Matrix: RR). 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. The ongoing complaint from BSN students and DON advisors is the lack of choices in online upper division general education (UDGE) courses at SSU, specifically access to enrolling in an SSU Ethnic Studies online UUDGE course. (Appendix 11: Low Articulation of Ethnic Studies Courses from Service Area Community Colleges)

Table II.C.2 *Online General Education courses offered online Fall 2018- Summer 2019*

	Total number of GE courses offered online	Total number of GE courses offered hybrid	Total number of Ethnic Studies courses offered online
Fall 2018	6	0	1
Spring 2019	8	0	0
Total	14*	*0	1

*8 out of the 14 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 Chair, answerable to the Dean of the School of Science and Technology. The Chair of the Department holds faulty rank of Professor and devotes 100% FTE to the administration of the Department. Dr. Wilkosz is an RN, FNP-BC licensed in California and

approved by the CA BRN to serve in this position. She holds a MSN with a concentration as a FNP and a PhD in Nursing from the University of California, San Francisco. Dr. Wilkosz is an alumni of the MSN/FNP program at SSU, starting her teaching career as a lecturer in 1992. She has 12 years of academic leadership experience starting with her role as Assistant Director of the FNP program in 2007, Director of the MSN/PMC FNP Programs and Graduate Studies Coordinator in 2014 and most recently Chair and Director of the Pre-Licensure BSN Program in 2016 and has continued in these roles. (Chair & Faculty CV Binder: RR). The SST procedure for this position is for the Chair candidates to be nominated by the faculty and then elected by anonymous vote of DON all faculty prior to the end of the three year term. Dr. Wilkosz was appointed to this position in 2016 by President Sakaki when the previous chair took another campus position (CBA p. 75: RR). In spring 2019, Dr. Wilkosz was unanimously selected to continue in this role for the 2019-2022 term which demonstrated the faculty's support of her leadership and commitment to achieving its Mission, Goals and expected program Outcomes (DON Minutes: RR).

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 number of full-time equivalent faculty (FTE) in the DON. FTE's are calculated using the following formula: 1 credit unit = 0.07 FTE. At SSU 15 units is considered a 100% workload. Tenure/TT faculty carry a 12 unit course load, with three units for service, scholarship and student advisement in courses. Temporary fulltime faculty carry a 15 unit course load, with no requirements for scholarship or service, work of the department, scholarship and student advisement.

Table II-E-1 *Number of Full Time Equivalent (FTE) faculty in DON*

Number Full-Time Equivalent Faculty (FTE) (7 Undergrad [UG], 3 Graduate [G], 2 UG & G)	Number of Part-time Faculty (6 UG, 8 G, 2 UG & G)	Total Number of Faculty (13 UG, 11 G, 4 UG & G)
10 (7 T/TT) Chair not counted	14	24
Full-time FTE Under Graduate	Part-time FTE Under Graduate	Total FTE Under Graduate
14.7	5.25	19.95
Full-time FTE Graduate	Part-time FTE Graduate	Total FTE Graduate
6.3	7.105	12.565

*Chair 0.28 FTE in spring only

BSN Faculty

The CA BRN requires that all BSN 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 have 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. Brunk and Dr. Napoli 2019-2020) and this role is rotated among pre-licensure faculty. Post-Licensure students are advised by David Gonzalves MA, along with Dr. Kelly. Students are directed to seek advice related to a specific course from the faculty of record.

Table II-E-2 *Faculty Expertise, Preparation and Teaching Assignments AY 2016-19*

KEY: **Orange** = Full Time **Green** = Part Time **Blue** = Retired from DON

Tenured Track (TT)	Specialty	Degrees/Credential	Courses Taught AY 2016-2019
Altaker, Krista	Med-Surg, Geriatrics, Ethics, Leadership	PhD, MSN	N301, N310, N312, N410, N416, N560
Brunk, Tammy	Women's Health, Obstetrics	DNP, FNP-BC, PHN	N303 (Clinical), N412, N412P GE 480
Close, Liz	Education	PhD, MSN	N310, N410
Kelly, Michelle	Public Health, Primary Care	DNP, FNP-BC, PHN, CNE	N304, N313, N412, N412P, N416, N564, N409 GE 370
Kindy, Deb	Psych-Mental Health	PhD, Minor in Psychology	N304, N560, GE 480
Napoli, Rachel	Obstetrics, Maternal Child	DNP, MSN	N303, N310, N414
Rose, Jordan	Primary Care, Informatics	DNP, FNP-BC	N540AB, N549, N550ABC
Smith, Wendy	Primary Care	PhD/DNSc, MSN, FNP- BC	N501, N562, N566, N595
Werder, Karen	Psych-Mental Health	MSN, DNP, MHNP-BC	N304, N412P
Wilkosz, Mary Ellen (.28)	Primary Care	PhD, FNP-BC	N566, Chair
Part-Time/Temporary			

Bisgaard, Robin	Pediatrics	MSN	N409, N414
Bischofberg, Stacy	Pediatrics, Med-Surg	MSN, CNL	N409 (clinical)
Brogan, Alanna	Leadership, Community-Public Health	MSN, PHN	N412P, N410, GE: N480, N490
Canapa, Karen	Med-Surg, Geri	MSN, CCRN	N302, N407, N416, GE 480
Coleman-Smith, Janelle	Med-Surg, Geri	MSN, CNL	N301(Clinical), N302 (Clinical)
Collins, Kathlyn	Primary Care	MSN, FNP, PHN	N549
Edmunds, Johnna	Primary Care	DNP, MSN/FNP-BC, PHN	N549, N550ABC
Elul, Rachelle	Pediatrics	MSN - PNP	N409 (Clinical)
Fledderus, Margreet	Med-Surg, Geri	MS, CNS, FNP	N301(Clinical), N302 (Clinical)
Freedman, Jeanine	Primary Care, Med-Surg	MSN, FNP	N550A, N301
Hellman, Jane	Primary Care	MSN, FNP	N549
Hernandez, Elizabeth	Primary Care	CEN, FNP-C, MSN, DNP(S)	N549, N550ABC
Knowles, English	Primary Care	MSN, FNP	N550A
Maya, Kerri	Med-Surg, Geri, Leadership	MSL, HPE-GAC	N302
Ratliff, Katie	Med-Surg, Geri	MSN	N301, N310, N407
Richards, Judy	Primary Care	MSN, FNP-BC	N549, N550ABC
Ritter, Barbara	Primary Care	EdD, MSN, FNP, CNS	N550ABC
Ronchelli, Janie	Primary Care, Pediatrics	MSN, PNP	N550ABC
Rockett, Kathleen	Med-Surg, Geri	MSN, PHN	N301, N412P, N414, N416
Shaffer, Nancy	Med-Surg, Geri	MSN, CNS, CCRN	N301 (Clinical), N302, N407
Shreibman, Barbara	Primary Care, PMH	FNP-BC, MSN, PHN	N304
Skidmore, Lorie	Primary Care	MS, FNP	N509, N549, N550ABC
Sloan, Melissa	Primary Care	MSN, FNP-BC	N509, N549, N550ABC, N552
Stein, Patricia	Primary Care	MSN-FNP, APRN, CFRN, CEN, BETC	N550ABC
Valdez, Anna	Med-Surg, OB, Pediatrics, Geri, Leadership, Education	PhD, MSN, CNE, CFRN, CEN, FAAN, FAEN.	N313, N410, N560

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 supervise students at approved clinical sites (Clinical Affiliations Binder: RR). Final confirmation of

teaching assignments rests with the Chair of the Department, with respect to University and CBA 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 (FNP, Pediatric Nurse Practitioner, Psych/Mental Health Nurse Practitioner, Certified Nurse Midwife)(Appendix 12: Site Faculty Expertise). All T/TT faculty who teach in the FNP program are doctoral prepared and have experience in research, teaching as well as clinical practice. All clinical faculty have current Advanced Practice Registered Nursing (APRN) CA license (free and clear) and are clinically current as nurse practitioners providing primary care to patients. (Appendix 12: 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 FNP tenured 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 14,15,16: 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 17, 18: N414, N412P Preceptor Packets). The FNP program provides an orientation to preceptors with a preceptor packets as well as two online modules "Precepting Pearls" (RR). 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. Continuing Education Units (CEUs) are available from the DON to preceptors who are nurses. The CEUs provide preceptor teaching role content related to adult learning theory, communication and strategies for diverse learners ([Preceptor CEU](#)).

All preceptors utilized by the DON are vetted with recommendations and approval of their role in supervising a student by their supervisor, experience of one-two years in the role, completion of Preceptor Qualification form documenting their qualifications and verification of a free and clear 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 Binders: RR). The role of preceptor is defined in Appendices 14-18: Faculty Handbook and Preceptor Packet (BSN) and Preceptor Handbook MSN/PMC (RR). 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 10), students and faculty evaluate preceptors every semester and make changes to selection of preceptors 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 (RR). Preceptors are provided a Preceptor Feedback form for rating of student's performance and written comments at midterm and final evaluation periods. (Appendix 17,18) Student, faculty and DON contact information are provided and Incident Reporting procedures are reviewed. Clinical faculty contact preceptors via phone or email 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 to facilitate a constructive forum for feedback and to 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, intervenes directly to remediate the student, and in rare situations change clinical preceptors or sites to foster student success.

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 a license without disciplinary actions. 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 Binders, Preceptor Handbooks, OB, Peds, N414, Preceptor Binder CVs, BreEZe, Faculty Evaluation of Preceptor and Site: RR)

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 outline in various University policies (<http://web.sonoma.edu/aa/fa/tt/rtp.html>) as well as within the DON RTP Criteria (Appendix 7) and Faculty Handbook (Appendix 2). The part-time faculty have specific criteria for expected outcomes which are found on the [Faculty Affairs website](#). The University supports teaching, scholarship and research through several entities including [Information Technology](#) (IT), the [Office of Research and Sponsored Programs](#) (ORSP), the [Faculty Center](#), the [CSU Institute for Teaching and Learning](#), and the [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 Faculty Center provides sufficient and continued support in the effective uses of technologies for enhancing learning, facilitating research, and supporting strategic University initiatives. The Faculty Center fosters teaching excellence in the design, development, and effective use of learning environments and educational media (<http://facultycenter.sonoma.edu/workshops-events>) and offers a variety of faculty-focused support services (<http://facultycenter.sonoma.edu/resources-opportunities>). SSU recently transitioned from the LMS to Canvas and the Faculty Center offers support with group workshops and one on one appointments to migrate course materials from one platform to the other. The ORSP offers workshops for poster presentations several times per year with additional workshops scheduled prior to the Faculty/Graduate Student Research and Creative Works Showcase each spring as well as assistance for poster development and printing.

The DON has a sufficient librarian and library services for both Nursing faculty and students. The Librarian is available to assist faculty in embedding library resources in the LMS and for developing course specific materials to facilitate student access to literature sources and is available to assist faculty with literature reviews and to obtain needed materials for research. (NTF, IV.A)

The SST has a Professional Development Committee that provides sufficient funding opportunities for faculty for scholarly activities including presenting at or attending conferences, or covering costs associated with furthering their research trajectory. Priority for funding is given to junior faculty and invited presentations. The MSN/FNP and PMC/FNP has been awarded state grant funding from [OSHPD/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.

Multiple resources are available to assist faculty in scholarship, and scholarly works are expected in addition to the 12 units of teaching and service to the School and University. In 2016 the new CBA provided a reduced teaching load of 12 to 9 units for TT faculty for the first four semesters of their appointment. This reduced teaching load provided new TT faculty the opportunity to establish their research trajectory and contribute to University and Community. DON Faculty are proud of their scholarly accomplishments, as displayed on the walls of the Department. Faculty practice 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: RR).

Tenured faculty provide their time and expertise to mentor and support the TT faculty in grant and manuscript development. Dr. Wilkosz has worked with several faculty in writing grant proposals which have been funded as well as co-authoring articles which have successfully been published.

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 Sigma Theta Tau International. Lambda Gamma

Chapter 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 from the (HNT): human caring, critical thinking, communication, advocacy/social justice, teaching/learning, professionalism, leadership, research/evidence-based practice, and cultural competency (Appendix 1: Nursing Student Handbook). The philosophy of HNT is the basis of course objectives in every class syllabi and reflect Department Mission and Goals (Appendix 2: Syllabi Template). 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 Col.

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 1).

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	Congruency 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>	<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.</p>	<p>Lifelong Learning, Connectivity, Adaptability, and Responsiveness</p>
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 and environmental health responsibilities in 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 mitigate public health consequences of disaster.</p>	<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.</p>	<p>Diversity and Social Justice, Connectivity and Community Engagement, Active Citizenship</p>

N301: Nursing Care of the Adult I	<p>Effectively plan and mitigate public health consequences of disaster. Practices effective communication within a hierarchical agency structure</p> <p>Develops effective verbal communication with all members of the health care team.</p> <p>Demonstrates accurate and professional written communication and clinical documentation and dissemination of information to healthcare team.</p> <p>Practices effective communication skills including acceptance of feedback from faculty and colleagues.</p>	<p><u>Communication:</u> Theory: 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 interprofessional collaboration using the principles of dialogue, presence and response.</p>	Professional Leadership, Engagement, Connectivity Sustainability
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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 national certification exams with either the [American Academy of Nurse Practitioner Certification Board](#) (AANPCB) or the [American Nurses Credentialing Center](#) (ANCC) upon program completion. The purpose of the MSN and PMC programs are to prepare BSN and MSN prepare RN's for advanced practice roles as FNP's. 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 (Appendix 2: Syllabi Template). Curriculum is influenced by the needs identified by the Col, and our Mission is also reflected in the terminal objectives which students will demonstrate on completion of the coursework as described.

The MSN and PMC FNP programs have been delivering a hybrid LMS based program for over 25 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 assures students will achieve safe primary care practice competencies in contemporary health care environments.

All MSN/FNP courses have been mapped to reflect AANC MSN Essentials. 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, 24: MSN/PMC/FNP Essentials Mapping).

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

Course	Student Learning Outcome	Course Objective	Congruency 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 setting. 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 client 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 life span. 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.
N540A Pathophysiological Concepts in Diagnosis and Management. Didactic	<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</p>	<p>Critical Thinking: Acquire knowledge to critically evaluate health care situations in the Primary Care Setting in clients throughout the life span by implementing appropriate</p>	Foundation for Lifelong learning, Connectivity, Adaptability, and Responsiveness

	<p>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>diagnoses and treatment in the provision of professional advanced nursing care. ME: II. 4-5; IV.1, IV.4-6.</p>	
N549 Health Promotion Practice in Primary Care Lab and Clinical Course	<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 procedure and dx tests appropriate for risk profile identified.</p> <p>Develops a plan that supports the clients multiple dimension and uniqueness with focus on health education and support for behavior changes as necessary.</p> <p>Develops understanding of cultural impact and respond to the unique health care needs and challenges of underserved populations.</p> <p>Develops understanding of cultural impact and respond to the unique health care needs and challenges of underserved populations</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the life span. That support 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 relating presence and emphasizes and acknowledges the relationships of personal and</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>

	Including psychosocial care, counseling, and referral when appropriate Planning appropriate follow-up of clients	family dimensions to health. ME: III.8; VII.1,VII.3, VII.4, VII.6	
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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 most recent *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 17, 18 (BE MAP for Pre-Licensure and Post-Licensure BSN) portrays how BE's 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: Leading Change, Advancing Health](#) (IOM 2011), 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).

III.B.1 Table 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> Theory: Discuss and affirm communication techniques to ensure meaningful dialogue between the patient, family,	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

	<p>nurse and community ensuring collaborative care and acknowledging culture and diversity in the care of the adult and older adult population.</p> <p>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.</p>	<p>BE IV.1 Demonstrate skills in using patient care technologies, information system, and communication devices that support safe nursing practice</p> <p>BE IV.2 Use telecommunication technologies to assist in effective communication in a variety of healthcare settings</p> <p>BE IV.4 Understand the use of CIS system to document interventions related to achieving nurse sensitive outcomes.</p> <p>BE VI.2 Use inter and intra-professional communication and collaborative skills to deliver evidence based, patient centered care</p> <p>BE VI.3 Incorporate effective communication techniques including negotiation and conflict resolution to produce positive professional working relationships.</p> <p>BE VI.4 Contribute the unique nursing perspective to inter-professional teams to optimize patient outcomes.</p> <p>BE VIII.6 Reflect on one's own beliefs and values as they relate to professional practice</p> <p>BE VI.7 Identify personal, profession and environmental risks that impact personal and professional choices and behaviors.</p> <p>BE IX.4 Communicate effectively with all members of the healthcare team, including the patient and the patient support network</p>
N310: Nursing Research and Evidence Based Practice	<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.</p>	<p>BE I.3 Use skills of inquiry, analysis and information literacy to address practice issues.</p> <p>BE I.7 Integrate the knowledge and methods of a variety of disciplines to inform decision making.</p> <p>BE III.4 Evaluate the credibility of sources of information, including but not limited to database and internet</p> <p>BE IV.6 Evaluate data from all relevant sources, including technology, to inform the delivery of care</p>

<p>N412: Community /Public Health Nursing Theory</p>	<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.</p>	<p>BE I.8 Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare program</p> <p>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</p> <p>BE II.2 Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement 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>
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		<p>PE I.5 Utilize the social and ecological determinates 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 determinates 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>PEIV.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>
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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.
 - b. 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) 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 syllabi (Appendix 23: MSN FNP Essentials Map). *The Criteria for Evaluation of Nurse Practitioner Program* (2017) are incorporated throughout the program (Appendix 21 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 syllabi and are clearly mapped with the most recent AACN Master's Essentials (2011) and National Organization of Nurse Practitioner Faculty Core and Population based competencies (FNP Program Binder; Table of Courses Mapped to PNSG: RR). 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 is evident in Research in Primary Care (N560), Health Promotion: Righting Disparities (N501), Advanced Nursing Practice in Primary Care (N562) and Health Policy and Advocacy in Primary Care (564). [FNP Program Binder: RR]

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 21,22,23: Evidence see MSN Essential mapping and curriculum).

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	<u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the life span. That support the fulfillment of growth potential focus on health promotion in individuals, families and Communities	ME.1.1 Integrate nursing and related science into the delivery of advanced nursing care to diverse populations ME.1.2 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.1.3 Design nursing care for a clinical or community-focused population based on

		<p>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>Critical Thinking: Critically evaluate health care situations in the Primary Care Setting in clients throughout the life span 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 judgement, 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 outcome 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>

N549 Health Promotion Practice in Primary Care Lab and Clinical Course	Communication: 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.	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
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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.
 - b. 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 is 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 their MSN related to health policy, health related theory and research is essential for PMC FNP student to develop plans of care for their patients which incorporates these content areas. For example requiring knowledge of evidence-base 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 Binder:RR)

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 24: BRN SSU MSN/PMC FNP Approval Letter) PMC/FNP graduates are eligible to take national FNP certification exams offered by the AACN 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 25 & 26: 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	<u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the life span. That support the fulfillment of growth potential focus on health promotion in individuals, families and Communities	MEI.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 populations. ME.I.6 Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities. 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. ME.V.3 Promote policies that incorporate ethical principles and standards for the use of health and information technology ME.V.6 Use current and emerging technologies in the care environment to

		support lifelong learning to teach patients and others
N540A Pathophysiological Concepts in Diagnosis and Management. Didactic	Critical Thinking: critically evaluate health care situations in the Primary Care Setting in clients throughout the life span by implementing appropriate diagnoses and treatment in the provision of professional advanced nursing care.	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 judgement, 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 outcome 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.
N549 Health Promotion Practice in Primary Care Lab and Clinical Course	Communication: 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.	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

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 27: 48 Unit GE Pattern) 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 that 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 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). (Pre-Licensure Program Binder: Four Year Pre-Licensure BSN Plan: RR or <https://web.sonoma.edu/nursing/bsn-pre/index.html>). In fall 2019 a new 48 unit GE pattern (Appendix 27) will be implemented and replace the previous 50 units GE pattern (Appendix 28). The undergraduate nursing program has received permission to continue with the 2018 GE requirement because we have potential candidates currently in the pipeline already working on their GE and pre-requisites that would be adversely affected by an immediate move to the fall 2019 48 unit GE Pattern (Appendix 29 - DON Phase In Table for GE).

During the first semester of the Pre-Licensure Program, students take Nursing Care of Adult I (N301) which is a Writing Intensive Course (WIC) and contributes to their future success with scholarly writing skills used throughout the BSN program and meets the CSU Graduate Writing Achievement Requirement (GWAR) .

The pre-requisite 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 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. In the second semester students have Psychiatric and Mental Health Nursing (N304) which provides an important foundation of holistic nursing care and is applied across clinical experiences in the program. Nursing Care of the Adult I, II, III (NURS 301, 302, 407) build upon knowledge obtained in the first through third semesters and include content on the young adult, adult and gerontology patients. Content on gerontology is threaded throughout several courses all meet the gerontologic competency requirements of the CA BRN. (Pre-licensure Program Binder; BRN Content Mapping: RR)

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

PRE-NURSING TRACK	
Freshman Year Fall Semester	
BIOL 115 (3) Intro to Biology (Area B2) (GE Area B2 A/P BIO)	
*CHEM 105 (5) Elem of General, Organic & Biochemistry (GE Area B1)	
*GE, A2 (3) Written Communication (Stretch option = 2 semester)	
*MATH 165 (4) Statistics (GE Area B4) (Stretch option = 2 semester)	
(Only 9 units of area B count for GE of the 12)GE Units: 9	Total Units: 15
Freshman Year Spring Semester	
*BIOL 220 (4) Human Anatomy	
*GE, A3 (3) Critical Thinking (FLC option)**	
*GE, A1 (3) Oral Communication (FLC option)**	
GE, C3 (3) Comparative Perspectives and/or Foreign Languages (FLC option)**	
GE, D3 (3)	
GE Units: 12	Total Units: 16
Sophomore Year Fall Semester	
*BIO 224 (4) Human Physiology	
GE, D5 (3) Social/Behavioral Science: Contemporary International Perspectives	
GE, C1 (3) Fine Arts, Theatre, Dance, Music and Film	
GE, D2 (3) Social/Behavioral Sciences: World History and Civilization	
GE C2 (3) Literature, Philosophies and Values	
GE Units: 12	Total Units: 16
Sophomore Year Spring Semester	
*BIO 240 (4) General Microbiology	
PSYC 302 (3) Development of the Person (will not count as UDGE)**	
GE, D4 (3) HIST 251 or HIST 252 (does not count as GE)	
GE D1 (3)	
UDGE (3) either area C or D	
GE Units: 9	Total Units: 16
Units for LDGE Total: 42	Unit Total =60

PRE-LICENSURE PROGRAM	
Junior Year Fall Semester	
NURS 301 (9) Nursing Care of Adult I [Theory (5)/Clinical (4)]	
NURS 303 (6) Maternity & Women's Health Care [Theory (4)/Clinical (2)]	
GE Units: 0	Total Units: 15
Junior Year Spring Semester	
NURS 302 (6) Nursing Care of Adult II [Theory (4)/Clinical (2)]	
NURS 304 (6) Psychiatric & Mental Health Nursing [Theory (4)/Clinical (2)]	
NURS 310 (3) Nursing Research & Evidence-Based Practice [Theory (3)] (Area B3)	
UDGE Units: 3	Total Units: 15
Senior Year Fall Semester	
NURS 407 (6) Nursing Care of Adult III [Theory (3)/Clinical (3)]	
NURS 409 (6) Nursing Care of Child in Family [Theory (4)/Clinical (2)]	
UDGE (3) either area C or D	
UDGE Units: 3	Total Units: 15
Senior Year Spring Semester	
NURS 410 (5) Nursing Power, Policy & Politics [Theory (5)]	
NURS 412 (5) Community/Public Health Nursing [Theory (3)Clinical (2)]	
NURS 414 (5) Clinical Nursing Preceptorship [Theory (1)/Clinical (4)]	
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 all their 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 their pre-licensure education. The [ADN-SSU BSN Road Map](#) clearly outlines the program curriculum sequence and GE requirements from Associates to Bachelor degree. Progressing from the ADN, students engage in BSN foundational knowledge acquisition during summer their 1st and 2nd year in their ADN program, and skill building is the focus in 2nd summer. Students then complete two full semesters at SSU to earn their BSN. The University graduate writing competency requirements are met with a WIC at the start of the program, which sets students up for successful writing through the rest of their BSN education. The Baccalaureate Perspective courses (N312 and N313) 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 (NURS 310), health policy (NURS 410) and synthesizing their knowledge with a capstone experience (NURS 416) 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 while in ADN Program		
Summer between 1 st and 2 nd Year of ADN Program	NURS 312 Baccalaureate Perspectives I	4u
Summer following Graduation from ADN Program	NURS 313 Baccalaureate Perspectives II	4u
Transfer Credit From Community College Applied Toward BSN		70u
Up to 20 units upper division Nursing credit awarded for NCLEX-RN based on transcript evaluation		20u

After ADN and RN Licensure One Year Completion			
Fall Semester		Spring Semester	
NURS310 Nursing Research & Evidence Base Practice	3u	NURS 410 Nursing Power, Policy and Politics	5u
NURS 412 Community/Public Health (theory 3/clinical 2)	5u	NURS 416 Application of Baccalaureate Perspectives (Clinical)	3u
UDGE Area C1 Arts or Elective	3u	UDGE Area C2 Humanities or Elective	3u
Total	11u	Total	11u
Total BSN = 120 units			

Both BSN tracks (pre-licensure and post-licensure) require a 5 unit Community/Public Health course 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 19, 20).

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 advance 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	Spring Semester II
N509 Advanced Health Assessment (4) Lab/Clinical	N540A Pathophysiologic Concepts in Primary Care I (3)
N549 Health Promotion Practice in Primary Care (3) Clinical	N552 Pharmacology in Primary Care (3)
N501 Health Promotion Theory Righting Disparities (4)	N550A Clinical Practice in Primary Care I (4) Clinical
	TOTAL 10 units

TOTAL 11 units	
Fall Semester III N540B Pathophysiologic Concepts in Primary Care II (3) N550B Clinical Practice in Primary Care II (4) Clinical N560 Research and Theory in Primary Care (4) TOTAL 11 units	Spring Semester IV N562 Advanced Practice in Primary Care Systems (4) N550C Clinical Practice in Primary Care III (4) Clinical N564 Health Policy and Advocacy in Primary Care (4) N566 Culminating Experience - Clinical/lab (2) TOTAL 14 units
	DEGREE TOTAL 46

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

Fall Semester I N501 Health Promotion Theory Righting Disparities (4) N560 Research and Theory in Primary Care (4) TOTAL 8 units	Spring Semester II N509 Advanced Health Assessment (4) Lab/Clinical N564 Health Policy and Advocacy in Primary Care (4) Total 8 units
Fall Semester III N549 Health Promotion Practice in Primary Care (3) Elective - optional TOTAL 3 units	Spring Semester IV 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
Fall Semester III N540B Pathophysiologic Concepts in Primary Care II (3) N550B Clinical Practice in Primary Care II (4) Clinical TOTAL 7 units	Spring Semester IV N562 Advanced Practice in Primary Care Systems (4) N550C Clinical Practice in Primary Care III (4) Clinical TOTAL 8 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 skill, 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 MSNFNP curriculum plan. (FNP Program Binder; Syllabi N509, N540AB and N552: RR). 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 Preventative Task Force (USPTF) recommendations. In Advanced Nursing Practice in Primary Care (N562) students create process protocols 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 N509 Advanced Health Assessment (4) Lab/Clinical N549 Health Promotion Practice in Primary Care (3) Clinical N501 Health Promotion Theory Righting Disparities (4) TOTAL 11 units	Fall Semester III N540B Pathophysiologic Concepts in Primary Care II (3) N550B Clinical Practice in Primary Care II (4) Clinical TOTAL 7 units
Spring Semester II 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 N562 Advanced Practice in Primary Care Systems (4) N550C Clinical Practice in Primary Care III (4) Clinical TOTAL 8 units
	DEGREE TOTAL 36

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 build 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 skill, 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 adolescent and geriatric health promotion and comparing current practices with the USPTF recommendations. In Advanced Nursing Practice in Primary Care (N562) students develop process protocols 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 20 years. SSU has a Student Resource page (<http://www.sonoma.edu/students>) that lists various support services available ranging from library research assistance to Instructional Technology (IT) support. The five 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 webpages 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. Student 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 303 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 assuring all students have 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.

[Assessment Technology Institute \(ATI\)](#) is web-based curriculum with learning activities, assessment and evaluation of individual and aggregate performance of NCLEX readiness. In the Pre-Licensure Program ATI technologies are threaded throughout the curriculum to facilitate learning of the didactic content and helps ensure student mastery of high quality patient care in clinical settings. Students are required to complete an ATI exam in each course and if they do not pass the exam with a level two or better, students are given guidance and a remediation plan and required to retest and improve their score. The final ATI exam is the RN

Comprehensive Predictor Assessment which must be passed with a 70% which translates to a 91% chance of passing the NCLEX (Appendix 1: Student Handbook p. 44-46 ATI Remediation Policy).

ATI 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 imbedded questions and case studies throughout lectures to keep students engaged and assess learning as they progress through the content. (Appendix 1: 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 a 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 to promote better student understanding and navigation, with transparent expectations for learning at each activity level (SLOs), linking to course objectives, and leading to development of terminal program level objectives. The capstone course N416 is an opportunity to apply prior learning in the program to real world settings, and offers 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 (Pre) Nursing Care of Adult I	Reading, lecture, skills demonstration and hands on student practice Simulation on fundamental nursing skills with debrief	Evidence-Based Practice: 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

	<p>Weekly adaptive quizzing (ATI)</p> <p>Med calculation practice, testing and review of correct answers</p> <p>Pre and post conference discussions</p> <p>Prepare outline for philosophy paper</p> <p>Peer review of essay drafts</p> <p>Group Discussion of case study of nursing assessment of actual patient</p>	<p>planning, interventions and evaluation in adult health care settings.</p>
<p>N410 (Pre and Post-Licensure BSN) 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 ([OSHDP 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.

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 seminar 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 (Appendix 30: Song Brown Map 2018; Song Brown Data Binder: Song Brown Maps 2016-2018: RR). 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 Grant Data 2016-2019: RR).

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 (RR) for the fall 2019 cohort and students will be 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 an application for a smart phone that provides 725 questions with rationales to practice test taking. In spring 2019, students arranged for an optional three day face to face FNP review course "The Necessary NP Review" <https://www.necessaryworkshops.com/> , which also encourages the students to test sooner 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 (Team Meeting Minutes: RR).

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 courses 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 clinic 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 Motivation interviewing, BATHE technique and implementing principles of Change Theory.</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the life span. 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 setting.</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. SLO: Begin to assess, develop, and implement health promotion plans for clients in all developmental stages of life in primary care setting. 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</p>	<p><u>Human Caring:</u> Develop intersubjective, nurturing relationships with clients throughout the life span. 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 finding from the physical exam accurately, and identifying normal, normal variant and pathological findings. Identify</p>

	<p>hours builds on N505 and N501 and adds to N540.</p> <p>Student skill performance of interactive well exam through computer simulation (Acquifer).</p> <p>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 preceptor using MP3 upload.</p>	<p>probable health risks. Consider screening procedure and dx tests appropriate for risk profile identified. Develops a 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 respond to the unique health care needs and challenges of underserved populations.</p>
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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 inter-professional 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 19,20,23,25) (course syllabi and clinical evaluation tools for Pre, Post-Licensure, MSN FNP, & PMC FNP Program Binders: RR).

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 (Appendices 31,32,33,34) 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 Blooms 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 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. 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 35 Employer Surveys, Appendix 37 Preceptor Evaluation of Students)

Pre-licensure students complete 945 clinical hours in the BSN program (Appendix 38). 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 doctors, social workers, pharmacists, dieticians, physical therapists, 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/or pharmacology consultation. In community based settings students have the opportunity to interact with social workers to assure patients have adequate resources transiting 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, Interlink and St. Joseph's Intensive Outpatient and Partial Hospitalization Programs, and as part of pediatrics the students rotate with a school nurse, Indian Health Services or the 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, and Meals on Wheels 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.

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 clinical 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 an 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 20, Post Licensure Binder: RR). With the regional fire disaster and recent flooding, faculty note the 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 therapist, dietitians, physician assistant 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 female and male as models to teach pelvic, testicular and prostate exams (N509) and have one day HIV, suturing, radiology and EKG workshops (N550B, N540B).

To assure adequate and diverse clinical experiences, student's 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 Binder: RR).

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 41,42,43) Faculty also conduct clinical site visits on 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 non-pharmacologic 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 portfolios for entry into practice. Professional portfolios includes: clinical log data, resume and standardized procedures/process protocols (developed in N562) (Green Folders N562;Typhon, Resume, and Process Protocols: RR). 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 course work and thesis, as described in KE III.F are not required to complete parts the paper having demonstrated this knowledge in their 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 and 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 student in every course via the LMS and their grade-to-date is available throughout the semester. The DON syllabi template assured the BSN/MSN/PMC grading criteria and guidelines are listed in every syllabi, as well as Student and Faculty Handbooks (Appendix 1 & 2), as well as the [general course catalog](#). Each clinical course has a specific Clinical Evaluation Tool that have specific clinical competencies (SLOs and course objectives) listed, students are evaluated by the faculty by listed assignment expectations (BSN/FNP Program Binders: RR). Student clinical performance are 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 1)

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); and subsequent failure of any nursing course for a second time, or failure of a second course results in dismissal from the program (Appendix 1 Student Handbook page 35).

Table III.1.1 Undergraduate Percent Grading Scale

94-100	A	74-76	C*
90-93	A-	70-73	C-
87-89	B+	67-69	D+
84-86	B	64-66	D
80-83	B-	60-63	D-
77-79	C+	< 60	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	72.4-69.5	D
83.5-86.4	B-*	< 69.4	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 10, 11), 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 consistency evaluate students in an equitable manner. (Program Meeting Minutes and Program Binders: RR). 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 14, 15, 16, 17, 18, 31-34; 37 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 ACEN in 2013 and the CA BRN (2016). At the end of each semester, students complete anonymous course evaluations and consistent with the Department policy (Appendix 41 Evaluation Responsibilities Matrix & Appendix 10 SPE). Student 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 "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 verses expected outcomes are addressed with an action plan for revisions for the next course offering. Consideration is taken when there is a low student response rate for course evaluations and faculty may use their own judgement 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 need for revision of learning materials, course content, and teaching modality. (Appendix 42 Green Folder Check off List & Green Folders: RR]. Each Program Director compiles and analyzes Annual Course Reports and other student outcome data to create an Annual Program Report (Annual Program Report Binder: RR).

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 every assignment to provide clear expectations for students and interrater reliability for faculty grading (DON Minutes & Program Minutes, BSN/FNP Program Binders: RR).

Teaching effectiveness is evaluated with peer observation and SETEs, which is integral in determining the quality of teaching. Evaluation of teaching effectiveness is mandated by the University, School and DON as part of the evaluative process for RTP and Cumulative Evaluations. The University Policy related to SETEs is followed ([SETE Policy](#)), with teaching effectiveness evaluations are conducted online and anonymously and voluntarily completed by students at the end of the semester on each faculty of record (FOR). The SETE instrument uses a 5-point Likert scale to solicit responses to ten questions pertaining to teaching in classroom or clinical setting. Both quantitative and qualitative (student comments) data is collected. Departments have

the option of adding additional questions to the SETEs that are specific to nursing. We have included four additional Nursing specific questions. Evaluation results are emailed to the faculty after the official closing of the semester, statistical summaries and student comments are also provided by University's Office Reporting and Analytics. 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 Barkley 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 adopted the *Leik Family Nurse Practitioner Certification Intensive Review textbook* (RR) for the Fall 2019 cohort and students will be 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 addition learning activities for pharmacology to reinforce what was being taught across the curriculum. In response we will implement a pharmacology tutorial Fall 2019 which we plan to integrate into the pertinent didactic/clinical courses. (Annual Program Evaluations Binders, Pre/Post-Licensure, MSN/FNP/PMC/FNP Program Minutes: RR)

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 41: 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 and revised every two years to assure it reflects current professional standards. The SPE was revised in 2019 to reflect CCNE Key Elements and approved by DON faculty (DON Minutes: RR).

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 Evaluation Binders: RR).

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). In addition, the DON's End of Program survey also includes alumni report of terminal objectives and satisfaction (Appendix 43: One Year Post Graduate Survey Tool).

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 (www.sonoma.edu/nursing) 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 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: RR). We are also in the process of finalizing our Department's Strategic plan to aligns and complement the University's new Strategic plan (2018) <http://strategicplan.sonoma.edu/> as well as the [School of Science and Technology's Strategic Plan](#) (2019). Our strategic plan is 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 will be reviewed every 5 years and updated accordingly ([Nursing Strategic Plan](#)).

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 major 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 need 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 2016-2017 we had a student withdraw prior to classes starting for a family emergency and replaced the student with an alternate candidate. The following year the student with the family emergency was readmitted and graduated this year. During the 2018-2019 academic year we had one student who was 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	2019	2017	24	23	96%
	2018	2016	24	24	100%
	2017	2015	24	24	100%
BSN Post-Licensure 1.5 years	2019	2018	41	41	100%
	2018	2017	42	40	95%
	2017	2016	44	40	86%
	Total All BSN	2017 94%	2018 97%	2019 98%	
MSN/FNP (FT/PT) FT 2 years PT 3 years	2019	2017/2016	26/13	26/13	100%/100%
	2018	2016/2015	17/16	17/16	100%/100%
	2017	2015/2014	29/12	29/12	100%/100%
PMC/FNP 2 years	2019	2017	4	4	100%
	2018	2016	3	3	100%
	2017	2015	7	7	100%

The above data indicates that the Pre-Licensure BSN and the FNP (MSN and PMC) demonstrate 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 advance practice degree. The Post-Licensure BSN Program has a unique diverse student population which bring

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.

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 (%)
2019	24	Pending
2018	24	100%
2017	24	100%
2016	24	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 FNPs 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
2019 (anecdotal)	11	1	100	100
2018	4	21/26	86.48	81
2017	2	4/5	86.48	80
2016	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
2019	No data	No data	No data	No data
2018	0	7/8	N/A	87.5
2017	2/2	1/1	Anecdotal 100*	anecdotal 100*
2016	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 are 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 Binder: Song Brown Maps 2016-2018: 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
2018	MSN FNP	100% 33/33
	PMC FNP	100% 3/3
	Post-Lic BSN	100% 40/40

	Pre-Lic BSN	100% 24/24
2017	MSN FNP	100% 41/41
	PMC FNP	100% 7/7
	Post-Lic BSN	100% 41/41
	Pre-Lic BSN	100% 24/24
2016	MSN FNP	97.5% 39/40
	PMC FNP	100% 3/3
	Post-Lic BSN	100% 41/41
	Pre-Lic BSN	100% 24/24

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 evaluate discrepancies between actual and expected outcomes deliberately and in 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 assuring 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 advance 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	2015-16	2016-17	2017-18	2018-19
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.	100%	100%	100%	100%
NCLEX-RN Exam Pass Rates	Pre- NCLEX Annual NCLEX program pass rate will be > or equal to 95%.	100%	100%	100%	pending
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 95.8%
	80% of Post-licensure FT graduates will complete within 1.5 of program length	Post 83.5%	Post 82%	Post 93% 40/43	Post 100% 41/41
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 100%	Pre 100%	Pre 100%	Pre pending
		Post 97.5%	Post 100%	Post 100%	Post 100%

Employer Satisfaction	90% of employers surveyed will strongly agree or agree that they are satisfied with the graduates educational preparation for entry level RN positions, BSN Nurse positions	Pre 100% Post 100%	Pre 100% Post 100%	Pre 100% Post 100%	Pre 100% Post 100%
Job Placement Rates	90% of graduates who seek employment within 6 months to 12 months of graduating will be employed as a registered nurse	Pre 100% Post 100%	Pre 100% Post 100%	Pre 100% Post 100%	pending
Area MSN/PMC					
	Expected Level of Achievement	2015-16	2016-2017	2017-2018	2018-2019
Certification Exam Pass Rates	Annual certification pass rates will be at or above national means. 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.	83%	84.3%	84.5%	86.4%
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% 48	100% 38	100% 43
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=35 100% all SLO >90%	N = 36 100% of objectives met >90%	N=36 100% of program objectives for satisfaction met >90%	N = 39/43 100% of SLO >90%
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% >90%	100% satisfaction at >90%	N = 15 50% return rate 100% satisfaction at > 90%	N= 11 36% return rate 100% satisfact ion a >90%
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% (34/36) two continue in pt as RN	90.5% employed 38/42 4 continue in RN role	Pending

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

The Pre-Licensure BSN program has 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. In the last three years with 100% NCLEX pass rates and meeting all the Student Achievement Outcomes we have worked on maintaining and updating the currency of our content with any major curriculum changes.

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 ADN's and are required to pass their NCLEX exam prior to matriculation. In this cohort, 75-90% 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. A challenge we previously noted in the Post-Licensure BSN cohort were the challenges students faced successfully passing the undergraduate writing exam (GWAR). We acted to support students success in the Post-Licensure Program by providing a writing tutor during the summer when students are required to complete the N312 Course with writing intensive content. With diverse students coming to the program with varied levels of writing skills the WIC course mitigated the barrier of taking the GWAR.

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 Pre-requisite 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 will closely monitor and evaluate outcomes following this change in the admission criteria. Another issue is students currently incur a high number of units reflecting prerequisites to required courses for BSN and we are working to decrease the number of excess non-transferable units. For example, there is low articulation of Ethnic Studies courses that are transferable from community colleges in our services area. With 2019 GE pattern, we are expecting that we will continue to have 3 units of GE Area B met (instead of area E) in the major to avoid an increase in units.

This Post-Licensure BSN cohort 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 including ethnic studies if possible was identified as a need for on time degree completion. A dedicated CNECM Advisor was hired for group and individual academic advising. A clear ADN-BSN Academic Plan is available <https://web.sonoma.edu/nursing/bsn-post/cnecm.html>, 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. Diverse Student Ambassadors (representatives) are recruited from 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 Team Minutes: RR).

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 affects the 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 without any major changes in our curriculum that our national certification pass rates has dropped from high 90s to the low 80% pass rates. We evaluated the curriculum for any changes that may have contributed and identified the problem being related to a trend of FNP graduates who had been out of the academic setting for many years returning and sitting for the certification exam along with our students delaying their taking their exam > than 6 months after graduation. Employer expectations changed in 2015, many of which require national certification for Medicare billing and controlled substance furnishing.

We have also put several strategies in place to help increase our current first time pass rates for FNP certification including Barkley's Three P's practice exam that tests for the important foundational concepts of physical assessment, pharmacology and pathophysiology. This requirement was added to N540B at the end of the three P's content (Advanced Pathophysiology, Pharmacology and Physical Assessment). During the final semester, the students take the Diagnostic Readiness Test (DRT) (N562) which evaluates their readiness to take and successfully pass the certification exam (DRT Data MSN PMC FNP Program Binder: RR). The Barkley exam provides predictive rates as well as gaps in student preparations in certain content areas and led to further emphasizing the national certification curriculum blue print across the FNP curriculum. We strongly encourage our students to test within three months of graduation and participate in a review course. This past spring we hosted an on site, optional, three day NP review course and plan to include an option for a review course to all students at low to minimum cost. The pass rates so far for 2019 have been 100%.

Annually, faculty discuss identification and mitigation of barriers to student achievement, review mid and end of program survey results to identify and implement changes for improvements. Off-site faculty are offered the opportunity to join team meetings remotely via Zoom to increase engagement and presence for team meetings. (DON & Program Minutes: RR).

The high degree completion percentage in 2017-2019 data, 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. Improving our completion rates in the Post-Licensure BSN program while maintaining high rates of program completion in the Pre-Licensure BSN and FNP (MSN/PMC) is projected as we continue to provide support to our 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 with expectations that focus on teaching, however scholarly work and service are encouraged. There are three tenured faculty, including the Department Chair, and five TT faculty. Of the five TT faculty the three tenured faculty are Full professors (Kelly, Smith, Wilkosz) and the five TT faculty are currently at the Assistant professor rank (Altaker, Brunk, Napoli, Rose, Werder). There are currently three full time temporary faculty and 13 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 <http://www.sonoma.edu/policies/reappointment-tenure-and-promotion-procedures-criteria-and-standards-tenured-and> as well as the 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 reviewed to ensure accuracy by the faculty in 2018 (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		
		2016-2017	2017-2018	2018-2019

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 Effectiveness	100% of faculty will achieve SETE with average score > 3.5*	Met	Met	Met
	≥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)

**to implement Fall 2019

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 great 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. Student 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 committee. 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 outcome 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 sent 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 opportunity 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 characteristic and implements and 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 Report Binders & Team and DON Meeting Minutes: RR). Quality of data is also considered, for example a low response rate was identified and a plan to improve the low rate was included in the Annual Report.

Each of the expected program outcomes were met nonetheless faculty are committed to ongoing improve 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](#) for fall 2019 in our ongoing evaluation for improvement, in spring 2020 faculty will assess survey data to see if there is improvement in student's satisfaction with the new homepage landscape.

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. (Post-Licensure BSN Annual Program Report Binder, Post-Licensure Team Minutes: RR)

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 Team meetings and conferred approval in DON meetings. An example of minor change in a course maybe as simple as increased clinical skill time or additional content on a particular technique or topic.

Our employer's expectation is for graduates to be workforce ready in all circumstances and the DON is always willing to investigate and implement minor changes to foster new skills and expand competencies in our graduates. A request was made in the Advisory Meeting (Advisory Meeting Minutes April 2019: RR) 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 two regional disasters in the last two years which affected dozens of health agencies' power supply and failure of electronic medical records systems. In 2019-2020, the DON will be implementing handwritten narrative charting competencies in all programs 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.















































CCNE Self Study

APPENDICES

September 2019

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Introduction

Welcome to the Sonoma State University Nursing Department. The purpose of this Handbook is to inform all students about the nursing programs and specific policies and procedures of the Department, University and the Board of Registered Nursing. The guidelines/policies are effective for the current academic year. You should check the Department's website (<http://www.sonoma.edu/nursing>) and your sonoma.edu email **daily** for news and policy updates.

The curriculum prepares nurses to think critically and exercise leadership in planning, implementing, and evaluating nursing care. Students and faculty work closely together to choose clinical experiences that meet the interests of the student, fulfill the objectives of the course, and meet the needs of the community.

Sonoma State University's nursing programs are approved by the California State Board of Registered Nursing and accredited by the Accreditation Commission for Education in Nursing 3343 Peachtree Road NE, Suite 850, Atlanta, GA 30326.

We welcome you to the Sonoma State University Nursing Program and hope that your experience and education will be personally and professionally rewarding.

University and Program Overview

Located in California's premier wine country 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 gained University status in 1978. SSU is a regionally serving public University and is one of 29 public Universities with COPLAC (Council of Public Liberal Arts Colleges) 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 was recently designated as a Hispanic Serving Institution with approximately 28% of the student body identifying as Hispanic. We have just over 9,000 students at the University and offers 46 bachelor's degrees, 15 master's degrees, and 9 credential programs. The Western Association of Schools and Colleges regionally accredited the university.

The Department of Nursing (DON) is housed in the School of Science and Technology along with 8 other departments including Math & Statistics, Physics & Astronomy, Engineering Science, Computer Science, Chemistry, Biology, Geology, and Kinesiology. The Department of Nursing became a part of the university as a response to the service area's interest in a baccalaureate-nursing 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 and began working tirelessly to develop an innovative curriculum that was copied and used as a starting point for the curricula for the second step programs nationally and internationally for years to come. The Second Step program was developed with the primary purpose of providing a two-year upper division-nursing program for registered nurses, which articulated with junior 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. In 1974 the nursing department moved into their current location in Nichols Hall. The program experienced phenomenal growth until the mid 1980s when undergraduate enrollment leveled off and then declined throughout the country. Enrollment in the baccalaureate program fluctuated for the next few years, and the department turned to development of graduate education. A Master's program with Family Nurse Practitioner specialization 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. Concurrently with the graduate nursing program development, the Department of Nursing began to explore the creation of a pre-licensure baccalaureate program option that articulate with the established upper division RN to BSN program. The local community was very supportive of the Department of Nursing developing a pre-licensure baccalaureate program and in the fall of 1994 the department admitted the first class of 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 CNECM (Community Collaborative Nursing Education Continuum Model) 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 the summer between their 1st and 2nd year in their ADN program. Once they complete the ADN, they complete an additional summer and one additional year and graduate from the RN – BSN Program. Currently we have a full and part-time MSN FNP program along with a full-time Post MSN Certificate FNP program. Both the RN-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 barriers such as time and place, allowing students to remain in their communities to work and provide healthcare in these remote areas.

Over the past decade, California experienced a deep economic recession that led to a sharp decrease in the state support for higher education. During that time the number of tenure track faculty decreased, class sizes increased and courses and programs were dropped from the schedule. Over the past several years SSU has welcomed an entirely new administration and state funding has improved affording the nursing department 5 new tenure track faculty hires to help fill the huge gap created during the previous decade with several retirements not replaced with new hires. The "new" University administration is working hard to expand and upgrade facilities and invest in students and the graduation initiative. Goals are being set based on a new 7 year strategic plan (2018-2025) which was created by staff, faculty, administration and students with the primary goal to create a meaningful



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strategic plan that will guide campus decision-making, budget, academic program development, hiring, programming, fundraising, revenue diversification, and other core efforts for the next several years.

In summary, SSU Department of Nursing is highly regarded and considered one of the best nursing schools in the region, with a strong commitment to diversity and our mission to serve the underserved populations of California. We offer pathways to BSN, MSN/FNP degree programs as well as the Post MSN FNP Certificate Program which benefit regional and distance students and employers while preparing students to make an impact in the community globally. The Department of Nursing continues to move on a positive path, striving to graduate well qualified nurses to serve Northern California as well as enhance their faculty and programs.

Welcome to Sonoma State University!!

Mission Statement

Sonoma State University's Mission and Values

Sonoma State is a regionally serving public university committed to educational access and excellence. Guided by our core values and driven by a commitment to the liberal arts and sciences, Sonoma State 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 mission statement include diversity and social justice, sustainability and environmental inquiry, connectivity and community engagement and adaptability and responsiveness. Additional information is located at: <https://strategicplan.sonoma.edu/building-our-future-ssu>

The Mission of the School of Science and Technology

The Department of Nursing is located within the School of Science and Technology. **The School of Science & Technology (SST)** is a dynamic community committed to educational excellence across disciplines in the life and physical sciences, technology, engineering, math and health-related sciences including kinesiology and nursing. Our highly qualified and dedicated faculty and staff are committed to our mission to graduate learned and capable students that will contribute to the well-being and prosperity of our region, state, nation and planet. Additional information is located at <http://web.sonoma.edu/scitech/>

The Mission of the Department of Nursing:

Develop and maintain excellent programs of undergraduate and graduate instruction according to the overall mission of Sonoma State University and the California State University system. Provide the foundation for lifelong learning, practice nursing within a broad cultural perspective while affirming intellectual and aesthetic achievements as part of the human experience. Develop professional leadership and active citizenship fostering flexibility and resilience for a career in nursing within a dynamic world. Our graduates will contribute to the health and well-being of the world at large. Additional information is located at: <http://web.sonoma.edu/nursing/about/>

The mission of the nursing program was developed to be congruent with the mission of Sonoma State University (SSU), the California BRN requirements, and the Essentials of both Baccalaureate and Master's Education for Professional Nursing Practice as set forth by the American Association of Colleges of Nursing. The expected program outcomes and student learning outcomes for the Department of Nursing are consistent with the university's mission and readily accessible in nursing faculty and student handbook.

University Mission	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

Philosophy

The philosophical foundation of the SSU Department of Nursing is based upon Humanistic Nursing Theory

(HNT) (Paterson & Zderad, 1988). Departmental values are based in Humanistic Nursing Theory (HNT from which faculty tailor 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 in providing an inclusive bridge from theory to practice. The Department of Nursing 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 client (client as individuals, families, communities and organizations). Consistent with HNT is the consideration of students as unique individuals with varied ethnical and cultural backgrounds, learning styles and goals. Therefore, the following philosophical statements structure the Department of Nursing curriculum and policy.

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 the synthesis of subjective and objective accumulates 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.

Nine Foundational Concepts to Organize the Curriculum

Nine concepts are identified to serve as a foundation from which to implement the philosophy of the Sonoma State University Department of Nursing and guide for meeting the terminal objectives. These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research and cultural competency. The faculty value the goal of the Quality and Safety Education for Nurses (QSEN) project and connect specific language of the QSEN Competencies with select concepts to emphasize the relationship to the curriculum.

Within these Nine organizing concepts reside six critical competencies identified in the QSEN project. The faculty values the QSEN goal to prepare the future nurse with the knowledge, skills and attitudes (KSA's) necessary to continuously improve the quality and safety of the healthcare systems within which they work. There we have connected the specific QSEN language for each of the six competencies to its related department philosophical concepts, thus emphasizing its relationship to the curriculum.

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 manifested 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. 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, p3) Philosophical statements 1,2,5,7 support the following definition
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). Supported by 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. Supported by 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. Supported by 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. Supported by 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. Supported by Philosophical statements 1,8
8. **Research** is a scholarly process of acquiring knowledge essential to provide evidence and theory based on practice. Scholarship includes the critique and management of information and thoughtful participation in inquiry. Supported by Philosophical statements 1,6,8.
9. **Cultural Competency** encompasses diverse populations of clients who need culturally sensitive care by healthcare provider. Supported by Philosophical statements 1,3,4,5,6.

Terminal Objectives

Defining characteristics differentiating the BSN and MSN graduate follows each terminal objective

These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research and cultural competency.

The graduate of Sonoma State University Department of Nursing programs will:

1. Develop inter-subjective nurturing relationships that support the fulfillment of potential of client and nurse. (Caring)
 - a. BSN- Demonstrate the integration of respect for human diversity, social justice and self in the nursing role
 - b. MSN- Initiate policy and practices that demonstrate the integration of respect and social justice that considers the client, the profession and nurse
2. Make informed choices through critical analysis that promote nurse/client well being. (Critical Thinking)
 - a. BSN- Participate in initiatives that support health promotion and disease prevention.
 - b. MSN- Create and implement initiatives that support health promotion and disease prevention
 - c. Demonstrates humanizing interactions that are grounded in the integration of the art (subjective) and science (objective) of nursing. (Communication)
 - d. BSN- Communicate within a team framework to promote optimal client outcomes.
 - e. MSN- Create a collaborative milieu in dialogue with nurses and other health care professionals to promote team decision-making
3. Exemplify moral and ethical professional standards within a framework of equitable care. (Advocacy/social justice)
 - a. BSN- Delineate ethical principles on which to base practice decisions
 - b. MSN- Advocate for the nursing profession, the organization and the global community
4. Develop directed and deliberate actions for self and clients intended to result in learning. (Teaching/Learning)
 - a. BSN- Demonstrate the role of the nurse in specific client centered teaching
 - b. MSN- Implement curriculum for client and professional centered education, and present evidence based protocols for client and staff centered education
5. Continue the process of self-transformation in the profession of nursing and in the world community. (Professionalism)
 - a. BSN- Commit to lifelong learning and participation in the profession
 - b. MSN- Contribute to the development of organizations and the advancement of the profession
6. Actualize inter-subjective choices guided by vision and commitment to the wellbeing of the client. (Leadership)
 - a. BSN- Participate in changes to promote improvement in patient care
 - b. MSN- Effect improvement of patient care outcomes, systems and policy
7. Acquire knowledge to support theory and evidence based-practice. (Research)
 - a. BSN- Demonstrate the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice
 - b. MSN- Integrate the science of nursing, advanced knowledge and practice excellence to actualize the professional roles associates within area of role focus
8. Promote cultural sensitivity and cultural competent care that respects each individual's rights to be understood as a unique individual. (Culturally Competent)

- a. BSN- Demonstrate respect for the unique care of clients in all aspects of the nurse client relationship
- b. MSN- Identify and initiate changes related to system health care inequities of client populations

The Sonoma State University Department of Nursing has aligned their nine terminal objectives with The American Association of Colleges of Nursing's nine Essentials of Baccalaureate Education, nine essentials of Master's Education, as well as, the six critical QSEN competencies. Listed below are statements of those essentials taken from the 2008 policy statement. We have also provided a list of the six critical QSEN competencies. Then a table is provided to show the alignment of the nine Baccalaureate Essentials and the six QSEN Competencies.

AACN ESSENTIALS OF BACCALAUREATE EDUCATION:

- **ESSENTIAL I: Liberal Education for Baccalaureate Generalist Nursing Practice:**
 - A solid base in liberal education provides the cornerstone for the practice and education of nurses.
- **ESSENTIAL II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety:**
 - Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.
- **ESSENTIAL III: Scholarship for Evidence Based Practice:**
 - Professional nursing practice is grounded in the translation of current evidence into one's practice.
- **ESSENTIAL IV: Information Management and Application of Patient Care Technology:**
 - Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care.
- **ESSENTIAL V: Health Care Policy, Finance, and Regulatory Environments:**
 - Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.
- **ESSENTIAL VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes:**
 - Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.
- **ESSENTIAL VII: Clinical Prevention and Population Health:**
 - Health Promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.
- **ESSENTIAL VIII: Professionalism and Professional Values:**
 - Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.
- **ESSENTIAL IX: Baccalaureate Generalist Nursing Practice:**
 - The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.

American Association of Colleges' of Nursing's (2008). The Essentials of Baccalaureate Education for Professional Nursing Practice

QSEN COMPETENCIES: The faculty value the goal of the Quality and Safety Education for Nurses (QSEN) project to prepare future nurses with the knowledge, skills, and attitudes (KSA's) necessary to continuously improve the quality and safety of the healthcare systems within which they work. The department has aligned the specific language of the QSEN Competencies with department's terminal objectives to emphasize the relationship to the curriculum. The six critical QSEN Competencies are:

1. **Patient Centered Care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values and needs.
2. **Teamwork & Collaboration:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. **Evidence-Based Practice:** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal care.
4. **Quality Improvement:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
5. **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
6. **Informatics:** Use information and technology to communicate, manage knowledge, mitigate error and support decision making. (<http://qsen.org/competencies/pre-licensure-ksas/>)

AACN ESSENTIALS OF MASTER'S EDUCATION IN NURSING

- **ESSENTIAL I: Background for Practice from Science and Humanities:**
 - Recognizes that the master's prepared nurse integrates scientific findings from nursing, biophysical fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.
- **ESSENTIAL II: Organizational and Systems Leadership:**
 - Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision making, effective working relationships and systems perspective.
- **ESSENTIAL III: Quality Improvement and Safety:**
 - Recognizes that a master's prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.
- **ESSENTIAL IV: Translating and Integrating Scholarship into Practice:**
 - Recognizes that a master's prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.
- **ESSENTIAL V: Informatics and Healthcare Technologies:**
 - Recognizes that a master's prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.
- **ESSENTIAL VI: Health Policy and Advocacy:**
 - Recognizes that a master's prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.
- **ESSENTIAL VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes:**
 - Recognizes that a master's prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.
- **ESSENTIAL VIII: Clinical Prevention and Population Health for Improving Health:**
 - Recognizes that a master's prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.
- **ESSENTIAL IX: Master's-Level Nursing Practice:**
 - Recognizes that nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master's-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

Outcome	Essential	QSEN Competency
1. Human Caring	II, IX	Patient Centered Care
2. Critical Thinking	I, VII,	Quality Improvement
3. Communication	I, II, IV, VI, VII, VIII, IX	Informatics
4. Advocacy/Social Justice	IV, V, VI, VII,	Teamwork & Collaboration
5. Teaching	II, IX	Patient Centered Care
6. Professionalism	VIII,	Safety
7. Leadership	II, V, VI,	Teamwork & Collaboration
8. Research	II, III, V, VII,	Evidence Based Practice
9. Cultural Competency	I, VII, VIII, IX,	Patient Centered Care

Admission Requirements

Baccalaureate

The undergraduate-nursing program provides two options to obtain a baccalaureate degree in nursing:

1. A pre-licensure program option that prepares students to become licensed registered nurses
2. A post-licensure program option for licensed R.N.'s with associate degrees or the equivalent.

Pre-Nursing Admission – Student takes the prerequisite courses for the nursing program

1. Standard SSU admission criteria
2. High school or college level chemistry and biology with a GPA of 3.50 (B) or better.
3. Overall high school or college GPA of 3.00 or better
4. SAT Index score of 4080 or better, or ACT score of 970 or better

Pre-Licensure Admission – The student is admitted on a competitive basis to take the courses required for R.N. licensure and complete the Bachelor of Science in nursing degree

1. Overall GPA of 3.00 or higher
2. Transcript verification of completion of GE categories A (Written and Oral Analysis, Fundamentals of Communication and Critical Thinking) and B (Natural Sciences and Mathematics [Statistics required for Nursing])
3. GPA of 3.00 or better in prerequisite science courses: BIOL 220, 240, 224 and CHEM 105 or equivalent
4. Results of the Test of Essential Academic Skills (TEAS).
5. Certified Nurse Assistant licensure
6. Essay (criteria available from the Department of Nursing).

LVN 30-Unit Option

On a space available basis, LVNs can enter the pre-licensure program to complete the courses required for an RN license. To qualify for this option, students must:

1. Hold current, clear California licensure as a LVN
2. Have completed 4 units of physiology with a lab and 4 units of microbiology with a lab with grades of B or better

It is emphasized that students can only be admitted to the 30-unit option if there is space available in the Pre-Licensure program.

Post-licensure Admission Requirements

Sonoma State University's baccalaureate program also offers an upper-division option designed to articulate with community college Associate Degree Nursing (ADN) programs for students to obtain a Bachelor of Science degree. Admission requirements are:

1. Standard SSU admission criteria
2. Current California licensure as a Registered Nurse. (Recent ADN graduates who have not received California R.N. licensure but who otherwise meet program prerequisites will be accepted on a conditional basis pending NCLEX results. Failure to pass NCLEX disqualifies the student from the nursing major – but not from the University – until such time as a passing score is obtained.)
3. *Sixty semester units of college-transferable credit: 30 units should meet California State University general education requirements, including Areas A (English Composition, Speech, and Critical Thinking) and B4 (Statistics required); 30 units must be credit for lower-division nursing course work. R.N.- B.S.N. applicants may be admitted to SSU and the Nursing program without having yet completed Critical Thinking and/or Statistics.
4. Minimum of 3 semester units of college-transferable credit in general chemistry with a grade C or better.
4. Human anatomy and physiology within the past 10 years or direct clinical nursing experience within the past two years. *R.N.'s who have attended a hospital (diploma) program should contact a community college with an R.N. program to obtain equivalent credit for their diploma program (30 ungraded lower-division nursing units) and to complete the community college's general education requirements for an A.A. degree prior to applying to SSU's RN to BSN program.

Graduate Program

The Department offers a Master of Science in Nursing degree with the Family Nurse Practitioner option;

Admission Status for Graduate Students

Classified Graduate Status

Students who have met all standards for admission to the MSN/FNP graduate degree program and who have been recommended for admission by the department will be placed in classified graduate standing. In order to continue in the program they are required to maintain a minimum 3.0 average and pass all course work with minimum of B-.

Family Nurse Practitioner

1. B.S.N. Degree
2. GPA of 3.00 in the last 60 units of undergraduate or postgraduate study.
3. Current California licensure as a registered nurse.
4. Completion of college level statistics
5. Two years full-time experience as an R.N. preferred.
6. Essay

CERTIFICATE PROGRAMS

Post-MSN Family Nurse Practitioner Certificate

The FNP Certificate Option is a 36-unit course of study designed for Registered Nurses who hold a master's degree in nursing who wish to become family nurse practitioners. Applicants must meet the following minimum criteria:

1. Master of Science in Nursing from accredited program (ACEN or CCNE)
2. R.N., licensed in California
3. Two years experience as an R.N. preferred
4. Overall Grade Point Average of 3.0 in graduate program coursework



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CURRICULUM-COURSE CREDIT

1 Lecture unit = 50 min of class time

1 Lab unit = 3 hours of lab/clinical time. Travel to class is not included

UNDERGRADUATE

Please note the curriculum shown below is the Nursing major only. To earn a bachelor's degree, the student must also meet the University degree requirements (please see the SSU catalog).

PRE-NURSING

The current pre-nursing curriculum may be found at (add four year plan top two years). Pre-nursing students will also have a review during on campus sessions posted each semester on the nursing website at <https://web.sonoma.edu/nursing/bsn-pre/pre-nursing.html>

PRE-LICENSURE BSN COURSE PROGRESSION

The current pre-licensure curriculum may be found at <https://web.sonoma.edu/nursing/bsn-pre/index.html>

POST LICENSURE COURSE PROGRESSION

The current post licensure curriculum may be found at <https://web.sonoma.edu/nursing/bsn-post/index.html>

30 UNIT OPTION FOR LVNs COURSE PROGRESSION

The current 30-unit option for licensed vocational nurses curriculum may be found at <https://web.sonoma.edu/nursing/resources/>

GRADUATE

Family Nurse Practitioner

The current Family Nurse Practitioner Program curriculum may be found at <https://web.sonoma.edu/nursing/fnpp/>

POLICIES AND PROCEDURES

Advising

University Advising Policy <http://www.sonoma.edu/policies/advising>

The advising process depends on the thoughtful participation of the student.

Students must:

- Know and meet graduation requirements contained in the appropriate catalog, class schedules, and other University publications
- Maintain their own personal academic advising folders in portfolio and take them to every advising appointment
- Make every reasonable effort to obtain adequate advising each semester
- Regularly review your Academic Requirement Report and discuss with your advisor

Program Advising

Faculty advisors are resource persons and advocates for the students. Faculty advisors assist students in planning their course of study and provide academic counsel throughout their program. The academic advisor reviews with the student his or her progress in the nursing program and advises the student about strategies to complete degree requirements for graduation. Refer to the listing below for your assigned advisor. Department of nursing student academic folders are digital and secured by the nursing office and can only be obtained by nursing faculty and staff members. Academic advising will be documented in the student folders during individual or group advising sessions.

Although faculty advisors assist with planning student progression, students are responsible for fulfilling admission requirements, removing Incomplete (I) grades or unacceptable grades (C- or lower in major courses), submitting appropriate petitions, and meeting graduation requirements, as defined by the Department and the University.

Undergraduate group advising times are scheduled each semester and the dates, times and locations are posted on the Nursing Department Website. Students are encouraged to attend these scheduled advising meetings. If individual advising is needed, faculty advisors post their office hours on their office doors and students may contact them directly for an appointment.

Undergraduate Program Advisors:

Pre-Nursing	Mary Ellen Wilkosz	664-2297	wilkosz@sonoma.edu
Pre-Licensure - Seniors	Tammy Brunk	664-2398	brunk@sonoma.edu
Pre-Licensure – Juniors	Rachel Napoli	664-2649	napoli@sonoma.edu
LVN 30 Unit Option	Mary Ellen Wilkosz	664-2297	wilkosz@sonoma.edu
Post-Licensure BSN	Michelle Kelly	664-2664	kelmiche@sonoma.edu

Graduate Program Advisor:

Family Nurse Practitioner	Wendy Smith	664-2276	wendy.smith@sonoma.edu
Family Nurse Practitioner	Mary Ellen Wilkosz	664-2297	wilkosz@sonoma.edu

APA Format

Papers will be written in the formatting style of the American Psychological Association. All students are required to adhere to the **Publication Manual of the American Psychological Association** and follow current APA guidelines when writing papers.

Attendance: Classroom

Class attendance in lecture and seminar courses is a course requirement and professional expectation. Prompt arrival and appropriate departure are also expected. Students who miss class are responsible for content and information provided during the class. Check individual course syllabi for class attendance requirements.

Online Courses

Class attendance in an online course is considered in terms of assignment postings, due dates and scheduled synchronized meeting

Missed postings, assignments and scheduled synchronized meeting are the same as missing classes. Assignment postings and online exams are not excused. All must be completed. Arrangements to complete late assignments are individually determined by the instructor. It is important for the student to assume responsibility for maintaining close communication with the course instructor when tardiness or absenteeism occurs. Review information in each syllabus for missed or late assignments.

Policy on Tardiness in All Clinical Experiences

According to the start time as defined in the course syllabus it is imperative that students arrive promptly for clinical experiences. The student must be prepared, dressed appropriately and on time. If a student is late, he/she risks the possibility of being dismissed from that clinical session. Tardiness in more than one instance may result in development of a SBAR or clinical contract. Habitual tardiness may result in not meeting the clinical hour requirement or the objectives of the course and failure of the course.

- First occurrence of tardiness: verbal warning and review policy with the student
- 2nd occurrence of tardiness: A mandatory meeting will be scheduled with faculty and a SBAR initiated.
- 3rd occurrence of tardiness: Student will be sent home from clinical for the day. A mandatory meeting will be scheduled with faculty and a clinical contract will be initiated to address tardiness.
 - Once meeting has been held and clinical contract is initiated the student can arrange with faculty to make up missed clinical hours in a written case study to equal the clock hours or missed clinical time and/or simulation experience scheduled and arranged by faculty.
- A subsequent tardy will be a violation of the of the clinical contract initiated in “3rd occurrence of

tardiness" and will result in student being sent home from clinical a second time and not allowed to make up clinical time which would result in failure to meet the objectives of the clinical course and failure of the course. The student can petition the nursing department to repeat the course if space is available in the congruent semester. (Form #1)

- Petition must include reasons for reinstatement of the clinical sessions, self-assessment of academic and clinical standing and goals for completion of the missed clinical time.

Attendance in Clinical Courses: Pre-Licensure & LVN 30 Unit Option Programs

Policy on Attendance in Clinical Experiences

All clinical experiences are mandatory including simulation and clinical skills lab. In the event a student cannot provide care to patients' due to illness or infection, the student must report their illness prior to the beginning of a clinical experience and according to the course and agency policies. The student will be required to submit evidence of inability to participate in clinical experience due to illness to be allowed to make up clinical hours.

1. **Policy on Clinical Absence with Notification:** The following make up opportunities are available when evidence has been presented to show inability to participate in clinical experiences*
 - a. One missed clinical session with notification: Written case study and/or simulation experience scheduled and arranged by faculty equal to the clock hours of clinical experience or missed clinical time.
 - b. Two missed clinical session with notification: Written case study and/or simulation experience scheduled and arranged by faculty equal to the clock hours of clinical experience or missed clinical time.
 - c. Three missed clinical sessions with notification. Student will not be able to complete the objectives of the clinical course due to exceeding allowable hours. Student can petition (Form #1) the nursing faculty for permission to receive an Incomplete for the course and to enroll in Intersession, Summer Session or subsequent semester to complete the missed clinical time. The Department Chair will determine the Intersession, Semester or Summer Session assignment.

*For N412P and N414 refer to syllabus of the course.

2. **Policy on Clinical Absence without Notification:**
 - a. Student will not be allowed to make-up clinical hours and will fail to meet the required clinical hours of the course and will result in course failure. Student can petition the nursing department to repeat the failed course if space is available in the congruent semester, intersession or summer session and if the student has not failed another course. The Department Chair will determine the Semester, Intersession, or Summer Session assignment.

Attendance in Clinical Courses: Family Nurse Practitioner

Absences are to be made up in real time equivalent assignments/clinical to time absent. The student must contact faculty of record or clinical faculty who will also determine when too much time has been missed to allow for successful meeting of the course objectives. The assistant director or nursing chair will review and make recommendations.

Client Safety

If, during enrollment in a clinical nursing course, a student's performance presents a potential harm to the welfare of clients, the faculty will determine, on the basis of oral and/or written documentation, whether or not the student will be permitted to continue in the course. If the student's performance presents an immediate potential harm to clients or self, program faculty and/or preceptors have the responsibility to immediately

remove the student from the clinical environment. (Appendix 5)

Clinical Skills Laboratory

The Clinical Skills Laboratory is located in Nichols 149. Many programs and students share the lab space. Please be respectful of space, equipment, safety and confidentiality of fellow students. Equipment is to stay in the lab unless specifically arranged with faculty. Students use the lab for many skills as well as the public for the Health Maintenance Center. Students will be practicing numerous skills in the lab with simulation as well as real practice. Keep in mind your safety and the safety of others is our primary responsibility in all cases. Review and sign the practice policy prior to arriving to your first skills lab. The practice policy does not include students practicing on faculty. (Appendix 1) Any donations of equipment to the skills laboratory will be reviewed by Program Directors for safety and appropriate use. No food or drink is allowed in the skills lab.

Communication

Sonoma.edu e-mail: Communications from the Nursing Department will be sent to all nursing students via their official university email address. Instructions and deadlines are announced through this e-mail communication and it is the student's responsibility to check their email daily. Webmail can be accessed through Sonoma On-Line Login on the University website, <https://login.sonoma.edu>

Communication Etiquette

For **email** communications follow the email rules, otherwise, your email may get lost. The instructor will communicate with students via their Sonoma State email account. The instructor will not be held accountable for contacting students via any other method except their Sonoma State account.

E-Mail Rules:

1. Send emails to the instructor's designated University address.
2. In the subject line type: N____ (Course #) & topic you wish to discuss.
3. Failure to put the proper topic in subject line could impede the proper priority of the email.
4. Emails are intended to be a communication tool. Not for assignment submission.

Unless it is the weekend or instructor is traveling or ill, all emails will be answered within **24 hours**. It is at the discretion of the instructor if emails will be answered on weekends, holidays and vacations.

Texting is at the discretion of the individual instructors.

Student Records and Files:

The Department of Nursing will maintain a digital file in the office for each student in all nursing majors. These files will be maintained and monitored by the faculty and staff of the department of nursing only. Should a student request to review his or her file, the student will need to make an appointment with their advisor. Students need to maintain their own file of grades, immunization records, clinical evaluations, etc. The Department Office staff is not permitted to copy items from your file for you. Digital Files will be maintained by the department for five years after graduation at which time all documents in the file will be deleted (Appendix 3).

Updating your address/phone: Your academic folder needs to reflect your current address, last name changes, phone and personal email address at all times. Please send an email to www.nursing@sonoma.edu to inform us of any changes. You also need to update address and phone changes with the University through your PeopleSoft account (Self-Service – Campus Personal Information).

Internet sites: Much of the information a student will need is available through Sonoma State University's home page on the Internet (www.sonoma.edu) as well as SSU Nursing's home page (www.sonoma.edu/nursing). It is the **student's responsibility** to obtain and be knowledgeable about University and program requirements.

Computer Requirements

Nursing courses use a wide variety of education strategies to facilitate your learning. The Instructional Technology department is a valuable resource for you to identify home computer needs and to solve a variety of problems as you incorporate informatics into your repertoire of scholarly activities. Students are required to have access to a reliable computer. You may use computers on campus to facilitate your learning in a variety of campus labs or, if you choose to use your personal computer, these are the requirements needed for nursing program coursework.

- Fast Internet connection
- A web browser that works with our version of Canvas (Firefox recommended)
- Firefox downloaded as a browser option (Will be required for ATI and recommended for Canvas)
- It recommended that students download Google Chrome as an alternate web browser
- Microsoft Word for all program coursework (Textedit or Pages is not allowed)

If you have questions about setting up your computer, review the Information Technology website at <http://www.sonoma.edu/it> and/or call 664-HELP

Confidentiality of Patient Information

In order to comply with HIPAA confidentiality regulations, clients must not be described in any identifiable way. Do not use initials, exact descriptions or locations in journals or care plans either in paper documents or online assignments. Use only generalities so that no client can be explicitly recognized. Sonoma State University students and faculty must comply with the confidentiality requirements that our partner clinical agencies are mandated to follow.

An inappropriate patient care description might be, "D.E., a Vietnamese manicurist in northeast Santa Rosa, has been diagnosed with positive tuberculosis. "This type of description cannot be used. A more general description, in which the patient cannot be identified, would be, "Miss X, a service worker in Sonoma County, is positive for hepatitis.

References to patients, patient data or clinical experiences involving patients or family members are not allowed in any social networking environment (See Social Media Policy Appendix 10). Use of cell phones and other electronic devices in the clinical setting are deemed appropriate only by your individual clinical faculty and or policy per organization in your clinical rotations.

Careful consideration must also be given to the location of any discussions on patients and their families. Classroom, post conference and lab settings may be used for such discussions as a learning opportunity.. Cafeteria, lunch or dinner conversations on or off site are not appropriate and would be considered a violation of patient and family confidentiality.

HIPAA compliance at each clinical agency will be reviewed and adhered by each student. Failure to comply may result in agency requirements for reporting.

Failure to comply with strict confidentiality of all patient and patient family information could result in failure of a course and dismissal from the program.

Continuing Education Units

For students who hold California RN licensure, SSU is approved by the BRN to provide continuing education units. One semester unit of an SSU nursing course equals 15 contact hours (15 CEUs). (Example: a two-unit nursing course = 30 contact hours, which fulfills the biannual licensure renewal requirement for continuing professional education in California).

SSU's Continuing Education BRN provider number is **16694**. Your official University transcript serves as verification of your coursework. Certificates will not be issued to you.

Contractual Agency Clinical Affiliation Agreements

The University maintains contracts with clinical agencies in which students are placed for clinical learning experiences. As part of these contracts, students have the responsibility, for the safety of the patients, themselves and the faculty. The DON utilizes [CastleBranch](#) to maintain health and safety requirements for these contracts.

Course Challenge

A student may earn credit for a course at SSU by successfully completing a course challenge examination. Only courses that are listed in the University catalog for which the student has not received prior credit may be challenged.

Students should read the course syllabus, requirements and objectives before making the decision to challenge the course. After reviewing the syllabus, the student should contact the instructor of record to further discuss the challenge examination process and develop a plan for the challenge. This plan must be documented on a Nursing Department Petition, signed by the instructor. The instructor will present this petition to the appropriate program director for approval.

The student enrolls in the course and receives a grade at the end of the semester, based on the challenge. Should the student fail to meet the course challenge requirement, they may elect to remain enrolled in and complete the course or may withdraw from the course for the semester.

Course Equivalency

A student who believes they have taken a course that is equivalent to one in SSU's curriculum may petition for approval of equivalency on a Nursing Department petition form. Evidence of completion of the course at another institution and a course description must be submitted with the petition. The petition is presented to the appropriate program director for approval.

Culminating Experience for Family Nurse Practitioner Program Comprehensive Clinical Simulated Exam (see appendix 1)

FNP students will take the Clinical Simulated Exam (CSE), also known as the Objective Simulated Clinical Exam (OSCE), to satisfy the culminating experience requirement. The CSE will be based on a standardized client and will simulate a clinical encounter with a client. There are three major parts to the exam.

Part I. Ability to gather subjective and objective data from client

Part II. Ability to provide a logical assessment and plan for a client

Part III. Ability to apply theoretical principles to client care

Grading Procedure: Students must pass each section to successfully complete the entire culminating exam. Grading will be based on a percentage that will be translated into a "pass/fail" grade.

DISABILITY SERVICES

Policy on Provisions of Accommodations and Support Services to Students with Disabilities

Disability Services for Students (DSS) policies and Procedures

http://www.sonoma.edu/dss/faculty_staff/faculty_faq.html

The California State University (CSU) Policy for Provisions of Accommodations and Support Services to Students with Disabilities prohibits unlawful discrimination against students on the basis of disability in CSU Programs, services, and activities in accordance with, but not limited to, the Americans with Disabilities Act Amendments Act of 2008 (ADAAA); Sections 504 and 508 of the Federal Rehabilitation Act of 1973, as amended; and applicable California state laws. The CSU Policy is consistent with current applicable federal and state laws concerning the non-discrimination of students on the basis of disability.

Specific Roles and Responsibilities

While the Director of Disability Services for Students (DSS) maintains authority to review and verify disabilities and to determine accommodations, the DSS serves as the office to authorize and dispense services and accommodations, the entire campus community is mandated to assure equal access to programs and activities of the University.

Sonoma State University is committed to providing an inclusive environment, which is responsive to the needs of all students. To ensure this inclusion, appropriate accommodations are provided to students and prospective students who have self-identified with verified disabilities and who require these accommodations in order to enjoy access to university programs, services or activities for which the individuals are otherwise qualified.

Procedure for Requesting Academic Accommodations

Students with Disabilities:

In order for students with disabilities (both permanent and temporary) to receive academic accommodations students must self-identify with the DSS office and provide medical/appropriate professional documentation of functional limitations of their disabling condition when not readily apparent. Information acquired during this process is confidential but will be shared upon consent of the student. To obtain accommodations, students must:

1. Self-identify as a student with a disability and in need of access or accommodation at SSU by initiating a meeting with a Disability Management (DM) Advisor in DSS provides appropriate verification of the disability or disabilities and requests specific academic and/or housing-related accommodation(s) based upon the documented functional limitations associated with the individual's disability, per SSU guidelines.
2. Discuss disability and accommodation requests with a DM Advisor to obtain approval for specific accommodation(s) prior to and with sufficient advance notice to implement needed services. Some services may need to be coordinated with faculty, other campus departments and vendors well in advance of the start of the semester (e.g. Brailled materials, interpreters, housing).
3. Actively engage in the interactive process of determining reasonable and appropriate accommodations with faculty and DSS staff.
4. Personally and directly contact faculty regarding the approved accommodation(s) and provide them with written authorization from DM Advisor within the first 2 weeks of classes, if possible.

Department of Nursing Policies and Procedures

Any student requesting their documented accommodations will be required to take their exams in the Disability Services Center. Students are encouraged to take tests according to implementation assigned by Course Faculty.

Student Responsibilities

1. Submit current documentation regarding the specific disability to the staff of DSS. The documentation should state, as determined by an appropriate professional, what reasonable accommodations the student needs. Students will provide documentation to **each** course faculty within the first 2 weeks of **each** semester or as soon as identified

2. Student will schedule a meeting with the faculty to discuss accommodations at least two weeks prior to the first exam to review the policy and discuss plan for accommodations.
3. Students will notify DSS at least two weeks before the scheduled exam.
4. Students will schedule exams on the same day as the scheduled exam.
5. If a course exam or ATI Exam is scheduled/offered outside of DSS hours, the student is required to contact DSS and schedule accommodations during DSS hours.
6. Students who take the test earlier than colleagues are prohibited from sharing any content in any format. This is cheating. If cheating occurs students involved will obtain zero credit for the exam and may result in course failure and/or dismissal from the program.
7. Students must notify faculty two weeks prior to any exam of any change in accommodation needs, mode of delivery requests, and scheduling with DSS.
8. The student has the option with any exam to opt out of accommodations and take the exam in the testing environment during the regularly scheduled timeframe. The student will be required to sign a "Waiver of DSS Accommodations" (See Forms) for each incident waived.

Faculty Responsibilities

1. Meet with the student requesting accommodations at the beginning of each semester to review the policy and discuss respective responsibilities.
2. Complete the DSS form with specific accommodation one week prior to each scheduled exam.
http://www.sonoma.edu/dss/web_forms/test_request.html
 - a. If this is an ATI exam, faculty will provide Test ID# and password of ATI exam
3. Verify and confirm with student and DSS one week prior to exam.
4. All students will take ATI proctored Tests online.
 - JoAnne Jaggars jaggar@sonoma.edu in DSS is the contact person and proctor for ATI exams in the Disabilities Services.

DRESS AND IDENTIFICATION

Pre-licensure BSN students represent the department and university in all clinical settings. To that end students are expected to have business casual dress and the Department of Nursing official name badge on unless a uniform is required. In addition, some clinical agencies require a facility name badge. In all clinical settings check the course syllabus and speak with the faculty assigned to clarify the appropriate dress code.

Acute Care Uniform Policy

The required SSU uniform will be worn during all acute care clinical rotations. Students will also purchase the Department identification badge, which must be worn on the uniform. The patch will be worn on the left sleeve. All Uniforms and Lab Coats will be purchased through the SSU Bookstore and the patch embroidery will be included. Standard white nursing or white athletic shoes are required for all acute care experiences. In some cases, a lab coat will be required. Lab coats are to be white with the Sonoma State patch applied to the left upper sleeve, if the lab coat is purchased through the SSU Bookstore the patch will be embroidered to the coat. Scrub jackets are optional and will also require a patch in on the left upper sleeve. Only a white cotton shirt can be worn underneath SSU uniform.

Clinical Rotations

- All students in clinical settings must follow a professional standard of dress and department, including hairstyle, make-up, type and amount of jewelry and follow the organization policies. (Refer to course syllabi)
- Students may not wear jeans, sweats, stretch pants, shorts, tight fitting, low cut or midriff baring tops or other sports clothing to any clinical rotation. Lab coats may be required in certain clinical courses.
- All students must purchase a Sonoma State picture ID badge through the Nursing Department Office to be worn during all clinical experiences with the exception of some psychiatric rotations.
- Clinical faculty will not allow a student to remain in the clinical setting if the student arrives with inappropriate attire or without an ID badge.
- Failure to comply with the dress code at any clinical experience may result in dismissal for the day and a subsequent clinical absence.



Department of Nursing
STUDENT HANDBOOK
2019-2020

Financial Aid and Scholarships

Financial Aid

The Financial Aid Office website <http://www.sonoma.edu/finaid/index.html>. Many types of financial aid are available through this office, including grants, work-study and loans. Check with the Financial Aid Office for deadlines and eligibility.

Scholarships

Scholarship information is available at the Scholarship Office, located in Salazar 1010C, phone 664-2261, website <http://www.sonoma.edu/Scholarship/>. The application deadline for University scholarships is usually February 15. Check with the Scholarship Office each year for any changes to deadlines.

Occasionally, the Nursing Department receives scholarship information that the Scholarship Office does not have. Information will be placed near the communication folders and/or sent via Sonoma.edu email.

GRADING

Undergraduate Course Grading Scale

Final course grades will be based on the following percentages and will earn grade points as indicated. Students must earn a minimum grade of “C” (2.0) in each course in order to continue in the program. A grade of “C-” or lower is unacceptable. Only letter grades are given in nursing major courses, except in courses for which a Cr/NC option is specifically indicated.

94 - 100	A	4.0	
90 -93	A-	3.7	
87 -89	B+	3.3	
84 -86	B	3.0	
80 -83	B-	2.7	
77 -79	C+	2.3	
74 -76	C	2.0	Minimum acceptable grade in Nursing major course
70 -73	C-	1.7	
67 -69	D+	1.3	
64 -66	D	1.0	
60 -63	D-	.7	
Below 60	F		

Graduate Course Grading Scale

Final course grades will be based on the following percentages and will earn grade points as indicated. Students must maintain a 3.0 in graduate level courses to continue in the program.

95.5 -100	A	4.0	
92.5 – 95.4	A-	3.6	
89.5 – 92.4	B+	3.3	
86.5 – 89.4	B	3.0	
83.5 – 86.4	B-	2.7	Minimum acceptable grade in clinical/residency course
80.5 – 83.4	C+	2.4	
77.5 – 80.4	C	2.0	
74.5 – 77.4	C-	1.7	
72.5 – 74.4	D+	1.3	

69.5 – 72.4	D	1.0
Below 69.5	F	

GRADING OF ASSESSMENT TECHNOLOGY INSTITUTE (ATI) EXAMS

Background:

The nursing program at SSU has student success as its top priority. To that end, the department utilizes a comprehensive program of quality assessment called ATI Assessment Technologies, Inc.). This use of modules and exams has been proven to increase student success in both program content and NCLEX pass rates (www.atitesting.com). Prior to entering the program students have been introduced to the TEAS. Each Content Mastery Series module follows the program algorithm for testing and, if necessary, remediation and retesting. These courses include Fundamentals, Pharmacology, Medical-Surgical Nursing, mental Health, Maternal-Newborn, Nursing Care of Children, Leadership and Management, and Community Health Nursing. In addition, the SSU nursing program utilizes a capstone exam, the RN Comprehensive Predictor, with designated benchmarks to predict likelihood of passing the NCLEX-RN. Passing the RN Comprehensive Predictor is required to complete the program and graduate. The department encourages students to seek faculty assistance for any questions they may have regarding ATI and this comprehensive program. (Appendix 2)

GRADUATION

Curricular requirements for graduation are specified in the Sonoma State University catalog. Students must meet the requirements of the catalog under which they were admitted. In addition to the curricular degree requirements, the following paperwork must be submitted:

BSN Graduation

The “Major/Minor Requirements” and the “Application for Award of Degree” forms must be completed and turned in to Admissions & Records by the appropriate deadline to graduate in the semester the student desires.

An advising session is scheduled in the spring prior to the students’ year of graduation to review degree requirements and to complete the forms. If a student misses this session, examples of completed forms are available in the Nursing Office.

Graduation Applications must be received in the Office of Admissions and Records by the following dates:
<http://web.sonoma.edu/registration/records/forms.html> (graduation application)

* Students who file by the Priority Filing Date will have the benefit of receiving a Graduation Evaluation prior to registering for their final semester.

** The Final Deadline is the date by which students must submit applications to be considered for graduation at the conclusion of that term.

BSN Graduation with Distinction

The Department of Nursing faculty (or student peer) may nominate an undergraduate student for “Graduation with Distinction”. The Department of Nursing Faculty awards “Graduation with Distinction” to individual graduates who have met by peers or self nominated are due to the faculty October 31 for December graduates and March 31 for May and August graduates.

MSN Graduation

In addition to meeting the curricular requirements of the program, graduate students are required to successfully complete a culminating experience (see the section in this handbook on the Culminating Experience). Students are responsible for submitting the following forms in order to be able to graduate:

1. Advancement to Candidacy Form (GS01) This form is to be completed and filed as soon as a student knows the date he/she will be completing the requirements for graduation, i.e., when the date of the culminating experience is known or when submitting the plan for the final project or thesis prospectus, which is usually the semester before the student plans graduate.
2. Turn the above forms in to the Department Office to obtain your program coordinator’s signature. The Department Office will forward the forms to Graduate Studies.

2. Application for Graduation Students must also file an Application for Graduation form with the Office of Admissions and Records. Students should check each semester with the Office of Admissions and Records for exact filing deadlines. <http://web.sonoma.edu/aa/gs/forms.html>

Group Projects

The educational purpose of group assignments is to maximize the potential for a cooperative and collaborative effort. To be successful, all students are to contribute equally, attend all scheduled meetings, and have delegated work completed as agreed upon by the group. If a student does not meet group expectations (in person or online) the group members first address their concerns with the student. If the problem(s) is not resolved then group members should discuss concerns with the course instructor. Additional information and requirements on group projects may be listed in individual course syllabi.

Health and Immunization Requirements

Before beginning clinical classes, all students are required to submit documentation in [CastleBranch](#) of a health history and current immunization status. The history and physical examination must be completed within the six months prior to start of the first clinical class. All immunizations and CPR must review and, if required updated annually by July 1st. Students will not be allowed in the clinical setting without evidence of these documents. Clinical facilities require proof of the following before beginning clinical experience:

- Health Physical Form completed by a physician, Family Nurse Practitioner or Physician's Asst.
- Positive Rubella Titer or positive antibody screen or proof of MMR vaccine (Measles/mumps/Rubella)
- Positive Varicella Titer or positive antibody screen or proof of Varicella vaccine
- Second Rubella vaccine or MMR 4-6 weeks after initial MMR for students born after 1957, or proof of immunity.
- Hepatitis B vaccine series
- Tetanus within 10 years
- Proof of negative PPD (TB test) or TB symptom free form evaluation. (Updated annually with one PPD)
- Influenza Vaccine Consent/Declination (Appendix 4) (Updated annually)

A two-step Tuberculosis screening test is required for students who have no history of tuberculosis and who have never had a positive TB test. If you have been positive in the past, you will need a clearance from a physician to allow you into the clinical area.

Students must take the two-step exam. A first skin test is given. If the first test is positive, the student should have a chest x-ray to rule out active infection with tuberculosis. If the test is negative, a second skin test is given a week later. Again, if this test is positive, the student must have a chest x-ray to rule out latent tuberculosis.(Form#5)

Any positive skin test, regardless of positive or negative chest x-ray, must be evaluates for treatment by a health care practitioner and clearance to clinical.

Students are tested or cleared by their health practitioners annually, which should include a symptom of tuberculosis evaluation.

Impaired Student Performance

The faculty of the Department of Nursing at Sonoma State University concurs with the California Board of Registered Nursing in relation to nursing students who are impaired by alcoholism, drug abuse and emotional distress.

1. We recognize that substance abuse and dependency are diseases and should be treated as such.
2. We are aware that personal and health problems arising from these diseases can affect a student's

academic and clinical performance and that the impaired nursing student is a danger to self and a grave danger to the patients in his or her care.

3. We believe that nursing students who develop these diseases can recover.
4. We agree that it is the responsibility of the nursing student to voluntarily seek diagnosis and treatment for any suspected illness.
5. We acknowledge that confidential handling of the diagnosis and treatment of these diseases is essential.

Furthermore, any behavior observed by a clinical instructor which may be indicative of substance use or abuse or emotional instability and which could be potentially dangerous to a client's health and safety, is cause for immediate removal of the student from the clinical area.

A meeting between the student and instructor will take place as soon as possible after the incident to discuss the matter. A performance contract will be implemented.

The instructor will notify the Department Chair of the incident and provide a copy of the performance contract.

The following link to the BRN diversion materials will provide additional information on the impaired nurse and actions taken. <https://www.rn.ca.gov/intervention/whatisint.shtml>

Injuries (Including exposure to blood or bodily fluids)

We realize at any time a student may sustain an injury or be exposed to products that can cause physical harm while in the clinical setting. The University carries Workers Compensation insurance that covers nursing students in clinical areas. Should an injury occur, students must immediately follow the infectious disease protocol in the agency and seek help from the designated agency and assigned agency staff to notify their clinical instructor who will direct that student to appropriate healthcare. Documentation and follow up will proceed according to the agency and university policy. All records and details of the incidence will remain confidential. Refer to SSU nursing resources. <https://web.sonoma.edu/nursing/resources/>

Integrity: Cheating and Plagiarism (Including Self Plagiarism)

Academic integrity demands that students, unless otherwise directed by faculty, complete work that is entirely on their own. This means that each student takes responsibility for their own performance on quizzes, tests, papers, and other individually assigned projects unless specifically directed otherwise. The Nursing faculty does not believe that time, place, or mode of assignment/test voids this expectation. If ever there is any doubt, students are expected to ask for clarification prior to engaging in group work or to complete an assignment or exam. Misrepresenting others' work as one's own, regardless of personal imprudence at justifying the act, is never acceptable and/or "F" in the course. An "F" in the course will require a petition to the faculty to repeat the course and if approved return pending space available in the following year. Important University information such as the add/drop policy, cheating and plagiarism policy, grade appeal procedures, accommodations for students with disabilities and the diversity vision statement can be found at: <http://www.sonoma.edu/policies/cheating-and-plagiarism>

Further guidance on this subject can be found in the SSU Student Code of Conduct and Student Rights and Responsibilities accessible from the SSU student affairs website: <http://career.sonoma.edu/rights-and-policies> and also from the ANA Code of Ethics for Nurses, Provision 5 at <https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>

Student Rights–Discipline–Grievance

The Department of Nursing adheres to all university regulations regarding student conduct, discipline, grievance, and grade appeal. Students should consult the SSU Division of Student Affairs website <https://web.sonoma.edu/studentaffairs/> for information on the SSU Student Code of Conduct, Student Rights and Responsibilities, Student Discipline

Leave of Absence

Students who find it necessary to request a leave of absence (LOA) from the Nursing major may do so after successful completion of a full semester. While this is acceptable, students doing so will be allowed to enroll in subsequent courses only on a "space available" basis. Students who take an LOA for more than one semester must be readmitted to the University in order to be eligible to enroll in subsequent courses. Students leaving the nursing program in good standing must return within a year.

Requests for a Leave of Absence are to be documented on a Department Petition form and submitted to the appropriate Program Director with a copy to the Chair.

Liability Insurance

Professional liability insurance (also known as "malpractice insurance") is required for all nursing students enrolled in clinical courses. The California State University provides this at no cost. The California State University holds a blanket liability insurance policy with coverage in the amount of \$2 million per occurrence/\$4 million aggregate for all nursing students in its system. A clinical agency may require that you show proof of this coverage. Students can obtain a copy of the face sheet of this policy for the clinical agency through their clinical faculty.

Licensure/Certification**LVN Certification for Pre-Licensure BSN Students**

The California BRN allows Pre-Licensure BSN students to take the LVN exam after the completion of the third semester of nursing courses. If you are interested in this option make an appointment with the Department of Nursing Chair.

NCLEX Exam for RN Licensure

Pre-Licensure BSN graduates are eligible to take the NCLEX exam, which, upon successful completion, provides RN licensure. In the semester before graduation, students need to download an Application for Licensure by Examination and accompanying forms from the California Board of Registered Nursing website (<http://www.rn.ca.gov/pdfs/applicants/exam-app.pdf>). It is the student's responsibility to complete the applications and required documentation and submit to the Board of Registered Nursing two weeks before graduation. The BRN will return an "Authorization to Test" to the student and the student can then schedule the appointment for testing. An Interim Permit can be issued by the BRN, which allows the student to work immediately upon graduation until successful completion of NCLEX exam (valid for 6 months and can work only under direct supervision of RN). (<http://www.rn.ca.gov/pdfs/regulations/npr-b-05.pdf>) (<http://www.rn.ca.gov/pdfs/regulations/npr-b-53.pdf>). When the student has passed the NCLEX and the final University transcript with the BSN degree posted is received by the BRN, the RN license is issued. Additionally, the National Council for State Boards of Nursing offers information on the NCLEX testing plan available at <https://www.ncsbn.org/nclex.htm>.

Public Health Nursing (PHN) Certification

Students who have earned their Bachelor's of Science degree in Nursing at SSU are eligible for the Public Health Nursing certificate from the California Board of Registered Nursing. Students who are interested in this certification can download the application for Public Health Nurse certification from the BRN's website (<http://www.rn.ca.gov>). Post licensure graduates need to request Official transcripts from Sonoma State Office of Admissions & Records.

Nurse Practitioner Licensure

Graduates of the SSU FNP program must apply for a nurse practitioner certification through the California BRN so they can practice legally in California. Certification forms may be obtained by requesting them from the California BRN or downloading them from the BRN website (<http://www.rn.ca.gov/pdfs/applicants/np-app.pdf>). To apply for certification by the BRN, follow these steps:

- Submit completed form "Application for Nurse Practitioner Certification" and fee to the BRN. Use the official graduation date for the semester you graduate (see catalogue for official date).
- Provide department request for transcript be released so Director can provide transcript via iCloud to the California Board of Registered Nursing (BRN) when your graduation is posted (6 to 8 weeks after graduation).
- Submit the completed form "Verification of Completion of Nurse Practitioner Program" (page 9) (Method 1) to the FNP Program Director at SSU. When graduation or completion dates have been verified, this form will be sent to the BRN.

The BRN will not accept verification forms dated prior to the student's actual graduation date. The Nursing Department needs to wait approximately 4 weeks from the date of graduation for official notification by the Registrar's Office that a student has graduated.

FNP Furnishing and Dispensing Certification

In order to furnish drugs or devices in approved clinics, according to California Law (BPC, Sect. 2836, 1), nurse practitioners must have a pharmacology course content as specified by the BRN. The SSU FNP Program includes content and experience that meet the BRN criteria, via N552 Pharmacology in Primary Care.

To obtain a BRN furnishing number, graduates must submit the BRN Nurse Practitioner Pharmacology Course Verification form (available from the BRN). Send the form to the FNP Program Director who completes it and sends it to the BRN. (<http://www.rn.ca.gov/pdfs/applicants/npf-app.pdf>)

FNP National Certification Exam:

Certification is the process by which the **American Nurses Credentialing Center** Boards on Certification or the **American Academy of Nurse Practitioners** Certification Committee validate, based on predetermined standards, an individual nurse's qualifications, knowledge, and practice in a defined functional or clinical area of Nursing. Some states require ANA or AANP certification in order to practice as a nurse practitioner. As of 1993, only masters prepared NP's may sit for the exam.

American Nurses Credentialing Center

To get an application form contact: <http://www.nursecredentialing.org/Certification>

Once you have registered and been approved for the computerized Certification Exam you will receive a registration number. This allows you to take the exam at designated Sylvan sites by appointment.

To apply for the exam after you have graduated, fill out the forms and send Form E to the FNP program director for a signature.

To apply for the examination before you actually graduate (if you want to sit for the June exam and you graduate in May), have the program director fill out form E with your expected date of graduation. After you actually do graduate, you must get a letter from the program director verifying that you did indeed graduate. You do not need this letter if you apply for the exam after you finish the program.

American Academy of Nurse Practitioners National Competency-Based Certification Examination:

FNP's and Adult NP's who are graduates of an MSN program may take this exam. FNP's certified by the ANA Credentialing Center may apply to this testing board for reciprocity without examination. For information contact: American Academy of Nurse Practitioners/Capitol Station, LBJ Building/ PO Box 12846/ Austin, TX 78711 (512) 442-4262

Netiquette and Student Responsibilities in Online Learning Communities

The department requires students to demonstrate professional and caring behaviors whenever communicating online with peers, faculty and members of the public. Netiquette is a set of principles of how to interact respectfully in cyberspace. Students need to become familiar with established standards of netiquette and are referred to review both Rules of Netiquette on <http://www.albion.com/netiquette/corerules.html> and West's article: *A Student's Guide to Strengthening an Online Community* (2010). (In Resources: www.sonoma.edu/nursing)

Petitions

To request an exception to a rule or policy, the student must complete a department petition.

The Department and the appropriate Director/Assistant Director use university petition forms to request an exception from a University rule and require approval.

Department petitions are used to request an exception from the Nursing Department rule and require approval of the Nursing faculty. These petitions, after action is taken, are kept in the student's academic file and a copy is given to the student. (Form #1)

Pregnancy

A student who is pregnant is to:

1. Inform the instructor who is responsible for clinical supervision that semester
2. Submit a written statement from her provider providing care related to the pregnancy to the

Department of Nursing at the time of her initial visit as well as at approximately 28, 32 and 36 weeks. These statements should indicate that it is safe for her to continue in the total education program, including clinical rotations.

Health Clearance

If at any point during the progression in the nursing program the student becomes ill, has a surgical procedure, becomes injured, delivers a baby, becomes hospitalized, develops a condition or has an exacerbation of a condition that limits the student's ability to fulfill the SSU Nursing Program requirements. The student will obtain a health clearance form from a health care (Form 8) provider before returning to the Program (Form#8)

Progression in the Nursing Program

Baccalaureate nursing majors must attain a minimum grade of "C" (2.0) in all nursing course. Should a student not maintain a minimum grade of "C" (C- is not acceptable) in a nursing major course, the student may petition the faculty to repeat one course. If approval is granted the student must receive a "C" or better in the course when repeated. If a minimum of "C" is not attained, the student will not be eligible to remain in, or graduate from, the Nursing major.

Graduate students must maintain a "B" average (3.0 GPA) in their courses (University rule). If the student's GPA falls below 3.0 after a semester on probation, the student will be disqualified and will be required to petition the University to be able to continue studies.

If a student receives a "U" in a nursing major course, constituting an unauthorized withdrawal, the student must repeat the course within one year or the "U" will convert to an "F". Upon repeat of the course, a "C" or better must be earned in order to remain in the nursing program.

If a student needs to take an Incomplete (I) in a course, the student must be in passing status at the time this grade is requested. An Incomplete Grade contract form must be completed by the student and the instructor and filed in the student's academic file. Although the University allows students to take up to a year to complete an Incomplete, the Department of Nursing additionally requires that all Incompletes be completed before a student progresses to a subsequent course. See university policies on grading and progression.

http://web.sonoma.edu/registration/grading_abrev.html

Mid-Term Notification

In the Pre-licensure program, when appropriate, clinical evaluations at mid-term and at the end of clinical courses formally evaluate student performance and are based on criteria specified in the Clinical Evaluation Form. Faculty uses this Clinical Evaluation Form for all clinical courses in the curriculum. Students should use this form to evaluate their own performance during the entire clinical rotation. A student whose midterm grade is C- or below will be notified, in writing, that he/she may not pass the course. The instructor will develop a written Performance Contract to guide the student toward meeting competency expectations for clinical. Failure to meet the Performance Contract stipulations may result in immediate removal from the clinical experience and/or clinical course failure. (Appendix 8)

Client Safety

If, during enrollment in clinical nursing course, a student's performance presents a potential harm to the welfare of clients, the faculty will determine, on the basis of oral and/or written documentation, whether or not the student will be permitted to continue in the course. If the student's performance presents an immediate potential harm to clients or self, program faculty and/or preceptors, in collaboration with faculty, have the responsibility and authority to immediately remove the student from the clinical environment. (Appendix 8)

Special Studies (N495/N595/Rural Nurse Placement Program)

Independent Study (Special Studies) is available to students who want to pursue a subject other than a clinical experience in greater depth or one not offered by the University. The student designs the course of study in conjunction with a faculty member willing to sponsor the study.

To enroll in the independent study, the student completes the Special Studies form with their faculty advisor and turns it into the Department Office for Chair and Dean signatures. The completed form with signatures needs to be turned in to Admission and Records prior to the end of the Add/Drop registration period for that semester. This is the only manner in which a student may enroll in an Independent Study. Special Studies can be taken for 1 to 4 units. Each unit of credit requires a minimum of 45 hours of academic or clinical work.

An external program available for an additional clinical experience is the Rural Nurse Placement Program offered at CSU Chico. To view more information visit their website at <http://www.csuchico.edu/catalog/cat05/2StudentServices/09intern.html#internshipsandcooperativeeducation>. A representative from CSU Chico is often available to meet with students and answer questions regarding the program. Dates, times and location will be posted in the SSU Nursing Department.

Social Media

The Department of Nursing fully supports the use of appropriate social media as a communication tool in today's society. Given the nature of the profession, in nursing and the role of the university, the department has developed a policy for the use of social media in and out of classroom and clinical settings. (Appendix #6)

Student Activities

Department/University Committees

Students are encouraged to become involved in campus life by serving on departmental and University committees. The Nursing Department has Program and Department Team meetings that student representatives are encouraged to participate in and provide input. Faculty will notify students of the meetings dates and times. Any student is welcome to attend any faculty department meeting

Student Groups

An increasing number of clubs are available at SSU that meet special interests of students. Within the Department of Nursing, a student nurses group, Nursing Club Sonoma State University (NCSSU) is quite active. All baccalaureate students are encouraged to join this organization. A list of clubs chartered through the Student Activities Office (x2391) may be obtained at the front desk in the Student Union.

Sigma Theta Tau Honor Society

Students in the nursing major may become members of Sigma Theta Tau, Lambda Gamma Chapter, the international nursing honor society, by invitation after completing 2 semesters of instruction.

The purposes of Sigma Theta Tau International Honor Society for Nursing are to:

1. Recognize superior achievement.
2. Recognize the development of leadership qualities.
3. Foster high professional standards
4. Strengthen commitment to the ideals and purposes of the profession of nursing.

Those qualified are encouraged to apply:

1. Undergraduate and graduate students in the top 30% of their respective classes, as determined by faculty based on GPA and leadership qualities.
2. Undergraduate students must have completed 20 nursing units.
3. Graduate students must have completed 8 nursing units in their graduate curriculum.

The procedures for application are:

1. Applications are available online at
(<http://nursingsociety.org/membership/applynow/Pages/applynow.aspx>)

The Eligibility Committee will review your application and notify you of the Chapter's decision regarding your membership. If you are to be inducted, a fee will be due before induction ceremonies. This fee will include the one-time induction fee as well as the annual local chapter fee and international fee. All candidates must attend the Induction Ceremony to be recognized as a member.

Student Representatives

Purpose of the Role

The primary purpose of a Nursing Cohort Student Representative is to act as point of contact between the student's cohort and the faculty. By raising student matters and communicating student views, the Student Reps make a valuable contribution to the department of Nursing's decision-making and provide feedback on ongoing program assessment, evaluation and revision. It is essential that Reps make efforts to find out the views of their peers and aside their own views if necessary.

Selection and Responsibilities

Student representatives are elected annually for each program cohort. Student Representative's are expected to attend program meetings. The meetings are typically on Monday mornings and held one a month. Students have the opportunity to attend department either face-to-face or online.

Representation and communication: Representative's are expected to become aware of issues of concern and program ideas amongst the students they represent and to communicate this information to the faculty. Individual course or faculty issues are to be communicated with the faculty of record. These are best addressed on an individual basis and not in a public forum.

Communication is central to the Representative's role. The Student Representative's role does not function effectively if students do not know who the Student Representative's are, what they do, or how to contact them. Student Representatives will need to:

- Make sure students know who you are and how to contact you.
- Be available to attend program meetings.
- Set aside sufficient time to consult with your cohort peers on a regular basis. Representatives can use face-to-face and/or online communication modalities. Please notify the Chair of the meeting ahead of time for any technology access.
- Feedback issues and responses to and from students and faculty.
- Maintain a professional, constructive and courteous attitude, even if you disagree with people.

Benefits

The main benefit is the opportunity for professional development and networking: gain important professional skills; interfacing with a range of academics and contributing to the quality of department programs.

Student Rights and Responsibilities

Discipline and Grievance

- a) Discipline: Inappropriate conduct by students or applicants is subject to disciplinary procedures. Such conduct may lead to student behavioral contracts, probation, suspension or expulsion. See the SSU Judicial Affairs website further details on student discipline <http://web.sonoma.edu/studentaffairs/judicial.html>
- b) Grade Appeal and Student Grievance: The SSU Grade Appeal Policy and the SSU Student Grievance Policy describe specific measures a student must take if they wish to report/challenge academic fairness, grades, discrimination, sexual harassment, abusive treatment, etc. The policy on grade appeal may be found at <http://www.sonoma.edu/policies/grade-appeal-policy>

Nursing Department Disciplinary Process – flow sheet see appendices 12

Nursing Department Course Grading Grievance Policy

In the following university policy, the Nursing Department requires that students who wish to resolve a complaint concerning an assigned grade or academic fairness in a course should first discuss the issue with the instructor of record. If the matter is not resolved at that level, the student may take the matter to the Nursing Department Chair. If the matter is not resolved at the Department Chair level the student's options are to take the issue to the Dean, School of Science and Technology and/or to the University Grade Appeals Coordinator or Grievance Coordinator. In all cases, University policy needs to be followed by students, instructors and administrators.

Transfer Policies

Undergraduate Program: The Sonoma State University Department of Nursing will consider admission of a transfer student to any SSU nursing program under all of the following conditions:

1. Space is available at the appropriate level in the SSU nursing program
2. Director of the Nursing Program at the school from where the student wishes to transfer provides

- written documentation that the student is in good standing academically and clinically
3. The semester in which the student would begin at SSU is not more than one calendar year after the student attended nursing courses at the original campus
 4. The nursing curricula at the original nursing program and at SSU are reasonably aligned such that student can be appropriately place in the SSU curriculum
 5. The student meets all applicable university and departmental academic and transfer requirements.

Graduate Program: The University allows no more than 12 units of extension or transfer course work be applied to the Master of Science degree. Currently MSN/FNP and PMC do not accept any transfer units from previous coursework base on our wholistic curriculum model. Challenges for courses may be considered on an individual basis.

Policy: Graduation with Distinction

Graduation "With Distinction" is a University award for undergraduate and graduate students. Guidelines and policies are established by each department. The Department of Nursing may award graduation "with distinction" to a student who is determined by the Department to have made an outstanding contribution to the profession of nursing.

1. The Committee within the Nursing Department to select students for this honor shall be the Faculty of the Whole.
2. Criteria shall be published in the Student Handbook.
3. The student will be recommended by the faculty member or members who have direct knowledge of the student's contribution.
4. The faculty member will forward the selected students' names and documentation of the students' contributions to the Faculty of the Whole by the end of February of the student's last semester.
5. The Faculty will review the nominees and will select those students that meet the criteria by the end of March of the students' last semester.
6. Each nursing program, e.g. pre-licensure, post-licensure, Masters level, shall Select no more than 10% of their registered students for distinction.
7. The award of "distinguished student" will appear on the student diploma, transcript and graduation program.

CRITERIA

1. During attendance in the nursing program the student, either through volunteer service in the community, through employment, or through activities involving the campus community and/or Nursing Department, has contributed to the discipline of nursing by achieving recognition in two (2) or more of the following categories:
 - a. Leadership in developing, or serving a new or different role of service within the health care system;
 - b. Significantly strengthening or expanding an existing nursing role or service;
 - c. Consistent and superior contribution to the work of the professional nursing organization or specialty areas

- d. Record of noteworthy service to campus, student, or community activities (membership on committees, advisory boards, etc.) to enhance the image of professional nursing;
 - e. Consistent and significant contribution to the Department of Nursing.
-
- 2. The student must have a 3.75 or above at the start of the final semester.
 - 3. The student must demonstrate professionalism in their behavior and their attitude, including punctuality, self-regulation, self-responsibility, and respect for faculty, students, and patients

Nursing Faculty and Staff at SSU

*(*Please see website for updated faculty and staff contact information:
<http://sonoma.edu/nursing/faculty/>)*

SONOMA STATE UNIVERSITY
Department of Nursing
MSN FAMILY NURSE PRACTITIONER
COMPREHENSIVE CLINICAL SIMULATED EXAM

Detailed Description of CSE

The Comprehensive Clinical Simulated Exam (CSE) is based on a standardized client and simulates a clinical encounter with a client. There are three major parts to the exam.

Part I. Ability to gather subjective and objective data from client.

One of the FNP faculties will serve as the standardized client who presents to the provider (the student) with a complaint. All faculty have the same presenting problem and use the same script. The student will be observed and graded by a second FNP faculty. The whole experience will simulate a clinical and will be audiotaped.

The student will work-up the “client” as they would in the clinical setting, proceeding to do a pertinent history and physical, and making a preliminary assessment/diagnosis and plan.

Part II. Ability to provide a logical assessment and plan for a client.

The student, using only the appropriate reference material, will provide a write-up of the visit using the standard SOAP format, including a problem list, a health maintenance list, and a medication list. The write-up may have an assessment/diagnosis and plan that may differ from the original oral preliminary assessment and plan, made in the exam room, because the student consulted with their reference books and materials.

Part III. Ability to apply theoretical principles to client care

The student must address, in a succinct, scholarly discussion and using APA format with necessary referencing the following:

- A. Discussion of a theoretical perspective that is logically applied in the care of the particular client seen in the encounter. Consideration must be given for the client’s ethnicity, culture, socioeconomic status and pertinent demographic characteristics in detailing how the theoretical perspective is an appropriate choice.
- B. Discussion of the ethical/policy and economic principles to consider in the care of the particular client seen in the encounter.

Grading Procedure: Students must pass each section to successfully complete the entire culminating exam. Grading for Parts I and II will be based on a percentage that will be translated into a “pass/fail” grade. One faculty member will evaluate it. The second evaluation is final. This is an individual exam, the use of published references is acceptable and encourages, but students **must not consult other persons in the preparation of parts II and III.**

Part I. At the end of the oral part of the exam (Part I) the faculty observer will review with the student his/her ability to have gathered the pertinent subjective and objective information based on a standardized scoring system. If a student does not pass part I, he/she will be offered the opportunity to retake the exam at another time, by seeing another “patient”.

Parts II and III. The three documents: SOAP note, and two scholarly papers will be uploaded into LMS within the timeframe established by the Director. Parts II & III will be graded according to the standardized criteria established by the FNP faculty.

Format:

Part II. Please include a face page with your name. Must be presents in a succinct, scholarly manner using correct clinical terms and descriptions. Must document references/resourced using APA format and be limited to three (3) pages, excluding references.

Part III. Must be presented in a succinct, scholarly manner utilizing APA format with the appropriate documentation of references used.

Reporting of Results:

In the event of a failing grade (SOAP), a second faculty will read unmarked copies of parts II (SOAP) and/or III. Failures in part II will only be read by FNP faculty but failures in part III may be read by other graduate faculty. Papers are graded Pass/Fail. The second evaluation is final. The results of the exam will be e-mailed to individual students. If a student fails part II and/or III they may, after consultation with faculty, rewrite parts II and/or III within one week of the consultation.

APPENDIX 1

SONOMA STATE UNIVERSITY Department of Nursing POLICY FOR STUDENTS PRACTICING PROCEDURES ON EACH OTHER

In the course of learning new nursing skills, it is often useful for students to take the client role. This enhances the learning experience by creating the more realistic learning experience that a “live patient” creates, and gives the client role a better perspective of the experience of the procedure creating a more empathetic and sensitive care giver.

The student’s right to privacy will be honored. Faculty will make every effort to protect privacy by making sure other students follow the same guidelines used in agencies to avoid exposure to the client. In the case of procedure, such as baths and physical assessments, students will be given the opportunity to bring bathing suits or other appropriate clothing.

The student’s right to refuse a given procedure will be honored. If a student chooses not to be a “client” for a particular skill, such as injection, bath or IV start, the faculty will arrange a simulated experience for that student’s lab partner, unless another student is willing to take his/her turn.

Certain procedures are deemed by the faculty to be unsuitable or potentially dangerous for students to practice on each other. These procedures include but not limited to: urinary catheterization, nasal/oral suctioning and nasogastric tube insertion.

Students may not practice any invasive procedure on another student unless there is direct faculty supervision and it is in the skills laboratory. At no time is an invasive procedure to be performed on any person outside of the nursing classes or clinical area, or in class or clinical without faculty supervision.

Syringe/Needle Policy: No Syringe/needles will be distributed for student use without faculty supervision. Syringes will not be recapped. All syringes will meet OSHA safety requirements. All used needles will be placed immediately in an impermeable puncture-resistant “sharps” container for appropriate hazardous waste disposal.

All students will sign the “RELEASE AND CONSENT FOR STUDENTS PRACTICING PROCEDURES ON EACH OTHER” FORM #2 to be kept on file in the department, indicating their understanding and compliance with the policy.

APPENDIX 2

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING ATI POLICY

Policy: For pre-licensure students, participation in Assessment Technologies Institute (ATI) is mandatory. The Department of Nursing will provide students with ATI contact information. In collaboration with the Department students are responsible for contacting ATI to make payments for participation in ATI and for obtaining the requisite ATI materials before the academic year commence.

ATI Module

Each ATI Module has accompanying Practice Assessments. These will be assigned in each ATI course. The Practice Assessment attempts will be mastered at a level of 95% or better prior to scheduled exam. See course syllabus for further details.

An ATI test is worth 15% of the total grade in a course for which it is assigned. To pass a course in which an ATI examination is required, at least a Proficiency Level 2 score must be attained on the proctored ATI examination with two attempts or successful “Secondary Remediation” must be completed.

Course Points for ATI Exam Assigned by Proficiency Level and Remediation

Proficiency Level 3 On first proctored exam	100% of the course points designated for the ATI exam
Proficiency Level 2 On first proctored exam	89% of the course points designated for the ATI exam
Proficiency Level 1 or Below On first proctored exam	No point assignment. See remediation plan below for instructions to sit for retake 1
Retake 1: Proficiency Level 3 following first exam at Level 2	94% of the course points designated for the ATI exam (no remediation required)
Retake 1: At Proficiency at Level 3(remediation required)	89% of the course points designated for the ATI exam
Retake 1: At Proficiency Level 2 (remediation required)	84% of the course points designated for the ATI exam
Proficiency Level 1 or Below On retake 1	No point assignment. See remediation plan below for instructions to sit for retake 20
Retake 2: At Proficiency at Level 3(remediation required)	79% of the course points designated for the ATI exam
Retake 2: At Proficiency Level 2 (remediation required)	74% of the course points designated for the ATI exam

Proficiency Level 1 or Below On Retake 2	69% of the course points designated for the ATI exam
Unsuccessful Remediation	Student receives 0 points designated for ATI exam

Initial Remediation Plan for a score below Level 2 proficiency on ATI exam(s) after first attempts. To be eligible for the second proctored ATI exam (retake 1), a student must complete the following:

1. Make a timely appointment with the course faculty.
2. Evaluate your Focused Review: Go to www.atitesting.com and select My Results. Select all Topics to Review. Review areas identified by ATI as needed for more study time.
3. Print review and take to faculty meeting.
4. Faculty will design a specific remediation plan to be completed before a retake is scheduled.
5. Student and Faculty sign "Remediation Contract"
6. Retake Proctored exam as scheduled in the course. If student fails to complete remediation plan as specified in remediation contract the student will not be eligible to sit for retake 1 and will receive a 0 on the proctored exam.

Secondary Remediation Plan: If a score below Level 2 is obtained on a second proctored ATI exam (retake 1):

1. Make a timely appointment with the course faculty.
2. Evaluate your Focused Review: Go to www.atitesting.com and select My Results. Select all Topics to Review. Review areas identified by ATI as needed for more study time.
3. Print review and take to faculty meeting.
4. Faculty will design a specific remediation plan to be completed before a retake is scheduled.
5. Student and Faculty sign "Remediation Contract"
6. Retake (retake 2) Proctored exam as scheduled in the course. If student fails to complete remediation plan as specified in remediation contract the student will not be eligible to sit for retake 2 and will receive a 0 on the proctored exam.

RN Comprehensive Predictor:

The ATI Comprehensive Predictor is worth 15% of the total grade in NURS 414. To pass the course at least a 91% probability of passing NCLEX score must be attained or successful "Secondary Remediation" must be completed. If unable to achieve at least a 91% in two separate testing attempts no points will be awarded for the Comprehensive Predictor.

Course Points for ATI Comprehensive Based on Probability of Passing NCLEX	
First RN Comprehensive Predictor Exam >72.7% Comp Predictor Score (95% or > Probability)	Extra Points (Will vary by semester)
First RN Comprehensive Predictor Exam 70.0% Comprehensive Predictor score (91% probability)	100% of Course Points
First RN Comprehensive Predictor Exam <70.0% Comprehensive Predictor score (<91% probability)	No Point Assignment See Required Remediation Plan Below
RN Comprehensive Predictor Exam Retake #1 (After Required Remediation)	89% of assigned course points

70.0% Comprehensive Predictor Score or greater 91% probability or greater	
RN Comprehensive Predictor Exam Retake #1 <70.0% Comprehensive Predictor score (<91% probability)	No Point Assignment See Required Remediation Plan Below
RN Comprehensive Predictor Exam Retake #2 (After required remediation) 70% Comprehensive Predictor Score or greater 91% probability or greater	74% of assigned course points
RN Comprehensive Predictor Exam Retake #2 <70.0% Comprehensive Predictor score (<91% probability)	69% of assigned course points
Unsuccessful Remediation	Student receives 0 points designated for ATI exam

Initial Remediation Plan: The following remediation is required for students scoring below 91% probability (70.0%) on the first proctored exam. To be eligible for the Retake 1, a student must complete the following:

1. Make a timely appointment with the course faculty.
2. Evaluate your Focused Review: Go to www.atitesting.com and select My Results. Select all Topics to Review. Review areas identified by ATI as needed for more study time.
3. Print review and take to faculty meeting.
4. Faculty will design a specific remediation plan to be completed before a retake is scheduled.
5. Student and Faculty sign "Remediation Contract"
6. Retake Proctored exam as scheduled in the course. If student fails to complete remediation plan as specified in remediation contract the student will not be eligible to sit for retake 1 and will receive a 0 on the proctored exam.

Secondary Remediation: The following remediation is required for students scoring below 91% probability (70.0%) on Retake 2, a student must complete the following:

1. Make a timely appointment with the course faculty.
2. Evaluate your Focused Review: Go to www.atitesting.com and select My Results. Select all Topics to Review. Review areas identified by ATI as needed for more study time.
3. Print review and take to faculty meeting.
4. Faculty will design a specific remediation plan to be completed before a retake is scheduled.
5. Student and Faculty sign "ATI Remediation Contract" (FORM #4)
6. Retake (retake 2) Proctored exam as scheduled in the course. If student fails to complete remediation plan as specified in remediation contract the student will not be eligible to sit for retake 2 and will receive a 0 on the proctored exam.

APPENDIX 3

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING POLICY FOR STUDENTS TO VIEW OR COPY INFORMATION FROM STUDENT DEPARTMENT FILE

INTRODUCTION

Student confidentiality of information is of the utmost importance to the faculty and staff at Sonoma State University. Information in the files maintained by the Department of Nursing is critical to the health, safety and educational experience of each student. The integrity of each file is the responsibility of the department and its members.

POLICY

The Department of Nursing will maintain a file in the office for each student in all nursing majors. These files will be maintained and monitored by the faculty and staff of the department of nursing only. Should a student need to review or copy any item in this file they are required to make an appointment with their advisor and review the file in their advisors office only. Files are not to be removed from the department and will be maintained by the department for five years after graduation at which time all documents in the file will be shredded.

APPENDIX 4

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING POLICY FOR INFLUENZA VACCINATION OR DECLINATION FOR STUDENTS AND FACULTY

INTRODUCTION

In our continuing effort to provide safe care to our clients, prevent disease in our student population and pursuant to California Health and Safety Code 1288.5 and Senate Bill No 739 Chapter 526 the faculty will institute a policy regarding the option or declination of the influenza vaccine.

The California Health and Safety Code as of July 1, 2007 requires each facility to appoint an Infection Advisory Committee to make recommendations that will provide expertise in surveillance, prevention and control of HAI.

POLICY

Students and faculty in the Department of Nursing at Sonoma State University will complete the Department Vaccine Consent/Declination each year and present a copy to each acute care facility assignment/placement. Failure to do so could result in a delay in clinical placement or absences from clinical during a semester. It is the policy of the department to support the spread of communicable disease with the administration of vaccines, including influenza. Declination will result in application of special agency policies and may result in agency dismissal.

Students who decline Vaccine will follow agency policy, which at the least, includes wearing a mask with direct patient care. It is the students responsibility to follow agency policy.

APPENDIX 5

POLICY ON PROFESSIONAL AND SAFE PRACTICE

INTRODUCTION

Providing safe nursing care for clients is an ethical and legal responsibility of professional nurses. In the Department of Nursing (DON), these responsibilities are required of both faculty and students in all the clinical settings. Safe clinical practice is mandated by the California Board of Nursing's (BRN) Nurse Practice Act <https://www.rn.ca.gov/> and supported by the American Nurses' Association and other professional nursing organizations. Unsafe clinical practices are carefully managed at the administrative level so the student is provided with a maximum learning opportunity while the client (the recipient of care) is adequately protected. Individuals who do not meet the stated professional standards for ethical and legal conduct in a clinical setting will be held accountable by the Department of Nursing as noted in associated policies/procedures.

The Department of Nursing seeks consultation with the California Board of Registered Nursing (BRN) on matters that affect nursing practice and those that challenge ethical standards, criminal conduct, unsafe clinical practice, and/or potential legal standards of the profession. Unprofessional conduct in any clinical venue related to the Department of Nursing is grounds for disqualification from the nursing program. The following behaviors are grounds for sanctions:

1. Students failing to maintain professional conduct will be removed from the setting.
2. Students considered unsafe by the faculty and/or the agency in which the student is placed for clinical practice will be removed from the setting.
3. Students unable to complete course objectives constitute a course failure.
4. Dependent on the specific circumstance, and if allowed and space available, a clinical course may be repeated one time if a similar clinical experience can be arranged with another agency, and another faculty member will assume the responsibility for the student's learning experiences at the discretion of the faculty and Department Chair.

Students will be oriented to safe clinical practice policies during the first semester of enrollment in the major, and both faculty and students will be responsible for reviewing the policy prior to beginning clinical rotations. All nursing students are responsible for the information maintained in the Student Handbook; this document delineates these policies. Drug testing and criminal background checks are required for all nursing students as a contingency for final admission to the program.

POLICY ON SAFE PRACTICE

A student whose behavior or pattern of behavior is found to be unsafe may be terminated from a clinical practicum for reasons of unsafe practices at any time during the semester and will receive a grade of F for the clinical course. These unsafe critical indicators are outlined in each clinical course evaluation tool.

DEFINITIONS

The students will demonstrate professional behaviors, which follow the legal and ethical codes of nursing, accountability in preparation, documentation, continuity of care and respect for individual human rights; and promote the actual or potential well-being of clients, health care workers and self in the biological, psychological, sociological, spiritual and cultural realms; Indicators to be used as guidelines for evaluating safe practice and professional conduct include the following:

Regulatory: The student practices within the boundaries of the California State Nurse Practice Act, the guidelines and objectives of the Department of Nursing, and follows the rules and regulations of each health care agency. Examples of unsafe practice include, but are not limited to the following:

- a. Failure to notify the agency and/or instructor of absence or tardiness on a clinical day and includes preceptorship coursework
- b. Failure to adhere to the DON dress code.
- c. Presenting for clinical practicum under the influence of drugs and/or alcohol.

- d. Failure to make up missed clinical experiences, if required to do so.
- e. Habitual or unexplained tardiness to the clinical agency
- f. Excessive utilization of faculty time to ensure safe practice by one student to the detriment of other students in the clinical rotation.
- g. Inadequate and/or poor preparation; and/or understanding of nursing care, patient's medications or patient's nursing needs, etc.

Ethical: The student practices according to the American Nurses' Association's (ANA) Code of Ethics, Standards of Practice, and the California State Nurse Practice Act. Examples of unsafe practice or unethical behaviors include, but are not limited to the following:

- a. Refuses assignment based on client's race, culture, or religious preference.
- b. Inappropriate nursing care in any assigned activity related to clinical practice.
- c. Ignoring unethical and/or illegal behavior(s) of other health care.

Biological, Psychological, Social, Spiritual and Culture Realms: The student's clinical practice meets the total needs of the human system from a biological, psychological, sociological, spiritual and cultural standpoint. Examples of unsafe practice or violations of the safety policy include, but are not limited to the following:

- a. Failure to display stable, mental, physical, or emotional behavior(s), which may affect others' well being.
- b. Failure to follow through on suggested referrals or interventions to correct deficit areas, which may result in harm to others.
- c. Acts of omission or commission in the care of clients, such as, but not limited to: physical abuse; placing in hazardous positions, conditions or circumstances; mental or emotional abuse; and medication errors.
- d. Unprofessional or inappropriate interpersonal relationships with agency staff, co-workers, peers, or faculty resulting in miscommunications, and/or disruption of client care and/or unit functioning.
- e. Lack of physical and/or mental health necessary for carrying out comprehensive nursing care.
- f. Placing fellow clinical classmates, faculty and/or staff at personal and/or professional risk.

Accountability: The student's clinical practice demonstrates safe practice in the responsible preparation, documentation, and promotion of continuity in the care of clients. Examples of such unsafe practice include but are not limited to the following:

- a. Failure to provide concise, inclusive, written and oral communication.
- b. Failure to accurately record comprehensive client behaviors.
- c. Failure to report questionable nursing practices.
- d. Attempting activities without adequate orientation or theoretical preparation or appropriate assistance.
- e. Dishonesty.
- f. Lack of preparation by student to provide safe care for clients.
- g. Medication errors

Human Rights: The student's conduct shows respect for the individual, client, health team member, faculty and self, including but not limited to the legal, ethical and cultural realms. Examples of unsafe practice include but are not limited to the following:

- a. Failure to maintain confidentiality of interactions.
- b. Failure to maintain confidentiality of records.
- c. Dishonesty in relationships and/or in actions.
- d. Utilization of stereotypical assessments, which are detrimental to patient care.
- e. Failure to recognize and promote every patient's rights.
- f. Failure to report client abuse across the lifespan or abuse related to other professionals.

PROCEDURE:

A student whose behavior or patterns of behavior endangers the safety or threatens the integrity of a patient, peer, staff member, clinical instructor, faculty member, or agency personnel will be given a verbal and written warning by the primary clinical instructor, and/or by the Department of Nursing Director.

Potential life-threatening episodes require immediate actions, and the procedure listed below may not be realistic, as they relate to procedure items listed below. Documented evidence from the student, faculty, and/or the primary instructor in a clinical course will:

- a. Provide instruction, guidance, and interpretation of objectives during the clinical experience.
- b. Suspend the student from the clinical practicum if the issue of safety is of significant magnitude affecting one or more parameters of safe clinical practice and/or jeopardize the well-being of patients, staff or peers until a decision has been obtained through the conflict resolution process.
- c. Document patterns of behavior related to attainment of clinical objectives. Documentation may include direct observation by the clinical instructor as well as agency personnel and patient comments, as appropriate. Written work will also be evaluated.
- d. Give a verbal and written warning for patterns or behavior that are not safe. To that end, the instructor will:
- e. Provide specific facts of problem areas of deficiencies in relation to course objectives, evaluation tool(s), and performance.
- f. Delineate corrective action and expected outcomes in writing with copies given to the student and the clinical instructor. One copy will also be placed in the student's digital file in the Department of Nursing Office. The student and clinical instructor must sign the written warning. If the student does not sign, the clinical instructor will then document that the student had the opportunity to sign the warning and refused to do so; pertinent discussion at the time that the student read the written warning should also be documented. Department of Nursing Chair. is appraised of the corrective action plan. Set a specific time for a change in the behavior to be accomplished
- g. If positive attainment of expected outcomes is achieved, then the student will be allowed to continue with the clinical course.
- h. Provide the student an opportunity for input and/or data regarding the evaluation of his/her clinical performance.
- i. Consult with the Director of the Program and Chair as needed for problem solving and guidance.

APPENDIX 6

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING SOCIAL MEDIA POLICY

Introduction

The Department of Nursing supports the use of social media to reach audiences important to the University such as students, prospective students, faculty and staff. The University presence or participation on social media sites is guided by university policy. This policy applies to the Department of Nursing students who engage in Internet conversations for school-related purposes or school-related activities such as interactions in or about clinical didactic course activities. Distribution of sensitive and confidential information is protected under HIPAA and FERPA whether discusses through traditional communication channels or through social media.

GENERAL INFORMATION:

Social media are defined as mechanisms for communication designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques. Social media is commonly thought of as a group of Internet-based applications that are built on the ideological and technological foundations of the web that allows the creation and exchange of user-generated content. Examples include but are not limited to LinkedIn, Wikipedia, Second Life, Flickr, blogs, podcasts, RSS feeds, Allnurses.com, Twitter, Facebook, YouTube, and Facebook. While this policy may need to be modified as new technologies and social networking tools emerge, the spirit of the policy will remain the protection of sensitive and confidential information. Social media often spans traditional boundaries between professional and personal relationships and thus takes additional vigilance to make sure that one is protecting personal, professional, and university reputations.

As students you will want to represent the University and the Department in a fair, accurate and legal manner while protecting the brand and reputation of the institutions. When publishing information on social media sites remain cognizant that information may be public for anyone to see and can be traced back to you as an individual. Since social media typically enables two-way communications with your audience, you have less control about how materials you post will be used by others. As one person remarked, "If you wouldn't put it on a flier, care it into cement in the quad or want it published on the front of the Wall Street Journal, don't broadcast it via social media channels."

POLICY:

- Protect confidential, sensitive and proprietary information: Do not post confidential or proprietary information about the university, staff, students, clinical facilities, patients/clients, or others with whom one has contact in the role of a Sonoma State University Department of nursing student.
- Respect copyright and fair use. When posting, be mindful of the copyright and intellectual property rights of others and of the university. For guidance, visit the University's Libraries site or seek consultation through the Copyright Office, Libraries.
- Do not use Sonoma State University or Department of Nursing marks, such as logos and graphics, on personal social media site. Do not use SSU's name to promote a product, cause or political party or candidate.
- Use of the Department of Nursing marks (logos and graphics) for School sanctioned events must be approved (posters, fliers, postings) by administration.
- It is expected that during clinical use of electronic and other devices employed for social media will be used only as authorized by faculty.
- No personal phone conversations or texting are allowed at anytime while in patient/client areas or in the classroom. If the student needs to respond to an emergency text or phone call during class, the student is asked to leave the classroom and respond as deemed necessary.
- Use of computers and other electronic devices during class shall be restricted to note taking and classroom activities. Use otherwise is distracting for not only the student involved in the activity but those in the immediate area/vicinity.

- No student shall video professors or fellow students for personal or social media use without the express written permission of the faculty or fellow student. At NO time shall patients/clients be videoed or photographed.
- Be aware of your association with Sonoma State University in online social networks. If you identify yourself as a student, ensure your profile and related content is consistent with how you wish to present yourself to colleagues, clients, and potential employers. Identify your views as your own. When posting your point of view, you should neither claim nor imply you are speaking on SSU's behalf, unless you are authorized to do so in writing.
- HIPAA guidelines must be followed at all times. Identifiable information concerning clients/clinical rotations must not be posted in any online forum or webpage.
- Ultimately, you have sole responsibility for what you post. Be smart about protecting yourself, your and other privacy, and confidential information.

Procedure/Considerations:

- There is no such thing as a "private" social media site. Search engines can turn up posts years after the publication date. Comments can be forwarded or copied. Archival systems save information, including deleted posting. If you feel angry or passionate about a subject, it's wise to delay posting until you are calm and clear-headed. Think twice before posting. If you are unsure about posting something or responding to a comment, ask your faculty. If you are about to publish something that makes you even the slightest bit uncertain, review the suggestions in this policy and seek guidance.
- Future employers hold you to a high standard of behavior. By identifying you self as a SSU student through postings and personal web pages, you are connected to your colleagues, clinical agencies, and even clients/patients. Ensure that content associated with you is consistent with your professional goals.
- Nursing students are preparing for a profession, which provides services to a public that also expects high standards of behavior.
- Respect your audience.
- Adhere to all applicable university privacy and confidentiality policies.
- You are legally liable for what you post on your own site and on the sites of others. Individual bloggers have been held liable for commentary deemed to be proprietary, copyrighted, defamatory, libelous or obscene (as defined by the courts).
- Employers are increasingly conducting Web searches on job candidates before extending offers. Be sure that what you post today will not come back to haunt you.
- Monitor comments.
- You can set your site so that you can review and approve comments before they appear. This allows you to respond in a timely way to comments. It also allows you to delete spam comments and to block any individuals who repeatedly post offensive or frivolous comments.
- Don't use ethnic slurs, personal insults, obscenity, pornographic images, or engage in any conduct that would not be acceptable in the professional workplace.
- You are responsible for regularly reviewing the terms of this policy.

Consequences:

- Violations of patient/client privacy with an electronic device will be subject to HIPAA procedures/guidelines and consequences.
- Students who share confidential or unprofessional information do so at the risk of disciplinary action including failure in a course and/or dismissal from the program.
- Each student is legally responsible for individual postings and may be subject to liability if individual postings are found defamatory, harassing, or in violation of any other applicable law. Students may also be liable if individual postings include confidential or copyrighted information (music, videos, text, etc.).

APPENDIX 7

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING POLICY ON STUDENT BACKGROUND CHECK AND DRUG SCREENING

INTRODUCTION

This policy applies to all students enrolled in the Sonoma State University Department of Nursing (DON) undergraduate and graduate programs and addresses requirements for background checks and drug testing for students. The goal of these screening requirements is to assure compliance with clinical agency contracts and insure the safety of patients served in these clinical agencies. The Board of Registered Nursing policy on *Background Checks for Student Clinical Placements* for review can be located at:

<http://rn.ca.gov/pdfs/regulations/edp-i-33.pdf>

POLICY

Students must submit to and satisfactorily complete a background check and urine drug screening as a condition for admission to designated programs with a clinical component in the DON. An offer of admission will not be final until the appropriate DON designated staff reviews this background check and drug screening. Admission may be denied or rescinded based on these results. Students who are enrolled in the DON may be required to complete additional background checks and drug screening during their course of study as required by clinical agencies.

The DON will designate an approved vendor(s) to conduct the background check and drug screening. The designated vendor(s) will issue reports directly to the DON. Results from a vendor other than the designated DON approved vendor(s) will not be accepted.

Students and applicants will be given the contact information to the DON approved vendor(s). The student will contact the designated company(ies) and arrange for a background check and drug screening, complying with the requirements for obtaining the check and drug screening, and reporting of the results. This will include authorization for obtaining the background check and drug screening and release of information to the DON.

The DON will give contact information for the approved vendor(s) to students. Students will arrange for background checks and drug screenings with the designated vendor(s). Student requirements for the background checks and drug screenings will include authorization for sample collection and background review, following designated sampling procedures, and release of results to the DON.

Students and applicants are responsible for payment of any fees associated with background checks and drug screening charged by the designated vendor(s).

Background checks and drug screenings must be completed prior to admission to the program or the start of the semester for the required clinical course. Failure to supply such documentation by the published due date is grounds for admission revocation and/or barring from clinical course participation.

When reviewing results, the Chair of the DON or her/his designee may consider the nature and circumstances of criminal convictions, or a positive drug screen as they may affect the student's ability to meet the requirements of the program. The DON however, cannot assure the student's eligibility to take the NCLEX exam.

In reviewing background checks and drug screening, the Chair or her/his designee may seek advice from university counsel, university police, or other appropriate advisors. (e.g. California Board of Registered Nursing representatives; clinical agency personnel)

A positive drug screen will result in consideration of the drugs reflected in the report and disclosure of medications used and the student's ability to safely meet the requirements of the program and insure patient safety. Results of the background check and drug screens will be made available to DON designees and any clinical facility that requires this information, before a student may begin a clinical rotation. Should a clinical agency refuse to accept a student based on the outcome of either the background check or drug screen, the DON is not obligated to arrange alternate clinical placements but will attempt to make such placements, if possible, on a case-by-case basis. If an alternate placement is not possible, the student cannot continue in the nursing program. All background checks and drug screenings are considered confidential with the exception of individuals previously noted and are kept in a confidential location separate from the student's file.

Critical information of the following nature, which is obtained as the result of the background investigation, may make clinical agency placement impossible and will likely result in dismissal from the nursing program or prevent an individual's admission to the program.

1. Felony convictions including plea agreements to felony convictions
2. Sexual assault, rape, indecent exposure, lewd and lascivious behavior, or any crime involving nonconsensual sexual conduct
3. Child abuse, sexual exploitation of children, child abduction, child neglect, contributing to the delinquency or neglect of a child, enticing a child for immoral purposes, exposing a minor to pornography or other harmful materials, incest, or any other crime involving children as victims or participants.
4. Any charge related to illegal drugs, such as (but not limited to) possession of drugs or paraphernalia or trafficking.
5. Abuse, exploitation or neglect of a vulnerable adult (disabled or elderly)
6. Offenses involving substantial misrepresentation of any material fact to the public or employer, including embezzlement, bribery, fraud, racketeering or allowing an establishment to be used for illegal purposes.
7. First or second degree arson
8. Kidnapping
9. Any offense in another state or country, the elements of which are substantially similar to the elements of the above offenses.
10. Multiple offenses including but not limited to repeat driving while intoxicated or impaired and reckless convictions.

Students and applicants have the right to review the information reported by the designated vendor for accuracy and completeness and to request that the designated vendor verify the information provided is correct.

It is the student or applicant's burden to produce substantive evidence to prove the reports are incorrect and correct such information with the vendor.

A background check and drug screening will be honored for the duration of the enrollment if: the student is continuously enrolled unless required more frequently by a clinical agency in which the student is placed; or there is reasonable suspicion that the student has violated the student guidelines related to drug and/or alcohol use/dependency or is convicted of one of the crimes listed above during his/her time in the program. A student who has a break in enrollment (not including summers or intersessions) for any reason is required to complete a new background check and drug screening prior to his/her return to the clinical setting.

APPENDIX 8

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING CLINICAL PERFORMANCE POLICY

INTRODUCTION

The purpose of this policy is to describe the procedure in which students are informed of any action that may occur if the student is not meeting the clinical objectives as outlines in the course syllabus and program outcomes.

This department policy is in congruence to the University Academic policies (<http://www.sonoma.edu/uaffairs/policies/studentinfo.shtml>).

POLICY

A **Clinical Performance Notification** will be issued when a student's clinical performance puts them in jeopardy for failing the course and can occur at any time during the semester. Students registered in the program will receive a written warning(s) of unsatisfactory clinical performance in any nursing clinical course from the faculty of record.

The **Clinical Performance Notification** is a record of Student's performance need area(s) and is placed in the student's file. Faculty may use any of the three levels of Clinical Notification depending on the circumstances of student performance.

1. Situation, Background, Assessment and Recommendation (SBAR) – Use of an SBAR notice follows a verbal communication from a faculty and serves to document the performance issue for student clarification and self-improvement. May be sent via email or hard copy.
2. Performance contract – Employed to document a significant gap in student's clinical performance. Included are a description of the performance deficit(s), notification of unsatisfactory status in course and specific requirements/actions/remediation for student to fulfill to successfully meet course objectives. Students are encouraged to assist in the creation of the improvement plan included on the Clinical Notification. May be sent via email or hard copy and requires meeting with course faculty.
3. Immediate suspension/failure – Students may face program suspension or failure if deception, plagiarism, cheating has taken place and/or behaviors that endanger patients, staff, peers or faculty are identified. Documentation includes description of student's poor performance, program/course standard not met and real or potential consequences of student's behavior. Suspension and failure require a Student Petition for faculty consideration for re-instatement in program and/or course. Sent via email and hard copy and requires meeting with course faculty.

In each level of Clinical Performance Notification students are responsible for understanding the information and the plan for improvement and sign the record. A copy of a Clinical Performance Notification is placed in a central file in the department office. Performance Contracts and Immediate Suspension or Failure are sent to the Program Director and Department Chair.

APPENDIX 9

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING POLICY FOR SKILL ACQUISITION

Introduction:

Providing safe nursing care for clients is an ethical and legal responsibility of professional nurses. In the Department of Nursing (DON), these responsibilities are required of both faculty and students in all the clinical settings. Safe clinical practice is mandated by the California Board of Nursing's (BRN) Nurse Practice Act (<http://www.rn.ca.gov/npa/npa.htm>) and supported by the American Nurses' Association and other professional nursing organization. Clinical practices are carefully managed at the administrative level so the student is provided with a maximum learning opportunity while the client (the recipient of care) is adequately protected.

Student must refer to clinical instructor for specific agency policies related to performing skills in the clinical setting.

Policy:

Nursing skill acquisition is a component of the curriculum and clinical courses specifically. Students are assigned to and review course skills and practice in the skills lab and or simulation. Students practice and then are checked off for competency by faculty. With each clinical rotation, faculty will identify skills that can and cannot be performed without supervision from faculty and or staff supervision. Skills that require strict surgical asepsis and medication administration will require faculty or staff supervision to assure competency. With skill repetition and student confidence, students will independently perform skills that they have reviewed and been checked off on by faculty to assure competency. Faculty must be familiar with and comply with hospital policies and procedures related to student performance of skills in each facility.

First and second semester pre-licensure students:

1. Student will review skills required for each semester.
2. Student will practice and be checked off on skills assigned in skills lab and simulation.
3. Students are required to be supervised by the clinical faculty with beginning skills in first semester and new assigned skills in second semester.
4. With each clinical rotation, faculty will identify skills that can and cannot be performed without faculty or staff supervision to assure competency.
5. Skills that require strict surgical asepsis and medication administration will require clinical faculty or staff supervision.
6. Students are required to be familiar with the action, indications and side effects of any medication prior to administration and must be supervised by clinical faculty or staff.
7. With skill repetition and student confidence and competency, students will independently perform skills that they have reviewed and been checked off on by clinical faculty.

Third semester pre-licensure students:

1. Student will review skills required for each semester.
2. Student will practice and be checked off on skills assigned in skills lab and simulation.
3. Students are required to be supervised by the clinical faculty with beginning skills in first semester and new assigned skills in second semester.

4. With each clinical rotation, faculty will identify skills that can and cannot be performed without faculty or staff supervision to assure competency.
5. Skills that require strict surgical asepsis and medication administration will require clinical faculty or staff supervision.
6. Students are required to be familiar with the action, indications and side effects of any medication prior to administration and must be supervised by clinical faculty or staff.
7. With skill repetition and student confidence and competency, students will independently perform skills that they have reviewed and been checked off on by clinical faculty.

IV Push Medications for Third Semester

1. Students are required to be supervised by the clinical instructor for all IV push meds.
2. Students are required to be familiar with the action, indications and side effects of any medication prior to administration, including how fast/slow it must be administered.
3. Students will learn to administer IV push medications in a skills lab.
4. Students are required to be supervised by the clinical instructor or RN when flushing PICC lines with saline using push/pause and positive pressure method.

Procedure/Accountability:

The student's clinical practice demonstrates safe practice in the responsible preparation, documentation and promotion of continuity in the care of clients. Violations of the above policy for skills acquisition will result in:

- 1) A DON Clinical Performance Contract that delineates problem areas and corrective action in relation to course objectives will be completed by the clinical instructor
- 2) A copy signed by the student, clinical instructor and department chair will be provided to the student and the clinical instructor. One copy will also be placed in the student's file in the Department of Nursing Office.
- 3) Failure to meet the corrective actions identified in the Clinical Performance Contract will result in failure of the course.

Four Semester

Refer to N412 and N414 syllabi

APPENDIX 10

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING POLICY FOR APPROVED INTERRUPTION IN ACADEMIC PLAN (AIAP)

Introduction:

This policy addresses students who need to have an interruption in their Academic progress. Students may request an AIAP for reasons including but not limited to: a healthcare or financial hardship, a change in employment or military duty.

Policy:

1. Students must request an AIAP from their Program Director (e.g. post-licensure) by submitting an AIAP Request
2. Students who do not request an AIAP may not be readmitted to the major
3. AIAPs are granted only for students who have completed at least one semester in the program and are in good standing
4. Requirements for return may include any or all of the following, based on the recommendation by the Program Director in consultation with the program faculty.
 - a. Letter of recommendation from counselor
 - b. Health clearance from a licensed state health professional
 - c. Enrolling in units of Independent study to maintain and/or improve theoretical and/or clinical skills.
5. After submitting the required information in #4 and #9, students will receive email notification of the Program Director's decision.
6. Students must submit a complete Nursing Department Petition to request a return from an AIAP. Include the original AIAP form, documentation based on #4 and a statement describing completion of the plan described in #9 to retain knowledge/competencies during an AIAP. Students must submit the request by March 15th to return in the fall semester and by October 15th to return in the spring semester.
7. Students who are approved to return to the program are allowed to enroll with permission from the department chair on a space available basis.
8. Check the current SSU catalog to determine what is required for taking a Leave of Absence (LOA) from the University. A LOA may also impact a student's current academic loans, financial aid or scholarships.
9. The AIAP Request Letter shall include:
 - a. Date of AIAP
 - b. Date of intended return to the program Reason fro AIAP
 - c. Explanation of circumstances requiring the AIAP Documentation of circumstances requiring the AIAP (*May include note from a licensed state health professional National Guard duty...*)
 - d. Activities during AIAP: *Working as CAN or RN, undergoing medical treatment*
 - e. Plan to retain knowledge/competencies during an AIAP *Include independent study course, and/or specific learning activities*

Progression In The Nursing Program

Nursing majors must attain a minimum grade of “C” (2.0) in all nursing courses. Should a student not maintain a minimum grade of “C” (C- is not acceptable) in a nursing major course, the student must submit a Department Petition to repeat on course. If approval is granted, the student must receive a “C” or better in the course when repeated and the course must be repeated within one year. If a minimum of “C” is not attained, the student will not be eligible to remain in, or graduate from, the Nursing major.

Graduate students, in addition must maintain a “B” average (3.0 GPA) in their courses (University rule). If the student’s GPA falls below 3.0, the University will place the student on probation. If the student’s GPA remains below 3.0 after semester on probation, the student will be disqualified and will be required to petition the University to be able to continue studies.

If a student receives a “U” in a nursing major course, constituting an unauthorized withdrawal, the student must repeat the course within one year or the “U” will convert to an “F”. Upon repeat of the course, a “C” or better must be earned in order to remain in the nursing program.

If a student needs to take an Incomplete (I) in a course, the student must be in good standing at the time this grade is requested. An Incomplete Grade contract form must be completed by the student and the instructor and filed in the student’s academic file. Although the University allows students to take up to a year to complete an Incomplete, the Department of Nursing additionally requires that all incompletes be completed before a student progresses to a subsequent course.

If a student fails a course in the major they may petition to repeat the course one time. After a failure, one course and only one course can be repeated one time.

APPENDIX 11

Policy: Graduation with Distinction

Graduation "With Distinction" is a University award for undergraduate and graduate students. Guidelines and policies are established by each department. The Department of Nursing may award graduation "with distinction" to a student who is determined by the Department to have made an outstanding contribution to the profession of nursing.

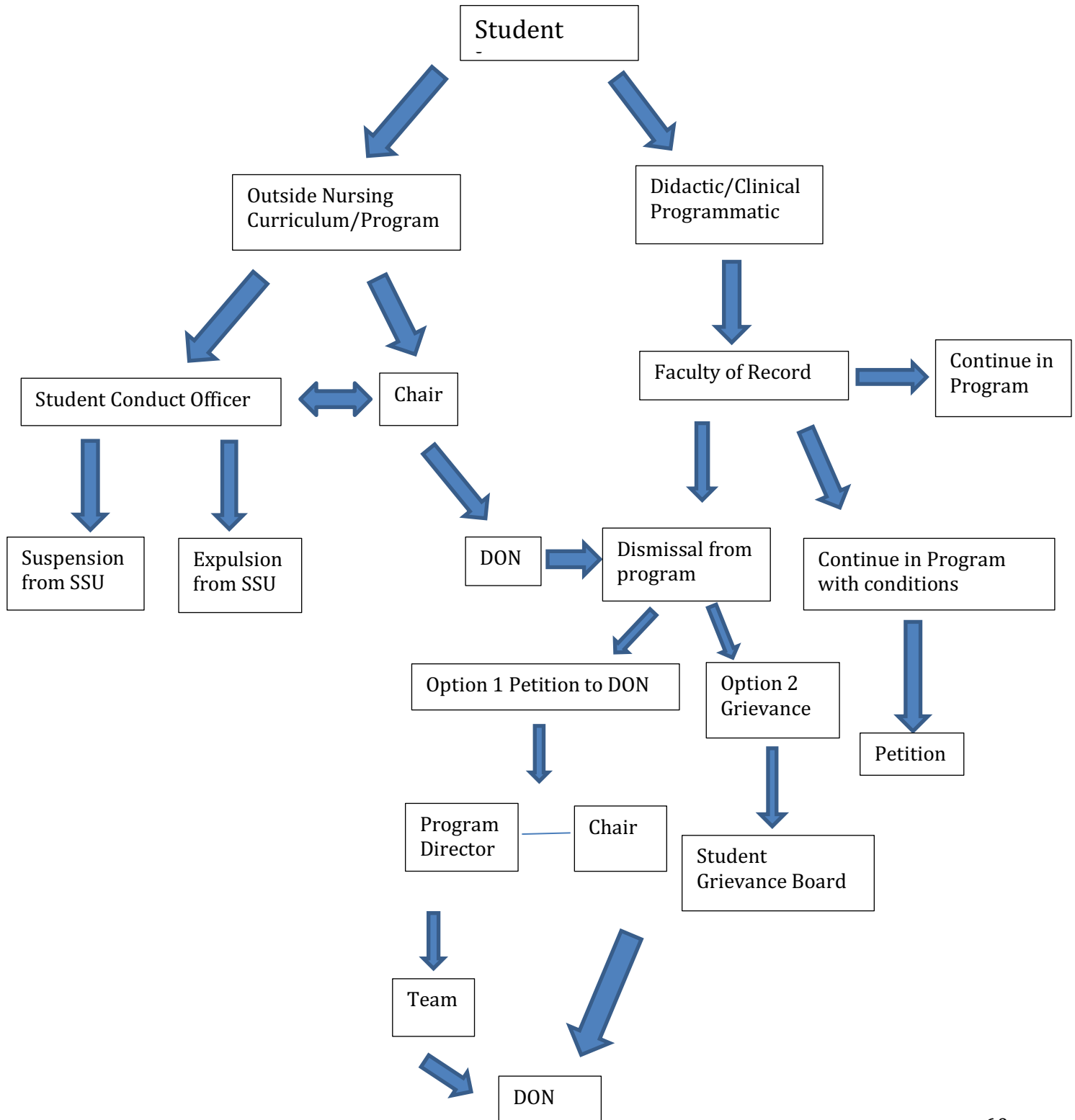
3. The Committee within the Nursing Department to select students for this honor shall be the Faculty of the Whole.
4. Criteria shall be published in the Student Handbook.
3. The student will be recommended by the faculty member or members who have direct knowledge of the student's contribution.
4. The faculty member will forward the selected students' names and documentation of the students' contributions to the Faculty of the Whole by the end of February of the student's last semester.
5. The Faculty will review the nominees and will select those students that meet the criteria by the end of March of the students' last semester.
6. Each nursing program, e.g. pre-licensure, post-licensure, Masters level, shall Select no more than 10% of their registered students for distinction.
7. The award of "distinguished student" will appear on the student diploma, transcript and graduation program.

CRITERIA

4. During attendance in the nursing program the student, either through volunteer service in the community, through employment, or through activities involving the campus community and/or Nursing Department, has contributed to the discipline of nursing by achieving recognition in two (2) or more of the following categories:
 - f. Leadership in developing, or serving a new or different role of service within the health care system;
 - g. Significantly strengthening or expanding an existing nursing role or service;
 - h. Consistent and superior contribution to the work of the professional nursing organization or specialty areas
 - i. Record of noteworthy service to campus, student, or community activities (membership on committees, advisory boards, etc.) to enhance the image of professional nursing;
 - j. Consistent and significant contribution to the Department of Nursing.
5. The student must have a 3.75 or above at the start of the final semester.
6. The student must demonstrate professionalism in their behavior and their attitude, including punctuality, self-regulation, self-responsibility, and respect for faculty, students, and patients

APPENDIX 12

Disciplinary Policy Flow Chart Department of Nursing(DON)



FORMS



Department of Nursing
STUDENT HANDBOOK
2019-2020



DEPARTMENT OF NURSING

1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

707.664.2465

www.sonoma.edu/nursing

Date _____

Student Name: _____

Program _____

I have thoroughly read and understand that I am responsible for all the information and policies set forth in the Sonoma State University Department of Nursing Student Handbook for the duration of my program.

Student Signature _____



Department of Nursing
STUDENT HANDBOOK
2019-2020

FORM # 1

SONOMA STATE UNIVERSITY
Department of Nursing
DEPARTMENT PETITION

Name: _____ Student ID: _____

Type of petition (check one & provide thorough explanation with attached requested documentation)

- Waiver of department regulation _____ List regulation and attach copy of regulation
- Repeat Course _____ Attach personal statement
- Leave of Absence (list semester) _____ Attach personal statement
- Course equivalency for the major (list course) _____ Attach course description/course syllabus
- Masters Track Transfer _____ Attach personal statement

Student justification for petition (provide rationale for consideration of petition with requested documentation)

Student Signature

Advisor comments, recommendations/conditions

Advisor Signature

Department Decision

Approve

Deny

Chair Signature/Date



Department of Nursing
STUDENT HANDBOOK
2019-2020

FORM # 2

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING
RELEASE AND CONSENT FOR STUDENTS
PRACTICING PROCEDURES ON EACH OTHER

I, _____ (insert name), have read the Department Policy for Students Practicing Procedures on Each Other, and agree to adhere to that policy. This adherence includes, but is not limited to, all students right to privacy, a students right to refuse a given procedure, limitations on permitted procedures, need for direct faculty supervision, practice only in skills lab, and the specified syringe/needle policy.

I voluntarily assume all the risks associated with participation in activities on this type. In consideration of my acceptance as a participant, I hereby release, forever discharge, and hereby hold Sonoma State University and its employees, Trustees of the California State University System, the State of California, its officers and agents, and other participants harmless from any and all claims, liabilities, suits or damages which I have or might claim to have for injuries to my person, arising out of my participation in this activity.

My signature indicates that I have read, understand, and agree to the above policy.

Name _____

Date _____

FORM # 3**ATI REMEDIATION CONTRACT****REMEDICATION PLAN FOR:** _____**Received** _____ **on** _____ **Attempt:** _____ **(Enter Exam Taken)** _____

1. Create focused review based on initial _____ (Exam Taken) _____
2. Complete focused review
3. Complete all Active learning templates for each topic areas missed.
4. Review ATI book and review questions
5. Review Practice assessment and tutorials with rationales.
 - a. (Enter practice assessment or tutorials to complete)
 - b. (Enter practice assessment or tutorials to complete)
 - c. (Enter practice assessment or tutorials to complete)
 - d. (Enter practice assessment or tutorials to complete)
6. Bring active learning templates to Remediation exam on _____
(Date ____@____ Time)____

I have thoroughly read and understand that I am responsible to complete the remediation plan as stated in this plan. If I fail to complete the remediation plan as stated I will not be able to sit for the Proctored retake exam and this will result in an unsuccessful secondary attempt (see course plan for proficiency & remediation).

Student Signature _____ Date: _____

Faculty Signature _____ Date: _____

FORM # 4

**SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING
PROCESS FOR GRADUATE STUDENTS
SEEKING CLINICAL SITE PLACEMENT FOR PRECEPTORSHIPS AND
RESIDENCIES**

- Student must discuss with faculty their ideas/plans for preceptorship/residency placement including accepting guidance and suggestions from faculty (clinical site visitor) who will communicate this information to the Program Director. The Program Director will forward to the Departments Clinical Contracts Coordinator any requests for Clinical Agency contracts or renewals. Students should not contact the Clinical Contracts Coordinator or the Nursing Office regarding clinical placements.
- Student explores and communicates with potential preceptor and clinical site to assess their willingness to host student at the site.
- Student obtains the following information and sends completed form via email attachment to the faculty (clinical site visitor) and the Program Director:

a. Name of Facility ("Clinical Site") and parent agency, if any. (For example: "Folsom Clinic, Catholic Healthcare West or Mercy Redding –CHCW"):

b. Full Name of Contact Person (usually not preceptor but Office Manager or QA or Credentialing person) who will facilitate clinical contract approval:

c. Title and Role of the Contact Person:

d. Email Address for Contact Person:

e. Postal Address for Contact Person:

f. Phone number of Contact Person: _____

Fax number of Contact Person: _____



FORM # 5

**SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING
TUBERCULOSIS SCREENING QUESTIONNAIRE**

Name: _____ Date: _____

Positive TB skin test (PPD) Date: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

- | | | |
|---|-----------|----------|
| 1. Chronic Cough (greater than 3 weeks) | Yes _____ | No _____ |
| 2. Production of Sputum | Yes _____ | No _____ |
| 3. Blood-Streaked Sputum | Yes _____ | No _____ |
| 4. Unexplained Weight Loss | Yes _____ | No _____ |
| 5. Fever | Yes _____ | No _____ |
| 6. Fatigue/Tiredness | Yes _____ | No _____ |
| 7. Night Sweats | Yes _____ | No _____ |
| 8. Shortness of Breath | Yes _____ | No _____ |

NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM.

Date _____

Student Signature

Date _____

HealthCare Provider



Department of Nursing
STUDENT HANDBOOK
2019-2020

FORM # 6

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING

INFLUENZA VACCINE CONSENT/DECLINATION

Name: _____ Date: _____

Program: _____

I have had a flu shot as documented by the information below:

Clinic where vaccinated: _____

Date Vaccinated: _____

Manufacturer and lot number _____ Dose and Site _____

Signature of provider: _____

I decline the vaccination. Please complete the following section.

Influenza Vaccine Declination

Written declination is required by California Senate Bill No. 739 as of 2007

I acknowledged that I have been made aware of the following facts:

- Influenza is a serious disease that kills an average of 36,000 American each year
- Influenza virus may shed for up to 48 hours before symptoms appear, allowing unknown transmission to others
- 30% of individuals may have no symptoms, allowing unknown transmission to others
- Flu virus changes often and required annual vaccination
- Flu vaccine cannot transmit disease but does prevent all disease
- I decline to receive the vaccine for the _____ season
- Influenza vaccine is recommended by the CDC for all healthcare workers to prevent disease transmission
- Spread of influenza may cause harm/death to my fellow healthcare workers, family members and patients

Knowing these facts I choose not to be vaccinated at this time and understand the information presented in this form.

Print name: _____

Signature: _____

I decline the vaccination for the following reason(s). Check all that apply.

- ☐ I will get the flu if I get the shot
- ☐ I am allergic to the vaccine
- ☐ I do not like needles
- ☐ My philosophical or spiritual beliefs prohibit vaccination
- ☐ I have a medical contraindication to receiving the vaccine
- ☐ I do not wish to discuss my reasons for declining the vaccine
- ☐ Other reasons for declining you wish to discuss



FORM # 7

DSS Accommodation Waiver Form

Student Name: _____

Email Address: _____

Course Name & Number: _____

Instructor Name: _____

Phone #: _____

Email Address: _____

I have chosen to waive my DSS accommodations for _____
(List Exam)

I understand by signing below that I will not receive my documented DSS accommodation(s) for the listed exam.

Student Signature

Date

Instructor Signature

Date

(Instructors please retain for your file)



Department of Nursing
STUDENT HANDBOOK
2019-2020

FORM # 8

HEALTH CLEARANCE

Missed Clinical Course(s): _____

Semester & Year: _____

Program: BSN

Post-Licensure

FNP

To be completed by student:

Name (Print): _____ Date of Birth: _____

Student ID #: _____ Email: _____

Phone #: _____

I understand that the agency to which I am assigned may require more health data than listed below. I hereby authorize Sonoma State University to release my health clearance information on this form and any associated documents, including laboratory reports and immunization waivers, which may be required in connection with my participation in a clinical course. I agree that if I become ill, have a surgical procedure, injury, birth of a baby, become hospitalized, develop a condition, or have an exacerbation of a condition that limits my ability to the SSU Nursing Program requirements, I will obtain health clearance from a health care provider before returning to the Program. I have brought the original of the required completed/signed HC documents to 1) a copy to Nursing Department Office, 1801 E. Cotati Ave, Rohnert Park CA 94928 2) kept an additional copy for my own records.

Signature: _____ Date: _____

To be completed by a Health Care Provider:

I hereby certify that the above named student is eligible for clinical practice and agrees with the following statement: THE ABOVE NAMED INDIVIDUAL IS FREE FROM ANY HEALTH IMPAIRMENT WHICH IS OP POTENTIAL RISK TO PATIENTS, PERSONNEL, STUDENTS OR FACULTY AND WHICH MIGHT INTERFERE WITH THE PERFORMANCE OF THE NURSING STUDENT'S RESPONSIBILITIES.

I find this individual to be in good health.

NOTE: THIS FORM SHOULD NOT BE SIGNED UNLESS THE INDIVIDUAL IS ABLE TO PARTICIPATE FULLY IN NURSING PRACTICE.

Signature of Health Care Provider: _____ Date: _____

Print or Type Name: _____

Address: _____

Phone #: _____

SONOMA STATE UNIVERSITY

FACULTY HANDBOOK

AUGUST 2019

SONOMA STATE UNIVERSITY
Department of Nursing Faculty Handbook
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INTRODUCTION

The purpose of this handbook is to inform all Department of Nursing (DON) faculty of policies and procedures specific to the DON. Information related to the California State University, Sonoma State University, and California Faculty Association may be reviewed on the respective websites for each. The handbook is reviewed every two years and is updated as necessary before the start of a new academic year.

This handbook was developed as a complement to the DON Student Handbook. The Student Handbook includes program and DON policies, procedures and guidelines that assist the student in being successful in the program. The Student Handbook is revised annually. Faculty are expected to understand, follow and function within the policies, procedures and guidelines in the Student and Faculty Handbooks.

The success of a nursing program depends upon the skills and talents of the faculty who develop and implement a nursing curriculum that is relevant to current clinical practice. Maintaining a current curriculum requires continuous change and refinement. Many aspects of the nursing curriculum and program requirements are informed by regulations from the California Nursing Practice Act issued by the Board of Registered Nursing (BRN) (www.rn.ca.gov). All curriculum utilized in the DON is reviewed and accredited by Accreditation Commission for Education in Nursing. www.acenursing.org.

The faculty are required to follow general guidelines established for all faculty on the Sonoma State University (SSU) campus. These are found in the SSU catalog <http://www.sonoma.edu/academics/catalog> and Faculty Affairs website at <http://web.sonoma.edu/aa/fa/>

The California Faculty Association (CFA) represents faculty in matter relevant to working conditions. It is imperative that faculty has knowledge of the working conditions and contract obligations as stated in the CFA Collective Bargaining Agreement CBA <https://www.calfac.org/2014-2020-contract> . Membership options and information is located on the CFA website at www.calfac.org.

ADMINISTRATIVE ORGANIZATION

SSU is one of 23 California State University campuses. Serving over 460,000 students, the CSU is led by Chancellor Tim White. Dr. White reports to the Board of Trustees who works with the California State Legislators and the Governor to fund and develop system wide policies. A President and Provost who support the academic foundations of the university lead each CSU Campus. The DON is one of nine schools in the School of Science and Technology led by the School Dean. The DON has an elected Chair and each program has appointed Directors. The Board of Registered Nursing holds the Chair, Directors and Faculty accountable for the educational experience of students and adherence to BRN regulations.

DEPARTMENT OF NURSING

Sonoma State University Department of Nursing was founded in 1972. Currently the DON has the following programs/tracks.

1. Masters in Nursing, Family Nurse Practitioner
2. Post Masters in Nursing, Family Nurse Practitioner
3. Post-Licensure Traditional Baccalaureate Program – On hiatus
4. Post-Licensure Collaborative Baccalaureate Program
5. Traditional Pre-licensure Baccalaureate Program

The programs use Tenure Track and Part Time Lecturer faculty, dedicated to the positive learning experiences of each student. Many faculty teach across programs/tracks. The DON enjoys numerous professional partnerships with our community. We currently have more than 400 clinical contracts in place.

STUDENT SELECTION

The current criteria for selecting students applying to all programs and tracks is located on the DON website at www.sonoma.edu/nursing. The DON follows impaction criteria required by the Chancellor's office along with admission criteria specific to the program. Impaction criteria for transfer students is available at <http://admissions.sonoma.edu/how-apply/impacted-majors/transfer>

Sonoma State University admits first time freshman into a pre-nursing track (not a major) which is in an impacted category. The impaction criteria for first time freshman is available at <http://admissions.sonoma.edu/how-apply/impacted-majors/first-time-freshman-impacted-major-criteria>. Information on the pre-nursing University entrance requirements can be found at <https://web.sonoma.edu/nursing/bsn-pre/pre-nursing.html>

DON PROGRAM SPECIFIC CURRICULUM

In order for a nursing curriculum to remain current, a continuous ongoing curriculum development process is in place. The major forces driving curriculum changes are the national and state regulations and criteria. The task of the faculty is to develop a plan of instruction that will provide the student with learning experiences that will lead to clinical competency. Each faculty member, with student participation, has the responsibility for generating ideas and developing proposals for curriculum updating and refinement. The Faculty has the major responsibility for curriculum direction and change and follows University Policy at <http://www.sonoma.edu/senate/committees/epcguidelines.html>.

This Faculty Handbook is designed to complement the Student Handbook. Whenever possible to avoid duplication, the faculty is referred to the Student Handbook. The following essential components of the curriculum are found in the Student Handbook:

Mission Statement
Philosophy
Nine Foundational Concepts to Organize the Curriculum
Terminal Objectives
Program Level Objectives

PROGRAM SPECIFIC COURSES

The specific program curriculum, progression and course descriptions are located in the SSU catalog <http://www.sonoma.edu/academics/catalog> . Additional information is listed on the DON website by program <https://web.sonoma.edu/nursing/> . All students must adhere to the program/track curriculum progression. If students are not able to adhere to the program progression they may apply for a Leave of Absence from the University <http://web.sonoma.edu/registration/records/forms.html> or petition the DON for any course pattern changes. Petition is available on the nursing resource page <https://web.sonoma.edu/nursing/resources/> as well as in the Student Handbook also available on the nursing resource page.

FACULTY POLICIES

Course Lead Duties Baccalaureate

Definition:

The course lead is responsible for all aspects of the course from planning through evaluation. One course lead will be assigned to each course in the undergraduate program.

Responsibilities:

- Meet with team course faculty as assigned by the Department Chair at the end of the previous semester
- Discuss and assign roles of each team member including theory and clinical
- Review past green folder for assignments, evaluation and recommendations
- Update syllabus per program template
- Include both clinical and theory in syllabus if combined course
- List all faculty assigned in syllabus if combined course
- Dates of clinical sites and schedule orientations and semester schedule and rosters
- Prepare LMS (Canvas) site
- Order agreed upon textbooks in October for Spring and April for Fall
- Confer and agree on assignments and grading inter reliability
- Plan student orientation to course and faculty roles
- Mentor new faculty to the course
- Meet regularly at team meetings
- Collaborate in discussions to help students at risk and documentation
- Maintain communication for any course concerns
- Maintain “Green Folder”
- Select and order course learning materials
- Facilitate evaluation of course including student, faculty program, clinical sites, preceptors, course materials, and outcomes.
- Follow Accreditation Systematic Program Evaluation and BRN requirements for evaluation, revision and reevaluation
- Discuss with Chair budget allocation for any needed equipment
- ATI testing logistics
- Library and campus orientation logistics
- Ensure all faculty in the course understand and follow department policy and student handbook regulations

Policies for use of Preceptors in Pre-Licensure Program

Definition of a preceptor:

A preceptor is an experienced, clinically competent, registered nurse selected and prepared to serve as a role model, teacher, supervisor and evaluator while guiding the student toward competence in providing nursing care to clients in a health care setting.

As outlined by the California Board of Registered Nurses, a preceptor shall have at least one year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nursing providing direct patient care. The preceptor holds a current, active California RN license and is competent in the clinical setting and has experience in the institution for at least one year. The preceptor is assigned to assist and supervise nursing students in an educational experience that is designed and directed by the faculty advisor. A relief preceptor is equally qualified and available on the primary preceptor's days off. He/she is expected to abide by the same standards, be oriented by the faculty and sign a preceptorship contract.

1. Criteria used for preceptor selection:
 - a. Students complete survey on the selection of specialty and facility
 - b. Clinical placement coordinator contacts respective agencies with preceptorship requests
 - c. Agency selects preceptors that have had experience with precepting students and who have attended a preceptorship class
 - d. The clinical coordinator reviews list of preceptors with the agency clinical educator
 - e. The clinical coordinator pairs the preceptor with the student preference. If the preceptor has been used in the past unsuccessfully the clinical coordinator will discuss with agency clinical educator and request an alternative preceptor
 - f. The preceptor will be qualified in the area of selection (i.e. pediatrics, obstetrics etc.)
2. Orientation for preceptor:
 - a. Each preceptor will meet with the faculty of record and their assigned student to discuss;
 - i. Preceptor Handbook
 - ii. Preceptor Policies
 - iii. Responsibilities of all parties
3. Qualifications for each preceptor and relief preceptor
 - a. Active Ca. BRN license
 - b. At least one year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nursing providing direct patient care.
 - c. Employed by the agency for one year or more
 - d. Complete an agency preceptor course
 - e. Sign a preceptor contract (preceptor, student & faculty)
4. Communication
 - a. Clinical Coordinator contacts the student, provides the name and contact information of the assigned preceptor.
 - b. The student contacts the preceptor and sets an initial appointment with the preceptor attended by the faculty of record for introductions, orientation/contract, and scheduling.
 - c. The communication plan is an exchange of cell phone numbers and emails of all parties.

- d. All parties are instructed that the faculty or their designee will be available by phone at all times during the clinical on site preceptorship
 - e. A calendar is exchanged for shift assignment and updated as necessary. A copy of the student schedule is provided to the preceptor and a copy is kept on the department Google Drive.
 - f. The calendar is available to the Chair of the nursing department and faculty in the specialty area.
- 5. Responsibilities of the Faculty
 - a. Regular and ongoing conferences are arranged with the faculty, preceptor and student.
 - b. Minimally the student, preceptor and faculty will meet 3 times during the preceptorship course, at the initial meeting, at midterm and at the end of the preceptorship
 - c. With input from the preceptor and student, faculty is responsible to complete the Clinical Evaluation tool both mid-term and final.
 - d. Clinical is pass/fail
- 6. Preceptor Records
 - a. The dept. preceptor binder will include for each preceptor
 - i. Contract signed by all three parties & dates of preceptorship
 - ii. Breeze license verification
 - iii. Contact information
 - iv. Current resume???
- 7. Student/faculty evaluation of preceptor
 - a. At the end of each experience both the faculty and student will complete an evaluation of the preceptor. These will be placed in the course (green folder) file. Unsatisfactory evaluations will be discussed for follow-up with agency educator or representative.
- 8. Preceptorship ratio
 - a. Faculty assigned to Nursing 414 have a 2:1 ratio (two students to one faculty) per wtu assigned.

CONTENT EXPERTS BACCALAUREATE PRE-LICENSURE PROGRAM

Content experts are designated in each of the major nursing areas –Medical-Surgical, Maternal Child (both Pediatrics and Obstetrics), Psychiatric Nursing and Geriatrics as per BRN regulations. Content experts will serve until changed by the faculty. The content expert will have advanced educational preparation and clinical expertise in the designated content area as determined by BRN guidelines for content experts. The functions of the content expert in each designated area are to provide guidance in both theoretical and clinical curriculum development, and to serve as a resource person for less experienced faculty in the designated content areas.

CLINICAL INSTRUCTION

A major portion of all DON programs involve clinical experiences/instruction in a wide variety of clinical settings.

There are a number of dimensions that must be taken into consideration when using clinical sites for student learning experiences. Our number one priority is the safety of patients, students and faculty. This section of the handbook address these areas.

Student/Faculty Ratios

The student/teacher ratios vary depending on the type of facility, the patient census, the course level, and facility restrictions. The number of students to faculty ratio and course unit assignment per student load is determined by policies, which include the BRN, CFA and CSU and are assigned by the Chair of the Department as delegated by the School Dean.

Faculty Absences

Faculty with a scheduled assignment that are ill or need a day off should contact the respective program Director as soon as possible. If the Director is unable to find a substitute, the class may need to be cancelled. Students should be notified as soon as possible via phone or email if class/clinical is cancelled. Depending on the situation, class or clinical may be rescheduled or modified.

Facilities at times ask that students not be present due to accrediting evaluations, union actions, or health department quarantines. Each faculty member has the responsibility to communicate with the course coordinator and the director immediately regarding situations in the clinical setting that impact student assignments to a facility. Examples would be changes in patient census or acuity, restrictions placed by the facility on the number of students that can be present, and requests that students and faculty will still have a clinical day. Faculty are to develop alternative assignments for days when it is not possible to be in a clinical setting or on campus. The alternative assignment can also be used in the event of faculty illness absences so students can have meaningful learning

experience even when not in the clinical setting. Faculty absences do not count against students.

Faculty Handbook: Responsibilities of Course Group Faculty Members

DIDACTIC COURSES Use course objectives in preparing for instructional sessions. Keep the course coordinator informed of concerns/problems related to the course; notify the course coordinator and Department Chair of a reportable clinical incident or professional conduct issue within 24 hours. Add to the annual course summary in consultation with course lead.

CLINICAL COURSES

Essential Functions of a Clinical Instructor

Faculty are expected to:

1. Orientation: Undergraduate

- a. In collaboration with agency, orient self to agency policies, procedures and expectations prior to the start of the semester.
- b. Ensure thorough orientation of students to agency.
- c. Maintain current knowledge of agency policies and procedures.
- d. Post and distribute to agency and students typed detailed clinical schedule of student assignments for each clinical unit including dates and times as indicated with each program.
- e. Provide staff and students with clinical objectives and written guidelines relevant to student skill level and scope of student practice.
- f. Provide agency with a list of students and their contact numbers and other data requested by agency.
- g. Plan and monitor special experiences.
- h. Meet with preceptor and review Preceptor Handbook information.
- i. Provide facility with contact information for faculty member and students.
- j. Obtain DON official name badge from administrative coordinator in Nursing office.

2. Assignments

- a. Post daily student patient assignments if appropriate to level and agency policies.
- b. Make student assignments consistent with student's knowledge base and skill competency.
- c. Make student assignments consistent with individual learning needs.

3. Communication

- a. Maintain effective open communication with:
 - i. Students
 - ii. Program Director
 - iii. Course lead
 - iv. Course team members
 - v. Agency staff

vi. DON staff

4. Program Planning and Implementation

- a. Attend and participate in DON and team meetings.
- b. Implement curriculum as developed by faculty and team to ensure consistency among team members and between program levels.
- c. Implement Program policies and procedures and follow program guidelines.
- d. Follow BRN guidelines and policies that relate to the practice of professional nursing and nursing education.

5. Clinical Responsibilities

- a. Supervise students in the clinical setting as required by BRN regulations and program policies.
- b. Be available to staff and students for discussion, clarification, or interpretation of students assignment or student role.
- c. Provide students and staff with contact information.
- d. Evaluate students' level of performance as outlines by clinical evaluation tools and course objectives.
- e. Notify Program Directors regarding student problems.
- f. Review, evaluate and provide timely feedback on clinical assignments and grade as outlines in course syllabus.

6. Student Counseling/Documentation

- a. Provide timely feedback to students relevant to their clinical performance
- b. Provide corrective counseling when clinical and/or theory objectives are not being met and clinical performance is not consistent with expected standards of performance.
- c. In consultation with Program Director Document per program policy using SBAR and/or Clinical Performance Contract
- d. Carefully monitor and provide frequent feedback to students who are working on remediation plan.

7. Resource/Role Model

- a. Serve as a resource person to help students meet objectives
- b. Promote critical thinking and application of the nursing role related to the enrolled program.
- c. Establish and maintain a professional relationship with students.
- d. Serve as a role model for professional behavior.
- e. Conduct clinical conferences for integration and application of theoretical knowledge in the clinical setting.
- f. Maintain a current theoretical knowledge base and clinical competency relevant to teaching assignments.
- g. Maintain current licenses, certifications and health and safety requirements as outlines at assigned clinical facility.

8. Upon Completion of Clinical Lab Experience

- a. Conduct a final clinical evaluation conference with each student providing a written summary of his/her clinical learning outcomes (per course syllabus). Discuss the summary with the student and have the student sign the evaluation form.

- b. File all original student evaluation forms in student files.
- c. Submit grades for students via Canvas and PeopleSoft.
- d. Complete the faculty evaluation of clinical sites/preceptors survey (sent to email account).
- e. Encourage students to complete the clinical site/preceptor evaluation.

Additional Graduate Faculty Responsibilities include

1. The SSU FNP Faculty team has identified the following criteria as evidence of faculty clinical competence. Any member of the FNP teaching team must meet at least three of the following criteria to be considered clinically competent:
 - a. Current clinical practice in Primary Care (average 4 hrs/week)
 - b. Current clinical research in Primary Care
 - c. Maintaining ANCC or AANP National Certification in Primary Care specialty
 - d. Maintaining continuing educational units that have a Primary Care focus. Must be at least 30 units/2 years.
 - e. Experience precepting clinical students in Primary Care
 - f. Faculty site visiting and supervising of clinical students in Primary Care.
 - g. Scholarly contribution to Primary Care: Publishing, lecturing, teaching, grant work.
 - h. Volunteering as NP in Primary Care clinical site.
 - i. Participation as an active member of a committee that is involved in overseeing some aspect of Primary Care practice: i.e. community boards, peer review, policy and procedure committee.
2. **Faculty Responsibilities in Graduate Program**
 - a. Meet with FNP team monthly and final review at the end of the academic year
 - b. Review past green folder for assignments, evaluation and recommendations
 - c. Lead faculty will update syllabus and contact information
 - d. Dates of clinical rotations, and learning activities
 - e. Confirm clinical sites and schedule orientations and semester schedule and rosters
 - f. Prepare LMS (Canvas) site
 - g. Order agreed upon textbooks in October for Spring and April for Fall
 - h. Plan student orientation to course and faculty roles
 - i. Mentor new faculty to the course
 - j. Meet regularly at team meetings
 - k. Collaborate in discussions to help students at risk and documentation
 - l. Maintain communication for any course concerns
 - m. Facilitate evaluation of course including student, faculty, program, clinical sites, preceptors, course materials, and outcomes.
 - n. Follow ACEN Systematic Program Evaluation, BRN, NONPF and AACN requirements for evaluation, revision and reevaluation

- o. Library and campus orientation logistics
- p. Ensure all faculty in the course understand and follow department policy and student handbook regulations
- q. Orientation to JCFC, HMC, MGM and Torres Shelter faculty supervised clinical sites as necessary for new faculty
- r. All faculty are expected to participate in OSCE/Simulated exams

3. Essential Role of Graduate Clinical Faculty

- a. Clinical faculty will familiarize themselves to site location, type and philosophy at beginning of semester assessing for appropriateness to meet student-learning objectives.
- b. Confirm with student and verify in clinical data base current contract and/or letter of agreement file in Nursing Office
- c. Clinical faculty/Director/Assistant director are available to students and preceptors by phone 24/7 for advising and consultation
- d. Clinical faculty will regularly monitor the clinical database (Typhon) for appropriate clinical experiences based on progression in program
- e. Clinical faculty are responsible for evaluating clinical performance and clinical paperwork weekly and providing timely feedback (within one week of due date) and will report any issues to director. At midterm they are responsible for letting students know their progress and at the end of the semester they are responsible for letting students know their progress and at the end of the semester they are responsible for assigning a letter grade.
- f. Participate in monthly FNP Team meeting with report on clinical student progress/issue
- g. Clinical faculty are responsible for making a minimum of one site visit each semester per assigned student
- h. During site visit clinical faculty should meet with preceptor and review preceptor handbook and discuss concerns with student and/or performance.
- i. Clinical faculty will wear DON official name badge during all site visits

Donated Skills Lab Supplies:

Many faculties have access to discarded supplies that could be saved for student instruction. We welcome donated supplies as approved by each program director.

Faculty Providing Patient Care Policy

When faculty are employed in a clinical setting it is often difficult for the staff to see the faculty member as an instructor on the days when teaching. They may ask the faculty member to help out by providing nursing care to patients not assigned to students.

Faculty can provide nursing services to patients only in conjunction with the nursing student who has been assigned to the patient. This is a BRN regulation. (www.rn.ca.gov)

Faculty Dress Code and Appearance

Faculty is expected to have a professional appearance as representatives of DON. Appearance should be conservative and meet standards appropriate to the nursing profession in Sonoma County. The dress code for faculty depends on the area of teaching and meets the standards of the assigned clinical setting. When giving lectures, professional business apparel is appropriate.

CONTRACTS

Sonoma State University must have a written contract with each clinical agency used as a clinical site where students provide nursing care. A contract Request Form is to be submitted to the Chair. This form is located on the nursing Moodle site. Please notify the Chair of any new clinical agencies long before they are to be used so that the contracts can be initiated and the site can be approved by the BRN if needed.

PRECEPTORS

The DON values our relationships with preceptors in both the undergraduate and graduate programs. Each program has specific criteria for selection and documentation of preceptor experiences. These are in the respective preceptor handbooks for each program.

STUDENT SUPERVISION/MALPRACTICE INSURANCE

Professional liability insurance (also known as “malpractice” insurance) is provided at no cost by the California State University. The California State University holds a blanket liability insurance policy with coverage in the amount of \$2 million per occurrence/ \$4 million aggregate for all nursing faculty in its system.

FACULTY ORIENTATION

All new full time faculties participate in an orientation program designed by SSU Staff Development. Information regarding this orientation is sent to each new faculty member during the summer prior to the August orientation date. In addition, all new full-time and adjunct faculty are oriented to the DON each semester. This includes a general orientation relevant to various aspects of the nursing program as well as an orientation specific to the faculty teaching assignment. The Chair, Program Director, course coordinators and members of the teaching team to whom the new instructor has been assigned accomplish this.

FACULTY GUIDANCE AND SUPPORT

An ongoing effort is made to provide guidance and support for all faculty in the instructor role. Each new faculty will be assigned a course mentor and also be oriented by the Program Directors. Orientation activities, including periodic workshops, are available for all faculty in which the essential elements of the program and teaching tools are reviewed.

Department and team meetings provide an opportunity for faculty growth, support and input into program planning and implementation. New faculty will find team meetings especially helpful.

Faculty and course leads are available for mentorship and guidance in relation to course planning, implementation and evaluation.

The Director and Assistant Director are also available to assist faculty. In instances where students are having difficulty meeting course objectives, **guidance is to be sought from the Program Director.** The focus of this guidance is to assist the faculty member in helping the student be successful and ensuring that students are provided due process.

Orientation to the clinical facility will vary depending upon the faculty's knowledge about a given clinical facility and the orientation plan requirements for the assigned clinical agency.

FACULTY ORGANIZATION/ COMMITTEE STRUCTURE

The BRN requires (BRN REGS: Section 1424g) that “there shall be a faculty organization which has the primary responsibility for developing policies and procedures, planning, organizing, implementing and evaluating all aspects of the Program.” The BRN requires evidence of meeting attendance by faculty, which must be available for BRN review by the BRN consultant as part of the program approval process.

The standing Faculty committees are:

- Department
- Team

Each program schedules meetings monthly. The most valuable meeting adjunct faculty in terms of their participation in discussions as well as acquisition of knowledge relevant to curriculum implementation are team meetings.

Department Committee

The Department committee meets monthly and has the primary responsibility for developing, reviewing and approving policies and procedures developed by program committees. Team report their activities and recommendations at this meeting for curriculum and program changes. College information, policies and concerns that affect the program and faculty are presented. This is also the arena for discussing new and ongoing programs, instruction, evaluation and planning. Attendance is required of all full time faculty and encouraged for all lecturer faculty. The chair of this committee is the Department Chair. Minutes are maintained and prepared for BRN & ACEN review at site visits.

Team Committees

Team committees are divided into baccalaureate and Masters. The baccalaureate team includes the pre and post licensure tracks. The master’s teams include the FNP Masters and the post-masters FNP Certificate track. Team meetings have the primary responsibility of developing, evaluating and adjusting curriculum, reviewing and evaluating policies, making changes based on student input, reviewing and evaluating admission criteria, discussion and conclusions on student issues, course evaluations and recommendations for improvement, licensing and credentialing success rates, job placement rates, clinical placements, on site laboratory needs, course materials, technology support, advising, and other program specific needs.

**SONOMA STATE UNIVERSITY
DEPARTMENT OF NURSING
JOB DESCRIPTION**

DEPARTMENT CHAIR

The primary responsibility of the Department Chair is to facilitate effective operation of the department to achieve its stated mission, purpose and goals. The Department Chair serves as a liaison to the School, the University and the community. The functions of the Department Chair are to:

Community

- Represent the department at community and/or professional meetings at the local, regional, state and national level.
- Convene the Department Advisory Board at regular intervals to maintain informed cooperative working relationships with major collaborations in the health care community.
- Participate in professional activities at the local, regional, state and national level to keep the department apprised of major trends and issues in health care and nursing education.
- Work with the university and the community in developing strategies for fundraising for the department.
- Provide leadership and encourage faculty, staff and students to be active participants in community building.

School/University

- In collaboration with the Dean of the School of Science and Technology and the faculty of the department, prepare an annual budget for the department.
- In collaboration with the faculty of the department and the Dean of the School of Science and Technology, prepare an annual schedule of classes and faculty assignments.
- As a member of the School of Science and Technology Council of Department Chairs, represent and advocate for the faculty and students of the department.
- Promote a cooperative climate with other departments in the University in support of meeting the programmatic needs of the Nursing Department.

Department

- Provide leadership in the development, implementation and evaluation of department policies and procedures.
- Be responsible for the effective operation of the Department Office
- Administer the department's resources effectively, including budget, foundation accounts and development money, equipment and lab in consultation with faculty and the SST Office.
- Serve as Director of the pre-licensure track in the Baccalaureate program, accountable to the California State Board of Registered Nursing for faculty

qualifications, curriculum and clinical agencies compliance with California Nurse Practice Act, and legal contracts with collaborating agencies.

- Accountable to assure that the department fulfills its legal responsibilities regarding faculty rights, students' rights, Americans with Disabilities Act, Workers' Compensation and workplace safety.
- Coordinate the department's response to annual reports, BRN, NLN, ACEN and the University catalog revisions biannually.
- Coordinate and plan department processes for major accreditation reports of the California State Boards of Registered Nursing, Accreditation Commission for Education in Nursing, SSU Educational Policies Committee, WASC.
- Coordinate and oversee the department's evaluation plan in achieving designated outcomes that express the department's mission.
- Initiate and monitor departmental search committees for both tenure track and part-time positions and serve on respective search committees.
- Coordinate with the department RTP committee for the evaluation of all tenure track faculty, post-tenure reviews and part-time faculty evaluations.
- Coordinate with the University, School and faculty of the department an effective program of academic advising.
- Search for potential funding sources for department programs in collaboration with the faculty and/or community representatives.
- Provide departmental support, review and endorsement for contracts and grants.
- Foster faculty development in teaching excellence, research and scholarship.
- Encourage faculty creativity and entrepreneurial endeavors that support the department mission and goals.
- Orient new faculty to department, school and university policies and procedures.
- Serve as liaison to the University Admissions and Records Office, the Development Office and Student Affairs Office and other campus resources involved in student recruiting.
- Coordinate department marketing/student recruiting efforts.

Students

- With faculty and staff, create an atmosphere that is respectful and responsive to student learning.
- Provide counsel and guidance to faculty and students when issues, problems or grievances arise.
- Encourage student participation in departmental meetings and processes.
- Provide leadership in the recruitment, retention and orientation of new students.

SONOMA STATE UNIVERSITY
Department of Nursing
Job Description
Assistant Director – Pre-Licensure Program

Qualifications:

1. Meet all requirements of the California Board of Registered Nursing including;
2. Master's degree or higher in nursing
3. Two Years' experience teaching in a pre-post licensure registered nursing program
4. One-year's continuous, full-time or its equivalent experience providing direct patient care as a registered nurse
5. Clear and active CA RN license

Responsibilities:

Assist the Director/Chair with the following duties:

1. Assume the role of Director in his/her absence
2. Collaborate and communicate with course leads
3. Co-Chair BSN team meetings
4. Assist with scheduling pre-licensure courses
5. Act as clinical liaison for oversight of Clinical Affiliation Agreements, partnership relationships and fostering expansion of clinical sites.
6. Recommend and prioritize lab and material needs
7. Assist in Advisory Councils for all Sonoma State Partners
8. Assist in State and National Accreditation
9. Oversee Preceptor processes as outlined by ACEN & BRN
10. Provide oversight for program assessment
11. Monitors curriculum alignment

BRN Regulations: Pre-Licensure Director & Assistant Director

Qualifications for Director and Assistant Director are established by BRN regulations as follows:

CCR 1425

REGULATION	INTERPRETATION
<p>(b) The registered nurse director of the program shall have:</p> <p>(1) A master's or higher degree from an accredited college or University which includes coursework in nursing, education or administration.</p>	<p>1. Master's degree or higher in nursing, education or administration.</p>
<p>(2) A minimum of one year's experience in an administrative position;</p>	<p>1. Administrative position is defined as a director or assistant director who has direct responsibility for administrative decision making process of the educational program: budgeting, employing, delegating assignments, planning, evaluating and allocating resources.</p> <p style="padding-left: 40px;">1. Administrative responsibility:</p> <p style="padding-left: 80px;">(a) in a professional nursing education program, which includes diploma, associate, baccalaureate and post-licensure RN programs; or</p> <p style="padding-left: 80px;">(b) as a director of nursing and/or in-service education program.</p> <p>2. An academic year of two semesters or three quarters will be regarded as equivalent to one year's administrative experience.</p>

(3) A minimum of two years' experience teaching in pre- or post-licensure nursing programs.	1. An academic year is defined as two semesters or three quarters. 2. Full-time teaching experience preferred. 3. Pre- or post-licensure nursing programs includes diploma, associate or baccalaureate and master's degree registered nursing programs.
(4) At least one year's experience as a registered nurse providing direct patient care and/or	1. One year's continuous full-time experience as a registered nurse providing direct patient care.
(5) Equivalent experience as determined by the board.	
(c) The registered nurse assistant director shall meet the education requirements set forth in subsection (b) (1) above and the experience requirements set forth in subsections (b) (3) and (b) (4) above or such experience as the Board determines to be equivalent.	1. Master's degree, which includes coursework in nursing, education, or administration. 1. Two years teaching experience in a pre- or post-licensure program- diploma, associate, or baccalaureate degree registered nursing program. 2. One year continuous experience as a registered nurse providing direct patient care.

SONOMA STATE UNIVERSITY
Family Nurse Practitioner Program (FNP)
Job Description: FNP Director

The FNP Program Director is responsible to inform Faculty, Chairperson, and applicable University interface entities of issues concerning the Family Nurse Practitioner (FNP) Program.

The following are the FNP Director's responsibilities.

1. To provide leadership in FNP Program quality control, maintenance, planning and development.
2. Work with Chair on course assignments for FNP Faculty.
3. Investigate and initiate innovative methods to maintain and broaden the quality of the FNP Program, via grants, awards and entrepreneurship.
4. Orient and mento new FNP tenure-track, continuing education, and temporary faculty to the FNP curriculum, courses, grading methods and clinical site visitation methods as appropriate.
5. Supervise and assist in the evaluation of new FNP tenure-track, continuing education, and temporary faculty.
6. Initiate, establish and supervise the contract negotiations with clinical agencies, preceptors and, with other appropriate faculty, act as liaison between community agencies, the FNP program and the Department of Nursing.
7. In conjunction with the department administrative assistant, to review and maintain all letters of agreement/contracts with preceptors and agencies, to meet and comply with the BRN regulations.
8. Serve as a resource person to faculty regarding the FNP curriculum.
9. Serve as FNP Program consultant to faculty regarding progression, retention and graduation requirements of students.
10. Maintain knowledge of The State Nursing Practice act and BRN regulations pertaining to quality FNP program maintenance, so that graduates of the program may be certified to practice in California.
11. Maintain knowledge of National Credentialing body criteria, so that graduates of the program may be eligible to sit for credentialing exams.
12. Co-ordinate, and maintain a close working relationship with the Department of Extended Education in regards to FNP curriculum.
13. Attend and participate in all Department meetings pertinent to the FNP Program.
14. Arrange and chair the FNP team meetings at least each month, and supervise the preparation and maintenance of meeting minutes.
15. Initiate and supervise all activities at distance campuses.
16. Supervise the co-ordination and management of Health Maintenance Center.
17. Coordinate curriculum as it relate to the conceptual framework outlined by the faculty and oversee the implementation of the curriculum and the accomplishment of program objectives for both the FNP Masters and Certificate track.
18. Admissions

- a. Review and make recommendations to the faculty regarding admission criteria and policies of the FNP Program congruent with Department and University policy standards.
- b. Prepare admission requirements for catalog every two years.
- c. Develop, prepare and update informational material sent out to interested candidates about the FNP program and the two routes of admission (MSN and Post-MS Cert).
- d. Respond to requests for information about the FNP program and meet with interested students as time allows.
- e. Each year in April review and rank all FNP, MSN candidate files and present review and rankings to FNP team and general faculty draft acceptance/denial letters, supervise issuance of letters, and discuss outcome with applicants as necessary and sign-off on graduate admissions paperwork.
- f. Each year in June review and rank all FNP, Post MSN Certificate candidate files and present review to FNP team and general faculty. Then supervise the drafting and issuance of acceptance/denial information and discussion of outcome with applicants as necessary.
- g. Each year in June conduct orientation sessions for incoming part-time and full-time students at the home and distance sites.

19. Student/Faculty

- a. Inform students and encourage faculty to inform students regarding the governance of the Department of Nursing and the need for student participation.
- b. Act as a liaison and encourage student participation in student organizations and professional FNP organizations.
- c. Create opportunities for informal interaction among FNP faculty and students, and maintain office hours/access that are convenient to students and supervise same in FNP faculty.
- d. Nominate student on behalf of the FNP team for scholarships, grants, and other appropriate awards. Prepare letters of recommendation for students as is appropriate.
- e. At the end of each semester, and after degrees are posted, supervise the formulation of a list of FNP graduates to be forwarded to the BRN.
- f. After the posting of the MS degree, sign all legal/BRN documents, pharmacology documents and National Credentialing exam paperwork submitted by students.
- g. Throughout the semester, evaluate and sign as appropriate all legal/BRN documents of former students.
- h. Each semester establish a formal advising process and monitor student progression through the FNP program.

SONOMA STATE UNIVERSITY
Family Nurse Practitioner Program (FNP)
Job Description: FNP Assistant Director/Coordinator

The FNP Program Assistant Director is responsible to the Chair & FNP Program Director and assists the director in informing Faculty and applicable University interface entities of issues concerning the Family Nurse Practitioner (FNP) Program.

The following are the FNP Assistant coordinator's responsibilities.

1. To provide leadership in FNP Program and assist with quality control, maintenance, planning and development.
2. To assist in orienting and mentoring new FNP Tenure-track, and temporary faculty to the FNP curriculum, courses, grading methods and clinical site visitation methods as appropriate.
3. To assist in the evaluation of new FNP tenure-track, and temporary faculty.
4. To assist in initiating, establishing and supervising the contract negotiations with clinical agencies, preceptors and, with other appropriate faculty as directed by the Program Director. To act as liaison between community agencies, the FNP program and the Department of Nursing.
5. To serve as a resource person to faculty regarding the FNP curriculum.
6. To attend and participate in all Department meetings pertinent to the FNP Program.
7. To arrange and chair the FNP team meetings in the absence of the director and is responsible for the preparation and maintenance of meeting minutes.
8. To participate in University governance, as member of School, Senate or University committees as appropriate.
9. To assist the director in collecting and analyzing program evaluation documents and completion of the Annual Program Evaluation document summarizing this data each summer for presentation to faculty of the whole in September.

CURRICULUM

1. To assist in coordination of the curriculum as it relates to the conceptual framework outlined by the SSU faculty.
 - a. To make recommendations to the Director regarding:
 - i. All proposed courses
 - ii. Requests to delete courses
 - b. To make recommendations to the Director regarding substantive curricular revisions such as:
 - i. Course requirements
 - ii. Prerequisites
 - iii. Grading
 - iv. Number of units
 - v. Content
 - vi. Clinical learning experiences

STUDENT AFFAIRS

1. Admissions
 - a. To make recommendations to the director regarding admission criteria and policies of the FNP Program congruent with Department and University policy standards.
 - b. To assist with the review and ranking of all FNP, MSN and Post MSN Certificate candidate admission files.
 - c. To respond to requests for information about the FNP program and meet with interested students as time allows as directed by Program Director.
 - d. To assist the director in conducting orientation sessions for incoming part-time and full-time students.
2. Student/Faculty
 - a. To inform students and encourage faculty to inform students regarding the governance of the Department of Nursing and the need for student participation.
 - b. To act as a liaison and encourage student participation in student organizations and professional FNP organizations.
 - c. To assist the Director in advising and monitoring of student progression in the FNP program.

OTHER

Represents the University, Department and FNP Program by participating in/on community, State National and Professional committees/organizations.

Chair Election Process

The selection of a Department Chair is outlined in the CSU CBA

CLINICAL EVALUATION

Evaluation of the extent to which students are achieving the clinical objectives is an essential part of the learning process. Feedback at frequent intervals provides the student and opportunity to refine their knowledge base and use of the nursing process. In order to successfully complete each course/component, the student must function safely in the clinical setting consistent with expectations for the student's current level of education.

Students have a right to know how they are performing in the clinical setting in relation to their meeting clinical objectives and have the right to an opportunity to remediate when performance is inconsistent with competency standards. Students who demonstrate unsafe practices may be removed from the clinical setting immediately if the faculty member feels that patients' safety may be at risk. (See Student Handbook).

The Director, or in their absence the Assistant Director, is to be notified immediately when a student is at risk of failing a course.

Exclusion from Lecture Class

A student may be excluded from class with limitations for disruptive behavior. The SSU policy may be found at <http://sonoma.edu/uaffairs/policies/disruptive.html>

Skills / Simulation Lab / Clinical Seminars

An important aspect in the implementation phase of the nursing process is the ability of the nurse to perform certain skills. Opportunity for practice is an essential element in the process of acquiring manual dexterity. Therefore, the skills laboratory is an integral part of the nursing curriculum, allowing the student opportunity to practice and perfect skills prior to the performance in the clinical area.

Students may not perform a skill in the clinical setting unless they have demonstrated the ability to perform the skill competently in the skills lab.

Students must sign the "Policy for Students Practicing on Each Other" prior to performing any invasive skills with a lab partner. (See Student Handbook)
This policy does not include faculty. Please do not allow student to practice any invasive procedure on you.

ATTENDANCE POLICIES

Each program has attendance policies for students due to our concern that performance objectives be met. These may be found in the Student Handbook and individual Course Syllabi.

CONFIDENTIALITY

Student

Students have the same legal right to confidentiality as patients. It is essential that faculty maintain confidentiality regarding everything related to students including personal information, personal lives, written work, test grades, and student performance. Written assignments must be returned in a manner that ensures privacy. Student problems are not to be discussed with facility personnel, family members, or other students. Confidential materials or documents with student identification that are to be discarded must be shredded. Classmates have the right to not share their personal information with fellow students. Students should be advised that the information regarding their classmates is confidential and should be kept in a private, safe place. Student information may be shared with program faculty and administration as appropriate to plan student instruction and to provide guidance, referrals and assistance as needed. All written documents related to the student instruction and to provide guidance, referrals and assistance as needed. All written documents related to the student, and placed in the student's file, need to be read, signed and dated by the student and student provided a copy.

The faculty are required to have knowledge of and follow the Family Education Rights Policy Act (See FERPA Appendix). Violations of this policy are grounds for immediate dismissal.

Client/Patient

Students need to be reminded to maintain confidentiality of information that comes to them as a result of their presence in a clinical site. Students may not view patient charts of individuals not assigned to them. Under no circumstances are students to photocopy and client/patient records.

ADVISORY COMMITTEE

Advisory Committee

Advisory committee members are appointed to assist in the development of educational programs. Such committees are properly constituted to include representative citizens who are recognized and respected experts in their fields. A committee is advisory in full meaning of that word and performs its functions by making recommendations to the college authorities. Faculty is encouraged to recommend potential advisory committee members to the Chair.

Functions:

An advisory committee may perform all or some of the following functions:

1. Evaluate an existing curriculum

2. Develop data concerning need, costs, facilities required, and potential enrollment for a new curriculum.
3. Make subject-matter recommendations for a new curriculum.
4. Assist in setting up standards for entrance into the curriculum under study.
5. Help in recruiting applicants for admission.
6. Advise on the appropriate qualifications for instruction personnel in a particular program.
7. Assist in establishing standards for cooperative part-time, on-the-job training and developing opportunities for such training.
8. Participate in a program for publicizing the content and aims of the curriculum and for placement of graduates.
9. Keep the college informed on changes in the labor market, specific needs, surpluses, etc.

PROGRAM EVALUATION PLAN

Section 1424 (b) (1) of the Nurse Practice Act states: “The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedure, attrition, and retention of students, and performance of graduates meeting community needs.”

Each of the programs within the DON has an evaluation plan that meets the criteria for the BRN and ACEN. Program evaluation plans are located in the appendix and reviewed annually at Team meetings by the Program Directors.

Faculty Evaluations

All faculties are evaluated per the CSU CBA. Please visit the Faculty Affairs website to familiarize yourself with SSU Policies and Procedures on faculty evaluation.

<http://www.sonoma.edu/aa/fa/>

USEFUL WEBSITES AND INFORMATION

There are areas in which faculty frequently have questions. The following section of this handbook is designed to provide answers to these questions and other information that faculty might find to be useful.

Keys

<http://www.sonoma.edu/seawolfservices/campus-key.html>

Office Assignment/Equipment

The Chair of the Department makes office assignments. Shared office space is not uncommon depending on the number of office available in the department. Office equipment is available including a computer, seating, and supplies upon reasonable

requests. Wall repair and painting can also be requested. Report any damages or repairs needed upon discovery for your health and safety.

Office Hours

Faculty teaching face-to-face and online is expected to be available regularly during the semester for individual student contact. Scheduled office hours are to be communicated with the students in all syllabi and state hours are to be maintained throughout the semester.

Parking

<http://www.sonoma.edu/seawolfservices/parking-permit-info.html>

Payroll and Benefits

<http://www.sonoma.edu/hr/payroll>

Sigma Theta Tau-Lambda Gamma Chapter

<http://lambdagamma.nursingsociety.org/home>

Teaching Schedule

The teaching assignments and schedule are developed by the Chair in consultation with the faculty to meet the needs of each program and Department. Teaching assignments, offers for work, and entitlements are outline in the CSU CBA.

Workers' Compensation Information

If at any time a student or faculty is injured at the clinical site please seek immediate medical attention and follow all procedures for workers' compensation located at <http://www.sonoma.edu/hr/payroll/workers-compensation/>

Email

Email is the primary method of communication on campus and in the program. The university requires that all faculty have an SSU email account and that official communication will be through that account with the department and students.

Mail

Incoming mail is placed in faculty mailboxes or folders in the workroom. The department only can mail paychecks to you if we receive instructions and self-addressed envelopes from you.

Sexual Harassment and Discrimination

Sexual harassment and discrimination policies and reporting procedures are located at:
<http://www.sonoma.edu/crvd/discresponse.html>

Drug Free Workplace: <http://www.sonoma.edu/uaffairs/policies/drugpolicy.htm>

Smoke Free Campus: <http://www.sonoma.edu/uaffairs/smokingandtobaccorfree.html>

Vehicle Liability: Faculty and Staff may not transport students in their vehicles due to liability issues.

Forms

A number of SSU forms, as well as forms developed by the DON, are used by faculty at various times. In addition, the BRN requires that certain forms be submitted indicating program/faculty approval.

Copies of the following forms are available in the DON and online.

SSU Forms used each semester

Travel Authorization (for clinical travel)

Key Requests (for each classroom assignment)

Textbook Order Forms (online October for Spring and April for Fall)

Textbook Orders

<http://www.faculyenlight.com/node/add/adoption-request>

BOARD OF REGISTERED NURSING POLICIES, REGULATIONS, PROCEDURES & GUIDELINES

The Board of Registered Nursing has two major responsibilities.

1. Protection of the Consumer
2. Accreditation of professional nursing programs.

The BRN has developed a Directors Handbook reflecting current policies, regulations, procedures, and guidelines. A copy of this handbook (CD-ROM) is available to faculty from the Chair.

The following information includes selected BRN policies, regulations and procedures that will assist faculty in functioning as a nursing instructor consistent with these policies, regulations, and procedures.

BRN Faculty Appointment Approval

All faculty members, the Director and Assistant Director must be approved by the Board of Registered Nursing for the specific clinical and content areas for which they are requesting to teach prior to any clinical or class assignment. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned. Clinically competent means that a nursing program faculty member processes and exercises the degree of leaning, skill, care and experience ordinarily possessed and exercised by staff level registered nurses of the clinical unit to which the instructor is assigned. Faculty will be approved for a clinical assignment area where there is documentation to support education and/or clinical experience. To comply with California law, which requires that every employer of an RN shall ascertain that the nurse is currently licensed, the license of the instructor will be examined at the time of initial employment as well as at license renewal dates. A copy of the current active license must be kept on file in the health sciences office.

In order to expedite that faculty approval process, the BRN has developed a one-time faculty approval policy. The nursing program director will give a copy of the approved BRN appointment form to the approved faculty member. The faculty member may then use this approved form with other nursing programs.

Faculty members who wish to add an area of content, not previously approved by the BRN, must seek approval through the nursing program director who will initiate the appropriate BRN faculty appointment approval form. Faculty who do not have evidence of direct patient care within the last three years will be required to remediate consistent with BRN guidelines for faculty remediation which can be found in the BRN board approved policy in the Director's Handbook.

BRN Approval of Clinical Facilities

Clinical facilities in which students participate in the care of patients in any aspect of the nursing process in the baccalaureate programs, must be approved in advance of student placement by the BRN. Prior to completion of the clinical facility form, the program director and instructor(s) requesting use of the clinical facility will review the BRN criteria and guidelines for the selection of clinical facilities found in section 5.2 of the BRN Directors Manual.

BRN School Approval Process

The school approval process occurs once every five years and is conducted by the BRN. Every eight years a full visit will occur. The every five year full visit process includes the writing of a specific and detailed self-study report demonstrating that rules and regulations mandated by the BRN are being met. There is also an official approval visit. The purpose of the visit is to do an in-depth, on-site evaluation of the nursing program to assess compliance or noncompliance with the BRN policies, regulations, procedures & guidelines. The school is required to prepare and submit this self-study report, which is in essence, a self-evaluation of how the criteria set forth in the BRN rules and regulations are met. Development of the self-study report must involve the total faculty.

In preparation for the visit, BRN will provide the school with: guidelines for approval visits, guide for preparation of self-study report, application for approval, report on faculty, criteria for Approval and Guidelines for self-study by a nursing program, total curriculum plan, course of instruction, content of licensure, nursing curriculum, and clinical facilities, post approval visit schedule and approval process questionnaire. The director and faculty prepare this self-study report during the academic year prior to the visit.

The full approval visit usually lasts three days and the visitors will visit classes, skills labs, and clinical facilities. They will also hold meetings with students, faculty, clinical agency staff, and college administration. At the end of the visit, the visitor will give an oral exit report summarizing the program's compliance or noncompliance with the Nurse Practice Act, Title 16, California code of regulations and BRN policies and procedures. A written report is generally sent to the school within two weeks of the visit. The report is also sent to the education committee of the BRN, which places approval, or non-approval of the program on the BRN agenda. If the school is found to be in non-compliance it will be recommended that action on the approval be deferred until the school corrects the violation. If a school is placed on warning status, their approval is in grave jeopardy. For additional information regarding the BRN school approval process please consult the Program Directors Director.

BRN Requirements for FNP/MSN/PMC Director and Assistant Director

Business and Profession Code 1484 <http://www.rn.ca.gov/regulations/title16.shtml#1484>
The director or co-director of the program shall:

- a. Be a registered nurse in California

- b. Hold a master's degree or higher in nursing or related health field from an accredited college or university
- c. Have had one academic year's experience, within the last five years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.

Appendices

MASTERS CURRICULUM

Post Masters Certificate Curriculum

Fall Semester I

N509 Advanced Health Assessment (4) Lab/Clinical
N549 Health Promotion Practice in Primary Care (3) Clinical
N501 Health Promotion Theory Righting Disparities (4)
TOTAL 11 units

Spring Semester II

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

Fall Semester III

N540B Pathophysiologic Concepts in Primary Care II (3)
N550B Clinical Practice in Primary Care II (4) Clinical
TOTAL 8 units

Spring Semester IV

N562 Advanced Practice in Primary Care Systems (4)
N550C Clinical Practice in Primary Care III (4) Clinical
TOTAL 14 units

DEGREE TOTAL 36

Full Time FNP/MSN Curriculum

Fall Semester I

N509 Advanced Health Assessment (4) Lab/Clinical
N549 Health Promotion Practice in Primary Care (3) Clinical
N501 Health Promotion Theory Righting Disparities (4)
TOTAL 11 units

Spring Semester II

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

Fall Semester III

N540B Pathophysiologic Concepts in Primary Care II (3)
N550B Clinical Practice in Primary Care II (4) Clinical

N560 Research and Theory in Primary Care (4)
TOTAL 11 units

Spring Semester IV

N562 Advanced Practice in Primary Care Systems (4)
N550C Clinical Practice in Primary Care III (4) Clinical
N564 Health Policy and Advocacy in Primary Care (4)
N566 Culminating Experience –Clinical/lab (2)
TOTAL 14 units

DEGREE TOTAL 46

FNP MSN Part-Time Proposed Curriculum beginning Fall 2013

Fall Semester I

N501 Health Promotion Theory Righting Disparities (4)
N560 Research and Theory in Primary Care (4)
TOTAL 8

Spring Semester II

N509 Advanced Health Assessment (4) Lab/Clinical
N564 Health Policy and Advocacy in Primary Care (4)
TOTAL 8 units

Fall Semester III

N549 Health Promotion Practice in Primary Care (3)
Clinical Elective (X)
TOTAL 3X units

Spring Semester IV

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

Fall Semester V

N540B Pathophysiologic Concepts in Primary Care II (3)
N550B Clinical Practice in Primary Care II (4) Clinical
TOTAL 7 units

Spring Semester VI

N562 Advanced Practice in Primary Care Systems (4)
N550C Clinical Practice in Primary Care III (4) Clinical
N566 Culminating Experience – Clinical/lab (2)

DEGREE TOTAL 46

BACCALAUREATE CURRICULUM

PRE-LICENSURE BSN CURRICULUM FOUR – YEAR PLAN

Pre-Nursing Track

Freshman Year, Fall

BIOL 115 (3) Intro to Biology (GE Area B3)
*CHEM 105 (5) Elem of General, organic & Biochemistry (GE Are B1)
*GE, A3 (4) Critical Thinking (FLC option)
GE, D1 (3-4) Social/Behavioral Science: Individual and Society
TOTAL 15 units

Freshman Year, Spring

*BIOL 220 (4) Human Anatomy (GE Area B3)
*MATH 165 (4) Statistics (GE Area B4)
*GE, A2 (4) Fundamentals of Communication (Stretch option)
*GE C3 (4) Comparative Perspectives and/or Foreign Languages (FLC option)
TOTAL 16 units

Sophomore Year, Fall

*BIOL 224 (4) Human Physiology
GE, C2 (4) Literature, Philosophies and Values
GE, C1 (4) Arts, Theatre, Dance, Music and film
GE D2 (3) Social/Behavioral Sciences: World History and Civilization
TOTAL 15 units

Sophomore Year, Spring

*BIOL 240 (4) General Microbiology
PSYCH 302 (3) UDGE Development of the Person
GE, D3 (3) Social/Behavioral Science: US Constitutions & CA State & Local Gov
TOTAL 14-15 units

*Pre-requisites courses for application to the major

Bachelors in Science of Nursing Curriculum

BSN TOTAL 120 Units

Note: 3 of the 9 required units of UDGE in area E is included the nursing major

Junior Year, Fall

NURS 301 (9) Nursing Care of Adult I [Theory (5)/Clinical (4)]
NURS 303 (6) Maternity & Women's Health Care [Theory (4)/Clinical (2)]

Junior Year, Spring

NURS 302 (6) Nursing Care of Adult II [Theory (4)/Clinical (2)]
NURS 304 (6) Psychiatric & Mental Health Nursing [Theory (4)/Clinical (2)]

NURS 310 (3) Nursing Research & Evidence – Based Practice [Theory (3)]
TOTAL 15 units

Senior Year, Fall

NURS 407 (6) Nursing Care of Adult III [Theory (3)/Clinical (3)]
NURS 409 (6) Nursing Care of Child in Family [Theory (4)/Clinical (2)] GE, D5 (3)
Social/Behavioral Science UDGE
TOTAL 15 units

Senior Year, Spring

NURS 410 (5) Nursing Power, Policy & Politics [Theory (5)]
NURS 412 (5) Community/Public Health Nursing [Theory (3)/Clinical (2)]
NURS 414 (5) Clinical Nursing Preceptorship [Theory (1)/Clinical (4)]
TOTAL 15 units

Appendix: BSN Evaluation Matrix

Key: Purple=Pre-licensure, Yellow= Post licensure, Blue=Both

Evaluation Form	Responsible Party	Course	Dates	Completion
Individual Course	Faculty of record	301, 302, 303, 304, 310, 312, 313, 407, 409, 410, 412, 414 and 416	Last three weeks of semester	Moodle Survey
End of year one Pre-Licensure	Faculty of record 310	310	Last three weeks of semester	Moodle Survey
End of year one Post-Licensure	Faculty of record 310	310	Last three weeks of semester	Moodle Survey
End of program Pre-Licensure	Faculty of record 414	414	Last three weeks of semester	Moodle Survey
End of program Post-Licensure	Faculty of record 414	416	Last three weeks of semester	Moodle Survey
Evaluation of preceptor experience by preceptor	Faculty of record	412 and 414	Last three weeks of semester	Paper Survey Aggregated Summary by faculty
Student evaluation of clinical site/preceptor	Faculty record	301, 302, 303, 304, 407, 409, 412 and 414	Last three weeks of semester	Moodle Survey
Faculty evaluation of clinical site/preceptor	Faculty record	301, 302, 303, 304, 407, 409, 412, and 414	Last three weeks of semester	Moodle Survey
Course Annual Summary	Faculty of Record Course Faculty	All	Last three weeks of semester	Moodle Survey
One year post graduation	Chair	N/A	One year after graduation	LinkedIn Regional Conference(s), STT
Alumni	Chair	N/A	Every three years	LinkedIn Regional Conference(s), STT
Community Advisory	Chair	N/A	Annual	Annual Meeting, Email

APPENDIX: GREEN FOLDER CHECKLIST

Document	Frequency	Responsibility	Course
Syllabus	Annually	Course lead	All
Sample Assignments with feedback		Course lead	All
Sample Exams and quizzes		Course lead	All
ATI summary results	Annually	Course lead	301 303 304 407 409 410 412 414
Course evaluation from our Matrix template	Annually		All
Sample Current Clinical Evaluation tool completed with student name/facility concealed	Annually		301 302 303 304 407 409 412 414
Faculty Evaluation of Clinical site and preceptor if assigned in course	Annually		301 302 303 304 407 409 412 414
Aggregate of Student Evaluation of Clinical site and preceptor if assigned in course	Annually		301 302 303 304 407 409 412 414

APPENDIX: SBAR COMMUNICATE EXAMPLE

SONOMA STATE UNIVERSITY
Department of Nursing
Clinical Performance Notification- SBAR

This communication will be placed in the student file. Performance Contract will result from issue(s) if not improved.

S: Situation

Describe the event(s) which have led to this written reminder
Two reminders on professional behaviors

B: Background

Give details of the evidence
4/12/12 Arrived to clinical setting late, without nametag
5/12/12 Arrived to clinical with no name tag nor watch

A: Assessment

Not currently meeting clinical outcome of Professionalism

R: Recommendations (mutual agreement)

Student will place all required clinical tools in small bag kept in location to grab and go to clinical.

APPENDIX: SAMPLE PERFORMANCE CONTRACT

Student:

Course:

Date:

This contract serves to formally notify STUDENT NAME that the level of performance of certain clinical skills is below the minimum requirements for COURSE NUMBER students in the nursing program.

Referencing the Clinical Evaluation the standard performance objectives in the following areas are not being met:

1. Critical Thinking: Makes informed choices through critical analysis that promote nurse/client well being.

- **Conducts safe, effective and comprehensive health assessments across the life span on clients, families and aggregates demonstrated by accurately addressing growth and development.**
- **Using skills of inquiry, prioritize and evaluate measures to promote health in communities.**

Proficiency in home visiting has not been observed – assessing, interviewing and intervening (basic Care Transition 4 pillars) as observed from several home visits with CT staff. Staff reports uncomfortable silences during supervised home visits. Student has not demonstrated the practice of clinical reasoning in client assessment; coaching using the 4 Pillars and exhibiting the ability to practice independently and safely- after 7 clinical days. It is expected that every student be able to conduct the basics of a home visit. This includes assessing client's self-medication management, reviewing of discharge instructions and conducting teaches back on disease process.

2. Clinical objectives not met: Communication

Employs humanistic approach to promote positive interaction with clients/family. Employs effective communication modalities, which maintain or promote health in various populations. Staff has not observed the student initiating conversation or rapport with the client, engaging in inquiry and interacting with clients and family in order to improve learning, support patient education and promote optimal patient outcomes.

3. Clinical objective not met: Teaching and Learning

Plans and carries out an educational session to a family or community aggregate that receives a positive evaluation. Staff reports that the student is not consistently reviewing and coaching clients and family specific to Red Flags in home visits and follow up phone calls.

To pass and remediate N412 Lab, **Student** is required to:
Explain, demonstrate, and role-play how to address the 4 pillars on a home visit, to
faculty on April 8, 2015

1. Perform as a PHN on a home visit in conducting a post-hospitalization discharge coaching intervention in which the 4 pillars are observed.
2. Demonstrate interactive communication using open-ended questioning, inquiry and dialogue to promote trust and confidence in collaboration with the client and the student.
3. After home visit on 4/08 appropriately report findings to staff (observed by faculty). Request feedback from staff, acknowledge the instruction and follow through.
4. Take initiative in home visits, engaging in conversation with clients and CT staff.
5. Able to conduct a safe comprehensive CT home visit independently by end of the rotation.
6. All subsequent objectives of the course must be met with the remaining clinical hours in the rotation. These include all staff and patient interactions.

It is expected that the student will successfully meet the course objectives and failure to do so will result in course failure and result in the following options.

1. No Credit/Failing grade in N412 and no further progression in the clinical program.
2. Petition to the nursing faculty to re-enroll in N412 will be required.

Student signature: _____

Faculty signature(s): _____

APPENDIX CONTRACT REQUEST

Directions: Please complete all items and email to Deborah.roberts@sonoma.edu. These are to come from faculty to the Chair not from students. We are unable to process contracts without a complete form. The information requested will help expedited the contracts process for student placements.

Thank you!

Official Name of Agency: _____

Address of Agency: _____

Name of Nurse Educator/CNP/
Nursing Director at facility: _____

Phone number of person listed
Above: _____

Email address of person listed
Above: _____

Name of individual responsible
For signing contracts at the agency
(This may/may not be different from
The person listed above. Often times
They are separate departments): _____

Email address of contracts individual: _____

APPENDIX: SYLLABUS TEMPLATE:

SONOMA STATE UNIVERSITY
Department of Nursing
Nursing (course number)
Term and Year

Course Title: As listed in catalog

Course Credit: As listed in catalog

Course placement: In the curriculum i.e. Second Semester

Course Pre-Requisites: As listed in catalog or as determined by academic plan

Class Times and Locations: As listed in schedule

Faculty Member(s): List ALL faculty teaching any portion of the course, theory and clinical

Deborah Roberts, EdD, RN
Office Nichols Hall Rm: 262a
Email -robertde@sonoma.edu
Phone – 707-664-2945

Krista Wolcott, MSN, RN
Office- Nichols Hall –By Appointment
Email- wolcottk@sonoma.edu
Phone- 707-548-6968

Course Description: As listed in catalog word for word

Course Narrative: This is where you can be as creative as you wish to discuss the content of your course

Course Objectives: (These were sent through SSU curriculum to the BRN and ACEN from our 2011 curriculum revision. They cannot be changed at this time. We can review as a team after our ACEN and BRN final reports Sp 2016. Please review our original curriculum from 2011 to be sure these match. If you have a combined Theory and Clinical course both outcomes must be listed under each of the nine concepts.) The critical framework for Post-Licensure curriculum and this course are based on the philosophy of the Sonoma State University Nursing Department, drawn from the work of Josephine Paterson and Loretta Zderad (Humanistic Nursing, 1976).

1. Human Caring:
 - a. Theory

- b. Clinical
- 2. Critical Thinking:
- 3. Communication:
- 4. Advocacy/Social Justice:
- 5. Teaching/Learning:
- 6. Professionalism:
- 7. Leadership:
- 8. Research/Evidence Based Practice:
- 9. Cultural Competency:

Required Textbooks:

Remember to include ATI

Additional readings and web-based resources may be posted on Moodle and assigned throughout the course.

Required Technology:

Computer requirements: Access to a computer with the most current version of Java (can be downloaded free at <http://www.java.com/en/>), Microsoft Office suite (can be purchased from the bookstore for \$15.00), built in or attached microphone, built in or attached webcam

Internet requirements: access to a stable Internet connection

APPENDIX: PRE-LICENSURE SKILLS RESTRICTIONS LIST

SONOMA STATE UNIVERSITY Department of Nursing Pre-licensure Skills Restrictions List

Skills Students **ARE NOT** Allowed to Perform during Clinical Experience

John Muir

1. Students will not take any verbal or telephone orders from a physician.
2. Students will not administer any investigational medications nor any chemotherapy.
3. Students will not administer any blood products, as this requires verification by two licensed personnel.
4. Students will not perform arterial punctures.
5. Students will not perform unsupervised access to VAP, PICC or other central lines.
6. Students will not administer IVP medications without direct supervision by the clinical faculty or JMH Staff RN
7. Students will not titrate any IV medications without direct supervision by the clinical faculty or JMH Staff RN
8. Students will not remove central lines.
9. Students will not care for patients who require use of an N-95 mask
10. Students will not transfer/transport patients independently between clinical care units.
11. Students will not transport patients in their cars or other personal vehicles.

UCSF Benioff Children's Hospital

1. Students cannot prepare and administer IV Chemotherapy
2. Students cannot give IV push medications except NS or report flush to maintain IV patency
3. Students cannot start IV's
4. Students cannot obtain, prepare or administer blood products
5. Students cannot administer hyper-alimentation solutions
6. Students cannot accept or report critical results
7. Students cannot perform any procedure for which certification is required
8. Students cannot perform central line dressing changed **except PICC line dressing changes can do**
9. Students cannot endotracheal and tracheostomy suctioning
10. Students cannot do gavage feeding
11. Students cannot obtain blood samples from arterial and venous lines
12. All teaching and discharge care is done in collaboration with the preceptor

Sutter Santa Rosa Regional Hospital

1. Students will not take any verbal or telephone orders from a physician.

2. Students will not administer any high risk, double co-sign medications, investigational medications or any chemotherapy.
3. Perform any nursing task he/she has not been checked off by their instructor to perform.
4. Serve as one of the two authorized personnel performing the independent double check at the patient's bedside when preparing or administering High Alert Medications by any route.
5. Students will not administer any blood products, as this requires verification by two licensed personnel.
6. Students will not perform arterial punctures.
7. Precepting students are required to be directly supervised by the preceptor for all IV push medications, with eyes on all steps of the process. Precepting students must be familiar with actions indications and side effects of any medication prior to administration. Approved IV push medications include: hydromorphone, furosemide, morphine, famotidine, pantoprazole, hydrocortisone, methylprednisolone, ondasetron.
8. Precepting students are required to be supervised by the preceptor when flushing central and PICC line with NS.
9. Students will not remove central lines.
10. Students will not draw blood from Central line.

NICU at Sutter Medical Center

1. Students cannot perform Sterile Vaginal Exams unless supported by the preceptor (This is dependent on clinical situation. Data shows that multiple sterile vaginal exams on a ruptured pt. leads to chorio so check with nurse).
2. Student cannot insert fetal scalp electrode monitors.
3. Students cannot insert IUPCs
4. Students cannot start IV's.

Santa Rosa Memorial Hospital

1. Students will not take any verbal or telephone orders from a physician.
2. Students will not administer any investigational medications or any chemotherapy.
3. Students will not administer any blood products, as this requires verification by two licensed personnel.
4. Students will not perform arterial punctures.
5. Students will not perform unsupervised access to VAP, PICC or other central lines.
6. Students will not titrate any IVP medications without direct supervision by the clinical faculty or Staff RN.
7. Students will not titrate any IV medications without direct supervision by the clinical faculty or Staff RN.
8. Students will not remove central lines.
9. Students will not care for patients who require use of an N-95 mask.
10. Students cannot initiate or discontinue PCA.
11. Students cannot draw blood from a Central line.

NICU

1. Students will not perform arterial or venous punctures
2. Students will not perform heel stick blood draws, except for Blood sugar checks.
3. Students will not perform any activity that involves VAP, PICC or other central lines.
4. Student will not administer or titrate any medications without direct supervision by the clinical faculty.

Kaiser Medical Center

- Receive verbal/telephone orders
- Receive or report critical text values to Physician
- Have unsupervised access to narcotics and/or other controlled substances in the Pyxis
- Serve as one of the two authorized personnel performing the independent double check at the patient's bedside when preparing or administering High Alert Medications by any route
- Serve as one of the two required authorized personnel when obtaining blood products or identifying patient to receive blood products
- Defibrillate or mix, hang, or push IV High Alert Medications during a Code Blue or other emergency situation
- Administer IVP medications without the direct supervision of the RN/instructor
- Perform arterial sticks
- Administer chemotherapy
- Perform Pyxis override
- Perform any nursing task he/she has not been checked off by their instructor to perform
- Be the primary initial contact information patients/families of change in patient status or emerging health problems
- Insert feeding tube with metal Stylet

Queen of the Valley Hospital

1. Students will not take any verbal or telephone orders from a physician.
2. Students will not administer any investigational medications or any chemotherapy.
3. Students will not administer any blood products, as this requires verification by two licensed personnel. However, they may assist in monitoring and taking VS.
4. Students will not perform arterial punctures.
5. Students will not administer IVP medications without direct supervision by the clinical faculty or Staff RN.
6. Students will not titrate any IV medications without direct supervision by the clinical faculty or Staff RN.
7. Students will not remove central lines.
8. Students will not care for patients who require use of an N-95 mask.
9. Students cannot initiate or discontinue PCA.
10. Students will not perform unsupervised access to central lines.

11. Students will not perform unsupervised blood draws from central lines, PICC lines or arterial lines.
12. Students may flush a PICC line with Normal Saline Flush after being checked off in a skills lab and after demonstration of proper procedure by direct observation from a Staff RN or instructor.

The Semester Didactic Topical Outline at a Glance

Date	Subject	Readings	Assignments	Objectives (check those that apply for the week's lesson)	Core Strands (check those that apply for the week's lesson)
A row for each week		Include ATI if applicable to course		-- Caring -- Critical Thinking -- Communication -- Advocacy/SJ -- T/L -- Professionalism -- Leadership -- EPB -- CC	--Assessment --Nutrition --Pharmacology --Pathophysiology --Gerontology --End of Life --Genetics --Ethical Care --Regulatory standards --Life span differences

The Semester Clinical Outline at a Glance

Date	Subject	Readings	Assignments	Objectives (check those that apply for the week's lesson)	Core Strands (check those that apply for the week's lesson)
A row for each week			Include midterm and final clinical evaluation, Rotation dates, clinical orientation, SIM Days, on campus skill days, Post conference topics	--Caring --Critical Thinking --Communication --Advocacy/SJ --T/L --Professionalism --Leadership --EPB --CC	--Assessment -- Nutrition --Pharmacology --Pathophysiology --Gerontology --End of Life --Genetics --Ethical Care --Regulatory standards --Life span differences

Course Assignments Timeline/Point Distribution

Assignment	Due Date and Time	Course Objective	Point Value
			Total Course Points

Assignment Descriptions & Rubrics

(Some folks use rubrics others do not. What ever you use this is intended to help the student succeed on the assignment by your descriptions, point assignment, and/or grading criteria)

Grading Scale: (This is in the Student Handbook and it may not vary)

The following grading scale is consistent with SSU Department of Nursing policy. A final grade of “C” must be earned to successfully pass the course and continue in the nursing major. Assignments in this class add up to 200 points.

94-100	A	77-79
	C+	
90-93	A-	74-76
	C	
87-89	B+	70-73
	C-	
84-86	B	60-69
	D	
80-83	B-	<60
	F	

Attendance and Assignment Course Policies: (whatever is your policy)

Online Submissions: (Just a suggestion)

When participating in online discussions it is strongly recommended that you compose your postings in **Microsoft Word .doc** or **.docx** format, then cut and paste into the Moodle discussion area. You can also post attachments as separate files, but it is easier for others to read your writing in Moodle without having to open an attachment. If you choose to attach a file, **please be sure that your name is BOTH in the filename of the document AND in the document itself.** Carefully proofread all writing and follow APA format. Consult the writing for the nurses’ guide on the Moodle site for guidance about style and organization.

Course/Program/University Policies

It is the goal of the University and Department to assist students with their academic success. Policies are in place to assure all students have the opportunity to succeed and receive fair and respectful treatment. Listed below are Course, Department and University policies. The order does not indicate their importance. The Department and University policies may be found in the Student Handbook and your University Catalog. As an informed consumer take an active part in your education by always reading and clarifying these policies.

Important University information such as the add/drop policy, cheating and plagiarism policy, grade appeal procedures, accommodations for students with disabilities and the diversity vision statement can be found at:

<http://www.sonoma.edu/uaffairs/policies/studentinfo.shtml>

Students found to have cheated or plagiarized in the course may receive an “F” on the assignment and/or “F” in the course. An “F” in the course will require a petition to the faculty to repeat and if approved return pending space available in the following year.

All policies of the Department of Nursing are implemented in this course. These can be found in the Department of Nursing Handbook, at:

http://www.sonoma.edu/nursing/nursing_links.shtml

“If you are a student with a disability and you think you may require accommodation you must register with the campus office of Disabled Student Services, in Salazar Hall, 1049, phone 4-2677. DSS will provide you with written confirmation of your verified disability and authorize recommended accommodations. *This authorization must be presented to the instructor before any accommodations can be made.*” Ruthann Daniel-Harteis of Disability Student Services, Feb. 10, 2003. Students with documented disabilities are encouraged to speak with faculty to arrange any needed accommodations during the first two weeks of the semester.

Netiquette:

Netiquette is a term that relates to acceptable conduct in a web-based environment. We learn when we are challenged to consider different perspectives. However, when you interact with another student in an on-line environment remember that a human being will receive the words you type and has feelings. Improper etiquette in any course-related communication is not professional. At all times, remember this is an academic setting. Ask yourself, “Would I say this in a classroom?” If you encounter a problem with another student, please don’t hesitate to contact the faculty of the course.

General Resources

The Schultz Information Center Nursing Resources are found at

<http://libguides.sonoma.edu/content.php?pid=16542&sid=663150>. Library Services page is at <http://library.sonoma.edu/services/> Special tutorials for the library are found at <http://library.sonoma.edu/howdoi/default.php>

The Information Technology link is <http://www.sonoma.edu/it/helpdesk/> and can be reached by phone at 707-664-HELP (4357), or by email helpdesk@sonoma.edu

APPENDIX: IMMEDIATE SUSPENSION OR PROGRAM DISMISSAL

Students may face program suspension or failure if deception, plagiarism or cheating has taken place and/or behaviors that endanger patients, staff, peers or faculty are identified. Documentation includes description of student's poor performance, program/course standard not met and real or potential consequences of student's behavior. Suspension and failure require a Student Petition for faculty consideration for re-instatement and/or course. Sent via email and hard copy and requires meeting with course faculty.

1. Description of Performance

Student assigned to group of two patients in Nursing 407 telemetry floor. Oral meds checked by nurse. Student administered incorrect medication to patient. When faculty checked medication system for medication administration, the medication error was discovered. When the faculty approached the student to discuss error the student told the faculty that the medications were given by the nurse and not the student. The faculty approached the nurse to ask about the error and the nurse admitted they did check the meds but the student entered the wrong patient room and gave it to the wrong patient. The faculty re-approached the student who once again denied the error. The faculty removed the student from the clinical floor and told the student they knew it was delivered to the wrong patient. The student admitted the error and replied "all these white haired old ladies look the same."

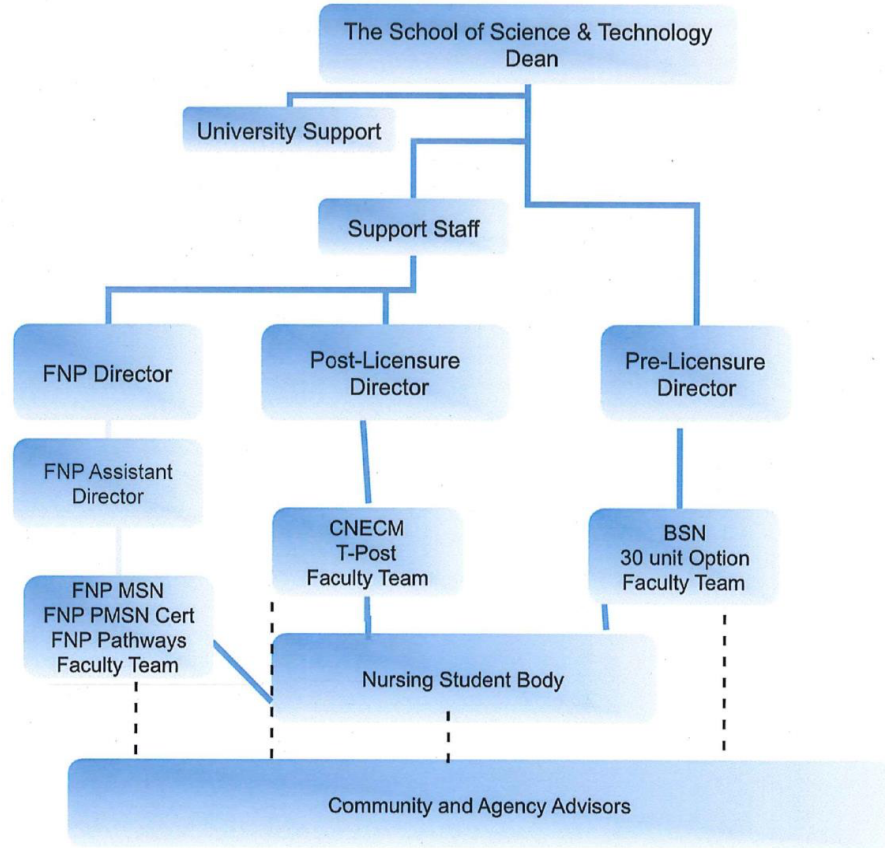
2. Course/Program outcome not met

Practice effective communication skills including acceptance of feedback from faculty and colleagues.
Demonstrates accountability and responsibility to the self and client.
Demonstrates legal standards of care.
Administers medications based on scientific knowledge and in accordance with agency policy.

3. Consequences of Student's behavior

Course Failure

Sonoma State University Department of Nursing Organizational Chart 2015



CANDIDATE CHECKLIST FOR THE WORKING PERSONNEL ACTION FILE (WPAF)

CANDIDATES ARE RESPONSIBLE FOR UPLOADING THE FOLLOWING REQUIRED DOCUMENTS INTO ONBASE:

- Curriculum Vitae
 - Highlight items that are new since last review
- Department RTP Criteria
 - Can be found on Faculty Affairs RTP website <http://web.sonoma.edu/aa/fa/tt/rtp.html>
- Self-Assessment
 - 2 pages for Periodic Review
 - 7 pages for Performance Review
- Peer Observation
 - 1 for Periodic Review
 - 2 for Performance Review (1 must be completed by a tenured faculty member)
- Index of Materials Available in Department Office
 - To support a record of growth and contribution in the areas of teaching, scholarship, professional development and service
- Department Chair Report (optional)
- First Year Progress Meeting Summary
 - Required for 2nd Tenure track candidates only
- SETE Summary Table
 - Can be found on Faculty Affairs RTP website <http://web.sonoma.edu/aa/fa/tt/rtp.html>
 - Required for Tenure: Include data during entire probationary period
 - Required for Promotion to Associate Professor: Include data since initial date of employment
 - Required for Promotion to Full: Include data since last promotion
 - Upload into OnBase in section titled "SETE Supplements"

OTHER REQUIRED ITEMS THAT ARE ALREADY IN ONBASE

- SETE's
- All previous reappointment letters from President
- All prior RTP evaluation documents & the recommendation letters from each level
 - Applies to Reappointment & Tenure candidates
- Prior recommendations for promotion
 - Applies to Promotion candidates only

Index of appropriate evidence on file in department – DO NOT ATTACH TO WPAF

- Copies of publications
- Meetings agendas
- Conference programs and papers
- Photos of performances or creative projects
- Thank you letters
- Selected letters of recommendation
- Printouts of candidates' web pages
- Photocopies of newspaper articles about or quoting the candidate
- Syllabi and assignment sheets

COMMITTEE CHECKLIST FOR THEWORKING PERSONNEL ACTION FILE (WPAF)

- RTP Evaluation Document
Brief Review document (not to exceed 2 pages)
 - What are the candidate's strengths? Explain.
 - Does the RTP committee have any concerns or see any areas for growth in the candidate's performance? Explain, especially as related to the department criteria.Full Review document: (not to exceed 10 pages)
 - Overview or introductory statement
 - Teaching effectiveness, include factual statements that address the criteria, followed by an evaluation/summary.
 - Scholarship, Research, Creative Achievements (include comments on importance of publications, conferences, etc.)
 - Service to the University and the community
- Recommendations uploaded by each level of review:
 - Department RTP Committee's recommendation
 - School RTP Committee's recommendation
 - Dean's recommendation
 - University RTP Committee's recommendation
- Should a candidate ask for a conference or question a recommendation the WPAF should include:
 - Written summary of any conference with the candidate (Summary must include changes to the recommendation and matters discussed at the conference that affect the recommendation)
 - Response (from candidate to the recommendation)
- Should there be a split decision at any level of review the Committee should include:
 - Minority report(s)
 - Rebuttal (from candidates receiving the split decision)

Nursing Department Instructions:
Four Steps for Peer Observation of Teaching

Step 1: Before the observation, review course materials

At least one week before the scheduled observation, request that the instructor send the course syllabus, provide access to the LMS, and if available, a copy of the exam/test/quiz that will measure the content covered in the class session you will be observing. If possible, meet with the instructor before the class session and learn more about their teaching style, class dynamics, and goals for the class session. Consider where this course fits in the program, formulate your objectives for the class session to be observed, what challenges you anticipate (material or student related), any concerns to address. Remember, the instructor chooses when and where the observation takes place, and must give permission to access the LMS.

Step 2: Observe a class session or review online activities

For classroom or clinical observation, arrive early and try to position yourself unobtrusively. Your goal is to be a neutral presence that does not interfere with the learning process. Take notes throughout. Pay particular attention to the classroom/clinical climate. Are students engaged? Are some participating but not others? Pay attention to what the instructor does, but also student behavior. Many things can take place during a class session. Consider the following to help you focus:

- Quality of student interest and engagement in the lesson (e.g. staying on track, persist through difficulties, evidence of engagement/boredom, evidence of responding to challenging material, etc.)
- Quality of interpersonal interaction among students (e.g. dominating, quiet, level of participation, distractions, etc.)
- Quality of instructor to engage students (e.g. voice clarity, organization, preparation, delivery, mannerisms, presence, etc.)
- Quality of instructional sequence – Note the flow of course content and where this session/module fits into larger course goals.
 - Quality of discussion (how student exchange ideas and respond to content, how instructor probes for deeper understanding, asks questions to clarify and extend student thinking, makes meta-comments to connect thinking to readings, etc)
 - Quality of lecture (relevant contextual information to make material meaningful, connects to student experience, provides outline, ppt or guide to make material visible, links new material to known content, actively involves students, pause to solicit questions or comments)

Step 3: Debriefing

After the observation, instructor and observer meet to debrief. This should be a conversation. Instructor may want to share self-reflection on how the class went identifying if goals were met, noting what went well, or how the class did not meet goals. Instructor may address next steps to support student learning. The observer will share notes and comments including strengths and suggestions for improvement.

Step 4: Documentation

Observer provides written feedback addressing observations of the class, as well as the discussion during debrief. Complete the form attached including the scoring sheet and a narrative summarizing your observations. Include specifics as examples. Submit to the instructor and to the department chair for review. Be attentive to deadlines that instructors may need to meet.

Peer Observation of Teaching
Nursing Department

Observed Instructor: _____ Peer Observer: _____

Course Name, Number, Section _____

Teaching Modality of Course (Face-to-Face, Online, Hybrid, Clinical) _____

Number of Students _____ Date of Observation _____ Type of Observation _____

Part I: Observation Checklist & Rubric

STRUCTURE:

Syllabus:

- Follows DON Syllabus template (*Course description, Course Outcomes, SLOs, Essentials, calendar with assignment due dates, signature assignment descriptions; Course, Department and University policies reflected*).

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Course expectations clearly articulated within syllabus and LMS at course level and activity level.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Workload in alignment with units of credits for course.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Student assessments reflect individual contributions and demonstration of competency for learning activities.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

LMS:

- Structure follows DON standards (Key informational elements included: Instructor Contact Info; Syllabus, Links to Library, IT Helpdesk, Student services, DSS)

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Course content clearly presented in logical sequence.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Rubrics clearly reflect expectations.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Online material follows principles of Universal Design for Learning

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Links to digital and online sources are current and accessible to students.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

INTERACTION (STUDENT/INSTRUCTOR, STUDENT/STUDENT):

- Instructor displays enthusiasm for course material

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Unique instructor expertise is reflected in course activities and teaching strategies.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Creates space for engagement with and among students

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Students demonstrate meaningful interaction with peers

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Timely and meaningful feedback to students

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Instructor presence brings added value

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Supports questioning learning environment

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Provides safe environment for addressing difficult topics

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Encourages and supports diverse expression of ideas and experiences

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

Course Content:

- Instructor demonstrates mastery of content

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Content reflects current knowledge/evidence in the field

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Utilization of diverse learning modalities (*reading, writing, visuals, interactive activities or projects, discussions, presentations, etc*)

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Materials have sufficient scope, depth, breadth and currency.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- All course materials meet fair use and copyright guidelines.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

Learning Outcomes:

- Learning activities and grading rubrics align with intended and clearly articulated learning objectives.

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Assessment strategy is clearly connected to learner outcomes

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

Clinical Setting:

- Policies in place reflect faculty and student handbook

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Clinical instructor provides adequate supervision for setting and level

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Instructor describes supervision strategy in alignment with course objectives

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Post-Conference meets stated goals

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Post-Conference engages all students

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Students actively engage in learning activities

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Students actively engaged during post-conference

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

- Instructor offers timely feedback appropriate to setting

Excellent	Satisfactory	Needs Improvement	Not Applicable

Comments:

Part II: Narrative

Describe your observation:

Instructor presence, Quality of student engagement, Interaction between students, Interaction between student/instructor, Quality of instructional sequence, Quality of material/lecture (relevant contextual information, connects prior learning to new content, involves students in learning process), How conflict or difficult topics are handled. (Attach separately if needed)

Feedback provided to Instructor – Date: _____

(Debriefing includes specific observations of what went well, and opportunities for next steps for improvement; and written review)

Observer _____ Instructor Observed _____

II. A.
Department of Nursing RTP Criteria
March 2018

Teaching	Scholarship, Research and Creative Achievements	University Service	Community Service
<p>SETE: Average SETE scores on each criterion show growth toward or maintenance of an effective to very effective rating.</p> <p>Uses a variety of teaching modalities:</p> <ul style="list-style-type: none"> • Fluency in working in multiple teaching environments • Integration of LMS into all courses • Collaboration with other faculty • Incorporate innovative pedagogical methods in classroom <p>Course Development:</p> <ul style="list-style-type: none"> • Develops and maintains course syllabi, objectives and evaluation criteria • Uses outcome results for continual quality improvement <p>Maintains status in license and certification (through CEUs, courses, classes and conferences)</p> <p>Student supervision:</p> <ul style="list-style-type: none"> • Evaluate student performance within the clinical environment 	<p>Grants: proposals and submissions. Does not have to be as PI (obtains grants and other funding for community partners)</p> <p>Conference Presentations (international, national, state, community): keynote, podium, poster, webinars and video streaming</p> <p>Community Policy Development: contributes to evidence-based peer reviewed policies while serving on local, state or federal boards, commissions, and committees,</p> <p>Professional Conference Organizer: Uses research and scholarship to design an evidence-based professional conference as chair or member of governing committee</p> <p>Publishing:</p> <ul style="list-style-type: none"> • reviewing and editing textbook chapters, writing book chapters and texts, book or journal editor • test bank development and item analysis for national certification, NCLEX and textbook test banks • peer reviewed journal articles, editorials • software & computer program development • Innovative computer 	<p>Maintaining Department of Nursing Accreditation for University:</p> <ul style="list-style-type: none"> • preparation for national and state certification by accrediting bodies • curriculum development • community collaboration of clinical placements and maintaining clinical partnerships/preceptorships • Team leadership; coordination within and between programs, mentoring and overseeing lecturers • Internal or organizational advisors • Peer review of pedagogy in area of expertise (online, face to face, web-streaming, seminars) <p>Service to the School and University Serve on school or university committee(s)</p>	<p>Faculty Practice: (paid or unpaid)</p> <ul style="list-style-type: none"> • Clinical practice • Consulting • Post graduate work • Certification maintenance <p>Community Projects: active participation including collaborative efforts with community service organizations</p> <p>Professional service:</p> <ul style="list-style-type: none"> • active participation in organizations, coalitions and initiatives that seek to further healthcare and professional nursing goals

including simulation scenarios	<p>mediated programs</p> <ul style="list-style-type: none">• peer reviewed teaching modules <p>Mentoring: (years 4-6):</p> <ul style="list-style-type: none">• junior colleagues and students in evidence-based practice, research and scholarship, teaching leadership and career mobility <p>Program Evaluation Documents: Create evidence-based critical evaluation of educational programs</p>		
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APPENDIX 7

Faculty Participation on Committees

Level	Committee	2016-2017	2017-2018	2018-2019
CSU Committee	CSU Nursing Chairs Committee	ME Wilkosz	ME Wilkosz	ME Wilkosz
CSU Committee	Doctor of Nursing Practice Research Committee Chair	ME Wilkosz	Jordan Rose	Jordan Rose
University Committee	IRB	ME Wilkosz	ME Wilkosz	ME Wilkosz
University Committee	Academic Senate	ME Wilkosz	ME Wilkosz	ME Wilkosz
University Committee	Scholarship			Rachel Napoli Karen Werder
University Committee	Structure and Function			Karen Werder, ME Wilkosz Tammy Brunk
University Committee	Graduate Studies Sub committee	ME Wilkosz	ME Wilkosz	ME Wilkosz
University Committee	Academic Technology Instruction Committee	ME Wilkosz	ME Wilkosz	ME Wilkosz
University Committee	Instructional Related Activities Committee (IRA)			Jordan Rose
University Committee	Campus Planning and Space Advisory			Rachel Napoli
University Committee	SST Strategic Planning Committee			Rachel Napoli
University Committee	Housing Committee	Rachel Napoli	Rachel Napoli	Rachel Napoli
SSU Student Health	QI Committee SHC	Jordan Rose	Jordan Rose	Jordan Rose
SSU Student Health	Clinical Committee SHC	Jordan Rose	Jordan Rose	Jordan Rose
Sonoma County	Sonoma County Public Health Maternal, Child and Adolescent Health Advisory Committee	Rachel Napoli	Rachel Napoli	Rachel Napoli
	Search Committee Member			
University Committee	Facilities Director		ME Wilkosz	
University Committee	AVP Institutional Effectiveness			Michelle Kelly
University Committee	Student Health Center Medical Director			Jordan Rose
University Committee	GE Reform Committee			Michelle Kelly

APPENDIX 6

Faculty Participation on Committees

University Committee	Associate Dean of Undergrad Studies			Michelle Kelly
School Committee	Curriculum Committee			Jordan Rose
	Professional Development	Deb Kindy	Krista Altaker	Krista Altaker
Department	Pre-Lic Team	DK RN KA KW TB KR RB BS AB NS	RN KA KW TB KR RB BS AB NS	RN KA KW TB KR RB JC KM BS AB
Department	Post-Lic Team	RN MK KA TB KR AB	RN MK KA KW TB KR AB	RN MK KA KW TB KR AB
Department	FNP Team	ME WS BR JR JE MS PS LH JRonchelli LS	ME WS BR JR JE MS PS LH JRonchelli LS	ME WS BR JR JE MS PS LH JRonchelli EK JF LS
Department	Part Time Faculty Pool	No Pool	No Pool	Michelle Kelly (Chair) Jordan Rose Karen Werder Krista Altaker
Department	RTP Committee	Michelle Kelly (Chair) Wendy Smith ME Wilkosz	Michelle Kelly (Chair) Wendy Smith ME Wilkosz	Michelle Kelly (Chair) Wendy Smith ME Wilkosz
Department	PT Faculty Cumulative Eval Committee	Wendy Smith ME Wilkosz	Wendy Smith ME Wilkosz	Wendy Smith ME Wilkosz

APPENDIX 6

Faculty Participation on Committees

Department	DON Curriculum Committee	ALL	ALL	ALL
Department	Graduate with Distinction Policy revision Task Force			Karen Werder
Department	FNP Program Admissions	WS, MEW,	WS, MEW,	WS, MEW, JR
Department	Post Lic Program Admissions	MK KA	MK KA	MK KA
Department	Pre-lic Program Admissions	ME, RN, KR,	ME, RN, KR,	ME, RN, KR, TB, KA, KW
Department	TT Hiring Committee	ME, WE, MK	No Hire	No Hire
Professional/ Community Committee	Nursing Advisory Committee	All pre-lic/post-lic and TT	All pre-lic/post-lic and TT	All pre-lic/post-lic and TT
Professional/ Community Committee	CA Org of ADN Directors	Anna Valdez	Anna Valdez	Anna Valdez
Professional/ Community Committee	Health Impact Advisory Board Member		Anna Valdez	Anna Valdez
Professional/ Community Committee	Health workforce Initiative Advisory Board Member		Anna Valdez	Anna Valdez
Professional/ Community Committee	5 service area ADN Nursing Advisory Councils; COM,SCC,SRJC,NCC,MCC	Michelle Kelly	Michelle Kelly	Michelle Kelly
Professional/ Community Committee	BioEthics & Emergency Management Committee Kaiser			Janelle Coleman
Professional/ Community Committee	CANP Board Member	Barbara Ritter	Barbara Ritter	Barbara Ritter
Professional/ Community Committee	CPAC	Kerri Maya	Kerri Maya	Kerri Maya
Professional/ Community Committee	Sutter Medication Side Effect Committee	Kerri Maya	Kerri Maya	Kerri Maya
Professional/ Community Committee	Sutter Research Committee	Krista Altaker	Krista Altaker	Krista Altaker
Professional/ Community Committee	ANA/C Education Committee		Rachel Napoli	Rachel Napoli
Professional/ Community Committee	Sigma Theta Tau Faculty Advisor	Rachel Napoli	Rachel Napoli	Rachel Napoli Jordan Rose

APPENDIX 8

Inventory	Amount		
1-inch binders	7		
18 Mo. Toddler Mannequin bags	3		
3-Ply Towels	1 box		
3-Way Stopcock	3		
3mL Syringes	400		
5-Stage Birth Model Prop	Box 1 & 2		
Abdomen Palp #40435	1		
Abdominal wounds/ulcers	1	N302	N407
Adult Mannequin Bags	2	N302	N407
Adult Trach in Place	1		N407
Advanced Injection Arm	1	N302	
Advanced Injection Arm #35167	1	N302	
Advanced Injection Arm #35168	1		
Argyle Suction Catheter Kit	25	N302	
Ostomy Parts	1	N302	
Babies in a Bag	1		
Baby Mannequins	2		
Baby Scale	2 (1 Bag/1 Box)		
Bard Foleys	10 units	N302	N407
BD Fliter Needle	100	N302	
BD Safety Glide	100	N302	
BD Vacutainer Speciman Collection Assembl	2	N302	
Bedpan	1	N302	
Blood Pressure Box	1	N302	
Blood Transfer Device	9	N302	N407
Blue Absorbant Pads	4	N302	
Blue Tourniquets	250		
Breast Exam (Green Bag)	1		
Breast Lumps	6 cases		
Breast Vest	1 Box		
Calibra Pocket Aneroid	1		
Cath Simulator LF 1025 537	1	N302	
Chairs	11		
Chest Auscaltation Model	2	N302	N407
Chest tubes	1 box/2 tubes	N302	N407
Child Mannequin bags	3		
Christmas Décor Box	1		
Clave connector	50		
Comfort point insulin syringe	30	N302	
Computer Misc. Box	1		
Computer Speakers	3		
CPR Bag	1		
Critical Care Kit	1		N407
Demo Central	1		
Diapers	8		

Drapes/Exam Sheets	100		
Drop Admin Set w/ Hanger LUTR	1		
Drop Check Valves	20		
Dropcheck Valves	1 Box		
Dual Part Feeding Adaptor	1		
Ear Exam #1019	1		
Endotracheal Tube Uncuffed	4		N407
Exam Gowns	2 Boxes		
Exam Table Paper	12 rolls		
Feet/Legs Laerdal	16		
Fem. Pelvic Model w/ Inside Parts	1		
Female Cath Simulator LF 01026	1	N302	
Female Pelvic Exam	5		
Female Pelvic Simulator 43913	1		
Feminine Pelvic Exams	8		
Fisherbrand Autoclave Bag	200 needles		
Flashlight	1		
FlexiSeal Fecal collector	5	N302	N407
FNP Records 2003	1 Box		
FNP Student Files 2007	1 Box		
Folders-Purple	100		
Folders-Yellow	100		
Food For Food Pyramid	1		
Food Pyramid Kit	1		
Foot Clinic Supplies	1		
Gemini Set Drop Check Valve	20		
Gravity Sets	2		
Hanger/Rotating Luer	1		
Homecare Suction Unit	1		
HP Desktop Screen	1		
HP Elite Desktop-mouse/adapters	1 Bag		
Infant cart	1		
Injection Arm (Person of Color)	1	N302	
Injection Arm Chest	1		N407?
Intubation Model	1		N407
IV Arm	1	N302	
IV Arm in Bag	1	N302	
IV Arm in Box	1	N302	
IV Containers	1 Box	N302	
IV Fluids	6	N302	
IV Hand/Arm	1	N302	
IV Misc.	1 Box	N302	
IV Starter Kits	50	N302	
IV- Mannequins Only	1 Box	N302	
Kangaroo 1000mL pump set	3	N302	
Kangaroo Joey Pump Sets	50	N302	

Keyboards	4		
Laerdal Abdominal Wounds/Ostomy/Ulcers	10	N302	N407
Large Arms	2 Bags		
LifePack 12 -CPR Monitor	1	new purchas	N407
Luer-Lok Access Device	7		
Male Pelvis	1		
Male Prostate Exam	1 chest		
Male Prostate Exams	4		
Mannequin Parts	1 bag/10 parts		
Mannequin Repair Kit	1	Keep for all	
Mannquin Connectors	35		
Mastectomy Overlays	3		
Measuring tape -newborn	1		
Misc. Bag	1		
Misc. Box	1		
Misc. Parts	1 Bag		
Misc. Skills Bag	1 Bag		
Monoject needles	400	are they safety needles?	
Multidose vial access spike	300		
Nasco Life Form Manikins	1		Karen eval
Newborn Diapers	10		
Newborn Outfit/Beanie	1		
OB Breast Inventory	1		
OB Fun Dus Overlays	1		
Old Simulation Dummy	1		Karen eval
OMNI	10		
Oral Suction Machine Kit	1	N302	N407
Orange Tourniquets	250		
Panel Privacy Screens	3		
Party Supplies	1		
Pediatric Injection Arm	1		
Pelvic Exam Sim	1		
Perm Wall Hanger Kit	1		
Pillowcases	2 Boxes		
Portex Tracheal tube	1		N407
Precise Skin Stapler remover	4		
Premium Lacertation trays	60		
Presentation Boards	12		
Printers	2		
Prize Wheel	1		
Prostate Parts	1 Box		
Prostic Parts	1		
Resp. mask	1		
Safeset Reservoir & 2-Blood Sampling Port	1		N407
Seymour II Wound Care Model	1	N302	N407
Sharps Box	1	keep for all	

Short IV Arm	1		
Skeleton, vertebrae & skull	1 case		
Skin Staple Removers	8		
Sleep Apnea Headgear	1 Bag		N407
Sodium Chloride Inj. USP	1 Box	N302	N407
Sodium Chloride Inj. USP	48	N302	N407
Split Mannequin Upper Body	1		
Stan Stage IV Pressure Ulcer Model	1		N407
Standard Tongue Depressors	100		
Sterile Transport Swabs	25		
Sucker	1		
Suction Catheter Kits	1 Box		N407
Sunshield Safety Catheter	10		
Sunshield Safety IV Catheter Pink	25	N302	
Sunshield Safety IV Catheter Yellow	5	N302	
Suture Arm	1		
Testicle Self Exam	1		
Tongue Depressors/Misc. Bag	1		
Trach Model	1		N407
Trach. Misc.	1 Box		N407
Training Arm	1		?
Tray	1		
Umbilical vessel catheter	3		
Urine Meter Foley Tray	2	N302	N407
Vagina Display	1		
Vaginal Specula	50		
Vanishing Point Syringes	4 Box		are they safety needles
Vent/anesthesia mask -newborn	1		
White/Clear Jugs	10		
Wound Care Bags	2		
Ziplocs	100		

Department of Nursing Fall 2019 Schedule of Classes
IMPORTANT: All Information on this site is current as of 4/18/19

Nurs Course	Section	Course Title	Class #	Class room	Mtg Time	Day	Instructor	Notes
301	001,003,005	Nursing Care of Adults	1184, 1186, 1188	SALAZAR HALL 2024	11AM-1:30PM	MW	NAPOLI	Pre-Lic BSN ONLY: Nursing 301 lecture section 1,3,&5 are combined, lab is auto enrolled Mandatory On-Campus Orientation – Aug 14 th ,8am-6pm Schulz Library Rm 3001
301	002	Nursing Care of Adults	1185		OFFSITE	ThF	ROCKETT	Pre-Lic BSN ONLY: Nursing 301 Lab is auto enrolled
301	004	Nursing Care of Adults	1187		OFFSITE	ThF	ROCKETT	Pre-Lic BSN ONLY : Nursing 301 is auto enrolled
301	006	Nursing Care of Adults	1189		OFFSITE	ThF	STAFF	Pre-Lic BSN ONLY : Nursing 301 is auto enrolled
303	001,003,005	Maternity & Women's Health Care	1190, 1192, 1194	SALAZAR HALL 2024	2-3:50PM	MW	NAPOLI	Pre-Lic BSN ONLY: Nursing 303 lecture section 1,3,&5 are combined, lab is auto enrolled Mandatory On-Campus Orientation – Aug 14 th ,8am-6pm TBA
303	002	Maternity & Women's Health Care	1191	OFF-SITE		ThF	BRUNK	Pre-Lic BSN ONLY : Nursing 303 is auto enrolled
303	004	Maternity & Women's Health Care	1193	OFF-SITE		ThF	NAPOLI	Pre-Lic BSN ONLY : Nursing 303 is auto enrolled
303	006	Maternity & Women's Health Care	1195	OFF-SITE		ThF	BRUNK	Pre-Lic BSN ONLY : Nursing 303 is auto enrolled
310	001	Nursing Research & Evidence Based Practice	1196	ONLINE		ARR	ALTAKER	On Campus Orientation : 8/21/19 10:00AM-6:00PM Schulz Library Rm 3001
310	002	Nursing Research & Evidence Based Practice	1197	ONLINE		ARR	WERDER	On Campus Orientation : 8/21/19 10:00AM-6:00PM Schulz Library Rm 3001
370	001	Health Promotion for Racially Diverse Populations	1198	ONLINE		ARR	KELLY	Online orientation offered on Zoom 8/20/19 8-9am or 8/25/19 6-7pm; also recorded and posted

Department of Nursing Fall 2019 Schedule of Classes
IMPORTANT: All Information on this site is current as of 4/18/19

Nurs Course	Section	Course Title	Class #	Class room	Mtg Time	Day	Instructor	Notes
407	001,003, 005	Nursing Care of Adult Client III	1199, 1201,	SALAZAR HALL 2023	2:30-3:45PM	MW	MAYA	Pre-Lic BSN ONLY: Nursing 407 lecture 1,3,&5 are combined; 407 lab is auto enrolled – Mandatory On-Campus: ATI Test Taking Strategies Oct. 15th 12-4pm location TBA
407	002	Nursing Care of Adult Client III	1200	OFF-SITE	ARR	ARR	MAYA	Pre-Lic BSN ONLY: Nursing 407 lab is auto enrolled
407	004	Nursing Care of Adult Client III	1202	OFF-SITE	ARR	ARR	MAYA	Pre-Lic BSN ONLY: Nursing 407 lab is auto enrolled
407	006	Nursing Care of Adult Client III	1204	OFF-SITE	ARR	ARR	STAFF	Pre-Lic BSN ONLY: Nursing 407 lab is auto enrolled
409	001,003, 005	Nursing Care of Child in Family Practicum	1205, 1207, 1209	ART BUILDING 102	12:05-1:55PM	MW	BISGAARD	Pre-Lic BSN ONLY: Nursing 409 lecture sections 1,3,&5 combined; 409 lab is auto enrolled
409	002	Nursing Care of Child in Family Practicum	1206	OFF-SITE	ARR	ARR	BISGAARD	Pre-Lic BSN ONLY: Nursing 409 lab is auto enrolled
409	004	Nursing Care of Child in Family Practicum	1208	OFF-SITE	ARR	ARR	BISGAARD	Pre-Lic BSN ONLY: Nursing 409 lab is auto enrolled
409	006	Nursing Care of Child in Family Practicum	1210	OFF-SITE	ARR	ARR	BISGAARD	Pre-Lic BSN ONLY: Nursing 409 lab is auto enrolled
412	001	Community/Public Health Nursing Lecture	1211	ONLINE	ARR	ARR	KELLY	On Campus Orientation : Aug 21 rd , 10AM-6PM Schulz Library Rm 3001
412	002	Community/Public Health Nursing Lecture	1212	ONLINE	ARR	ARR	KELLY	On Campus Orientation : Aug 21 rd , 10AM-6PM Schulz Library Rm 3001
412P	001	Community/Public Health Nursing Practicum	1213	OFF-SITE	ARR	ARR	WERDER, KELLY, ROCKETT	On Campus Orientation : Aug 21 rd , 10AM-6PM Schulz Library Rm 3001
480	001	Health,Sexuality, & Society	1217	GMC 1057	9:00AM-11:40AM	F	BROGAN	Upper Division General Education Category E
480	002, 003	Health,Sexuality, & Society	1218, 1219	ONLINE	ARR	ARR	BRUNK	Upper Division General Education Category E
490	001, 002	The Sexual Imperative: History, Media. Culture, & Imagination	1220, 1221	ONLINE		ARR	BROGAN	

Department of Nursing Fall 2019 Schedule of Classes
IMPORTANT: All Information on this site is current as of 4/18/19

Nurs Course	Section	Course Title		Class room	Mtg Time	Day	Instructor	Notes
501	001	Health Promotion: Righting Disparities	1222	ONLINE		ARR	SMITH	
501	002	Health Promotion: Righting Disparities	1223	ONLINE		ARR	SMITH	
501	101	Health Promotion: Righting Disparities (Post Masters)		ONLINE		ARR	SMITH	Post-Masters Only
509	001	Advanced Physical	1224	ONLINE	9-5:00PM	T	EDMUNDS	First 8 weeks of the semester
509	002	Advanced Physical	1225	ONLINE	9-5:00PM	M	SLOAN	
509	101	Advanced Physical (Post Masters)	3170	ONLINE	9-5:00PM	ARR	SKIDMORE	Post Masters Only
540B	001	Pathophysiologic Concepts & Primary Care II	1226	ONLINE		ARR	ROSE	See Curriculum
540B	002	Pathophysiologic Concepts & Primary Care II	1227	ONLINE		ARR	ROSE	
540B	101	Pathophysiologic Concepts & Primary Care II (Post Masters)	3254	ONLINE		ARR	ROSE	Post Master's Only
549	001	Health Maintenance Practicum	1228	OFFSITE	9-5:00PM	ARR	EDMUNDS	SEE FNP DATES – NOT WEEKLY
549	002	Health Maintenance Practicum	1229	OFFSITE	9-5:00PM	ARR	EDMUNDS	
549	003	Health Maintenance Practicum	1230	OFFSITE	9-5:00PM	ARR	HERNANDEZ	
549	004	Health Maintenance Practicum	1231	OFFSITE	9-5:00PM	ARR	RICHARDS, ROSE	
549	005	Health Maintenance Practicum	1232	OFFSITE			SLOAN	
549	006	Health Maintenance Practicum	1233	OFFSITE		ARR	STAFF	
549	101	Health Maintenance Practicum (Post Masters)	3252	ONLINE		ARR	SLOAN	Post Masters Only

Department of Nursing Fall 2019 Schedule of Classes
IMPORTANT: All Information on this site is current as of 4/18/19

Nurs Course	Section	Course Title		Classroom	Mtg Time	Day	Instructor	Notes
550B	001	FNP Preceptorship II	1234	OFFSITE		ARR	EDMUNDS, RICHARDS, RITTER, SLOAN, HERNANDEZ, ROSE, STEIN, RONCHELLI, KNOWLES	See Curriculum
550B	101	FNP Preceptorship II (Post Masters)	3255	OFFSITE		ARR	STAFF	See Curriculum Post Masters only
560	001	Research & Theory in Primary Care	1241	ONLINE		ARR	ALTAKER	See Curriculum
560	002	Research & Theory in Primary Care	1242	ONLINE		ARR	ALTAKER, VALDEZ	See Curriculum
555	001	FNP Expanded Clinical Practice		OFFSITE		ARR	STAFF	See Curriculum

Sonoma State University
School of Science and Technology - Department of Nursing
SYSTEMATIC EVALUATION PLAN for BSN, MSN/FNP and PMC/FNP Programs

<p>AACN = American Association of the Colleges of Nursing AANPCB = American Academy of Nurse Practitioners Certification Board ACEN = Accreditation Commission for Education in Nursing ADN = associate degree in nursing ANA = American Nurses Association ANCC = American Nursing Credentialing Center APRN = Advanced Practice Registered Nurse ATI = Assessment Technology Institute AY = Academic Year BE = Baccalaureate of Nursing Essentials BSN = Bachelors Degree of Science in Nursing CA BRN = California Board of Registered Nursing CBA = Collective Bargaining Agreement CC = curriculum committee CCNE = Commission on Collegiate Nursing Education CEU =continuing education unit CNECM = Collaborative Nursing Education Continuum Model CO = course objectives Col = Community of Interest COPLAC= Council of Public Liberal Arts Colleges C/PHN = Community/Public Health Nursing CSU = California State University DHHS = Department of Health and Human Services DON = Department of Nursing DRT = diagnostic reasoning test FOR = Faculty of Record GE = general education</p>	<p>GI 2025 = Graduation Initiative 2025 GPA = grade point average GWAR = graduate writing assessment requirement ELA = expected level of achievement FA = fall term FAQ = frequently asked questions FSAC = Faculty Standards & Affairs Committee FNP = Family Nurse Practitioner FTE = full time equivalent FTES = full time equivalent students HSI = Hispanic Serving Institution HNT = Humanistic Nursing Theory IRA = Instructionally related activities IT = information technology LMS = learning management system ME = Masters of Nursing Essentials MG = mission and goals MGO = mission, goals and outcomes MSN = Master Degree of Science in Nursing NP = Nurse Practitioner NONPF = National Organization of Nurse Practitioner Faculty NTF = National Task Force Faculty OSCE = Objective Structured Clinical Exam PAF = personnel action file PE = Public Health Nursing Essentials</p>	<p>PMC-FNP = Post Master’s Certificate Family Nurse Practitioner PNSG = Professional Nursing Standards and Guidelines RN = registered nurse RTP = retention, tenure and promotion RR = Resource Room SEIE = School of Internationally and Extended Education SETE = student evaluation of teaching effectiveness SLO = student learning outcomes SPE = Systematic Plan of Evaluation SPR = spring term SST = School of Science and Technology SSU = Sonoma State University SU = summer term TT = tenure track T/TT = tenure/tenure track UDGE = upper division general education USPTF = United States Preventative Task Force PAF = personnel action file PBAC = President’s Budget Advisory Committee PHN = Public Health Nurse RR = resource room QSEN = Quality and Safety in Nursing Education WIC = writing intensive course</p>
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Sonoma State University
School of Science and Technology - Department of Nursing
SYSTEMATIC EVALUATION PLAN for BSN, MSN/FNP and PMC/FNP Programs

I. Program Quality: Mission and Governance. DON mission, goals, and expected student outcomes are congruent with those of Sonoma State University, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of SSU 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.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-A. DON mission, goals, and expected program outcomes are congruent with those of Sonoma State University and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	DON mission, goals, and expected program outcomes (MGOs) are congruent with those of SSU and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	University catalog Nursing Student Handbook AACN Essentials documents QSEN Quality and Safety Competencies Syllabi Annual Program Evaluations Table: BS and MSN/PMC nursing Student Learning Outcomes Aligned with PNSGs Table: Student Learning Outcomes Aligned with Courses DON and Program Minutes	Every two year in DON meeting during Fall semester or if SSU MGOs change.	Faculty review relevancy of DON philosophy. Faculty compare DON mission with SSU mission	<u>Expected outcomes reviewed and met F18.</u>	At DON Meeting F19 (or sooner if SSU's MGOs change): 1. Review MGOs next Fall 2020 2. Compare program outcomes and SLOs to professional standards next Fall 2020 for fall courses and Spring 2021 for Spring courses. 3. Review effectiveness of process next Fall 2020.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect professional nursing standards and guidelines.	The MG&Os of the DON are reviewed when professional nursing standards and guidelines are revised.	DON Minutes Program Minutes Curriculum change proposals (if any) submitted to DON, SST-CC, SSU-CC and CABRN. Programs Approved by CABRN Sp2016	Per schedule of meetings	To stay current on professional nursing standards and guidelines, the Directors attends regulatory and accreditation meetings and share with faculty	<u>Expected Outcome Met.</u> CABRN re-approval site visit conducted April 2016. Programs approved through Sp 2021.	CABRN re-approval site visit Spring 2021 and with accreditation site visit.
			Every five year or if CABRN regulations are updated	Faculty review compliance with CABRN regulations in Annual Program Evaluations	Compliance with CABRN regulations verified in Spring 2019 for Fall accreditation site visit.	

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	The MG&Os of the DON are reviewed annually to meet the needs and expectations of the community of interest (CoI).	Nursing Advisory Committee Minutes DON Minutes	Bi-Annually	Director and faculty meet with Advisory Committee	<u>Expected Outcome Met.</u> Reviewed MGOs at fall 2018 Nursing Advisory Committee meeting.	Review again at 2019 fall Nursing Advisory Committee meeting, or sooner if standards or expectations of communities of interest change.
			Per schedule of meetings	To stay current on professional nursing standards and guidelines, the Directors attends regulatory and accreditation meetings, and report changes to program stakeholders, if appropriate.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
<p>I-D. Expected faculty outcomes are clearly identified by the DON, are written and communicated to the faculty, and are congruent with institutional expectations.</p> <ul style="list-style-type: none"> The nursing unit identifies expectations for faculty, whether in teaching scholarship, service, practice or other areas. Expected faculty outcomes are congruent with those of the institution. 	<p>The DON identifies expectations specific to nursing faculty within the categories of teaching, scholarship, and service, all of which are congruent with expected faculty outcomes of the institution.</p> <p>Measurable expected faculty outcomes are explained in writing in the Nursing Faculty Handbook, and discussed with each faculty member.</p> <p>Expected Faculty Outcomes are reviewed annually.</p>	<p>SSU Faculty Affairs Website - RTP Guidelines SETE</p> <p>Cumulative (3 years) Faculty Performance Review Form</p> <p>DON Faculty Handbook</p> <p>CBA Bylaws</p> <p>Faculty evaluations and Peer Reviews conducted by the University</p> <p>RTP Checklist</p> <p>Cumulative Evaluation Checklist</p>	Annually	All University faculty review the faculty handbook Promotion and Tenure guidelines and recommend changes to the university administration.	<p><u>Expected Outcomes Met.</u></p> <p>Faculty performance evaluations and Peer Reviews are up-to-date and approved.</p> <p>DON Faculty Handbook revised and approved by DON 6/1/19.</p> <p>Expected Faculty Outcomes are reviewed with hiring and prior to all formal evaluations</p> <p>All expected outcomes were met in 2016-19. (See <i>DON/Faculty Assessment Data</i>)</p>	<p>Expected Faculty Outcomes and the Nursing Faculty Handbook will be reviewed in the final 2019 fall DON meeting.</p> <p>New faculty, will be informed during their orientation.</p>
			Annually, usually in spring	RTP Committee completes Performance Evaluation with all faculty as scheduled.		
			Fall	Director and Faculty evaluate Faculty Outcomes using the Faculty Outcomes Checklist, and develop action plans for needed improvements.		
			As needed in monthly DON committee meetings	Faculty participate in all DON committees where policies and procedures are revised when needed, including the DON Faculty and Student Handbooks		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-E. Faculty and students participate in program governance.	<p>DON committees have student representatives. Students are encouraged to comment and ask questions during meetings to increase their leadership skills.</p> <p>100% of faculty will serve on the DON committees.</p>	<p>DON Policy and Procedure Manual</p> <p>DON Faculty Handbook</p> <p>Nursing Student Handbook</p> <p>Minutes of DON and Program Minutes</p> <p>List of DON Committee Memberships</p> <p>University Committee Lists</p>	Annually prior to start of fall semester	All faculty are members of all DON committees. The Director is chair for each committee or designates faculty each academic year.	<p><u>Expected Outcomes Met.</u></p> <p>Student and faculty participation is noted in the minutes. Students report proceedings at class meetings.</p>	<p>Continue to encourage students to be actively participate in committee meetings.</p> <p>Continue to provide opportunities for students and/or faculty to remotely access meetings when not able to physically attend</p> <p>Inform RN to BS and MSN/PMC online students of scheduled committee meetings, send agendas and invite participation.</p> <p>Develop process for posting agendas, program and DON meeting minutes on new drupel website</p>
			Per schedule of meetings	Nursing Committee Chairs make agendas, promote discussion in meetings, and recommend motions to the DON.		
			Per schedule of meetings	Faculty participate on university Committee meetings as scheduled with input from DON representatives.		
			Beginning of each semester.	Students elect representatives each semester for participation on DON committees.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-F. Academic policies of SSU and the DON are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are fair and equitable, published and accessible, and reviewed and revised as necessary to foster program improvement.	Documents and publications are congruent and support achievement of the MG&O.	SSU Academic Catalog portions about the DON. SSU Policy Website	Annually, and as needed	Chair, Directors and faculty review DON meeting minutes to ensure changes are reflected in Nursing Student Handbooks, DON Faculty Handbook, DON Policy & Procedures Manual, University Catalog, and any other applicable publications.	<u>Expected Outcome Met.</u> Col notified of upcoming accreditation visit via email as well as posted information on the DON website. See DON Minutes	Maintain process. Maintain process of reviewing academic policies as they relate to current programs Continue to include review of University and Department policies in student orientation to their programs.
	DON policies are congruent with those of SSU, except that the DON admission and progression criteria are more rigorous than SSU's general admission criteria.	Nursing Student Handbook Faculty Handbook Recruitment materials SSU Course Schedules SSU website portions about the DON	As needed when information changes	Chair and Director's reviews publications using and makes edits as needed.		
	The DON policies are fair, equitable, published, and accessible. They are reviewed and revised, as necessary, for program improvement.		As needed	Constituents are notified of accreditation/approval and major program changes		
			As needed per schedule of meeting	All proposals for academic policy changes are submitted to the DON.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Documents and publications are accurate. The DON Communication Process is followed to notify constituents about major changes in documents and publications.	SSU Academic Catalog portions about the DNE. Nursing Student Handbook Recruitment materials SSU Course Schedules DON Website DON Minutes	Annually	Chair/Directors and Faculty review DON, meeting minutes to ensure changes are reflected in Nursing Student Handbooks, DON Faculty Handbook, DON Policy & Procedures Manual, University Catalog, and any other applicable publications.	<u>Expected Outcome Met.</u> Upcoming CCNE accreditation site visit communicated to CoI in summer 2019 8 weeks prior to scheduled visit.	Formalize communication process and maintain excellent communication of changes in documents and publications.
			As needed when information changes	Director and Chair review publications using the for currency and accuracy and makes edits as needed.		
			As needed	Directors explain/ clarify policies with student during orientation, and/or via email Constituents are notified of accreditation/approval changes and major program changes using the DON Communication Process. (Copies of communication are filed in the Communication Record notebook for easy access.)		

II. Program Quality: Institutional Commitment and Resources. Sonoma State University 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 a resource of the program, enables the achievement of the mission, goals, and expected program outcomes.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	Fiscal resources are sufficient to enable the DON to fulfill its MGOs. Resources are reviewed annually and as needed.	Current annual DON Operating Expenses Budget SSU Budgetary Process Flow Chart Documents that reflect decision- making (e.g., minutes, emails, reports) related to institutional commitment and resources. SSU's financial statements DON Minutes	As needed	Faculty make requests to Director for resources to support teaching, scholarship, and service.	<u>Expected Outcome Met.</u> 2016-19 was adequately funded. 2019-20 budget shows adequate funding. Addition of 3 FT faculty in 2016-17, 1 FT faculty in 2017-2018 and a Tenured FT faculty search for 2020-2021 reflects support by SSU administration. DON salaries are comparable to that of other SSU faculty, and is close to the AACN average salaries for our type of institution. (AACN 2018-19, Pacific region, University, BS/MSN degree, tenure/non-tenure track data)	Continue to collaborate with Dean of SST to formulate a budget for DON Develop budgetary plan for DON through 2021.
			Annually or as requested by IT Dept.	Director submits requests for technical equipment.		
			Annually in the spring or summer	Chair submits faculty requests to Dean for review and approval.		
			Annually and as needed	Chair submits requests for capital improvements, equipment and electronic technology.		
			Every 5 yrs)	Director submit Program Review Report to SST Chairs Committee, Provost, and Advisory Committee.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
II-B. Physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	Fiscal and physical resources are sufficient to enable the DON to fulfill its MGOs. Resources are reviewed annually and as needed.	Current annual DON Operating Expenses Budget SSU Budgetary Process Flow Chart Inspection of physical facilities and equipment. Documents that reflect decision- making (e.g., minutes, emails, reports) related to institutional commitment and resources. DON Equipment Inventory DON Request for FF & E to Dean SSU's financial statements DON Minutes	End of each Semester	Faculty and Director evaluate the need for facility improvements, equipment, and other physical resources.	<u>Expected Outcome Met.</u> 2016-19 was adequately funded. 2019-20 budget shows adequate funding. Addition of 3 FT faculty in 2016-17, 1 FT faculty in 2017-2018 and a Tenured FT faculty search for 2020-2021 reflects support by SSU administration. DON salaries are comparable to that of other SSU faculty, and is close to the AACN average salaries for our type of institution. (AACN 2018-19, Pacific region, University, BS/MSN degree, tenure/non-tenure track data)	Follow through with identified equipment needs for 2019-20. Continue to collaborate with Dean of SST to formulate a budget for DON Develop budgetary plan for DON through 2021.
			As needed	Faculty make requests to Director for resources to support teaching, scholarship, and service.		
			Annually or as requested by IT Dept.	Director submits requests for technical equipment.		
			Annually in the spring or summer	Chair submits faculty requests to Dean for review and approval.		
			Annually and as needed	Chair submits requests for capital improvements, equipment and electronic technology.		
			Every 5 yrs	Director submit Program Review Report to SST Chairs Committee, Provost, and Advisory Committee.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis	Academic support services are sufficient to ensure quality and are evaluated annually to meet program and student needs.	SSU Schultz Library holdings Program Evaluation via End of Program Survey Course Evaluations by students DON Meeting Minutes Program Meeting Minutes Informal feedback from individual students and student groups Informal feedback from faculty and staff Nursing Student Success Program data. Mid Program Student Evaluation (BSN)	As needed as determined by students.	Student representatives provide feedback in Program meetings	<u>Expected Outcome Met.</u> Student Outcome Data	<input checked="" type="checkbox"/> Evaluate SP18 Faculty Workshop. Maintain assessment processes. Continue with current process for evaluation
			Annually with Program review	Faculty report student referrals (if any) and evaluate the use of university services required for student success.	End of Program Survey Data from survey indicate >90% satisfaction with programs	
			Biannually	Faculty provide Library Director with educational material requests to support SLOs.		
			Annually in spring - surveys collected	Students complete end of program survey which include measurement of student satisfaction with student support services. Data are evaluated at DON Meeting in Fall during Annual Program review		
			November & March NDO Meetings			
			Annually	With end of program survey evaluate student satisfaction with support services.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
II-D. The chief nurse administrator is a registered nurse; holds a graduate degree in nursing; is academically and experientially qualified to accomplish the mission, goals and expected program outcomes; is vested with 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.	The chief nurse administrator (Chair) is academically prepared as an RN, with a Master's in Nursing as a APRN, FNP-BC, a PhD in nursing and possesses the leadership skills and authority to accomplish the MGOs of the program.	CABRN Approval form Nursing Advisory Council Members' Feedback Director's Vitae And Transcript Director's Job Description SSU Organizational Chart DON Organizational Chart	Annually and as needed	Faculty and staff provide informal feedback to Dean regarding Chairs administrative performance, including work with students and other communities of interest.	<u>Expected Outcomes Met.</u>	Maintain processes. Succession Plan Hire for Fall 2020
			Audited personnel files reported to Chair each fall.	Chair maintains a current vitae, RN license and continuing education requirements showing she is academically and experientially qualified.		
			Open office hours posted, monthly open advising sessions posted on website	Chair is involved with nursing students' education, and is available to answer questions from students and others.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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.	Faculty are sufficient in number and are academically and experientially prepared to meet the DON's current needs and to accomplish the MGOs.	Faculty CVs Cumulative Performance Reviews PAF Faculty Workload Policy & Workload Strategy	Upon hire of new faculty	Chair must submit current faculty qualifications to CABRN upon hire of faculty.	<u>Expected Outcomes Met.</u> Temporary Faculty Pool Search Sp 2019 with 5 qualified applicants for temporary faculty needs All faculty positions are filled by qualified faculty for both tracks as of 08-01-19.	Refresh pool of qualified temporary clinical faculty for future needs as enrollment increases.
			Annually- Tenure Track Every three years - Temp Faculty	Faculty submit updated CVs to Director with RTP or Cumulative Performance Review.		
			Biannually or as needed	Director conducts a review and analysis of faculty workload data to determine workforce sufficiency.		
			Annually during the budget proposal period	Director meets with Dean to discuss faculty workload data and analysis for any workforce increase requests.		
			Report to Chair in the fall.	Nursing Administrative Coordinator conducts an annual audit of faculty files.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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.	Preceptors are academically and experientially qualified, with at least 3 years of clinical experience, for their role in assisting in the achievement of the MGOs of the DON.	Preceptor Handbook Policies Regarding Preceptor Qualifications & Evaluation website and Faculty Handbook Documentation of Preceptor Qualifications Faculty evaluation of preceptors Student evaluations of preceptors	Oct - Jan for spring preceptors, if any. June - Aug for fall preceptors, if any.	Clinical course coordinators (for courses that have preceptors) ensure expectations, credentials and experience of preceptors meet requirements.	Expected Outcomes Met.	Maintain the process.
			2 weeks before clinical begins each semester	Course Coordinators (faculty) conduct and document preceptor orientation.		
			Annual Program Review	Faculty evaluate the preceptor process and effectiveness of forms.		
			CABRN report due mid Nov	Chair submits annual report to CABRN about preceptors.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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.	Support from the university for the DON faculty's' teaching, scholarship, service and practice is provided to the full-time faculty to achieve MGOs.	SSU Faculty Affairs Website Peer Review guidelines for promotion and tenure and Annual Temp Faculty Evaluation Table with Faculty specialty area/courses teaching Table with Faculty Committee work SST budget Current CVs list Memberships to nursing societies that provide continuing education. Faculty annual reports to the Dean Faculty Outcomes Checklist	As opportunities become available	Full-time Faculty choose professional development events/activities; present to Director for approval and payment by department and/or SST Professional Development Fund.	<u>Expected Outcomes Met.</u>	Maintain and expand upon current faculty development process. Explore national conferences providing baccalaureate and Master's/APRN nursing education opportunities for faculty. Develop a Faculty Outcome Checklist for Fall 2019 Implement annual peer evaluation for all temporary and tenured faculty which will include a peer observation and submission of updated CV.
			Annually	Faculty report activities in Faculty Annual Report to Dean.		
			Annually, early spring	Faculty submit an updated CV with annual review.		

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.						
Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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; the roles for which the program is preparing its graduates; and consider the needs of the program-identified community of interest.	<p>The DON Student Learning Outcomes are congruent with the program's mission and goals (philosophy) and appropriate for the role of baccalaureate nursing generalists and the role of the Master's and Post Master's prepared APRN/FNP.</p> <p>Program's curriculum reflects the terminal objectives and SLOs.</p>	<p>Student Learning Outcomes (SLOs)</p> <p>DON Mission and Philosophy</p> <p>Charts:</p> <ul style="list-style-type: none"> SLOs to PNSGs (BSN, MSN/PMC) Terminal Objective congruency with mission and goals curriculum alignment with expected SLOs - syllabi CABRN Curriculum Table identifying foundational courses required for re-approval (BSN, MSN/PMC) <p>DON Meeting Minutes</p> <p>Annual Program Evaluation Data</p> <p>ATI data</p> <p>End-of-Course Survey</p> <p>End of Program Survey</p>	<p>Fall with Annual Program Evaluations</p> <p>As needed if the mission, philosophy, SLOs, or PNSGs change</p>	<ul style="list-style-type: none"> Revisions to curriculum are initiated by the program for consistency with MGOs, PNSGs and CABRN requirements. Recommendations submitted to DON, once approved, are submitted to SST for approval and proceed through University curriculum approval process, if required. Any "major or minor" changes must be approved by the CABRN. Pertinent changes are submitted to programmatic accreditor for approval, as applicable. 	<p><u>Expected Outcomes Met</u></p> <ul style="list-style-type: none"> Revised DON MGOs in 2012 Revised BSN curriculum in 2011 BSN Revised MSN/PMC curriculum in 2012 MGOs reviewed by DON in 2019 	<p>Maintain plan to review curriculum and MGOs, and revise as needed for program improvement.</p>

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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 <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).	Curriculum reflect SLOs and PNSGs.	PNSGs: AACN Baccalaureate Essentials, QSEN, California State Nurse Practice Act, ANA Standards of Practice Charts: <ul style="list-style-type: none"> Terminal objectives alignment with PNSGs Curricular mapping to Essentials Green Folders Syllabi (showing curriculum alignment with appropriate PNSGs) Student clinical evaluations tools End-of-Course Survey DON Meeting Minutes BSN meeting minutes	Annually	Course coordinators review syllabi and clinical evaluation tools.	<u>Expected Outcomes Met</u> New curriculum developed to reflect PNSGs, and implemented 2011 for BSN	Maintain process for review and evaluation of curriculum to identify any needed revisions. Next review scheduled for FA19 BSN Program Meetings and DON Meeting
			During Annual Program Evaluation	Faculty discuss End-of-Course Summaries for needed quality improvement of curriculum, clear statements of expected terminal objectives and SLOs, and alignment with PNSGs and liberal arts education.		
			Annually or as needed	Faculty submit proposed curriculum changes (including changes to course descriptions and/or course outcomes) to: 1. DON 2. Via MCCCCF 3. CABRN and the programmatic accreditor, if applicable.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
<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).</p> <p>Master's program curricula incorporate professional standards and guidelines as appropriate</p> <p>All master's degree programs incorporate <i>The Essentials of Master's Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.</p> <p>a. All master's degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).</p>	Curriculum reflect SLOs and PNSGs.	<p>PNSGs: AACN Master's Essentials, NONPF Core and Population Specific, NTF California State Nurse Practice Act, ANA Standards of Practice</p> <p>Charts:</p> <ul style="list-style-type: none"> Terminal Objectives: SLOs alignment with PNSGs curriculum alignment with expected SLOs <p>Green Folders</p> <p>NTF Document</p> <p>Syllabi (showing curriculum alignment with appropriate PNSGs)</p> <p>Student clinical evaluations tools</p> <p>End-of-Course Survey</p> <p>End of Program Survey</p> <p>DON Committee Minutes</p> <p>FNP Team Minutes</p>	Annually at FNP Team meeting	Course coordinators review syllabi and clinical evaluation tools.	<p><u>Expected Outcomes Met</u></p> <p>New curriculum developed to reflect PNSGs, and implemented 2012 for MSN FNP Programs.</p>	<p>Maintain process for review and evaluation of curriculum to identify any needed revisions.</p> <p>Next review scheduled for FA19 FNP Team Meeting and DON Meeting</p> <p>Over next two years convene graduate faculty subcommittee to develop a proposal for transition to DNP curriculum</p> <p>Develop needs assessment for DNP</p> <p>Review AACN and NONPF DNP curriculum guidelines</p> <p>Develop proposal for Dean and Provost's approval</p> <p>If approved - follow process for curricular approval through University and national accreditor</p>
			Annual Program Evaluation	Faculty discuss End-of-Course Survey's for needed quality improvement of curriculum, clear statements of expected SLOs, and alignment with PNSGs and liberal arts education.		
			Annually or as needed	Faculty submit proposed curriculum changes (including changes to course descriptions and/or course outcomes) to: <ul style="list-style-type: none"> DON Via MCCCCF CABRN and the programmatic accreditor, if applicable. 		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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 <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).	Curriculum reflect SLOs and PNSGs.	PNSGs: AACN Master's Essentials, NONPF Core and Population Specific, NTF California State Nurse Practice Act, ANA Standards of Practice Charts: <ul style="list-style-type: none"> Terminal Objectives and SLOs alignment with PNSGs curriculum alignment with expected SLOs Green Folders Syllabi (showing curriculum alignment with appropriate PNSGs) Student clinical evaluations tools End-of-Course Survey End of Program Survey DON Committee Minutes FNP Team Minutes	Annually at FNP Team meeting	Course coordinators review syllabi and clinical evaluation tools.	<u>Expected Outcomes Met</u> New curriculum developed to reflect PNSGs, and implemented 2012 for PMC FNP Programs.	Maintain process for review and evaluation of curriculum to identify any needed revisions. Next review scheduled for FA19 FNP Team Meeting and DON Meeting
			Annual Program Evaluation	Faculty discuss End-of-Course Surveys for needed quality improvement of curriculum, clear statements of expected SLOs, and alignment with PNSGs and liberal arts education.		
			Annually or as needed	Faculty submit proposed curriculum changes (including changes to course descriptions and/or course outcomes) to: <ul style="list-style-type: none"> DON Via MCCCCF CABRN and the programmatic accreditor, if applicable. 		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
<p>III-F. The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> 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. Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. 	<p>The curricula are logically structured to achieve expected Terminal Learning Objectives and specific course SLOs. The curricula builds upon the foundation of the arts, sciences, and humanities liberal studies in the BSN Program. In the MSN/FNP program it builds on the BSN foundation knowledge. The PMC/FNP program builds on MSN competencies and knowledge base.</p>	<p>Four Year Plan including liberal studies courses (Pre-Lic)</p> <p>Roadmaps (Post-Lic)</p> <p>FT and PT Progression (MSN/FNP)</p> <p>FT Progression (PMC/FNP)</p> <p>Course descriptions and course learning outcomes</p> <p>Capstone Experience (BSN)</p> <p>Culminating Experience (MSN)</p> <p>SSU Academic Catalog</p> <p>DON and Program Meeting Minutes</p>	Annually	<p>Faculty in specific program analyze the structure of the curricula (course sequence) for effectiveness.</p> <p>Faculty analyze students' successful completion of the Capstone Project (BSN) and Culminating Experience (MSN), which reflect Terminal Objectives and SLOs, in each course, and document in each End-of-Course Summary.</p> <p>Faculty discuss End-of-Course Surveys at Program meeting and DON meeting</p> <p>Students reflect upon their achievement of SLOs completing the End of Program Evaluation.</p>	<p>New BSN curriculum was revised in AY 2011-2012 to reflect leveling of SLOs in courses.</p> <p>New MSN/PMC curriculum was revised in AY 2012-2013 to reflect leveling of SLOs in courses.</p> <p>In 2019, GE Pattern was revised changing from 50 unit to 48 units. BSN program is in the process of getting approval for N310 research to be approved to meet UDGE Area B and N412 to be approved to meet UDGE area D as met in major due to our unit heavy major.</p>	<p>Maintain process to evaluate the curriculum and course sequence of each track.</p> <p>Next evaluation F19.</p>

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
III-H. The curriculum includes planned clinical practice experiences that: <ul style="list-style-type: none"> enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty. 	100% of clinical courses include planned clinical practice experiences which help students to integrate new knowledge and demonstrate attainment of program outcomes. Evaluation of clinical sites by faculty show that 100% of the sites are appropriate for selected clinical practicums.	Current affiliation agreements with agencies used for clinical practicums. Student evaluations of clinical sites and preceptors Faculty evaluations of clinical sites and preceptors Syllabi and clinical rotation schedules Typhon Log (MSN/PMC) Examples of graded Clinical Evaluation Tools Program Minutes DON Minutes Four Year Plan (Pre-Lic BSN) Roadmaps (Post-Lic BSN) FT/PT/PMC Curriculum Progression (MSN/PMC)	Two months before each precepted clinical course	Faculty Course Coordinators select agencies and preceptors (if applicable).	<u>Expected Outcome Met</u> AYs 2016-2019 Clinical evaluation tools demonstrated achievement of SLOs. Clinical site evaluations demonstrated all sites are appropriate.	Evaluation of clinical sites and clinical practicum experiences are scheduled for the FA19 DON Meeting. Faculty will continue to plan clinical experiences across programs to allow students to integrate new knowledge. Continue to utilize a clinical site coordinator to manage increasingly complex onboarding processes and preceptor recruitment and site acquisition across programs.
			End of each semester	Faculty Course Coordinators and Practicum Faculty review clinical sites and preceptor evaluations by students and faculty, and report findings at Program meetings		
			Biannually at Program Meetings	Faculty complete clinical agency evaluation forms and report findings at Program Meetings		
			Annually with Program Evaluation	Faculty use clinical syllabus template to ensure correct percentage of types clinical hours, clinical logs (Typhon MSN/PMC) and for evaluation of sites. These processes are evaluated for effectiveness.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
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.	Individual student performance is evaluated by faculty utilizing grading rubrics for assignments that reflect achievement of SLOs. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Course Syllabi Assignment grading criteria Clinical Evaluation Tools Green Folders with examples of graded exams and course work Capstone Project and Culminating experience grades Typhon Portfolio Student Handbook DON Faculty Handbook Preceptor Handbooks DON Policies & Procedures located online and in DON faculty handbook University Policy Website Program Meeting Minutes DON Meeting Minutes	Syllabi made available prior to 1 st day of class	Faculty use grading criteria for all written assignments, which are consistent with course outcomes. These criteria are accessible to students in the syllabi.	<u>Expected Outcome Met</u> Fall 2017, revisions to ATI grading criteria and developed remediation policy for courses	Maintain policies and procedures for the evaluation of student performance. Discussions of collective student performance are scheduled throughout the semester. Next evaluation of policies and procedures is at the FA20 Faculty Workshop. Continue to debrief following specified learning activities.
			Biannually in Program Meeting and as needed	Faculty evaluate grading criteria and rubrics. The grading policy is clearly defined in course syllabi.		
			Monthly at Program Meetings	The Programs evaluates the performance and progression of students		
			Each semester as grades are recorded.	Faculty evaluate student performance using feedback from preceptors, if applicable.		
			Each semester	Clinical faculty maintain student course work files for clinical courses. Advisor assess students for progression		
			As needed	Debrief immediately following simulation and other learning activities and reported in team meetings		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	Evaluation of curriculum and teaching-learning practices is conducted on a scheduled basis to foster program improvement.	SETE End of Course Evaluation Peer Review of Teaching End of Program Evaluation RTP Policy/ Process/Calendar (TT/T) Cumulative Evaluations/calendar (Temp Faculty) DON meeting Minutes End-of-Course Survey ATI Assessment Results Clinical Site Evaluations 2016 CABRN Site Visit Report Faculty Handbook	Each semester	<ul style="list-style-type: none"> • Students evaluate faculty teaching effectiveness using an online survey issued by the University • Students evaluate course with end of course survey • When results are received, faculty reflect on teaching-learning practices and curriculum, and propose changes to improve program outcomes. 	<u>Expected Outcome Met</u> Evaluation of curriculum and teaching-learning practices are regularly scheduled in this SPE. Course/Instructor evaluation by students were used to foster program improvement each semester in 2016-2019. All faculty performance evaluation and/or Peer Review criteria were met.	Maintain schedule of evaluations.
			Annually	<ul style="list-style-type: none"> • Faculty Affairs initiates a formal RTP process (TT/T) as per RTP Policy annually. • Faculty Affairs initiates a formal Cumulative faculty evaluation (Temp Faculty) School Dean and the Department RTP committee review of faculty performance every three years. • RTP Committee schedules a joint review with each faculty member up for review. 		
			End of program	Students complete the Graduate Exit Survey.		
			Annually in Program Evaluation	Faculty evaluate aggregated results of the Graduate Exit Survey.		

			Each Semester (Green Folder)	Faculty Complete End-of-Course Summaries which reflect their perception of teaching-learning practices and any needed changes. These data are presented as a whole as part of Annual Program Evaluation		
			As needed	When applicable, proposals for curriculum changes or admission requirements are submitted by the Director to CABRN and accrediting agency for approval, as appropriate.		

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.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-A. A systematic process is used to determine program effectiveness.	The DON will utilize its Systematic Plan of Evaluation, with annual review of the process.	Systematic Plan Evaluation Evaluation Responsibilities Matrix (ERM) DON Meeting Minutes Program Meeting Minutes Standing agenda items for Programs and Department	Annually at the end of Spring Semester	Faculty review the SEP for program effectiveness following the Evaluation Responsibilities Matrix (ERM). The process includes the review of actual and expected outcomes with analysis of specified outcomes, and updates made accordingly in the SPE.	<u>Expected Outcome Met</u> Effectiveness of process was evaluated and approved in preparation for September CCNE site visit.	Continue update and enter data into the SPE.
			As needed	Program Directors recommends revisions to the SPE based on faculty input, revisions in processes, and/or changes in accreditation standards or elements. Faculty approve any revisions of the SPE in an DON meeting.	The DON reviewed the data from SPE and found that is reflects the expected and actual outcomes are being met.	Match the scheduled evaluations listed in the SPE with the DON's standing agendas and checklists. Continue to consult the <i>Evaluation of Responsibility Matrix</i> Evaluate the effectiveness of this process in the SP20.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-B. Program completion rates demonstrate program effectiveness.	90% of FNP FT graduates will complete the program within 2 years, PT within 3 years, PMC within 2 years 90% of Pre-licensure graduates will complete the program within 2 years once admitted to the major 80% of Post-licensure FT graduates will complete within 1.5 of program length	DON Website homepage “Student Achievement Outcome Data” CABRN Annual Report Programmatic Accreditor Annual Report AANC Annual Report	Annual Program Evaluation	Program Director review with Annual Program Evaluation.	<u>Outcome met</u>	Continue to monitor student progression, and reasons students may be thinking of leaving the program.

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-C. Licensure pass rates demonstrate program effectiveness.	Annual NCLEX program pass rate will be > or equal 95%. The program's 3 year mean pass rate will be > or equal to the national mean	CABRN NCLEX Pass Rates Anecdotal report by graduates	Quarterly	CABRN send pass rate data to SSU (May Graduates only)	<u>Outcome met</u> 100% pass rates 2016, 2017, 2018	Continue with current evaluation plan
			Annually and as needed	Chair reports NCLEX pass rates and reports to faculty and stakeholders, as appropriate.		
			Annually	Faculty review pre-licensure curriculum and ATI usage to determine effectiveness and necessary improvements.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-D. Certification pass rates demonstrate program effectiveness.	Annual certification pass rates will be at or above national means. 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.	Graduates self-report SSU Nursing website - Student Outcomes Data From Certification Agencies	Annually	Graduates of FNP programs report results to Director and Assistant Director.	<u>Outcomes Met</u> Aggregate data for all FNP Graduates: ANCC 2016 83.33%, 2017 86.48%, 2018 86.48% AANP Aggregate 2016 85%, 2017 80%, 2018 81% PMC: ANCC 2016 100%, 2017 100%, 2018 N/A% AANP 2016 100%, 2017 100%, 2018 87.5%	Maintain and or increase national cert pass rates
			Annually or as needed	Certifying agencies provide reports to the Director of the program.		
			Annually	Faculty and staff review the National Certification results to determine effectiveness and necessary improvements.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-E. Employment rates demonstrate program effectiveness.	90% of graduates who seek employment within 6 months to 12 months of graduating will be employed as an RN (BSN) or FNP (MSN/PMC)	Employer Survey One Year Post Graduate Survey Self-reporting Graduates Advisory Committee Meeting - anecdotal data	Annually during Summer	Within 12 months of graduation of a cohort, the Director or designee compiles data from the sources listed to the left under documentation.	<u>Outcome Met</u> Employment rate as RN aggregate 100% (BSN) Employment as FNP aggregate 92.5%/100% (MSN/PMC)	Continue with current process of gathering data.
			With Annual program reports and at Nursing Advisory Committee Meeting in Fall	Director analyzes employment data and aggregated results are reported to faculty and relevant communities of interest.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	<p>90% of FNP FT graduates will complete the program within 2 years, PT within 3 years, PMC within 2 years</p> <p>90% of Pre-licensure graduates will complete the program within 2 years once admitted to the major</p> <p>80% of Post-licensure FT graduates will complete within 1.5 of program length</p> <p>Annual certification pass rates will be at or above national means. (MSN/PMC)</p> <p>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.</p> <p>Annual NCLEX program pass rate will be > or equal 95%.</p> <p>The program's 3 year mean pass rate will be > or equal to the national mean (BSN)</p> <p>90% of graduates who seek employment within 6 months to 12 months of graduating will be employed as an RN (BSN) or FNP (MSN/PMC)</p>	<p>One Year Post Graduate Survey</p> <p>Employer Survey</p> <p>AANP, ANCC, certification data</p> <p>NCLEX - data from CABRN</p> <p>End of Program Survey</p>	Annually, spring & summer	Directors collect and aggregate data via one year post graduate survey, employer survey and End of Program Survey	<p>Completion rates:</p> <p>Pre-Lic 100%</p> <p>Post-Lic 93%</p> <p>MSN: 100%</p> <p>PMC: 100%</p> <p>Certification Rates:</p> <p>Aggregate data for all FNP Graduates:</p> <p>ANCC 2016, 2017, 2018 86.48%</p> <p>AANP Aggregate 2016, 2017, 2018 83%</p> <p>Licensure/NCLEX Pass Rates:</p> <p>100% pass rates 2016, 2017, 2018</p> <p>Employment rate as RN aggregate 100% (BSN)</p> <p>Employment as FNP aggregate 92.5% (MSN/PMC)</p>	<p>Continue to collect, analyze and report data as describe in SPE</p> <p>Based on One year Post Grad survey - graduates remain employed as RNs d/t salary and benefit discrepancy in FNP role.</p> <p>For FNP National Certification we will Continue to integrate Barkley 3Ps, DRT post</p> <p>Add Leik review book</p> <p>Add DRT pretest in addition to post-test</p> <p>Add <i>Necessary NP Review</i> Course for all graduating students (possible grant funding)</p> <p>Pre-Licensure: Integrate ATI Complete in to Pre-Licensure curriculum</p> <p>Post-Lic - development of Writing Intensive Course (WIC) and exploration of online ethnic study offerings in GE.</p>
			Annually, spring & summer	Director of FNP Program review and add Typhon Portfolio to Graduate files		
			Annual Program Report	Results of aggregated data are evaluated for achievement of program outcomes.		
			Annually in the fall	Director reports program effectiveness at the Program meeting and then in DON meeting.		
			Bi-annually : Nursing Advisory Committee Meeting	General feedback by Committee on alumni performance is provided to Director.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	<p>Faculty Outcomes, in the aggregate, demonstrate program effectiveness and commitment to the achievement of the DON MGOs and are measured by:</p> <p>a. 100% of TT faculty progress in the RTP process (including teaching, scholarship and Service)</p> <p>b. 100% of temporary faculty having cumulative review are retained</p> <p>Teaching Effectiveness:</p> <p>c. 100% of faculty score an average of 3.5 or above (on a scale of 1-5, with 5 being the highest) on the Course/Instructor Evaluations by students.</p> <p>d. >90 of students report satisfaction with their program</p> <p>e. >90 of students reports satisfaction with end of course evaluation</p> <p>Scholarship: 100% of faculty participate in scholarly or professional development activities each academic year; and gain updated knowledge of nursing specialty content via continuing education; and/or practice currency</p> <p>Service: 100% of faculty participate in at least three service activities per academic year.</p>	<p>Faculty Evaluation Outcomes Checklist</p> <p>SETE</p> <p>Results of Peer Review</p> <p>DON Faculty Handbook</p> <p>Faculty Affair Website</p> <p>RTP</p> <p>Cumulative Evaluation</p> <p>DON meeting Minutes</p>	End of each semester	Students complete the SETE and results are compiled by the SSU Office of Reporting and Analytics	<u>Expected Outcomes Met for 2016-2019.</u>	<p>Maintain process for obtaining data for this outcomes.</p> <p>Next scheduled evaluation of Faculty Outcomes is in the FA19 at DON Meeting</p> <p>Follow revised Peer Evaluation Policy</p>
			Annually	<p>DON faculty participate in annual Peer Review of their teaching.</p> <p>DON faculty participate in regularly scheduled Reviews for purposes of renewed contracts, promotion and tenure.</p>		
			Annually Program Evaluation	Faculty evaluate faculty outcomes in the aggregate for previous AY. Develop action plans for needed improvements. Evaluate past action plans to determine if the desired outcome has occurred.		
			As needed	Chair and Director mentor individual faculty members in areas that need to be strengthened to accomplish expected faculty outcomes.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	<p>Faculty Outcomes, in the aggregate, demonstrate program effectiveness and commitment to the achievement of the DON MGOs and are measured by:</p> <p>f. 100% of TT faculty progress in the RTP process (including teaching, scholarship and Service)</p> <p>g. 100% of temporary faculty having cumulative review are retained</p> <p>Teaching Effectiveness:</p> <p>h. 100% of faculty score an average of 3.5 or above (on a scale of 1-5, with 5 being the highest) on the Course/Instructor Evaluations by students.</p> <p>i. >90 of students report satisfaction with their program</p> <p>j. >90 of students reports satisfaction with end of course evaluation</p> <p>Scholarship:</p> <p>100% of faculty participate in one scholarly or professional development activities each academic year; and gain updated knowledge of nursing specialty content via continuing education; and/or practice currency</p> <p>Service:</p> <p>100% of faculty participate in at least three service activities per academic year.</p>	<p>Faculty Evaluation Outcomes Checklist</p> <p>SETe</p> <p>Results of Peer Review</p> <p>DON Faculty Handbook</p> <p>Faculty Affair Website</p> <p>RTP</p> <p>Cumulative Evaluation</p> <p>DON meeting Minutes</p>	End of each semester	Students complete the SETe and results are compiled by the SSU Office of Reporting and Analytics	<u>Expected Outcomes Met for 2017-18.</u>	<p>Maintain process for obtaining data for this outcomes.</p> <p>Review data at DON meeting.</p> <p>Cont to support opportunities for professional development for temporary faculty</p> <p>Encourage new TT faculty to participate in service opportunities at the Dept, School, University and Community level</p>
			Annually	<p>DON faculty participate in annual Peer Review of their teaching.</p> <p>DON faculty participate in regularly scheduled Reviews for purposes of renewed contracts, promotion and tenure.</p>		
			Annually Program Evaluation	<p>Faculty evaluate faculty outcomes in the aggregate for previous AY. Develop action plans for needed improvements. Evaluate past action plans to determine if the desired outcome has occurred.</p>		
			As needed	<p>Chair and Director mentor individual faculty members in areas that need to be strengthened to accomplish expected faculty outcomes.</p>		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-I. Program outcomes demonstrate program effectiveness	<p>90% of graduating students (BSN, MSN, PMC) 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.</p> <p>90% of employers surveyed will strongly agree or agree that they are satisfied with the graduates educational preparation for entry level FNP and for entry level RN positions, BSN Nurse positions</p> <p>100% of each MSN graduating cohort will pass the culminating exam,</p> <p>100% RN-BSN graduates will earn 88% or greater on the capstone project demonstrating program effectiveness</p> <p>100% of pre-licensure BSN graduates will complete comprehensive ATI with 91% predicted NCLEX pass rate.</p>	<p>End of Program Survey</p> <p>One year Post Grad Survey</p> <p>Employer Survey</p> <p>Culminating Experience (MSN)</p> <p>Capstone projects (BSN)</p> <p>Nursing Advisory Committee Minutes</p> <p>Your I</p>	Annually, spring	Faculty collect and aggregate data via culminating experience grades and capstone project grades	<u>Outcomes met</u>	<p>Continue to collect data as outlined in SPE</p> <p>Implement the One Year Post Graduate Survey in the BSN Programs. Continue in the MSN/PMC Programs</p> <p>Develop rubric for culminating experience to insure consistency in grading and clarity for students</p>
			Annually	3. Program Director or designee collects and aggregates data via End of Program Survey and course/instructor survey.		
			Annual Program Evaluation	Results of aggregated data are evaluated for achievement of program outcomes.		
			Annually in the fall	Program Director reports program effectiveness at the DON meetings		
			Bi-Annually	Program Directors reports program effectiveness at the bi-annual nursing advisory committee meeting.		

Category	Expected Outcomes	Data and Support Documentation	Frequency of Assessment	Assessment Method	Actual Outcomes	Action Plan
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	<p>90% of graduating students (BSN, MSN, PMC) 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.</p> <p>90% of employers surveyed will strongly agree or agree that they are satisfied with the graduates educational preparation for entry level FNP and for entry level RN positions, BSN Nurse positions</p> <p>100% of each MSN graduating cohort will pass the culminating exam,</p> <p>100% RN-BSN graduates will earn 88% or greater on the capstone project demonstrating program effectiveness</p> <p>100% of pre-licensure BSN graduates will complete comprehensive ATI with 91% predicted NCLEX pass rate.</p> <p>Data regarding actual outcomes are compared to expected outcomes.</p> <p>Discrepancies between actual and expected outcomes inform areas</p>	<p>DON Outcome Data Nursing Homepage</p> <p>Annual Program Reports</p> <p>End of Program Surveys</p> <p>DON Meeting Minutes</p> <p>Program Meeting Minutes</p> <p>Faculty Workshop Minutes</p> <p>Nursing Advisory Committee Meetings</p> <p>Examples of aggregate data used for program improvement.</p> <p>Results of surveys</p> <p>End of Course Summaries</p>	Biannually at Program meeting	Faculty evaluate outcome data and compare the actual outcomes with expected outcomes.	Outcomes met	<p>Maintain the processes for data analysis.</p> <p>Next review of processes for data analysis is scheduled for the FA19 at DON Meeting</p>
			As needed, per schedule of meetings	Faculty submit proposed changes, based on outcome data, to appropriate committees for initial discussion and approval.		
			As needed	When applicable, proposals for curriculum changes or admission requirements are submitted by the Director to CABRN and accrediting agency for approval, as appropriate.		
			As needed	Curriculum changes are processed per University policy and reported to CABRN and accrediting agency if applicable.		

	for improvement. Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing and analyzed for effectiveness.					
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APPENDIX 11

Low Articulation of Ethnic Studies Courses from Service Area Community Colleges

Service Area Community College with Ethnic Studies Degree Requirements	Number of Ethnic Studies courses	Number of Ethnic Studies courses articulated to SSU	Number of Ethnic Studies courses declined
Mendocino College Studies In Culture degree requirement	26	6	20
College of Marin Cross-Cultural Studies degree requirement	22	6	16
Napa Valley College Multicultural/Gender Studies degree requirement	29	6	23
Santa Rosa Junior College American Cultures/Ethnic Studies degree requirement	27	12	15

*Solano Community College does not have a cross/multi-cultural associate degree requirement.

APPENDIX 12 (II-E) FNP Faculty Expertise

Faculty are assigned to teach courses that are appropriate to their expertise. Faculty assigned to FNP didactic courses are APRNs with national certification in their specialty.

N509 Advanced Health Assessment	IOR Nationally Certified FNP
N501 Health Promotion: Righting Disparities	IOR Doctoral prepared FNP/Nationally Certified
N549 Health Promotion Practice in Primary Care	IOR Nationally Certified FNP
N550ABC Clinical Practice in Primary Care	IOR Nationally Certified FNP
N540AB Pathophysiologic Concepts in Primary Care Part 1 and 2	Doctoral prepared FNP/Nationally certified
N552 Pharmacology in Primary Care	IOR Nationally Certified FNP
N560 Research and Theory in Primary Care	IOR Doctoral prepared RN
N562 Advanced Nursing Practice in Primary Care Systems	IOR Doctoral prepared FNP/Nationally Certified
N564 Health Policy and Advocacy in Primary Care	IOR Doctoral prepared FNP/Nationally Certified
N566 Culminating Experience	IOR Doctoral prepared FNP/Nationally Certified

Dedicated FNP Faculty: TT two, PT nine

Faculty who teach across programs but teach course in FNPP: TT two and one Doctoral prepared PT
All faculty participate in program review and curriculum revision which occurs during monthly team meetings and electronically (email, Google docs). Our clinical coordinator along with the program director have primary responsibility for clinical placements (see clinical placement procedure). Overall program evaluation, advising and admission application review for the FNP students is done by the program director and assistant director and is part of the three units of release time for this role. Faculty are evaluated by both students and assistant director of the FNP program. Student Evaluation of Teaching Effectiveness (SETE) results are reviewed each semester by Chair of nursing department and any SETEs scores below the accepted range for the department are personally reviewed with the faculty. Part of the SETE criteria evaluates the ability of students to access and receive assistance from faculty.



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July 19, 2019

To: Commission on Collegiate Nursing Education
From: Dean Stauffer, School of Science and Technology
RE: Support of Nursing Faculty in their Clinical Recency

Dear Commission on Collegiate Nursing Education and the CCNE Accreditation Team,

Sonoma State University recognizes the importance of recency in the discipline. In the field of Nursing, it is understood that faculty must be clinically current to fulfill their teaching assignment and provide the highest quality of education to our students. In keeping with standards of the profession, Nursing faculty need to demonstrate recent competency in clinical practice to meet the requirements of both The California State Board of Nursing and national accreditation bodies for advanced practice and specialty certifications. The School of Science Technology supports Nursing faculty in their pursuits to maintain their clinical recency by participating in direct supervision of students in the clinical setting and professional practice.

Respectfully,

A handwritten signature in black ink that reads "Lynn Stauffer".

Lynn Stauffer, Ph.D.
Dean, School of Science and Technology

Cc: Dr. Mary Ellen Wilkosz, Nursing Department Chair

Sonoma State University
Department of Nursing

**MASTER OF SCIENCE & POST MASTER'S
CERTIFICATE
FAMILY NURSE PRACTITIONER
PROGRAM**



**FNP Clinical
Preceptorship Packet**



FAMILY NURSE PRACTITIONER (FNP) PRECEPTORSHIP

AN INTRODUCTION

Thank you for serving as a preceptor for a graduate Family Nurse Practitioner (FNP) student from Sonoma State University. The clinical experiences the student will obtain in your office or clinic area are of critical importance to a successful learning experience in the program. The clinical setting is where synthesis of concepts and application of principles of primary care take place.

You are the key to successful learning experiences in the clinical setting. The FNP student will work closely with you, learning from your advice and example. Through your supervision, the student will gradually develop skills and clinical judgment necessary to become a primary health care provider.

The student's faculty advisor will make site visits to the office or clinic to discuss the student's progress and observe the student seeing clients. The visits will be coordinated through the student at a time convenient to your practice usually closer to the end of each semester. The preceptor and faculty advisor collaborate in providing clinical instruction and evaluation.

The Preceptor Packet provides a brief description of the SSU FNP Program. It sets out the responsibilities of the student, the preceptor, and the Nursing Department. Students take a course in FNP Nursing Management in Primary Care and Pharmacology concurrent with or prior to the clinical preceptorship. A list of topics covered during Spring and Fall semesters is included to assist you in determining which types of patients are most appropriate for management by the student at various stages in the program. Final clinical objectives for each semester and copies of the Student Clinical Evaluation forms to be filled out by the Preceptor for each semester are also provided.

The last two pages are forms you will need to complete and return. 1) The Letter of Agreement establishes that you are serving as a preceptor, and is an agreement between your office or clinic and the University. Please sign this form and return it to the Nursing Department. You will receive a copy with all signatures. 2) The Statement of Professional Preparation and Experience is required for all preceptors and if you wish adjunct status please follow the directions it will take 10 weeks to establish.

Welcome to the FNP Program at Sonoma State University. We are pleased that you are joining with our faculty in the educational process of a primary health care provider, and we appreciate your contribution to our program.

Mary Ellen Wilkosz, RN, FNP-BC, PhD
 Professor of Nursing, Director, Family Nurse Practitioner Program
 415-328-3218 (cell)
 wilkosz@sonoma.edu

MASTER OF SCIENCE and POST MSN CERTIFICATE: FAMILY NURSE PRACTITIONER

PROGRAM DESCRIPTION

The FNP Program at Sonoma State University is a Master in Science and a Post MSN program for registered nurses who have a B.S. Degree in Nursing. This two-year program provides the students with additional skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary care. Health maintenance, disease prevention, and treatment of common acute and chronic problems are the focus of the curriculum. Classroom and laboratory study are combined with community-based clinical experiences. There is a three-semester preceptorship with a primary care physician, nurse midwife or nurse practitioner.

The SSU FNP Program meets criteria specified in Section 1484, Title XVI of the California Administrative Code; and is approved by the California Board of Registered Nursing. The practice of this expanded nursing role is within the stipulations of the Nurse Practice Act and regulations related to standardized procedures and holding out as a nurse practitioner.

Definitions of Family Nurse Practitioner

A Family Nurse Practitioner is a registered nurse who, through additional study and experience is able to provide direct care to all family members. As part of FNP study, additional skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary care are learned. The role of the nurse practitioner integrates health maintenance, disease prevention, physical diagnosis, and treatment of common episodic and chronic problems with equal emphasis on health teaching and disease management. FNPs practice in ambulatory, acute and chronic settings, functioning as members of health care teams in collaboration with physicians and other professionals.

The M.S N. and the Post MSN Certificate program emphasizes advanced clinical practice with a sound theoretical and scientific basis. An understanding of the economic and ethical factors affecting health care delivery provides important perspectives for nurse practitioners in working with diverse client populations. The ability to evaluate, selectively apply and become a discerning consumer of research enables FNPs to maintain currency in scientific advances and to practice from an evidenced based perspective.

Definition of Primary Care

Primary care is the care provided at first entry into the health delivery system, as well as the management of diverse health and illness needs of individuals and families. Family Nurse Practitioners are mainly involved in providing primary care, although there are added responsibilities related to hospitalization and long-term management. The FNP graduate functions with a high level of independence and decision-making in the primary care setting in the diagnosis and treatment of common acute and chronic illnesses, health maintenance and disease prevention, and management of normal pregnancy and well childcare.

NPs practice in consultation with physicians, usually in organized health care teams or in medical office settings. Identification of urgent and complex problems and recognition of the need for medical referral or consultation are important components of the FNP role.

PRECEPTORSHIP RESPONSIBILITIES

I. Responsibility of the Nursing Department

1. The Department will provide this packet to the students and preceptors, included is a Letter of Agreement to serve as a preceptor; this is to be signed by the actual preceptor, the FNP Program Director, and the Chair of the Nursing Department.
2. The Department will provide the coursework and laboratory experiences which are the foundation for clinical practice.
3. The Department will provide faculty who will also mentor the student and make site visits to each primary preceptor and student to evaluate the student and to assist the preceptor, as needed, in accomplishing learning objectives. The FNP Program Director and clinical faculty will be available by phone and email as needed.
4. The Department will provide materials to the student and preceptor for meeting course requirements and for evaluations.

II. Responsibility of the Preceptor

1. The Preceptor will provide a setting in which the student may see patients and gain experience in clinical practice.
2. The Preceptor will provide clinical teaching and supervision for the student in the process of working up and managing cases, and will follow the policies of the agency in providing the student access to all records and orders.
3. The preceptor will meet periodically with the student and faculty advisor to discuss the student's progress and learning needs.
4. The Preceptor will assist the faculty in grading the student and will complete clinical evaluation forms each semester.

III. Responsibility of the Student

1. The Student will perform assigned learning activities in the process of providing care to patients in the preceptorship site.
2. The Student will follow policies and procedures established in the preceptorship site, and will keep the preceptor informed about cases and learning activities.
3. The Student functions under the Nurse Practice Act statutes and regulations for expanded nursing roles, and carries a blanket liability insurance policy provided by the California State University System.
4. The Student participates in conferences with the preceptor and faculty advisor to discuss progress, problems, and learning needs.

WHAT THE PRECEPTOR CAN EXPECT FROM THE FNP STUDENT

- A. When the FNP Student precepts in your office, she/he, on an inter-dependent basis, and taking into account their progress in the program (N549, 550ABC) should be able to:
1. Obtain a complete health history including the chief complaint, family history, past medical and health history, history of present illness, review of systems, and social history.
 2. Perform a complete screening physical exam on persons of all age groups and begin to interpret the findings of normal vs. abnormal.
 3. Begin to see patients, take histories, perform physical exams, make initial assessments, and formulate a plan of care for common acute and chronic problems.
 4. Participate in counseling patients with psychosocial problems.
 5. Begin to present cases, report all findings verbally to preceptor and discuss the assessment, and plan the appropriate care together with the preceptor.
 6. Record all subjective and objective findings in a problem-oriented record, including the formulation of a problem list and detail a plan for health maintenance.
 7. Describe and interpret the role of FNP to clients and staff of the office.
 8. Order and interpret lab and x-rays appropriately for common illnesses and health problems.
 9. Recognize and assist the patient in habit problems of obesity, alcohol, drugs, and smoking.
 10. Recognize and assist patients with common symptoms of stress such as fatigue, depression, anxiety, nervousness, and insomnia.
 11. Perform individualized risk assessments and develop plans for risk reduction.
- B. In the last several months of preceptorship, she/he has the additional ability to:
1. Manage the care of more complex acute and chronic illnesses, with appropriate consultation.
 2. Recognize and assist the families in the care of newborn and childhood problems such as infectious diseases, hyperactivity, allergies, and screen for abuse.
 3. Recognize and assist the patient and families with problems related to menopause, middle age, and aging.
 4. Participate in the management of minor trauma.
 5. Practice with increasing ability to manage cases inter/independently.

GUIDELINES FOR PRECEPTORSHIP OF SSU FAMILY NURSE PRACTITIONER STUDENTS

1. Students are required to do 3 semesters of clinical preceptorship. Student hours in your office will vary depending on the clinical semester, your availability and scheduling of other required clinical experiences.
2. Contracts are to be signed for each clinical site. Students will obtain these and provide the preceptor with course objectives during the first two weeks of the semester.
3. Students must be flexible in order to acquire a variety of clinical experiences in the areas of acute and chronic care, OB/GYN, pediatrics and health maintenance. Students restricting themselves to one specific day a week often limit their clinical experience.
4. Clinical preceptors are encouraged to review the preceptorship packet in order to understand the student level of preparation, and the preceptor and student responsibilities.
5. For appropriate evaluation of the student, clinical preceptors are expected to:
 - a. Supervise and direct the activities of the FNP student as they care for clients, this includes direct observation of student performance and verbal review of client cases.
 - b. Discuss with the student the history, diagnosis, and management of each client case
 - c. Review charts and other forms of documentation for appropriate recording.
6. Faculty site visits may vary from semester to semester and are dependent on student performance but a SSU FNP Faculty member makes at least one visit per semester to clinical site. A site visit generally will consist of the faculty coming to the practice, meeting with staff and direct observation of the student as they see the practice's clients and then taking time to review the student performance with the preceptor. The site visit is usually a minimum of 3 hours.
7. It is the mutual responsibility of the faculty and the preceptor to create a time to discuss the student's progress. This can be done before, during, or after clinic hours and the clinical faculty is readily accessible by phone or email as necessary.
8. Grading: The objectives on the grading forms vary slightly according to clinical progression. However, students are to be graded according to their level in the program (first, second, third or fourth semester of clinical preceptorship), and not according to the "finished" product. For example: A beginning student (N550A) is expected to obtain most of the important information in the history to perform a directed PE, and begin to diagnose and treat the most common disorders. Students in the final stages of clinical experience (N550C) are expected to be functioning at a more independent and higher level.

Note: Evaluation forms are to be submitted before the end of the semester so the final grade can include your valuable critique.

9. We recognize that there may be exceptions to every guideline.
10. The following is a list of topics covered in the FNP Nursing Management in Primary Care course which students take concurrent with or prior to the first 2 semesters of clinical preceptorship. It might assist you in determining what types of problems the student can best manage at various stages in the program.

TOPICS COVERED IN N549

Well adult exam
Well child exam

Health Maintenance across the lifespan
Obtaining a complete history
Obtaining a focused episodic history

TOPICS COVERED FIRST SEMESTER OF CLINICAL (N550A)

Dermatology
Eye problems
Infectious disease: immune response, lab tests, antibiotics
ENT - common problems
Upper respiratory infections
Lower respiratory infections
Breast disease
Gynecology: contraception, pap smears, dysmenorrhea, PMS, endometriosis, DES exposure, bleeding problems, infertility, and sexual dysfunction
Uncomplicated pre and post-natal care
Sexually transmitted diseases
Genitourinary problems
AND
A Pharmacology course geared to Family Practice/Primary Care including:
Pharmacokinetics and pharmacodynamics of drugs seen in primary care settings.

TOPICS COVERED SECOND SEMESTER OF CLINICAL (N550B)

Cardiovascular disorders: hypertension, peripheral vascular disease, pulmonary emboli, arrhythmia, coronary artery disease, cardiac murmurs, congestive heart failure
Diabetes, Type I & II
Gastrointestinal problems: acute & chronic problems
Musculoskeletal problems: pediatric and adult arthritis, trauma
Anemias
Mood and cognitive disorders
Newborn problems
Neurological problems, seizures, Parkinson's, dizziness, headaches, TIA, stroke
Thyroid disorders
Trauma and emergency problems

All FNP Students take a pharmacology class in the second semester of the program concurrent with Pathophysiology and the start of clinical practice.

N549 CLINICAL OBJECTIVES

1. Observe patient visits completed by the preceptor
2. The student will repeat various parts of the physical exam to better understand normal anatomy, normal variants of anatomy as well as anatomy with abnormal pathology
3. The student will perform a complete well exams on either adults or children if the opportunity is available
4. Become familiar with the electronic medical record, scribe for the preceptor if appropriate
5. The student will act professionally by arriving in a timely manner, wear appropriate attire (business casual with lab coat if requested by agency), regularly apprise preceptor of schedule at agency.
6. Begin to develop an understanding of the patient and work flow of the agency.
7. Begin to understand appropriate billing based on types of patients being seen.
8. Completion of 108 hours over the semester (total 144 total)

Clinical Preceptor Evaluation - N549

Student: _____ Preceptor: _____

Date: _____ Clinical Site: _____

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well-rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves, we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Faculty

Clinical Process			
The student had the opportunity to observe and or participate in obtaining:	Student observed	Student participated in obtaining	Student did independently with preceptor observing
Use a standardized approach to obtaining the HPI and symptom analysis such as "OLDCARTS" or "PQRST" or other tool.			
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.			
Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.			

Management of Health and Illness			
The student had the opportunity to observe and or participate in:	Student observed	Student participated in obtaining	Student did independently with preceptor observing
Formulate and update the problem lists based on H&P.			
Identify health maintenance needs based on age, PMH, family history and health related behaviors and then develops plans to meet these needs.			
Perform well child exam.			
Perform well adult exam			
Provide pertinent patient education related to health maintenance			

In a few words describe one strength this student has.

In a few words what area(s) does this student need to improve on?

Role Identity and Professional development			
Is the student able to:	Always	Needs few cues	Usually needs guidance
Introduce them self to the patient and explain role of nurse practitioner			
Come to clinic at designated time ready to observe			

Role Identity and Professional development			
Promote useful relationships with patients, families, and office team members.			
Increasingly capable of making interdependent/independent decisions			
Does this student:	Yes, always	Most of the time	Not as often as the situation dictates
Accept the responsibility for their own learning			
Use appropriate electronic and/or text based resources			
Ask a question when they need additional information			
Take opportunities to progress into a more independent role.			

What is the average number of hours this student spends in your clinic on days that you are working together? _____

If you were to assign a letter grade to this student what would it be? _____

In your opinion is this student able to progress into the next semester of clinical experience?

Has this student achieved a *rudimentary* level of clinical proficiency and safety from which they can build upon?

PLEASE ATTACH YOUR BUSINESS CARD HERE

Would you consider precepting an SSU student in the future? Yes No

N550A FINAL CLINICAL OBJECTIVES

Upon completion of N550A the FNP student will:

A. In physical diagnosis and nurse practitioner assessment process:

1. Conduct a thorough screening physical exam, utilizing a systematic approach for collection of complete and appropriate historic data from physiological, psychological, and social parameters.
2. Begin to obtain appropriate episodic history and perform a physical exam of systems pertinent to the problem identified.
3. Interpret findings from the physical exam accurately, identifying normal, normal variant, and pathological findings.
4. Based on history and physical, begin to address probable differential diagnosis and choose the most appropriate.
5. Consider diagnostic tests appropriate for problems(s) identified.

B. In management of health/illness conditions:

1. Implement health maintenance and illness prevention through identification of health risks, counseling and education of clients regarding preventive treatment for potential or actual problems identified.
2. Begin to manage the care of acute minor illnesses and injuries.
3. Begin to manage prenatal, postnatal, well child, and family planning care.
4. Consider and include psychosocial care, counseling and referral as appropriate.
5. Plan for appropriate follow--up of clients.
6. Record accurately using problem-oriented recording including updating problem lists.

C. In role identity and professional relationships:

1. Interpret the role of the FNP to clients and professionals and begin to implement the role in preceptorship.
2. Establish a professional relationship with preceptor, staff, and clients.
3. Present cases to preceptor in a clear, concise, and pertinent manner.
4. Accept responsibility for own learning.

Clinical Preceptor Evaluation - N550A

Student: _____ Preceptor: _____

Date: _____ Clinical Site: _____

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Faculty

Clinical Process					
The student is able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Use a standardized approach to obtaining the HPI and symptom analysis such as "OLDCARTS" or "PQRST" or other tool.					
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.					
Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.					
Accurately interpret physical findings and results of common diagnostic tests, and differentiate normal from abnormal					
Formulate an appropriate DDX based on the HPI and physical exam.					

Identify the most probable diagnosis/diagnoses					
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Management of Health and Illness					
Is the student able to:	Performs indepent. needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Formulate and update the problem lists based on H&P.					
Identify health maintenance needs based on age, PMH, family history and health related behaviors and then develops plans to meet these needs.					
Manage patients with acute minor injuries.					
Manage patients with family planning, pre-/postnatal needs.					
Perform well child care.					
Manage stable chronic diseases					
Accurately change the plan of care in patients with unstable/under-managed chronic diseases.					
Include psychosocial care and counseling as needed.					
Make appropriate referrals					
Provide pertinent patient education					
Plan for appropriate follow up care.					

In a few words describe one strength this student has.

In a few words what area(s) does this student need to improve on?

Role Identity and Professional development					
Is the student able to:	Performs indepent. needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Introduce them self to the patient and takes responsibility for conducting the interview and exam.					
Presents cases to the clinical preceptor in a clear concise manner including diagnoses and plan.					
Promote useful relationships with patients, families, and office team members.					
Increasingly capable of making interdependent/independent decisions					
Does this student:	Yes, always	Most of the time	Not as often as the situation dictates	Not at all	N/A
Accept the responsibility for their own learning					
Use appropriate electronic and/or text based resources					
Ask a question when they need additional information					
Take opportunities to progress into a more independent role.					

What is the average number of hours this student spends in your clinic on days that you are working together? _____

If you where to assign a letter grade to this student what would it be? _____

In your opinion is this student able to progress into the next semester of clinical experience?

Has this student achieved a basic level of clinical proficiency and safety from which they can build upon?

N550B FINAL CLINICAL OBJECTIVES

Upon completion of N550B, the student will demonstrate the following behaviors in applying the caring process.

A. Assessment process:

1. Conduct a thorough screening physical exam, utilizing a systematic approach for collection of complete and appropriate historic data from physiological, psychological, and social parameters.
2. Obtain appropriate episodic history and perform indicated examination for pertinent system relative to the problems identified.
3. Interpret findings from the physical examination accurately, identifying normal, normal variant, and pathological findings.
4. Based on history and physical exam, address probable differential diagnoses and choose the most appropriate.
5. Order diagnostic tests as indicated for the problem identified.

B. Management of health and illness:

1. Implement health maintenance and illness prevention through identification of health risks, education of clients, counseling and preventive treatment for potential or actual problems identified.
2. Manage the care of acute minor illnesses and injuries and stabilized chronic illnesses.
3. Manage the care of prenatal, postnatal and well childcare, and family planning.
4. Participate in the management of complex problems although not assuming primary responsibility.
5. Include psychosocial care, referrals and counseling.
6. Plan for follow-up care.
7. Record accurately using problem-oriented recording including updating lists.

C. Role identity and professional development:

1. Implement role of Family Nurse Practitioner within the preceptorship, and interpret role to clients and professionals.
2. Build a professional relationship with preceptor, staff, and client.
3. Present cases to preceptor in useful way, formulating plans prior to consultation.
4. Make decisions independently and implement them when appropriate.
5. Accept responsibility for own learning.

Clinical Preceptor Evaluation - N550B

Student: _____ Preceptor: _____

Date: _____ Clinical Site: _____

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thanks you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well-rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Faculty

Clinical Process					
The student is able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Use a standardized approach to obtaining the HPI/symptom analysis such as "OLDCARTS" or "PQRST" or other tool.					
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.					
Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.					
Accurately interpret physical findings and results of common diagnostic tests, and accurately differentiating normal from abnormal.					
Formulate an appropriate DDX based on the HPI and physical exam.					
Identify the most probable diagnosis/diagnoses					

Management of Health and Illness					
Is the student able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Formulate and update the problem lists based on H&P.					
Identify health maintenance needs based on age, PMH, family history and health related behaviors and then develops plans to meet these needs.					
Manage patients with acute minor injuries.					
Manage patients with family planning, pre-/postnatal needs.					
Perform well child care.					
Manage stable chronic diseases					
Accurately change the plan of care in patients with unstable/under-managed chronic diseases.					
Include psychosocial care and counseling as needed.					
Make appropriate referrals					
Provide pertinent patient education					
Plan for appropriate follow up care.					

In a few words describe one strength this student has?

In a few words what area(s) can this student improve in?

Role Identity and Professional development					
Is the student able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Introduce them self to the patient and takes responsibility for conducting the interview and exam.					
Presents cases to the clinical preceptor in a clear concise manner including diagnoses and plan.					
Promote useful relationships with patients, families, and office team members.					
Does this student:	Yes, always	Most of the time	Not as often as the situation dictates	Not at all	N/A
Accept the responsibility for their own learning and ask a question when they need too					
Use appropriate electronic and/or text based resources					
Taking opportunities to progress into a more independent role.					
Demonstrate increased capacity for making interdependent/independent decisions					

What is the average number of hours this student spends in your clinic on days that you are working together? _____

If you were to assign a letter grade to this student what would it be? _____

Does this student have any fundamental gaps in their clinical knowledge that cannot be taught to them in the next 120 Hours of clinical experience?

N550C FINAL CLINICAL OBJECTIVES

Upon Completion of N550C, the FNP graduate will:

A. In physical diagnosis and the nurse practitioner assessment process:

1. Take a through history appropriate to acute and/or chronic problems, inclusive of physiologic, psychological and social data.
2. Formulate a reasonable differential diagnosis and based on historic data.
3. Perform a physical exam appropriate to the presenting complaint and order diagnostic tests as necessary.
4. Interpret diagnostic tests correctly.
5. Based on history and physical exam, choose an appropriate diagnosis.

B. In the Management of health/illness conditions:

1. With increasing autonomy, manage the care of acute minor illnesses and injuries, common chronic illnesses, maternity and well childcare, and family planning.
2. Include the patient education regarding the expected course of acute or chronic illnesses in the treatment plan.
3. Include psychosocial care, counseling as appropriate, and consultation and/or referral for those problems beyond their scope of practice.
4. Plan for appropriate follow-up care.
5. Record accurately using problem-oriented recording, including updating the problem list.
6. Consistently address health maintenance and illness prevention through identification of health risks, education of clients, counseling and preventive treatment for potential or actual problems identified.

C. In the role identity and professional relationships:

1. Develop a productive relationship with patients, preceptor and staff.
2. Interpret the FNP role to clients and other health professionals.
3. Make and implement decisions with appropriate level of independence and consultation with preceptor as needed.
4. Accept responsibility for own learning and continued need to learn.

Clinical Preceptor Evaluation - N550C

Student: _____ Preceptor: _____

Date: _____ Clinical Site: _____

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool. Please fill it out as accurately as you can. This will help us assess this student's candidacy for graduation. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Department faculty

Clinical Process					
The student is able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Use a standardized approach to obtaining the HPI and symptom analysis such as "OLDCARTS" or "PQRST" or other tool.					
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.					
Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.					
Accurately interpret physical findings and results of common diagnostic tests, and differentiate normal from abnormal					
Formulate an appropriate DDX based on the HPI and physical exam.					

Identify the most probable diagnosis/diagnoses					
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Management of Health and Illness					
Is the student able to:	Performs indepent. needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Formulate and update the problem lists based on H&P.					
Identify health maintenance needs based on age, PMH, family history and health related behaviors and then develops plans to meet these needs.					
Manage patients with acute minor injuries.					
Manage patients with family planning, pre-/postnatal needs.					
Perform well child care.					
Manage stable chronic diseases					
Accurately change the plan of care in patients with unstable/under-managed chronic diseases.					
Include psychosocial care and counseling as needed.					
Make appropriate referrals					
Provide pertinent patient education					
Plan for appropriate follow up care.					

In a few words describe one strength this student has.

In a few words what area(s) does this student need to improve in?

Role Identity and Professional development					
Is the student able to:	Performs indepent. needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Introduce them self to the patient and takes responsibility for conducting the interview and exam.					
Presents cases to the clinical preceptor in a clear concise manner including diagnoses and plan.					
Promote useful relationships with patients, families, and office team members.					
Increasingly capable of making interdependent/independent decisions					
Negotiate a plan of care with a patient and/or caregivers					
Does this student:	Yes, always	Most of the time	Not as often as the situation dictates	Not at all	N/A
Accept the responsibility for their own learning					
Use appropriate electronic and/or text based resources					
Ask a question when they need additional information					
Taking opportunities to progress into a more independent role.					

What is the average number of hours this student spends in your clinic on days that you are working together? _____

If you where to assign a letter grade to this student what would it be? _____

Is this student able to function as an entry level FNP safely?

PLEASE RETURN THE FOLLOWING :

Send by email to nursing@sonoma.edu or fax
to (707) 664-2653

1. [Letter of Agreement](#) link to document
2. **Statement of Professional Preparation and
Experience or Personal Vitae**
3. [Breeze](#) License Verification

SONOMA STATE UNIVERSITY
 Department of Nursing
 FNP Preceptorship

Date: _____

If you prefer, you may submit a CV in lieu of this form, if the CV contains the information contained in this form.

CLINICAL PRECEPTOR VITAE (BRIEF)

NAME: _____ PHONE NO.: _____

AGENCY: _____

Type of License: _____ License No. _____ Expires: _____

SCHOOL TRAINING INCLUDING COLLEGE OR UNIVERSITY & OTHER SCHOOLS IN SPECIAL SUBJECTS:

Name of School	Location	Dates Attended	Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL & PRIVATE TRAINING:

Name of Institution	Dates Attended	Subjects Covered	Credit Equivalent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CLINICAL EXPERIENCE:

Type:

LENGTH OF EXPERIENCE: _____

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS:

INTEREST AREAS IN WORKING WITH STUDENTS:

I certify that the information provided is accurate and complete to the best of my knowledge and belief:

Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR LICENSE

NOTICE TO PRECEPTORS

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Should you desire such an appointment, please check here _____ and complete the following:

SOCIAL SECURITY NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____



NURSING Department

Continuing Education Units (CEUs) for Precepting FNP Students

Your contribution to the education of Family Nurse Practitioner Students is appreciated and in recognition of your professional role and mentorship Sonoma State University is offering the following continuing education units (CEUs). Please attest to completion of these at the bottom of the page.

1. Orientation to the Preceptorship role: View the PowerPoint "[Preceptorship Pearls](#)" and attest to your viewing by signing your name and NP number to the request for awarding of CEUs. (3 CEUs)

AND/OR

2.
 - A. Reviewed the clinical syllabus and objectives for the clinical course with the student.
 - B. Completed an evaluation of the student performance using the evaluation form in the preceptor handbook and submitted to the FNP Program nursing@sonoma.edu or return to student.
 - C. Maintain a log sheet for the hours you spend with the student and note hours and sign name. Director of FNP Program will send letter documenting hours for your National Certification renewal. 3 CEU for #2 (A, B and C)

Total CEU = 6 (we are unable to provide CMEs)

Attestation

Name: _____ Signature: _____

Email address to send certificate: _____

NP: # _____ Hours Precepted: _____

Total: = 6 CEUs if you complete both 1 and 2 above.

If you would like to obtain an additional 6 CEUs, please access the online CEU course at https://sonoma.az1.qualtrics.com/jfe/form/SV_3QRbom0eaOtjhwV. The password to access is “SSUNursing” (case sensitive), choose one activity to complete. Please note, you cannot repeat a CEU activity and receive repeat credit. Once completed, the SSU Nursing Department Chair will email you a CEU certificate. Please allow 1-2 weeks to receive your CEU certificate.

Mary Ellen Wilkosz, Director FNP Program
wilkosz@sonoma.edu

Sonoma State University
Department of Nursing
Family Nurse Practitioner
Program



Pediatric
Preceptor
Packet
N550ABC

Upon completion of the Pediatric preceptorship, the student will be able to:

- A. In physical diagnosis and nurse practitioner assessment process:
 - 1. Conduct a thorough intake history and physical exams pertinent to the pediatric client.
 - 2. Obtain appropriate interim history at routine well child visits.
 - 3. Assess normal progression of growth and development using standard parameters, i.e. height, weight, head circumference, BMI, Denver Developmental Milestones, Bright Futures etc.
 - 4. Order and interpret lab studies appropriately at various ages.
 - 5. Evaluate immunization records and recommend necessary immunizations for age.
 - 6. Assess psychosocial issues affecting child and/or related to parenting.
 - 7. Assess for actual/potential chronic disease states such as Type I & II DM, HTN, ADHD, Autism, developmental delay and obesity.
 - 8. Routinely evaluate health care maintenance, activity, diet, school, at all visits
- B. In management of health/illness conditions:
 - 1. Provide patient education regarding normal physiological change of childhood, growth and development, and diet and exercise in childhood.
 - 2. Educate the patient regarding use of medication, computer/t.v./video games, and illicit drugs.
 - 3. Education related to age appropriate nutrition, safety concerns, developmental issues
 - 4. Explain lab tests or procedures being ordered. Manage common complaints of childhood.
 - 5. Consult and refer patients appropriately based on history and physical exam finding/concerns.
 - 6. Include psychosocial care and counseling as necessary.
 - 7. Record accurately using problem oriented recording and/or forms when appropriate (i.e. CHDP forms)
- C. In role identity and professional development:
 - 1. Interpret the role of the FNP to clients/parents and professionals.
 - 2. Establish a professional relationship with preceptor, staff, and clients.
 - 3. Present cases to preceptor in a clear, concise, and pertinent manner.
 - 4. Accept responsibility for own learning.

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool for pediatrics. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well-rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves, we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Faculty

PEDIATRIC CLINICAL EVALUATION

STUDENT: _____ PRECEPTOR: _____

CLINICAL SITE: _____ DATE: _____

SSU CLINICAL INSTRUCTOR: _____

Clinical Process					
The student is able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Use a standardized approach to obtaining the HPI and symptom analysis such as "OLDCARTS" or "PQRST" or other tool.					
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.					

Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.					
Accurately interpret physical findings and results of common diagnostic tests, and differentiate normal from abnormal					
MANAGEMENT OF HEALTH AND ILLNESS					
Manage common complaints of childhood					
Provide patient education re:					
a. Normal progression of growth and development, school performance, school readiness					
b. Diet and exercise					
c. Soda, juice, caffeine, ETOH, tobacco, drug use, screen time					
d. Anticipatory guidance for child and parent					
e. Safety specific to age and activity					
f. Can identify issue in home/school: violence, safety, satisfaction					
g. Immunizations					
3. Identifies actual/potential risk of common disorders seen in childhood					
4. Provides counseling as needed					

5. Plans for appropriate follow-up and/or referral					

Role Identity and Professional Relations					
1. Interprets the FNP role to patients/parents and other professionals					
2. Presents cases to consultant in a clear, well-organized manner					
3. Develops effective relationships with preceptors, staff and patients					
4. Accepts responsibility for own learning					

Comments:

If you would like to speak to someone directly related to this student's performance please email the director of the program at wilkosz@sonoma.edu (Dr. Mary Ellen Wilkosz) or call 707-664-2465 and you will be directed to the appropriate clinical faculty member.

Preceptor signature _____

Date _____

PLEASE RETURN THE FOLLOWING :

Send by email to nursing@sonoma.edu or fax
to (707) 664-2653

1. [Letter of Agreement](#) link to document
2. **Statement of Professional Preparation and
Experience or Personal Vitae**
3. [Breeze](#) License Verification

CLINICAL PRECEPTOR VITAE (BRIEF)

NAME: _____ PHONE NO.: _____

AGENCY: _____

Type of License: _____ License No. _____ Expires: _____

SCHOOL TRAINING INCLUDING COLLEGE OR UNIVERSITY & OTHER SCHOOLS IN
SPECIAL SUBJECTS:

Name of School	Location	Dates Attended	Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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NURSING Department

Continuing Education Units (CEUs) for Precepting FNP Students

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1. Orientation to the Preceptorship role: View the PowerPoint "[Preceptorship Pearls](#)" and attest to your viewing by signing your name and NP number to the request for awarding of CEUs. (3 CEUs)

AND/OR

2. A. Reviewed the clinical syllabus and objectives for the clinical course with the student.

B. Completed an evaluation of the student performance using the evaluation form in the preceptor handbook and submitted to the FNP Program nursing@sonoma.edu or return to student.

C. Maintain a log sheet for the hours you spend with the student and note hours and sign name. Director of FNP Program will send letter documenting hours for your National Certification renewal. 3 CEU for #2 (A, B and C)

Total CEU = 6 (we are unable to provide CMEs)

Attestation

Name: _____ **Signature:** _____

Email address to send certificate: _____

NP: # _____ **Hours Precepted:** _____

Total: = 6 CEUs if you complete both 1 and 2 above.

If you would like to obtain an additional 6 CEUs, please access the online CEU course at https://sonoma.az1.qualtrics.com/jfe/form/SV_3QRbom0eaOtjhwV. The password to access is "SSUNursing" (case sensitive), choose one activity to complete. Please note, you cannot repeat a CEU activity and receive repeat credit. Once completed, the SSU Nursing Department Chair will email you a CEU certificate. Please allow 1-2 weeks to receive your CEU certificate.

Mary Ellen Wilkosz, Director FNP Program
wilkosz@sonoma.edu

Sonoma State University
Department of Nursing
Family Nurse Practitioner
Program



OB Preceptor Packet N550ABC

Upon completion of OB preceptorship, the student will be able to:

A. In physical diagnosis and nurse practitioner assessment process:

1. Conduct a thorough intake history and physical exams pertinent to the new prenatal client.
2. Obtain appropriate interim history at routine prenatal visits.
3. Assess normal progression of pregnancy using standard parameters, i.e. urine dipstick, BP, fundal height measurements, fetal heart tones, fetal movements, etc.
4. Order and interpret lab studies appropriately at various stages of pregnancy.
5. Perform pelvic exams when necessary, including cultures/wet mounts, using proper technique.
6. Assess psychosocial issues affecting pregnancy, birth and parenting.
7. Assess for actual/potential complications of pregnancy.
8. At post-partum visit, gather pertinent data related to labor and delivery, problems/concerns, general adaptation and adjustment to parenting.

B. In management of health/illness conditions:

Provide patient education regarding normal physiological change of pregnancy, fetal growth and development, and diet and exercise in pregnancy.

Educate the patient regarding use of caffeine, alcohol, tobacco, medications or illicit drugs during pregnancy and breastfeeding.]

Explain lab tests or procedures being ordered. Manage common complaints of pregnancy.

Educate patients regarding danger signs appropriate to gestational age and/or puerperium.

Consult and refer patients appropriately based on history and physical exam finding/concerns.

Include psychosocial care and counseling as necessary.

Record accurately using problem oriented recording and/or forms when appropriate.

C. In role identity and professional development:

1. Interpret the role of the FNP to clients and professionals.
2. Establish a professional relationship with preceptor, staff, and clients.
3. Present cases to preceptor in a clear, concise, and pertinent manner.
4. Accept responsibility for own learning.

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool for OB. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well-rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves, we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,
SSU Nursing Faculty

OB CLINICAL EVALUATION

STUDENT: _____ PRECEPTOR: _____

CLINICAL SITE: _____ DATE: _____

SSU CLINICAL INSTRUCTOR: _____

CLINICAL PROCESS					
The student is able to:	Performs independently needs no cues	Needs few cues	Usually needs guidance	Consistently needs guidance	Unsafe level of practice
Use a standardized approach to obtaining the HPI and symptom analysis such as "OLDCARTS" or "PQRST" or other tool.					
Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.					

Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.					
a. Pelvic exam					
b. McDonald's measurements					
c. Fetal heart tones					
d. BP, urine dipstick, edema					
e. Begin to perform Leopold's maneuvers correctly					
Accurately interpret physical findings and results of common diagnostic tests, and differentiate normal from abnormal					
Understands appropriate testing based on gestation of pregnancy					
Knows indication for special diagnostic test i.e. U/S, NST, etc					
MANAGEMENT OF HEALTH AND ILLNESS					
1. Manage common complaints of pregnancy					
Provide patient education re:					
a. Normal progression of pregnancy					
b. Diet and exercise					
c. Caffeine, ETOH, tobacco, drug use					
d. Anticipatory guidance for labor, delivery and parenting					
2. Can identify actual/potential risk of complication to pregnancy					

3. Provides counseling as needed					
4. Plans for appropriate follow-up and/or referral					

ROLE IDENTITY AND PROFESSIONAL DEVELOPMENT					
1. Interprets the FNP role to patients/parents and other professionals					
2. Presents cases to consultant in a clear, well-organized manner					
3. Develops effective relationships with preceptors, staff and patients					
4. Accepts responsibility for own learning					

Comments:

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Preceptor signature _____

Date _____

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Name: _____ **Signature:** _____

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Mary Ellen Wilkosz, Director FNP Program
wilkosz@sonoma.edu

Sonoma State University

N414 CLINICAL PRECEPTOR PACKET





Department Of Nursing

Welcome

The faculty and staff at Sonoma State University are very grateful for your decision to volunteer as a clinical preceptor for undergraduate nursing students in the pre and post licensure tracks. The program has a rich history of providing quality, off-campus clinical rotations to its students. It is indeed to the credit of our many fine preceptors throughout the region that such an enriching educational environment has developed.

Information is provided in this packet that explains the qualifications and responsibilities of the clinical preceptor, as well as the responsibilities of the student and faculty during the clinical experiences. Please review the preceptor expectations with your nurse manager/leader to determine the scope and realistic time commitment, in relationship to your employment responsibilities. Most importantly, we want you to understand the degree of trust we place in preceptors and the critical role you have in the education of the student. It takes a special person with unique abilities and the willingness to devote the necessary effort to fulfill the preceptor role.

Please complete the brief professional qualifications form, and sign the completed Preceptor Agreement prior to your first clinical time with the student. These documents are to be signed at a designated meeting with the preceptor, student and faculty advisor.

On behalf of Sonoma State University Baccalaureate Nursing Program, again I extend my sincere appreciation for your willingness to serve as a clinical preceptor.

Sincerely,
Mary Ellen Wilkosz RN, FNP-BC PhD
Chair and Professor



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

Nine Foundational Concepts to Organize the Curriculum

Nine concepts are identified to serve as a foundation from which to implement the philosophy of the Sonoma State University Department of Nursing and guide for meeting the terminal objectives. These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research, and cultural competency. The faculty value the goal of the Quality and Safety Education for Nurses (QSEN) project and connect specific language of the QSEN Competencies with select concepts to emphasize the relationship to the curriculum.

Within these 9 organizing concepts reside six critical competencies identified in the QSEN project. The faculty values the QSEN goal to prepare future nurses with the knowledge, skills, and attitudes (KSA's) necessary to continuously improve the quality and safety of the healthcare systems within which they work. There we have connected the specific QSEN language for each of the six competencies to its related department philosophical concept, thus emphasizing its relationship to the curriculum.

1. Human caring is the core of the inter-subjective 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}.

Supportive QSEN Competency Patient Centered Care: recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

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, p3)

Supportive QSEN Competency Quality Improvement:

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



9. Cultural Competency 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

Terminal Objectives: These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research and cultural competency. The graduate of Sonoma State University Department of Nursing programs will:

1. Develop inter-subjective nurturing relationships that support the fulfillment of potential of client and nurse. (Caring)

Demonstrate the integration of respect for human diversity, social justice and self in the nursing role

2. Make informed choices through critical analysis that promote nurse/client well-being. (Critical Thinking)

Participate in initiatives that support health promotion and disease prevention.

3. Demonstrate humanizing interactions that are grounded in the integration of the art (subjective) and science (objective) of nursing. (Communication)

Communicate within a team framework to promote optimal client outcomes.

4. Exemplify moral and ethical professional standards within a framework of equitable care. (Advocacy/social justice)

Delineate ethical principles on which to base practice decisions

5. Develop directed and deliberate actions for self and clients intended to result in learning. (Teaching/Learning)

Demonstrate the role of the nurse in specific, client centered teaching.

6. Continue the process of self-transformation in the profession of nursing and in the world community. (Professionalism)

Commit to life long learning and participation in the profession.

7. Actualize inter-subjective choices guided by vision and commitment to the wellbeing of the client. (Leadership)

Participate in changes to promote improvement in patient care

8. Acquire knowledge to support theory and evidenced based practice. (Research)

Demonstrate the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice



Purpose of a Preceptor

Preceptors are our partners in education providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge-linking student learning to current professional nursing practice. Preceptors also benefit from their experiences with SSU nursing students. Preceptors discover that this role affords increased job satisfaction, advancement of practice and recognition by faculty and peers. Required record keeping of the preceptor's license, contact information and experience is maintained in the SSU nursing department. Clinical content experts are assigned as faculty advisor's to the student and listed in the required course syllabus.

Preceptorship Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience develops. The focus of the relationship is to clarify roles, discuss mutual experiences, and review the student's backgrounds, learning objectives and review agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor/ student/faculty negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor.

The student will meet with the preceptor prior to beginning the clinical practicum. Preceptor, student and faculty sign a preceptorship contract. Students are to negotiate required hours accommodating the preceptor's/agency availability and schedule. A clinical calendar is completed and a copy is provided to the preceptor, clinical faculty and retained with the signed contract in the nursing department. The student and preceptor negotiate the procedure for notification in case of absence prior to starting the clinical practicum. Changes to the clinical schedule must be communicated to faculty in a timely manner. If the student is to be absent, the preceptor should be notified prior to the beginning of the clinical day. Make-up hours are negotiated as soon as possible. Students are expected to treat the approved calendar as a contract.

Definitions of a Preceptor

A preceptor is an experienced, clinically competent, registered nurse selected and prepared to serve as a role model, teacher, supervisor and evaluator while guiding the student toward competence in providing nursing care to clients in a health care setting. As outlined by the California Board of Registered Nurses, a preceptor shall have at least one year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nurse providing direct patient care. The preceptor holds a current, active California RN license, is competent in the clinical setting and has experience in the facility for at least one year. The preceptor is assigned to assist and supervise nursing students in an educational experience that is designed and directed by the clinical faculty. A relief preceptor is equally qualified and available on the primary preceptor's days off. He/she is expected to abide by the same standards and orientation as well as sign a preceptorship contract.

The preceptor has four general responsibilities, as described below.



Department Of Nursing

license and contact information and is kept with the contract and filed in SSU nursing office. The faculty advisor conducts periodic on-site meetings/conferences with the preceptor during the semester. A midterm and final evaluation is completed with the input of the preceptor by phone, e-mail or via conference.

Communication with Student

Preceptors are encouraged to provide regular daily feedback to the student and offer feedback at midterm and at the end of the preceptorship based on the Clinical Evaluation tool. In order for the student to resolve any concerns in an expeditious manner, preceptors are encouraged to relate concerns to the student when they occur. Written documentation of concerns and resolution will then be shared with the faculty. Additionally, faculty participate with students on line Canvas forums and is available to meet with students during office hours and by appointment.

Clinical Practice Sites

Faculty members select clinical practice sites and preceptors based on achievement of specified learning outcomes. Students may be required to travel to clinical settings in order to meet course objectives and obtain specific clinical experiences. Preceptor supervision is one to one and faculty is available for collaboration and consultation when student is scheduled in the clinical arena.

Preceptorship Role

The preceptor's primary role is teaching and mentoring the student. Preceptors plan learning experiences and assignments to help the student meet weekly professional and clinical goals, participate in educational activities to promote continued learning and professional growth and contribute in ongoing evaluation of the preceptorship program. Additionally, preceptors guide the student to improve accuracy and comprehension in documentation of pertinent information. The preceptor has the opportunity to role model interpersonal clinical and leadership skills and to provide patient care in accordance with established, evidence-based nursing practice standards,

Faculty Role

The faculty prepares students to think critically and exercise leadership in planning, implementing, and evaluating nursing care. Students and faculty work closely together to choose and coordinate a clinical practicum experience that meets the interests of the student as well as meets the needs of the community. Faculty is responsible for delineating course objectives, providing the preceptor with adequate orientation to the clinical course, the evaluation plan, and is available for consultation and corroboration as delineated at the first meeting, as needed and on an emergent basis. Faculty maintains current knowledge base thereby serving as a resource to the student and preceptor. Faculty attends the initial meeting with the preceptor and student, coordinates the signature of the preceptor and the student before the clinical rotation begins. Faculty engages in communication with students via Moodle/course format, maintains office hours and is available to the student per request or need. Faculty is responsible for the midterm and final clinical performance evaluation of the student and the course.



ORIENTATION

Orientation for the student and preceptor are necessary to promote a successful preceptorship/student experience. Preceptors assist students with unit-specific skills and become familiar with patients, protocols, care providers, and the unit's culture.

Orientation of the Preceptor

The preceptor will review the preceptorship handbook, which includes orientation and covers the policies of the preceptorship program, course objectives and roles and responsibilities of the preceptor, student and faculty. CEU's may be obtained by reviewing the evidence-based articles and completing 5 questions relevant to the preceptorship experience supporting caring, professionalism, leadership, communication and cultural competency.

Orientation of the Student

Students will participate in agency and unit orientation, review and become familiar with skills and orientation lists of the clinical specialty and are expected to read and understand the requirements of the course. In addition the student will:

- ☐ Organize a schedule with the preceptor to guarantee required hours for the semester.
- ☐ Participate in the identification of his/her learning needs by performing a self assessment and verbalize identified learning needs to the faculty and preceptor
- ☐ Participate in the planning and implementation of learning experiences
- ☐ Demonstrate responsibility and accountability for meeting all learning objectives for the clinical course.
- ☐ Accept and act in accordance with the direction provided by the faculty and preceptor
- ☐ Participate in ongoing evaluation of progress in the course with the faculty and preceptor.
- ☐ Come to each clinical prepared to participate fully in safe patient care.
- ☐ Actively seek out learning opportunities in the clinical setting
- ☐ Communicate with faculty and preceptor about schedule changes, sickness or questions
- ☐ Initiate contact with faculty related to clinical changes, problems or clinical errors

EVALUATION

Evaluation is an important part of nursing and nursing education. Preceptors evaluate student progress in the clinical setting and in meeting the needs to achieve patient outcomes. In nursing education, faculty assesses student progress to determine if they are achieving the objectives for an assignment or course.

Evaluation of Student

Faculty assumes overall responsibility for teaching and evaluation of the student, acts as a liaison to the preceptor's supervision of the student's performance of skills and educational opportunities, defines clinical learning objectives and outcomes. While the faculty member has the ultimate responsibility for the formal evaluation, the preceptor's input provides evidence to support the ratings. The Clinical Evaluation tool provides a guide for collecting and recording data related to



Department Of Nursing

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NURSING STUDENT INFORMATION

<i>Name</i>		<i>email</i>	
<i>Work Phone</i>	<i>Cell Phone</i>	<i>Home Phone</i>	
<i>Professional Liability Insurance</i> Lloyd's of London		<i>Policy #</i> SLS 107500510	
<i>CPR Valid Date</i>		<i>TB Test Date</i>	

NURSE PRECEPTOR INFORMATION

<i>Name:</i>		<i>Email:</i>	
<i>Agency Name:</i>		<i>City:</i>	
<i>Work Phone:</i>	<i>Cell Phone:</i>	<i>Home Phone:</i>	
<i>RN License #</i>		<i>Expiration Date:</i>	
<i>Nursing Degree(s) please circle</i>	<i>Hospital Diploma</i> <i>ADN</i> <i>BSN</i> <i>MSN</i>		
<i>Specialty Area(s)</i>		<i>Certification(s)</i>	
<i>Length of employment in this specialty area?</i>			

NURSING FACULTY AND SCHOOL INFORMATION

<i>Faculty:</i>	<i>Email:</i>	<i>Phone #</i>
<i>Faculty Content Expert</i>	<i>Email:</i>	<i>Phone #</i>



Department Of Nursing

Appendices



N414 PRECEPTOR FEEDBACK ON STUDENT PERFORMANCE

Student's Name _____ Preceptor Agency _____

Midterm Feedback for Student

To be discussed with and submitted to student

Professional Nursing Behaviors	Consistently	Occasionally	Rarely	N/A
Student is on time and accountable to agency personnel and clients at all times				
Student conforms to the agency's dress code?				
The student demonstrates in a professional cooperative manner while in the agency				
The student is prepared and engaged for clinical assignments				
The student complies with the agency policies and procedures.				
The student provides and receives feedback appropriately.				
The student works collaboratively with the health care team/family in developing and implementing patient plan of care				

Application of the Nursing Humanistic Theory	Consistently	Occasionally	Rarely	N/A
Demonstrates empathy, respect and presence in relating to aggregates, communities, colleagues, and organizations.				
Incorporates core knowledge and competencies in working with diverse patient populations incorporating nursing interventions to advance the fulfillment of human capacities, by relating theory to clinical practice				
Knows means to collaborate and partner with communities in planning, implementing and evaluating health interventions.				
Demonstrates ongoing self-evaluation of his/her nursing role with agency staff and clients.				
Actively participates in patient/family education specific to disease processes using teachback				



Department Of Nursing

The SSU Department of Nursing can provide 6 CEUs by completing an online CEU activity.



Sonoma State University
Preceptor 6 CEU Activity

Thank you for precepting a Sonoma State University (SSU) student. Your contribution to the progress and expertise of the student is appreciated and we are grateful. Preceptors provide an essential bridge-linking student learning to current professional nursing practice. The SSU faculty also realizes that serving as a preceptor comes with opportunities for an experienced nurse's professional growth and introspection. This Continuing Education (CEU) activity provides you with a way to formalize this experience as a preceptor mentoring SSU students as they transition into an entry-level position upon graduation and passing the NCLEX.

If you would like to obtain 6 CEUs, please access the online CEU course at https://sonoma.az1.qualtrics.com/jfe/form/SV_3QRbom0eaOtjhwV. You can request a password from the clinical instructor/site visitor and choose one activity to complete. Please note, you cannot repeat a CEU activity and receive repeat credit. Once completed, the SSU Nursing Department Chair will email you a CEU certificate. Please allow 1-2 weeks to receive your CEU certificate.

Continuing education requirements for Nurses: The content of all courses of continuing education must be relevant to the practice of nursing. Learning experiences are expected to enhance the knowledge of the registered nurse at a level above that required for licensure. Courses must be related to the scientific knowledge and/or technical skills required for the practice of nursing, or be related to direct and/or indirect patient/client care (<http://www.rn.ca.gov/licensees/ce-renewal.shtml#content>).

Continuing Education Experience Objectives:

1. Identify your role in assisting the SSU student preceptee to further develop leadership skills.
2. Describe important behaviors that are key to the success of the preceptor-student relationship.
3. Identify examples of strategies to facilitate continuous asking and sharing in the preceptor student relationship.
4. Recognize conditions in a healthcare organization that supports effective preceptorship outcomes.

Nurses who precept student nurses have a critical professional role in supporting the next generation of nurses. In your CEU activity, please reflect on your role as a preceptor for your SSU student. Through integration of the references provided and your experiences of working with an SSU preceptee, will be able to provide answers to the CEU activity.

N412P Fall 2018

Appendix 18

Sonoma State University

CLINICAL PRECEPTOR PACKET



Contents of the Preceptor Handbook

Preceptor Check List

The packet includes the following information:

___ Welcome Letter from the Department Chair.....	Pg. 3
___ SSU and Department of Nursing's Mission and Philosophy.....	Pg. 4
___ Nine Foundational Concepts to Organize the Curriculum.....	Pg. 5-6
___ Terminal Objectives.....	Pg. 7
___ Purpose of a Preceptor.....	Pg. 8
___ Definition of a Preceptor.....	Pg. 8
___ Guidelines for communication.....	Pg. 9
___ Preceptor Role.....	Pg. 10
___ Faculty Role.....	Pg. 10
___ Student Role.....	Pg. 10
___ Guideline for Orientation.....	Pg. 10-11
___ Guidelines for Evaluation.....	Pg. 11
___ N412P Community/Public Health Nursing Syllabus.....	Pg. 13
___ Preceptorship Contract.....	Pg. 23

Addendums

N412 Preceptor Midterm Feedback On Student Performance

N412 Preceptor Final Feedback On Student Performance

Evaluation of the preceptor experience by the preceptor

Welcome

The faculty and staff at Sonoma State University are very grateful for your decision to volunteer as a clinical preceptor for undergraduate nursing students in the pre and post licensure tracks. The program has a rich history of providing quality, off-campus clinical rotations to its students. It is indeed to the credit of our many fine preceptors throughout the region that such an enriching educational environment has developed.

Information is provided in this packet that explains the qualifications and responsibilities of the clinical preceptor, as well as the responsibilities of the student and faculty during the clinical experiences. Please review the preceptor expectations with your nurse manager/leader to determine the scope and realistic time commitment, in relationship to your employment responsibilities. Most importantly, we want you to understand the degree of trust we place in preceptors and the critical role you have in the education of the student. It takes a special person with unique abilities and the willingness to devote the necessary effort to fulfill the preceptor role.

Please complete the brief professional qualifications form, and sign the completed Preceptor Agreement prior to your first clinical time with the student. These documents are to be signed at a designated meeting with the preceptor, student and faculty advisor.

On behalf of Sonoma State University Baccalaureate Nursing Program, again I extend my sincere appreciation for your willingness to serve as a clinical preceptor.

Sincerely,

Mary Ellen Wilkosz, RN, FNP-BC, PhD
Chair

Mission Statement

Sonoma State University's mission is reflected in the Department of Nursing's commitment to:

University's Mission Statement Components	Department of Nursing Matching Mission Statements
Have a foundation for lifelong learning	Providing a foundation for lifelong professional learning
Have a broad cultural perspective	Practicing nursing within a broad cultural perspective
Have a keen appreciation of intellectual and aesthetic achievements	Affirming intellectual and aesthetic achievements as part of the human experience
Will be leaders and active citizens	Developing professional leadership and active citizenship
Are capable of pursuing fulfilling careers in a changing world	Fostering flexibility and resilience for a career in nursing within a dynamic world view
Are concerned with contributing to the health and well-being of the world at large	Contributing to the health and well-being of the community within a perspective of the world at large

Philosophy

The philosophical foundation of the SSU Department of Nursing is based upon Humanistic Nursing Theory (HMT) (Paterson & Zderad, 1988). Departmental values are based in HMT from which faculty tailor curriculum and pedagogical methods. HMT is a multi-dimensional metatheory centered on the essence of nursing, the nurse client (individual, family, community, organization) interaction, providing an inclusive bridge from theory to practice. The Department of Nursing 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 client (client as individuals, families, communities and organizations). Consistent with HMT is the consideration of students as unique individuals with varied ethnic and cultural backgrounds, learning styles and goals. The following philosophical statements structure the Department of Nursing curriculum and policy.

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 intersubjective 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. Nurses perceive 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

Nine Foundational Concepts to Organize the Curriculum

Nine concepts are identified to serve as a foundation from which to implement the philosophy of the Sonoma State University Department of Nursing and guide for meeting the terminal objectives. These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research, and cultural competency. The faculty value the goal of the Quality and Safety Education for Nurses (QSEN) project and connect specific language of the QSEN Competencies with select concepts to emphasize the relationship to the curriculum.

Within these 9 organizing concepts reside six critical competencies identified in the QSEN project. The faculty values the QSEN goal to prepare future nurses with the knowledge, skills, and attitudes (KSA's) necessary to continuously improve the quality and safety of the healthcare systems within which they work. There we have connected the specific QSEN language for each of the six competencies to its related department philosophical concept, thus emphasizing its relationship to the curriculum.

1. Human caring is the core of the inter-subjective 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}.

Supportive QSEN Competency Patient Centered Care: recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.

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, p3)

Supportive QSEN Competency Quality Improvement:

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

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}

Supportive QSEN Competency Informatics: Use information and technology to

communicate, manage knowledge, mitigate error, and support decision-making.

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.

Supportive QSEN Competency Safety: Minimize risk of harm to patients and providers through both system effectiveness and individual performances.

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.

Supportive QSEN Competency Teamwork and Collaboration:

Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.

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

Supportive QSEN Competency Evidenced Based Practice:

Integrate best current evidence with clinical expertise and patient/family preferences and values for the delivery of healthcare.

9. Cultural Competency 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

Terminal Objectives: These concepts are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research and cultural competency. The graduate of Sonoma State University Department of Nursing programs will:

1. Develop inter-subjective nurturing relationships that support the fulfillment of potential of client and nurse. (Caring)

Demonstrate the integration of respect for human diversity, social justice and self in the nursing role

2. Make informed choices through critical analysis that promote nurse/client well-being. (Critical Thinking)

Participate in initiatives that support health promotion and disease prevention.

3. Demonstrate humanizing interactions that are grounded in the integration of the art (subjective) and science (objective) of nursing. (Communication)

Communicate within a team framework to promote optimal client outcomes.

4. Exemplify moral and ethical professional standards within a framework of equitable care. (Advocacy/social justice)

Delineate ethical principles on which to base practice decisions

5. Develop directed and deliberate actions for self and clients intended to result in learning. (Teaching/Learning)

Demonstrate the role of the nurse in specific, client centered teaching.

6. Continue the process of self-transformation in the profession of nursing and in the world community. (Professionalism)

Commit to life long learning and participation in the profession.

7. Actualize inter-subjective choices guided by vision and commitment to the wellbeing of the client. (Leadership)

Participate in changes to promote improvement in patient care

8. Acquire knowledge to support theory and evidenced based practice. (Research)

Demonstrate the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice

9. Promote cultural sensitivity and cultural competent care that respects each individual's rights to be understood as a unique individual. (*Culturally competent*)

BSN-Demonstrate respect for the unique care of clients in all aspects of the nurse client relationship

Purpose of a Preceptor

Preceptors are our partners in education providing supervised clinical experiences that allow students to apply knowledge gained in the classroom to clinical practice. Preceptors provide an essential bridge-linking student learning to current professional nursing practice. Preceptors also benefit from their experiences with SSU nursing students. Preceptors discover that this role affords increased job satisfaction, advancement of practice and recognition by faculty and peers. Required record keeping of the preceptor's license, contact information and experience is maintained in the SSU nursing department. Clinical content experts are assigned as faculty advisor's to the student and listed in the required course syllabus.

Preceptorship Relationship

Establishing trust is one of the most crucial steps in the preceptor-student relationship and provides the foundation upon which the learning experience develops. The focus of the relationship is to clarify roles, discuss mutual experiences, and review the student's backgrounds, learning objectives and review agency policies. Orienting the student to the clinical setting, especially if the student has not been there before, promotes entry into the system and communicates respect and acceptance. The preceptor/student/faculty negotiate and determine the frequency of scheduled conferences that best meets the needs of the student and the schedule of the preceptor.

The student will meet with the preceptor prior to beginning the clinical practicum. Preceptor, student and faculty sign a preceptorship contract. Students are to negotiate required hours accommodating the preceptor's/agency availability and schedule. A clinical calendar is completed and a copy is provided to the preceptor, clinical faculty and retained with the signed contract in the nursing department. The student and preceptor negotiate the procedure for notification in case of absence prior to starting the clinical practicum. Changes to the clinical schedule must be communicated to faculty in a timely manner. If the student is to be absent, the preceptor should be notified prior to the beginning of the clinical day. Make-up hours are negotiated as soon as possible. Students are expected to treat the approved calendar as a contract.

Definitions of a Preceptor

A preceptor is an experienced, clinically competent, registered nurse selected and prepared to serve as a role model, teacher, supervisor and evaluator while guiding the student toward competence in providing nursing care to clients in a health care setting. As outlined by the California Board of Registered Nurses, a preceptor shall have at least one year continuous, full time or its equivalent experience in the designated nursing unit within the previous five years as a registered nursing providing direct patient care. The preceptor holds a current, active California RN license, is competent in the clinical setting and has experience in the facility for at least one year. The preceptor is assigned to assist and supervise nursing students in an educational experience that is designed and directed by the clinical faculty. A relief preceptor is equally qualified and available on the primary preceptor's days off. He/she is expected to abide by the same standards and orientation as well as sign a preceptorship contract.

The preceptor has four general responsibilities, as described below.

1. **Role Model** - As a role model, the preceptor demonstrates effective leadership and interpersonal skills, is clinically competent, is skilled in the use of the nursing process, and demonstrates the ability to apply the nursing process in both routine and complex nursing situations. Decision-making by the

preceptor is based on scientific and behavioral principles. Clinical expertise also includes patient teaching, knowledge and use of resources, and expertise in both basic and advanced nursing skills.

2. **Educator** - As an educator, the preceptor must be familiar with principles of adult learning. Integration of these principles into the educational process help meet the needs of the learner. The preceptor, faculty, and student will collaborate to identify the expected outcomes and to design experiences to meet individual learning needs.

3. **Advisor** - As an advisor, the preceptor is in a helping role. The preceptor provides support by creating an environment to facilitate a sense of psychological safety. The student is guided toward self-direction using the strategies of collaborative goal setting. The preceptor facilitates the social and professional transition of the student into the clinical practice setting. co

4. **Evaluator** - As an evaluator, the preceptor is to provide formal and informal feedback to the learner that is objective and based on achievement of expected outcomes. The preceptor participates in the evaluation process, providing feedback that motivates learning by validating that the student is achieving the expected outcomes or by identifying additional needed knowledge or skills. Achievement of goals is reviewed periodically. Evaluation conferences are held on a regular basis. Final evaluations will be completed by the preceptor and reviewed by the faculty. The preceptor may make written recommendations for future learning experiences.

COMMUNICATION

A formal communication plan between faculty, preceptor and student is essential for the success of the student and the preceptorship program. Frequency and method of faculty/preceptor/student conferences is established at the first scheduled meeting with the faculty/preceptor/student and followed throughout the clinical rotation/semester. The preceptor is present and available on the patient care unit during the entire time the student is in his/ her clinical practicum. Faculty is available to the preceptor and student during the entire time the student is involved in the preceptorship learning activity. A defined communication plan is clear to all parties.

Communication with Preceptor

Faculty will provide preceptors with contact information and are committed to be available by phone for communication or consultation anytime during the clinical rotation. Preceptors are encouraged to contact the faculty at any time. Faculty must be contacted immediately for situations involving a student's unsafe practice, critical indicators as outlined in the clinical evaluations tool, unethical conduct, or changes in preceptor availability. Any concerns expressed by other employees and preceptors should be communicated to the faculty member. Preceptors will have the opportunity to discuss student progress with the faculty member during site visit(s) and ongoing communication via email and telephone. Faculty conducts an initial meeting with the preceptor and student providing an opportunity to review the preceptorship handbook, course syllabus, course objectives, roles and responsibilities of the preceptor, student and faculty. The preceptor, student and faculty sign a preceptorship contract. Faculty will obtain the preceptor's current California license and contact information and is kept with the contract and filed in SSU nursing office. The faculty advisor conducts periodic on-site meetings/conferences with the preceptor during the semester. A midterm and final evaluation is completed with the input of the preceptor by phone, e-mail or via conference.

Communication with Student

Preceptors are encouraged to provide regular daily feedback to the student and offer feedback at midterm and at the end of the preceptorship based on the Clinical Evaluation tool. In order for the student to resolve any concerns in an expeditious manner, preceptors are encouraged to relate concerns to the student when they occur. Written documentation of concerns and resolution will then be shared with the faculty. Additionally, faculty participate with students on line Moodle forums and is available to meet with students during office hours and by appointment.

Clinical Practice Sites

Faculty members select clinical practice sites and preceptors based on achievement of specified learning outcomes. Students may be required to travel to clinical settings in order to meet course objectives and obtain specific clinical experiences. Preceptor supervision is one to one and faculty is available for collaboration and consultation when student is scheduled in the clinical arena.

Preceptorship Role

The preceptor's primary role is teaching and mentoring the student. Preceptors plan learning experiences and assignments to help the student meet weekly professional and clinical goals, participate in educational activities to promote continued learning and professional growth and contribute in ongoing evaluation of the preceptorship program. Additionally, preceptors guide the student to improve accuracy and comprehension in documentation of pertinent information. The preceptor has the opportunity to role model interpersonal clinical and leadership skills and to provide patient care in accordance with established, evidence-based nursing practice standards,

Faculty Role

The faculty prepares students to think critically and exercise leadership in planning, implementing, and evaluating nursing care. Students and faculty work closely together to choose and coordinate a clinical practicum experience that meets the interests of the student as well as meets the needs of the community. Faculty is responsible for delineating course objectives, providing the preceptor with adequate orientation to the clinical course, the evaluation plan, and is available for consultation and corroboration as delineated at first meeting, as needed and on an emergent basis. Faculty maintains current knowledge base thereby serving as a resource to the student and preceptor. Faculty attends the initial meeting with the preceptor and student, coordinates the signature of the preceptor and the student before the clinical rotation begins. Faculty engages in communicates with students via Moodle/course format, maintains office hours and is available to the student per request or need. Faculty is responsible for the midterm and final clinical performance evaluation of the student and the course.

Student Role

The student incorporates concepts from nursing knowledge, humanities, and sciences to assist individual clients, groups, and communities to attain and/or maintain an optimal level of wellness and engages in the following:

- Participate in an agency and unit orientation.
- Become familiar with skills and orientation lists.

- Organize schedule with preceptor to guarantee required hours for completion of semester.
- Understands the role of the student and preceptor
- Participate in the identification of his/her learning needs
- Participate in the planning and implementation of learning experiences
- Demonstrate self-direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the experience
- Accept and act in accordance with the direction provided by the preceptor
- Participate in ongoing evaluation of progress with the preceptor, program director and faculty clinical liaison
- Participate in ongoing evaluation of the program

ORIENTATION

Orientation for the student and preceptor are necessary to promote a successful preceptorship/student experience. Preceptors assist students with unit-specific skills and become familiar with patients, protocols, care providers, and the unit's culture.

Orientation of the Preceptor

The preceptor will review the preceptorship handbook, which includes orientation and covers the policies of the preceptorship program, course objectives and roles and responsibilities of the preceptor, student and faculty. CEU's may be obtained by reviewing the evidence-based articles and completing 5 questions relevant to your preceptorship experience supporting caring, professionalism, leadership, communication and cultural competency.

Orientation of the Student

Students will participate in agency and unit orientation, review and become familiar with skills and orientation lists of the clinical specialty and are expected to read and understand the requirements of the course. In addition the student will:

- Organize a schedule with the preceptor to guarantee required hours for the semester.
- Participate in the identification of his/her learning needs by performing a self assessment and verbalize identified learning needs to the faculty and preceptor
- Participate in the planning and implementation of learning experiences
- Demonstrate responsibility and accountability for meeting all learning objectives for the clinical course.
- Accept and act in accordance with the direction provided by the faculty and preceptor
- Participate in ongoing evaluation of progress in the course with the faculty and preceptor.
- Come to each clinical prepared to participate fully in safe patient care.
- Actively seek out learning opportunities in the clinical setting
- Communicate with faculty and preceptor about schedule changes, sickness or questions
- Initiate contact with faculty related to clinical changes, problems or clinical errors

EVALUATION

Evaluation is an important part of nursing and nursing education. Preceptors evaluate student progress in the clinical setting and in meeting the needs to achieve patient outcomes. In nursing education, faculty assesses student progress to determine if they are achieving the objectives for an assignment or course.

Evaluation of Student

Faculty assumes overall responsibility for teaching and evaluation of the student, acts as a liaison to the preceptor's supervision of the student's performance of skills and educational opportunities, defines clinical learning objectives and outcomes. While the faculty member has the ultimate responsibility for the formal evaluation, the preceptor's input provides evidence to support the ratings. The Clinical Evaluation tool provides a guide for collecting and recording data related to student performance. The preceptor's primary role is teaching; therefore the preceptor will observe the student in practice. The preceptor's observations regarding the student's performance should be compared with practice standards, corroborated with faculty, and shared with the student. Preceptors need to remember that they do not fail students or impede a student's progress. Rather, the student's performance either meets or fails to meet criteria.

Evaluation of Preceptor/Clinical Site

Faculty will complete a regular review of each clinical site using information from student and preceptor evaluations and site visits. Data is collected from student and faculty regarding preceptorship using student evaluation of preceptor experience. Preceptorship records of all current preceptors, RN licensed and dates of preceptorship are kept in a confidential file at Sonoma State University

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NURSING STUDENT INFORMATION

Name	email	
Work Phone	Cell Phone	Home Phone
Professional Liability Insurance Lloyd's of London	Policy # SLS 107500510	
CPR Valid Date	TB Test Date	

NURSING FACULTY AND SCHOOL INFORMATION

Clinical Faculty Name	Email
Cell Phone	Work Fax (707) 664-2653
SSU Nursing Department Chair Mary Ellen Wilkosz, RN, FNP-BC, PhD	Email mary.wilkosz@sonoma.edu
Cell Phone 415-328-3218 SSU work 707664-2297	Work Fax (707) 664-2653

NURSE PRECEPTOR INFORMATION

Name	email	
Agency Name:	City:	
Work Phone	Cell Phone	Home Phone

<i>RN License #</i>	<i>Expiration Date</i>
----------------------------	-------------------------------

<i>Nursing Degree(s) please circle</i>	<i>Hospital Diploma ADN BSN MSN</i>
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<i>Specialty Area(s)</i>	<i>Certification(s)</i>
---------------------------------	--------------------------------

<i>By my signature here, I am agreeing to serve as an SSU Nursing preceptor.</i>	<div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> <div style="margin-left: 50px;"><i>Date</i></div>
---	--

<i>Supervisor who is agreeing to support my involvement as an SSU preceptor</i>	<i>Name</i>	<i>Phone</i>
--	--------------------	---------------------

<i>SIGNATURES</i>	
<i>Student</i>	<i>Date</i>
<i>Clinical Faculty</i>	<i>Date</i>
<i>Preceptor</i>	<i>Date</i>

N412 PRECEPTOR MIDTERM FEEDBACK ON STUDENT PERFORMANCE

Students Name _____ Preceptor /Agency _____

Midterm Feedback for Student

To be discussed with and submitted to student

Professional Nursing Behaviors	Consistently	Occasionally	Rarely	N/A
Has the student been on time and accountable to agency personnel and clients at all times?				
Has the student conformed to the agency's dress code?				
Has the student demonstrated a professional cooperative manner while in the agency?				
Has the student come prepared for clinical assignments?				
Has the student complied with the agency's work deadlines?				
Gives and receives feedback appropriately.				
Has the student worked at developing the C\PHN role by increasing clinical responsibilities as the semester progresses.				

Application of the Nursing Humanistic Theory	Consistently	Occasionally	Rarely	N/A
Demonstrates empathy, respect and presence in relating to aggregates, communities, colleagues, and organizations.				
Incorporates core knowledge and competencies in population focused nursing to advance the fulfillment of human capacities, by relating clinical experiences to learned theory.				
Knows means to collaborate and partner with communities in planning, implementing and evaluating health interventions.				
Recognizes self-determination and accountability in self and community illustrated by inviting a person, family or aggregate to participate in a designing and /or implementing a health intervention.				
Demonstrates ongoing self-evaluation of his/her nursing				

role with agency staff and clients.				
Recognizes the teaching/learning process as a complex and cooperative relationship between faculty and students and between nurses and populations demonstrated by doing a teach to a family or community aggregate that receives a good evaluation.				

Student Individual Goals for Remainder of Semester (to be completed at midterm)

Preceptor Comments:

Student Comments:

Revision of Student Goals for Remainder of Semester (to be completed at final)

Signature of preceptor/date

Student signature/date

N412 PRECEPTOR FINAL FEEDBACK ON STUDENT PERFORMANCE

Students Name _____ Preceptor /Agency _____

Final Feedback for Student

To be discussed with and submitted to student

Professional Nursing Behaviors	Consistently	Occasionally	Rarely	N/A
Has the student been on time and accountable to agency personnel and clients at all times?				
Has the student conformed to the agency's dress code?				
Has the student demonstrated a professional cooperative manner while in the agency?				
Has the student come prepared for clinical assignments?				
Has the student complied with the agency's work deadlines?				
Gives and receives feedback appropriately.				
The student worked at developing the C\PHN role by increasing clinical responsibilities as the semester progresses.				

Application of the Nursing Humanistic Theory	Consistently	Occasionally	Rarely	N/A
Demonstrates empathy, respect and presence in relating to aggregates, communities, colleagues, and organizations.				
Incorporates core knowledge and competencies in population focused nursing to advance the fulfillment of human capacities, by relating clinical experiences to learned theory.				
Knows means to collaborate and partner with communities in planning, implementing and evaluating health interventions.				

Recognizes self-determination and accountability in self and community illustrated by inviting a person, family or aggregate to participate in a designing and /or implementing a health intervention.				
Demonstrates ongoing self-evaluation of his/her nursing role with agency staff and clients.				
Recognizes the teaching/learning process as a complex and cooperative relationship between faculty and students and between nurses and populations demonstrated by doing a teach to a family or community aggregate that receives a good evaluation.				

Student Individual Goals since Midterm (to be completed at final)

Preceptor Comments:

Student Comments:

Signature of preceptor/date

Student signature/date

SONOMA STATE UNIVERSITY DEPARTMENT OF NURSING
EVALUATION OF PRECEPTOR EXPERIENCE BY THE PRECEPTOR

PRECEPTOR'S NAME: _____ **DATE:** _____

NURSING AGENCY & UNIT: _____

INSTRUCTIONS:

This form is designed to determine your perception of the preceptor experience. Read each item carefully before you respond.

Scale

1	2	3	4	5
Ineffectively	Somewhat Effectively	Moderately Effectively	Effectively	Very effectively

1. The preceptorship experience was positive.

1 2 3 4 5

2. Faculty provided preceptor a packet with written explanations and forms for evaluating the experience.

1 2 3 4 5

3. Faculty was available and responded in a timely manner

1 2 3 4 5

4. I would recommend this experience to other staff nurses.

1 2 3 4 5

5. I would participate in this experience again.

1 2 3 4 5

6. I would recommend continuing this experience as part of the curriculum.

1 2 3 4 5

Comments:

1. What positive experiences did you have?

2. What recommendations do have for future improvement

Baccalaureate Essential I 2011: Liberal Education for Baccalaureate Generalist Nursing	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Integrate theories and concepts from liberal education into nursing practice.	X	X		X		X	X	X	X	X	X
2. Synthesize theories and concepts from liberal education to build an understanding of the human experience.	X	X		X		X	X	X	X	X	X
3. Use skills of inquiry, analysis and information literacy to address practice issues.	X	X			X	X		X	X	X	X
4. Use written, verbal, nonverbal and emerging technology methods to communicate effectively.	X	X	X		X	X		X	X	X	X
5. Apply knowledge of social and cultural factors to the care of diverse populations.	X	X	X	X		X	X	X	X	X	X
6. Engage in ethical reasoning and actions to provide leadership in promoting advocacy, collaboration, and social justice as a socially responsible citizen.	X	X	X	X		X	X	X	X	X	X
7. Integrate the knowledge and methods of a variety of disciplines to inform decision making.	X	X		X	X	X			X	X	X
8. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare program.	X		X	X				X	X	X	X
9. Value the ideal of lifelong learning to support excellence in nursing practice.	X	X		X		X		X	X	X	X

Baccalaureate Essential II 2011: Basic Organizational and Systems Leadership for Quality Care and Patient Safety	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
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.	X	X	X	X		X	X	X	X	X	X
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.	X	X	X	X	X	X	X	X	X		X
3. Demonstrate an awareness of complex organizational systems.	X							X	X	X	X
4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy and values.	X		X			X		X	X	X	X
5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations and other members of healthcare team.	X		X				X	X	X	X	X
6. Apply concepts of quality and safety using structure, process and outcome measures to identify clinical questions and describe the process of changing current practice.	X		X		X	X	X	X	X	X	X
7. Promote factors that create a culture of safety and caring.	X	X	X	X		X		X	X	X	X
8. Promote achievement of safe and quality outcomes of care for diverse populations.	X	X	X	X	X	X		X	X	X	X
9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse sensitive indicators in the microsystem of care.	X							X	X		X
10. Use improvement methods, based on data from the outcomes of care processes, to design and test changed continuously improve the quality and safety of health care.	X					X		X	X		X
11. Employ principles of quality improvement , healthcare policy and cost effectiveness to assist in the development and initiation of effective plans for the microsystem, and/or system, wide practice improvements that will improve the quality of healthcare delivery.								X	X		X
12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.				X		X		X			X

Baccalaureate Essential III 2011: Scholarship for Evidence-Based Practice	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Explain the interrelationships among theory, practice and research.	X	X		X	X	X		X	X	X	X
2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.	X	X		X	X	X	X		X		X
3. Advocate for the protection of human subjects in the conduct of research.	X				X	X			X		
4. Evaluate the credibility of sources of information, including but not limited to databases and internet resources.	X	X		X	X	X		X	X		X
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.	X		X	X	X	X		X	X		X
6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing and evaluating outcomes of care.	X	X	X	X	X	X	X		X	X	X
7. Collaborate in the collection, documentation and dissemination of evidence.	X				X	X			X		X
8. Acquire an understanding of the process for how nursing and related healthcare quality and safety measures are developed, validated and endorsed.	X				X			X	X	X	X
9. Describe mechanisms to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes.	X	X		X	X	X		X	X	X	X

Baccalaureate Essential IV 2011: Information Management and Application of Patient Care Technology	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice.	X	X	X			X	X		X	X	X
2. Use telecommunication technologies to assist in effective communication in a variety of healthcare settings.	X		X						X	X	X
3. Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers.	X	X	X			X	X	X	X	X	X
4. Understand the use of CIS systems to document interventions related to achieving nurse sensitive outcomes.	X	X	X			X			X	X	X
5. Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes.	X	X	X	X		X		X	X	X	X
6. Evaluate data from all relevant sources, including technology, to inform the delivery of care.	X	X		X	X	X	X	X	X	X	X
7. Recognize the role of information technology in improving patient care outcomes and creating a safe care environment.	X	X	X	X		X			X		X
8. Uphold ethical standards related to data security, regulatory requirements, confidentiality and clients' rights to privacy.	X	X	X	X		X		X	X	X	X
9. Apply patient care technologies as appropriate to address the needs of a diverse patient population.	X	X	X			X	X		X	X	X
10. Advocate for the use of new patient care technologies for safe, quality care.	X	X	X			X			X		X
11. Recognize that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice.								X	X		X
12. Participate in evaluation of information systems in practice settings through policy and procedure development.								X	X		X

Baccalaureate Essential V 2011: Healthcare Policy, Finance, and Regulatory Environments	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Demonstrate basic knowledge of healthcare policy, finance and regulatory environments, including local, state, national and global healthcare trends.								X	X		X
2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.							X	X			
3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.								X	X		X
4. Examine legislative and regulatory processes relevant to the provision of health care.	X		X			X	X	X	X		X
5. Describe state and national statutes, rules and regulations that authorize and define professional nursing practice.	X		X			X	X	X	X		X
6. Explore the impact of sociocultural, economic, legal and political factors influencing healthcare delivery and practice.	X	X	X	X		X		X			X
7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.	X		X					X	X		X
8. Discuss the implications of healthcare policy on issues of access, equity, affordability and social justice in healthcare delivery.								X	X		X
9. Use and ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.	X	X		X			X	X	X		X
10. Articulate, through a nursing perspective, issues concerning healthcare delivery to decision makers within healthcare organizations and other policy arenas.								X	X		X
11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.								X	X		X
12. Advocate for consumers and the nursing profession.	X	X		X	X	X		X	X		X

Baccalaureate Essential VI 2011: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).	X	X	X	X		X		X	X		X
2. Use inter and intraprofessional communication and collaborative skills to deliver evidence based, patient centered care.	X	X	X	X	X	X	X	X	X	X	X
3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.	X	X	X	X		X		X	X	X	X
4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.	X	X	X			X		X	X	X	X
5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams	X	X	X			X		X	X		X
6. Advocate for high quality and safe patient care as a member of the interprofessional team.	X	X	X	X		X	X	X	X	X	X

Baccalaureate Essential VII 2011: Clinical Prevention and Population Health	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities and populations.	X	X	X				X		X	X	X
2. Conduct a health history, including environmental exposures and a family history that recognizes genetic risks, to identify current and future health problems.	X					X	X		X	X	X
3. Assess health/illness beliefs, values, attitudes and practices of individuals, families, groups, communities and populations.	X	X	X	X		X	X		X	X	X
4. Use behavioral change techniques to promote health and manage illness.	X	X	X	X		X	X	X	X	X	X
5. Use evidence based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan.	X	X		X	X	X	X		X	X	X
6. Use information and communication technologies in preventative care.	X	X	X						X	X	X
7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.	X	X	X	X		X	X		X	X	X
8. Assess the health, healthcare and emergency preparedness needs of a defined population.									X		X
9. Use clinical judgement and decision making skills in appropriate, timely nursing care during disaster, mass casualty and other emergency situations.									X		X
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.	X	X							X	X	X
11. Participate in clinical prevention and population focused interventions with attention to effectiveness, efficiency, cost effectiveness and equity.	X								X	X	X
12. advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.	X	X	X	X		X		X	X	X	X
13. Use evaluation results to influence the delivery of care, deployment of resources, and to provide input into the development of policies to promote health and prevent disease.	X	X		X				X	X	X	X

Baccalaureate Essential VIII 2011: Professionalism and Professional Values	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Demonstrate the professional standards of more, ethical and legal conduct,	X	X		X		X	X	X	X	X	X
2. Assume accountability for personal and professional behaviors.	X	X	X	X		X	X	X	X	X	X
3. Promote the image of nursing by modeling the values and articulating the knowledge, skills and attitudes of the nursing profession.	X	X	X	X		X		X	X	X	X
4. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.	X	X	X	X		X	X	X	X	X	X
5. Demonstrate an appreciation of the history of and contemporary issues in nursing and their impact on current nursing practice.	X							X			X
6. Reflect on one's own beliefs and values as they relate to professional practice.	X	X	X	X		X		X	X	X	X
7. Identify personal, profession and environmental risks that impact personal and professional choices and behaviors.	X			X		X		X	X	X	X
8. Communicate to the healthcare team one's personal bias on difficult healthcare decisions that impact one's ability to provide care.	X	X	X	X		X		X	X		X
9. Recognize the impact of attitudes, values and expectations on the care of the very young, frail older adults, and other vulnerable populations.	X	X	X	X		X	X		X	X	X
10. Protect patient privacy and confidentiality of patient records and other privileged communications.	X	X	X	X	X	X	X		X		X
11. Access interprofessional and intraprofessional resources to resolve ethical and other practice dilemmas.	X	X		X		X			X		X
12. Act to prevent unsafe, illegal or unethical care practices.	X	X	X	X		X	X	X	X	X	X
13. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.	X	X		X		X		X	X		X
14. Recognize the relationship between personal health, self renewal, and the ability to deliver sustained quality care.	X		X	X		X		X	X		X

Baccalaureate Essential IX 2011: Baccalaureate Generalist Nursing Practice	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.	X	X	X	X		X	X		X	X	X
2. Recognize the relationship of genetics and genomics to health, prevention, screening, diagnostics, prognostics, selection of treatment and monitoring of treatment effectiveness, using a constructed pedigree from a collected family history information as well as standardized symbols and terminology.	X		X						X		X
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.	X	X	X	X		X	X		X	X	X
4. Communicate effectively with all members of the healthcare team, including the patient and the patient's support network.	X	X	X	X		X			X	X	X
5. Deliver compassionate, patient centered, evidence based care that respects patient and family preferences.	X	X	X	X	X	X	X		X	X	X
6. Implement patient and family care around resolution of end of life and palliative care issues, such as symptom management, support of rituals and respect for patient and family preferences.	X	X	X			X	X		X		X
7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences and health literacy considerations to foster patient engagement in their care.	X	X	X	X		X	X		X	X	X
8. Implement evidence based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan.	X	X	X	X	X	X	X		X	X	X
9. Monitor client outcomes to evaluate the effectiveness of psychobiological interventions.	X	X	X	X		X			X	X	X
10. Facilitate patient centered transitions of care including discharge planning and ensuring the caregiver's knowledge of care requirements to promote safe care.	X	X	X			X	X		X		X
11. Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.	X	X	X	X	X	X	X		X	X	X
12. Create a safe care environment that results in high quality patient outcomes.	X	X	X	X		X	X		X	X	X
13. Revise the plan of care based on an ongoing evaluation of patient outcomes.	X	X	X			X	X		X		X
14. Demonstrate clinical judgement and accountability for patient outcomes when delegating to and supervising other members of the healthcare team.	X	X	X	X		X	X	X	X	X	X

15. Manage care to maximize health, independence and quality of life for a group of individuals that approximates a beginning practitioner's workload.	X	X	X			X			X	X	X
16. Demonstrate the application of psychomotor skills for the efficient, safe and compassionate delivery of patient care.	X	X	X			X	X		X	X	X
17. Develop a beginning understanding of complementary and alternative modalities and their role in health care.	X								X		X
18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.	X	X	X	X		X	X		X		X
19. Manage the interaction of multiple functional problems affecting patients across the lifespan, including common geriatric syndromes.		X				X			X		X
20. Understand one's role and participation in emergency preparedness and disaster response with an awareness of environmental factors and the risks they pose to self and patients.	X					X			X		X
21. Engage in caring and healing techniques that promote a therapeutic nurse patient relationship.	X	X		X		X			X	X	X
22. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system as related to nursing practice.	X					X		X	X	X	X

**Population Health and the Essentials of
Baccalaureate Education for Professional Nursing
Practice**

In addition to the generic competency statements mapped in the Essentials document, the BSN prepares the graduate in the following Population Essentials (PE) competencies.

Population Essential I: Liberal Education for the Baccalaureate Generalist Nursing Practice	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
PE I.1. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.									x	X	
PE I.2. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.										X	
PE I.3. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.									x	X	
PE I.4. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.									x	X	
PE I.5. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.									x	X	
PE I.6. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.										X	
Population Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety											
PE II.1. Apply systems theory to PHN practice with individuals, families, and groups.									x	x	
PE II.2. Participate with stakeholders to identify vision, values, and principles for community action.									x	x	
PE II.3. Maintain knowledge of current laws and policies relevant to public health.									x	x	
Population Essential III: Scholarship for Evidence-based Practice											
PE III.1. Identify the determinants of health and illness of individuals and families using multiple sources of data.									x	x	
PE III.2. Use epidemiologic data and the ecological perspective to identify health risks for a population.									x	x	
PE III.3. Participate in research activities such as data collection at the community level to build the scientific base of public health nursing.									x	x	
Population Essential IV: Information Management and Application of Patient Care Technology											
PE IV.1. Demonstrate presentation of targeted health information to multiple audiences at a local level, including to groups, peer professionals, and agency peers.									x	X	

Population Essential I: Liberal Education for the Baccalaureate Generalist Nursing Practice	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
PE IV.2 Assess data collected as part of the community assessment process to make inferences about individuals, families, and groups.									x	X	
PE IV.3 Identify gaps and redundancies in data sources in a community assessment through work with individuals, families, and communities.									x	X	
PE IV.4 Apply ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.									x	X	
PE IV.5 Understand methods and practices used to identify and access public health information for individuals, families, and groups.									x	X	
Population Essential V: Healthcare Policy, Finance, and Regulatory Environments											
PE.V.1 Describe the structure of the public health system. Identify public health policies, laws and regulations relevant to PHN practice.									x	x	
PE.V.2 Identify the impact of the system on individuals, families, and groups.									x	x	
PE.V.3 Describe various approaches used to implement and improve public health processes and systems.									x	x	
Population Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes											
PE.VI.1 Participate as a team member in developing organizational plans to implement programs and policies; participates as a team member in evaluating programs for their effectiveness and quality.									x	X	
PE.VI.2 Communicates effectively in writing, orally, and electronically as a member of interprofessional teams.									x	X	
PE.VI.3 Apply basic human relations and conflict management skills in interactions with peers and other healthcare team members.										X	
Population Essential VII: Clinical Prevention and Population Health for Optimizing Health											
PE.VII.1 Participate effectively in activities that facilitate community involvement in creating a healthy environment for individuals, families, and groups.									x	x	
PE.VII.2 Collaborate with community partners to promote the health of individuals and families within the population.									x	x	
PE.VII.3 Practice evidence-based public health nursing to promote the health of individuals, families, and groups.									x	x	
PE.VII.4 Partner effectively with key stakeholders and groups in care delivery to individuals, families, groups.									x	x	
Population Essential VIII: Professionalism and Professional Values											

Population Essential I: Liberal Education for the Baccalaureate Generalist Nursing Practice	N301	N302	N303	N304	N310	N407	N409	N410	N412	N412P	N414
PE.VIII.1 Articulate the benefits of a diverse public health workforce.										X	
PE.VIII.2 Demonstrate presentation of targeted health information to multiple audiences at a local level, including to groups, peer professionals, and agency peers.									x	X	
PE.VIII.3 Articulate the role of public health nursing to internal and external audiences									x	X	
PE.VIII.4 Identifies opportunities for population-focused advocacy for individuals, families, and groups.									x	X	
Essential IX: Baccalaureate Generalist Nursing Practice											
PE.IX.1 Assess the health literacy of individuals, families, and groups served.									x	X	
PE.IX.2 Utilize an ecological perspective in health assessment, planning, and interventions with individuals, families, and groups.									x	X	
PE IX.3 Use basic descriptive epidemiological methods when conducting a health assessment for individuals, families, and groups.									x	X	

Essential I: Liberal Education for Baccalaureate Generalist Nursing	N310	N312	N313	N410	N412	N412P	N416
1. Integrate theories and concepts from liberal education into nursing practice.		X		X	X	X	X
2. Synthesize theories and concepts from liberal education to build an understanding of the human experience.		X	X	X		X	X
3. Use skills of inquiry, analysis and information literacy to address practice issues.	X	X	X	X		X	X
4. Use written, verbal, nonverbal and emerging technology methods to communicate effectively.	X	X	X	X		X	X
5. Apply knowledge of social and cultural factors to the care of diverse populations.		X	X	X		X	X
6. Engage in ethical reasoning and actions to provide leadership in promoting advocacy, collaboration, and social justice as a socially responsible citizen.		X	X	X		X	X
7. Integrate the knowledge and methods of a variety of disciplines to inform decision making.	X		X	X		X	X
8. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare program.			X	X	X	X	X
9. Value the ideal of lifelong learning to support excellence in nursing practice.			X	X		X	X

Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety	N310	N312	N313	N410	N412	N412P	N416
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.		X	X	X	X	X	X
2. Demonstrate leadership and communication skills to effectively implement patient safety and quality improvement initiatives within the context of the interprofessional team.	X	X	X	X	X		X
3. Demonstrate an awareness of complex organizational systems.				X	X	X	
4. Demonstrate a basic understanding of organizational structure, mission, vision, philosophy and values.		X		X		X	
5. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations and other members of healthcare team.				X	X	X	
6. Apply concepts of quality and safety using structure, process and outcome measures to identify clinical questions and describe the process of changing current practice.	X		X	X	X	X	
7. Promote factors that create a culture of safety and caring.		X	X	X	X	X	
8. Promote achievement of safe and quality outcomes of care for diverse populations.	X	X	X	X	X	X	
9. Apply quality improvement processes to effectively implement patient safety initiatives and monitor performance measures, including nurse sensitive indicators in the microsystem of care.				X	X		
10. Use improvement methods, based on data from the outcomes of care processes, to design and test changed continuously improve the quality and safety of health care.				X	X		
11. Employ principles of quality improvement , healthcare policy and cost effectiveness to assist in the development and initiation of effective plans for the microsystem, and/or system, wide practice improvements that will improve the quality of healthcare delivery.				X	X		
12. Participate in the development and implementation of imaginative and creative strategies to enable systems to change.				X	X		X

Essential III: Scholarship for Evidence-Based Practice	N310	N312	N313	N410	N412	N412P	N416
1. Explain the interrelationships among theory, practice and research.	X	X		X	X	X	
2. Demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.	X	X			X		X
3. Advocate for the protection of human subjects in the conduct of research.	X						
4. Evaluate the credibility of sources of information, including but not limited to databases and internet resources.	X	X					
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.	X	X			X		X
6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing and evaluating outcomes of care.	X		X		X	X	
7. Collaborate in the collection, documentation and dissemination of evidence.	X	X	X		X		X
8. Acquire an understanding of the process for how nursing and related healthcare quality and safety measures are developed, validated and endorsed.	X		X		X	X	
9. Describe mechanisms to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes.	X			X		X	

Essential IV: Information Management and Application of Patient Care Technology	N310	N312	N313	N410	N412	N412P	N416
1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice.			X		X	X	
2. Use telecommunication technologies to assist in effective communication in a variety of healthcare settings.			X		X	X	
3. Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both patients and healthcare workers.			X			X	
4. Understand the use of CIS systems to document interventions related to achieving nurse sensitive outcomes.			X		X	X	
5. Use standardized terminology in a care environment that reflects nursing's unique contribution to patient outcomes.			X			X	
6. Evaluate data from all relevant sources, including technology, to inform the delivery of care.	X	X	X	X	X	X	X
7. Recognize the role of information technology in improving patient care outcomes and creating a safe care environment.	X		X				
8. Uphold ethical standards related to data security, regulatory requirements, confidentiality and clients' rights to privacy.			X			X	X
9. Apply patient care technologies as appropriate to address the needs of a diverse patient population.			X		X	X	
10. Advocate for the use of new patient care technologies for safe, quality care.			X		X		
11. Recognize that redesign of workflow and care processes should precede implementation of care technology to facilitate nursing practice.			X				
12. Participate in evaluation of information systems in practice settings through policy and procedure development.			X				

Essential V: Healthcare Policy, Finance, and Regulatory Environments	N310	N312	N313	N410	N412	N412P	N416
1. Demonstrate basic knowledge of healthcare policy, finance and regulatory environments, including local, state, national and global healthcare trends.				X	X		
2. Describe how health care is organized and financed, including the implications of business principles, such as patient and system cost factors.				X			
3. Compare the benefits and limitations of the major forms of reimbursement on the delivery of health care services.				X	X		
4. Examine legislative and regulatory processes relevant to the provision of health care.				X	X		
5. Describe state and national statutes, rules and regulations that authorize and define professional nursing practice.				X	X		
6. Explore the impact of sociocultural, economic, legal and political factors influencing healthcare delivery and practice.		X	X	X	X		X
7. Examine the roles and responsibilities of the regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.				X			
8. Discuss the implications of healthcare policy on issues of access, equity, affordability and social justice in healthcare delivery.				X	X		X
9. Use an ethical framework to evaluate the impact of social policies on health care, especially for vulnerable populations.		X	X	X	X		X
10. Articulate, through a nursing perspective, issues concerning healthcare delivery to decision makers within healthcare organizations and other policy arenas.				X	X		
11. Participate as a nursing professional in political processes and grassroots legislative efforts to influence healthcare policy.				X	X		
12. Advocate for consumers and the nursing profession.	X	X	X	X			X

Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	N310	N312	N313	N410	N412	N412P	N416
1. Compare/contrast the roles and perspectives of the nursing profession with other care professionals on the healthcare team (i.e., scope of discipline, education and licensure requirements).		X		X	X		
2. Use inter and intraprofessional communication and collaborative skills to deliver evidence based, patient centered care.	X	X	X		X	X	X
3. Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships.				X		X	
4. Contribute the unique nursing perspective to interprofessional teams to optimize patient outcomes.		X	X	X	X	X	
5. Demonstrate appropriate teambuilding and collaborative strategies when working with interprofessional teams		X	X	X			X
6. Advocate for high quality and safe patient care as a member of the interprofessional team.			X			X	

Essential VII: Clinical Prevention and Population Health	N310	N312	N313	N410	N412	N412P	N416
1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities and populations.			X	X	X	X	
2. Conduct a health history, including environmental exposures and a family history that recognizes genetic risks, to identify current and future health problems.					X	X	
3. Assess health/illness beliefs, values, attitudes and practices of individuals, families, groups, communities and populations.		X			X	X	
4. Use behavioral change techniques to promote health and manage illness.			X			X	
5. Use evidence based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral and follow-up throughout the lifespan.	X	X	X		X	X	X
6. Use information and communication technologies in preventative care.		X	X		X	X	
7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.			X		X	X	X
8. Assess the health, healthcare and emergency preparedness needs of a defined population.			X		X		
9. Use clinical judgement and decision making skills in appropriate, timely nursing care during disaster, mass casualty and other emergency situations.			X		X		X
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.			X		X	X	X
11. Participate in clinical prevention and population focused interventions with attention to effectiveness, efficiency, cost effectiveness and equity.			X		X	X	
12. Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.		X	X		X	X	X
13. Use evaluation results to influence the delivery of care, deployment of resources, and to provide input into the development of policies to promote health and prevent disease.			X		X	X	X

Essential VIII: Professionalism and Professional Values	N310	N312	N313	N410	N412	N412P	N416
1. Demonstrate the professional standards of moral, ethical and legal conduct.		X	X	X	X	X	X
2. Assume accountability for personal and professional behaviors.		X	X			X	X
3. Promote the image of nursing by modeling the values and articulating the knowledge, skills and attitudes of the nursing profession.		X	X		X	X	X
4. Demonstrate professionalism, including attention to appearance, demeanor, respect for self and others, and attention to professional boundaries with patients and families as well as among caregivers.			X		X	X	X
5. Demonstrate an appreciation of the history of and contemporary issues in nursing and their impact on current nursing practice.		X	X				
6. Reflect on one's own beliefs and values as they relate to professional practice.		X	X	X	X	X	
7. Identify personal, profession and environmental risks that impact personal and professional choices and behaviors.		X	X			X	
8. Communicate to the healthcare team one's personal bias on difficult healthcare decisions that impact one's ability to provide care.		X	X				
9. Recognize the impact of attitudes, values and expectations on the care of the very young, frail older adults, and other vulnerable populations.			X		X	X	
10. Protect patient privacy and confidentiality of patient records and other privileged communications.	X		X				
11. Access interprofessional and intraprofessional resources to resolve ethical and other practice dilemmas.			X		X		
12. Act to prevent unsafe, illegal or unethical care practices.			X			X	
13. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.		X	X				X
14. Recognize the relationship between personal health, self renewal, and the ability to deliver sustained quality care.		X	X				X

Essential IX: Baccalaureate Generalist Nursing Practice	N310	N312	N313	N410	N412	N412P	N416
1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.					X	X	X
2. Recognize the relationship of genetics and genomics to health, prevention, screening, diagnostics, prognostics, selection of treatment and monitoring of treatment effectiveness, using a constructed pedigree from a collected family history information as well as standardized symbols and terminology.				X	X		
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.		X			X	X	X
4. Communicate effectively with all members of the healthcare team, including the patient and the patient's support network.			X		X	X	
5. Deliver compassionate, patient centered, evidence based care that respects patient and family preferences.	X	X	X			X	
6. Implement patient and family care around resolution of end of life and palliative care issues, such as symptom management, support of rituals and respect for patient and family preferences.			X				
7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences and health literacy considerations to foster patient engagement in their care.			X		X	X	
8. Implement evidence based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan.	X				X	X	X

9. Monitor client outcomes to evaluate the effectiveness of psychobiological interventions.					X	X	
10. Facilitate patient centered transitions of care including discharge planning and ensuring the caregiver's knowledge of care requirements to promote safe care.					X	X	
11. Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.	X	X	X			X	X
12. Create a safe care environment that results in high quality patient outcomes.			X			X	X
13. Revise the plan of care based on an ongoing evaluation of patient outcomes.					X		
14. Demonstrate clinical judgement and accountability for patient outcomes when delegating to and supervising other members of the healthcare team.					X	X	
15. Manage care to maximize health, independence and quality of life for a group of individuals that approximates a beginning practitioner's workload.						X	
16. Demonstrate the application of psychomotor skills for the efficient, safe and compassionate delivery of patient care.						X	
17. Develop a beginning understanding of complementary and alternative modalities and their role in health care.			X				
18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.		X			X		
19. Manage the interaction of multiple functional problems affecting patients across the lifespan, including common geriatric syndromes.					X		
20. Understand one's role and participation in emergency preparedness and disaster response with an awareness of environmental factors and the risks they pose to self and patients.			X		X		
21. Engage in caring and healing techniques that promote a therapeutic nurse patient relationship.		X	X			X	

22. Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the healthcare system as related to nursing practice.		X		X	X	X	X
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Population Health and the Essentials of Baccalaureate Education for Professional Nursing Practice							
In addition to the generic competency statements mapped in the Essentials document, the BSN prepares the graduate in the following Population Essentials (PE) competencies.	310	312	313	410	412	412P	416
Population Essential I: Liberal Education for the Baccalaureate Generalist Nursing Practice							
PE I.1. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.			x		x	X	
PE I.2. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.			x			X	
PE I.3. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.					x	X	
PE I.4. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.					x	X	
PE I.5. Utilize the social and ecological determinants of health to work effectively with diverse individuals, families, and groups.			x		x	X	
PE I.6. Explain factors contributing to cultural diversity that affect individuals and the family in society to diverse stakeholders including policymakers, regulators, practitioners, and community members.						X	
Population Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety							
PE II.1. Apply systems theory to PHN practice with individuals, families, and groups.					x	x	
PE II.2. Participate with stakeholders to identify vision, values, and principles for community action.					x	x	
PE II.3. Maintain knowledge of current laws and policies relevant to public health.					x	x	
Population Essential III: Scholarship for Evidence-based Practice							
PE III.1. Identify the determinants of health and illness of individuals and families using multiple sources of data.			x		x	x	
PE III.2. Use epidemiologic data and the ecological perspective to identify health risks for a population.			x		x	x	

PE III.3 Participate in research activities such as data collection at the community level to build the scientific base of public health nursing.	X				X	X	
Population Essential IV: Information Management and Application of Patient Care Technology							
PE.IV.1 Demonstrate presentation of targeted health information to multiple audiences at a local level, including to groups, peer professionals, and agency peers.			X		X	X	
PE IV.2 Assess data collected as part of the community assessment process to make inferences about individuals, families, and groups.					X	X	
PE IV.3 Identify gaps and redundancies in data sources in a community assessment through work with individuals, families, and communities.					X	X	
PE IV.4 Apply ethical, legal, and policy guidelines and principles in the collection, maintenance, use, and dissemination of data and information.					X	X	
PE IV.5 Understand methods and practices used to identify and access public health information for individuals, families, and groups.					X	X	
Population Essential V: Healthcare Policy, Finance, and Regulatory Environments							
PE.V.1 Describe the structure of the public health system. Identify public health policies, laws and regulations relevant to PHN practice.					X	X	
PE.V.2 Identify the impact of the system on individuals, families, and groups.			X		X	X	
PE.V.3 Describe various approaches used to implement and improve public health processes and systems.			X		X	X	
Population Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes							
PE.VI.1 Participate as a team member in developing organizational plans to implement programs and policies; participates as a team member in evaluating programs for their effectiveness and quality.			X			X	
PE.VI.2 Communicates effectively in writing, orally, and electronically as a member of interprofessional teams.			X			X	
PE.VI.3 Apply basic human relations and conflict management skills in interactions with peers and other healthcare team members.						X	

Population Essential VII: Clinical Prevention and Population Health for Optimizing Health							
PE.VII.1 Participate effectively in activities that facilitate community involvement in creating a healthy environment for individuals, families, and groups.					X	X	
PE.VII.2 Collaborate with community partners to promote the health of individuals and families within the population.					X	X	
PE.VII.3 Practice evidence-based public health nursing to promote the health of individuals, families, and groups.					X	X	
PE.VII.4 Partner effectively with key stakeholders and groups in care delivery to individuals, families, groups.					X	X	
Population Essential VIII: Professionalism and Professional Values							
PE.VIII.1 Articulate the benefits of a diverse public health workforce.			X			X	
PE.VIII.2 Demonstrate presentation of targeted health information to multiple audiences at a local level, including to groups, peer professionals, and agency peers.			X		X	X	
PE.VIII.3 Articulate the role of public health nursing to internal and external audiences					X	X	
PE.VIII.4 Identifies opportunities for population-focused advocacy for individuals, families, and groups.			X		X	X	
Essential IX: Baccalaureate Generalist Nursing Practice							
PE.IX.1 Assess the health literacy of individuals, families, and groups served.			X		X	X	
PE.IX.2 Utilize an ecological perspective in health assessment, planning, and interventions with individuals, families, and groups.			X		X	X	
PE IX.3 Use basic descriptive epidemiological methods when conducting a health assessment for individuals, families, and groups.					X	X	

CCNE Worksheet to Demonstrate Compliance with the Criteria for Evaluation of Nurse Practitioner Programs

National Task Force on Quality Nurse Practitioner Education, 5th Edition, 2016



This worksheet is provided to assist programs in demonstrating compliance with the Commission on Collegiate Nursing Education's (CCNE) Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (amended 2013). Key Element III-B of the CCNE Standards requires that all nurse practitioner (NP) programs demonstrate incorporation of the National Task Force on Quality Nurse Practitioner Education's (NTF's) Criteria for Evaluation of Nurse Practitioner Programs (NTF Criteria).

This worksheet can be used in multiple ways. NP programs may wish to use this as an internal tool to assist in ascertaining compliance with the NTF Criteria. It can be included as a supplemental document to a CCNE self-study. Or a program may include this worksheet in its resource room during an on-site evaluation. Please note that simply providing this worksheet does not, in itself, satisfy the need to demonstrate compliance with the NTF Criteria as part of a CCNE accreditation review. The program(s) should be prepared to offer substantiating evidence as well.

To view the NTF Criteria please visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf>

Name of Institution

Identify each NP track currently offered in the master's degree program and the DNP program (select all that apply). For each track identified, enter the nationally recognized certification examination(s) for which the graduates of this track are eligible, if any (include all that apply).

NP Track	Offered at the master's level?	Offered at the DNP level?	Certification Examination
Family NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Adult NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Pediatric NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Pediatric Acute Care NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Gerontological NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Women's Health NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Neonatal NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Adult Acute Care NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Adult Psychiatric and Mental Health NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Family Psychiatric and Mental Health NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Oncology NP	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Other (please specify)			

How many total students (headcount) are enrolled in the NP program that leads to the master's degree?

Total:

How many total students (headcount) are enrolled in the NP program that leads to the DNP degree?

Total:

Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016)

The criterion statements on the following pages are the same as those published in the NTF Criteria, 5th Edition, 2016. The narrative response must relate directly to the criterion, and must sufficiently demonstrate whether or not the program(s) (including all tracks) is in compliance. Although the user may reference data previously listed in the report, each narrative answer must include an explanation specific to the appropriate criterion.

One-sentence answers are not acceptable, and it is insufficient to simply state that the program(s) meets the criterion or to simply refer the reader to the answer provided for another criterion. For each response, there must be a succinct explanation showing evidence that the program complies or does not comply with the criterion.

Each criterion statement is presented along with its corresponding elaboration (interpretation) and documentation, as stated in the NTF Criteria. CCNE expects that the program(s) will provide the necessary required/supporting documentation as part of its next regularly scheduled CCNE on-site evaluation.

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.A: The director/coordinator of the NP program is nationally *certified* as an NP and has the responsibility of overall leadership for the NP program.

Elaboration:

The individual who provides overall leadership (who may hold the title of director, coordinator, or other title recognizing the leadership role) of the NP program must be nationally certified in a particular NP population-focused area of practice. In programs with multiple tracks, this individual may be certified in only one NP population-focused area of practice but have responsibility of leadership for all of the NP tracks. Therefore, in larger multi-track programs, the faculty member who provides direct oversight for a population-focused track has the NP certification in that population-focused area whereas the overall program director may be certified in another NP population-focused area of practice. It is preferred that the director/coordinator is the same individual as the faculty member who provides direct oversight for the NP educational component or track, that individual is certified in the population-focused area or otherwise qualified as described in Criterion I.B.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=9> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.B: The faculty member who provides direct oversight for the NP educational component or track is nationally certified in the same population-focused area of practice.

Elaboration:

Curriculum and program development should be carried out by faculty who understand the scope and direction of NP education. Whereas in programs with multiple tracks a program director/coordinator may provide overall leadership for all NP tracks, each population-focused track must identify a faculty member who has certification in the same population-focused area (primary or acute care, as appropriate).

If there is a diversion from this criterion as programs transition to align with Consensus Model on APRN Regulation, the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track. Examples may include:

- A family nurse practitioner (FNP) who has spent all of his/her work career in caring for the adult population and provides direct oversight for the adult-gerontology primary care NP track.*
- An adult acute care NP who provides direct oversight for the adult-gerontology acute care NP track.*
- A gerontological NP or an adult NP who provides direct oversight for the adult-gerontology primary care NP track.*
- A nationally-certified psychiatric-mental health (PMH) clinical nurse specialist (CNS) who provides direct oversight for the PMH NP track. This example of a CNS providing oversight of an NP track only applies to a PMH NP track.*

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=9> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION I: ORGANIZATION AND ADMINISTRATION

I.C: Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.

Elaboration:

NP faculty members evaluate students, interface with preceptors, and serve as role models. Faculty who teach clinical components of the NP program/track must maintain currency in practice. It is intended that institutions provide administrative support for faculty to practice the required clinical hours to obtain and maintain national certification. This support might include faculty practice models, a reduced teaching or service load, and/or opportunities for faculty to maintain currency in practice through activities in addition to direct patient care (e.g., community-based initiatives, public health practice, patient/group health education activities, or occupational health programs).

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=10> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION II: STUDENTS

II.A: Any admission criteria specific to the NP program/track reflect input by NP faculty.

Elaboration:

NP programs/tracks may have unique admission criteria. NP faculty have knowledge and expertise regarding the role responsibilities for all respective NP programs and are qualified to develop student related admission criteria appropriate for each NP program. NP faculty should have ongoing opportunity to provide input into the establishment, evaluation, and revision of any admission criteria specific to the NP program.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=10> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION II: STUDENTS

II.B: Any progression and completion criteria specific to the NP program/track reflect input by NP faculty.

Elaboration:

NP programs/tracks may have unique progression and completion criteria for full-time, part-time, and/or post-graduate study. NP faculty have the best perspective on specific progression and completion criteria for the NP program/track and thus will have opportunity to provide input into the establishment, evaluation, and revision of specific progression and completion criteria.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=10> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.A: NP faculty provide input into the development, evaluation, and revision of the NP curriculum.

Elaboration:

NP faculty have a comprehensive perspective on what is required for effective NP education. Development, evaluation, and revision of the NP program/track are directed by the lead NP faculty. There is opportunity for NP faculty to provide input into curriculum development, evaluation, and revision.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=11> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.B: The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies.

Elaboration:

A clear curriculum plan (both didactic and clinical) consistent with nationally recognized core role and population-focused competencies and educational standards, is in place. NP curriculum reflects the essential elements of a graduate nursing and advanced practice registered nursing (APRN) core curriculum, in addition to the NP role and population-focused component. The NP curriculum provides broad educational preparation of the individual, including the graduate core, APRN core, and the NP role within a population-focused area of practice encompassing national educational standards and core competencies.

NP programs/tracks identify methods used in the delivery of the curriculum, including guidelines for distance learning. NP programs/tracks delivered through alternative delivery methods, such as web-based learning activities, are expected to meet the same academic program and learning support standards as programs provided in face-to-face formats.

A single track nurse practitioner program includes content in one population-focused area and prepares graduates to meet educational eligibility requirements for national certification in that population-focused area of practice.

Dual track nurse practitioner programs (e.g., family/across the lifespan NP and PMH NP, pediatric primary care NP, and pediatric acute care NP) include content and clinical experiences in the role and both population-focused areas or in both primary care and acute care. Dual track NP programs prepare graduates to meet educational eligibility requirements for certification in two population-focused areas. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in each population-focused area of practice. At graduation/completion, students fulfill the educational criteria for sitting for national certification in each NP program/track.

In addition to preparation for national certification in the role and at least one population-focused area of practice, programs may prepare students to practice in a specialty or more limited area of practice. Preparation in a specialty must have additional didactic and clinical hours beyond those required for preparing graduates in the NP role and one population-focused area.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=11> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.C.1: The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program.

Elaboration:

NP programs prepare graduates to meet educational eligibility requirements to sit for at least one nationally recognized certification examination that corresponds to the NP role and population focus. This national certification examination assesses the broad educational preparation of the individual which includes graduate core, APRN core, NP role/core competencies, and the competencies specific to the population-focused area of practice.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=11> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.C.2: Official documentation states the NP role and population focus of educational preparation.

Elaboration:

Official documentation (e.g., transcripts or official letters with institutional seal) states the NP role and population-focused area of educational preparation to include primary care or acute care or both, as applicable. The official transcript is preferred as it is the only permanent documentation of the student's coursework and graduation from an education program.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=12> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.D: The curriculum plan demonstrates appropriate course sequencing.

Elaboration:

The curriculum plan documents the course sequencing and prerequisites designed to promote development of competencies. Clinical experiences are supported by preceding or concurrent didactic content. A student completes the basic graduate coursework and APRN core coursework (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology) prior to or concurrent with commencing clinical coursework.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=12> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.E: The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs..

Elaboration:

Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the six population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct patient care. Clinical experiences and time spent in each experience are varied and distributed in a way that prepares the student to provide care to the populations served, which may include telehealth and international direct care experiences. For example, a FNP student receives experiences with individuals/families across the life span, and the adult-gerontology NP student receives experiences with adults across the entire adult age spectrum from adolescent to older adult, including the frail older adult. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement. The distribution of hours is based on the program's population-focused area of practice.

Simulation is recommended to augment the clinical learning experiences, particularly to address the high-risk low-frequency incidents; however, simulation experiences may only be counted as clinical hours over and above the minimum 500 direct patient care clinical hours. Programs are encouraged to track the use of simulation to enhance the clinical experience. (See Sample Form H to record simulation experiences used for evaluation and/or teaching above the minimum required 500 clinical hours for the population-focused area of practice and role.)

Combined nurse practitioner/clinical nurse specialist programs include content in both the CNS and NP roles and population-focused areas of practice and prepare graduates to meet educational eligibility requirements for certification in a NP population-focused area. Content and clinical experiences in both the CNS and NP areas of practice are addressed and clinical experiences in both role areas are completed. There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP competencies in the preparation of the NP role and population-focused area of practice. An overlap of direct patient care clinical hours may occur across NP and CNS preparation; however, faculty must document the overlap of these hours. It is recommended that programs retain this documentation as well as provide it to students in the event future verification is needed for credentialing and other purposes.

Dual track NP programs include content in two NP population-focused areas or in both primary care and acute care NP practice and prepare graduates to meet educational eligibility requirements for certification in these NP population-focused areas of practice or for both primary care and acute care NP practice. Content and clinical experiences in both population-focused areas must be addressed and clinical experiences in both areas must be completed. While a minimum of 500 clinical hours is needed in each single population-focused area of practice to meet the NP competencies, an overlap of clinical hours might occur across the two roles (primary care and acute care) or the two NP population-focused areas. However, NP programs must document how the clinical hours address the preparation for the two areas of practice. The population foci of the dual tracks will determine the extent to which overlap may occur.

NP programs preparing graduates to practice in a specialty area of practice in addition to the population-focus will document how content and clinical experiences in both the population-focus and the specialty areas of practice are addressed within the curriculum. Clinical experiences in both population-focus and specialty must be completed. There is an expectation that the number of didactic hours will be greater than for a single population-focused program and that the didactic and clinical experiences will be sufficient to gain the necessary proficiency in the population-focus and specialty area of practice.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=12> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION III: CURRICULUM

III.F: Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.

Elaboration:

Post-graduate certificate students through a formal graduate-level certificate program successfully attain the same didactic objectives and clinical competencies of a graduate degree-granting NP program. A “formal graduate-level certificate program” is defined by the ability of the program or institution to issue a certificate or formal letter of completion and document successful completion of the necessary coursework on the final transcript. Courses may be waived only if the individual’s transcript indicates that the required NP course or its equivalent has already been successfully completed, including graduate-level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. Programs must document the process for assigning credit granted for prior didactic and precepted clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or an academic degree in a population-focused area in which they currently practice but are not nationally certified

Special consideration may be given to NPs who are currently practicing in a population-focused area of practice who are seeking national certification in that population by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the student to master the competencies and meet the criteria for national certification in the population-focused area of practice. These students complete a sufficient number of direct patient care clinical hours to establish/demonstrate competency in the population-focused area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

PMH CNSs returning for a post-graduate certificate or an academic degree as a PMH NP

To address a period of transition and consistency with the Consensus Model on APRN Regulation, special consideration for challenging selected courses and experiences may be given to those PMH CNSs who are seeking national certification as a PMH NP. However, didactic and clinical experiences are sufficient to enable the students to master the NP competencies and meet the educational criteria for certification as a PMH NP. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the role and population-focused area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-graduate certificate or academic degree in an NP population-focused area in which they are not currently practicing or certified

Special consideration may be given to NPs who are expanding into another NP population-focused area of practice by allowing them to challenge selected courses and experiences. However, didactic and clinical experiences are sufficient to enable the students to master the competencies and meet the educational criteria for national certification in the new population-focused area of practice. These students complete a sufficient number of precepted direct patient care clinical hours as part of the academic program to enable the students to establish/demonstrate competency in the new population-focused area of practice. Programs document the process for assigning credit granted for prior didactic and clinical experiences for individual students through a gap analysis.

NPs returning for a post-master’s Doctor of Nursing Practice (DNP)

Separate courses in the APRN core (advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology) are not required by students enrolled in a post-master’s DNP program who are nationally certified, currently practicing as a NP, and do not wish to add a separate practice focus.. However, post-master’s DNP students who are NPs and who are seeking certification in a population-focused area of practice in which they

are not currently practicing or certified must meet the educational and certification criteria for the additional practice area as well as the educational criteria for the DNP.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=13> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.A: Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

Elaboration:

To implement/maintain an effective NP program/track, there are adequate numbers of faculty, facilities, and services that support NP students regardless of mode of delivery.

As a necessary part of the educational process, access to adequate classroom space, models, clinical simulations, audiovisual aids, computer technology, and library resources is critical. When using alternative delivery methods, a program is expected to provide or ensure that resources are available for the students' successful attainment of program objectives.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=14> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B: Clinical resources support NP educational experiences.

Elaboration:

Adequate faculty, clinical sites, and preceptors are available to support the NP clinical, educational experiences. The NP program/track provides evidence of contractual agreements with agencies or individuals used for students' clinical experiences.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=14> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.1: A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

Elaboration:

Faculty supervision may be direct or indirect. Direct supervision occurs when NP program faculty function as on-site clinical preceptors. Indirect supervision has three components: (1) to supplement the clinical preceptor's teaching, (2) to act as a liaison to a community agency, and (3) to evaluate the student's progress. Whether through direct or indirect roles, faculty are responsible for all NP students in the clinical area.

Institutions should describe the assignment of faculty to ensure adequate teaching time for NP students. The recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty members are not seeing their own patients and 1:1 if faculty members are seeing their own patients. In moving toward IPE and team-based models of care, variation in faculty/student ratios for direct supervision may exist and should be structured to ensure safety and quality care while maintaining integrity of educational experiences. Variations in this ratio might occur with use of innovative teaching models, such as a master teacher with student clinical groups, front-loading course content followed by concentrated clinical time, use of a clinical immersion experience as the final part of the NP program, and interprofessional team-based clinical experiences.

The recommended ratio for indirect faculty supervision, which encompasses coordinating the clinical experience, interacting with the preceptor, and evaluating the student, is 1:6; however, each school/program documents how they assign faculty based on a defined faculty workload or amount of designated faculty time. Thus, ratios may vary relative to certain practice areas, the individual faculty member, use of technology, curriculum design, innovative clinical education models, and institutional policy. The intent of the faculty/student ratio designation is based on the premise that preparing competent healthcare providers is a faculty intense process that requires considerable faculty role modeling and direct student evaluation to determine competence. The ratio takes into account the cumulative teaching/administrative duties of the faculty member and his/her clinical practice.

NP program/track faculty for both distance and traditional program options provide oversight of the planning, implementation, and evaluation of the clinical learning experience, which may include, but is not limited to, clinical site visits, email, and phone consultations with the preceptor and agency administrators, and the student's appraisal of the clinical learning environment. A mechanism is in place to ensure the clinical setting affords the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience should be conducted regularly and documented.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=14> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.2: Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

Elaboration:

Clinical educational experiences for students are approved by NP faculty and preceptors. Sites are evaluated on an ongoing basis for adequacy of experiences, patient type and mix, and preceptor/student interactions to ensure that students engage in experiences sufficient to meet the NP role and population-focused competencies. Student clinical experiences at the student's site of employment need to be faculty-guided learning experiences and outside of the student's employment expectations/responsibilities.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=15> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3: NP faculty may share the clinical teaching of students with qualified preceptors.

Elaboration:

The supervision of students may be shared with other clinicians serving as clinical preceptors. Programs may use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives. This mix of preceptors may enhance the interprofessional experience for the student. Over the course of the program the student has a majority of clinical experiences with preceptors from the same population-focused area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student has clinical experiences with an APRN preceptor and preferably an NP with expertise in the population-focused area of practice in primary care and/or acute care, as appropriate.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=15> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.a: A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.

Elaboration:

An interdisciplinary mix of preceptors may provide the student with the best clinical experiences to meet program objectives and prepare the student for the NP role, population, and full scope of practice. Each preceptor used, to include NPs, other nurses, and individuals from other disciplines, is credentialed and licensed to practice in his/her area of practice. In addition, this area of practice should be clearly relevant to meeting the objectives of the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=15> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.b: A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

Elaboration:

Each preceptor has educational preparation or extensive clinical experience in the clinical or content area in which he/she is teaching or providing clinical supervision. A newly prepared clinician should have at least one year of clinical experience in the population-focused practice area and role prior to providing clinical supervision.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION IV: RESOURCES, FACILITIES, & SERVICES

IV.B.3.c: Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

Elaboration:

Clinical preceptors should be oriented so they understand the learning goals of the clinical experience and the level of progression that the student has attained. The NP faculty interfaces closely with preceptors to ensure appropriate clinical experiences for students.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.1: NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

Elaboration:

For successful implementation of the curriculum, faculty have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility.

Recognizing that no individual faculty member can fill all roles, NP programs/tracks maintain a sufficient number of qualified faculty who have the knowledge and competence appropriate to the area of teaching responsibility and to meet the objectives of the program and individual population-focused tracks.

Interrelated indicators that may demonstrate sufficiency of faculty may include the following:

- *Student performance on certification examinations.*
- *Whether overall faculty workload allows time for responsibilities, such as clinical placements, curriculum development, student advising, interviewing, teaching, and program outcome assessment.*
- *Whether faculty evaluations reflect ability to manage all assignments.*
- *Whether student evaluations reflect ability to obtain faculty assistance/guidance.*

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.2: NP program faculty who teach the clinical components of the program/track maintain current licensure and national certification.

Elaboration:

NP program faculty include individuals with diverse expertise and emphasis in research, teaching, and/or clinical practice. While it may be difficult for some faculty to balance research, practice, and teaching responsibilities, all faculty are encouraged to maintain national certification. However, it is imperative that faculty who teach clinical components maintain appropriate professional credentialing.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=16> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.A.3: NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members.

Elaboration:

NP faculty may participate in or undertake various types of practice in addition to direct patient care to maintain currency in practice. Maintaining this currency is important to ensuring clinical competence in the area of teaching responsibility.

In the event that an NP faculty member has less than one year of experience, it is expected that a senior or experienced faculty member will mentor this individual in both clinical and teaching responsibilities. Mentoring new and inexperienced faculty is a positive experience that assists NPs to transition into the role of NP faculty educator. Opportunities for continued development in one's area of research, teaching, and clinical practice should be available to all faculty.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION V: FACULTY AND FACULTY ORGANIZATION

V.B: Non-NP faculty have expertise in the area in which they are teaching.

Elaboration:

Similar to NP faculty, other faculty in the NP program have the preparation, knowledgebase, and clinical skills appropriate to their area of teaching responsibility.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A: There is an evaluation plan for the NP program/track.

Elaboration:

If the evaluation plan from the institution is used for the NP program/track, apply the plan for implementation in the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.1: Evaluate courses at regularly scheduled intervals.

Elaboration:

To ensure that students can achieve successful program outcomes, programs should establish a process for regularly scheduled review of courses in the NP program/track.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.2: Evaluate NP program faculty competence at regularly scheduled intervals.

Elaboration:

NP program faculty are evaluated at regularly scheduled intervals for competence in all role areas, including teaching, research, and clinical competence, as applicable.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.3: Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.

Elaboration:

Each student is evaluated as he/she progresses through the NP program/track. Separate evaluations are done in the didactic and clinical components of the curriculum. Evaluation of the progression of students through the program is important to ensure that sufficient and adequate resources are provided to support timely student progression through the program.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=17> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.4: Evaluate students' attainment of competencies throughout the program.

Elaboration:

Evaluation of students' attainment of competencies is the responsibility of the NP faculty member throughout the didactic and clinical components of the program.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.5: Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.

Elaboration:

Student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor. Clinical observation may be accomplished using direct and/or indirect evaluation methods such as student-faculty conferences, computer simulation, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.6: Evaluate clinical sites at regularly scheduled intervals.

Elaboration:

Evaluation of clinical sites at regularly scheduled intervals provides the necessary information about the quality of student learning experiences. This should form the basis for NP faculty to make changes in student assignments.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.A.7: Evaluate preceptors at regularly scheduled intervals.

Elaboration:

Preceptors provide a very important part of the educational experience for students. Faculty and student evaluations of preceptors conducted at scheduled intervals or more frequently if needed are used by NP faculty to define ongoing preceptor relationships and development programs. Evaluations also provide the basis for making student assignments. An evaluation process may include the use of technology, surveys, student and preceptor feedback, and follow-up to be determined by the program.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.B: Formal NP curriculum evaluation occurs every five (5) years or sooner.

Elaboration:

The overall NP curriculum and program of study are formally evaluated every five years or sooner.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

CRITERION VI: EVALUATION

VI.C: There is an evaluation plan to measure outcomes of graduates.

Elaboration:

Programs develop an ongoing system of evaluation of graduates. It is recommended that the first interval should be set at one (1) year, or no later than two (2) years, post-graduation.

Visit <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf#page=18> to view the required evidence relevant to this criterion. The program will be expected to furnish documentation substantiating compliance during the program's next on-site evaluation by CCNE.

The NP program (including all tracks) complies with this criterion:

Master's

- ☐ Yes
☐ No

DNP

- ☐ Yes
☐ No

Provide a brief explanation with examples demonstrating how the program complies or does not comply with this criterion. If the program does not meet the criterion, explain how the staff is working to remedy the issue.

Answer:

Master's Essential Mapping (2011)- MSN/FNP

Essential I: Background for Practice from Science and Humanities	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.	X	X	X	X	X	X	X	X	X	X	X	X	X
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 judgement.	X		X	X	X				X				X
3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing and organizational sciences.	X		X	X	X	X	X	X	X			X	X
4. Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery.	X		X	X	X	X	X	X	X		X	X	X
5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.	X	X	X	X	X	X	X	X	X		X	X	X
6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.	X								X	X	X	X	
7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.			X	X		X	X	X	X		X	X	
8. Analyze nursing history to expand thinking and provide a sense of a professional heritage and identity.					X	X	X	X	X		X		

Essential Mapping - MSN/FNP

Essential II: Organizational and Systems Leadership	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, health care team coordination, and the oversight and accountability for care delivery and outcomes.	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effecting communication (scholarly writing, speaking and group interaction) skills.					X	X	X	X	X	X	X	X	X
3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal and political factors that influence health care.					X	X	X	X	X		X	X	X
4. Demonstrate the ability to use complexity science and systems theory in the design, delivery and evaluation of health care.	X				X		X		X	X	X	X	
5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing, to develop a business plan.					X	X	X	X	X		X		X
6. Design and implement systems change strategies that improve the care environment.	X										X	X	
7. Participate in the design and implementation of new models of care delivery and coordination.				X								X	

Essential Mapping - MSN/FNP

Essential III: Quality Improvement and Safety	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.	X	X								X	X	X	X
2. Implement evidence-based plans on trend analysis and quantify the impact on quality and safety.									X	X			X
3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.	X	X				X	X	X					X
4. Compare and contrast several appropriate quality improvement models.					X						X	X	
5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors and professional writing.	X		X	X	X	X	X	X	X	X	X	X	
6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.						X	X	X	X		X	X	
7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable and patient-centered care.	X				X	X	X	X	X		X		X
8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	X								X		X	X	X

Essential Mapping - MSN/FNP

Essential IV: Translating and Integrating Scholarship Into Practice	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Integrate theory, evidence, clinical judgement, research and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.	X	X	X	X	X	X	X	X	X	X	X	X	X
2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).									X	X			
3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.	X		X	X	X	X	X	X	X	X	X		X
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.	X	X	X	X		X	X	X	X	X	X	X	X
5. Apply practice guideline to improve practice and the care environment.	X		X	X	X	X	X	X	X		X		X
6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.	X		X	X	X	X	X	X	X	X	X	X	X

Essential Mapping - MSN/FNP

Essential V: Informatics and Healthcare Technologies	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.		X	X	X		X	X	X	X	X			
2. Evaluate outcome data using current communication technologies, information systems and statistical principles to develop strategies to reduce risks and improve health outcomes.	X		X	X						X		X	
3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.	X				X	X	X	X		X		X	
4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.				X	X	X	X	X			X		X
5. Use information and communication technologies, resources and principles of learning to teach patients and others.		X	X	X	X	X	X	X	X		X		X
6. Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others.	X		X	X	X	X	X	X	X	X	X		X

Essential Mapping - MSN/FNP

Essential VI: Health Policy and Advocacy	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Analyze how policies influence the structure and financing of health care, practice and health outcomes.												X	X
2. Participate in the development and implementation of institutional, local and state and federal policy.											X	X	
3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery and outcomes.					X	X	X	X	X		X	X	X
4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.	X									X	X	X	
5. Advocate for policies that improve the health of the public and the profession of nursing.	X				X	X	X	X			X	X	

Essential Mapping - MSN/FNP

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.	X	X	X	X	X	X	X	X	X		X		
2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.	X		X	X	X	X	X	X	X		X		
3. Employ collaborative strategies in the design, coordination and evaluation of patient-centered care.	X				X	X	X	X	X		X		
4. Use effective communication strategies to develop, participate and lead interprofessional teams and partnerships.	X			X		X	X	X	X		X	X	
5. Mentor and coach new and experienced nurses and other members of the healthcare team.	X				X	X	X	X			X		
6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.	X	X		X	X	X	X	X		X	X	X	

Essential Mapping - MSN/FNP

Essential VIII: Clinical Prevention and Population Health for Improving Health	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Synthesize broad ecological, global and social determinants of health; principles of genetice and genomics; and epidemiologic data to design and deliver evidence-based, culturally relevant clinical prevention interventions and strategies.	X	X	X	X	X	X	X	X	X				X
2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.	X		X	X	X	X	X	X	X		X		X
3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities and aggregates/clinical populations.	X	X	X	X	X	X	X	X	X	X	X		X
4. Advance equitable and efficient prevention service, and promote effective population-based health policy through the application of nursing science and other scientific concepts.	X				X	X	X	X	X	X	X	X	X
5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies and interventions.	X		X	X	X	X	X	X	X		X		X

Essential Mapping - MSN/FNP

Essential IX: Master's-Level Nursing Practice	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N560	N562	N564	N566
1. Conduct a comprehensive and systematic assessment as a foundation for decision making.	X	X	X	X	X	X	X	X	X		X		X
2. Apply the best available evidence from nursing and other sciences as the foundation for practice.	X	X	X	X	X	X	X	X	X	X	X	X	X
3. Advocate for patients, families, caregivers, communities and members of the healthcare team.	X	X	X	X	X	X	X	X	X	X	X	X	X
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.	X	X	X	X	X	X	X	X	X	X	X		X
5. Use leadership skills to teach, coach and mentor other members of the healthcare team.	X				X	X	X	X			X		
6. Use epidemiological, social and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.	X	X	X	X	X	X	X	X	X		X		X
7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments and design plans or programs of care.	X	X	X	X	X	X	X	X	X		X		X
8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.	X				X	X	X	X	X		X		X
9. Apply advance knowledge of the effects of global environmental, individual and population characteristics to the design, implementation and evaluation of care.	X		X	X	X	X	X	X	X	X	X	X	X

Essential Mapping - MSN/FNP

10. Employ knowledge and skills in economics, business principles and systems in the design, delivery and evaluation of care.					X			X			X		X
11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate and evaluate the delivery of care.						X	X	X	X		X		X
12. Apply learning and teaching principles to the design, implementation and evaluation of health education programs for individuals or groups in a variety of settings.	X		X	X	X	X	X	X	X		X		X
13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.	X	X	X	X	X	X	X	X	X		X		X
14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.					X	X	X	X	X	X	X	X	
15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.	X				X	X	X	X		X	X	X	X



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September 15, 2016

Mary Ellen Wilkosz, PhD, FNP-BC, RN
Program Director, FNP and Prelicensure
Sonoma State University
1801 East Cotati Avenue, Nichol's Hall 262a
Rohnert Park, CA 94928

Dear Dr. Wilkosz:

The Board of Registered Nursing, at its September 15, 2016 meeting in Newport Beach, California voted the following action:

“Continue approval of Sonoma State University Nurse Practitioner Program.”

If further information is needed please do not hesitate to contact Katie Dougherty, Nursing Education Consultant at (916) 574-7685.

Sincerely,

BOARD OF REGISTERED NURSING

A handwritten signature in cursive script that reads "Miyo Minato".

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Katie Dougherty

Sonoma State University
Family Nurse Practitioner MSN and Post Master's Certificate Nursing Program
Continuing Approval Visit: April 25-28, 2016
Report of Findings

Non-Compliance: None identified

Recommendation:

CCR 1484(b) (5): Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.

- Streamline record keeping and documentation retrieval processes related to clinical preceptors.

**BOARD OF REGISTERED NURSING
CONSULTANT APPROVAL REPORT
NURSE PRACTITIONER PROGRAM**

PROGRAM: Sonoma State University FNP MSN and Post Masters Certificate Program Options
C=Compliance NC=Non-Compliance SHB and FHB=Student and Faculty Handbooks

Visit Date: April 25-28, 2016

APPROVAL CRITERIA	C	NC	COMMENTS
SSU Background and General FNP program information			<p>The self-study report describes the SSU Department of Nursing (DON) as an integral part of the CSU public university system committed to the needs of the local community, the State of CA and the society at large. SSU is WASC accredited and the DON nursing programs including the FNP program have ACEN national nursing accreditation through 2021.</p> <p>The SSU FNP program started in 1973 as a senior year option in the RN-BSN program. SSU admitted its first MSN-FNP cohort in 1984. To date SSU DON has had ~ 1200 FNP graduates. One of the hallmarks of the SSU FNP program is its success in increasing the number of FNP's in CA practicing in medically underserved, rural and or frontier areas of the state.</p>
<p>Section 1484. Standards of Education.</p> <p>The program of study preparing a nurse practitioner shall meet the following criteria:</p> <p>SECTION 1484(a) Purpose, Philosophy and Objectives</p>	X		<p>The SSU Department of Nursing has identified nine foundational concepts to organize the curriculum for the undergraduate and graduate nursing programs. These are: caring, critical thinking, communication, advocacy/social justice, teaching, learning, professionalism, leadership, research and cultural competency. The DON has also linked the QSEN competencies to the nine concepts and embedded both in the undergraduate and graduate nursing education program curriculums. The FHB and SHB differentiate for BSN and MSN students, the terminal objectives/outcomes graduates of each of this program are expected to demonstrate.</p> <p>The program describes itself as a collaborative distance education on-line Rural FNP program and educational model designed to prepare MSN-FNP degree graduates and post Master's FNP certificate (MS/PMC FNP) program completers. Distance education technologies including</p>
	X		

APPROVAL CRITERIA	C	NC	COMMENTS
(1) have as its primary purpose the preparation of registered nurses who can provide primary health care;	X		<p>teleconferencing/video streaming are used to deliver the theory/didactic instruction via synchronous and asynchronous modes in combination of online and hybrid (includes online-face to face) lecture formats. Program funding has been supported by DHHS/HRSA/BHPr grants and most recently by CDPH/OSHDP/Song Brown grants.</p> <p>The program purpose is to prepare registered nurses with the knowledge and skills in physical diagnosis, psycho-social assessment and in the management of health-illness needs of families across the life span in primary care settings. SSU provides clinical preceptorship opportunities to students in their local communities including the underserved populations in North Central/North West State/Mendocino/Humboldt, Del Norte and Central Valley.</p>
(2) have a clearly defined philosophy available in written form;			<p>The program's written philosophy is on the SSU Nursing website at (http://www.sonoma.edu/nursing/about/) and included in the SSU SHB and FHB.</p>
(3) have objectives which reflect the philosophy, stated in behavioral terms, describing the theoretical knowledge and clinical competencies of the graduate.		X X	<p>Program objectives state the FNP graduate will be a lifelong learner, continually evolving in the advanced practice role. The DON's eight philosophical statements, nine foundational concepts and embedded QSEN competencies are well integrated across the curriculum and guide attainment of program objectives/outcomes. SSU developed its program curriculum and program outcomes using the National Organization of Nurse Practitioner Faculties (NONPF) curriculum guidelines, NONPF evaluation criteria and NONPF Primary Care Competencies.</p>
<p>SECTION 1484(b) Administration</p> <p>(1) be conducted in conjunction with one of the following:</p> <p>(A) An institution of higher education that offers a baccalaureate or higher degree in nursing, medicine or public health.</p>	X		<p>SSU is accredited by the WASC Senior College and University Commission to confer baccalaureate and master's degrees in a wide range of disciplines including BSN and MSN degrees as well as the post Master's FNP graduate level certificate (MS/PMC FNP).</p>

APPROVAL CRITERIA	C	NC	COMMENTS
(B) A general acute care hospital licensed pursuant to Chapter 2 (Section 1250) of Division 2 of the Health and Safety Code, which has an organized outpatient department.			All of the DON nursing education programs are part of the SSU School of Science and Technology (STT). The DON leadership Chair reports to the Dean of STT, Dr. Lynn Stauffer.
(2) Have admission requirements and policies for withdrawal, dismissal and readmission clearly stated and available to the student in written form.	N/A		The program reports a total enrollment of 108 FNP students. The program admits 40 FNP-MSN (20 FT and 20 PT) plus 10 PMCFNP students. Current enrollment statistics include 52 first semester students; 39 second year students; 17 third year students with a total of 90 students in clinical preceptorships. Written policies and requirements are available to students in the SSU catalog and the SSU SHB. Petition processes are also available to ensure due process.
(3) Have written policies for clearly informing applicants of the academic status of the program.	X		WASC and ACEN (until 2021) accreditation information is available on the FNP program website at (www.sonoma.edu/nursing/fnpp).
(4) Provide the graduate with official evidence indicating that he/she has demonstrated clinical competence in delivering primary health care and has achieved all other objectives of the program.	X		The official FNP-MSN transcripts shows: <ul style="list-style-type: none"> • Completion of program 46 units; • MSN degree completion; • Family Nurse Practitioner category/population focus. The Post-MSN FNP certificate completion transcript shows completion of the Post Master's FNP Certificate and specifies the Family Nurse Practitioner category/population focus.
(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.	X		A number of databases are used to manage program records. Student files are secured/retained in the DON during the program; then stored for 10 years. Academic records are available electronically in perpetuity. Additionally, the SSU Admission and Records department maintains official student records. University policy would be followed if the program were to be discontinued.

APPROVAL CRITERIA	C	NC	COMMENTS
			<u>Recommendation:</u> Streamline record keeping and documentation retrieval processes related to clinical preceptors.
(6) Provide for program evaluation by faculty and students during and following the program and make results available for public review.	X		<p>The systematic plan of evaluation (SPE) is comprehensive and evaluation functions are managed by the FNP Program Evaluation Coordinator in concert with the program faculty. The coordinator works closely with the PD and faculty to ensure timely systematic evaluation according to the SPE. Yearly reports are presented to the FNP team, full DON faculty, and public such as the program Advisory Council. The post graduate evaluation survey is distributed via Typhon or hard copy.</p> <p>Completion rates from 2012-2015 are 93.4%- 43/46; 2013 100%-52/52; 2014 100%- 42/42; and 2015 100%- 49/49.</p> <p>Attrition rates are reported as at or less than 0-3% and mainly associated with life issues not the program.</p> <p>Impressively, ~76% of the 2014 graduates indicated as least or more than 50% of work hours as an FNP are spent in providing care for federally designated underserved populations.</p> <p>Annual national certification rates for graduates reported by the program:</p> <p>2012 89.8%-national @84.5% ANCC;</p> <p>2013 87%-national @72% ANCC;</p> <p>2014 89%-national@72%.</p> <p>From 2013 forward, students now complete the Barkley Diagnostic Readiness test prior to graduation. Faculty reports this testing successfully pinpoints needed areas of remediation prior to sitting for the national certification exam. Additionally, students are encouraged to take a review course prior to national certification testing.</p> <p>Student evaluative data and visit interviews reflect high levels of satisfaction with FNP educational preparation provided by the program.</p>
SECTION 1484(c) Faculty. There shall be an adequate number of qualified faculty to develop and implement the program and to achieve the stated objectives.	X		<p>The SS study reported (2) FT including the PD. In April 2016 during the visit, the program reported it will be staffed with 3 FT in AY 2016/17: Mary Ellen Wilkosz, MSN, FNP, PhD; Wendy Smith MSN, FNP, DNSc, PhD; and Jordan Rose, MSN, FNP, DNPc. effective AY 2016/2017.</p> <p>(11) Part time NP clinical faculty plus (2) PT graduate core faculty were listed in the self-study: Kathylynn Collins, MSN, FNP; Beverly Draudt, MSN, CNM, FNP; Johnna Edmunds, MSN, FNP; Jane Hellman, MSN, FNP; Robyn Mendoza, MSN, FNP Mary Miner, MSN, FNP; Barbara</p>

APPROVAL CRITERIA	C	NC	COMMENTS
(1) Each faculty person shall demonstrate current competence in the area in which he/she teaches.	X		Ritter, MSN, FNP, EdD; Janie Ronchelli, MSN, PNP, Judy Richards, MSN, FNP; Melissa Sloan, MS, FNP; Loree Skidmore, MSN, FNP; graduate core course faculty: Deb Kindy, RN, MSN, PhD (FERP); and Melissa Vandever, MSN, PNP, PhD.
(2) The director or co-director of the program shall: (A) be a registered nurse; (B) hold a Master's or higher degree in nursing or a related health field from an accredited college or university; (C) Have had one academic year's experience, within the last five (5) years, as an instructor in a school of professional nursing, or in a program preparing nurse practitioners.	X		Report of Faculty profiles evidence current clinical competence. Exemplary teacher effectiveness ratings noted for both FT and PT faculty.
(3) Faculty in the theoretical portion of the program must include instructors who hold a Master's or higher degree in the area in which he or she teaches.	X		The Report of Faculty profiles for program director, Dr. Mary Ellen Wilkosz and Dr. Wendy Smith provide requisite compliance evidence.
(4) A clinical instructor shall hold active licensure to practice his/her respective profession and demonstrate current clinical competence.	X		Dr. Wilkosz completed the MSN-FNP at SSU (1992) and a PhD at UCSF (2009). Dr. Smith completed a MSN-FNP at SSU (1986) and a PhD (1995) at UCSF.
(5) A clinical instructor shall participate in teaching, supervising and evaluating students, and shall be appropriately matched with the content and skills being taught to the students.	X		See faculty educational degree preparation as listed above on pages 3 and 4 and in the self-study document evidence.
SECTION 1484(d) Curriculum (1) The program shall include all theoretical and clinical instruction necessary to enable the graduate to provide primary health care for persons for whom he/she will provide care.	X		Graduates of the program are eligible to apply for national certification as an FNP thru AANPCP and ANCC. Reported pass rate is 88%; program targeted rate is 90% or above. Slightly lower rate is attributed to testers who completed the FNP program some time ago and are just now taking the exam. The 2015 results were requested by the program but have not been sent to the program as yet.
(2) The program shall provide evaluation of previous education and/or experienced in primary health care for the purpose of granting credit for meeting	X		Credit is determined on an individual basis by the program director in consultation with the course instructor of record and the evidence (syllabi,

APPROVAL CRITERIA	C	NC	COMMENTS
program requirements.			assignments, and transcripts) provided by the student. The N540/AB courses must be completed at SSU as these courses include a combination of the entire spectrum of primary care concepts and expected competencies.
(3) Training for practice in an area of specialization shall be broad enough, not only to detect and control presenting symptoms, but to minimize the potential for disease progression.	X		Theory and clinical instructional materials, program evaluation and visit evidence including observed student clinical performance demonstrate compliance.
(4) Curriculum, course content, and plans for clinical experience shall be developed through collaboration of the total faculty.	X		Written evidence and interviews with students, faculty, administration and clinical site preceptors/representatives reflects an exemplary high performing, professional and cohesive faculty workgroup committed to educational excellence.
(5) Curriculum, course content, methods of instruction and clinical experience shall be consistent with the philosophy and objectives of the program.	X		Well developed and highly integrated across the curriculum.
(6) Outlines and descriptions of all learning experiences shall be available, in writing, prior to enrollment of students in the program.	X		Program director and assistant/co-director provide advisement for this program as well as making program information via the SSU website and catalog easily accessible.
(7) The program may be full-time or part-time and shall be comprised of not less than (30) semester units, or forty-five (45) quarter units, which shall include theory and supervised clinical practice.	X		<p>The FNP-MSN degree option consists of 46 units, 13 courses, and may be taken FT (4 semesters) or PT (6 semesters). In the MS/PMCFNP option there are 11 courses/ 29 units (435 hrs) of nursing theory and 17 clinical units (816 hours).</p> <p>In the FT option students have 10-14 units a semester. In the PT option students have 3-10 units of coursework a semester.</p> <p>PMCFNP is a four semesters program of study and consists of 19 theory units/285 hours and 17 clinical units/ 816 hours. Students in this option have 7-11 units of coursework a semester.</p>
(8) The course of instruction shall be calculated according to the following formula:			In addition to the required number of clinical units, students may elect to take more than the required number of clinical hours via the independent study courses N555/595.
(A) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.	X		Evidenced in catalog, course syllabi, and BRN curriculum forms.
(B) Three (3) hours of clinical practice each week throughout a semester or quarter equals one (1) unit.	X		
(C) One (1) semester equals 16-18 weeks and one (1) quarter equals 10-12 weeks.	X		The entire university including the DON follows a 15 weeks Fall and Spring semesters system of instruction.

APPROVAL CRITERIA	C	NC	COMMENTS
<p>(9) Supervised clinical practice shall consist of two phases:</p> <p>(A) Concurrent with theory, there shall be provided for the student, demonstration of and supervised practice of correlated skills in the clinical setting with patients.</p>	X		<p>Self-study included a clinical preceptor roster listing of 199 preceptor locations.</p> <p>N540A/550A, N540B/550B and N562/550C sequencing meet this requirement.</p> <p><u>Clinical site visits with students and preceptors present were made to Sonoma, Modesto, and Chico areas:</u></p> <p><u>Modesto:</u> Gospel Mission Care Clinic; OB Physician/FNP practice and Physician/FNP Family Practice office;</p> <p><u>Chico:</u> North Valley Private Physician Pediatrics office, Enloe Health Care OB Clinic Services, and Private Family Practice Physician office practice;</p> <p><u>Sonoma:</u> Sutter Health System and Lombardi Health Center Family Practice OB/GYN/PEDS clinics;</p> <p>Observed FNP program students at all sites demonstrated the appropriate degree of professionalism, KSAs/competencies expected in each course and level of program progression. Preceptors reported high levels of satisfaction with students' performance, faculty, and the FNP program processes.</p>
<p>(B) Following acquisition of basic theoretical knowledge prescribed by the curriculum the student shall receive supervised experience and instruction in an appropriate clinical setting.</p> <p>(C) At least 12 semester units or 18 quarter units of the program shall be in clinical practice.</p>	X		
<p>(10) The duration of clinical experience and the setting shall be such that the student will receive intensive experience in performing the diagnostic and treatment procedures essential to the practice for which the student is being prepared.</p>	X		<p>Clinical units for both FNP options equal 17 units.</p> <p>Clinical hours in the MSN-FNP and PMCFNP equal 816 hours. Faculty site visits, weekly and monthly pt. encounters documentation/chart audits/episodic "formal soap note papers, preceptor evaluations, OSCE and well developed written evaluation tools are utilized to ensure expected student performance/progress is being achieved.</p>
<p>(11) The program shall have the responsibility for arranging for clinical instruction and supervision for the student.</p>	X		<p>No preceptorship clinical issues identified. The program materials describe arranging for preceptors as a shared responsibility; i.e., program students are asked to identify potential preceptors in their local communities. Faculty are clear that they retain ultimate formal and lead responsibility for arranging preceptors and ensuring preceptors possess appropriate qualifications, licensure/ certification, and that written signed SPs are in place, when applicable.</p>

APPROVAL CRITERIA		C	NC	COMMENTS
(12) The curriculum shall include, but is not limited to:				Refer to SS Appendix a.iv section for the BRN Required Curriculum Content Form. Note: MSN-FNP students complete N566 culminating experience while the FNP PMC students do not since this group of students already possesses MSN degree.
(A) Normal growth and development		X		N501, 509, 549
(B) Pathophysiology		X		N509, 540AB
(C) Interviewing and communication skills		X		N509, 549, 550ABC
(D) Eliciting, recording and maintaining a developmental health history		X		N509, 549, 550ABC
(E) Comprehensive physical examination		X		N509, 549, 550A
(F) Psycho-social assessment		X		N501, 509, 549, 550B
(G) Interpretation of laboratory findings		X		N540AB, 550ABC
(H) Evaluation of assessment data to define health and developmental problems		X		N501, 509
(I) Pharmacology		X		N552
(J) Nutrition		X		N501, 509, 540AB, 549
(K) Disease management		X		N540AB
(L) Principles of health maintenance		X		N501, 509, 549, 550ABC
(M) Assessment of community resources		X		N501, N550BC
(N) Initiating and providing emergency treatments		X		N540AB, 550B
(O) Nurse practitioner role development		X		N549, 550ABC, 562
(P) Legal implications of advanced practice		X		N 549, 552, 562
(Q) Health care delivery systems		X		N564
(13) The course of instruction of a program conducted in a non-academic setting shall be equivalent to that conducted in an academic setting.		N/A		



INTRODUCTION-FNP MSN/PMC PROGRAM

The Sonoma State Department of Nursing had their five-year review form the California Board of Registered Nursing on April 25-28, 2016. During the visit one recommendation was made. This report will address the recommendation. We would like to take this opportunity to thank Katie Daugherty and Janette Wackerly for their guidance and support with our review.

SECTION 1484(b) Administration

(5) Maintain systematic, retrievable records of the program including philosophy, objectives, administration, faculty, curriculum, students and graduates. In case of program discontinuance, the board shall be notified of the method provided for record retrieval.	<p>A number of databases are used to manage program records.</p> <p>Student files are secured/retained in the DON during the program; then stored for 10 years. Academic records are available electronically in perpetuity.</p> <p>Additionally, the SSU Admission and Records department maintains official student records. University policy would be followed if the program were to be discontinued.</p> <p>Recommendation: Streamline record keeping and documentation retrieval processes related to clinical preceptors.</p>
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Follow-up

We have a formal process in place to streamline record keeping and documentation retrieval process for the FNP Program and have attached this new procedure.

Once again we sincerely appreciate this opportunity and support by the BRN in our programs. Reaffirming our need for full-time tenure track faculty to sustain our quality programs will provide our current faculty with the support they need to fulfill our mission and our continued dedication to our students and graduates.

Master's Essential Mapping (2011) - PMC/FNP

Essential I: Background for Practice from Science and Humanities	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations.	X	X	X	X	X	X	X	X	X	X
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 judgement.	X		X	X	X				X	
3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing and organizational sciences.	X		X	X	X	X	X	X	X	
4. Apply ethical analysis and clinical reasoning to assess, intervene and evaluate advanced nursing care delivery.	X		X	X	X	X	X	X	X	X
5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.	X	X	X	X	X	X	X	X	X	X
6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities.	X								X	X
7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes.			X	X		X	X	X	X	X
8. Analyze nursing history to expand thinking and provide a sense of a professional heritage and identity.					X	X	X	X	X	X

Essential Mapping - PMC/FNP

Essential II: Organizational and Systems Leadership	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, health care team coordination, and the oversight and accountability for care delivery and outcomes.	X	X	X	X	X	X	X	X	X	X
2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effecting communication (scholarly writing, speaking and group interaction) skills.					X	X	X	X	X	X
3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal and political factors that influence health care.					X	X	X	X	X	X
4. Demonstrate the ability to use complexity science and systems theory in the design, delivery and evaluation of health care.	X				X		X		X	X
5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing, to develop a business plan.					X	X	X	X	X	X
6. Design and implement systems change strategies that improve the care environment.	X									X
7. Participate in the design and implementation of new models of care delivery and coordination.				X						

Essential Mapping - PMC/FNP

Essential III: Quality Improvement and Safety	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care.	X	X								X
2. Implement evidence-based plans on trend analysis and quantify the impact on quality and safety.									X	
3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles.	X	X				X	X	X		
4. Compare and contrast several appropriate quality improvement models.					X					X
5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors and professional writing.	X		X	X	X	X	X	X	X	X
6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care.						X	X	X	X	X
7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable and patient-centered care.	X				X	X	X	X	X	X
8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.	X								X	X

Essential Mapping - PMC/FNP

Essential IV: Translating and Integrating Scholarship Into Practice	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Integrate theory, evidence, clinical judgement, research and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.	X	X	X	X	X	X	X	X	X	X
2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant).									X	
3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted.	X		X	X	X	X	X	X	X	X
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.	X	X	X	X		X	X	X	X	X
5. Apply practice guideline to improve practice and the care environment.	X		X	X	X	X	X	X	X	X
6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.	X		X	X	X	X	X	X	X	X

Essential Mapping - PMC/FNP

Essential V: Informatics and Healthcare Technologies	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes.		X	X	X		X	X	X	X	
2. Evaluate outcome data using current communication technologies, information systems and statistical principles to develop strategies to reduce risks and improve health outcomes.	X		X	X						
3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies.	X				X	X	X	X		
4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes.				X	X	X	X	X		X
5. Use information and communication technologies, resources and principles of learning to teach patients and others.		X	X	X	X	X	X	X	X	X
6. Use current and emerging technologies in the care environment to support lifelong learning to teach patients and others.	X		X	X	X	X	X	X	X	X

Essential Mapping - PMC/FNP

Essential VI: Health Policy and Advocacy	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Analyze how policies influence the structure and financing of health care, practice and health outcomes.										
2. Participate in the development and implementation of institutional, local and state and federal policy.										X
3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery and outcomes.					X	X	X	X	X	X
4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders.	X									X
5. Advocate for policies that improve the health of the public and the profession of nursing.	X				X	X	X	X		X

Essential Mapping - PMC/FNP

Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams.	X	X	X	X	X	X	X	X	X	X
2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.	X		X	X	X	X	X	X	X	X
3. Employ collaborative strategies in the design, coordination and evaluation of patient-centered care.	X				X	X	X	X	X	X
4. Use effective communication strategies to develop, participate and lead interprofessional teams and partnerships.	X			X		X	X	X	X	X
5. Mentor and coach new and experienced nurses and other members of the healthcare team.	X				X	X	X	X		X
6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.	X	X		X	X	X	X	X		X

Essential Mapping - PMC/FNP

Essential VIII: Clinical Prevention and Population Health for Improving Health	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Synthesize broad ecological, global and social determinants of health; principles of genetice and genomics; and epidemiologic data to design and deliver evidence-based, culturally relevant clinical prevention interventions and strategies.	X	X	X	X	X	X	X	X	X	
2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources.	X		X	X	X	X	X	X	X	X
3. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities and aggregates/clinical populations.	X	X	X	X	X	X	X	X	X	X
4. Advance equitable and efficient prevention service, and promote effective population-based health policy through the application of nursing science and other scientific concepts.	X				X	X	X	X	X	X
5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies and interventions.	X		X	X	X	X	X	X	X	X

Essential Mapping - PMC/FNP

Essential IX: Master's-Level Nursing Practice	N501	N509	N540A	N540B	N549	N550A	N550B	N550C	N552	N562
1. Conduct a comprehensive and systematic assessment as a foundation for decision making.	X	X	X	X	X	X	X	X	X	X
2. Apply the best available evidence from nursing and other sciences as the foundation for practice.	X	X	X	X	X	X	X	X	X	X
3. Advocate for patients, families, caregivers, communities and members of the healthcare team.	X	X	X	X	X	X	X	X	X	X
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.	X	X	X	X	X	X	X	X	X	X
5. Use leadership skills to teach, coach and mentor other members of the healthcare team.	X				X	X	X	X		X
6. Use epidemiological, social and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles.	X	X	X	X	X	X	X	X	X	X
7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments and design plans or programs of care.	X	X	X	X	X	X	X	X	X	X
8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues.	X				X	X	X	X	X	X
9. Apply advance knowledge of the effects of global environmental, individual and population characteristics to the design, implementation and evaluation of care.	X		X	X	X	X	X	X	X	X

Essential Mapping - PMC/FNP

10. Employ knowledge and skills in economics, business principles and systems in the design, delivery and evaluation of care.					x			x		x
11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate and evaluate the delivery of care.						x	x	x	x	x
12. Apply learning and teaching principles to the design, implementation and evaluation of health education programs for individuals or groups in a variety of settings.	x		x	x	x	x	x	x	x	x
13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care.	x	x	x	x	x	x	x	x	x	x
14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice.					x	x	x	x	x	x
15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.	x				x	x	x	x		x

APPENDIX 26

Family Nurse Practitioner PMC Curriculum matched with Master's Essentials and NONPF Core and Population Specific Competencies

Progression Full Time	PMC Terminal Objectives	AACN Master's Essentials	NONPF Core Competencies	NONPF Family/Lifespan Competencies
Semester 1 - Fall				
N501 Health Promotion: Righting Disparities 4 units (4 wtu)	1-9	I 1-6 II 1,3,4,6 III 1,3,5,7 IV 1-6; VI 4,5 VII 1-4, 6 VIII 1-5; IX 1-4, 6-9, 12, 13, 15	1,2,4,5,6,7,8,9	1,2,4,5,6,7,9
N509 Advanced Health Assessment 4 units (2 clinical 2 didactic) (6 wtu)	1-9	I 1, 5; II 1; III 5, IV 1,3,4,5; V 6; VII 1,4,6; VIII 1, 2,3,4,5; IX 1-4, 6,7,9,13	1,4,5,7,9	4,5,7,9
N549 Health Promotion Practice in Primary Care 3 units (6 wtu)	1-9	I 1,3,4,5,8 II 1,2,3; III 5; IV 1,3,5,6; V 3-6; VI 3-5; VII 1-6; VIII 1-5; 1-10, 12-15	1,2,4,5,7,9	1,2,4,5,6,7,9
Sub Total = 11 units (16 wtu)	11units			
Semester 2 - Spring				
N540A Pathophysiologic Concepts in Primary Care I 3 units (3wtu)	1-9	I 1,2,5,7; II 1; III 5; IV 1,3-6; V 1,2,5,6; VII 1,2; VIII 1-3, 5; IX 2-4, 6,7,9,12, 13	1,4,5,8,9	1,2,3,4,5,8,9
N552 Pharmacology in Primary Care 3 units (3 wtu)	1-9	I 1,2,5,6,8 II 1,2,3,5 III 5; IV 1,3-6; V 1,5,6; VI 3; VII 1-4, 6; VIII 1-5; IX 1-4, 6,7,9,12-14	1,4,5,6,8,9	1,2,4,5,7,9
N550A Clinical Practice in Primary Care I 4 units (2:1 student:faculty ratio)	1-9	I 1,5,7; II 1-3,5; III 3,5,6,7; IV 1, 3-6; V 1,3-6; VI 3-5; VII 1-4,6; VIII 1-5; IX 1-15	3,4,5,9,	1,2,3,4,5,7,9
Sub Total = 10 units (6+ wtu)	10 units			
Semester 3 - Fall				
N540B Pathophysiologic Concepts in Primary Care II 3 units (3 wtu)	1-9	I 1,2,5,7; II 1,7; III 5; IV 1,3-6; V 1,2,5,6; VII 1,2,4,6; VIII 1-3, 5; IX 2-4, 6,7,9,12, 13	1,4,5,8,9	1,2,3,4,5,9
N550B Clinical Practice in Primary Care II 4 units (2:1 student:faculty ratio)	1-9	I 1,5,7; II 1-5; III 3,5,6,7; IV 1, 3-6; V 1,3-6; VI 3-5; VII 1-6; VIII 1-5; IX 1-15	3,4,5,9	2,3,4,5,7,9
Sub Total 11 units (wtu 7+)	7 units			
Semester 4 - Spring				
N562 Advanced Practice in Primary Care	1-9	I 1, 4-8; II 1-4,6; III 1,4-8; IV 1,3-5; V 4-6; VI 2-5; VII 1-4, 6; VIII 3-5; IX 1-6,8,10-15	2,3,4,5,6,7,8,9	2,3,4,7

Systems 4 units (4 wtu)				
N550C Clinical Practice In Primary Care III 4 units (2:1 student:faculty ratio)	1-9	I 1,5,7; II 1-3,5; III 3,5,6,7; IV 1, 3-6; V 1,3-6; VI 3-5; VII1-6; VIII 1-5; IX 1-15	3,4,5,9	2,3,4,5,6,7,8,9
Sub Total = 14 units	8 units			
Total PMC = 36 (met in MSN*) = 36 units	36 units			
Total Clinical: 16 units = 816 hours				

48-UNIT GE PATTERN

[For students starting Fall 2018 - Spring 2019 as either Freshman or transfers with fewer than 30 units]

Specific courses that meet each subcategory are listed in the class schedule in MYSSU. Students and others can search for these courses by subcategory designation and units. If students take a course worth more units than the required minimum in any GE category, unless otherwise noted, 3 units will be counted towards the GE category and any additional units will be counted as electives or towards other appropriate GE categories in the case of Area B4 and Freshman Learning Communities (see below).

A. Communication & Critical Thinking (minimum 9 units)	
A1. Oral communication (minimum 3 units)	
A2. Written Communication (minimum 3 units)	
A3. Critical Thinking (minimum 3 units)	
B. Natural Sciences and Mathematics (minimum 12 units)	
B1. Physical Sciences (minimum 3 units)	
B2. Biological Sciences (minimum 3 units)	
B3. Special Emphasis*	
B4. Mathematical Concepts and Quantitative Reasoning (minimum 3 units)*	
C. Humanities (minimum 12 units)	
C1. Fine Arts, Theatre, Dance Music and Film (minimum 3 units)	
C2. Literature, Philosophies and Values (minimum 3 units)	
C3. Comparative Perspectives and Foreign Languages (minimum 3 units)	
D. Social Sciences (minimum 12 units)**	
D1. Individual and Society (minimum 3 units)	
D2. World History and Civilization (minimum 3 units)	
D3. United States History (Statutory Requirement)	(2 courses required, 3 units apply to GE)
D4. U.S. Constitution, California State and Local Government (Statutory Requirement)	
D5. Contemporary International Perspectives (minimum 3 units)	
E. Lifelong learning and Self Development (Minimum 3 units)	

*Students may take a course from area B3 OR additional units in B1 or B2 to meet a total of 12 units overall in area B. Four units total from Area B4 may be applied to Area B.

**Students must take one course from all five categories of Category D, Social Sciences.

Additional Campus Requirements:

- WEPT exam or WIC (GWAR)
- Statutory Course Requirements (3 of the required 6 units can double-count toward GE):
 - Course in U.S. History
 - Course in U.S. Constitution, State and Local Government
- Natural Science Lab Course (these courses may double-count toward meeting GE requirements in relevant categories)
- Ethnic Studies Course (these courses may double-count toward meeting GE requirements in relevant categories)
- Minimum of 9 units in upper division GE across two different areas A through E (not sub-areas).

GE and Freshman Learning Communities:

Students completing one of the following first year learning community courses and a four unit Area A2 written communication course will meet the minimum GE category unit requirements as follows (*in addition to Area A2*):

Learning Community	GE Areas Met
AMCS 165 A/B	Areas A1, A3, C3, and ethnic studies
ARTH 165 A/B	Areas A1, A3 and C3
CALS 165 A/B	Areas A1, A3, C3, and ethnic studies
CHEM 120 and 125 A/B	Areas A1, A3, B1, B3, and lab
COMS 160 A/B	Areas A1, A3 and C3
COMS 162 A/B	Areas A1, A3 and C3
EDEC 160 A/B	Areas A1 and A3
ENGL 160 A/B	Areas A1, A3 and C3
MLL 160 A/B	Areas A1, A3 and C3
MLL 161 A/B	Areas A1, A3 and C3
MUS 160 A/B	Areas A1, A3 and C3
NAMS 160 A/B	Areas A1, A3 and C3
PHIL 160 A/B	Areas A1, A3 and C3
PHIL 165 A/B	Areas A1, A3 and C3, ethnic studies
SCI 120 A/B	Areas A1, A3, B2, B4, and lab
THAR 160 A/B	Areas A1, A3 and C3
UNIV 150 A/B	Areas A1, A3 and C3

SONOMA STATE UNIVERSITY 50-UNIT GE PATTERN WORKSHEET

A. COMMUNICATION AND CRITICAL THINKING

(Minimum 8 units) Complete one course from A2 and A3

1. Area A1 is satisfied by completing Areas A2, A3 and C3

☐ 2. Fundamentals of Communication (4 units)

ENGL 101 (4)
ENGL 100 A/B (3/3)

☐ 3. Critical Thinking (4 units)

AMCS 165 A/B (4/4)*
ARTH 160 A/B (4/4)
CALS 165 A/B (4/4)*
CHEM 120 A/B (2/2)
COMS 160 A/B (4/4)
COMS 162 A/B (4/4)
ENGL 160 A/B (4/4)
ES 210(4)
LIBS 160 A/B (4/4)
MATH 220 (4)
MLL 160 A/B (4/4)
MLL 161 A/B (2/2)
MUS 160 A/B (4/4)
NAMS 160 A/B (4/4)
PHIL 101(4)
PHIL 101 A/B (2/2)
PHIL 102 (4)
PHIL 160 A/B (4/4)
PHIL 165 A/B (4/4)*
SCI 120 A/B (6/6)#
THAR 160 A/B (4/4)
UNIV150 A/B (4/4)

NOTES:

Refer to the online catalog for course descriptions.

Refer to MySSU for course availability and review of your Academic Requirement Report.

B. NATURAL SCIENCES AND MATHEMATICS (Minimum 12 units)

Complete a course from group 1, 2, & 4; Including lab activity (#indicates lab course)

☐ 1. Physical Sciences (Minimum 3 units)

ASTR 100 (3)	CHEM 115AB (5)#	PHYS 102 (1)#
ASTR 150 (3)	CHEM 125AB (5)#	PHYS 114 (4)
ASTR 231 (2)#	GEOG 201 (4)	PHYS 116 (1)#
CHEM 102 (3)#	GEOL 102 (3)#	PHYS 209AB (1)#
CHEM 105 (5)#	GEOL 105 (3)	PHYS 210AB (3)
CHEM 110 (3)	PHYS 100 (3)	

☐ 2. Biological Sciences (Minimum 3 units)

ANTH 201 (3)	BIOL 130 (4)#
BIOL 110 (4)#	BIOL 131 (4)#
BIOL 115 (3)	SCI 120 A/B (6/6)#

To complete a minimum of 8 units in Science, select additional units from groups B1, B2 OR B3

☐ 3. Specific Emphasis

ASTR 303 (3)	BIOL 315 (3)	PHYS 300 (3)
ASTR 305 (3)	BIOL 385 (3)	PHYS 342 (3)
ASTR 350 (3)	CS 101 (3)	
BIOL 220 (4)#	CS 115 (4)	
BIOL 224 (4)#	ES 101A (3)	
BIOL 308 (3)	ES 101B (1)#	
BIOL 309 (3)	GEOL 110 (3)	
BIOL 311 (3)	GEOL 120 (3)#	
BIOL 312 (3)	GEOL 301 (3)	
BIOL 314 (4)#	GEOL 303 (4)#	

☐ 4. Mathematical Concepts and Quantitative Reasoning

Only 4 units may be applied towards 12 unit requirement for area B.

BUS 211 (4)	MATH 111 (3)	MATH 161 (4)
ECON 217 (4)	MATH 131 (3)	MATH 161X (6)
MATH 103 (3)	MATH 141 (3)	MATH 165 (4)
MATH 104 (3)	MATH 150 (3)	MATH 165X (6)
MATH 105 (3)	MATH 160 (4)	SCI 120 A/B (6/6)#

KEY

Indicates lab course

* Meets Ethnic Studies requirement.

CHECKLIST

☐ Lab ☐ WEPT or WIC (GWAR) ☐ Ethnic Studies
☐ Minimum 9 Units UD GE (in at least 2 different areas)

Students may begin their Upper Division GE course-work during or after the semester in which they achieve upper division junior standing (i.e., 60 semester units) but NOT before.

C. HUMANITIES (Minimum 12 units) Complete a total of (12) units in area C with at least one 3 to 4 unit Course in each area. To reach 12 units, you may add a 1 to 4 unit Course in any C

☐ 1. Fine Arts, Theatre, Dance, Music, and Film

Minimum 3 units

AMCS 260 (4)*	CALS 368 (4)*	MUS 150 (3)
AMCS 390 (1-2)	CALS 393 (4)*	MUS 250 (3)
AMCS 392 (4)*	CALS 479 (4)*	MUS 343 (3)
ARTH 210 (3-4)	COMS 275 (4)	MUS 344 (3)
ARTH 211 (3-4)	ENGL 207 (4)	NAMS 205 (4)*
ARTH 270AB (3-4)	LIBS 204 (4)*	NAMS 338 (4)*
ARTH 454 (3-4)	LIBS 208 (4)	THAR 101 (3)
ARTH 460 (3-4)	LIBS 209 (4)	THAR 202 (4)
ARTH 464 (3-4)	LIBS 390 (1-2)	THAR 203 (4)
ARTH 465 (3-4)	MUS 105 (4)	THAR 300 (3)
ARTS 491 (1)	MUS 149 (1)	

☐ 2. Literature, Philosophies, Values

Minimum 3 units

AMCS 225 (4)*	ENGL 215 (3)	MUS 273 (4)
AMCS 245 (4)*	ENGL 273 (4)	NAMS 165 (4)*
AMCS 273 (4)	ENGL 304 (4)	NAMS 273(4)
AMCS 350 (4)*	ENGL 314 (4)	NAMS 346 (4)*
AMCS 360 (4)*	ENGL 315 (4)*	NAMS 354 (4)*
ARTH 273 (4)	ENGL 345 (4)	NURS 490 (4)
ARTS 273 (4)	FR 314 (4)	PHIL 120 (4)
CALS 273 (4)	GER 314 (4)	PHIL 203 (4)
CALS 314 (4)*	JWST 200 (4)	PHIL 205 (1)
CALS 352 (4)*	LIBS 205 (4)	PHIL 273 (4)
CALS 374 (4)*	MLL 214 (4)	PHIL 302 (4)
COMS 273 (4)	MLL 273 (4)	SOCI 431 (4)
ENGL 214 (4)	MLL 314 (4)	THAR 273 (4)
		WGS 302 (1)

☐ 3. Comparative Perspectives and/or Foreign Languages

Minimum 3 units

AMCS 165 A/B(4/4)*	FR 415 (4)	PORT 210 (4)
AMCS 355 (4)*	FR 475 (4)	SPAN 101 (4)+
ARTH 160 A/B (4,4)	GER 101 (4)+	SPAN 102 (4)+
CALS 165 A/B(4/4)*	GER 102 (4)+	SPAN 201 (4)
CALS 220 (4)*	GER 200 (4)	SPAN 202 (4)
CALS 225 (4)	GER 210 (4)	SPAN 300 (4)
CALS 426 (4)*	GER 300 (4)	SPAN 300H(4)
CALS 451 (4)*	JWST 255 (4)	SPAN 301 (4)
COMS 160 A/B(4/4)	LIBS 160 A/B (4/4)	SPAN 305 (4)
COMS 162 A/B(4/4)	MLL 160 A/B (4/4)	SPAN 306 (4)
ENGL 160 A/B(4/4)	MLL 161 A/B (2/2)	SPAN 307 (4)
ENGL 280 (3)	MUS 101 (3-4)	SPAN 400 (4)
FR 101 (4)+	MUS 160 A/B(4/4)	SPAN 401 (4)
FR 102 (4)+	MUS 201 (4)	SPAN 402 (4)
FR 201 (4)	MUS 350 (4)	SPAN 410 (4)
FR 202 (4)	NAMS 160 A/B(4/4)	SPAN 490 (4)
FR 300 (4)	PHIL 160A/B(4/4)	SPAN 491 (4)
FR 320 (4)	PHIL 165A/B(4/4)*	THAR 160 A/B(4/4)
FR 321 (4)	PHIL 201 (4)	THAR 373 (4)
FR 410 (4)	PHIL 212 (4)	THAR 374 (4)
FR 411 (4)	PHIL 275 (4)*	UNIV 150 A/B (4/4)

+Note: A first-year language course may count if the student has met the high school subject requirement (2 years) in a different language or if the student has completed one year of a different foreign language at the college level.

D. SOCIAL SCIENCES (Minimum 15 units)

Complete one course in each of the following five groups:

☐ 1. Individual and Society

AMCS 210 (4)*	GERN 319 (4)	SOCI 326 (4)
AMCS 339 (3)*	GLBL 300 (3)	SOCI 375 (4)
ANTH 203 (3)	NAMS 200 (3)*	WGS 255 (3-4)
CALS 219 (3)*	PSY 250 (3)	WGS 375 (3)*
CALS 339 (3-4)*	PSY 303 (3)	
CCJS 201 (4)	PSY 325 (4)	
ECON 205 (4)	SOCI 201 (3)	
EDUC 417 (3)	SOCI 263 (4)*	
ENGL 203 (4)	SOCI 319 (4)	

☐ 2. World History and Civilization

ANTH 341 (3)	GEOG 203 (3)	HIST 202 (3)
GEP 206 (3)	HIST 201 (3)	HIST 380 (3)

☐ 3. United States History

HIST 241 (3)	HIST 251 (3)
HIST 242 (3)	HIST 252 (3)

☐ 4. U.S. Constitution & California State & Local Government

POLS 200 (3)	POLS 202 (4)
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☐ 5. Contemporary International Perspectives

ANTH 200 (3)	ENSP 200 (3)	POLS 307 (4)
CALS 432 (4)*	GEOG 202 (3)	POLS 315 (3-4)
ECON 204 (4)	GEOG 302 (4)	
ECON 426 (4)	POLS 201 (4)	

E. THE INTEGRATED PERSON (Minimum 3 units)

ANTH 318 (3)	LIBS 320D (3)
ANTH 340 (3)	NURS 480 (3)
BIOL 318 (3)	PSY 302 (3)
CALS 403 (3-4)*	SCI 220 (3)
EDEC 420 (3)	SOCI 317 (4)
EDSS 418 (3)	SSCI 299 (3)
GEP 371 (3)	UNIV 238 (3)
GERN 300 (3)	WGS 280 (4)
GERN 317 (4)	WGS 285 (4)
KIN 217 (3)	WGS 350 (3-4)
KIN 316 (3)	

Total semester units in General Education ... 50

Including:

- a. Minimum 9 upper division units, taken no sooner than the term in which upper division standing (60 units) is attained;
- b. an approved science laboratory; and
- c. one course in ethnic studies.

ACADEMIC ADVISING INFORMATION

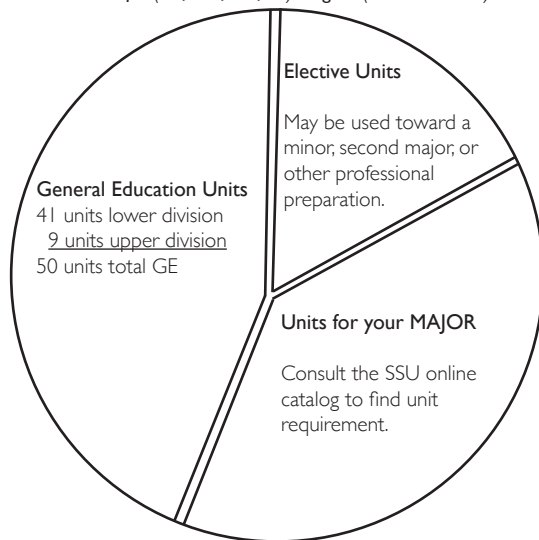
- ☆ If you have a major, contact your major department office for referral to your advisor in your major.
- ☆ If you are an undeclared major, contact Advising Services, Salazar 1070, (707) 664-2730.
- ☆ Consult your academic advisor regularly.
- ☆ For GE and Registration Assistance, see a Student Peer Advisor, Salazar 1070.

GRADUATION

- ☆ Graduation is not automatic. We recommend filing your application one year in advance of graduation. This allows earlier communication with you so there is ample time to meet with an advisor and resolve any concerns before your final semester. The deadline to apply for graduation each semester is posted on the Graduation website and Academic Calendar.
- ☆ If you are denied graduation, you must file a "Change of Graduation Information" Form to move your graduation date. This is not done automatically.
- ☆ For additional information go to <http://www.sonoma.edu/registration/graduation/>

Various examination options (AP, CLEP, course challenge examinations, Credit by Examination) are available to meet some of the GE requirements. Contact the appropriate department or the Testing Office, Salazar 1060, (707) 664-2947. Go to <http://www.sonoma.edu/testing/> for more information on testing.

Elements of a (BA, BFA, B/M, BS) Degree (120-132 units)



Note: Minimum units to graduate = 120 - 132 units

12 units X 8 semesters = 96 units
14 units X 8 semesters = 112 units
15 units X 8 semesters = 120 units
16 units X 8 semesters = 128 units

GRADUATION CHECK LIST

Units

- ☐ 120-132 Total Units
- ☐ 40 Upper Division Units
- ☐ 50 GE
- ☐ 9 Units Upper division GE

Units in Residence

- ☐ Minimum Total of 30
- ☐ Min. 24 Upper Division
- ☐ Min. 12 in major

Unit maximums

- ☐ Max. 70 Comm.Coll. units
- ☐ Max. 24 Extension/Correspondence units
- ☐ Max. 30 ALL test credits, CLEP, AP, etc. units
- ☐ Max. 24 CR/NC units
- ☐ Max. 12 Spec.Instr. units
- ☐ Max. 12 Spec.Stud. units
- ☐ Max. 6 CIP units
- ☐ Max. 30 FEPLP units

☐ **Lab Science**

(In Natural Science)

☐ **One Ethnic Studies Course**

from GE area C, D or E.

☐ Pass **WEPT** or **WIC (GWAR)**

Statutory Requirements

- ☐ U.S. History
- ☐ U.S. Constitution
- ☐ State and Local Gov.

☐ **Minimum GPA of 2.0**

- ☐ overall
- ☐ at SSU
- ☐ in major

GRADUATION WRITING ASSESSMENT REQUIREMENT (GWAR)

The Graduation Writing Assessment Requirement (GWAR) is intended to ensure that all students graduating from a California State University have acquired the writing skills necessary for competent written communication. At Sonoma State University, there are two ways students may complete the GWAR: either by passing the Written English Proficiency Test (WEPT) or by achieving a grade of "C" or better in a course designated as WIC (Writing Intensive Curriculum).

Note: The Writing Intensive Curriculum course list is subject to change term-by-term. Check periodically for updates.

For more information about the WEPT or WIC go to:

Writing Center
Schulz 1103
(707) 664-4401
www.sonoma.edu/writingcenter/
www.sonoma.edu/writingcenter/wic/

WEPT Office
Stevenson 1037
(707) 664-2058
www.sonoma.edu/writingcenter/wept/

APPENDIX 29

DON phase in plan for new GE pattern

Pre-License BSN

Start/ Matriculation	No. of students	GE Pattern	Graduation
Fall 2018	24	2018-19	May 2020
Fall 2019	24	2018-19	May 2021
Fall 2020	24	New 2019-20	May 2022
Fall 2021	24	New 2019-20	May 2023

CNECM Post-License BSN (RN-BSN)

Associate Degree Nursing students are co-enrolled from service area CC's

Start	Matriculation	No. of students	GE Pattern	Graduation
Summer 2018	Fall 2019	44	2018-19	May 2020
Summer 2019	Fall 2020	43	2018-19	May 2021
Summer 2020	Fall 2021	44	New 2019-20	May 2022

[Songbrown Summary \(/songbrown-summary\)](/songbrown-summary)

[SongBrown Interactive Map \(/songbrown-map\)](/songbrown-map)

SongBrown Summary

Year

2018

Discipline

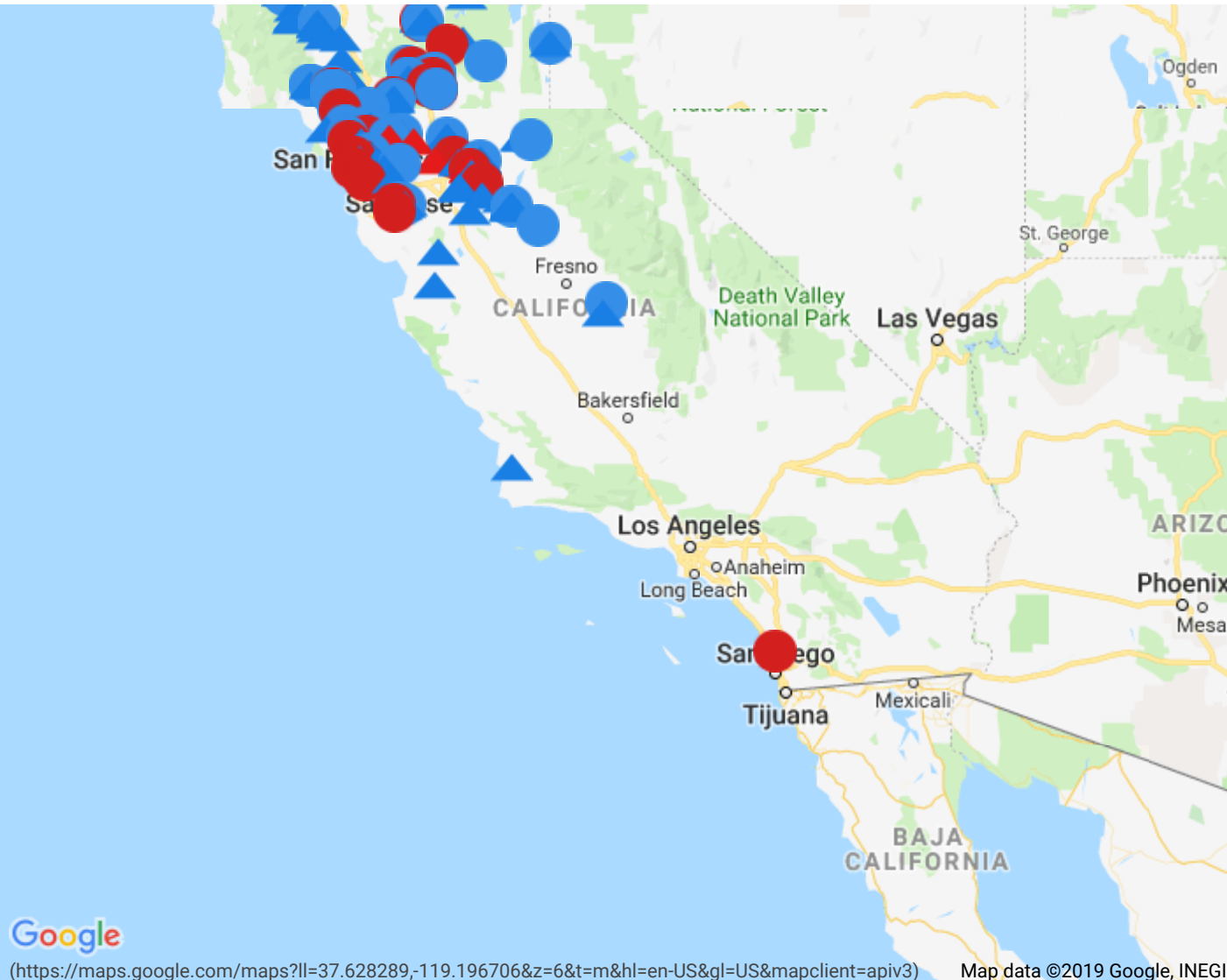
SBFNP

Organization



Sonoma State University

Sonoma State University







Past Graduate Locations

-  Area Designation
-  No Designation

Training Sites

-  Area Designation
-  No Designation

Application Data Statistics

Graduates				
Category	Applicant		Total Applicants	
	Number	Percent	Number	Percent

Frontier	1	1.18%	3	0.22%
Rural	15	17.65%	70	5.07%
Urban	63	74.12%	791	57.32%
No Grad Info	1	1.18%	391	28.33%
Out of State	5	5.88%	125	9.06%
In UMN	50	58.82%	516	37.39%
Not In UMN	29	34.12%	348	25.22%
Total	85	65.88%	1380	74.78%

Training				
	Applicant		Total Applicants	
Category	Number	Percent	Number	Percent
Frontier	5	3.14%	13	0.57%
Rural	78	49.06%	293	12.9%
Urban	76	47.8%	1894	83.36%
Unknown Address	0	0%	0	0%
Out of State	0	0%	72	3.17%
In UMN	147	92.45%	1321	58.14%
Not In UMN	12	7.55%	879	38.69%
Total	159	92.45%	2272	61.31%

County	Sonoma
Total Population	474,047
% Low Income	10.13 %
% Poverty	25.79 %
% White	84.01 %
% Black	2.24 %
% Hispanic	23.64 %
% Asian	4.99 %
% Native American	2.26 %

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[Developers API \(/api\)](#)
[HPSA Data \(/Content/hpsa.csv\)](#)

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SONOMA STATE UNIVERSITY
Department of Nursing
Clinical Evaluation Tool
Nursing 301-Nursing Care of the Adult I
Nursing 303-Maternity and Women's Health Care

Student: _____

Course: Nursing _____

Faculty: _____

Semester/Year: _____ / _____

M = Competency Met NI = Needs Improvement U = Competency Unmet NA = Not Observed/Not Applicable

Bold Italicized Items* are *Critical Indicators

If one or more of the critical indicator competencies are not being met at any point in the semester, faculty will provide a clinical performance notification as outlined in the clinical performance policy in the student handbook.

At midterm, all areas of **NI** or **U** will be addressed with a goal for improving to achieve competency by final evaluation. All **Critical Indicators** must be **Met** by final evaluation and all other competencies must be at **Met** or **Needs Improvement**, with zero **Unmet** items to earn a passing grade for clinical performance.

<i>Student Clinical Competencies for NURS 301 & NURS 303</i>	Progress											
	Mid Term						Final					
	Student			Faculty			Student			Faculty		
<u>CARING</u>	M	N I	U	M	N I	U	M	N I	U	M	N I	U
1. Provides patient-centered care with sensitivity and respect for the diversity of human experience												
a. Supports personal health by employing appropriate self care in the clinical setting												
b. Define the needs of the patient to provide care and comfort												
2. Contributes to individualized plan of care with a focus on age, assessment and planning utilizing the nursing process												
3. Interacts with patients, families, and professional colleagues in the provision of care.												
<i>4. Provides safe and age appropriate care.</i>												
<i>a. Performs beginning psychomotor skills safely and accurately.</i>												
<i>b. Administers medications based on scientific knowledge and in accordance with agency policy.</i>												
<i>c. Administers treatments based on scientific knowledge and in accordance with agency policy.</i>												

Student Clinical Competencies for NURS 301 & NURS 303	Progress												
	Mid Term						Final						
	Student			Faculty			Student			Faculty			
<i>d. Practices standard precautions and prevention of Health Care Acquired Infection.</i>													
Comments													
CRITICAL THINKING	M	N	U	M	N	U	M	N	U	M	N	U	
1. Demonstrate effective use of technology and standardized practices that support safety and quality													
a. Recognize knowledge from previous courses in nursing, the sciences and the humanities.													
b. Considers the effect of environment in the provision of health care.													
c. Practice clinical decision making based on the nursing process.													
<i>d. Performs assessments</i>													
<i>e. Plans interventions</i>													
<i>f. Implements care</i>													
<i>g. Evaluates outcomes</i>													
2. Demonstrates honesty in facing personal biases and is willing to reconsider assessment and solutions.													
3. Identifies areas of needed clinical growth and makes appropriate plan for change													
4. Identify and prioritize patient care in the assigned clinical setting													
Comments													
COMMUNICATION	M	N	U	M	N	U	M	N	U	M	N	U	
1. Understand communication within a hierarchical agency structure													
2. Develops effective verbal communication with all members of the health care team.													
3. Demonstrates accurate and professional written communication and clinical documentation													
4. Practice effective communication skills including acceptance of feedback from faculty and colleagues.													
5. Uses designated protocols to record and communicate data.													
Comments													

Student Clinical Competencies for NURS 301 & NURS 303	Progress											
	Mid Term						Final					
	Student			Faculty			Student			Faculty		
<u>ADVOCACY/SOCIAL JUSTICE</u>	M	N	U	M	N	U	M	N	U	M	N	U
1. Elicits patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care												
2. Demonstrates an understanding of ethical principles in clinical practice.												
3. Demonstrate fair treatment to all patients' regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation												
4. Adheres to all HIPPA regulations												
5. Demonstrates accountability and responsibility to the self and client												
a. Understands and incorporates patient's rights in providing care.												
Comments												
<u>TEACHING/LEARNING</u>	M	N	U	M	N	U	M	N	U	M	N	U
1. Demonstrates directed and deliberate actions based on principles of teaching and learning in educating clients.												
2. <i>Recognizes the teaching/learning process as a cooperative and personal relationship between faculty, students and between nurses and clients.</i>												
3. <i>Defines the teaching plan of care and recognizes critical teaching opportunities for optimal patient and family outcomes.</i>												
Comments												
<u>PROFESSIONALISM</u>	M	N	U	M	N	U	M	N	U	M	N	U
1. Demonstrate professional and safe practice												
2. Maintains personal professional appearance as outlined by department and agency policies												
3. Assume accountability for personal and professional behaviors												
4. Define professional engagement to foster professional growth and development												
3. Demonstrates legal standards of care.												
Comments												

Student Clinical Competencies for NURS 301 & NURS 303	Progress											
	Mid Term						Final					
	Student			Faculty			Student			Faculty		
LEADERSHIP	M	N	U	M	N	U	M	N	U	M	N	U
1. Participate in changes to promote improvement in patient care for selected patient populations												
2. Define an active participant on the intra-professional team												
3. Recognize skills in delegation, prioritization and oversight of care												
4. Understand the need to focus on continuous self evaluation and life long learning												
Comments												
RESEARCH AND EVIDENCE-BASED PRACTICE	M	N	U	M	N	U	M	N	U	M	N	U
1. Demonstrates an understanding of the basic elements of the research process and models for applying evidence to clinical practice.												
2. Explain the interrelationships among theory among theory, practice and research												
3. Integrate evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing and evaluating outcomes of care												
4. Identify practice discrepancies between research based standards and current nursing practice that may adversely impact patient outcomes.												
Comments												
CULTURAL COMPETENCY	M	N	U	M	N	U	M	N	U	M	N	U
1. Elicits patient and family values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care												
2. Provides patient-centered care and sensitivity and respect for the diversity of human experience												
3. Demonstrations knowledge and understanding of a patient's culture, health related needs and culturally specific needs related to health and illness												
Comments												
TOTAL COMPETENCIES MET												

	MID TERM	FINAL
STUDENT COMMENTS	<p>Areas That Met Expectation</p> <p>Areas That Need Improvement</p> <p>Goals for further growth</p>	<p>Areas That Met Expectation</p> <p>Areas That Need Improvement</p> <p>Goals for further growth</p>
FACULTY COMMENTS	<p>Areas That Met Expectation</p> <p>Areas That Need Improvement</p> <p>Goals for further growth</p>	<p>Areas That Met Expectation</p> <p>Areas That Need Improvement</p> <p>Goals for further growth</p>
Signatures	<p>Student: _____</p> <p>Faculty: _____</p>	<p>Student: _____</p> <p>Faculty: _____</p>
Date		

SONOMA STATE UNIVERSITY
Department of Nursing
Clinical Evaluation Tool
Nursing 304 Psychiatric Mental Health Nursing

Student:	Semester:
Faculty:	

M = Competency Met	U = Competency Unmet	NO = Competency Not Observed
<i>Bold Italicized Items are Critical Indicators</i> If one or more of the critical indicator competencies are not being met at any point in the semester, faculty will provide a clinical performance notification as outlined in the clinical performance policy in the student handbook. All competencies must be met by final evaluation to earn a passing grade for clinical performance.		

<i>Student Clinical Competencies for NURS 304</i>	Student					Faculty				
	Mid Term			Final		Midterm			Final	
<u>CARING</u>	M	U	NO	M	U	M	U	NO	M	U

1. Demonstrates patient-centered care with sensitivity and respect for the diversity of human experience										
2. Understands personal health by employing appropriate self-care in the psychiatric mental health setting										
3. Prepares to individualize plan of care with a focus on age, assessment and planning utilizing the nursing process										
4. Incorporates patients, families, and professional colleagues in the provision of care.										
<i>4. Applies the understanding of inter-subjective relationships and demonstrate caring in the psychiatric mental health clinical setting.</i>										
<i>a. Administers psychiatric treatments based on scientific knowledge and in accordance with agency policy.</i>										
<i>b. Applies their knowledge and skill of developing intersubjective, nurturing and empowering relationships in a psychiatric setting.</i>										
<i>c. Demonstrates empathy, respect, and presence in caring for and relating to a diverse population in a psychiatric mental health setting.</i>										
<i>d. Practices standard precautions and prevention of Health Care Acquired Infection.</i>										

<u>CRITICAL THINKING</u>	M	U	N O	M	U	M	U	N O	M	U
1. Demonstrates effective use of technology and standardized practices that support safety and quality										
a. Applies knowledge from previous courses in nursing, the sciences and the humanities.										
b. Demonstrates an inquisitive, well-informed, ethical and responsible approach to making nursing decisions based on the scientific principles of psychiatric mental health nursing.										
c. Differentiates the effect of environment in the provision of psychiatric mental health care.										
d. Contributes to clinical decision-making based on the nursing process.										
e. Performs mental health assessments										
f. Plans mental health interventions										
g. Implements mental health care										
h. Evaluates mental health outcomes										
2. Demonstrates honesty in facing personal biases and is willing to reconsider assessment and solutions.										
3. Determines areas of needed clinical growth and makes appropriate plan for change										
<u>COMMUNICATION</u>	M	U	N O	M	U	M	U	N O	M	U
1. Defines communication within a hierarchical agency structure										
2. Demonstrates effective communication with clients and families in order to facilitate interdisciplinary collaboration using principles of dialogue, presence, call and response in psychiatric mental health settings										
3. Demonstrates accurate and professional written communication and clinical documentation										
4. Applies effective communication skills including acceptance of feedback from faculty and colleagues.										
5. <i>Uses designated protocols to record and communicate data.</i>										
<u>ADVOCACY/SOCIAL JUSTICE</u>	M	U	N O	M	U	M	U	N O	M	U
1. Elicits patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care										
2. Demonstrates sensitivity, self-responsibility and ethical decision making in the promotion of practices and standards of diverse care that enrich the health experiences of clients, self, colleagues and the nursing profession in psychiatric mental health settings.										
3. Demonstrate fair treatment to all patients' regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation										
4. Adheres to all HIPPA regulations										
5. Demonstrates accountability and responsibility to the self and client										
a. Understands and incorporates patient's rights in providing care.										
<u>TEACHING/LEARNING</u>	M	U	N	M	U	M	U	N	M	U

			O					O		
1. Develops and directs deliberate actions based on principles of teaching and learning in educating clients.										
2. Prepares the teaching/learning process as a cooperative and personal relationship between faculty, students and between nurses and clients.										
3. Contributes to the teaching plan of care and recognizes critical teaching opportunities for optimal patient and family outcomes.										
PROFESSIONALISM	M	U	N O	M	U	M	U	N O	M	U
1. Demonstrates and prioritize professional and safe practice.										
2. Maintains personal professional appearance as outlined by department and agency policies										
3. Assumes accountability for personal and professional behaviors										
4. Analyze professional engagement to foster professional growth and development										
5. Differentiates legal standards of care.										
LEADERSHIP	M	U	N O	M	U	M	U	N O	M	U
1. Demonstrates knowledge of leadership qualities including collaboration, teamwork, delegation and positive relationships within the interdisciplinary team in psychiatric mental health settings.										
2. Distinguish oneself as an active participant on the intra-professional team										
3. Demonstrates the fostering of the well-being of colleagues, health care professionals and clients (individuals, groups, and communities)										
4. Shows the need to focus on continuous self evaluation and life long learning										
RESEARCH AND EVIDENCE-BASED PRACTICE	M	U	N O	M	U	M	U	N O	M	U
1. Distinguishes an understanding of the basic elements of the research process and models for applying evidence to clinical practice in psychiatric mental health nursing										
2. Explains the interrelationships among theory, practice and research in psychiatric mental health nursing										
3. Applies evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing and evaluating outcomes of psychiatric mental health care										
4. identifies practice discrepancies between identified standards and practice that may adversely impact patient outcomes										
CULTURAL COMPETENCY	M	U	N O	M	U	M	U	N O	M	U
1. Elicits patient and family values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of psychiatric mental health care										
2. Provides patient-centered care and sensitivity and respect for the diversity of human experience										

SONOMA STATE UNIVERSITY
Department of Nursing N414 Clinical Nursing Preceptorship Clinical Evaluation

Student: _____ Semester/Year: _____ Spring 2019 _____

Agency: _____ Preceptor: _____ Faculty: _____

Directions: In addition to the faculty evaluation, each student will do self-assessment of clinical at midterm and final. Evaluation of student's clinical competencies in the community/public is done in the following ways: Direct observation (DO), Agency Feedback (AF), Verbal self-report (V), Written self-report /journal (W).

SCORING KEY: **M = Competency Met**

U = Competency Unmet

NO = Competency Not Observed

Critical Indicators: Bold Italicized Items are critical indicators of quality of care and patient safety. If any of critical indicator competencies are not being met at any point during the semester, faculty will provide a standardized written performance contract that indicates specific goals to meet competency. All critical indicator competencies must be met to earn a passing grade for clinical by final evaluation.

HUMAN CARING

Program Outcome: Demonstrate the integration of respect for human diversity, social justice and self in the nursing role.

Course Clinical Objective: Utilize public health science to promote human dignity through health promotion and protections of populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. Demonstrates the integration of respect for human diversity, social justice and self in the nursing role by tailoring personal health in self-care and in the planning and providing patient comfort and care.		
2. <i>Facilitates an individualized plan of care with a focus on age, assessment and planning utilizing the nursing process and by acknowledges patients, families and professional colleagues in the provision of care.</i>		
3. <i>Provides safe and age appropriate care in performing psychomotor skills safely and accurately..</i>		
4. Safely and accurately administers medications and treatments based on scientific knowledge and in accordance with agency policy.		
5. <i>Practices standard precautions in the prevention of Health Care Acquired Infection.</i>		

Comments:

CRITICAL THINKING

Program Outcome: Make informed choices through critical analysis that promote nurse/client well-being. Course Clinical Objective: Use skills of inquiry to effectively identify, prioritize and evaluate measures to promote health in communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. <i>Relates knowledge from previous courses in nursing, the sciences and the humanities and with this knowledge designs clinical decision making based on the nursing process:</i> <i>a. Assessment</i> <i>b. Diagnosis</i> <i>c. Planning</i> <i>d. Intervention</i> <i>e. Evaluation</i> <i>f.</i> <i>g.</i>		
2. <i>Implements effective use of technology, critical analysis and standardized practices that support safety and quality patient care</i>		
3. <i>Assesses the effect of the environment in providing safe care</i>		
4. <i>Demonstrates honesty in facing personal biases and is willing to reconsider assessment and provision of care</i>		
5. <i>Participate in initiatives that support health promotion and disease prevention</i>		
6. <i>Plans and prioritizes care for multiple patients in the assigned clinical setting</i>		

Comments:

COMMUNICATION

Program Outcome: Communicate within a team framework to promote optimal client outcomes.

Course Clinical Objective: Employs effective communication modalities, which maintain or promote health in various populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. <i>Communicate within a hierarchical agency structure and multidisciplinary team to promote optimal client outcomes</i>		
2. <i>Utilizes informatics in accurate and professional written communication and clinical documentation including support of patient education and designated protocols</i>		
3. Cultivates effective communication skills including acceptance of feedback from faculty and colleagues		
Comments		

ADVOCACY/SOCIAL JUSTICE

Program Outcome: Delineate ethical principles on which to base practice decisions.

Course Clinical Objective: Operates as an advocate and change agent in promotion and protecting the health of individuals, families and communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. Validate patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care		
2. <i>Translates fair treatment to all patients' regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation</i>		
3. Outlines ethical principles on which to base practice decisions and incorporates patient rights in planning and providing care.		
4. <i>Adhere and teach to all HIPPA regulations</i>		
5. Evaluates accountability and responsibility to the self and client		
Comments		

TEACHING/LEARNING

Program Outcome: Demonstrate the role of the nurse in specific, client centered teaching.

Course Clinical Objective: Prioritizes teaching and learning theories and strategies to empower clients in their community to make choices that support their well-being.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. <i>Recognizes the teaching/learning process as a cooperative and personal relationship between faculty, students clients and the multidisciplinary health care team</i>		
2. Integrates teaching techniques in the plan of care thereby promoting health and the prevention of illness		

3. Contributes to the teaching plan of care and recognizes critical teaching opportunities to promote optimal patient and family outcomes		
4. Promotes discharge teaching on admission and in planning care of clients		
Comments		

PROFESSIONALISM

Program Outcome: Commit to life long learning and participation in the profession.

Course Clinical Outcome: Evaluates the process of self-transformation as a nurse through knowledge and action in advocating for clients and community members.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
-------------------------------	---------------------	------------------------

1. Commits to lifelong learning and participation in the profession		
2. Maintains personal professional appearance and conduct as outlined by SSU Handbook, department and agency policies		
3. Evaluates the process of self-transformation as a nurse through knowledge and action in advocating for clients and community members		
4.		
4. Demonstrates legal standards of care		
5. Address quality methods in the planning, implementation and evaluation of patient care.		
Comments		

LEADERSHIP

Program Outcome: Participate in changes to promote improvement in patient care.

Course Clinical Objective: Apply and demonstrate leadership activities, which maintain or promote the health in various populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. <i>Participates in decision making to promote improvement in patient care for selected patient populations</i>		
2. <i>Value each active participant on the intra-professional team</i>		
3. <i>Model skills in prioritization, delegation and over in the safety and quality of patient care</i>		

Comments:

RESEARCH & EVIDENCE BASED PRACTICE

Program Outcome: Demonstrate the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice.
Course Clinical Objective: Selects research from nursing and public health sciences. Applies evidence-based practice in the provision of care to individuals, families and communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. <i>Demonstrates the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice</i>		

2. Appraises the interrelationships among theory, practice and research		
3. Recommends evidence, clinical judgment, interprofessional perspectives and patient preferences in planning, implementing and evaluating outcomes of care		
Comments		

CULTURAL COMPETENCY

Program Outcome: Demonstrate respect for the unique care of clients in all aspects of the nurse client relationship

Course Clinical Objective: Demonstrates ability to interact effectively with people of different cultures.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
1. Incorporates values, preferences and expressed needs as part of the clinical interview, implementation of care planning and evaluation of care		

2. <i>Demonstrate respect for the unique care of clients in all aspects of the nurse-client relationship</i>		
3. Develops knowledge and understanding of a patient's culture, health related needs and culturally specific needs related to health and illness		
Comments		

	MID TERM	FINAL
S T U D E N T C O M M E N T S	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>

<div>F A C U L T Y C O M M E N T S</div>	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>
<div>P R E C E P T O R C O M M E N T S</div>	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>	<div>Areas That Exceed Expectation</div> <div>Areas That Need Improvement</div>
<div>S I G N A T U R E S</div>	<div>Student: _____</div> <div>Faculty: _____</div> <div>Preceptor: _____</div>	<div>Student: _____</div> <div>Faculty: _____</div> <div>Preceptor: _____</div>

Date		
------	--	--

SONOMA STATE UNIVERSITY**Department of Nursing N412 Community/Public Health Nursing Clinical Evaluation**

Student: _____

Semester/Year: ____/ ____

Agency: _____

Faculty: _____

Directions: In addition to the faculty evaluation, each student will do self-assessment of clinical at midterm and final. Evaluation of student's clinical competencies in the community/public is done in the following ways: Direct observation (DO), Agency Feedback (AF), Verbal self-report (V), Written self report /journal (W).

SCORING KEY: **M = Competency Met****U = Competency Unmet****NO = Competency Not Observed**

Critical Indicators: Bold Italicized Items are critical indicators of quality of care and patient safety. If any of critical indicator competencies are not being met at any point during the semester, faculty will provide a standardized written performance contract that indicates specific goals to meet competency. All critical indicator competencies must be met to earn a passing grade for clinical by final evaluation.

Human Caring

Program Outcome: Demonstrate the integration of respect for human diversity, social justice and self in the nursing role.

Course Clinical Objective: Utilize public health science to promote human dignity through health promotion and protections of populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
<i>Demonstrates empathy, respect and presence in relating to aggregates, communities, colleagues, and organizations.</i>		
Incorporates core knowledge and competencies in population focused nursing to advance the fulfillment of human capacities, by relating clinical experiences to learned theory.		
Uses holistic approach in caring for client/family/community.		
Demonstrates an understanding of global policies impact on health care and the resulting systematic effect on the local to global communities		

Comments:

Critical Thinking

Program Outcome: Make informed choices through critical analysis that promote nurse/client well being. Course Clinical Objective: Use skills of inquiry to effectively identify, prioritize and evaluate measures to promote health in communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
Demonstrates working knowledge of Public Health (PH) laws, mandates and services by appropriate referral(s) to PH and evaluation of populations receiving PH services		
<i>Conducts safe, effective and comprehensive health assessments across the life span on clients, families and aggregates demonstrated by accurately addressing growth and development</i>		
Utilize a theoretical framework to assess and determine priorities in a community		

Comments:

Communication

Program Outcome: Communicate within a team framework to promote optimal client outcomes.

Course Clinical Objective: Employs effective communication modalities, which maintain or promote health in various populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
Employ collaborative techniques with community partners, clients, and faculty to improve learning and promote optimal patient outcomes		

<i>Employs humanistic approach to promote positive interactions with clients, agency staff, peers and faculty</i>		
Effectively gives and receives feedback		
Comments		

Advocacy/Social Justice

Program Outcome: Delineate ethical principles on which to base practice decisions.

Course Clinical Objective: Operates as an advocate and change agent in promotion and protecting the health of individuals, families and communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
<i>Recognizes self-determination and accountability in self and community illustrated by inviting a person, family or aggregate to participate in a designing and /or implementing a health intervention.</i>		
Compares and contrasts the differences in the functions and operations of public & private organizations within a community		
Comments		

Teaching/Learning

Program Outcome: Demonstrate the role of the nurse in specific, client centered teaching.

Course Clinical Objective: Prioritizes teaching and learning theories and strategies to empower clients in their community to make choices that support their well-being.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
<i>Recognizes the teaching/learning process as a complex and cooperative relationship between faculty and students and between nurses and populations.</i>		
<i>Plans and carries out an educational session to a family or community aggregate that receives a positive evaluation.</i>		
Uses T/L strategies, appropriate for diverse community settings and evaluates the effect of their teaching modalities.		
Comments		

Professionalism

Program Outcome: Commit to life long learning and participation in the profession.

Course Clinical Outcome: Evaluates the process of self-transformation as a nurse through knowledge and action in advocating for clients and community members.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
Applies appropriate theoretical frameworks in decision-making processes in dealing with ethical dilemmas		
<i>Demonstrates NLN values of spirit of inquiry, professional identity, nursing judgment and human flourishing (self growth) in population-based role</i>		
<i>Develops student CPHN role by increasing clinical responsibilities as the semester progresses.</i>		
Add to the body of knowledge and skill at the clinical setting by contributing evaluative information to improve the on the agency's outcomes		

Comments

Leadership

Program Outcome: Participate in changes to promote improvement in patient care.

Course Clinical Objective: Apply and demonstrate leadership activities, which maintain or promote the health in various populations.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
<i>Utilizes C/PHN standards and levels of prevention in community practice</i>		
<i>Defines, assesses, and understands the health disparities in a population and discuss advocacy role to address gaps</i>		
Identify and work effectively with groups at risk for environmental exposures in workplace and community settings		
Demonstrates an understanding of funding at their clinical site and relates this to government health spending priorities		

Comments

Research

Program Outcome: Demonstrate the use of theoretical foundations of nursing and engagement in scholarship to guide clinical practice.

Course Clinical Objective: Selects research from nursing and public health sciences. Applies evidence-based practice in the provision of care to individuals, families and communities.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
<i>Effectively employs evidenced based practice in mirco and macro community settings</i>		
Analyze internal agency policies as related to current research and best practice.		
Comments		

Cultural Competency

Program Outcome: Demonstrate respect for the unique care of clients in all aspects of the nurse client relationship

Course Clinical Objective: Demonstrates ability to interact effectively with people of different cultures.

Clinical Performance Criteria	MT M, U or NO	Final M, U or NO
Synthesize the differences in culture related to social status, ethnicity, religion, sexual orientation to employ in care of clients in the community setting		
<i>Employs cultural competence when dealing with clients</i>		
Identify health outcomes related to cultural competency encountered in clinical rotation		
Comments		

Student Comments: provide evidence of demonstrating professionalism in clinical role.

Faculty Summary:

	MIDTERM Areas That Need Improvement And Plan To Address Gaps. Include progress in SMART Goals	FINAL Areas That Need Improvement And Plan To Address Gaps Include Progress in SMART Goals
STUDENT COMMENTS		
FACULTY COMMENTS		
Signatures Date	Student: _____ Date _____ Faculty: _____ Date _____	Student: _____ Date _____ Faculty: _____ Date _____



Employer Survey All Programs

iQ Score: Great

Published

▼ Default Question Block

Block Options ▼



Q16

Sonoma State University Nursing Program Graduate Employer Survey



- ☐ Pre-Licensure
- ☐ Post-Licensure
- ☐ Family Nurse Practitioner



Q18

Please complete this brief survey related to your employee who is one year post graduation from Sonoma State University Nursing Program. Your feedback is very important to us and we look forward to hearing from you.



Q17

Please provide the following information:



Your Name



Your Position

Contact email

Agency

Area of Specialty

SSU Graduates name



Q1



Indicate your evaluation of this graduate's nursing practice relative to the following:

■ Q3

Communication:



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor

■ Q4

Technical Skill:



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor

■ Q5

Assessing Patient Needs



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor

■
Q10

Critical Thinking



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor

■ Q11

Leadership



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor



Q12

Implementing Plans of Care



- ☐ Very good
- ☐ Good
- ☐ Needs Improvement
- ☐ Poor



Q13

Are Sonoma State University graduates desirable employees for your agency/practice?



- ☐ Yes
- ☐ No



Q19

Would you be interested in precepting a student?



- ☐ Yes
- ☐ No



Q14

We would appreciate any comments you might have.

[Add Block](#)

End of Survey

[Survey Termination Options...](#)

APPENDIX 36

**Sonoma State University
Department of Nursing**

Employer Evaluation 2019

Your Name: _____

Agency:

Your Position: _____

Specialty Unit:

Contact phone # or e-mail: _____

SSU Graduate's Name:

**Date of Graduation:
May 2018**

- 1. Indicate your evaluation of this SSU graduate's nursing practice relative to the following:**

- a. Communication:**

Very good Good Needs Improvement Poor

- b. Technical skills:**

Very good Good Needs Improvement Poor

- c. Assessing patient needs:**

Very good Good Needs Improvement Poor

- d. Critical thinking:**

Very good Good Needs Improvement Poor

- e. Leadership:**

Very good Good Needs Improvement Poor

- f. Implementing plans of care.**

Very good Good Needs Improvement Poor

- 2. Are Sonoma State University graduates desirable employees for your institution/practice? Yes No**
- 3. We would appreciate comments (please use the back of this form if more space is needed):**

N414 PRECEPTOR FEEDBACK ON STUDENT PERFORMANCE

Students Name _____ Preceptor/Agency _____

Midterm Feedback for Student
To be discussed with and submitted to student

Professional Nursing Behaviors	Consistently	Occasionally	Rarely	N/A
Student is on time and accountable to agency personnel and clients at all times				
Student conforms to the agency's dress code?				
The student demonstrates in a professional cooperative manner while in the agency				
The student is prepared and engaged for clinical assignments				
The student complies with the agency policies and procedures.				
The student provides and receives feedback appropriately.				
The student works collaboratively with the health care team/family in developing and implementing patient plan of care				

Application of the Nursing Humanistic Theory	Consistently	Occasionally	Rarely	N/A
Demonstrates empathy, respect and presence in relating to aggregates, communities, colleagues, and organizations.				
Incorporates core knowledge and competencies in working with diverse patient populations incorporating nursing interventions to advance the fulfillment of human capacities, by relating theory to clinical practice				
Knows means to collaborate and partner with communities in planning, implementing and evaluating health interventions.				
Demonstrates ongoing self-evaluation of his/her nursing role with agency staff and clients.				
Actively participates in patient/family education specific to disease processes using teachback				

APPENDIX 35

Preceptor Comments:

Student Comments:

Student Focused Goals for Remainder of Semester (to be completed at midterm)

Signature of preceptor/date

Student signature/date

APPENDIX 38

Total Clinical Hours- Pre-Licensure

Course Name	# of clinical hours	Units
Nurs 301 Nursing Care of Adult I	180 hours This includes 80 hours of skills	Theory (5)/Clinical (4)
Nurs 303 Maternity & Women's Health Care	90 hours	Theory (4)/Clinical (2)]
NURS 302 Nursing Care of Adult II	90 hours	[Theory (4)/Clinical (2)]
NURS 304 Psychiatric & Mental Health Nursing	90 hours	Theory (4)/Clinical(2)]
NURS 407 (6) Nursing Care of Adult III	135 hours	[Theory (3)/Clinical (3)]
NURS 409 (6) Nursing Care of Child in Family	90 hours	[Theory (4)/Clinical(2)]
NURS 412 (5) Community/Public Health Nursing	90 hours	[Theory (3)/Clinical (2)]
NURS 414 (5) Clinical Nursing Preceptorship	180 hours	[Theory (1)/Clinical (4)]
Total hours		945 hours



BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

September 15, 2016

Mary Ellen Wilkosz, PhD, FNP-BC, RN
Director Pre-Licensure
Sonoma State University
1801 East Cotati Avenue Nichol's Hall 262a
Rohnert Park, CA 94928

Dear Dr. Wilkosz:

The Board of Registered Nursing, at its September 15, 2016 meeting in Newport Beach, California voted the following action:

“Continue approval of Sonoma State University Baccalaureate Degree Nursing Program.”

If further information is needed please do not hesitate to contact Katie Daugherty, Nursing Education Consultant at (916) 574-7685.

Sincerely,

BOARD OF REGISTERED NURSING

A handwritten signature in cursive script that reads "Miyo Minato".

Miyo Minato, MN, RN
Supervising Nursing Education Consultant

cc: Katie Daugherty

SONOMA STATE UNIVERSITY
Department of Nursing
Evaluation Responsibilities Matrix

Evaluation Form	Responsible Party	Course	Dates	Completion
Individual Course*	Assistant Director sends link to Faculty of Record	All	Last three weeks of semester	Qualtrics Survey Maintained by Assistant Director
Mid Program*	Program Assistant Director sends link directly to students	Cohort	Last three weeks of semester	Qualtrics Survey Maintained by Assistant Director
End of program*	Program Assistant Director sends link directly to students	Cohort	Last three weeks of semester	Qualtrics Survey Maintained by Assistant Director
Evaluation of preceptor experience by preceptor*	Assistant Director sends link to Faculty of Record	412, 414, 549, 550ABC	Last three weeks of semester	Qualtrics Survey Maintained by Assistant Director
Student evaluation of clinical site/preceptor*	Assistant Director sends link to Faculty of record	301, 302, 303, 304 407, 409, 412, 414, 549, 550ABC	Last three weeks of semester	Qualtrics Survey Maintained by Assistant Director
Faculty evaluation of clinical site/preceptor*	Faculty of record	301, 302, 303, 304 407, 409, 412, 414, 549, 550ABC	Last three weeks of semester	Paper copy by each clinical faculty, Course Lead compiles aggregate data.
One year post graduation	Chair	N/A	One year after graduation	Personal emails, LinkedIn Regional Conference(s), and STT
Community Advisory	Chair	N/A	Annually	Employer Survey on Qualtrics Maintained by Chair

*Survey Targeted Outcome Goal for Item/Objective Analysis: 90% of respondents rate item met at 3 or greater on scale of 1-5.

Procedures:

Survey Results Action:	Program Survey Results Action:
<ul style="list-style-type: none"> Included in course Green Folder following each semester course is taught. FOR compiles and presents data. 	<ul style="list-style-type: none"> Agenda Item at Faculty Meeting for Discussion & Analysis
<ul style="list-style-type: none"> If below targeted outcome goal, discuss with Director 	<ul style="list-style-type: none"> Communicate any recommendations for development/revision/maintenance to all faculty
<ul style="list-style-type: none"> Agenda Item at faculty meeting to review and communicate recommendations for development/revision/maintenance 	

APPENDIX 41

SONOMA STATE UNIVERSITY Department of Nursing Green Folder Checklist

Document	Frequency	Responsibility	Course
Syllabus	Annually	Course lead	All
Sample Assignments with feedback		Course lead	All
Sample Exams and quizzes		Course lead	All
Summary Form	Annually	Course lead	All
ATI summary Results	Annually	Course lead	301 303 304 407 409 410 412 414
Course evaluation from our Matrix template	Annually		All
Sample Current Clinical Evaluation tool completed with student name/facility concealed	Annually		301 302 303 304 407 409 412 414
Faculty Evaluation of Clinical site and preceptor if assigned in course	Annually		301 302 303 304 407 409 412 414
Aggregate of Student Evaluation of Clinical site and preceptor if assigned in course	Annually		301 302 303 304 407 409 412 414

One Year Post Graduate Survey

iQ Score: Fair

Published

▾ One Year Post Graduate Survey

Block Options ▾

Q1

One Year Post Graduate Survey

To help maintain and improve the quality of the FNP program at SSU, the faculty would appreciate your completing this one year post graduate survey. The data is very helpful to the program to ensure continued excellence in providing FNP education, as well as gathering important data, which helps in completing our accreditation surveys and applying for grants.

Page Break

Q2

Please complete the following information so we have accurate contact information for you as well as your current employer. We will be sending an Employer survey to the person listed below.

Your Name	<input type="text" value="\${m://FirstName} \${m://LastName}"/>
Your Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip code	<input type="text"/>
Telephone number	<input type="text"/>
Agency	<input type="text"/>
Name of person who should be sent employer survey	<input type="text"/>
Employer's email	<input type="text"/>
Employer's Address	<input type="text"/>
Employer's City	<input type="text"/>
Employer's zip code	<input type="text"/>

Page Break

■ Q3 What percentage of time do you work in each of the following areas:

⚙ Family Nurse Practitioner	<input type="text" value="0"/>
* Other Nurse Practitioner	<input type="text" value="0"/>
Other Nursing	<input type="text" value="0"/>
<hr/>	
Total	<input type="text" value="0"/>

■ Q4 If you are not working as an NP, please indicate which of the following statements apply (check all that apply):

⚙

- ☐ Unable to find work as an NP
- ☐ Unable to find work as an NP that met my salary needs
- ☐ Unable to find work as an NP that met my time schedule
- ☐ My health or my family responsibilities
- ☐ I have continued my education

Page Break

■ Q5 In what type of organization do you work? (Percentages can combine to add up to an amount other than 100%)

⚙

Own private practice	<input type="text" value="0"/>
Collaborative practice: single or multiple providers	<input type="text" value="0"/>
Federally Qualified, State or Community Clinic	<input type="text" value="0"/>
Forensic/Prison	<input type="text" value="0"/>
Emergency/Urgent Care	<input type="text" value="0"/>
Home Care Agency	<input type="text" value="0"/>
Nursing Education Program/Institution	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
<hr/>	
Total	<input type="text" value="0"/>

■ Q6 If you entered "other" above, please explain.



Page Break

■ Q7 Check all that describe the population you are serving



- ☐ Medi-Cal
- ☐ Medicare
- ☐ Homeless
- ☐ Rural
- ☐ Multi-cultural minority
- ☐ Uninsured

■ Q8 How many hours per week to you work as an NP?



- ☐ 0-10 hours/week
- ☐ 11-20 hour/week
- ☐ 21-30 hours/week
- ☐ 31-40 hours/week
- ☐ More than 41 hours/week

■ Q9 Do you get benefits?



- ☐ Yes
- ☐ No

■ Q10 Scope of Practice: select all that apply



- ☐ Furnishing Number
- ☐ Medicare PIN Number
- ☐ National Provider Identification Number NPI
- ☐ Are you a Medi-Cal provider
- ☐ Skilled Nursing Home visits
- ☐ Take call
- ☐ Have hospital privileges

Page Break

■ Q11 How satisfied are you with your current position?



	Extremely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
Salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision received/support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Extremely dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Extremely satisfied
Supervision of other personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variety of patients seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibilities in the care of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to provide patient education and health maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

■ Q13 If you selected dissatisfied above please explain.



Page Break

Q12

iQ

How well did the program meet your personal needs?

	Extremely well	Very well	Moderately well	Slightly well	Not well at all
Timing and convenience of classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14

iQ

Additional comments:

Page Break

Q21

iQ

How well did the program help you achieve mastery of the following:

	Extremely well	Very well	Moderately well	Slightly well	Not well at all
Effective Communication Skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Therapeutic intervention management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Thinking and evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18

How many hours were you able to work while doing the FNP Program?

☐ 0-10

☐ 11-20

☐ 21-30

☐ 31-40

Q20

iQ

Was this balance of work and school (too much work or a perfect balance):

Page Break

Q19

Were you Full Time or Part Time in the Program?

☐ Full Time

☐ Part Time

☐ Full Time Post Master's Certificate

- Q16 What type of National Certification do you hold?
- ⚙
- ☐ AANP (American Academy of Nurse Practitioners)
 - ☐ ANCC (American Nurse's Credentialing Center)
 - ☐ I have not sat for National Certification yet
 - ☐ I do not plan to sit for National Certification (please explain below)

↳ **Display This Question:**

If What type of National Certification do you hold? I do not plan to sit for National Certification (please explain below) Is Selected

- Q17 I do not plan to sit for National Certification because:



Page Break

- Q22 Do you plan to obtain a doctoral degree?
- ⚙
- ☐ Yes
 - ☐ No

↳ **Display This Question:**

If Do you plan to obtain a doctoral degree? Yes Is Selected

- Q23 Which type of doctoral program are you most interested?
- ⚙
- ☐ PhD
 - ☐ DNP
 - ☐ EdD

- Q24 If SSU joined a CSU Consortium to offer a DNP would you consider earning your DNP at SSU?
- ⚙
- ☐ Yes
 - ☐ Maybe
 - ☐ No

↳ **Display This Question:**

If If SSU joined a CSU Consortium to offer a DNP would you consider earning your DNP at SSU? Maybe Is Selected

Or If SSU joined a CSU Consortium to offer a DNP would you consider earning your DNP at SSU? No Is Selected

- Q25 If you answered maybe, what would attract you to SSU to earn your doctorate? If you answered no, please explain.



[Add Block](#)

▼ Employer Survey

Block Options ▼

Q40

Employer Survey

Please complete this brief survey related to \${e://Field/YourName}, who is one year post graduation from the FNP program at Sonoma State University. Your feedback is very important to us and we look forward to hearing from you.

Q42

Please provide the following information:

Your Name

Contact email

Agency

SSU Graduates name

Your Position

Area of Specialty

Q44

Indicate your evaluation of this SSU Family Nurse Practitioner graduate's nursing practice relative to the following:

Q46

Communication:

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q48

Technical Skill:

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q50

Assessing Patient Needs

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q52

Critical Thinking

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q54

Leadership

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q56

Implementing Plans of Care

☐ Very good

☐ Good

☐ Needs Improvement

☐ Poor

Q58

Are Sonoma State University FNP graduates desirable employees for your agency/practice?

☐ Yes

☐ No

Q60

Would you be interested in precepting a student?

☐ Yes

☐ No

Q62

We would appreciate any comments you might have.

[Add Block](#)

End of Survey

[Survey Termination Options...](#)



Pre-licensure BSN Curriculum

4 Year Plan starting Fall 2019

PRE-NURSING TRACK	
Freshman Year Fall Semester	
BIOL 115 (3) Intro to Biology (Area B2) (GE Area B2 A/P BIO)	
*CHEM 105 (5) Elem of General, Organic & Biochemistry (GE Area B1)	
*GE, A2 (3) Written Communication (Stretch option = 2 semester)	
*MATH 165 (4) Statistics (GE Area B4) (Stretch option = 2 semester)	
(Only 9 units of area B count for GE of the 12)GE Units: 9	Total Units: 15
Freshman Year Spring Semester	
*BIOL 220 (4) Human Anatomy	
*GE, A3 (3) Critical Thinking (FLC option)**	
*GE, A1 (3) Oral Communication (FLC option)**	
GE, C3 (3) Comparative Perspectives and/or Foreign Languages (FLC option)**	
GE, D3 (3)	
GE Units: 12	Total Units: 16
Sophomore Year Fall Semester	
*BIO 224 (4) Human Physiology	
GE, D5 (3) Social/Behavioral Science: Contemporary International Perspectives	
GE, C1 (3) Fine Arts, Theatre, Dance, Music and Film	
GE, D2 (3) Social/Behavioral Sciences: World History and Civilization	
GE C2 (3) Literature, Philosophies and Values	
GE Units: 12	Total Units: 16
Sophomore Year Spring Semester	
*BIO 240 (4) General Microbiology	
PSYC 302 (3) Development of the Person (will not count as UDGE)**	
GE, D4 (3) HIST 251 or HIST 252 (does not count as GE)	
GE D1 (3)	
UDGE (3) either area C or D	
GE Units: 9	Total Units: 16
Units for LDGE Total: 42	Unit Total =60
Pre-Licensure Program	
Junior Year Fall Semester	
NURS 301 (9) Nursing Care of Adult I [Theory (5)/Clinical (4)]	
NURS 303 (6) Maternity & Women's Health Care [Theory (4)/Clinical (2)]	
GE Units: 0	Total Units: 15
Junior Year Spring Semester	
NURS 302 (6) Nursing Care of Adult II [Theory (4)/Clinical (2)]	
NURS 304 (6) Psychiatric & Mental Health Nursing [Theory (4)/Clinical (2)]	
NURS 310 (3) Nursing Research & Evidence-Based Practice [Theory (3)] (Area B3)	
UDGE Units: 3	Total Units: 15
Senior Year Fall Semester	
NURS 407 (6) Nursing Care of Adult III [Theory (3)/Clinical (3)]	
NURS 409 (6) Nursing Care of Child in Family [Theory (4)/Clinical (2)]	

UDGE (3) either area C or D	
UDGE Units: 3	Total Units: 15
Senior Year Spring Semester	
NURS 410 (5) Nursing Power, Policy & Politics [Theory (5)]	
NURS 412 (5) Community/Public Health Nursing [Theory (3)Clinical (2)]	
NURS 414 (5) Clinical Nursing Preceptorship [Theory (1)/Clinical (4)]	
UDGE Units: 3	Total Units 15
GE Total: 48	BSN Total: 120

***Pre-requisites courses for application to Pre-Licensure Program**

***** Requirement for graduation with BSN**

****GE and Freshman Learning Communities**

Students completing one of the following first year learning community courses and a four unit Area A2 written communication course will meet the minimum GE category unit requirements as follows (in addition to Area A2):

Learning Community GE Areas Met

AMCS 165 A/B Areas A1, A3 and C3	Areas A1, A3 and C3
ARTH 165 A/B Areas A1, A3 and C3	Areas A1, A3 and C3
CALS 165 A/B	Areas A1, A3 and C3
CHEM 120 and 125 A/B	Areas A1, A3, B1 and B3
COMS 162 A/B	Areas A1, A3 and C3
EDEC 160 A/B	Areas A1, A3 and C3
ENG 160 A/B	Areas A1, A3 and C3
MLL 160 A/B	Areas A1, A3 and C3
MLL 161 A/B	Areas A1, A3 and C3
MUS 160 A/B	Areas A1, A3 and C3
NAMS 160 A/B	Areas A1, A3 and C3
PHIL 160 A/B	Areas A1, A3 and C3
PHIL 165 A/B	Areas A1, A3 and C3
SCI 120 A/B	Areas A1, A3, B2 and B4
THAR 160 A/B	Areas A1, A3 and C3
UNIV 150 A/B	Areas A1, A3 and C3

FNP MSN Full-Time Curriculum

Fall Semester I	
N509	Advanced Health Assessment (4) Lab/Clinical
N549	Health Promotion Practice in Primary Care (3) Clinical
N501	Health Promotion Theory Righting Disparities (4)
TOTAL 11 units	
Spring Semester II	
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	
Fall Semester III	
N540B	Pathophysiologic Concepts in Primary Care II (3)
N550B	Clinical Practice in Primary Care II (4) Clinical
N560	Research and Theory in Primary Care (4)
TOTAL 11 units	
Spring Semester IV	
N562	Advanced Practice in Primary Care Systems (4)
N550C	Clinical Practice in Primary Care III (4) Clinical
N564	Health Policy and Advocacy in Primary Care (4)
N566	Culminating Experience – Clinical/lab (2)
TOTAL 14 units	
DEGREE TOTAL 46	

FNP MSN Part-Time Curriculum

Fall Semester I		
N501	Health Promotion Theory Righting Disparities (4)	
N560	Research and Theory in Primary Care (4)	
TOTAL		8 units
Spring Semester II		
N509	Advanced Health Assessment (4) Lab/Clinical	
N564	Health Policy and Advocacy in Primary Care (4)	
TOTAL		8 units
Fall Semester III		
N549	Health Promotion Practice in Primary Care (3) Clinical	
	Elective (X)	
TOTAL		3X units
Spring IV		
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
Fall Semester V		
N540B	Pathophysiologic Concepts in Primary Care II (3)	
N550B	Clinical Practice in Primary Care II (4) Clinical	
TOTAL		7 units
Spring Semester VI		
N562	Advanced Practice in Primary Care Systems (4)	
N550C	Clinical Practice in Primary Care III (4) Clinical	
N566	Culminating Experience – Clinical/lab (2)	
TOTAL		10 units
DEGREE TOTAL		46

Post MSN FNP Certificate Curriculum and Progression

1st Fall	1st Spring	2nd Fall	2nd Spring
NURS 501 4 units	NURS 540A 3 units	NURS 540B 3 units	NURS 550C 4 units
NURS 509 4 units	NURS 550A 4 units	NURS 550B 4 units	NURS 562 4 units
NURS 549 3 units	NURS 552 3 units		
Total = 11 units	Total = 10 units	Total = 7 units	Total = 8 units
	Grand Total Required Coursework		36 units
Optional:			
NURS 555 2 units	Summer and/or Winter Intersession		