



Continuous Improvement Progress Report (CIPR) Program Information Form Baccalaureate & Graduate Nursing Programs

General Information

Official Name of Institution: Sam Houston State University

Type of Institution (check one): ☒ public ☐ private, secular ☐ private, religious ☐ proprietary

Institution's Carnegie Classification: Doctoral Research University

Chief Executive Officer of Institution (Full Name and Title): Dana G. Hoyt

Chief Executive Officer of Institution's email address: dlg017@shsu.edu

Official Name of Nursing Unit: School of Nursing

Chief Nurse Administrator (Full Name, Title and Credentials): C. Denise Neill, PhD, RN, CNE

Address: 1 Financial Plaza Suite 215

City: Huntsville State: Texas Zip Code: 77340

Phone: 936.294.2371 Fax: 936.294.2372

Email address: cdn013@shsu.edu

Web site address (URL) of institution: <http://www.shsu.edu/>

Web site address (URL) of nursing unit: <http://www.shsu.edu/academics/health-sciences/nursing/>

Web site address (URL) of institution's catalog (if available electronically):
<http://www.shsu.edu/home/catalog.html>

Web site address (URL) of nursing student handbook (if available electronically): N/A

☒ Check here to verify that the Chief Nurse Administrator, identified above, has approved this completed form and confirms its contents as of 12/01/2016. (Date)

Accreditation and Approval

Institutional Accreditation

Institutional Accreditor (identify agency name)	Last Review (year or N/A)	Current Status (e.g., full accreditation, probation, warning, show cause)
SACS-COC		Full Accreditation

If the current accreditation status of the institution is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the institutional accrediting agency's most recent accreditation action letter to this form. Also provide (below) an explanation of the institution's current accreditation status and how the nursing unit is impacted and/or implicated, if at all:

Specialized Accreditation

Specialized Accreditor	Last Review (year or N/A)	Current Status (e.g., full accreditation, probation, warning, show cause, N/A)
Council on Accreditation of Nurse Anesthesia Educational Programs	Master's Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse Anesthesia Certificate Program N/A	Master's Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse Anesthesia Certificate Program N/A
Accreditation Commission for Midwifery Education	Master's Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse-Midwifery Certificate Program N/A	Master's Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse-Midwifery Certificate Program N/A
Commission on Collegiate Nursing Education	Baccalaureate Degree Program 2013 Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program N/A	Baccalaureate Degree Program Full Accreditation Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program N/A

Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC)	Baccalaureate Degree Program 2013 Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate Certificate Program N/A	Baccalaureate Degree Program Full Accreditation Master's Degree Program N/A Doctor of Nursing Practice N/A Post-Graduate Certificate Program N/A
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If the current accreditation status of a nursing program is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the accrediting agency's most recent accreditation action letter to this form. Also provide (below) an explanation of the program's current accreditation status and what specific deficiencies were noted:

N/A

State Board of Nursing Approval

Name of applicable state board of nursing: Texas Board of Nursing

Nursing Program	Last Review (year or N/A)	Current Status (e.g., full approval/ recognition/accreditation, probation, warning, show cause, N/A)
Baccalaureate Degree Program	2015	Full approval
Master's Degree Program	N/A	N/A
Doctor of Nursing Practice Program	N/A	N/A
Post-Graduate APRN Certificate Program	N/A	N/A

If the current approval/recognition/accreditation status of the program is anything other than full approval/recognition/accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the board of nursing's most recent action to this form. Also provide (below) a brief explanation of the current status of the program with regard to the state board of nursing and what specific deficiencies were noted:

N/A

Nursing Program Information

Degree Programs Offered (Student Data)

Regardless of whether the program is under review, please identify all baccalaureate, master's, and Doctor of Nursing Practice tracks offered by the nursing unit. For each track, list current enrollment data, as well graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

[illegible]

*Month needs to be identified only if the track began operation in the current or past two calendar years.

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall baccalaureate degree program in nursing?

☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall master's degree program in nursing?

☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall Doctor of Nursing Practice program in nursing?

☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit, e.g., PhD or DNSc (note that research doctorates are not eligible for CCNE accreditation):

N/A

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MPH, MSN/MSW):

N/A

Post-Graduate APRN Certificate Programs (Student Data)

Regardless of whether the program is under review, please identify all post-graduate APRN certificate program tracks offered by the nursing unit. For each track, include role and population focus, student enrollment data, and whether the track is also offered as a track in the graduate degree program (master's and/or DNP).

List each track (role and population focus) in the post-graduate APRN certificate program (e.g., post-master's FNP certificate, post-master's community health CNS certificate).	Current Number of Students Enrolled in Each Track	Identify whether each track in the post-graduate APRN certificate program is also offered as a track in the graduate degree program (e.g., type "Yes" if there is an FNP certificate track and also an FNP track in the master's degree and/or DNP program).
N/A		

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the post-graduate APRN certificate programs?

☐ yes ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

N/A

Identify any post-graduate certificate programs that are offered by the nursing unit that do not prepare APRNs, e.g., a certificate in nursing education or nursing administration (note that such certificate programs are not eligible for CCNE accreditation):

N/A

NCLEX-RN® Pass Rates

Please identify the NCLEX-RN® pass rate for each campus/site and track for each of the three most recent calendar years (January 1-December 31)*

Track	Campus/ Site	Year	Number of Students Taking NCLEX-RN® for 1st Time	NCLEX-RN® Pass Rate for 1st Time Test Takers	NCLEX-RN® Pass Rate for <u>All</u> Test Takers
BSN	Huntsville	2014	58	74.13%	98.28%
BSN	Huntsville	2015	63	95.24%	95.24%
BSN	Huntsville	2016	36	86.11%	91.67%

*If data from all three years are not available due to the newness of the program, report the data that are available.

Certification Pass Rates

Please identify the certification pass rate for each examination for which the program prepares graduates, for each of the three most recent calendar years (January 1-December 31)*

Year	Certification Organization	Certification Exam (by population focus area)	Number Taking Exam	Certification Pass Rate
N/A				

*If data from all three years are not available due to the newness of the program, report the data that are available.

Program Completion and Employment Data

Baccalaureate Program (for the three most recent calendar years):

Term/Year Of Graduation	Term/Year Of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
Spring 2016	Fall 2014	41	36	88%	88.89%
Fall 2015	Spring 2014	32	30	93%	76.67%
Spring 2015	Fall 2013	39	33	85%	N/A
Fall 2014	Spring 2013	37	35	95%	N/A
Spring 2014	Fall 2012	28	23	82%	N/A
Spring 2013	Fall 2011	12	11	92%	N/A

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

Completion rates are calculated based the number of students who graduate within 36 months of admission to the upper division nursing courses. Employment data was not captured prior to fall 2015 graduates.

Master's Program (for the three most recent calendar years):

Term/Year Of Graduation	Term/Year Of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
N/A					

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

N/A

Doctor of Nursing Practice Program (for the three most recent calendar years):

Term/Year Of Graduation	Term/Year Of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
N/A					

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

N/A

Post-Graduate APRN Certificate Programs (for the three most recent calendar years):

Term/Year Of Graduation	Term/Year Of Admission	# Students Admitted	# Students Graduated+	% Students Graduated	% Graduates Employed++
N/A					

+ Based on the entry point and time period to completion as defined by the program.

++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated: N/A

Nursing Program Faculty

CCNE recognizes that faculty may teach across program levels. Nonetheless, please estimate the faculty full-time-equivalent by program level for the academic year in which this form is submitted.

Identify the number (headcount) of faculty currently devoted to the nursing unit:

Number Full-Time	Number Part-Time	Total Number of Faculty
22	10	32

Identify the faculty full-time-equivalent (FTE) currently devoted to the baccalaureate degree program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
22	10	32

Identify the faculty full-time-equivalent (FTE) currently devoted to the master's degree program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

Identify the faculty full-time-equivalent (FTE) currently devoted to the Doctor of Nursing Practice program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

Identify the faculty full-time-equivalent (FTE) currently devoted to the post-graduate APRN certificate program:

Full-Time FTE	Part-Time FTE	Total Faculty FTE
N/A	N/A	N/A

Additional Campuses/Sites

Identify any additional campuses/sites where the nursing degree/certificate program is offered (within the United States and/or internationally), the distance from the main campus (unless outside the United States), the average number of nursing students currently enrolled at each location, and the programs offered at each location.

Campus/Site (City, State/Country)	Distance From Main Campus (in miles)	Number of Students Enrolled	Programs Offered (check all that apply)
The Woodlands Center	32	77	<input checked="" type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program
			<input type="checkbox"/> Baccalaureate Degree Program <input type="checkbox"/> Master's Degree Program <input type="checkbox"/> Doctor of Nursing Practice Program <input type="checkbox"/> Post-Graduate APRN Certificate Program

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States:

Professional Nursing Standards and Guidelines

Baccalaureate Program:

Identify the professional nursing standards/guidelines that are used by the baccalaureate program (note different dates of documents):

The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)

☒ yes ☐ no ☐ not applicable (no baccalaureate offerings)

Other (please specify):

Texas Differentiated Essential Competencies, QSEN Competencies

Master's Program:

Identify the professional nursing standards/guidelines that are used by the master's program:

The Essentials of Master's Education in Nursing (AACN, 2011)

☐ yes ☐ no ☒ not applicable (no master's offerings)

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

☐ yes ☐ no ☒ not applicable (no nurse practitioner offerings)

Other (please specify):

Doctor of Nursing Practice Program:

Identify the professional nursing standards/guidelines that are used by the Doctor of Nursing Practice program:

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)

☐ yes ☐ no ☒ not applicable (no DNP offerings)

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

☐ yes ☐ no ☒ not applicable (no nurse practitioner offerings)

Other (please specify):

Post-Graduate APRN Certificate Program:

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

☐ yes ☐ no ☒ not applicable (no nurse practitioner offerings)

Other (please specify):

Distance Education

The Commission utilizes the definition of distance education established in the Higher Education Opportunity Act of 2008, as follows:

- (A) Education that uses one or more of the technologies described in subparagraph (B)—
 - (i) to deliver instruction to students who are separated from the instructor; and
 - (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
- (B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—
 - (i) the Internet;
 - (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
 - (iii) audio conferencing; or
 - (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)

Does the nursing unit currently offer curricula (or any part thereof) via distance education, as defined above?

Baccalaureate Degree Program (check one): ☒ yes ☐ no ☐ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the baccalaureate level:

The RN-BSN program is offered 100% online. Clinical requirements are met through approved projects conducted in the student's local community. Work activities cannot be used to meet clinical project requirements. LVN-BSN students complete the transition course via distance technology. All other credits are offered via face-to-face modalities. Traditional BSN courses are face-to-face.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☒ yes ☐ no

Master's Degree Program (check one): ☐ yes ☐ no ☒ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the master's level:

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☐ yes ☐ no

Doctor of Nursing Practice Program (check one): ☐ yes ☐ no ☒ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the Doctor of Nursing Practice program:

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☐ yes ☐ no

Post-Graduate APRN Certificate Program (check one): ☐ yes ☐ no ☒ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the post-graduate APRN certificate program:

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☐ yes ☐ no

Amended November 2016



Continuous Improvement Progress Report (CIPR) Template

Standards for Accreditation of Baccalaureate and Graduate Nursing Programs

Official Name of Institution: Sam Houston State University School of Nursing



Checklist for Writing the CIPR

- ☐ the font size must be a minimum of 10;
- ☐ the Program Response must be single spaced;
- ☐ the document must be no longer than 50 pages (the appendices are excluded from the page limit);
- ☐ the institution must provide a Program Response for each key element/elaboration statement;
- ☐ the Program Response to each key element/elaboration statement must adequately address all nursing degree programs and/or post-graduate APRN certificate programs that were directed to submit the CIPR; and
- ☐ the standard, key element, and elaboration statements provided in the CIPR template must not be altered or deleted by the institution.

Continued Compliance with CCNE Standards & Key Elements

Introduction

In one page or less, summarize under “Program Response” major events that have occurred at the institutional and/or program level since the most recent CCNE on-site evaluation. Include a description of changes at the parent institution if they have had a significant impact on the program.

Program Response:

Numerous changes have taken place in the program since the 2013 onsite visit. In August 2014, an RN to BSN coordinator was hired to oversee the start of the program. The first three students were admitted in spring 2015. At the same time the RN to BSN program began, the traditional pre-licensure BSN courses were offered for the first time on a satellite campus. With the addition of a second campus in The Woodlands, enrollment was increased from 40 students twice a year to 60 students two times a year. An assistant director, Dr. Kelly Zinn was appointed to oversee operations on the satellite campus. An additional change in spring 2015, was the move of the administrative and faculty offices, skills and simulation labs, and classrooms to an off campus location due to environmental concerns in the on campus physical space.

In order to accommodate the growth in student enrollment, additional faculty and staff members were hired. At the time of the 2013 visit, there were 10 full-time faculty and one part-time faculty member. Today we have 21 full-time faculty members and 11 part-time faculty, not including the director and assistant director. The number of tenure track faculty has increased from three to six and there is one tenured full professor. In addition to adding new faculty lines to accommodate program growth, there has been approximately a 25% turnover in existing faculty. Reasons for leaving reported were workload, higher salary in practice, a desire to return to clinical practice, and the inability to have a consistent schedule allowing for meeting minimum hour requirements to maintain APRN licensure. The new hires are often inexperienced in higher education.

In January 2016, an interim dean, Dr. Ken Hendrickson, was appointed to the College of Health Sciences when the founding dean accepted another position. Dr. Hendrickson made some changes in the dean's office personnel. Dr. Jack Turner was removed from his position as Assistant Dean. Dr. Turner and his staff had been the primary advisor for the pre-nursing students. His assistant Mrs. Brandy Colvin, became the primary pre-nursing advisor and works directly with the SON director and assistant director in the admissions process. Dr. Hendrickson accepted a position as Graduate Dean effective June 1, 2016. At this time, Dr. Rhonda Callaway was appointed interim dean in the College of Health Sciences. At the same time, the Provost and VPAA accepted another position and Dr. Richard Eglaser accepted the position of interim provost. In October 2016, the provost search was suspended and Dr. Eglaser was named to the position. A search firm was secured and the search for a dean in the College of Health Sciences is underway.

On June 1, 2016, Dr. Anne Stiles stepped down as director of the School of Nursing and Dr. Denise Neill, began serving as interim director. Dr. Neill has extensive academic experience and has previously served as an interim dean. With the change in leadership, the assistant director is housed at the Huntsville location and the interim director splits office time between the two campus locations.

Assessment by Standard

Following each key element statement, please provide evidence demonstrating continued compliance. Additionally, summarize any pertinent changes or program improvement initiatives that have occurred since the last comprehensive on-site evaluation by CCNE. Before completing this template, refer to CCNE's FAQs and Guidelines for Preparing the Continuous Improvement Progress Report.

Were you requested to address any specific areas of focus/concern (e.g., a compliance concern at the key element level) according to the most recent CCNE accreditation action letter? If so, please note the specific areas of focus/concern here by indicating which key element(s) this translates to in the 2013 CCNE *Standards*:

[Please contact CCNE if you need a copy of the most recent accreditation action letter. Refer to the reminder email to access the Crosswalk Table showing the relationship between the former (2009) CCNE *Standards* and the current (2013) CCNE *Standards*.]

A response must be provided for each standard and key element below. Give special attention to any specific areas of focus/concern that were identified previously in the CCNE accreditation action letter.

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:

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

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

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

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

A program may select additional standards and guidelines.

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

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

Program Response:

The mission, vision, philosophy and goals are located on the School of Nursing webpage (<http://www.shsu.edu/academics/health-sciences/nursing/about-us/mission-vision-goals.html>) and in the Nursing Student Handbook. The mission statement reflects the needs of BSN students in both the pre-licensure and RN to BSN tracks. The program goals and student learning outcomes reflect the AACN standards for baccalaureate education as identified in *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008]*. The program goals and student learning outcomes incorporate QSEN competencies and the *Texas Differentiated Essential Competencies*. These statements and goals are consistent with the College of Health Sciences and university mission, vision, philosophy and goals. See Table 1 in section I-B. The last revision of the philosophy occurred in Spring 2014. Based on the mission revision, the development of the College of Health Sciences, and significant changes in the School of Nursing, the

philosophy is currently being reviewed by an ad hoc committee. Approval of the revised philosophy is anticipated for Spring 2017.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

1. professional nursing standards and guidelines; and
2. the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Program Response:

The School of Nursing mission was revised in spring 2015 to reflect the addition of the RN to BSN program and to ensure congruence with the university and college mission statements. See Table 1. The School of Nursing defines as its community of interest as students, the healthcare community (community college feeder programs and providers of care) and the community at large in Montgomery, Walker and surrounding counties. Members of these organizations and communities are invited to interact with administrators and faculty to provide input regarding programs to meet the diverse needs of their constituents.

Table 1. Mission and Vision Comparison

<i>School of Nursing Mission</i>	<i>College of Health Science Mission</i>	<i>SHSU Mission</i>
The School of Nursing provides a quality education to a diverse body of competent, critically thinking students who are preparing to function both independently and collaboratively as nursing leaders in a changing world. The program provides a nursing foundation which promotes holistic, evidence-based care, built on the concept of lifelong learning and founded in scholarly teaching, research, and practice in a professional community.	The College of Health Sciences collaborates with community and global partners to: Provide accessible student-centered education in the health professions for a diverse population of traditional and non-traditional students; Advance health science knowledge and evidence-based practice through scholarship; and Promote stewardship of individual and population health and quality of life in Texas, the nation and the world through evidence-based practices.	Sam Houston State University provides high quality education, scholarship, and service to qualified students for the benefit of regional, state, national and international constituencies.
<i>School of Nursing Vision</i>	<i>College of Health Science Vision</i>	<i>SHSU Vision/Values</i>
The School of Nursing seeks to provide a professional educational program that prepares graduate and practicing nurses to maintain and restore the health of diverse individuals, families, and communities now and in the future through evidence-based practice and the growing use of technology.	The College seeks to become an acknowledged leader in educating health science professionals. Graduates will be prepared to succeed in their chosen health profession through mastery of the appropriate knowledge and skills, a well-developed sense of professionalism, and a strong commitment to promoting health and providing quality care.	Best at Educating the Texas Workforce: <ul style="list-style-type: none"> • Excellence in academics • Effective in student success • Efficient in operations • Loyal to traditions • Dedicated to innovations

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

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

Program Response:

Faculty outcomes are defined in the School of Nursing (SON) and SHSU Faculty Handbooks. The School of Nursing Faculty Handbook is congruent with the university handbook. The SON handbook was reviewed by the College of Health Science Dean and the Provost for congruency with the university policies. There is no tenure policy in the School of Nursing. The College of Health Sciences recently adopted a promotion and tenure policy and the School of Nursing will develop a policy that is congruent over the next year. Tenured and Tenure-Track faculty members are reviewed based on the University Promotion and Tenure policy (AP 900417). The university Faculty Evaluation System (FES) tool was modified during fall 2016 to meet the needs of both tenured/tenure-track and clinical faculty.

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

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

Program Response:

All nursing faculty members serve on one school committee. Student representatives are selected from volunteers to serve on all committees except Executive and Faculty Staff Affairs. Students from each cohort are selected to represent their peers in the faculty organization meetings. All student representatives are selected through the Student Affairs committee. Volunteers and nominations are solicited from both on-campus and online RN to BSN students.

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

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

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

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

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

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

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

Program Response:

The program handbooks, brochures, and website are reviewed annually and when curriculum or policy changes are approved. Changes are communicated to students via announcements in the online learning management system cohorts page, via announcements in class, and through the student representatives to faculty organization meetings and committee members. Information regarding accreditation status is provided using the CCNE template statement on the School of Nursing website. Tuition and fee information is available through the website on the Bursar's page (<http://www.shsu.edu/academics/health-sciences/nursing/students/tuition-and-expenses.html>).

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

1. fair and equitable;
2. published and accessible; and
3. reviewed and revised as necessary to foster program improvement.

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

Program Response:

School of Nursing Policies are reviewed annually or as outlined in the Master Program Evaluation Plan. New policies are implemented in the fall semester with the revision of the Student Handbook. The nursing program faculty and student handbooks were reviewed by the college dean, Provost and legal counsel during 2016 for consistency with the university policies. Policies are fair and equitable for both on campus and online students. Student policies are published in the appropriate program track student handbook and are available to students via their cohorts' page in the online learning management system. When university and/or college policies are revised, the School of Nursing policies will be reviewed for congruence.

Standard II

Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response:

Fiscal resources enable the program to fulfill the day-to-day mission, goals, and expected outcomes. The operations and maintenance budget was cut for FY 16-17. After reviewing previous year's expenses, some adjustments were made to travel allocation for faculty. Clinical faculty travel to conferences was limited and priority was given to presentations and tenure-track faculty. The School of Nursing has membership in NLN and NurseTim in addition to AACN. Faculty have access to webinars and other development materials through these memberships. Salary data was provided to the interim dean comparing AACN data and current faculty salaries.

Table 2. SHSU Nursing Faculty by Rank and Salary

Salary	Rank	AACN Rank & Percentile
\$77,454.00	Assoc Prof	Assoc < 50 th
\$59,004.00	Clin Asst	Clin Inst 50 th
\$59,004.00	Clin Asst	Clin Inst 50 th
\$59,472.00	Clin Asst	Clin Inst 50 th
\$59,004.00	Clin Asst	Clin Inst 50 th
\$68,256.00	Clin Asst NP	NP Asst 25 th
\$63,864.00	Clin Asst	Clin Asst >25 th
\$63,000.00	Clin Asst	Clin Asst >25 th
\$70,002.00	Clin Assoc NP	NP Asst >25 th
\$61,488.00	Clin Asst	Clin Asst < 25 th
\$73,008.00	Asst Prof	Asst > 50 th
\$59,004.00	Clin Asst NP	NP Asst <25 th
\$72,522.00	Asst Prof NP	Asst 50 th
\$80,514.00	Assoc Prof	Assoc >50 th
\$76,014.00	Asst Prof	Asst > 50 th
\$124,344.00*	Prof	Prof > 75 th
\$73,188.00	Clin Asst	Clin Assoc 25 th
\$59,004.00	Clin Asst	Clin Inst 50 th
\$62,784.00	Clin Asst	Clin Asst >25 th
\$82,548.00*	Assoc Prof	Assoc > 50 th

*Salary includes stipend

Staff salaries are determined by the job classification and are equivalent to similar positions across the university.

Physical space is limited at the Huntsville campus. Room size at the location is limited based on existing physical dimensions of the building and the limited time between signing the lease and move in date to reconfigure the space. Skills lab and simulation spaces are limited. In fall 2015, a computer lab was added at the Bank Tower Building providing the students access to computers and printing resources. The building is supported by SHSU internet services and is wifi enabled as are the main campus buildings. The Woodlands Center (TWC) location has dedicated nursing offices on the fourth floor. The School of Nursing is the only SHSU program with permanent offices and classrooms at TWC. There are two dedicated classroom-skills lab combination rooms, a multi-room state of the art simulation center, and dedicated study space on the fourth floor. Nursing classes after the first semester are held on the second and third floors. There are four computer labs in the building which can be scheduled for class or testing.

Faculty office space is limited. Some offices have two faculty assigned to the space. Faculty are assigned to one of the two campus locations but may teach on both in a single semester. Flex office space is available at TWC but not in the Huntsville building. Faculty often make their space available for another faculty member when they are off campus.

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

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

Program Response:

Academic support services are available on the main campus in Huntsville and at TWC. Students can schedule appointments for in-person or online writing support. A librarian is assigned to TWC and there is a dedicated librarian assigned to the nursing program. Technology support and instructional technology is available for both locations. All student support services available on the main campus in Huntsville can be accessed at TWC. A dedicated pre-nursing advisor with an office in the Sam Center, the advising center on main campus, works with pre-nursing majors and oversees the admissions process each semester. A dedicated nursing advisor/recruiter was hired in fall 2016 and is housed at TWC. Career counseling, counseling services, and student success center services are also available at TWC.

Library resources are reviewed annually and faculty can request additional resources for identified course needs. Software to support teaching and learning can be requested by faculty. The requests are reviewed for compatibility with learning needs and to address student learning outcomes. In the last three years, ATI resources have been increased and faculty consulted with the education specialist to tailor the incorporation of ATI resources into the curriculum for pre-licensure and LVN-BSN students. In the last two years, the ExamSoft® package was added for testing. Shadow Health® was added in the fall 2016 semester and the electronic health record software was changed in fall 2016 based on faculty recommendation. A final software addition during fall 2016 is Swift River®. Faculty utilize virtual simulations to target specific learning needs and promote critical thinking.

II-C. The chief nurse administrator:

- A. is a registered nurse (RN);
- B. holds a graduate degree in nursing;
- C. holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- D. is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- E. is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and

F. 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 programs outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

C. Denise Neill, PhD, RN, CNE is the chief nurse administrator. Dr. Neill was appointed interim director effective June 1, 2016. Dr. Neill has 20 years of experience in higher education and has previously served as an interim director. She also has experience as a program coordinator. She has the same authority and autonomy as other chairs with the College of Health Sciences (COHS) and university. See Appendix D. Dr. Neill chairs the School of Nursing Faculty Organization and Executive Committee. Faculty communicate needs, ideas, and concerns through these groups and individual meetings. As interim director, Dr. Neill is working to restructure the Community Advisory Committee to broaden representation and increase participation in meetings. Dr. Neill meets bi-weekly with the COHS interim dean to discuss nursing needs. In addition, Dr. Neill meets bi-weekly with the deans and chairs of other divisions in COHS to discuss common needs and issues. Faculty, students, administrators and community leaders seek information and schedule meetings with Dr. Neill as issues arise.

II-D. Faculty are:

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

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

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

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

Program Response:

Faculty are sufficient in number to accomplish the mission, goals and expected program outcomes. Currently there are 22 full-time faculty members including the assistant director. There is one full-time position posted. One of the full-time faculty is currently on FMLA. There are nine adjunct faculty members.

Teaching load calculations are based on semester credit hours and clinical courses generate more workload per credit hour than do classroom (didactic) hours. A classroom credit hour equals 0.0833 workload credits. Thus a

three semester credit hour course is equivalent to 0.25 FTEs. Clinical course workload is calculated at 2/3 credit; thus a three credit hour clinical course that meets for six hours a week will generate 0.33 FTE. Preceptored clinical courses generate less workload credit than do traditional clinical groups with a faculty member on site. Large clinical groups for preceptored clinical groups can be assigned additional workload credit.

Table 3 Workload Credit by Course Type and Credit Hours

Course Type	Credit hours (Contact Hours)	Workload Credit
Didactic	2	0.17
Didactic	3	0.25
Didactic	4	0.33
Clinical/ Skills/ Simulation	1 (3) all preceptored	0.083
Clinical/ Skills/ Simulation	1 (3) with clinical group of 10	0.17
Clinical/ Skills/ Simulation	2 (6) all preceptored	0.25
Clinical/ Skills/ Simulation	2 (6) with clinical group of 10	0.33
Clinical/ Skills/ Simulation	3 (9) with clinical group of 10	0.5
Large preceptored clinical groups (more than 15 students)		0.34

Non-preceptored clinical groups are set at 10 or fewer students to comply with Texas Board of Nursing (TBON) guidelines. When groups exceed 10 students, one or two of the students is given a preceptored assignment to stay within TBON guidelines.

All faculty are academically and experientially qualified to teach in the assigned courses. All faculty members hold a minimum of a master's degree in nursing. Ten faculty members have a doctorate degree in nursing or a related field. All faculty members are currently licensed registered nurses in the state of Texas. Faculty are assigned to clinical courses that match their practice backgrounds and expertise. Clinical faculty are encouraged to maintain clinical practice expertise through a regular practice. Faculty development in the area of nursing education and the clinical practice field is encouraged and supported. A formal faculty mentoring program was implemented in the fall 2016 semester when six new full-time faculty members were hired.

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

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

A. clearly defined;

B. congruent with the mission, goals, and expected student outcomes; and

C. congruent with relevant professional nursing standards and guidelines.

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

Program Response:

Preceptors are used to extend learning opportunities in specialty courses and when the student faculty ratio exceeds 10:1. A formal preceptor policy does not exist at this time. There are guidelines in the Nursing Leadership syllabus and there is a preceptor evaluation form used in all courses. Preceptors are identified by the clinical agency based on guidelines provided by course faculty and communicated via the clinical coordinator. Preceptors sign an agreement that identifies the course expectations and the roles of the preceptor, student and clinical faculty. Preceptors credentials (licensure, degree, and clinical experience) are collected and maintained in School of Nursing files. Preceptors receive a copy of the syllabus and clinical objectives to use in guiding and providing feedback on student performance. The clinical faculty are available for consultation with the student and preceptor and all times and make rounds on the site at intervals throughout the course.

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

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

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

Program Response:

Memberships in AACN, NLN and NurseTim memberships are maintained that allow faculty members access to webinars that promote currency in clinical practice and the faculty role. A formal faculty orientation is offered every semester to new faculty. The university has a Professional Academic Center for Excellence (PACE) that supports development in the scholarship of teaching. Each August a day long teaching conference is held to kick-off the new academic year. Faculty development activities are hosted by the Center and faculty can request one-on-one support to meet personal goals and growth needs.

Tenure-track and tenured faculty members receive a 0.25 release to support scholarship across the university. Nursing faculty began meeting 1 or more times a semester to discuss scholarship in Fall 2014. Meetings were at times sporadic but have become more regular in fall 2016. These informal meetings are led by the department's only tenured faculty member. In spring 2015 and spring 2016, tenure-track faculty members received a review by a Departmental Promotion and Tenure Committee (DPTAC). Feedback was received and plans were instituted to address deficiencies identified in the candidates.

Clinical faculty members are encouraged to maintain practice hours. External employment forms are signed as required by the institution and state. Every effort is made to give faculty members one free day per week in which they can practice. Faculty and committee meetings in the School of Nursing are held on the same day each month to free other Fridays for development and practice needs.

Service is an expectation of all nursing faculty members. Every nursing faculty member serves on a school committee. Faculty are encouraged to maintain some level of college or university service and tenure-track faculty are encouraged to minimize service outside the School of Nursing while focusing on scholarship. Faculty are also encouraged to participate in community and professional service activities as a role model to the students.

Policies related to the expectations are defined at the university level. The College of Health Sciences is in the process of defining college level policies. Once the college policies are developed and approved, School of Nursing policies will be more fully developed.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

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

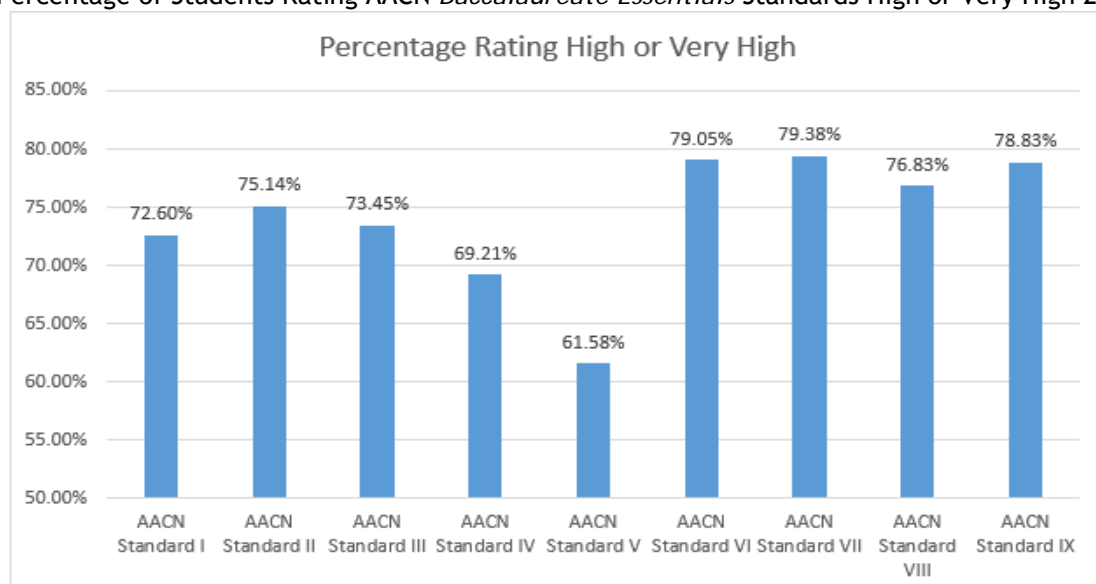
Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Program Response:

The School of Nursing mission statement was revised in Spring 2015 to reflect the addition of the RN to BSN program. Curriculum student learning outcomes were subsequently reviewed and revised in October 2015 for clarity and reduce duplication. The revised SLOs are congruent with the revised mission statement. The program student learning outcomes reflect the AACN *BSN Essentials*, the Texas DECS, and ANA *Standards of Professional Nursing Practice*. Course objectives are mapped to the program objectives (SLOs) and Texas DECs and the information is included in each syllabus. The curriculum committee is completing a review of all syllabi for consistency. During the next semester, the AACN *BSN Essentials* will also be mapped and included in the course syllabi.

Students are asked to complete an exit survey in Concepts II in the final semester. The exit survey is designed to align with the AACN *Baccalaureate Essentials*. Results of the survey reveal that the majority of students completing the program since 2013 rate the achievement of the student learning outcomes at above 60%. See Figure 1 below. The lowest score is in the areas of healthcare policy, finance, and regulatory environments. The highest scores were related to Interprofessional communication and collaboration for improving health outcomes and clinical prevention and population health. A more in-depth analysis revealed that scores on all items were lower for Cohort 7 graduates (May 2016). These students experienced significant faculty turnover and were taught by numerous inexperienced academicians while enrolled in the program. These factors could have contributed to the lower scores.

Figure 1: Percentage of Students Rating AACN *Baccalaureate Essentials* Standards High or Very High 2013-2016



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

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

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

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

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

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

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

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

Program Response:

The SON has traditional prelicensure, LVN to BSN, and RN to BSN tracks that prepare graduates for practice as a professional registered nurse. In 2015, course student learning outcomes were reviewed and determined to be congruent with the SON mission, AACN *BSN Essentials*, Texas DECS, and program outcomes. Each combined didactic clinical/lab course had 15 to 20 outcomes per course. During fall 2015, faculty were instructed to align

course outcomes with the *BSN Essentials*, Texas DECS, and program outcomes (see Curriculum Crosswalk in appendix A). It was discovered in fall of 2016 that this had not been completed in all courses. During the 2016 to 2017 academic year, the Curriculum Committee and SON Administration will be evaluating syllabi, suggesting revisions to course outcomes, and ensuring compliance with the alignment expectation.

During the 2015 to 2016 academic year, the following curriculum adjustments were implemented: 1) addition of Cultural Perspectives in Nursing course in the first semester (2 credit hours with 1 hour didactic and 1 hour clinical); 2) decrease credit hours from 6 to 5 for Mental Health and Illness course taught in second semester (3 hours didactic and 2 hours clinical from 3 hours clinical); 3) decrease credit hours from 6 to 4 credit hours in Leadership and Management (2 hours didactic and 2 hours clinical from 4 hours clinical); 4) decrease in credit hours from 6 to 4 for Community Nursing (3 hours didactic and 2 hours clinical from 3 hours clinical); 5) increase credit hours from 4 to 5 credit hours for Child and Adolescent Nursing (3 hours didactic from 2 hours and 3 hours clinical); 6) increase credit hours from 4 to 5 credit hours for Maternal-Newborn Nursing (3 hours didactic from 2 hours and 3 hours clinical). The Cultural perspectives course was implemented for the 2015-2016 academic year, but based on student feedback and clinical scheduling issues, the faculty voted in May 2015 to eliminate this course effective immediately. The credits will be added to separate the current combined 4-credit hour Pathophysiology and Pharmacology course into 2 separate 3-credit hour courses which will be implemented in Fall 2017. A special topics course will be provided during Summer 2017 for the students admitted during 2016-2017 academic year. This course will focus on deficient areas identified in the ATI standardized exams for these students.

In September 2016, the faculty approved the following changes: 1) Reduce NURS 3040 Gerontology from 4 credits to 3 credit and move it to the final semester, when students have more background knowledge about health and illness; and 2) Place the clinical credit from NURS 3040 Gerontology into NURS 3430 Nursing Fundamentals in the first semester, making NURS 3430 Fundamentals a 5 credit course.

Development of BSN assessment plan (see Appendix B) with metrics to measure each program student learning outcome began in Fall 2016 with continuation of metric development planned for Spring 2017. Initial data will be collected in the 2016-2017 academic year. A plan to increase use of ATI standardized test results to measure student learning and inform course decisions is being developed.

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

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

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

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

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

Program Response:

The SHSU prelicensure baccalaureate nursing curriculum is built on a 2 plus 2 model. During the first 2 years, students are required to complete courses that build the foundation for the nursing curriculum including arts, sciences, and humanities courses. During the second 2 years of the program, students complete nursing courses in 5 semesters (4 traditional academic semesters and 1 summer 10-week semester). As students progress, the courses get progressively more difficult and build on the previous semester and foundational courses. Throughout the curriculum, course student learning outcomes increase in depth and difficulty. Faculty articulate how knowledge from foundational and previous nursing courses are incorporated into nursing practice. For example, during the first semester, students complete a cultural assessment presentation and review Healthy People 2020 goals and how nurses use this information to provide patient care. During their fourth semester, students complete a community windshield survey and develop a health program to improve health and/or knowledge of community residents. The role expectations of the professional nurse are integrated throughout the curriculum incorporating the *BSN Essentials*, *ANA Standards of Practice*, *QSEN Competencies*, and Texas DECS. LVN to BSN students follow the same curriculum as the traditional prelicensure students except they complete a role transition course instead of the Fundamentals course.

Table 4 Texas Core Curriculum

Core Curriculum (Texas)	Hrs
Component Area I (Communication)	6
Component Area II (Mathematics)	3
Component Area III (Life and Physical Science)	8
Component Area IV (Language, Philosophy, and Culture)	3
Component Area V (Creative Arts)	3
Component Area VI (U.S. History)	6
Component Area VII (Political Science/Government)	6
Component Area VIII (Social and Behavioral Sciences)	3
Component Area IX (Component Area Option)	4

Table 5. Prelicensure BSN Curriculum

First Year				Second Year			
First Semester	Hrs	Second Semester	Hrs	First Semester	Hrs	Second Semester	Hrs
Human Anatomy	4	Human Physiology	4	Microbiology	4	Component Area IV	3
Chemistry	4	U.S. History to 1876	3	U.S. History Since 1876	3	Component Area IX	3
Pre-Calculus Algebra	3	Statistics	3	Nutrition	3	Component Area V	3
English Composition I	3	English Composition II	3	Developmental Psychology	3	Texas Government	3
Component Area IX	1	Introduction to Psychology	3	American Government	3		
	15		16		16		12
Third Year							
First Semester	Hrs	Second Semester	Hrs	Third Semester	Hrs		
Nursing Fundamentals	4	Adult Health I	6	Nursing Concepts I	3		
Pathophysiology & Pharmacology for Nursing	4	Older Adult Health Management	4	Introduction to Research	3		
Health Assessment	4	Psychiatric/Mental Health Nursing	5	Nursing Special Topics (Summer 2017 only)	2		
	12		15		8		
Fourth Year							
First Semester	Hrs	Second Semester	Hrs				
Community Nursing	5	Adult Health II	6				
Child & Adolescent Nursing	5	Leadership & Management	4				
Maternal-Newborn Nursing	5	Nursing Concepts II	2				
	15		12				
Total Hours: 121							

RN to BSN students complete prerequisite courses as outlined in the BSN curriculum. Once admitted to the program, the postlicensure RN to BSN track begins with the Role Transitions course where students learn about the role of the BSN-prepared nurse including content related to quality and safety standards. The postlicensure curriculum is designed to advance knowledge regarding ethics, informatics, older adult health, genetics and genomics, rural and community nursing, leadership principles and nursing research. In this program, students complete clinical using a project-based format and, prior to graduation, complete a capstone course and project. The first graduates of the RN to BSN track are expected to graduate in December 2016. Course sequencing is dependent on part- or full-time enrollment allowing students flexibility to achieve academic progression while meeting work-life demands.

Table 6. RN to BSN Curriculum

Prerequisites	Hrs
Human Anatomy	4
Human Physiology	4
Introduction to Applied Microbiology OR Microbiology	4
Inorganic & Environmental Chemistry Lecture OR General Chemistry I Lecture	4
Pre-Calculus Algebra	3
Statistics (MATH or STAT prefix preferred)	3
Nutrition	3
Introduction to Psychology	3
Developmental Psychology	3
RN to BSN Curriculum	
RN-BSN Role Transition	3
Introduction to Research	3
Community Nursing#	4
Leadership and Management#	3
Legal and Ethical Issues in Nursing	3
Informatics	2
Rural Health Nursing	3
Older Adult Health Management#	3
Genetics and Genomics	3
RN-to-BSN Capstone	3
Prerequisite course work	59
Nursing credit hours (including 32 ADN/Diploma nursing courses)	62
Total Hours	121

indicates clinical course

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

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

Program Response:

The teaching-learning practices and environments for the nursing program support achievement of course and program student learning outcomes. For the prelicensure track, with the exception of the LVN to BSN Role Transition course, didactic content is delivered via synchronous modalities. Classroom and lab environments at the Huntsville off-campus facility are limited and makes the use of some teaching-learning practices, such as team-based learning, difficult. A variety of classroom configurations and furniture has been explored with minimal success. Ongoing conversations with university administration seek to resolve the space issues. At The Woodlands Center campus, there are 2 skills lab classrooms which are used for Fundamentals and Health Assessment classes and labs or skills sessions for other courses as needed. These rooms are not typically used for didactic classes other than the 2 identified and dedicated space for nursing classes is limited. Classroom space is limited after 4pm at TWC. The nursing class schedule extends beyond 4pm most days and semesters.

There are skills and simulation labs on both campuses for the School of Nursing that include very-low to high-fidelity mannequins and equipment. In addition, there are virtual programs used within the lab and classroom setting. The School of Nursing has been using several ATI programs to support achievement of student learning outcomes including: standardized exams, Real Life adaptive virtual simulations, Skills Modules, and Nurse's Touch. Use of programs other than the Skills Modules and standardized exams has been inconsistent due to faculty turnover and the high number of inexperienced faculty where learning how to teach has higher priority. The School of Nursing has recently purchased the Swift River virtual simulation access as faculty felt this

program provided a better virtual learning environment that promoted student critical thinking. The School of Nursing has affiliation agreements with more than 120 clinical agencies in the Huntsville, The Woodlands, and north Houston and surrounding areas. Agencies include acute care hospitals; long-term care facilities; primary care and specialty clinics; preschool, elementary, and secondary schools; and specialty acute care agencies, such as Texas Children's Hospital. The type of facility and unit within a facility are selected according to the course outcomes and experiences are designed to promote student achievement of course and program outcomes.

The RN to BSN curricula is delivered via the university's online learning management system. Optional on-campus days are offered. Face-to-face course orientation is strongly encouraged especially in the first semester. Each course is built using the same template. Discussion board grading throughout the curriculum uses the same rubric. The RN to BSN Coordinator is working with adjunct faculty to ensure consistency in delivery and grading practices.

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

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

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

Program Response:

In order to prepare students for the professional registered nurse role, each track within the SHSU baccalaureate nursing program includes a clinical component appropriate for students in that track. Students in the LVN to BSN track do not take the fundamentals course or clinical respective of their previous education and/or practice as an LVN. The prelicensure nursing curriculum includes 1,034 contact hours in clinical and lab settings, simulation and computer-based simulations, skills lab, and hands-on practice settings. The hands-on practice is divided as follows: Acute = 61%, Long term = 11%, and Community = 28%. These settings allow students to practice professional activities designed to facilitate application of knowledge learned in the classroom setting and are in accordance with competency expectations for each course. Clinical settings are appropriate for the course and program outcomes and at each level progressively increase students' practice experiences. During the first semester, students begin in the skills and simulation lab, progressing to the clinical setting at midterm. Clinical practice and simulation experiences are designed to ensure that students are competent for entry-level nursing practice. The faculty are intentionally increasing the use of simulation in accordance with the NCSBN simulation study. The number of clinical contact hours in skills lab and clinical practice settings has decreased from > 1,100 in 2014 with the increased use of simulation. Student learning outcomes are being monitored to ensure the quality of clinical learning is maintained or improved.

Table 7. Progression of Clinical Experiences

First Semester	Second Semester	Third Semester	Fourth Semester	Fifth Semester
Skills/Simulation Lab	Skills/Simulation	Summer: No clinical	Skills/Simulation	Skills/Simulation
Long-term acute care or community hospital	Senior Centers		Community Clinics, Windshield Survey Disaster Simulation	Intensive Care Units, Emergency Room, Operating Room
	Inpatient Psychiatric Units: Adults & Children		Labor & Delivery, Postpartum, NICU Community Prenatal Clinics	Preceptored with Nurse Leaders including unit managers, staff educators, quality managers, women's services director, emergency and rehabilitation center directors.
	Large hospital: IMU, Med-Surg, etc units		Pediatric Hospital inpatient units, emergency room, specialty clinics; Schools & Head Start	

The SHSU motto, “The measure of a life is its service,” imparts the importance of community service for the university and its colleges and departments. One aspect of this initiative is academic community engagement defined by SHSU as, “a teaching method that combines community engagement with academic instruction. The ACE initiative allows students to use the skills and knowledge learned in the classroom to make a difference and improve life in our community by understanding their roles as community members” (Center for Community Engagement, <http://www.shsu.edu/academics/cce/ace/index.html>). The requirements for ACE'd courses include: “1) identifying course objective(s) to be addressed through ACE experience, 2) statement regarding importance of community engagement in syllabus, 3) graded reflection assignment about ACE experience, and 4) ACE experience should be 3 contact hours for each course credit hour” (ACE Your Course, <http://www.shsu.edu/academics/cce/ace/ace-for-faculty/ace-your-course.html>).

The following table identifies the courses that have been ACE'd and a sample of their projects.

Table 8. ACE Courses and Project Activities

NURS 3040: Older Adult Health Management (Junior Second Semester)	Each clinical section organized an ACE project appropriate for the Senior Center population to which they were assigned. <ul style="list-style-type: none"> Raffle tickets sold at Huntsville Fair on the Square for 2 quilts made by seniors; funds were used to purchase meals for seniors at the Walker County Senior Center. Cleaning and “sprucing up” senior center. Donations to Willis food pantry. Prepare meals for Save our Samaritans program. Collected donations for Coldspring Center’s resale shop which supports the Coldspring Center. Assist at The Woodlands Center garage sale for self-funded Conroe Senior Center.
NURS 3540: Psychiatric/Mental Health Nursing (Junior Second Semester)	Students assess needs for the units at the psychiatric inpatient facility to which they are assigned and provide education. In addition, they collect donations of art supplies, socks, and underwear for CPS children and adolescents.
NURS 4030: Community Nursing (Senior First Semester)	Students complete a community assessment for a population including windshield survey and key informant interviews and analyze and prioritize needs. This served as the basis for their ACE project with each group completing different ACE project. <ul style="list-style-type: none"> Planting community garden at Alabama-Coushatta Reservation and nutrition education for the school-age Native Indian children.

	<ul style="list-style-type: none"> • Sexual health education in partnership with the Juvenile Justice Department and Health Department in Huntsville. • Physical activity education for Headstart in Shepherd • Healthy eating for less presentation at TOMAGWA medical clinic. “TOMAGWA HealthCare Ministries is a full-time, comprehensive family practice center serving low-resource, uninsured families and individuals with access to early intervention for potentially fatal conditions and proper care for chronic illness and other non-emergency care” (http://www.tomagwa.org/). • Volunteer service and health fairs at Good Shepherd Mission in Huntsville. Their mission is to “meet basic human needs through feeding, clothing, sheltering, and counseling. Most clients or users of services are local and under the poverty level of Federal Income Guidelines. One third are elderly, and many are disabled. Most are of the working poor class” (http://thegsmission.org/wp/about-us/). • Volunteer service and health fairs at Conroe Salvation Army. “The only shelter in Montgomery County with overnight lodging for homeless men and women. Short-term financial assistance and social activities are available for low-income families and the elderly. Educational, recreational and spiritual mentoring programs are provided for youth” (http://salvationarmyhouston.org/conroe).
NURS 4520: Child & Adolescent Nursing (Senior First Semester)	Students develop an educational presentation for 2 different Head Start programs in accordance with needs identified by the staff. Some topics of these presentations relate to safety, dental health, nutrition, and handwashing.
NURS 4540: Maternal-Newborn Nursing (Senior First Semester)	Students participate in inpatient maternal-newborn units along with community clinics, such as the Pregnancy Care Center in Huntsville.

According to the university ACE guidelines, nursing students meet the requirements through clinical and do not have to design an experience outside of their clinical experience. During the second junior semester and first senior semester, 2 of 3 courses have an ACE experience outside of their primary clinical site. University, college, and nursing administration encourage faculty to ACE their courses and offer assistance with the process.

The postlicensure RN to BSN track includes 3 clinical courses: Older Adult, Leadership, and Community. The clinical component of these courses is designed to build on the knowledge and practice of the RN to BSN student. Students arrange their own clinical practice sites with faculty approval and complete projects based on the needs for the site, population served, and the course student learning outcomes. At this time, no RN-BSN course has an ACE designation.

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

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

Program Response:

The curriculum and teaching-learning practices are appropriate. The LVN to BSN Transition course is taught as an online course while all other courses within the prelicensure baccalaureate program are taught in the classroom and lab or clinical setting. Courses in the RN to BSN program are taught online with an option for in-class days. Teaching-learning practices of faculty vary according to the course content and level of student. A variety of active learning strategies such as concept-based learning activities, case studies, team-based

learning, and NCLEX-style questions are used in each course throughout the curriculum. Faculty develop didactic activities (lecture and/or active learning strategies) respective of adult learning theories and consider the diverse learning needs of students.

A community advisory council was implemented prior to initial accreditation. Prior to fall 2016, the meetings for this group were poorly attended by community leaders identified by the previous SON director and the majority of the meetings were devoted to sharing SON successes and travel abroad summaries. During summer 2016, the current leadership in the SON and the COHS Dean discussed revising the membership of this committee to primarily include leaders within health care agencies in Huntsville, Conroe, The Woodlands, and Houston. The purpose of future meetings will be to discuss the role and practice of nurses in their organizations in an effort to align the curriculum with current nursing practice and community needs. In addition, administration and faculty attend area events, such as meetings of the Montgomery County Hispanic Chamber, LoneStar Community College Advisory Board, and the RN-BSN Summit, to determine the needs of the surrounding community.

Several faculty with primary teaching responsibilities in the prelicensure program practice intermittently throughout the academic year and summer. Clinical practice time allows the faculty member to maintain currency with evidence-based practice.

Table 9. Faculty Practice

Faculty Employee Name	Outside Employment
Angelique Cunningham	Critical Care Staff RN
Denise Neill	Consulting with Memorial Hermann Sugar Land on research and with nurse resident EBP projects
Deborah Duncan	House supervisor in an acute care hospital
Desha Johnson-Makiya	Staff nurse in acute care hospital
Diane Langton	PNP @ Wee Kare Pediatrics
E'Loria Simon-Campbell	Online Adjunct Nursing Faculty
Jaimee Kastler	Simulation Lab Instructor for Western Governor's University BSN Program; Home health pediatrics RN
Joy Corcione	RN Direct Patient Care Medical-Surgical Unit
Laura Montgomery	Staff Nurse Medical-Surgical Unit; FNP @ low-income clinic
Mona Cockerham	Nursing Quality and Research
Susan Weimer	Labor and Delivery Staff RN
Tonia Cobbs	Clinical faculty for Lone Star College (AD program)

The RN to BSN program initially started as hybrid but the decision was made to make the program 100% online with option of face-to-face classes. Students currently enrolled in the program provided feedback that they like the option for face-to-face classes and this is why they chose the SHSU RN-BSN program. Due to the busy schedules of RN-BSN students, the decision was made not to make face-to-face classes mandatory.

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

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

Program Response:

During fall 2016, the Curriculum Committee reviewed all course syllabi for compliance with the established SON syllabus template, inclusion of assignment instructions, and grading rubrics for evaluation of student performance. This review noted that several course syllabi were not compliant with the SON syllabus template. Further, few syllabi contained assignment instructions and grading rubrics for all of the evaluation methods noted to be included in the determination of the student's final course grade. Prior to this semester, although the syllabus template has been developed and faculty were instructed they needed to use this template, there had not been clear expectations regarding the nature of the syllabus as a "contract with students" nor was there consistent follow-up or enforcement of the expectations. During fall 2016, the administrative team including level coordinators will be working with course coordinators to assure compliance with SON syllabus expectations.

Due to high faculty turnover rate, the clinical evaluation tools that had been previously developed prior to initial accreditation have not been consistently used. During the 2016-2017 academic year, the Curriculum Committee is evaluating the tool currently used in some courses and accreditation requirements. The intent is to develop a standardized tool to measure accomplishment of course and program outcomes. The clinical evaluation tool will include measurable items appropriate for the course outcomes. Professional role behavior expectations will also be included and leveled appropriately to indicate increasing expectations in accordance with AACN guidelines, Texas DECS, the ANA *Scope and Standards of Practice*, and the ANA *Code of Ethics*. In addition, the Faculty/Staff Affairs Committee and Curriculum Committee will work together to develop a Student Clinical Evaluation policy and procedure that will address faculty expectations for completion and maintenance of student clinical performance records.

Faculty are responsible for student evaluations. The faculty member communicates with preceptors regarding student performance. Expectations are discussed and information is obtained for inclusion in the clinical evaluation. Other areas included in the faculty evaluation are skills check-offs, and simulation activity evaluations. An effort is being made to assign groups of faculty to courses to aid the development of inter-rater reliability among the faculty and within the course teams.

The SON created evaluations of clinical sites to be completed by faculty and students prior to the initial accreditation report and visit. The evaluations are designed to garner feedback regarding the appropriateness of the clinical site to meet student learning needs and course objectives. Due to rapid growth of the program and the nature of starting a new program, use of these tools has been inconsistent. The Nursing Data Analyst has created an electronic, internet-based survey for these tools to facilitate completion but survey response is minimal. Nursing administration including the data analyst will discuss methods to increase completion rates. Currently, qualitative feedback from students or faculty are discussed to determine continuation of use of clinical sites for subsequent semesters.

During the spring 2016 semester, COHS Associate Dean Dr. Emily Roper conducted focus groups with students on both campuses, faculty, and staff. In addition, Interim Dean Dr. Hendrickson met individually with faculty. The purpose of these meetings was to assess the functioning of the SON and make recommendations. The key findings of these meetings were:

- Teaching effectiveness: The faculty who were doctorally prepared and those with prior teaching experience were more effective educators than those who were clinically competent but lacking pedagogical skills. Behaviors students noted for effective teachers included: a caring and respectful disposition, professional relationships among faculty and students, structured syllabi, and strong command of the course content. Some examples of teaching ineffectiveness identified by students were: favoritism, inability to provide constructive feedback to students, lack of organizational skills, and significant changes to course syllabi/assignments throughout the semester.

Faculty acknowledged challenges associated with hiring qualified nursing faculty with prior teaching experience. Several factors were identified as contributors to ineffective teaching including some that have been identified nationally. Examples of identified factors were: lack of formal pedagogical training, inadequate notification of teaching assignments, heavy workload with considerable travel, teaching assignments outside area(s) of expertise, and poor facilities and equipment at the Huntsville campus. The rural nature of the program negatively impacts the SON's ability to recruit and retain experienced and effective nurse educators.

- NCLEX preparation: Several students attend NCLEX review courses and stated they did not feel they were adequately prepared for the NCLEX. After the review course, they felt there was essential content not included in the SON courses.
- Facilities and equipment: Students who attend classes at the Huntsville location expressed dissatisfaction with the Bank building facilities and the distinct differences in the quality of facilities and equipment between the Huntsville and The Woodlands campuses. Some areas students identified were: crowded classrooms with uncomfortable chairs, ineffective lab equipment, connectivity issues, insufficient student commons space and access to only one computer and printer. Faculty and staff had the same issues and felt these issues negatively impacted their teaching effectiveness.
- Student fees: Students questioned the purpose of the \$750 per semester student fee and did not understand how these were allocated. Several Huntsville students expressed concern that these fees were being used to equip The Woodlands Center campus. During fall 2016, the SON Interim Director met with students and provided a handout which outlined how funds received via student fees were being allocated.
- Clinical placement: Students expressed frustration with the assignment of students to clinical groups and felt, although the SON requested their home zip code, there was no consideration of the distance they would have to travel to clinical sites. This practice was approved during fall 2015 and implemented for spring 2016 and fall 2016. After hearing complaints, several faculty advocated for the students which led to some improvement in travel distance for fall 2016. With the change in administration, a new procedure was implemented for grouping of students for the spring 2016 semester. The procedure included development of a Google map for each cohort where students were instructed to place a marker where they lived. Level coordinators then met and used these maps to group students.
- Faculty turnover: Students, faculty, and staff all noted faculty turnover as a significant problem in the SHSU SON. Students felt the high turnover rate negatively impacted their learning and continuity of content. They felt the high turnover contributed to the increased number of inexperienced faculty. Staff identified that the high turnover rate increased time spent reorganizing teaching assignments and made it difficult to train them regarding SON policies and procedures. Faculty and staff attributed the turnover rate to issues previously mentioned including demanding teaching assignments and travel

expectations, unrealistic expectations for faculty including SON and University service. Tenure-track faculty stated the research expectations were unattainable due the nursing workload policy.

- Two campus model: The majority of students, faculty, and staff preferred one campus. Faculty were frustrated with co-teacher model and that course coordination was time consuming and demanding. Students expressed concern regarding fairness associated with exam construction; poor communication between co-faculty; and inconsistent grading, content, and expectations within a course team.
- Faculty development: Faculty expressed concern with new faculty orientation at the University and SON level. Currently the university holds new faculty orientation only in August thus faculty that start mid-year are less knowledgeable about university services, policies, and procedures. Faculty had several recommendations regarding new nursing faculty orientation including providing access to the course learning management system and university email prior to semester start; improve SON faculty mentor matching methods; and offering tutorials on pedagogical strategies, syllabi development, classroom management, and commonly used software.

In response to the nature and amount of concerns expressed by students, faculty, and staff, the COHS Interim Dean made the decision to make a change in the SON leadership. The SON Interim Director met with faculty and staff during summer 2016 and has been meeting with students in fall 2016. In response to directives by the COHS Interim Dean, Dr. Neill has worked with the Assistant Director, level coordinators, faculty, and staff to develop and revise programs to improve teaching effectiveness and other identified issues where possible. The August mandatory 3-day retreat was designed to begin addressing concerns identified in the focus groups. The retreat included the Dean of Students and Human Resources offices and an expert in faculty pedagogy from NurseTim. Faculty were also required to attend SHSU's Annual Teaching Conference. In addition, a 2-year faculty development plan has been devised to devote 90 minutes at each monthly faculty meeting for faculty development using the Billings & Halstead *Teaching in Nursing* book which was given to faculty in the August 2016 retreat. New faculty are required to attend additional faculty development sessions each month to which all faculty are invited. The faculty development topics and chapter reading assignments were provided via email to all faculty prior to the September 2016 faculty meeting. The first year's topics are focused on the faculty role and pedagogy. The second year will be focused on curriculum development topics. The SON administration and Faculty/Staff Affairs Committee are working on revision of SON new faculty/staff orientation procedures. The SON has paid for access for all faculty to NurseTim and strongly encouraged faculty to view webinar's and complete the evaluation in order to get continuing education units and provide further development regarding the faculty role and teaching pedagogy.

Table 10. Faculty Development Schedule for AY2016-2017

Faculty Development Topic Schedule	New Faculty Development Topic Schedule
<i>Fall Semester 2016</i>	
9/9: Diverse Student Learning Needs (Read Chap. 2)	9/23: Teaching in Clinical (Read Chap. 17) Clinical Evaluation & Documentation Tips
10/7: Janice Hooper, TBON, NCLEX Development, Scoring, & Preparing Students 10/14: Disability Services will be guest presenter (Read Chap. 4)	10/28: Classroom/Faculty-Developed Tests (Read Chap. 24) Using ATI Results
11/11: Promoting Student Engagement (Read Chap. 15)	No additional session in November
12/9: SON Holiday Lunch	No additional session in December
<i>Spring Semester 2017</i>	
Week of 1/9: Spring Semester Retreat - Evaluation of Learning (Read Chaps. 10 & 23)	1/20: Discussion of Fall Semester (positives & issues that arose)
2/10: Using Simulation (Read Chap. 18)	2/24: Evaluation Process (Read Chap. 22)
3/10: Student Incivility (Read Chap. 14)	3/24: Service Learning (Read Chap. 12)
4/7: Systematic Program Evaluation (Read Chap. 26)	4/21: End-of-Year Discussion

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

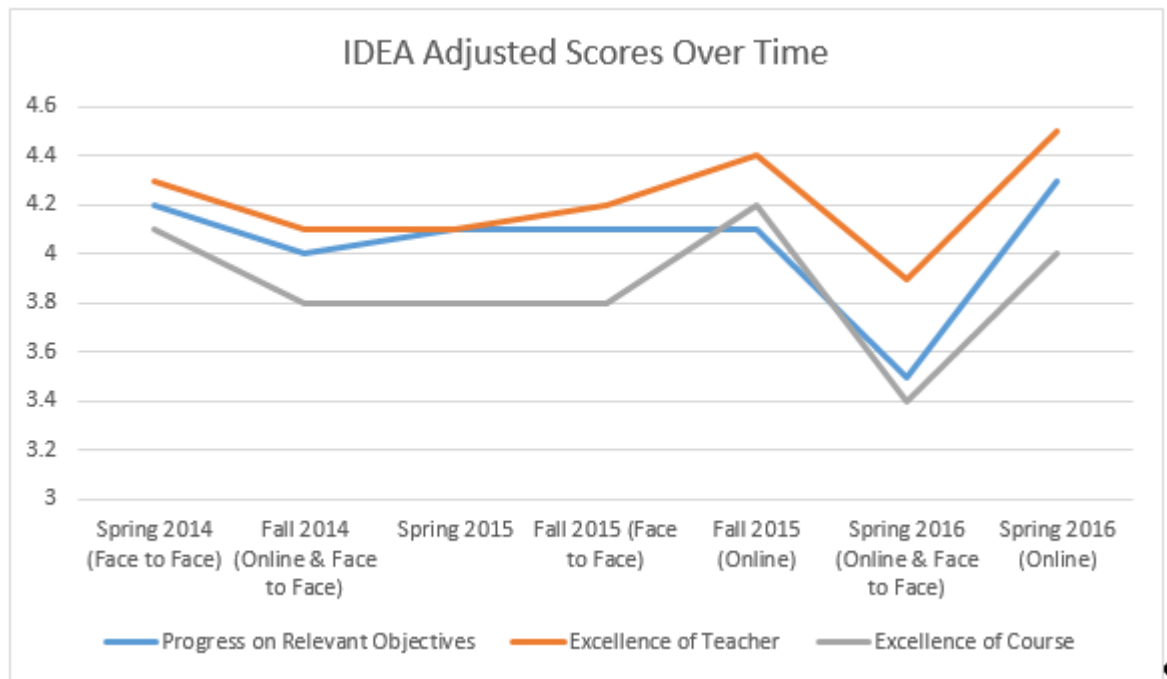
Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other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

Program Response:

The university uses IDEA evaluations for course and instructor evaluations. Analysis of the data over time revealed a dip in the scores in spring 2016. The online course scores were higher than the online and face-to-face scores. The online scores reflect RN-BSN courses only. Many Spring 2016 face-to-face courses were taught by faculty new to the university and a significant proportion were also inexperienced in academia. This data is being shared with faculty and is being used as a foundation for curriculum revisions and changes in teaching and learning practices. Individual faculty receive reports about their performance each semester. See figure below for the School of Nursing IDEA adjusted scores over time.

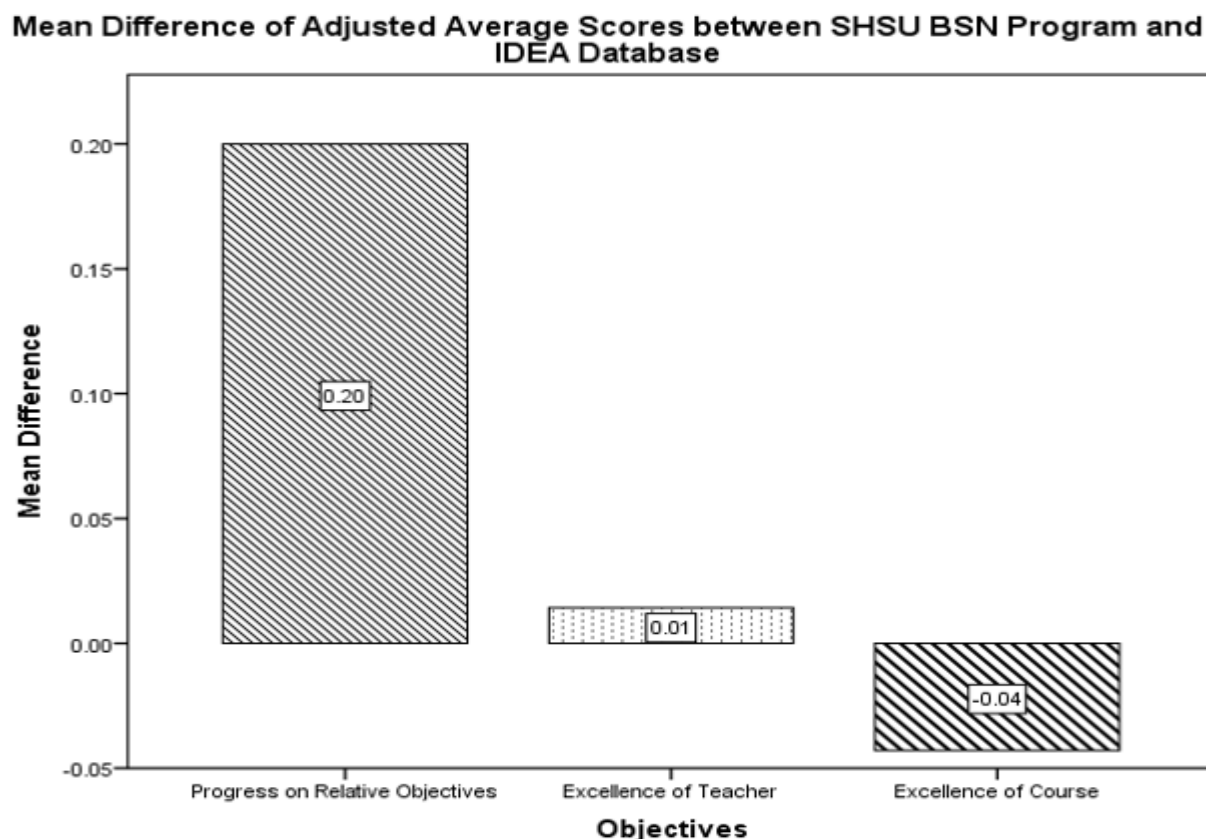
Figure 2. IDEA Adjusted Scores 2014-2016

▪ **IDEA Scores Over Time**



The figure below shows the mean difference of the adjusted average scores between the SHSU BSN program and IDEA database. The School of Nursing scores are above the national mean for the IDEA Database on Relevant Objectives and Excellence of Teacher but is below the national mean for Excellence of Course.

Figure 3. Adjusted Average Scores SHSU BSN and IDEA Database



The tables below include student ratings of overall outcomes on relevant objectives, excellence of teacher, excellence of course, and the summary evaluation by semester for 2014-spring 2016. Fall 2015 and Spring 2016 online data refer to the RN-BSN courses only.

Table 11. Progress on Relevant Objectives 2014-2016

	Summary Report	IDEA System	Difference
Spring 2014 (Face to Face)	4.2	3.8	0.4
Fall 2014 (Online & Face to Face)	4.0	3.8	0.2
Spring 2015	4.1	3.8	0.3
Fall 2015 (Face to Face)	4.1	3.8	0.3
Fall 2015 (Online)	4.1	3.8	0.3
Spring 2016 (Online & Face to Face)	3.5	3.8	-0.3
Spring 2016 (Online)	4.3	4.1	0.2

Table 12. Percent of Classes at or Above the IDEA Relevant Objective Database Average 2014-2016

	Percentage
Spring 2014 (Face to Face)	74
Fall 2014 (Online & Face to Face)	59
Spring 2015	71
Fall 2015 (Face to Face)	78
Fall 2015 (Online)	80
Spring 2016 (Online & Face to Face)	25
Spring 2016 (Online)	100

Table 13. Excellence of Teacher Average Scores 2014-2016

	Summary Report	IDEA System	Difference
Spring 2014 (Face to Face)	4.3	4.2	0.1
Fall 2014 (Online & Face to Face)	4.1	4.2	-0.1
Spring 2015	4.1	4.2	-0.1
Fall 2015 (Face to Face)	4.2	4.2	0.0
Fall 2015 (Online)	4.4	4.2	0.2
Spring 2016 (Online & Face to Face)	3.9	4.2	-0.3
Spring 2016 (Online)	4.5	4.2	0.3

Table 14. Percent of Classes at or Above the IDEA Database Excellence Teacher Average 2014-2016

	Percentage
Spring 2014 (Face to Face)	84
Fall 2014 (Online & Face to Face)	57
Spring 2015	63
Fall 2015 (Face to Face)	67
Fall 2015 (Online)	80
Spring 2016 (Online & Face to Face)	75
Spring 2016 (Online)	67

Table 15. Excellence of Course Average Scores 2014-2016

	Summary Report	IDEA System	Difference
Spring 2014 (Face to Face)	4.1	3.9	0.2
Fall 2014 (Online & Face to Face)	3.8	3.9	-0.1
Spring 2015	3.8	3.9	-0.1
Fall 2015 (Face to Face)	3.8	3.9	-0.1
Fall 2015 (Online)	4.2	3.9	0.3
Spring 2016 (Online & Face to Face)	3.4	3.9	-0.5
Spring 2016 (Online)	4.0	4.0	0.0

Table 16. Percent of Classes at or Above the IDEA Database Average 2014-2016

	Percentage
Spring 2014 (Face to Face)	67
Fall 2014 (Online & Face to Face)	43
Spring 2015	56
Fall 2015 (Face to Face)	52
Fall 2015 (Online)	80
Spring 2016 (Online & Face to Face)	25
Spring 2016 (Online)	33

Table 17. Summary Evaluation Average of A, B, C 2014-2016

	Summary Report	IDEA System	Difference
Spring 2014 (Face to Face)	4.2	3.9	0.3
Fall 2014 (Online & Face to Face)	4.0	3.9	0.1
Spring 2015	4.1	3.9	0.2
Fall 2015 (Face to Face)	4.1	3.9	0.2
Fall 2015 (Online)	4.2	3.9	0.3
Spring 2016 (Online & Face to Face)	3.6	3.9	-0.3
Spring 2016 (Online)	4.2	4.2	0.0

Table 18. Summary Evaluation Percent of Classes at or Above the IDEA Database Average

	Percentage
Spring 2014 (Face to Face)	77
Fall 2014 (Online & Face to Face)	55
Spring 2015	66
Fall 2015 (Face to Face)	67
Fall 2015 (Online)	100
Spring 2016 (Online & Face to Face)	25
Spring 2016 (Online)	67

Over the past several semesters, the average adjusted score for Excellence of Course was the lowest of the three categories in relation to the IDEA database. Based on this information, the SHSU School of Nursing will work on improving this in future semesters. The questions that correlate the most effectively with the Excellence of Course metric are:

1. Introduced stimulating ideas about the subject ($r = 0.82$)
2. Demonstrated the importance and significance of the subject matter ($r = 0.80$)
3. Made it clear how each topic fit into the course ($r = 0.80$)
4. Explained the course material clearly and concisely ($r = 0.79$)*

*IDEA Student Ratings of Instruction: Correlation of Teaching Method Items to Summary Measure of Teaching Effectiveness (IDEA Center, Inc., 2009).

Emphasizing these areas more should result in improvement of the Excellence of Course metric in the future semesters.

An additional area of curriculum development is related to the university's change in writing enhanced courses. The implementation of courses that focus on writing in the discipline is now under the oversight of the individual colleges. The School of Nursing has a tenured faculty member on the committee.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

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

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

Program Response:

The School of Nursing has a master evaluation plan. The evaluation plan was revised in summer 2016 when the decision was made to move to a single accreditation for the program. The newly revised plan was structured to align with the four CCNE standards and was approved by the Executive Committee. See the plan in Appendix C. Data are collected annually following the university Office of Institutional

IV-B. Program completion rates demonstrate program effectiveness.

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

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

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

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

Program Response:

Graduation rates have remained above 70% since the program's inception. Rates for graduation in 24 months range from 82%-100%. See the table below for information related to each of the cohorts admitted.

Table 18. Graduation Rates for All Cohorts Through Spring 2016

	<u>Graduates</u>			<u>Program Dates</u>	
	Graduated	Non-Grad	% Graduated	Start Date	Graduation Date
Cohort 1	21	0	100%	January 2011	December 2012
Cohort 2	11	1	92%	September 2011	May 2013
Cohort 3	23	5	82%	September 2012	May 2014
Cohort 4	35	2	95%	January 2013	December 2014
Cohort 5	33	6	85%	September 2013	May 2015
Cohort 6	30	2	93%	January 2014	December 2015
Cohort 7	36	5	88%	September 2014	May 2016
	189	22	89.57%		

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

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

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

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

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

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

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

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

Program Response:

The NCLEX-RN pass rate has been above 80% all but one year. In 2014, the pass rate was 73.91%. A self-study was completed in spring of 2015 and sent to the Texas Board of Nursing. The faculty, under the direction of the program director, implemented several strategies in 2014-2015 to improve the performance of students on the licensure exam. A resource coach was hired part-time in spring 2014 and became full-time in fall 2014. ATI training was conducted and the faculty worked with the ATI consultant in fall 2014 to more fully integrate the remediation and learning tools into the curriculum. As seen in the table below, other than 2014, SHSU SON graduates had higher pass rates than the state of Texas and nation. See the table below for comparison.

Table 20. NCLEX Pass Rates Reported by Texas Board of Nursing

	2016	2015	2014	2013
SHSU	89.55% (60/67)	88.06% (59/67)	73.91% (17/23)	87.50% (28/32)
Texas	Not available to date	85.22%	81.02%	83.93%
National	84.3%	84.18%	81.74%	84.29%

IV-D. Employment rates demonstrate program effectiveness.

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

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

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

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

Program Response:

Employment data is not available prior to fall 2015. At this time the question about employment was added to the graduate Exit Survey. For fall 2015 and spring 2016, 83.33% of the graduates had accepted employment offers prior to graduation. No formal effort is being made to collect data from alumni. The informal rate is above 90% for the program. Informal data on employment is gathered through social media as faculty interact with former students.

Gathering alumni information is extremely difficult; However, we have begun working with the Alumni office to get information on our graduates that will help us locate students. This will ensure that we have the most up-to-date information on our students after they graduate. However, we expect that there are a large number of students who will not respond to our contact attempts and it is even possible that the Alumni office does not have the most up-to-date information. We have begun, and will continue, employing social media to get the latest information on our students, and we would like to use social media to engage our alumni in networking,

ongoing discussion and mentoring for our newly graduating students. Surveys administered prior to graduation have had a 100% response rate. We will continue to gather as much information as possible from students prior to graduation. We have been gathering their latest contact email so that we can contact them after graduation.

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

Program Response:

Limited data is available for achievement of program learning outcomes other than those related to completion rates, licensure rates, employment rates, and faculty measures. The data available was based on ATI exams and student and employer surveys related to the graduates' ability on measures related to program goals. A new assessment plan based on the program goals was developed by the Executive Committee following a brief training by the SHSU Director of Assessment. The assessment plan was approved by the faculty in October, 2016 and is included in Appendix B. A separate plan is being developed for the RN-BSN curriculum and will be presented to faculty in spring 2017.

Analysis of the data for the Master Program Evaluation Plan indicated that in most areas the School of Nursing is meeting its established outcomes as developed. The plan for improvement focused on developing consistency in teaching-learning strategies. The School of Nursing has experienced tremendous growth in faculty and staff during its short history. Many of the faculty are experienced clinicians and novice academic nursing educators. Thirty-five percent of the faculty are in their first year and 26% have between one and five years teaching experience. Faculty development needs are a high priority in order to maintain and improve student learning outcomes. Faculty development will include information related to teaching best practices and regarding deficiencies in the current year's assessment data.

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

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

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

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

Program Response:

Specific faculty outcomes related to education, licensure, and scholarly and service activities have been identified. All faculty meet the minimum qualifications identified by the Texas Board of Nursing. Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty continue to

maintain licensure. A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 1617. All faculty were provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text serve as the foundation for discussions held during the scheduled faculty development sessions each month.

Eighty-five percent of tenured/tenure track faculty members demonstrated evidence of scholarly activities (funded grants, conference presentations, or manuscripts accepted) which exceeded the established goal of 80%.

All faculty members reported some level of university, college, school or professional service on their annual faculty evaluation exceeding the goal of 80%.

According to university policy, tenure-track faculty are evaluated annually for progress toward tenure and promotion by the departmental promotion and tenure committee (DPTAC) during years 2-6. The desired goal is for 100% of the faculty to receive constructive feedback to guide progress to promotion and tenure. Four tenure-track faculty underwent DPTAC review in spring 2016. Two faculty members reviewed received a letter indicating expected or satisfactory progress toward tenure. Two faculty members did not receive satisfactory reviews. The interim dean of the College of Health Sciences is working with the interim director of the School of Nursing to provide support to all tenure track faculty members as they prepare for tenure votes. The only tenured faculty member in the School of Nursing is a full professor. She is holding monthly promotion and tenure meetings to help focus faculty efforts toward achieving scholarship expectations.

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

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

Program Response:

The School of Nursing Student Handbook identifies the process for filing a grievance and is in compliance with the University policy on grievances. The policy identifies the chain of command for an appeal and the form for initiating the appeal is located in the cohorts' page in the institutions learning management system. The only formal complaints received have been related to student grades and academic progression.

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

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

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

Program Response:

Data outcomes have been compared to the expected outcomes. Discrepancies between the two are used to identify areas for continuous improvement. No formal complaints were filed. Student grade and progression appeals were upheld by the level coordinators and Admission Progression and Retention appeal ad hoc committees on the basis that policies in the School of Nursing Student Handbook and course syllabi were followed.

As noted previously, new assessment plans have been developed under the leadership of the Executive Committee and were approved by the faculty. Data to support the achievement of the program learning goals and associated metrics will be collected as part of the course evaluation process each semester and recorded through the End of Course Report.

☐ The Chief Nurse Administrator has approved the program information form and completed report, and confirms its contents as of 11/29/2016. (DATE)

Submission Instructions:

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the program information form, completed report, and appendices (as one document), if any, in PDF format, to Renee Ricci at r Ricci@aacn.nche.edu. Please do not send hard copies to CCNE.

Appendix A Curriculum Crosswalk with AACN Essentials and TBON DEC's

Sam Houston State University, School of Nursing: Mission	Sam Houston State University, School of Nursing - Program Goals	AACN Essentials	TBON DEC's
The School of Nursing provides a quality education to a diverse body of competent, critically thinking students who are preparing to function both independently and collaboratively as nursing leaders in a changing world. The program provides a nursing foundation which promotes holistic, evidence-based care, built on the concept of lifelong learning and founded in scholarly teaching, research, and practice in a professional community.	Integrate knowledge from liberal studies and nursing science to practice professional nursing, in a holistic caring manner	1, 2, 8	IA, IB, IID, IIIA, IIIC, IIID, IVC, IVD, IVG
	Development, implement and evaluate safe, quality patient care through collaboration with patients and members of the interprofessional health care delivery team in various health care	2, 3, 6, 7, 9	IIA, IIC, IIE, IIF, IIG, IIH, IIIB, IIIC, IVA, IVB, IVC, IVD, IVE, IVG
	Demonstrate ethical accountability and legal responsibilities using cultural parameters and professional nursing standards of practice and care in order to provide care to individuals, families, groups, and populations.	1, 2, 5, 6, 8	IA, IB, ID, IIB, IIE, IIIA, IIID, IIID, IVA, IVB, IVC, IVD, IVG
	Use therapeutic communication in formal and informal interaction with patients, families, groups, colleagues, and other members of the healthcare team in the delivery of nursing care.	1, 2, 6	IIF, IIG, IIIF, IVA, IVC, IVD, IVF, IVG
	Demonstrate professional leadership and management skills while implementing safety principles in the delivery of nursing care.	1, 2, 8	IC, IID, IIE, IIH, IIIF, IVD, IVF, IVG
	Base safe patient care upon evidence and clinical reasoning.	1, 3, 5, 7	IIA, IIB, IIC, IID, IIF, IIIB, IIIC, IIIF, IVC, IVF, IVG
	Act as an advocate for both sick and healthy clients across the lifespan and for the nursing profession, reflecting current and changing health care systems, health policies, and global health care factors.	1, 2, 4, 5, 7, 9	ID, IIID
	Demonstrate accountability for lifelong learning and professional growth.	1, 3, 8, 9	IA, IIC, IID, IIH, IVC, IVE
	Demonstrate competency with technology and information management in the delivery of safe care, while maintaining confidentiality and protecting patient rights.	2, 4, 5, 8, 9	IA, IIC, IID, IIH, IVC, IVE
	Collaborate with other professionals on the health care team to provide health promotion, disease, and injury prevention across the lifespan for individuals, families, groups and populations.	1, 2, 6, 7, 8, 9	IB, IIA, IIB, IIE, IIG, IIH, IIIC, IVA, IVB, IVC, IVD, IVE, IVG

Note. AACN, American Association of Colleges of Nursing; DEC's, Differential Essential Competencies; TBON, Texas Board of Nursing.

Appendix B: Program Goals and Associated Metrics

1. Integrate knowledge from liberal arts studies and nursing science to practice professional nursing in a holistic caring manner.
Objectives:
 - G. 85% of students will achieve a score of “meets expectations” on the ATI Nurse Touch: Becoming a Professional Nurse.
 - H. 80% of students will achieve a score of 80% on ATI Pharmacology Made Easy 3.0.
 - I. 60% of students will achieve a score of Level 2 on the ATI Nutrition Exam.
2. Provide safe quality patient care through collaboration with patients and members of inter-professional healthcare delivery team.
Objectives:
 - D. 100 % of students will achieve a passing grade on the clinical evaluation tool for safe quality patient care at the final evaluation.
 - E. 100 % of students will achieve a passing grade on the clinical evaluation tool for collaboration with members of the inter-professional healthcare delivery team at the final evaluation.
3. Demonstrate ethical accountability and legal responsibilities recognizing cultural parameters and professional nursing standards of practice.
Objectives:
 - D. 90% of students will achieve a score of 90% on the CITI Ethics Training for Research Students.
 - E. 100% of students will successfully complete the Texas Board of Nursing Jurisprudence Exam.
 - F. 90% of students will achieve a minimum score of 80% on Concepts 1 Patient Education Pamphlet.
 - G. 80% of students will achieve a minimum score of 90% on Health Assessment Cultural Assignment.
 - H. 80% of prelicensure students will achieve a minimum score of Level 2 on ATI Leadership Proctored Exam.
4. Use therapeutic communication during interactions with patients, families, groups and colleagues.
Objectives:
 - E. 85% of students will achieve a score of “meets expectations” on the ATI Nurse Touch: Professional Communication.
 - F. Consider Shadow Health, Swift River, ATI Virtual Simulations Rubrics focusing on communication in assessment.
 - G. 85% of students will achieve a satisfactory score for virtual simulations on the first attempt.
 - H. 95% of students will achieve a satisfactory score on the graded Process Recording.
5. Demonstrate professional leadership and management skills in the delivery of nursing care.
Objectives:
 - C. Consider rubric for Swift River for delegation.
 - D. Consider case studies on L/M
 - E. 80% of prelicensure students will achieve a minimum score of Level 2 on ATI Leadership Proctored Exam.
6. Provide safe patient care using evidence-based practice and clinical reasoning.
Objectives:
 - C. 90% of students will achieve a minimum grade of 80% on the final care plan/ concept map in each acute care clinical course.
 - D. Consider Shadow Health, Swift River, ATI Virtual simulations and EHR Rubrics focusing on communication.
 - E. 90% of students will achieve a minimum score of 85% on the Nursing Research EBP group paper.
 - F. 80% of students will achieve at least the baseline score of national BSN mean on their ATI RN Comprehensive Predictor Exam.

7. Advocate for clients and the nursing profession considering healthcare system practices, health policies, and global healthcare factors.
Objectives:
 - B. % of students will achieve a minimum score of % on the Community Nursing Current Issues assignment
 - C. 90% of students will achieve a minimum score of 85% on the legislative letter.
8. Develop a plan for lifelong learning and provide a foundation for professional growth.
Objectives:
 - E. 90% of students will achieve a minimum score of 90% on the Concepts 2 career packet or RN-BSN Leadership 5 year career plan.
 - F. 50% of students will indicate plans for enrolling in graduate nursing education within 5 years of BSN program completion.
 - G. 100% of students will attend a professional nursing meeting while
9. Demonstrate competency with technology and information management in the delivery of safe care.
Objectives:
 - E. 90% of students will achieve a minimum score of 80% on the EHR documentation rubric on the final attempt each semester.
 - F. 90% of students will achieve a minimum score of 80% on clinical databases (requires use of facility EHR).
10. Provide health promotion and disease and injury prevention, across the lifespan for individuals, families and groups.
Objectives:
 - C. 90% of students will achieve a minimum score of 85% on ACE project assignments.
 - D. 90% of students will achieve a minimum score of 80% on Concepts 1 Patient Education Pamphlet.
 - E. 80% of students will achieve a minimum score of 80% on the Healthy People 2020 written paper.

Appendix C: Master Program Evaluation Plan Summer 2016 Revisions

Goal Name: Mission and Program Goals Congruence (CCNE Standard I)

Goal Description: The mission, goals and program outcomes demonstrate congruence with the parent institution, college and professional standards.

Related Items:

Performance Indicators:

1. Mission statement of university, college and school are compared every 3 years and as needed for congruence.
KPI: A cross-walk table will be developed to compare the 3 mission statements which will demonstrate 100% congruence. The initial review will take place in 2015-2016 and subsequent reviews will occur every 3 years or when the institution's, college's or school's mission, goals and outcomes are revised.
11. Expectations related to mission goals and program outcomes are clearly communicated to faculty.
KPI: Faculty job description, orientation agenda and meeting minutes reflect expectation of the faculty role and any changes. 100% of full-time faculty will attend university, college and program orientation. 100% of meeting minutes will be accessible to faculty via the shared drive.
KPI: American Nurses Association (ANA), CCNE and specialty organizations will be reviewed every year for updated standards. Program outcomes and goals will be revised to reflect appropriate changes.
12. Faculty and students participate in program governance. Nursing faculty participate in school, college and university governance through a committee structure.
KPI: Committee meeting and faculty meeting minutes reflect faculty and student participation in governance decisions.
KPI: Student representatives will be selected for all nursing committees.
KPI: 100% of the nursing faculty members serve on a committee at the school, college, or university level.
13. Documents and publications are accurate with a clearly communicated process for making and disseminating changes.
KPI: Publications (handbooks, bylaws, website, and marketing materials) are reviewed annually for accuracy. The review is indicated with a date in the footer (handbooks and bylaws) or in minutes (website and marketing materials).
14. Academic policies are congruent with the college and university.
KPI: Policies are reviewed for congruence annually when the handbooks are updated or when changes are made at the university or college level.

Goal Name: Institutional Resources and Support (CCNE Standard II)

Goal Description: There is evidence of institutional commitment to and support for the School of Nursing.

Related Items:

Performance Indicators:

1. The School of Nursing budget will enable the program to fulfill its mission, goals and expected outcomes.
KPI: Budget is submitted annually following consultation with the dean's office to meet ongoing and growth needs.
2. The physical facilities are adequate for classroom and laboratory experiences.
KPI: Surveys (exit and IDEA) and course reports will reflect adequacy of physical facilities 80% of the time.
3. Academic support services (technology, Academic Success Center [tutoring support], library, computer labs, SHSU online, etc.) are adequate for student needs.
KPI: Exit surveys, IDEA surveys, and course reports will reflect adequacy of academic support services 80% of the time.
4. The organizational structure of the School of Nursing meets the ongoing needs of the School of Nursing.

KPI: The CNO (Director) is academically and experientially qualified to meet the leadership and teaching needs of the School of Nursing as evidenced by curriculum vitae, licensure and professional certifications 100% of the time.

KPI: The faculty are academically and experientially qualified to meet the teaching needs of the School of Nursing as evidenced by education, licensure and professional certifications 100% of the time.

KPI: Preceptors are academically and experientially qualified to serve as faculty extenders in meeting the teaching needs of the School of Nursing as evidenced by licensure, employer competency verification and professional certifications 100% of the time.

- 5 Faculty scholarship, professional development, and service activities are reviewed annually as outlined in the FES and promotion and tenure policies (need policy number).

KPI: 100% of the faculty receive an annual performance evaluation.

KPI: 100% of the tenure/tenure-track faculty undergo the appropriate DPTAC review as outlined in policy.

Goal Name: Curriculum and Student Outcomes (CCNE Standard III)

Goal Description: The curriculum, teaching learning practices and teaching environment are in line with the program's mission, goals and expected student outcomes. The teaching learning practices and teaching environment are congruent with and foster student learning outcomes.

Related Items:

Performance Indicators:

1. Student learning outcomes are congruent with the program's mission, goals, and professional role standards.

KPI: The curriculum crosswalk demonstrates inclusion of program mission, goals, Texas DEC's, and Baccalaureate Essentials (AACN, 2008).

2. Clinical courses meet TBON requirements for student/teacher ratio.

KPI: Teaching workload schedule and rosters reflect meeting TBON standards each semester.

3. The curriculum structure is reviewed annually and revised as indicated based on changes in external and internal guidelines.

KPI: The degree plan reflects THECB, core curriculum, SHSU, and TBON requirements for curriculum 100% of the time.

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

KPI: Course reports reflect the achievement of desired student learning outcomes 80% of the time.

KPI: IDEA evaluations reflect the perceived support of desired student learning outcomes 70% of the time.

KPI: Clinical evaluations reflect achievement of student learning outcomes at 80% accuracy.

KPI: Preceptor evaluations by students and faculty reflect satisfaction with the experience 80% of the time.

KPI: Student grading and evaluation policies and procedures are outlined in the course syllabus and applied 100% of the time.

KPI: Faculty will score "similar" or higher on the "Summary Evaluation average of A&D" when compared with the nursing group as reported in the IDEA survey using the adjusted score.

Goal Name: Program Effectiveness Data (CCNE Standard IV)

Goal Description: Program effectiveness is demonstrated in the areas of student outcomes, faculty outcomes and other outcomes.

Related Items:

Performance Indicators:

1. Master Program Evaluation Plan (MPEP) is in place and data collection is ongoing.

KPI: The MPEP is revised to reflect changes in accreditation standards.

2. Records of all formal complaints are reviewed and analyzed.
KPI: Formal complaints are reviewed as outlined in the appeals and grievance policies.
3. Program effectiveness is demonstrated based on student outcomes: graduation rates, NCLEX pass rates, employment rates and student satisfaction.
KPI: On time completion rate (graduation within 36 months of admission to the nursing program) will be 70%.
KPI: 60% of students taking a standardized specialty exam will achieve at least the baseline score of proficient (level 2) on their best attempt.
KPI: At the time of graduation, 60% of students taking a standardized exit exam will achieve a baseline score of national BSN mean on their last attempt.
KPI: 80% of employers surveyed will rate SHSU graduates as prepared or higher in all student learning outcomes.
KPI: In the Senior Exit Survey, 70% of students will indicate they have been offered a nursing position.
KPI: In the Senior Exit Survey, 80% of students will rate themselves as prepared or higher on all 10 SLOs.
KPI: In the Senior Exit Survey, 80% of students will rate the overall program as satisfactory or above.
KPI: In the Senior Exit Survey, 80% of students will rate they are satisfied or above that clinical assignments allowed them to apply theories learned in the program.
KPI: In the Senior Exit Survey, 80% of students will rate that they are satisfied or above that simulations assisted them to become competent in the clinical setting.
KPI: 80% of alumni surveyed 6-12 months after graduation will rate the quality of the program as satisfactory or higher.
4. Faculty outcomes, individually and aggregate, demonstrate program effectiveness.
KPI: 80% of tenure/tenure-track faculty will show evidence of scholarship activities toward tenure and rank promotion each year.
KPI: 100% of tenure/tenure track faculty will demonstrate adequate performance on the annual DPTAC review.
KPI: 80% of faculty will demonstrate evidence of service activities that support the mission of the SON, COHS, university and profession each year on the FES.



Sam Houston State University

A Member of the Texas State University System

COLLEGE OF HEALTH SCIENCES

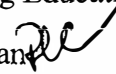
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Date: November 22, 2016
To: Commission on Collegiate Nursing Education
From: Dr. Rhonda Callaway, Interim Dean 
College of Health Sciences
Subject: Director of Nursing authority

At Sam Houston State University, the School of Nursing is housed in the College of Health Sciences. The college has three additional departments: Family and Consumer Sciences, Kinesiology, and Population Health. While these three departments are led by a chairperson, the School of Nursing's chair has the title of Director of Nursing. The director and chair have equivalent authority within their respective units and represents each unit in the leadership meetings in the College of Health Sciences.