Name of Academic Program and School- Bachelor of Science in Nursing, College of Engineering, Education and Professional Studies (CEEPS)

Plan Developed By: Undergraduate Nursing Faculty for implementation fall 2013

Primary Contact: Dr. Donna Wofford

Mission of Department and How It Relates to the University:

The department mission is consistent with the university and CEEPS. The university mission is to "offer . . . a limited number of graduate programs that meet regional and broad societal needs… and is committed to excellence, setting the standard for regional comprehensive universities in teaching, research and service by providing leadership and access for its region while maintaining its commitment to diversity."

The mission of CEEPS is to "offer a career-oriented education that efficiently and effectively prepares students to excel as professionals."

Mission/Philosophy Statement
Department of Nursing (DON) faculty developed the mission, philosophy, organizing framework and expected student learning outcomes March 18, 2011 and revised them on February 26, 2014. The Colorado State University-Pueblo Department of Nursing shares the mission and philosophy of the University, which focuses on education, scholarly activity and service. The mission of the DON is: *to prepare graduates for professional positions as safe, competent and caring nurses to meet the healthcare needs of diverse populations.*

The department's philosophy is dedicated to the pursuit of higher learning grounded in the arts, sciences and humanities. Caring is considered the central concept of the nursing curriculum. The nursing faculty of CSU-Pueblo is committed to modeling caring behavior to students on the belief that when students experience caring, they learn to care for others. Caring has been defined as the "essence of nursing" (Leininger, 1988), a process, and a behavior that can be taught and learned. Caring requires the "offering of self" (Scotto, 2003); intellectually, physically, psychologically and spiritually.

Nursing is the synthesis of science and art, which addresses health promotion and maintenance across the lifespan and fosters the development of the nurse's professional identity, integrity, and leadership. The practice of patient-centered care includes respect for individual dignity and consideration of cultural and ethical beliefs and values. The nurse advocates for patients and families in ways that promote mutual respect and self-management. Nursing care is provided in collaboration with the patient, the family and members of the health care team. The nurse displays a spirit of inquiry by examining evidence to improve quality of care, promote safety and improve patient outcomes. Nursing judgment is integral to making competent decisions related to the

provision of safe and effective nursing care. Effective communication skills using both technological and human means is essential to nursing care.

Education is an interactive experiential process that occurs between teacher, learner and the environment with an emphasis on student centered learning. A variety of educational experiences is essential and allows the learner to integrate knowledge, skills and attitudes. The faculty is responsible for facilitating, maintaining and evaluating the learning process.   Learners are expected to be self-directed, active inquirers, responsible for their own learning and evaluation of educational experiences. Learners move from relative dependence to greater independence in preparation for assuming the professional role and promoting growth as a life-long learner.

Organizing Framework

The faculty ascribes to the core competencies for nursing and nursing education identified by the Institute of Medicine (IOM) and the Quality and Safety Education for Nurses (QSEN) project. QSEN competencies provide the organizing framework for the expected student outcomes and the curriculum. The undergraduate nursing program and student outcomes are congruent with the American Association of Colleges of Nursing's (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008).

Undergraduate Student Learning Outcomes

SLOs relate to the mission and flow through the organizing framework. They are based on the national competencies for professional nursing practice. Through a consultant-led process, six key elements were identified for evaluation in 2013-2014 from the four SLOs (listed in the following table).

SLOs and Key Elements to be Assessed	
SLOs	**Component to be Evaluated**
1. Demonstrate caring through *advocacy for patients* by providing compassionate care based on respect for patient's preferences, values and needs	Patient Advocacy
2. *Collaborate* effectively within the health care team fostering open communication, mutual respect and share decision-making to achieve *safe, quality patient care.*	Collaboration
	Safety and Quality Patient Care
3. Use nursing judgment based on *best current evidence* to ensure optimal outcomes for patients and families	Best Current Evidence
4. Demonstrate *professional* identity, integrity and *leadership* as the coordinator of patient care	Professionalism
	Leadership

Program Outcomes

1. Graduate performance on NCLEX-RN will be 80% or higher.

2. Program completion rate for at least 80% of the students will be within 1 1/2 times the program length.
3. 80% of graduates and employers will express satisfaction with the program.
4. 80% of those seeking jobs will be involved in role related professional practice one year post-graduation.

Curriculum:

See BS in Nursing Curriculum Map (attached)

Assessment Methods

Faculty utilize direct and indirect measures of student learning to assess the selected elements. These methods are used for the ongoing systematic program evaluation required by Accreditation Commission for Education in Nursing (ACEN).

1. During simulation on homeless diabetic patient in NSG 420L Caring for Adults II L, 100% of students will score 4 or better on online simulation (5-point Likert-type scale) survey item on 'patient advocacy'. Annually at completion of fall and spring semester, simulation specialist and course instructor will collect and analyze data for presentation to the undergraduate faculty during first faculty meeting in the fall.

2. During clinical performance evaluation in NSG 452L Comprehensive Nursing Practice Lab, 100% of students will be observed by faculty to satisfactorily 'exhibit teamwork and collaboration', 'understand and apply quality improvement methods' and 'promote safety' using the Clinical Performance Evaluation Tool. Annually at completion of the spring and summer semester, clinical faculty will collect data. Undergraduate nursing program coordinator and clinical liaison will analyze and present to the undergraduate faculty during the first faculty meeting in the fall.

3. During exams in NSG 351 Evidence-Based Nursing Practice, 80% of students will correctly answer items about PICOT process. Annually at completion of the spring semester, the course instructor will collect and analyze data for presentation at the first undergraduate faculty meeting in the fall.

4. During clinical performance evaluation in NSG 452L Comprehensive Nursing Practice Lab, 100% of students will be scored 4 or better on *Primary Nurse Evaluation of Student* Tool (5-point Likert-type scale) items addressing professionalism and leadership. Annually at completion of the spring and summer semester, the clinical faculty collect the tools and submit to the clinical liaison. The undergraduate nursing program coordinator and the clinical liaison will analyze data for presentation at the first undergraduate faculty meeting in the fall.

Students are provided with opportunities to be involved in the assessment process through participation in course evaluations, Curriculum and Evaluation Committee, undergraduate and general faculty meeting and informal sharing of ideas.

Assessment Results:

Undergraduate faculty will analyze and interpret data at the first fall undergraduate faculty meeting. Results/recommendations will be reported to the nursing department at the first spring general faculty meeting or sooner if needed. Students have opportunity to participate in the various committees/meetings. Results are used to help the department to achieve program outcomes related to passing certification exams and employability. Faculty meet every other week to discuss best practice and reevaluate assessment methods. As needs are identified, action is taken to implement with best practice based on national competencies. Results are disseminated to the advisory board twice each year, annual university assessment report, students through written notification of policy changes via handbook, blackboard posting and/or emails.

Students are informed about their progress toward SLOs via course grades, pre-licensing exams, and clinical evaluations.

Continuous Processes:

Data will be collected on all SLOs each year and included in the assessment report as indicated on the following schedule/cycle:

SLO 1 & 2 reported in 2013 (odd years)

SLO 3 & 4 reported in 2014 (even years)

The associate dean, the undergraduate faculty and the DON curriculum and evaluation committee are responsible for monitoring the ongoing systematic program evaluation and improvement process and for ensuring that the results from each year provide the springboard for the following year's action plans. In order to ensure ongoing assessment process, the associate dean maintains a Systematic Evaluation Plan Annual Calendar which indicates when and how data will be collected, reviewed and reported.

References

American Association of Colleges of Nursing's (AACN) *Essentials of Master's Education for Advanced Practice Nursing* (2013). Retrieved from http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf

Institute of Medicine (2003). *Health professions education: A bridge to quality*. Washington, DC: The National Academies Press.

Leininger, M. (1988). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly, 1*(4), 152-160. doi: 10.1177/089431848800100408

National League for Nursing Core Competencies of Nurse Educators with Task Statements (2005). Retrieved from www.nln.org/profdev/corecompetencies.pdf

National Organization of Nurse Practitioner Faculty Competencies retrieved from http://www.nonpf.org/general/custom.asp?page=14

Quality and Safety Education for Nurses (2010). *QSEN competencies definitions.* Retrieved from http://www.qsen.org/

Scotto, C.J. (2003). A new view of caring. *Journal of Nursing Education*, *42*, 289-291.

BS in Nursing Curriculum Map

	Courses	Demonstrate caring through advocacy for patients by providing compassionate care based on respect for patients' preferences, values, needs		Collaborate effectively with the health care team to achieve safe, quality patient care.		Use nursing judgment based on best current evidence to insure optimal outcomes for patients and families		Demonstrate professional identity, integrity and leadership as the coordinator of patient care.		Level of Expertise (Adapted Benner) & Teaching/Learning Strategies
		Student Learning Outcomes								
		Progress	Strategies	Progress	Strategies	Progress	Strategies	Progress	Strategies	
Year 1- Spring only Sophomore	NSG231 Professional Nursing/Intro	N	DS, EX, CS, PA, J			N	DS	N	DS, CS, PA, J	**Level of Expertise (Progress)** Novice (N) = Beginner
	NSG 232/L Fundamentals	N	D, Sim, CS, DS, J, EV	N	D, DS , J, EV, EX	N	D, Sim	N	D, DS, EV, EX, J,	Advanced Beginner (AB) = Perform with guidance
Year 2 Fall/Spring Junior	NSG302/L Health Promotion/Assessment	N	D, DS, EX, EV			N	D, CS			Competent (C) = Aware of long-term goals and analytical thinking
	NSG 308 Pharmacology	N	DS, EX, PR, CS	N	D, DS, EX, CS, PR	N	DS, PR	N	DS, CS	Proficient (P) = Recognize, plan
	NSG 331 Health Aging	AB	DS, EX, CS	N	DS, EX,PR, CS	N	DS, EX, PR, CS	N	DS, EX, PR, CS	
	NSG 371 Informatics	N	EX, CS, PR, PA	C	DS, PA, EX, PJ	C	DS, PA, EX, PJ	AB	DS, PJ, PA	**Teaching/Learning Strategies:** D=Demonstration
	NSG 351 Evidence Based Practice	N	DS, EX, CS, PR, PA	AB	DS, EX, PJ	C	DS, EX, PJ	AB	DS, PJ	Sim= Simulation DS= Discussion
	NSG 312/L Childbearing	AB	DS, EX, CS, PA, EV, PR	AB	EX, DS, CS, EV	AB	D, DS, CS, EV	AB	D, DS, CS, EV, J	EX= Exam CS= Case Study
	NSG 322/L Adult I	AB	D, Sim, DS, EX, CS, PA, J, EV	AB	DS, EV, EX, J, Sim	AB	DS, EV, EX, J, Sim	AB	DS, EV, EX, J, Sim	PR=Presentation PA= Paper
	NSG332/L Children/Family	AB	D, Sim, DS, EX, CS, J, EV	AB	Sim, J, EV, DS, D	AB	Sim, J, PJ, EV, DS, D	AB	Sim, J, EV, DS, D	J= Journal PJ = Project
	NSG382/L Behavioral Health	AB	D, DS, EX, CS, PR, PA, J, EV	AB	CS, DM, DS, PA, PR, Sim	C	CS, D, DM, DS, EX, PA, PR, Sim	AB	D, DS, PA, PR, Sim	EV= Eval forms
Year 3 Fall/Spring Senior	NSG 420/L Adult II	C	D, Sim, DS, EX, CS, J, EV	AB/C	D, DS, CS, Sim,	AB/C	CS, D, DS, Sim	AB/C	CS, D, DS, Sim	
	NSG442/L Public Health	C	DS, EX, PR, PA, PJ, EV	C	DS, EX, PR, PJ, EV	C	DS, EX, PJ	C	DS, PJ	
	NSG 451 Leadership/Issues	C	DS, EX, PR	C	DS, EX, PR	C	DS,EX, PR	C	DS, EX, PR	
	NSG 452/L Comprehensive	P	Sim, DS, EX, CS, J, EV	C/P	DS, EX, J, PA, PR, Sim	C/P	DS, EX, J, PA, PR, Sim	C/P	DS, EX, J, PA, PR, Sim	