

Standard I

Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

I-A. The mission, goals, and expected program outcomes are:

- **congruent with those of the parent institution; and**
- **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:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of MN Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 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:

Congruence of University and College of Nursing (CON) Mission and Goals

Washington State University's (WSU) mission is to advance knowledge through research and scholarship, extend knowledge through innovative educational programs, and apply knowledge through local and global engagement. The mission statement of the college, which is inclusive of all programs offered, states "The Washington State University College of Nursing delivers excellent academic programs and engages in research and service in partnership with educational institutions and community stakeholders. Nursing and interprofessional education are delivered locally and globally to advance

nursing science, education, and practice to enhance health and quality of life. The college functions as an integrated multi-campus system. Working across campuses, educational, research, and service initiatives strengthen the assets of each campus as well as the college as a whole.” The college contributes to and aligns with the University’s mission and vision through its state-wide focus, high quality innovative programs and increasing contributions in the area of research. The college’s strategic plan (Appendix I-A.1) contains the mission, vision, values and goals of the college.

The WSU strategic plan (2008-2013) sets a vision for the future and provides guidance for university decisions. A review and revision of this plan is currently in progress. From 2011 to 2012, the college’s strategic plan – including the mission, vision, values, goals, and supporting activities – underwent a college-wide comprehensive review and revision. The revised 2012-2016 strategic plan was presented and ratified at the college’s all faculty and staff meeting in November 2012 (Exhibit I-A.1 - Minutes).

The [WSU strategic plan](#) and [the college strategic plan](#) are complementary to each other and reflective of the University’s commitments to academic excellence, high research activity and dissemination, and strong community engagement (Appendix I-A.2). The University and college plans both speak to a commitment to excellence and the roles of the institutions in leading change. The college fully endorses and incorporates the University’s stated values of quality and excellence, integrity, trust and respect, discovery, innovation and creativity, land-grant ideals, diversity and global citizenship, freedom of expression, and stewardship and accountability. In addition, the college’s values include altruism, caring, social justice, and a commitment to maximizing human potential as critical elements to professional nursing and health care.

Congruence of Student Learning Outcomes with Mission and Goals

[WSU’s syllabus template](#) mandates the inclusion of student learning objectives, which clearly and succinctly describe expectations of student knowledge and skills gained by the conclusion of the course, as well as the learning approaches used in the course. In the college, student outcomes are defined as “student learning outcomes” at the course level and as “program outcomes” upon a student’s graduation. This is in congruence with WSU assessment language.

All undergraduate syllabi incorporate a table depicting the connection of the course student learning outcomes to the WSU Seven Goals of the Baccalaureate (Big 7), AACN Essentials of Baccalaureate Nursing Education, college program outcomes, and assessment measures for student learning. Currently, there are no comparable goals at the University level for graduate programs; however, graduate (and undergraduate) syllabi are required to have a course map, depicting student learning outcomes, program outcomes, and demonstration of student learning (assignments, presentations, etc.). The WSU Graduate School has indicated that the issue of specific goals will be addressed after the new WSU strategic plan (2014-2019) is finalized. Syllabi formats for both undergraduate and graduate programs are in Appendix III-A.5. A list of all program outcomes may be found on the college’s website. All current course syllabi are available in the Resource Room.

Congruence of Student Learning Outcomes with Professional Standards and Guidelines

Three tables demonstrating the connections between the college’s programs (Pre-licensure BSN/RN-BSN, MN/post-MN certificates, and DNP), with the appropriate WSU Learning Goals, AACN Essentials, and professional standards and guidelines, are in Appendix I-A.3-5. The two baccalaureate degree programs (pre-licensure and RN-BSN) share the same program outcomes. In addition, the MN program and post-MN certificate programs share the same overall program outcomes. Additional track specific student learning outcomes can be found in the Graduate Student Handbook, [Section II](#).

Nursing program development and student outcomes were developed based upon, and in response to, the following professional nursing standards and guidelines:

Standards:

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008 [link](#)]
- The Essentials of MN Education in Nursing (AACN, 2011 [link](#))
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006 [link](#))
- Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education (NTF), 2012 [link](#)), hereafter referred to as 2012 NTF Criteria.
- The Psychiatric Mental Health Nurse Practitioner Competencies (National Panel for Psychiatric Mental Health NP Competencies 2003 [link](#))
- Quad Council Competencies for Public Health Nurses (2011 [link](#))

Guidelines:

- ANA Nursing Scope and Standards of Practice, Second Edition (2010) (Available in the Resource Room;
- AACN Scope and Standards for Acute and Critical Care Nursing Practice (2008) [link](#)
- AACN Core Competencies for Interprofessional Collaborative Practice (2011) [link](#).
- The Consensus Model for APRN: Licensure, Accreditation, Certification & Education (2008, [link](#)).
- Nurse Practitioner Core Competencies (NONPF, 2012, [link](#), hereafter referred to as 2012 NONPF Core Competencies)
- Population-Focused Nurse Practitioner Competencies (2013) [link](#), hereafter referred to as 2013 NONPF Population-Focused NP Competencies
- Association of Community Health Nursing Educators (ACHNE) ([Link](#))

These essentials and guidelines are available in the Resource Room.

In summary, the college has met this key element by ensuring that the college's mission, goals, and expected program outcomes align with Washington State University, through careful analysis and revision of the college's strategic plan in 2012. Each program at the college utilizes the AACN Essentials (and the 2012 NONPF Core Competencies and 2013 NONPF Population-Focused NP Competencies for NP programs) as bedrock documents when engaging in curricular development or revision at all levels. In addition, other key documents, as specified earlier in this section, guide the programs in providing nursing education that is of the highest quality and has the greatest relevance to the health needs of society. Mapping at the course and program levels clearly connects student learning outcomes, the specified term in use at WSU, to these key documents.

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

- **professional nursing standards and guidelines; and**
- **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:

During the 2012-13 academic year, program directors/assistant dean and faculty members reviewed and examined the documents listed in Key Element I-A during the course review and revision process. During that time period, with assistance from the college's Office of Information Management (OIM),

faculty members in each program reviewed, modified, and enhanced course content to assure that the pertinent essentials and related guidelines were reflected (Exhibit I-B.1 – Faculty Meeting Minutes, Course Content Discussions). At the institutional level, WSU facilitates the development and sharing of student learning outcomes through training and resources, such as the “[Student Learning Outcomes: Good Practices](#)” document, which was developed and updated spring of 2013 by the Office of Assessment of Teaching and Learning; and the [WSU Syllabus Checklist for Undergraduate and Graduate Courses](#), approved August 12, 2013.

The 2012 NONPF Core Competencies and 2013 NONPF [Population-Focused NP Competencies](#) were reviewed by faculty and were incorporated into the current curriculum for the MN nurse practitioner, DNP-FNP and DNP-PMHNP tracks and will be reflected in curricular changes now being planned in the DNP-FNP and DNP-MNHNP tracks. The [Quad Council Competencies for Public Health Nurses](#) (2011) were utilized to inform the curricular review of the MN, post-MN certificate, and the DNP programs in advanced population health. Evidence of these processes are labeled and flagged in the faculty retreat meeting minutes (Exhibit I-B.2 – Faculty Course Group Retreat Minutes, Curricular Discussions).

The Systematic Evaluation of Program Components (SEPC) (Appendix I-B.1) was developed in 1995 and has been revised every two to three years. The most recent revision of the plan was approved by the Dean’s Council on September 25, 2013. The SEPC is the framework for the college’s program evaluation process and outlines the plan for periodic review (e.g., annual program evaluations). It also indicates the individual or group responsible for initiating, conducting, and reporting the results. The college’s Outcomes Monitoring Committee oversees the plan. Members of this committee work to identify and apply assessment tools for gathering data, analyze the data from formative and summative evaluations, and develop recommendations for college committees and the faculty on matters pertaining to instructional program outcomes (Exhibit I-B.3 – Outcomes Monitoring Committee [Responsibilities](#)).

College faculty members are updated routinely on evaluation findings and work collaboratively to develop plans to address outcomes through membership on committees, clinical specialty groups, and program-level groups (junior or senior undergraduate, RN-BSN, or graduate). For example, a declining trend for NCLEX pass rates over the last four years raised concern among administrators and faculty (NCLEX-RN pass rates: 2008, 85%; 2009, 86%; 2010, 89%; 2011, 89%; 2012, 89%; 2013, the first three quarters, 81%). The pre-licensure BSN program leaders and the Undergraduate Curriculum Committee requested that faculty groups develop strategies to address this issue. The NCLEX Task Force, formed in the spring of 2012, led a year-long data-driven study to identify student attributes associated with NCLEX failure. Based on statistical analysis of the data, the task force identified courses and student characteristics associated with NCLEX failure.

The NCLEX Task Force findings and recommendations (2012) (Appendix IV-H), combined with analysis from the Admissions and Progression Summer Task Force (2012) (Appendix I-B.2), were used to develop recommendations for action in three areas. These policy changes are expected to enable the college to continue to meet the professional standard of NCLEX pass rate at the identified CCNE benchmark level.

- 1) Admissions: Require applicants to the pre-licensure program to take the Test of Essential Academic Skills (TEAS). Effective January 2014, students must earn a minimum score of “proficient” (58.7%) or higher.
- 2) Progression: Require students to take the Advanced Training Institute (ATI) medical surgical standardized test at the conclusion of the NURS 324 (Nursing Concepts in Acute and Chronic Illness in Adults) course at the end of the Junior 2 (J2) semester.
- 3) Pre-graduation: Require students to take the ATI RN predictor before beginning the NURS 430 Senior Practicum course.

In July 2012 and June 2013, the college made organizational changes to improve and refine the college's periodic review process. To assure the consistent implementation and documentation of the Systematic Evaluation of Program Components (SEPC), the college funded the creation of the Office of Information Management (OIM) to provide support for the collection, summary, and review of program and student learning outcomes data. Faculty in the undergraduate and graduate programs reviewed and revised program outcomes during AY 2012-13 to ensure consistency with appropriate standards and guidelines. Curriculum and course faculty group minutes detailing these processes are available in the Resource Room. For each program under review, the program outcomes are clearly linked to the appropriate Essentials (Appendix I-A.3-5).

Working with the program directors/assistant dean and faculty, the OIM developed new metrics-focused evaluation plans for each program (Appendix IV-A.1-4). The program evaluation plans define the responsibilities for data collection, analysis, and reporting. Every academic calendar year, each academic program has an Evaluation Report generated that summarizes aggregate data about program effectiveness, including program completion rates, NCLEX and certification pass rates, student/graduate satisfaction measures and employment data (Appendix IV-A.1-4). Each indicator has a set minimum target. If data fall below this target, it triggers an immediate review of the data and materials by the affected program's director/assistant dean, in advance of a regularly scheduled review. An example of this indicator trigger is the NCLEX first-time pass rate that CCNE benchmarks at 80% and the college at 90%.

The program evaluation plans are used in conjunction with the SEPC to provide a snapshot of data needed for regular curricular and programmatic decisions. Data summarized in the Evaluation Plans are shared with faculty and stored in the college's intranet (called CougNurse Net).

Curriculum mapping is a continuous process led by the program directors/assistant dean in collaboration with the Undergraduate Curriculum Committee and Graduate Curriculum and Progression Committee (Appendix III-A.1-4). The OIM provides assistance on this effort to the program directors/assistant dean, the Graduate Curriculum and Progression Committee, and the Undergraduate Curriculum Committee. As part of comprehensive curricular mapping, faculty members also examine the professional standards from various professional associations – such as the National Organization of Nurse Practitioner Faculties (NONPF) and the Association of Community Health Nursing Educators (ACHNE) – and the professional standards from the American Nurses Association.

Communities of Interest

Communities of interest are included in the assessment and review of findings, and the college is committed to responding to their needs and expectations. These include the Washington State Nursing Care Quality Assurance Commission (NCQAC) and other professional associations, WSU, clients/patients, potential students, current students, alumni, and community partners/potential employers of the college's graduates. Examples of responses to communities of interests' needs and expectations can be found in Exhibit I-B.4. These groups provide input to teaching-learning practices and expected student outcomes through preceptor feedback/mentor feedback, course evaluations, informal conversations, email, focus groups, written communications, telephone contacts, advisory committee feedback, and surveys. An open invitation to send comments about CCNE accreditation of the college was sent to various communities of interest on November 27, 2013 ([link](#)).

Input from the communities of interest are reflected in the mission, goals, and expected student outcomes. Input helps the college assess the performance and preparedness of its students, and it informs curricular improvement to ensure programs and graduates meet the needs of the various communities.

Clinical Practice Advisory Board/Employers

Employers of the college's graduates and regional nursing executives constitute a major community of interest. The college receives input from the Spokane group at quarterly meetings of the Clinical Practice Advisory Board, made up of local nurse executives and leaders in the health care agencies (Exhibit I-B.5 Minutes; Exhibit I-B.6 - Statement of Function). Similar advisory bi-annual meetings are held at the college's Vancouver and Tri-Cities campuses and Yakima site. Community partners and employers share their employment trends, forecast future needs and opportunities, and inform the college of changes in the health care community. Feedback collected during faculty clinical site visits is also used for quality improvement.

For example, the Yakima branch of the college has always had strong community support. Nearly 80% of the graduates in this area have continued to work in the Yakima Valley, providing the region with much-needed nursing care. In recent years, Yakima-based hospitals and nursing executives have emphasized the importance of student scholarships. Community partnerships with clinical agencies remain strong in the Yakima Valley, in congruence with the WSU mission to provide accessible, professional education.

Clinical Placement Consortia

Input from these consortia informs activities of the college in a number of ways. For example, in the past, community partners began to express that it was increasingly challenging to provide clinical experiences for students because of the state's growing number of nursing programs. In 2008, in response to this concern, the college and other founding members created the Inland Northwest Clinical Placement Consortium (INPCP) (see binder in Resource Room). This organization was formed to develop better approaches for negotiating nursing student clinical placements with hospitals. The INPCP goals are to 1) clarify and streamline on-boarding activities for students; 2) develop and implement a common [student clinical passport](#) for immunizations, background checks, and other required tests; and 3) enhance communication among nursing education programs and health care agencies.

The INPCP is one of three consortia in Washington state that together form the [Clinical Placements Northwest Collaborative](#), a member group of 33 nursing programs and 34 hospitals with a shared commitment to enhancing the quality of nursing education, thereby improving the delivery of health care in the Pacific Northwest. The INPCP is a prime example of how education and health care organizations collaborate to develop systems that facilitate clinical placement, streamline procedures, and share best practices. WSU nursing faculty members continue to participate in the collaborative meetings and subcommittees for the website and module development. Faculty and students at the Vancouver campus participate in StudentMAX, a similar consortium, which includes the Portland/southwest Washington area educational institutions and health care facilities. The first of these consortia in the state, StudentMax streamlines clinical placements throughout the greater Portland area, expedites a common clinical passport for students, and provides a network for enhancing communication among participating nursing schools and health care agencies in this geographic region.

Regulatory/Professional Communities of Interest

Another key community of interest is the [Washington State Nursing Quality Assurance Commission](#) (NCQAC), the state regulatory agency. The college expects to meet or exceed NCQAC standards, as evidenced by successful site visits conducted by the commission in conjunction with prior CCNE accreditation visits. The [Washington State Nurses Association](#) (WSNA), the [Washington Center for Nursing](#) (WCN), and the [Council for Nursing Education in Washington State](#) (CNEWS) are other communities of interest. These professional organizations provide networking, support evidenced-based practice, and lead the nursing profession in the state.

Washington State University

WSU is a community of interest. The college dean and associate deans are active members of various administrative councils and committees of the University. In addition, faculty members in Vancouver, Tri-Cities, Yakima, and Spokane participate in leadership activities and campus committees and task forces. As an example of this leadership, nursing faculty members, Dr. Celestina Barbosa-Leiker (Spokane) and Dr. Dawn Doutrich (Vancouver), represent the college in the newly launched WSU Strategic Plan Revision Committee.

A yearly undergraduate Assessment of Teaching and Learning (ATL) report is submitted to the ATL Office in WSU/Pullman for the undergraduate nursing program. A similar process is done for the graduate programs. Undergraduate program directors/assistant dean use ATL feedback on the report to make necessary changes to the curriculum (Appendix IV-A.7). Annual reports to the WSU Graduate School on the MN and DNP programs are found in Appendix IV-A.6.

Feedback from WSU chancellors at the campuses in Vancouver and Tri-Cities has informed intercampus operations and expectations, and the development of a college Operational Planning Model (Exhibit I-B.7). An example of this information exchange is the annual intercampus planning meeting, with the inaugural meeting held June 24, 2013 at the Tri-Cities campus (Exhibit I-B.8 – Minutes). Participants included the dean, associate/assistant deans, program directors, track coordinators, directors of finance and administrative services, campus directors, and campus chancellors and provosts. Further information on this planning process is discussed in Standard II-A, under the header “Budget, Structure, Function and Operations”.

Potential and Current Students

Current students comprise an important community of interest. Faculty course groups meet throughout the academic year to share and discuss student feedback on assignments, experiences, and the learning environment (Exhibit I-B.9 – Course Group Meetings Minutes with Student Feedback Flagged). To understand students’ perspectives and educational outcomes, the college participates fully in all expectations and efforts to advance the University, such as the yearly ATL and graduate school reports mentioned above.

The college also receives student feedback through student participation in college committees (Exhibit I-B.10 – Students on College Committees Minutes, Student Participation Flagged), individual discussions with staff, faculty, or administrators; campus student organizations; and online course evaluations. The Student Ambassador program involves a group of outstanding pre-licensure BSN students at the Spokane campus. They represent the college to a variety of constituencies and serve as an additional liaison to the student body as a whole. A description of this group is found in Exhibit I-B.11. In the past, the Student Affairs Committee has provided another avenue for student input (it is currently on hiatus; for prior meeting minutes for this committee see Exhibit I-B.12). Student feedback is also received from WSU student association meetings. This feedback is subsequently reviewed by the pre-licensure program director. Graduating students in the pre-licensure bachelor’s and graduate programs complete an AACN/Educational Benchmarking Inventory (EBI) exit survey prior to graduation (Exhibit I-B.13 - Exit Survey Forms); the graduates in the RN-BSN program complete a short in-house exit survey (Exhibit I-B.14).

Student feedback also helped to enhance the pre-licensure Senior Practicum Course (NURS 430). Based on previous years’ student comments, faculty implemented new learning activities and course content that focused on better preparing students for the Senior Practicum Course. (Exhibit I-B.15 – UCC Minutes Flagged with NURS 430 Discussions).

Potential students are a community of interest for the college. For example, as part of the pre-licensure applicant interview process, each applicant is able to ask questions of faculty members on the interview panel. Their questions provide insight into how well the college is communicating with potential

students. This information is useful for the college's communications director, program directors/assistant dean, and pre-nursing advisors. Additionally, course administrative assistants, who field questions from prospective students for all programs via email or phone call, also provide valuable input on the college's outreach to potential students. This information/feedback from students is gathered informally and readily shared with faculty and administrators.

Clients and Patients

Clients and patients are considered a community of interest because society requires competent nurses able to address health-related needs. Patients and their families often offer feedback about the caring, compassionate, clinically competent students who cared for them. Students practice providing safe care during mandatory clinical practice time in the practice laboratory and through required clinical simulation experiences. The college occasionally receives thank-you messages for care provided by students. For example, the owner of a local bagel shop shared that he was grateful that two community health students were in his establishment when one of his workers had a health event that required emergency intervention.

Alumni of the College

Alumni are another important community of interest. The college's alumni are a strong voice for the college, and they want to ensure their college continues to prepare excellent nurses. To solicit this feedback, the college has sent the AACN/EBI Alumni Survey to alumni of undergraduate and graduate programs one year and five years after graduation (Exhibit I-B.16 – EBI Alumni Survey Forms). In June 2013, in an effort to increase feedback from alumni, the college worked with the [WSU Social Economics Science Research Center](#) (SESRC) to create a one-time survey (Exhibit I-B.17) that was emailed to alumni of all programs at one, three, and five years post-graduation. The college's Office of Information Management (OIM) will analyze and disseminate the findings from alumni surveys to the Undergraduate Curriculum Committee (UCC), the Graduate Curriculum and Progression Committee (GCPC), and the Outcomes Monitoring Committee for review and action, as specified in the SEPC (Appendix I-B.1). These reviews may result in input for the college's strategic plan and specific improvements to program curriculum.

In summary, the college has met this key element with a defined plan that systematically evaluates each program component on a regular basis, including the areas of structure and governance, resources, student policies, and faculty policies (which include focus areas on faculty appointment, diversity of faculty and faculty productivity, curriculum, and evaluation measures – all specified in the SEPC). Professional nursing standards and guidelines inform the college's decisions and activities at all program levels, from individual courses to program outcomes, to the overall college strategic plan.

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:

As described on [page 77](#) in the Faculty and Staff Manual, the "development and professional advancement of the members of the faculty are important factors for ensuring quality" in the college. Faculty are expected to achieve excellence in the areas of teaching, scholarship, service, and practice. The roles and functions of tenured faculty, tenure-track faculty, clinical-track faculty, instructors, and teaching assistants are included in the [Section I Organization and Governance](#) of the college's Faculty and Staff Manual. The college's Appointment, Promotion and Tenure (APT) Committee develops appointment, promotion, and tenure policies and procedures that are congruent with those of WSU. The

APT committee brings changes to these policies and procedures to the Faculty Organization for endorsement, with the dean making the final decision to adopt the changes. Guidelines regarding appointment and promotion are reviewed and revised periodically. The APT Committee recently reviewed and revised the clinical-track faculty promotion guidelines; this document has been endorsed by the Dean's Council and approved by the dean.

Each year, the updated Faculty and Staff Manual (available on the college's website) is reviewed with all new faculty and staff at orientation. Changes are communicated to the faculty via the Faculty Organization, which meets monthly during the academic year. [Section IX Promotion and Tenure](#) includes the expectations for tenure-track and clinical-track faculty.

The faculty outcomes for teaching, research/scholarship, and service are congruent with WSU expectations as outlined in the WSU Faculty Manual. In the event of conflicts or inconsistencies, the college Faculty and Staff Manual clearly states that the [WSU Faculty Manual](#) takes precedence.

In summary, the college has met this key element by clearly identifying and communicating expected outcomes in the Faculty and Staff Manual, which is reviewed and updated annually by committees and programs. This manual includes the strategic plan, policy and procedure statements, the Faculty Organization Bylaws, details about the annual review and promotion/tenure, and numerous other sections relating to the operation of the college. This document is congruent with the WSU Faculty Manual.

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:

The college [organizational chart](#) (Appendix I-D) includes distinct groupings, including the Office of the Dean, Campus Leadership, Research Services, Academic Affairs, Faculty Governance, and Administrative Services.

The dean is responsible for the overall administration of the college. She holds the same appointment as other WSU deans and reports to the provost of WSU. The Office of the Dean includes the director of professional development, the director of development, the communications director, the Native American health sciences director, and the assistant to the dean.

Campus leadership consists of a designated leader for each of the Spokane, Vancouver, Tri-Cities, and Yakima sites. Campus directors report directly to the dean, with the Vancouver and Tri-Cities directors also reporting to the Vice-Chancellor for Academic Affairs at their respective campuses.

Research Services coordinates research and scholarly efforts of the faculty and college. Program directors direct initiatives and operations within their respective programs. The associate dean for academic affairs is responsible for academic excellence and congruence with AACN and specialty organization essentials and guidelines. Program directors report to the associate dean for academic affairs. Faculty Governance, including the elected and appointed committees, is central to the college's function. Administrative services facilitate the operations, including physical space, personnel, purchasing, and faculty and student support.

The Dean's Council meets twice a month to provide guidance to the dean on issues and activities related to the entire organization (Exhibit I-D.1 - Sample Agendas). An action document is developed after the meeting and maintained by the assistant to the dean at the dean's office. The statewide

leadership team includes associate deans, academic and campus directors/assistant deans, and

representatives from the faculty, staff, and administrative units.

The Faculty Organization, which is the legislative body of the faculty, meets monthly during the academic year to address issues and make recommendations relating to faculty, students, academic programs, and general welfare of the college. Membership in the Faculty Organization includes faculty from all sites (Faculty Organization Bylaws, [Article 3](#)). The Faculty Organization executive committee includes a chair, chair-elect, and secretary (each elected from the faculty ranks for a one-year term). This committee meets with the dean at the start of the academic year and throughout the year as needed to discuss broadly the anticipated work of the organization and the key issues/challenges facing the organization.

All faculty members, regardless of geographic location, exercise governance responsibilities through the Faculty Organization. Each month, the dean provides updates at the Faculty Organization meetings on topics such as economics and salaries, policies and initiatives, challenges, and plans to address those challenges.

There are nine standing Faculty Organization committees, as specified in the Faculty Organization Bylaws [Article VII](#), and include:

- Appointment, Promotion, and Tenure Committee
- Executive Committee
- Graduate Curriculum and Progression Committee (one or more student members); MN and DNP programs are represented
- Graduate Recruitment and Admissions Committee (one or more student members) MN and DNP programs are represented
- Nominating Committee
- Outcomes Monitoring Committee
- Research Committee (one or more students members)
- Undergraduate Admissions and Progression Committee (one or more students members); the pre-licensure and RN-BSN programs are represented
- Undergraduate Curriculum Committee (one or more student members); the pre-licensure and RN-BSN programs are represented

Within Article VII, each committee's membership and criteria is specified. For example, the membership of the Undergraduate Curriculum Committee has the following membership criteria:

1. Faculty
 - a. Five (5) faculty.
 - b. Two (2) of the faculty members must be tenured.
 - c. One (1) faculty member must be from a campus other than Spokane and one (1) faculty member must be involved with the RN-BSN program of study.
 - d. One (1) faculty member must be teaching in the pre-licensure program at a clinical agency
 - e. All faculty members must have a minimum of one year teaching experience at the college.
2. Either the Associate Dean for Academic Affairs or Assistant Dean for Undergraduate Programs or designee shall serve as an ex-officio member of the committee with voting privileges (unless already an elected member) and shall coordinate staff support for the committee.
3. Two (2) undergraduate students, one pre-licensure and one RN-BSN.
4. Two (2) members of the health care community interested in the undergraduate curricula of the college.

In addition to the standing committees, there are seven appointed committees: [\(Link\)](#)

- Awards Committee (one or more students members)
- Diversity Committee (one or more students members)
- Faculty Search Committee

- Faculty Staff Social Committee (Spokane)
- Global Perspectives Committee
- Professional Development Advisory Committee
- Scholarship and Stipend Committee

Student participation and input in these committees is essential and encouraged (Exhibit I-B.10). The chair of each committee is responsible for communicating student openings on the committees to the program directors, faculty, and advisors as appropriate. Students are encouraged by advisors and other faculty to seek leadership opportunities that match their goals and expertise. Efforts are made to recruit students from all campus sites.

As an example of student participation, the Undergraduate Admissions and Progression Committee has two undergraduate student members who are full voting members. This committee has had excellent participation of students, who are vocal about asking questions and sharing their perspectives. Some committees have difficulties with consistent participation due to students' busy schedules. This is an important issue as students' perspectives and input are valuable. In recognition of this challenge, the college committees are continuing to work on ways to encourage student participation and contributions, such as surveying both faculty and student members to determine the best meeting schedule for the committee.

The functions, membership, and terms of office for the committees are described in the [Committee Manual](#) (Appointed) and in the [Faculty Organization Bylaws](#) (Standing). The Faculty Organization Bylaws and Committee Manual are available in binders in the Resource Room. Committee members elect chairs of each standing committee annually. Standing committee members hold a two-year term, with the exception of the Outcomes Monitoring Committee, which is comprised of the curricular and admissions/progression committees chair (or chair designee) and the Faculty Organization chair and chair-elect. Therefore, the term of actual service is consistent with the time of elected service to the respective committees. In addition, an assistant or associate dean serves in an ex-officio capacity with voting privileges.

In summary, the college has met this key element by clearly identifying ways in which faculty and students can formally participate in the governance of the college via elected or appointed membership on a variety of standing and appointed committees. Terms of office, criteria for membership, and duties of each committee are specified in the Faculty Organization Bylaws. Through participation in these committees and as members of the Faculty Organization, faculty members are involved in the development, review, and revision of academic program policies.

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:

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/MN 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.”

“The (baccalaureate degree in nursing/MN 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-accrreditation>).”

Program Response:

The college’s communications director oversees the development and review of all college websites, print materials, and other outreach mechanisms to ensure accuracy of information. This communications director works collaboratively with program directors/assistant dean, campus directors, and administration to insure that accurate program information, including degrees and courses offered, accreditation approval status, admission policies and procedures, and degree/certificate completion requirements, are posted and subsequently updated on the [college website](#). For example, faculty and students are alerted of updates through meetings, emails, or newsletters, such as the faculty and staff weekly e-newsletter, [The Beat](#) (Exhibit I-E.1). Information about tuition and fees is listed at WSU’s Office of Financial Aid and Scholarships web page (a link to this information is on the [college website](#)). The [college website](#) includes the [disclosure that WSU College of Nursing undergraduate and graduate academic programs are accredited by the Commission on Collegiate Nursing Education](#). The following statement appears prominently on the website’s home page:

“The baccalaureate degree in nursing and MN degree in nursing at Washington State University College of Nursing are accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”

The [Graduate Student Handbook](#) and [Undergraduate Student Handbook](#) are available on the college website. These publications are reviewed and updated annually. These handbooks are available in binders in the Resource Room.

In 2013, the communications staff developed new academic program brochures and revised the pieces based on feedback received at conferences and from students (see display in Resource Room). The brochures are effective recruitment tools for potential students and faculty, providing an overview of important information for other communities of interest. A comprehensive graduate program marketing plan was drafted in August 2013 by the communications director and is used as a roadmap to recruit applicants throughout the year (Exhibit I-E.2). This plan is updated on an annual basis.

The college provides students with updates on curriculum and campus activities via orientation and student meetings, social media, student newsletters, blast emails, the website, and video displays in the buildings and campuses. The [college website](#) provides links to faculty and staff directories, graduate and undergraduate student manuals, calendars, schedules of events on each campus, and IT and campus resources. Student governance groups at all sites receive updates on events and activities that may affect student life. Undergraduate and graduate students are notified regarding any changes that will affect their program of study via e-newsletter, email, course announcements in class, ANGEL (learning management system), group meetings, telephone contact, and/or written communication as appropriate.

Communication examples include a newsletter for pre-licensure students was developed and distributed spring of 2013 with input from the Student Nurse Leaders (SNL) undergraduate pre-licensure student organization and from pre-licensure students at the Yakima and Tri-Cities sites (Exhibit I-E.3). Future plans include publishing this newsletter at least once per semester. One example of this communication strategy occurred in the spring of 2011, when pre-licensure applicants for fall 2011 admission to the Spokane campus received written notification about the opportunity to participate in the National Council of State Board of Nursing (NCSBN) simulation study. Admitted students learned about the study during the summer through both verbal and written communication. A similar e-newsletter was

instituted for graduate students in 2011, based on MN student feedback from AACN/EBI graduate exit surveys about feeling disconnected from the programs; AACN/EBI scores in this regard have since rebounded in a positive direction. These newsletters are [archived](#) on the college website and distributed monthly by email. Throughout the development of the college's DNP program (initiated in fall 2012), potential applicants were kept informed through regular emails and updates on the [college website](#). The college collected emails from interested students to form a distribution list for these updates.

Pre-licensure undergraduate students learn about the NCLEX registration process in Professional Development IV (NURS 409), taught in the student's final semester. Prospective and current students in the DNP [Family Nurse Practitioner](#) (FNP) and [Psychiatric Mental Health Nurse Practitioner](#) (PMHNP) tracks can learn about certification and licensure opportunities on the college website. Graduate students in the FNP and the PMHNP programs have their APRN role and population focus documented on their transcripts (Exhibit I-E.4 – Sample Transcripts meets the NTF Report Criteria III.C.2).

In summary, the college reviews documents and publications annually for accuracy and updates. Primary sources of information for students include the [college website](#), printed materials, and other communication channels. The college's communications director oversees these methods of communication. Faculty and students are alerted of updates through meetings, emails, or newsletters, such as the faculty and staff weekly e-newsletter. The CCNE accreditation statement is displayed prominently on the [college website](#).

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:

- **fair and equitable;**
- **published and accessible; and**
- **reviewed and revised as necessary to foster program improvement.**

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

Program Response:

The college has clear admission policies found on our website (pre-licensure [BSN](#), [RN-BSN](#), [MN](#), [post-MN certificates](#), and [DNP](#)). Progression, grievance, disability, academic integrity, grading, and testing policies. All policies are available to students through the [Undergraduate Student Handbook](#) and [Graduate Student Handbook](#).

These policies are reviewed and updated regularly, as delineated by the Systematic Evaluation of Program Components (SEPC). Review responsibilities are distributed among several college committees, including the Graduate Curriculum and Progression Committee, the Graduate Recruitment and Admissions Committee, the Undergraduate Admissions and Progression Committee, and the Undergraduate Curriculum Committee. Major changes in policies are also relayed to the Clinical Practice Advisory Boards (Exhibit I-F.1 – Meeting Agendas and Minutes). Policies affecting students are communicated to students at new student orientation, in newsletters, through student organizations, and via student representation on elected and appointed committees of the college. In addition, Section D of the Undergraduate Handbook and Section III of the Graduate Handbook delineates academic policies and procedures. Policy and procedures affecting faculty are found in the Faculty-Staff Manual. Examples include instructional policy/procedure for the academic media services (AMS), general

academic policies, and promotion and tenure. These documents are documented per the SEPC schedule. All policies are implemented consistently system wide across all campuses.

The college's academic policies are congruent with WSU policies and support the mission and goals of the University. For example, the pre-licensure undergraduate nursing program is a [2+2 program](#); freshman and sophomore years are considered pre-nursing, and the final two upper-division years comprise the actual nursing program. A 3.0 GPA is the minimum GPA for admission to the nursing program. This is reflective of the professional nursing standards that depend upon a level of qualification that meets or exceeds that of the University. In contrast, WSU transfer policies consider students for admission with a cumulative GPA of 2.5 or higher. The college adheres to the WSU policies on evaluating and accepting transfer credits toward a student's program of study (Appendix I-F). Undergraduate students meet the [WSU Writing Portfolio](#) requirement (found in the college's Undergraduate Student Handbook) through completion of the following courses: in the pre-licensure BSN program - NURS 309, NURS 315, NURS 415, NURS 426 and in the RN-BSN program - NURS 360 and NURS 400 (fall 2012 and NURS 360 and NURS 477 (Spring 2013). The WSU writing requirements for all undergraduate students are completion of 2 "M" courses (writing in the major) plus a timed writing test, and submission of 3 examples of scholarly writing completed as part of the student's courses (Appendix III-C.1-2).

The Systematic Evaluation of Program Components (SEPC) incorporates regular review of faculty and student policies. The plan includes specifics on frequency of review, the primary entity responsible for review, and a listing of evidence of the review. The elected committees of the Faculty Organization participate in this process, as noted in the next section.

In AY 2012-2013, policies on academic integrity, students with disabilities, testing, and admission were reviewed by the Undergraduate Admissions and Progression (UAP) Committee (Exhibit I-F.2 – Meeting Minutes Flagged). The Graduate Curriculum and Progression Committee (GCPC) continues to monitor graduate school and college rules for consistency, including the number of times students may withdraw from or take incompletes in courses, grading policies, and changes in the grievance procedures (Exhibit I-F.3 - GCPC 2012-2013 Annual Report). Application and admission processes for both undergraduate and graduate programs were reviewed in 2012-2013 (Exhibit I-F.4 – UAP and GRAC Minutes and Annual Reports) and included in the Faculty and Staff Manual. The role of the MN/DNP Advisory Board in the admissions of MN, post-MN certificate, and DNP students was updated in fall 2013 (Exhibit I-F.5 – MN/DNP Advisory Board Minutes).

One outcome of these discussions was the creation of a requirement that all MN, DNP, and PhD students take the GRE Analytic Writing Exam for graduate program entry (Exhibit I-F.6 – Graduate Faculty Meeting Minutes). Scores are not used as admission criteria but will be examined over the 2013-15 academic years in relation to student course progression and outcomes. The writing test results will also help advisors and program directors/assistant dean to better advise students who need writing assistance.

In summary, the college maintains academic policies that are fair, equitable, and easily accessible on the [college website](#) and in the [Undergraduate Student Handbook](#) and [Graduate Student Handbook](#). Revisions of these policies are made in response to the college's ongoing commitment to the most current professional nursing standards and to the education of outstanding nursing leaders of the future. In addition, an evaluation plan reflecting the college's multi-program multi-campus system outlines clear specification of program components.

STANDARD I SUMMARY ANALYSIS AND REFLECTION

STRENGTHS

- WSU college's academic programs are founded on professional nursing standards and guidelines. The college is informed by input received routinely from external audiences, such as Dean's Clinical Practice Advisory Board and by rich data derived from careful analysis of key indicators, such as alumni survey feedback. Communities of interest contribute valuable input that is incorporated into the programs.
- Congruence with the parent institution's mission, vision, and values is a solid bedrock for the college. WSU's goals reflect a strong commitment to innovation, discovery, and creativity, in the context of a transformational educational experience.
- The college keeps faculty and students well informed via timely and effective communication media, strategies, and approaches. Faculty and students are alerted of updates through meetings, emails, or newsletters, such as the faculty and staff weekly e-newsletter.

CONCERNS

- The college has a complex strategy for continuous quality improvement, embodied in the Systematic Evaluation of Program Components (SEPC). Consistent implementation of this plan has faced some challenges. The college is a statewide program with primary locations on three WSU campuses; Spokane, Vancouver, Tri-Cities. Additional sites include Yakima, connected to the Spokane campus, and Walla Walla, connected to the Tri-Cities campus. The campus directors and faculty affiliated with the Tri-Cities and Vancouver campuses have to meet the college's mission, vision, and goals in addition to their respective campus's mission, vision and goals.
- In July 2012, the college's organizational structure was updated. During this transition, there was a period of adjustment as leadership determined roles, responsibilities, and duties.

STRATEGIES FOR CONTINUOUS IMPROVEMENT

- The dean initiated an annual intercampus planning and discussion process, involving the executives and key administrators from all campuses/sites (e.g., campus chancellors and provosts). This process outlined in the Operational Planning Model document, which was written by the dean and endorsed by the statewide Dean's Council. This initiative is intended to strengthen the statewide collaborative leadership connections, clarify expectations, and facilitate informed discussions about the college's needs. The first meeting was held in June 2013 and perceived by campus executives as being successful, effective, and informative.
- The dean holds monthly meetings with campus/site directors and associate dean for academic programs to address campus/site specific or statewide operational issues.
- Dean's Council, which meets twice a month, has added 10-minute program updates (one program per meeting) to keep statewide leaders (including the elected Faculty Organization chair), informed and to provide opportunities for clarification and suggestions.
- The associate dean for academic programs holds monthly joint administrators meetings with academic and campus/site leadership, with the intent of implementing continuous quality improvement through careful analysis of data, development of interventions to improve quality as measured by specific quality indicators, and evaluation of outcomes.

- The Office of Information Management was created in late 2012 to provide high-quality assessment data and analyses to support data-driven decision-making. These data will be used for developing academic initiatives and programmatic changes.

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:

The college has the requisite financial resources to meet its mission, goals, and program outcomes. The budget also supports services that address program assessment, implementation, and evaluation, as well as funding for faculty/staff development and academic-practice partnerships. State funds allocated to the college totaled \$10.49 million (\$12,878/student full-time student (FTS) for FY2014 (July 2013-June 2014). Additional funds from grants/contracts, professional development, and student fees totaled \$4.5 million; together these funds total \$14.95 million. Trend data from 2010 through 2013 reflect a small decrease ($\approx 4.6\%$) in the state funding allocation; this decrease compared favorably with the University as a whole, which experienced a 26% decrease in state funds during this time. Revenue from state- and self-sustaining accounts is listed in Table II-A.1 on the following page.

Like many states, Washington's research universities incurred significant decreases in state support during the economic recession. However, Washington's revenue challenges were greater than many states, due in part to Washington's lack of a state income tax (i.e., 7 of 50 US states collect no state income tax; Washington is one of those states). From 2008 through 2012, WSU's overall state support decreased by \$98.1 million (40%); however, during this time the university, under the leadership of President Elson Floyd, gained a strong statewide reputation for maintaining quality and enhancing efficiency under conditions of austerity. Rather than mandating system-wide cuts, President Floyd worked with WSU's fiscal and academic leaders to transform the University, closing under-subscribed departments and consolidating others. Through this process and in response to statewide workforce needs for high quality nurses, the College of Nursing fared well. Because of the decisions made by the University's administration, the college has been able to not only fund its programs, but also set aside funds for the full implementation of its DNP program. Other funds have been used to develop and/or enhance services commensurate with a top-tier college of nursing; such services include funding the college's newly created Office of Information Management (to enhance data-based decision making), new clinical coordinator positions, and new staff for data-entry and data-query.

Table II-A.1: State- And Self-Sustaining Revenue: 4 Year Trend Data				
Budgets	3 Yrs Prior To Visit 2010-2011	2 Yrs Prior To Visit 2011-2012	Year Prior To Visit 2012-2013	Year of Visit 2013-2014
State Funds – Permanent Budget Level and Temporary Funds				
Personnel:				
Salaries/Wages	6,241,130	6,303,962	6,445,784	6,680,294
Benefits	2,222,546	2,270,465	2,328,212	2,431,756
Operations	276,958	357,768	368,398	368,398
Equipment Renovations	4,320	4,320	4,320	4,320
College Reserve Funding	2,153,344	1,658,706	1,312,692	871,884
Temporary Allocation (Instructors)	100,000	100,000	100,000	100,000
Integrated Undergraduate Funding Model			50,000	39,000
College Prior Year - Carry Forward	1,932,541	2,396,819	3,245,421	3,162,465
Total State Funds	10,998,298	10,695,221	10,609,406	10,495,652
Self-Sustaining Accounts				
Grants & Contracts	6,458,694	5,257,334	3,775,316	4,100,000
Scholarship/Development	266,018	374,348	403,218	380,000
Office of Professional Development	162,320	180,559	167,107	175,000
Fees & Other Revenue	409,016	364,566	395,255	395,000
Total Non-State Funds	7,296,049	6,176,808	4,740,896	5,050,000
Total Funding	18,294,347	16,872,029	15,350,302	15,545,652
Full Time Students (FTSs) Average/Year	844.6	834.7	821.0	815.0
State Funding	10,998,298	10,695,221	10,609,406	10,495,652
Non-State Funds**	6,867,710	5,621,900	4,170,571	4,495,000
All Funds	17,866,008	16,317,121	14,779,977	14,990,652
State investment/FTSs	13,022	12,814	12,923	12,878
Non-State Investment/FTSs	8,132	6,736	5,080	5,515
Full Investment	21,154	19,550	18,003	18,393
** Self-sustaining FTSs investment does not include scholarships or professional development; those funds do not contribute to the college's investment per FTS.				

Budget Structure, Function, and Operations

Somewhat atypically, the college functions under three budgets; 1) a College of Nursing budget (supporting executive, research, and assessment/outcome data system wide as well as staff/faculty in Spokane/Yakima), 2) a Vancouver-based budget, and 3) a Tri-Cities-based budget. WSU's policy addressing the [Operation of Multi-Campus Academic Programs](#) includes details addressing the scope of fiscal authority for deans with programs at WSU's Tri-Cities and Vancouver campuses. The dean of the

college is solely responsible for implementing the College of Nursing budget; this budget originates from WSU's flagship campus in Pullman. In addition to the college budget, the dean works collaboratively with chancellors in Vancouver and Tri-Cities to implement the budget for nursing personnel at those campuses. This arrangement is complex and requires on-going communication and dialog between the dean, chancellors, and provost. In 2011, at the dean's request and with the provost's support, an intercampus planning process was established. This process resulted in the development of an annual calendar and exchange of information regarding admission goals by campus and by program. This process, which is currently being implemented, harmonizes college-wide and campus-specific decisions addressing program capacity, existing faculty capacity (especially for project, thesis, and dissertation committees), hiring plans, and budget allocations. WSU recently implemented new policies aimed at aligning increases in undergraduate enrollment with budget increases, via the integrated undergraduate funding model. As a result, during FY14 growth in undergraduate enrollments will be funded at \$4,000 per AAFTE (Average Annual Full-Time Equivalent) enrollment served in excess of the college baseline (FY11). Enrollments for the past three years for all programs may be found in Appendix II-A.

Fiscal and Physical Resources

The college has resources to adequately provide high-quality education and instructional supports, leading to excellent student and faculty outcomes. The dean and director of administrative services jointly review the budget and resource allocation biannually and as needed in relation to the adequacy and effectiveness of the fiscal and physical resources. Adjustment in resource allocations (e.g., additional staff support for clinical placement, student data coordination, and assessment and evaluation initiatives) is warranted throughout the year to ensure that the college's mission and goals can be attained. Assessment of program, student, and faculty needs also informs the dean's budgetary decisions by provision of program evaluation data (e.g., licensure and certification rates and faculty scholarly productivity).

The Director of Finance and Administrative Services, in consultation with the dean of the College of Nursing (CON), develops, refines and provides oversight for the operational budgets for the CON on an annual basis. The dean, while retaining the ultimate budgetary and fiduciary responsibility for the college, engages the CON leadership team in a collaborative process of identifying needs and balancing priorities. The Dean's Council, comprised of program leaders, campus directors, key staff, and the administrative team (associate and assistant deans), meets on a bimonthly schedule during the year, and routinely has fiscal discussions on the agenda (Exhibit II-A.1 – Notes Located in Dean's Office). In addition, the dean has a regular time on the Faculty Organization's agenda to provide updates on budget and respond to questions from faculty.

Dean Butterfield has emphasized the importance of aligning the college's strategic goals with resource-related decisions. Toward that end, the dean has asked that Dean's Council serve as a forum for programmatic- and resource-related decisions in the college. Dean's Council members are encouraged to bring resource requests to the group for discussion. Requests can then be discussed in the context of all college level programs. For example, a discussion of the need for additional administrative help for the PhD program may evolve into a broader discussion about program administrative support overall (i.e., across all programs). Council members discuss trade-offs between different decisions and the 2nd and 3rd order changes that may occur when a decision in one program has unintended consequences for other programs. In such situations where action steps are proposed, the Dean differentiates between a council level decision, which is made by the group, and an executive decision, in which council members may recommend, but the final decision is made by the dean. Dean Butterfield is an advocate of promoting fiscal accountability within and among programs, and increasing the transparency of fiscal decisions within the college.

Over the past four years the college has built up reserve funds to address strategic priorities. At WSU, reserve funds remain entirely within the purview of the unit. Reserve funds were built up through significant increases in extramural support to the college from 2008-2010; extramural support peaked in 2010-11 (\$6.4M) and is estimated to total \$4.1M in the current fiscal year. Other efforts to diversify the

college's financial base through clinical initiatives and continuing education services continue; the goal is to be less reliant on state funding and obtain greater support from clinical partners, foundations, and extramural funders. The top priority for reserve funds has been to self-fund the full implementation of the 3-year DNP program (currently in its 2nd year), including roll out of the new curricula and a multi-year phase out of old curricula (e.g., MN courses for family and psychiatric/mental health nurse practitioners). At the request of the undergraduate program director, reserve funds were also used to decrease the student-to-faculty ratio in junior clinical sections from 10:1 to 8:1. In addition, reserve funds continue to be used to contemporize college functions addressing data/metrics, clinical site stewardship, and academic-practice partnerships. Related investments have been made to improve the student experience. The college was able to use internal funding to support \$60 K in classroom upgrades for the Yakima Academic Media Services (AMS) system. Dean's Council discussions will continue to focus on the evolution of each program as well as signature strengths at the program and regional level. Thus, the goal is to be mindful to "issues of fit," rather than to promote identical program structures and program mixes statewide.

Compensation of Faculty and Staff

The efforts for recruitment and retention of faculty have been uneven, in part due to salary issues. Faculty and staff at all of Washington's universities received no raises in FY2009-FY2013. Although faculty in many other states went without raises during the recession, fiscal deficits in Washington were particularly severe and protracted. Since Dean Butterfield arrived in 2007, faculty and staff have received one raise (July 2008) and a one-time 2% base-salary adjustment (December 2012). In addition, college funds were used to adjust some salaries in order to retain faculty members who had received offers from other top-tier universities. The University and college continue to be concerned about salary stagnation and the negative effects on faculty and staff morale. The president recently authorized a 4% increase for all faculty members and administrative professional staff, as well as an additional increase for meritorious service. Effective January 1, 2014, the University will self-fund these raises; the state's biennial budget provided no support for salary increases. The decision by the president to proceed with self-funded raises reflects his commitment to make salaries consistent with national norms, even in the absence of a legislative commitment.

Table II-A.2 lists comparisons between WSU and AACN salary means. Note that these tables include WSU's 2014 4% across-the-board increase and a 1% increase allocated to no more than one-third of eligible faculty (tenure, tenure-track and clinical track faculty) to receive centrally funded merit increases. Compared to AACN means, the college's salaries differ from -14.7% for instructors to +2.4% for associate professors. Of particular concern are instructors' salaries, which have been historically low at the college. In 2008, the college dean and the leadership team made a floor adjustment to bring up instructors' salaries, preferentially in comparison to other ranks. This has been the only state-funded salary increase in the past seven years. However, compared with other ranks, instructors' salaries remain significantly low compared to salaries of other college of nursing faculty ranks and AACN means. The university continues to provide all deans with input and recommendations for faculty salaries, including compression and inversion trends, within and across ranks. The January 2014 raise, funded with both university- and college-committed funds, reflects an on-going commitment to make the commensurate adjustments needed to bring the college's salaries in line with post-recession levels at other universities.

Table II-A.2: Comparison between WSU College of Nursing and AACN Salary Means Effective January 1, 2014

	FTE Faculty	WSU - CON Average	AACN Mean*	% WSU-CON below AACN Mean
Assistant Professor	18	\$ 68,471	\$ 70,485	-2.9%
Associate Professor	11.4	\$ 81,150	\$ 79,277	+2.4%
Professor	2	\$ 93,730	\$ 98,055	-4.4%
Clinical Assistant Professor	6.08	\$ 59,350	\$ 60,696	-2.2%
Clinical Associate Professor	2.8	\$ 70,292	\$ 77,180	-8.9%
Instructors**	38.95	\$ 48,207	\$ 56,522	-14.7%

*AACN 2012-2013 academic year salaries for full-time instructional nurse faculty in public universities

** This Table assumes the same level of college raises for meritorious instructors as for other ranks. However the raises for instructors will be funded internally with the college, Vancouver, and Tri-Cities campus funds (versus the University allocation which is earmarked specifically for tenured, tenure-track, and clinical-track faculty).

Physical Space, Equipment and Supplies

The college has sufficient physical space, equipment, and supplies to enable the statewide college to achieve its mission, goals, and each academic program's student learning outcomes. The majority of the college's conference rooms and classrooms statewide are equipped for live videoconferencing (two-way) connection and have the option to add videostreaming (one-way, from the college to students) connection to other campuses/sites. It is the [policy](#) of the college to allow live videostreaming (synchronously with the chat function via ANGEL, WSU's learning management system) of graduate-level courses to students living more than 50 miles within Washington State from a WSU campus or site. RN-BSN students who choose the online/videostream option for their study may view [videostream](#) courses asynchronously or synchronously.

The college provides adequate funding to support multiple nursing education programs in relation to the needs for equipment and supplies across the state. Fees are in place for supporting items such as software upgrades, equipment maintenance, the college's participation in Clinical Placement Consortia, and record management software.

As stated in the WSU Business Policies and Procedures Manual, the college is responsible for complying with the relevant purchasing requirements and procedure outlined in the policy manual (e.g. [computer purchasing](#)). Purchasing policies are in place on each campus. The director of administrative services in Spokane approves the purchase orders for the Spokane campus and Yakima site. Tri-Cities and Vancouver campus directors approve purchases of supplies and equipment up to a cap of \$5,000.

Spokane

As described previously, the college is a [multi-campus system](#) spread across the state. Since 2008, the main facility has been located at the WSU Riverpoint campus in Spokane – designated by WSU as its health sciences-focused campus. The college's 89,000-square-foot facility houses classrooms and lab space. The college can also schedule classes and meetings in spaces throughout the Riverpoint campus (Exhibit II-A.2 – List of Classrooms and Conference Space). A state-of-the-art live videoconferencing system enables distance-learning and interactive meetings between students, faculty, and others who are located across the state, region, and even the world.

The lower level of the facility has a small café for students, staff, and faculty, as well as a large-capacity classroom and storage space. The main floor contains, in addition to the second large-capacity classroom, the executive and administrative suites (including offices for development, finance, professional development, program directors/assistant dean, the associate dean for academic affairs, and the dean), and all associated support staff. A conference room (capacity: 20) and the dean's conference room (capacity: 20) provide meeting space with live videoconferencing connectivity to all college sites.

The second floor contains three classrooms, as well as faculty offices, a faculty lounge, and a small conference room. In addition, the second floor is home to the [Program of Excellence in Clinical Performance and Simulation](#) (PECPS), a large clinical performance and simulation lab that is utilized primarily by the pre-licensure program, but it is available to all programs. PECPS houses the college's \$2 million, 5,000-square-foot, clinical performance and simulation suites, which were partially funded with HRSA support. Washington's congregational delegation was instrumental in supporting appropriations to supplement the college's information technology system. A portion of the grant money was used to install audiovisual systems in the three sophisticated simulation suites. This technology enriches the student learning experience in a real-world clinical situation. In addition, PECPS maintains more than \$450,000 worth of high- and low-fidelity manikins and clinical performance practice equipment. Students also have a designated area on the east end of the second floor for studying and socializing. The space includes comfortable seating, a television, and a variety of vending machines.

The third floor includes faculty offices and a 12-seat conference room. It also has an extensive computer/multimedia lab (56 computers at desks or carrels), a separate computer classroom (20 computers), IT support staff offices, and a computer maintenance shop.

The fourth floor houses secure wet labs, the research office suite, 25 student carrels for PhD students (MN and DNP teaching and research assistants are assigned shared offices), faculty offices, a 10-seat conference room, and a medium-sized classroom (capacity 25). This floor also features an extensive display of posters and published papers on the hallway wall.

All conference rooms and classrooms are equipped for video-streaming connections to other campuses and to qualifying students' individual computers. All live course sessions are videostreamed and archived. It is the policy of the college to allow students in the RN-BSN and graduate programs to attend class by viewing the live [videostream](#) if they live more than 50 miles from a WSU campus or site.

Yakima

The college's site in Yakima, which operationally is considered a branch of the Spokane Riverpoint campus, was established in 1982. Initially, the undergraduate program admitted a cohort of 10 pre-licensure students each year. Videotapes from Spokane were used to teach classes in a small facility on the Yakima Valley Memorial Hospital campus. A small practice laboratory was also available. In 1990, the RN-BSN program was established, followed by the MN program in 1996.

In 1996, the Yakima program relocated to a new state-funded building on the Yakima Valley Community College campus. The first floor of the 20,000-square-foot building features two full-size classrooms with sophisticated live videoconferencing capabilities, which eliminated the use of videotapes. There is also a library, a computer lab, and a practice lab. Two additional classrooms and seven offices for faculty are located on the second floor. This space made it possible to admit students twice a year into the undergraduate nursing program in Yakima. Currently, the Yakima site has more than 100 students in various programs of study, 12 faculty members, and three staff members.

Through collaboration with Pacific Northwest University (PNWU) of Health Sciences (a new College of Osteopathic Medicine that also offers a MPH degree in public health), the college's students are able to utilize PNWU's simulation facility upon request. This creative and inter-professional collaboration aids the regional college site in solving resource challenges. The Yakima site is actively involved in the community's educational and health care needs and works closely with Heritage University, Yakima

Valley Community College, and other educational institutions in the area. Strong ties with clinical agencies have also been established, including Yakima Regional Medical Center, Yakima Valley Memorial Hospital, Yakima Farm Workers Clinic, to name a few.

Tri-Cities/Walla Walla

The [Tri-Cities](#) campus began offering the RN-BSN program in 1990, the MN program in 2001, and the pre-licensure BSN program in 2004. Resources available at the Tri-Cities campus include full library services and student services such as tutoring and advising. In 2000, the college, WSU Tri-Cities campus and Walla Walla Community College entered into an agreement to bring the RN-BSN program and the MN program to the Walla Walla community (Exhibit II-A.3 – Current Agreement). These classes began at Walla Walla in 2001.

Students located in the Tri-Cities and Walla Walla areas attend theory courses via live videoconferencing on the Tri-Cities campus or via videostreaming. The Tri-Cities nursing program maintains a close relationship with area hospitals and is strongly supported in the community. The program conducts clinical experiences in the area's three hospitals – Kadlec, Kennewick General, and Lourdes Medical Center – and in long-term care facilities, physician offices, and clinics.

Due to continuing expansion of programs on the WSU Tri-Cities campus, together with increasing needs of the college, an innovative partnership was developed with the community to secure a new space that would accommodate the growth of the college in that region. In late 2013, the college's program in Tri-Cities moved to a [new building](#) adjacent to Kadlec Regional Medical Center (KRMC), the main health care facility in the region. KRMC is leasing the space for 20 years at \$1 per year to the college. Group Health, community businesses, and individuals provided funding. This new space provides larger classrooms, more faculty offices, improved technology for live videoconferencing, and a larger practice and simulation lab (Exhibit II-A.4 – Building Plans & Financial Agreement).

Vancouver

The nursing program in [Vancouver](#) is located on the WSU Vancouver campus. Situated on the second floor of the campus library building, the nursing program occupies a suite of offices and offers easy access to the writing center and multimedia classroom facilities. The office area also features an extensive display of faculty/student posters and a picture gallery of RN-BSN students as they completed their final capstone paper projects.

The campus originally shared facilities with the Clark College campus. In 1994, a 351-acre campus was built which now includes 12 buildings with more than 38 general-purpose, seven computer, and eight multimedia classrooms. Program offerings on this campus began with RN-BSN course offerings in 1990. MN courses were added in 1996 and doctoral courses were added 2012 (DNP).

In summary, the college has met this key element through a budgeting process that supports the college's mission, goals and expected program outcomes. The college has a strong infrastructure (including buildings, equipment and supplies, and IT and videoconferencing services) and an array of resources throughout the multiple campuses to support student achievement and faculty development. As Washington State slowly recovers from the fiscal downturn of the past five years, a just announced 4% raise due to take effect on January 1, 2014, will partially alleviate challenges brought by the static salary levels of the past five years. The dean, the leadership team, and the director of administrative services collaborate on a regular basis to assess resource adequacy and effectiveness.

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 on all the campuses where the college is located are appropriate to the needs of the college and effectively support the achieving of the mission, goals and expected outcomes. All programs are reviewed regularly and processes are in place to make adjustments as necessary to assure quality.

New Faculty Support

Campus directors conduct an orientation each fall for new faculty members. The Spokane campus director delivers the main college orientation to all campuses via videoconferencing. The one-day orientation includes an overview of college leaders and support staff, a review of policies and procedures, an overview of the library, Academic Media Services (videoconferencing services), computer support, and ANGEL (WSU's learning management system). The orientation also includes breakaway sessions in which campus directors in Vancouver, Yakima, and Tri-Cities cover information that is specific to their campuses. The orientation is recorded and archived for faculty members who are unable attend the live event.

Ongoing Faculty Support

Faculty teaching practices are supported through college-sponsored teaching workshops, travel support for faculty to attend local, regional, or national teaching conferences, and annual peer-teaching evaluation and feedback. As an example, faculty members who teach advanced population health graduate courses discuss best teaching practices as a regular agenda item at their meetings (Exhibit II-B.1 – APH Agendas, Best Teaching Practices). The college and the campuses offer travel support for faculty members and graduate students who have been accepted to give podium presentations or present posters at research or professional conferences (e.g., the annual Western Institute of Nursing conference). The college also provides partial or full travel support for faculty members to attend self-identified professional development related conferences, workshops, or seminars as appropriate to their needs. As an example, the Spokane campus director administers a \$10,000 annual travel budget for faculty development (Exhibit II-B.2 – Travel Support, Spring 2013).

Library Services

The multi-campus WSU library system provides access to more than 20,000 electronic resources, 125 library research databases, two million books, and 30,000 journals. Major databases, such as PubMed/MEDLINE and CINAHL, are available and provide links to full-text electronic articles. If a full-text article is not available, faculty members and students can fill out a convenient electronic form to request an item. Online help guides offer assistance and direction in basic library services, and all locations feature access to reference librarian assistance.

Collaborations with public and private academic colleges and universities throughout the Northwest provide additional access to extensive medical, nursing, and health sciences collections. WSU libraries at Spokane, Vancouver, and Tri-Cities provide student and faculty expert reference assistance and access to extensive collections and databases. Spokane's campus provides library services to the Yakima site,

including access to collections of books, journals, and publication search software. See Appendix II-B.1 for a more detailed description of library services.

Technology and Distance Education Support

The college uses distance education strategies efficiently with strong in-person and virtual support. These strategies include, but are not limited to, state-of-the art network access, internet access, electronic messaging, academic and administrative computing, multimedia learning labs (with sufficient computers/media stations and easy access to skills videos and digital assets for student learning). Additional resources include in-field and on-site video recording and TV production, videoconferencing-ready classrooms, online interactive teaching and learning support for students and faculty, videostreaming, and podcasting. In addition, students may self-record their physical assessment activities in the mock examination rooms and are able to review the streamed recordings and to share with the instructor for critique and evaluation. [The ITS Help Desk](#) and [ANGEL help](#) staff are available for in-person service at campuses/sites and are accessible by phone or email. The help desk team provides students, faculty, and staff with computer and ANGEL support, training, and around-the-clock assistance for problems with computers, printers, and Internet connections.

Instruction to undergraduate and graduate nursing students at the college's five regional sites is provided through an effective combination of face-to-face classroom teaching, interactive videoconferencing technology for distance learning (i.e., Academic Media Services [AMS]), and online interactive teaching and learning (i.e., ANGEL). Faculty members at all campuses and sites use AMS and ANGEL to provide nursing education at all levels.

Faculty members are trained in the use of distance-learning technology as part of the college's new faculty orientation (Exhibit II-B.3 - New Faculty Orientation Agenda for Fall 2013) to effectively engage students in off-site locations. Newly hired faculty members receive immediate access to computers and printers and connection to the WSU Internet system. Students, faculty, and staff also have access to free on-campus WiFi. If needed, faculty or staff members can request a [Virtual Personal Network](#) (VPN) that allows secure access to their work from home or other off-campus locations. The college's distance learning technology allows highly-qualified faculty from one campus to reach a larger and more diverse pool of nursing students via the AMS-equipped classrooms for live videoconferencing connection, with the option to add videostreaming connection. Faculty are routinely supported by the college to travel to other campuses to teach a class session. For example, a Spokane-based faculty member who teaches an undergraduate pre-licensure course may travel to Yakima and/or Tri-Cities to teach a class session from that location once during the semester.

The college's effective use of technology means that students learn to use various distance-learning tools and have continuous access to content and other resources. The college has allocated adequate resource (academic support services) for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. Providing access to quality education programs is a key component of the mission of WSU. Every state has a process through which higher education institutions receive approval to deliver education programs to its state residents. By law, WSU must comply with each individual state's regulations where it delivers distance education programs. In some instances WSU is not approved to deliver distance education, or specific programs that include on-the-ground components. The college complies with the newly published [WSU policy](#) from the WSU Global Campus department, effective July 15, 2013.

Research Support

The college's Research Office (RO) works in coordination with the WSU Spokane Office of Research and the Office of Grant and Research Development (OGRD) in Pullman to assist nursing faculty and graduate students in securing extramural support for their scholarly, research, teaching, and community service activities. On the Vancouver campus, nursing faculty are also supported by the Vancouver campus Office of Research.

The associate dean for research is responsible for the administration of all research efforts in the college. Faculty members, especially new and junior faculty, meet with the associate dean for research, who fosters a supportive environment conducive to developing the faculty members' successful research career path. The RO and senior faculty members can assist with proposal writing. The grant and contract specialist assists faculty in preparing research grant applications, letters of intent, WSU forms, and IRB applications. The grant and contract specialist helps to navigate documents through the WSU approval process and helps to assure submission to funding agencies in a timely manner.

The RO offers statistical and research design support. The office's doctorally-prepared biostatistician (0.5 FTE) is available to consult with students and faculty on the preparation of study design and analysis sections of proposals, data management, analytic programming, and data archiving. The biostatistician also assists with data presentation and can review posters, presentations, or manuscripts. The research office coordinator (0.6 FTE) aids faculty both pre- and post-award with various research-related activities, including creating budgets and documents (e.g., facilities and resources; human subjects protections plans), ordering and tracking supplies, training and supervising student research assistants, convening and organizing research project meetings, overseeing complex travel arrangements, and promoting college research both internally and externally. In 2013, the RO oversaw 19 successful grant applications for a total of \$3,807,166 in funding.

Student Learning Support Services

Each campus ([Spokane](#), [Vancouver](#), [Tri-Cities](#)) offers adequate student learning support services, which are often tailored to meet the learning needs of the campus's particular student population (Exhibit II-B.4 – Learning Assistance Resources.)

Available services include, but are not limited to, tutoring, writing assistance, English as a Second Language (ESL) support, access to learning/study skills specialists, and counseling services. Most of these services are provided at no cost to students by each campus's student affairs department. Students at the campuses in Spokane, Tri-Cities, and Vancouver have access to on-site counseling services. On November 13, 2013, the Spokane campus's Services and Activities Fees Committee approved funding for an on-campus part-time counselor, ESL specialist, and learning specialist to provide services to students, also at no charge. Yakima students have access to contracted counseling services on campus. Additionally, the Central Washington Family Clinic will offer Yakima students three free visits with their counselor at no additional charge to the student. Students at the Walla Walla site can get a referral through the Tri-Cities campus for local counseling services at no cost.

Students at the Spokane, Yakima, Tri-Cities, Walla Walla, and Vancouver sites may request peer tutoring assistance via each campus's student affairs department with either no charge or a small student fee (e.g., Vancouver: \$10/hour). The college's "[The Steps to Success](#)" program (a student-led group tutoring in pathophysiology/pharmacology, health assessment, and other courses) utilizes the Spokane campus's student affairs tutors and Yakima peer tutors to provide free academic support to students. This program has been positively received by nursing students.

Writing assistance is also available on each campus and through [eTutoring](#), a collaborative online writing and tutoring program that is staffed by trained peer tutors from participating schools, including WSU. Students receive feedback and writing assistance from a trained tutor within 24 to 48 hours. All WSU students are encouraged to use this program. In 2012, the graduate nursing faculty started a program to evaluate student writing based on pre-admission performance on the GRE writing section. Students who are identified as having poor writing skills are required to obtain writing assistance at one of the WSU Writing Centers or online (see Exhibit II-B.5 – Undergraduate Writing Assistance Process). In Yakima, the Student Leadership Committee approved a Writing Specialist at 2-4 hours per week for student support, effective January 2014.

In 2012, the graduate nursing faculty started a program to evaluate student writing based on pre-admission performance on the GRE writing section. In that same year, graduate program faculty

implemented a student writing assistance program for students who perform poorly on the GRE Analytical Writing Examination and/or sample of scholarly work submitted at the time of application), or class written assignments (Exhibit II-B.6 – Graduate Writing Assistance Documents; Exhibit II-B.7 – 2012-2013 Graduate Faculty Minutes Flagged for Student Writing Discussions). As part of this initiative, the college created documents to define expectations for students' scholarly writing. The writing assistance agreement form was recently added to [E*Value](#) to allow faculty to track students' completion of an assistance activity or need for additional remediation. (E*Value is the college's online database software management system.)

ESL students are encouraged to meet with the ESL specialist at Spokane, Yakima, Vancouver, or Tri-Cities early in their program. The specialist works one-on-one with students several hours each week to assess the student's needs, assist the student, and refer the student to other campus resources. ESL specialist support at the college's sites in Spokane, Yakima, and Tri-Cities is currently federally funded by the Health Resources and Services Administration (D19 HP 19023, Creating a Pathway to Nursing: Community Partner for Health).

Both undergraduate and graduate students who are having difficulty with note taking, tests, time management, or study skills can receive assistance from learning/study skills specialists at each campus, available on-site and via phone for off-site students. The main goal of the learning/study skills specialists is to identify the problems and provide self-improvement solutions through individual and group work.

Student Admissions Support

The [college website](#) and campus websites include details about the undergraduate and graduate application process, including deadlines for application, application fees, selection process, required prerequisite courses and tests, financial aid, scholarships, and the WSU Common Core requirements (for the BSN programs only) (Exhibit II-B.8 – Application Materials). Knowledgeable and customer-oriented staff members are available to help prospective undergraduate and graduate students navigate the application process at each campus and site. Students interested in nursing can seek prerequisite guidance from pre-health advising at WSU-Pullman, and pre-nursing advisors at each of the two Spokane regional universities (Eastern Washington University and Whitworth College); both have a partner agreement with the college (Exhibit II-B.9). Transfer students are advised in Spokane by a college admissions counselor who has similar counterparts at Tri-Cities and Yakima. Pre-licensure BSN program applicants apply via a [centralized application service](#).

For the RN-BSN program, applicants must first consult with an academic advisor at their desired site for assistance with the [application process](#); [academic advisors](#) are available at all of the college's sites. Applicants to the DNP, MN, and post-MN certificate programs must apply online through the [WSU Graduate School](#) and must [submit supplementary materials](#) to the graduate program coordinator. The graduate program track coordinators (faculty) provide statewide support and guidance for prospective students. The college has allocated adequate resources and established the infrastructure to support the admission process for the statewide BSN, MN, post-MN certificate, and DNP programs.

Undergraduate: Admissions Process and Support

Pre-licensure BSN students are admitted for fall or spring semester. In fall 2013, the pre-licensure BSN program initiated (for fall entry only) a pilot freshman admission program. Up to 10 students who meet the [Honors College](#) criteria, will be admitted each fall. To maintain their admission status, they must continue to meet CON admission standards through the end of their sophomore year, at which time they would enter the college as a junior. The admissions process is facilitated by the program director and associate director, the Spokane-based undergraduate program coordinator, the Undergraduate Admissions and Progression Committee (UAP), an interview coordinator, and the undergraduate staff.

Beginning with spring 2014 admissions, pre-licensure BSN students will be required to complete the [Test of Essential Academic Skills](#) (TEAS) as a prerequisite for admission. Prospective students are

directed to the [TEAS page](#) on the college's website for details on test locations, dates, cost, and key contact information. As of fall 2014, all applicants will take a writing proficiency test as part of the admission criteria in addition to TEAS testing and will be required to have 50 hours of health care related work experience. Applicants who have completed all required prerequisite courses and tests, and met all other entrance criteria, are invited for a formal interview at the Spokane campus. The interview team is made up of three faculty members who ask questions randomly selected from a pool of questions. The faculty members score the interview and combine their responses into a final interview score (Exhibit II-B.10 – Pre-licensure BSN Interview Score Sheet and Sample Questions). When determining admission, the UAP Committee considers this interview score along with numerous other factors, such as cumulative GPA, prerequisite courses GPA, and college/university of origin. There is a proportional admissions formula for the selection of transfer students and students from WSU, Eastern Washington University, and Whitworth University as stated in the college's partner agreement with these universities (Exhibit II-B.11 - Admissions Formula Flagged). This agreement reflects a long-standing commitment to work collaboratively across universities to address the needs of students in Eastern Washington.

Students in the RN-BSN program may be admitted to start fall, spring, or summer semesters. The admissions process is supported by the program director, pre-program advisors on each campus and sites including the Spokane-based undergraduate program coordinator, the UAP Committee members, and the undergraduate staff. To be considered for admission, prospective students must complete all prerequisite courses and WSU general education requirements. Students who have completed a bachelor's degree or an approved transferable associate's degree automatically fulfill the [WSU University Common Requirements](#) (UCORE). The academic advisors on each campus review applicant transcripts to verify completion of admission criteria, which include a current, unencumbered Washington State RN license or eligibility for licensure, cumulative GPA of 3.0 or higher, and minimum 2.0 grade for each prerequisite course (Exhibit II-B.12 – Undergraduate Transcript Review and Admission Worksheet).

Graduate Student Admissions Process and Support

The MN and post-MN certificate programs director and DNP program director meet regularly with administrative staff from the graduate programs office to ensure that the admission information provided to prospective students is consistent and accurate. Students may be admitted to the MN program to begin classes in fall, spring, or summer semesters. The graduate programs application and admission process is described in Appendix II-B.2.

Prospective MN and post-MN certificate students who have met the [admission criteria](#) submit an online application to the graduate school. The online application system automatically requests letters of recommendation, which follow a set format and ranking scale. Prospective MN students in the Advanced Population Health program (APH) complete a set of written interview questions (Exhibit II-B.13). APH faculty members, including at least one from the campus to which the student has applied, use a standard rubric to review and score interview responses (Exhibit II-B.14). In addition, students applying for post-MN APH certificates in education and leadership complete a separate set of written interview questions (Exhibit II-B.15). APH faculty members review the applications as the application file becomes complete (including the written interview, letters of recommendation, sample of scholarly writing, and evaluation of the summary statement), and make recommendations for admission to the Graduate Recruitment and Admissions Committee (GRAC). Once GRAC votes on the admission, the applicant is notified of the decision. If admission is offered, the applicant is sent a comprehensive student information packet which includes a checklist for new admits, the videostream policy, graduate student passport, E*Value instructions, and the liability insurance form.

Admission to the MN-FNP and MN-PMHNP tracks has been phased out as the college completes the implementation of a DNP program, which was launched in 2012. The last MN-FNP applicants were accepted for admission in fall 2011, and the last MN-PMHNP applicants were accepted for admission in spring 2012. The post-MN certificate FNP and PMHNP program applications were closed to new applicants after students were accepted for fall 2013. Applicants interested in these degrees are directed

toward the DNP program. However, admission to the APH program continues at the MN level and as a track within the DNP program.

The DNP program uses a similar [admissions process](#). The prospective student website offers information about each DNP program and track, admission criteria, and offers links to other areas of interest. A [list of FAQs on the website](#) seeks to answer commonly asked questions about admission into the DNP program. The graduate program office supports the DNP program, works individually with prospective DNP students, answers questions, directs them to the appropriate resource and/or faculty contact, and guides them in the application process. DNP advisory sessions for prospective students are held every semester, and the DNP program director works closely with faculty advisors to address student and faculty issues and concerns.

In each DNP specialty track (advanced population health, family nurse practitioner, and psychiatric mental health nurse practitioner), faculty members review and evaluate applicant materials. Examples of these materials include the APH-DNP Score Sheet (Exhibit II-B.16) and the Evaluation of Professional Competence (Appendix II-B.3). Faculty vote in specialty track committees to accept applicants, deny admission, or place applicants on a waiting list.

Following specialty track committee approval, graduate track representatives present recommendations to GRAC for approval. All program directors/assistant dean are members or *ex officio* members of this committee, and work with the program track coordinators to prepare an appropriate letter for each applicant (Appendix II-B.4).

As of fall 2012, all applicants to the MN, DNP, and PhD program are required to take the GRE Analytical Writing Examination (not required for the post-MN certificate program applicants). The [GRE FAQ](#) page offers guidance on registering for the GRE, the required writing test, the rationale for taking the examination, cost, and other key points.

Applicants who score poorly on the GRE Analytical Writing Test and/or the faculty's evaluation of a submitted writing example may be required to obtain writing assistance the first and subsequent semesters of the graduate program. The requirement to obtain assistance is specified in the letter of acceptance, along with information on where to obtain and document writing assistance, and is design to help ensure student success.

Advising and Student Support/Development

Once admitted to the college, students at all levels are assigned to work with a qualified faculty advisor. Ten pre-licensure BSN students are typically assigned to one faculty member at the students' home campus. This faculty member serves as their advisor for the entire duration of the program. RN-BSN students are also assigned a faculty advisor for the entire duration of their program.

For the MN programs, students are assigned an initial faculty advisor, with advising responsibility transferring to the student's MN thesis or project committee chair upon constitution of the committee. DNP students are assigned an advisor who continues in that role unless the student or faculty member requests a change.

As specified in the Systematic Evaluation of Program Components (SEPC), faculty advising is evaluated on an annual basis through EBI/AACN BSN and MN exit and alumni surveys. Survey results are provided to the program directors/assistant dean and faculty advisors to be used to evaluate the adequacy of faculty advising. Faculty advising may be discussed in each faculty's annual review and on an ad-hoc basis as needed so that any problems or issues can be addressed in a timely manner.

Review of Academic Support Services

The Dean's Council meets biweekly to review programs and academic support services for students and faculty to ensure that they meet program requirements (Exhibit II-B.17 – Dean's Council Agendas, Attachments, and Program Updates). In addition, academic program directors/assistant dean give his or her respective program's update on a rotating schedule to the Dean's Council (one program per meeting, about 10 minutes per update). Program updates includes priorities and resources needed to meet program and student needs.

The campus directors group – including the dean, campus and site directors, and the associate dean for academic programs – also meets monthly to review and address issues related to academic support services across the college or specific to a campus or site. The Systematic Evaluation of Program Components (SEPC), a comprehensive college-wide assessment plan (Appendix I-B.1), is utilized to ensure that academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are reviewed at regular intervals. Improvement may be initiated as appropriate by the dean (e.g., research support for pre-and post-award), campus/site directors (e.g., distance education support for Yakima site), and program directors/assistant dean (e.g., advising services for MN students and admission support for the pre-licensure BSN program).

In summary, academic support services for the students enrolled at all levels of the programs are adequate, consistent, and carefully planned for the statewide college. Regular review of these supports, as defined in the SEPC, ensures that students' current needs are addressed, and improvements to such services are implemented as indicated by the evaluation process. Academic support services are also adequate for faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.**

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected 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:

Dean Patricia Butterfield has served as the chief nurse administrator since July 2007. She 1) is a registered nurse, 2) holds MN and doctoral degrees in nursing, 3) is academically and experientially qualified to serve as the college's senior administrative executive, 4) is vested with administrative authority to achieve the college's requisite outcomes, and 5) has a documented track record of effective leadership in research-intensive universities (Exhibit II-C.1 – Curriculum Vita). Dean Butterfield holds a MN degree in community health nursing from the University of Colorado and a PhD in nursing from Oregon Health and Science University (OHSU). She has served at the rank of professor at Montana State University, University of Washington, and WSU.

Following completion of her PhD, Dean Butterfield spent two years as a post-doctoral fellow at the Center for Research on Occupational and Environmental Toxicology at OHSU. She subsequently took a position at Montana State University, where she received National Institutes of Health (NIH) funding to address environmental health needs in rural communities.

Prior to coming to WSU, Dean Butterfield served as director of the occupational and environmental health nursing program and chair of psychosocial and community nursing at the University of Washington. Through these roles, Dean Butterfield acquired experience in strategic planning, policy development and implementation, program design, and the evaluation of educational outcomes. She also gained experience with the delivery of programs across campuses using a combination of face-to-face and distance-education technologies.

Dean Butterfield was a Robert Wood Johnson Executive Nurse Fellow (class of 1999) and has served on a number of invitational committees for the American Academy of Nursing, the American Association of Colleges of Nursing, and the Environmental Protection Agency.

Like the other 10 academic deans at WSU, Dean Butterfield reports directly to the provost and serves as a member of the Provost's Council. The Provost's Council meets regularly in Pullman and provides a forum for policy-making and discussions addressing the academic governance of the University. The chancellor of each campus establishes a strategic plan responsive to the regional area served by that campus. Chancellors report to the president of the University. Campus-college coordination is promoted through meetings that involve deans, vice-chancellors, and the provost (Exhibit II-C.2 – WSU Organizational Chart).

Dean Butterfield promotes effective leadership several ways. First, she regularly convenes the Dean's Council, comprised of the college's associate deans, program directors/assistant dean, campus directors, and operational administrators. These meetings provide a forum for executive-level discussion addressing nursing practice, education, and research. College-level leaders are encouraged to speak candidly about their respective areas of jurisdiction. Second, Dean Butterfield works collaboratively with the associate dean of academic affairs and the college's Faculty Organization (including that body's executive committee, comprised of chair, chair-elect, and secretary). Dean Butterfield constantly encourages faculty to bring issues of concern forward through either the Faculty Organization or Dean's Council. In fall 2013, Dean Butterfield started holding monthly Dean's Open Forum during Friday lunch time as one of her ways to reach out faculty and staff. Third, to promote more effective intercampus communications and planning, Dean Butterfield convened a state-side academic and campus leadership meeting in June 2013. This leadership planning process is scheduled to continue on a yearly basis (Exhibit I-B.7 – Operational Planning Model; Exhibit I-B.8 – Intercampus Planning Meeting Minutes). Finally, Dean Butterfield works effectively with senior staff members in communications, development, and administrative services to support their work and facilitate the advancement of the college.

In summary, Dean Butterfield provides leadership and vision for the college, and demonstrates collaborative skills in working with the University, campus, and college leaders. With her background and experiences, Dean Butterfield is a strong fit for the needs of the college and has been successfully leading the college to achieve its mission, goals, and program outcomes.

II-D. Faculty are:

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

Elaboration: The 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.

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 Workload Plan

Faculty FTE is clearly delineated in the Distribution of Faculty Workload Effort guideline revised in fall 2013 (Exhibit II-D.1). A description of total FTE dedicated to each program is found in Exhibit II-D.2. The distribution of faculty workload for each faculty FTE (1.0 FTE or 100% FTE equal to 40 hour per week) is described by appointment and rank (e.g., tenure track assistant professor: 50% teaching and 50% scholarship and service). The percentages are based on a 100% FTE for a 9-month contract (fall and spring semester). The guideline supports equity in workload assignments and allow for comparability of workloads across the college. Other factors that may impact workload assignments include grant buyout, professional leave (sabbatical), administrative effort for directors, and scholarship and service expectations based on rank.

The revisions to this guideline reflect input from the Dean's Council, including, but not limited to, chair of the Faculty Organization, the dean, associate dean for academic programs and campus/site directors, program directors/assistant dean, and FNP, PMHNP and APH track coordinators. For example, for each theory course, workload effort is based on number of credits in the course, with potential adjustments for areas such as new preparation, complete revision of a course, course coordination responsibilities, and class size. A similar formula is used for clinical, practicum, and seminar courses.

As delineated in the Procedure of Assigning Teaching/Workload Assignments document (Exhibit II-D.3), faculty interest surveys (Exhibit II-D.4) are used to gather faculty input on teaching interests. A group comprised of campus/site directors, program directors/assistant dean, and the associate dean for academic programs considers this input when making teaching assignments. Program focus, course content, and regulatory requirements – combined with the interest and knowledge of faculty expertise (including educational preparation, licensure, and certification) – are the primary variables for making teaching assignments.

Faculty Numbers and Sufficiency

Full-time faculty members who teach nursing courses, with very few exceptions, hold a minimum of a MN degree. Tenured and tenure-track faculty hold doctoral degrees, as do many of the clinical-track faculty. The majority of faculty members are licensed as registered nurses in the state of Washington. Several research, tenure-track, and tenured faculty are non-nurses.

As of August 16, 2013, there are 104 appointed faculty members college-wide (61 full-time and 41 part-time). Of these 104 faculty, 25 are nurse practitioners (NP). These faculty are on tenured or tenure-track appointments, or are on term-limited contracts as clinical track faculty or instructors. Faculty

members often teach across programs. Of the 25 NP faculty, 16 are family nurse practitioners, two are pediatric nurse practitioners, three are adult nurse practitioners, and six are psychiatric mental health nurse practitioners (one faculty member is dually certified as an FNP and PMHNP). Table II-D-1 shows aggregate faculty data in headcount by rank. The 2013 Faculty Qualifications Table includes additional data (Appendix II-D).

Table II-D-1. Full-time and Part-time Faculty Headcount by Rank					
Faculty by Rank	Total Count	Full-time		Part-time	
		Number	Percentage	Number	Percentage
	104				
Assistant Professor	18	18	100	0	0
Associate Professors	13	11	84.6	2	15.4
Professors	6	6	100	0	0
Clinical Assistant Professors	8	8	100	0	0
Clinical Associate Professors	4	3	75	1	25
Senior Instructors	4	4	100	0	0
Instructors	49	12	24.5	37	75.5
Assistant Research Professor	0	0	0	0	0
Associate Research Professor	1	0	0	1	100
Research Professor	1	1	1	0	0

Source: Data current as of August 16, 2013

The college also contracts on a semester-by-semester basis with part-time clinical evaluators (community-based NPs who are nationally certified and hold current licensure in Washington) to assist the FNP and PMHNP programs in overseeing students who are enrolled in NP clinical/practicum courses. In fall 2013, there were 13 clinical evaluators (one at the Spokane campus, five at the Tri-Cities campus where these individuals are hired as clinical evaluators, and seven at Vancouver campus where these individuals are hired as adjunct faculty). The college has developed a formal process for hiring clinical evaluators across all campuses (Exhibit II-D.6). The mix of part-time and full-time faculty and the ratio of tenured/tenure-track faculty to non-tenure-track faculty are appropriate to achieve the mission, goals, and expected student and faculty outcomes.

The college is currently addressing the need for more doctorally-prepared faculty members, especially given the addition of the DNP program. During the past two academic years, the Spokane and Vancouver campuses have enhanced their efforts to recruit doctorally-prepared faculty who hold PhD or DNP degrees. This has increased the number of doctorally-prepared faculty, primarily on the Spokane campus. Appendix II-D describes the 46 new faculty hires of all ranks between July 1, 2009 and August 15, 2013. Two new assistant professors and one clinical associate professor, all with PhD preparation, joined the college in fall 2013 (one in Vancouver and two in Spokane). Two of the faculty members hired in 2013 are family nurse practitioners. In addition, the college actively encourages faculty members to enroll in graduate programs that culminate in doctoral degrees. One faculty member in Tri-Cities recently completed a DNP degree in PMHNP, one in Spokane is currently in a DNP program, two in Vancouver are working toward doctoral degrees in education, and one in Yakima completed her PhD in 2011.

In response to WSU's 2006 designation as a Carnegie [RU/VH Research University](#) (very high research activity), the Spokane campus has significantly increased the number of tenured and tenure-track faculty members. This increase has enhanced the college's ability to assist graduate student learning and research in the DNP program of study (as well as the PhD program).

Faculty to Student Ratios

The faculty-to-student ratios in the pre-licensure BSN program range from 1:8 to 1:130, depending on the campus, the type of class, and the number of enrolled students. In the pre-licensure BSN clinical courses, the target faculty-to-student ratio is 1:8 at the junior level. For students in the senior clinical

courses, the ratio is 1:10. These numbers comply with Washington State Nursing Care Quality Assurance Commission (NCQAC) regulations. For the RN-BSN program, the theory course ratios are up to 1:100 in fall and spring terms and 1:25 in summer theory courses. In the RN-BSN clinical courses, the ratio is 1:15 except for summer term which is 1:12.

For the graduate programs, the faculty-to-student ratio for the didactic courses ranges from 1:8 to 1:40, depending on the program, the nature of the course, and the method of delivery. In the graduate clinical courses, the faculty-to-student ratio is 1:6 per clinical sections in compliance with the 2012 NTF Criteria. Overall, the faculty/student ratio is appropriate for each program to ensure adequate supervision and evaluation of students.

Faculty Academic Preparation and Licensure

As of August 16, 2013, 35 of the college's 104 faculty members hold the rank of professor, associate professor, or assistant professor. Of these, 34 are doctorally prepared; at the assistant professor rank, all faculty members have doctoral preparation. Additionally, five of the eight clinical assistant professors are doctorally prepared. As indicated in the Faculty-Staff Manual, a doctoral degree is currently required for appointment at the assistant professor level (Exhibit II-D.7). The table listing faculty members and their academic and experiential qualifications can be found in Appendix II-D. The table demonstrates that the college's faculty are academically and experientially prepared for the areas in which they teach.

All faculty members, with few exceptions (e.g., MN students as teaching assistants teaching pre-licensure BSN clinical sessions), must hold a graduate degree. In rare instances, permission for short-term exemption from this rule has been sought and granted by the NCQAC for baccalaureate prepared nurses to teach in the pre-licensure program (Exhibit II-D.5 - Letters Sent to NCQAC and Approvals).

All faculty members who have a professional nursing degree also hold current registered nurse licensure, predominantly in Washington State. The currency of Washington RN licenses are verified on line by the college. Some hold additional licenses in Idaho and Oregon. In one instance, a faculty member will only be teaching in Idaho in spring 2014 and holds an Idaho license, not a Washington State license. This exception has been approved by the NCQAC. Faculty teaching in undergraduate or graduate clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise via clinical practice or other avenues (e.g., consulting). Each faculty member has the experiential background to teach her or his assigned courses (Appendix II-D).

In Washington State, nurse practitioners are licensed as advanced registered nurse practitioners (ARNPs). Nurse practitioner faculty (full time, part time, adjunct, and clinical evaluators) who teach in advanced practice clinical courses must maintain state licensure ARNPs and certification in their respective specialty. State licensures (RN licensure) and ARNP licensure is verified online by the college. Printed copies of nurse practitioner certification are provided by NP faculty members and maintained confidentially in the office of the dean. Curriculum vitae of nurse practitioner faculty are flagged and available in the Resource Room. Evidence of certification and professional license numbers (RN and ARNP) are available in Exhibit II-D.8).

The director of the DNP program is currently licensed as an RN and ARNP and is certified as a family nurse practitioner. (See NTF Report for compliance with Criterion I.A.) The track coordinators in the family nurse practitioner and psychiatric mental health nurse practitioner tracks maintain current licensure as registered nurses and ARNPs and national certification in their specialty area. (See NTF Report for compliance with Criterion I.B.)

Faculty Recruitment and Retention

The college has been focused strategically on the recruitment of doctorally-prepared faculty to increase the diversity of faculty members. Despite some success in recruiting qualified faculty members from multi-ethnic backgrounds, the college faculty as a whole does not represent the same diversity as

the student population. According to the [AACN Nursing Faculty Shortage Fact Sheet](#), (most recently updated October 24, 2012), faculty age continues to climb, which narrows the productive years educators teach. In addition, a wave of faculty retirements is expected throughout the US over the next decade. These concerns are reflected in the college's current faculty mix and are considerations in developing recruitment and retention strategies.

The faculty search committee is formed early in the academic year. The dean meets with the committee to set the priorities and goals for each year's recruitment plan, then meets regularly with the chair of the committee to make improvements on the recruitment strategies as needed. Recruitment materials are circulated widely through a variety of publications, online advertisements, and professional networks (Exhibit II-D.9). The search committee reviews applicant materials in a timely manner and invites qualified applicants to interview. When faculty members attend professional conferences and meetings, they are encouraged to network with other attendees. Also, the college supports faculty retention through a variety of strategies, such as mentorship and faculty development in teaching and scholarship. These retention strategies are well received by faculty, especially for tenure-track assistant professor faculty.

In summary, the college employs sufficient faculty to teach the full portfolio of courses offered in the various programs, and to meet the mission, goals and expected program outcomes as set forth in the college's strategic plan (Appendix I-A.1). All faculty members are academically and experientially qualified to teach the courses to which they are assigned, and they are afforded the opportunity to express their teaching assignment interests in advance of actual assignments being made. All faculty members teaching in advanced practice nursing specialties hold the appropriate national certifications required by 2012 NTF Criteria.

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:

- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *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 have been used by the BSN, MN, post-MN certificate, and DNP programs as an extension of faculty assisting in the achievement of the college's mission, goals, and expected student outcomes. In the baccalaureate programs, the word "mentor" is used instead of "preceptor". In both instances the terms refer to clinical agency personnel not compensated by WSU. The roles of preceptors with respect to teaching, supervision, and student evaluations are clearly defined to achieve the program-specific student learning outcomes (Exhibit II-E.1 –Mentor Guidelines for the Pre-licensure BSN and RN-BSN Programs; Exhibit II-E.2 - MN and DNP Preceptor Guidelines).

Pre-licensure Program

The undergraduate pre-licensure program utilizes clinical site nurses as mentors during the NURS 430 Senior Practicum course. The mentors volunteer and/or are selected by their nurse manager to work with a nursing student. This is differentiated from a preceptor, as this is not a WSU paid position. A faculty member is assigned to a section of ten NURS 430 student, and serves as a facilitator for each

student's experience. The NURS 430 clinical lead faculty works closely with the clinical placement consortia for student placements.

Mentors are provided a packet (Exhibit II-E.3) which includes a cover letter describing their role, course syllabus, skills and student limitations list, medication policy, emergency contact and call schedule, information regarding teaching strategies/developing relationships with students, and a mentor evaluation of student form.

Faculty members are accessible to the student and mentor 24 hours/day. The faculty facilitator performs phone and on-site visits with both the student and mentor, follows up on the student's daily journal entries and learning outcomes with feedback, and intervenes if necessary.

Upon completion of NURS 430, the students have a final seminar and provide feedback regarding their mentors, which is given to the NURS 430 clinical lead faculty and tracked for future semester clinical site placements and mentor assignments. Mentors receive a thank-you letter that includes the number of hours they worked with the student nurse. These hours can meet a continuing competency documentation component for Washington license renewal.

RN-BSN Program

Two RN-BSN senior clinical courses (NURS 465 and NURS 495) (syllabi in Resource Room) also use clinical mentors to achieve BSN student learning outcomes. Most RN-BSN clinical mentors have at least a BSN or a bachelor's degree, but all have been chosen by their manager as experientially qualified to enhance student learning (Exhibit II-E.4 - Mentor Qualifications NURS 495 Summer 2013). Mentors are sent a packet of materials to prepare them for their role, including the course syllabus and the individual student learning objectives (Exhibit II-E.5 – NURS 495 Course Packet for Mentors).

Clinical mentor performance expectations are clearly communicated by clinical section faculty who maintain regular contact with mentors and students through site visits and phone conferences. Clinical section faculty also assess the effectiveness of the mentor and the clinical site during these contacts. Clinical mentors provide input (Exhibit II-E.6), but the formal mid-term and final evaluation of student performance is conducted by the clinical section faculty.

At the end of each semester, section faculty members compile and analyze faculty and student evaluations of the clinical site and the mentor to ensure that mentor performance meets expectations of assisting with achievement of student learning outcomes. This feedback provides the basis for course group discussions and decisions about future use of sites and mentors (Exhibit II-E.7 - Mentor Evaluation by Student and Clinical Faculty).

Graduate Program

The role of preceptors is to facilitate and guide graduate nursing students' clinical learning experiences in their area of practice expertise, and to assist in the achievement of the college's mission, goals, and expected student outcomes. Preceptors are all academically and experientially qualified for their role. At minimum, qualified nursing preceptors must have a MN degree and at least one year of experience working in the clinical practice or organization where the student will complete the clinical/practicum experience. Preceptors are asked to supervise only one student each day or during each shift. A list of preceptors recently used by the graduate programs and their qualifications is provided as Exhibit II-E.8. Samples of student evaluation of preceptors are found in Exhibit II-E.9.

In the DNP core courses as well as the other DNP, MN and post-MN certificate courses, preceptors may be nurses or non-nurses, depending on the course, student learning outcomes, and student learning goals. Preceptors for students in the nurse practitioner specialty tracks must have at least one year of advanced clinical practice experience in their specialty field and a MN degree in nursing or a related field, or educational preparation as a physician (MD or DO) or a physician assistant (PA-C) from an accredited

and state-approved program. They must possess a current, unencumbered license to practice their specialty in the state of Washington or in the state in which their practice is located. They also must be able to provide evidence of national certification as an advanced practice nurse, physician, or physician assistant.

In the nurse practitioner tracks, students are encouraged to complete the majority of their clinical/practicum experiences with a preceptor who provides care to the track-specific population of interest. For example, FNP students complete the majority of their learning experiences with family practice or primary care providers, while PMHNP students complete the majority of their experiences with providers caring for individuals who have acute or chronic mental health conditions. Students are encouraged to gain specialty experiences working with populations that may be rare in primary care practices. For example, in order to obtain sufficient experience with infants, children, and adolescents, FNP students complete a minimum of 90 hours of practice in a specialty pediatric site. Similarly, they complete a minimum of 90 hours of practice in a specialty women's health care site that provides obstetrical care. Students in the PMHNP program are required to spend a minimum of 125 hours of practice with a preceptor or in a site that specializes in the mental health care of children.

Preceptor/Mentor Orientation and Performance Expectations

Once a clinical practicum placement is finalized, the campus-appropriate nursing clinical coordinator (located at WSU campuses in Spokane, Vancouver, and Tri-Cities) provides the preceptor (for graduate students) or mentor (for baccalaureate students) with information about student learning needs and desired student learning outcomes that are specific to the course in which the student is enrolled. Students are encouraged to share individually developed learning objectives with preceptors as well, helping to ensure that the experience matches their learning needs.

Preceptor orientation materials are provided via email and the preceptor can access them at any time on the WSU [College of Nursing website](#). Preceptors may request and receive a copy of the course syllabus, track-specific student handbook, or other materials related to the preceptor role or students' clinical/practicum experience. As of fall 2013, development of a preceptor resource website is underway, with plans for launch early in 2014. Preceptor orientation materials are presented in the NTF Report, page 27 (Exhibit NTF-52).

The college uses [E*Value](#), an online database software system, to house student, clinical site, and preceptor data. Initially this system was used only by family nurse practitioner students; however, in 2014, its use will be extended to all graduate students, faculty, and preceptors. Preceptors are invited to use the E*Value system to provide student clinical/practicum evaluations. Once a site placement is finalized, the E*Value coordinator (located on the WSU Spokane campus and providing support statewide) sends each preceptor an email with information and instructions about the use of the E*Value system. Use of this system is optional for preceptors who prefer to complete paper forms rather than submitting student evaluations electronically. Students and preceptors can receive a paper copy of any evaluation form upon request, preceptors can access the form from the [college website](#), or they can request a form be mailed to them by the E*Value coordinator or clinical coordinator.

In addition to providing supervision and evaluation for students during clinical/practicum placements, the college faculty member or Clinical Evaluator assigned to each student also serves as a resource for that student's preceptor(s). During site visits made to evaluate student progress, the faculty member/Clinical Evaluator meets with the preceptor to discuss the student's progress in meeting course-related learning outcomes. If problems arise, the faculty member discusses the issues with preceptors or agency staff.

There is ongoing review of issues related to student placement in the clinical/practicum session. Weekly meetings involving the DNP program director, E*Value coordinator, clinical coordinators at the WSU Spokane and WSU Vancouver campuses, and the graduate program coordinators help to ensure that student needs as well as preceptor expectations and communication are effectively addressed.

Graduate Preceptor Evaluation Process

The preceptor evaluation process is well established, and student and faculty feedback is used for quality improvement. Preceptor sites or individual preceptors that do not meet expectations are not used in subsequent semesters. During the semester, if the faculty observes a less than optimal learning environment (e.g., a relationship problem between the student and preceptor) and an action is warranted, a request will be made to the clinical coordinator to reassign the student. Clinical course faculty members are available by phone and email to preceptors and students if a problem arise during a clinical rotation.

At least once a year, clinical course faculty or clinical evaluators use the data generated from the E*Value system to evaluate the appropriateness of each clinical placement site and a preceptor's ability to support student achievement of expected learning outcomes (Exhibit II-E.10 – Clinical Supervision Handbook, Evaluations of Preceptors). Students also complete preceptor evaluations in the E*Value system. The anticipated next step in utilizing these data will involve the E*Value student data coordinator (Spokane based) reporting a yearly summary of the student, preceptor, and site evaluations to program directors/assistant dean and track coordinators for review.

Over the years, the college has identified highly qualified preceptors who provide quality experiences and mentorship for the college's graduate students. All preceptors have the knowledge and expertise to support student achievement of expected learning outcomes (Exhibit II-E.8 - List of Recent Preceptors and Qualifications). The college works closely with these valued preceptors to encourage their continued support of the programs. They are a key element to student success as a future advanced practice nurse. The preceptors' voluntary contributions to graduate student education help ensure a qualified and quality nursing workforce.

In summary, the college uses preceptors/mentors who are academically and experientially qualified to serve as an extension of faculty. Criteria for evaluation of preceptors are clearly communicated to preceptors. Faculty and program leaders conduct annual review of both preceptor and clinical site (and on an ad-hoc basis), in addition to the students' evaluations of preceptors, to ensure preceptor performance meets expectations. The college recognizes these significant contributions with a letter at/after the end of each semester (Exhibit II-E.11 Preceptor Recognition Letter), and it appreciates the exceptional learning opportunities the preceptors provide students.

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:

- *Faculty have opportunities for ongoing development in the scholarship of teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *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.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Program Response:

WSU and the college allocate adequate resources to support a working environment that promotes faculty teaching, scholarship, service, and practice in keeping with the college's mission, goals, and expected faculty outcomes, individually and in the aggregate. The expected individual faculty outcomes are identified for the faculty as a group with expected levels of achievement, and are congruent with WSU

and college expectations to achieve the college's mission and goals (Appendix II-F.1 – Faculty Qualification Table: Scholarship and Service). Promotion criteria are located in both the WSU Faculty Manual, [pages 58-61](#) and the college Faculty and Staff Manual, [Section IX](#). (Complete manuals are available in Resource Room.) NP faculty (Exhibit II-D.8), who teach FNP and PMHNP advanced practice nursing specialty courses, meet the qualifications described in the [2012 NTF Criteria](#) I-B & C. The [WSU policy](#) on compensated outside service allows up to 8 hours of work per week, which permits nurse practitioner faculty to maintain their practice.

All tenure-track and tenured associate professor faculty, clinical-track faculty, and research faculty are assigned a minimum of two mentors to provide guidance regarding their teaching, scholarship, and service expectations. Additionally, tenure track faculty members are assigned one or two research mentors who assist them in developing and implementing their research trajectory, provide guidance with networking, and serve as sounding boards for research development. Informal mentoring is provided to instructors by senior instructors and program directors/assistant dean.

The program directors/assistant dean, lead faculty member, or campus director evaluate faculty members yearly. Each faculty member provides a current curriculum vita and peer teaching evaluations to his or her assigned reviewer via the WSU annual review software program, [WORQS](#) (Exhibit II-F.1 – Sample WORQS Reports/Annual Review; demonstration of WORQS at time of visit, if desired). Faculty members document professional goals for the upcoming calendar year and provide a summary of completion of current calendar professional goals. These annual evaluations are used to assess progress toward meeting professional goals, meeting scholarship and service expectations, as well as assessing the faculty member's teaching performance.

Progress toward tenure reviews are conducted yearly for tenure-track faculty members. Two tenured faculty are assigned to review each individual faculty member and to present these reviews at an annual meeting of all tenured faculty (Exhibit II-F.2 – List of Reviewers). This process is further described on pages 86-87 of the Faculty Staff Manual, [Section IX](#).

Support for Faculty Teaching

The university and college support faculty teaching development in a number of ways, including support for attendance at conferences or workshops in a faculty member's area of teaching to improve and expand his or her teaching skills and abilities. Recently, leadership worked with the College of Education to provide undergraduate faculty with increased access to the pedagogical tools necessary to facilitate student success in the pre-licensure BSN program and as graduates enter practice (Exhibit II-F.3 – College of Education Pedagogical Tools). Travel funds for faculty teaching development are managed by campus directors in Spokane, Vancouver, Tri-Cities, and Yakima. For example, in Yakima, a faculty member attended a certification course in Portland spring of 2012 to become an instructor in mental health first aid. She also attended a psych simulation seminar in Seattle summer 2013 (Exhibit II-F.4 – Professional Development Support).

In 2010, the college held a series workshops on the topic of curriculum development (Exhibit II-F.5 – Program Details & Faculty Roster). This activity was supported by the Health Resources Service Administration (HRSA) Nursing Workforce grant. This grant also supported faculty attendance at the 2010 INCITE conference (Exhibit II-F.6 – Conference Brochure and Faculty Attendees). In June 2012, the college provided another faculty workshop on "Effective Testing" (Exhibit II-F.7 – Program Details and Faculty Roster). As the leader in simulation teaching, the college successfully hosted the [7th Annual National League \(NLN\) for Nursing Technology Conference](#), October 19-21, 2012, at the Spokane Riverpoint campus. Teaching development is also supported at the advanced population health faculty monthly meetings, where faculty regularly discusses best teaching practices. (Exhibit II-F.8 – APH Meeting Agendas and Minutes).

Support for Scholarship/Research

Scholarship is a cornerstone of the college, with the associate dean for research responsible for the administration of the college's research efforts. The college's Research Office (RO) works in coordination with the WSU Spokane, Tri-Cities, and Vancouver Offices of Research, and the Office of Grant and Research Development (OGRD) in Pullman to assist nursing faculty in securing extramural support for their scholarly activities in research, teaching, and community service. Faculty members are supported with study design development, data management and analysis, grant writing and editing, research budgets and manuscript preparation. An overview of the college's Research Office services to the college is available as Exhibit II-F.10.

The college's faculty mentoring program supports faculty in meeting personal and college expectations and provides tenure-track, tenured, or clinical-track faculty with guidance related to scholarship and career progression. Tenured, tenure-track and clinical-track faculty members, especially new and junior faculty, meet regularly with the associate dean for research to foster a supportive and successful research career path, and for tenure-track faculty to develop appropriate tenure and promotion materials and portfolios for annual review by the tenured faculty.

To support the college's new scholars, teaching expectations for tenure-track assistant professors are reduced to 50% FTE (versus 70% FTE for tenured associate and full professors), with the remaining 50% allocated to scholarship and service. The Research Office provides support in areas such as travel for presentations at regional and national conferences, assistance with identifying and writing grants, writing grant applications, and aid in administering the grants once obtained.

Clinical-track faculty members are allotted 20% for scholarship, practice, and service and are expected to contribute to the research mission of the college in ways that are appropriate to the individual faculty member's rank and clinical experience. The revised clinical track faculty promotion guidelines were endorsed by Dean's Council on October 24, 2013 (Exhibit II-F.11). Instructors and senior instructors participate in the research activity of the college when they incorporate research findings into their teaching and invite active faculty researchers as guest speakers to their classes. Senior instructors may request effort for scholarship in their overall assignment.

To support the scholarship and research of faculty, Spokane faculty members can apply for funding allocated from a budget line associated with the Research Office to offset conference registration fees and travel costs. Separate funding is available through the Vancouver and Tri-Cities campuses for these efforts (Exhibit II-F.12 - Faculty Support of Conference Fees and Travel Costs Related to Research.)

The Cleveland Visiting Scholar, named in honor of Dean Emeritus Thelma Cleveland and supported by an endowed fund established in her honor, along with individual and corporate donations, is a signature annual event that focuses on scholarship relevant to all areas of teaching, research, and services. It is open to faculty, students, staff, and the community as a forum addressing cutting-edge issues in nursing. Past speakers include nationally and internationally recognized nursing leaders – including Dr. Afaf Melies, Dr. Marla Salmon, and Dr. Ada Sue Hinshaw – who present on topics such as health care reform, patient safety, and culturally competent care (Exhibit II-F.9 – Flyers and Brochures).

Support for Clinical Practice

All faculty who hold current nurse practitioner certification and licensure maintain current clinical practices, as do many other members of the faculty (Exhibit II-D.8). Some members of the college's NP faculty practice through a contractual arrangement with Spokane Community College to deliver primary care to students in the College's clinic, while other faculty members practice in local clinics, private practice, and similar settings.

Practice arrangements are negotiated between faculty and their supervisor per WSU policy. WSU's policies specify that work "must be consistent with the college's mission and enhance the faculty

member's professional development [including] consulting, advising, research, demonstrating, or teaching for others in areas of professional competence for which the faculty member is employed by Washington State University" (Washington State University Faculty Manual, Section IV.D. - [Policy on Compensated Outside Service](#) by Faculty Members and Faculty Manual Section IV.E. - Extended Professional Activities, 2013). Outside work must not interfere with a faculty member's duties, including those non-classroom responsibilities expected of all faculty members.

As of fall 2013, the college is engaged in discussions with other health sciences programs at WSU (e.g., Colleges of Pharmacy and Medical Science) with the goal of developing a faculty practice plan that will address the need for consistent and ongoing practice opportunities for nurse practitioner faculty and other faculty members. Related efforts underway focus on the development of a primary care and behavioral health clinic on the WSU-Spokane campus. The clinic, being funded through a public-private partnership, will comprise approximately 30,000 sq/ft of space and emphasize interprofessional care.

Support for Service Activities

Service is expected of all faculty members, with up to 10% allocated in the workload for all tenured, tenure-track, and clinical-track faculty. Faculty members have opportunities to serve on the WSU, college and campus-level committees. In the college, recruitment for open committee positions is conducted by the Nominations Committee (for the elected positions) or the appropriate campus director (for the appointed positions) on an annual basis. The [committee manual](#) details criteria for each committee's membership criteria.

The college also encourages faculty members to assume membership and leadership positions in local, regional, national, and international professional organizations in nursing and other areas of interest to faculty (e.g., the local chapter of Sigma Theta Tau International Honor Society of Nursing, the Susan G. Komen Foundation, and World Health Organization Initiative addressing Environmental Sustainability in Hospitals) (Appendix II-F.1 – Faculty Qualification Table: Scholarship and Service). Examples of the college's faculty service can be found in Appendix II-F.2 – Community/Agency Membership: Selected Examples.

In summary, the college has allocated adequate resources to support an environment that promotes faculty excellence in teaching, scholarship, practice, and service. Excellence in teaching is a hallmark of the college with outstanding support toward faculty teaching development (e.g. via travel fund). As part of a research-intensive university, the college has a well-established research office, which provides assistance with grant writing, conference travel, and grant administration. The college also supports faculty practice as one of the expected faculty outcomes for NP faculty. Service opportunities are communicated to faculty members whose background and interest areas coincide with the needs of college or university committees, as well as agencies and groups seeking qualified and interested participants.

STANDARD II SUMMARY ANALYSIS AND REFLECTION

STRENGTHS

- Dean Patricia Butterfield, demonstrates collaborative skills in working with the University, campus, and college leaders. She has been successfully leading the college to achieve its mission, goals, and program outcomes. The dean, the leadership team, and the director of administrative services collaborate on a regular basis to assess resource adequacy and effectiveness.

- Committed clinical and community partners that help guide the mission and vision through the Clinical Practice Advisory Boards at each campus.
- Adequate resources and a budgeting process that support the college's mission, goals, and expected program outcomes. The college has a strong infrastructure and an array of resources throughout the multiple campuses to support student achievement and faculty development.
- Outstanding academic support services for students enrolled in the college's nursing programs statewide. Academic support services are also adequate for faculty to meet program requirements and to achieve the college's mission, goals, and expected program outcomes.
- State-of-the-art simulation equipment and faculty expertise, along with excellent laboratory space, that provides support for critical training for undergraduate and graduate students as part of their clinical preparation.
- Committed faculty members who are academically and experientially qualified to teach the courses to which they are assigned.
- Passionate and thoughtful preceptors who are academically and experientially qualified to serve as an extension of faculty.
- Adequate resources to support an environment that promotes faculty excellent in teaching, scholarship, practice, and service, including a well-established research office and strong support for NP faculty practice.

CONCERNS

- Faculty recruitment and leadership succession related to the anticipated retirements of senior faculty in the next 5-10 years have been a concern to the college.

STRATEGIES FOR CONTINUOUS IMPROVEMENT

- In early fall 2013, the college dean and the chair and members of the statewide faculty search committee jointly developed an extensive faculty recruitment plan which included efforts to increase faculty diversity. The dean monitors the faculty recruitment efforts closely, meets with the chair of the faculty search committee on a regular basis, and references AACN faculty salary data as a guide in the faculty recruitment process.
- The faculty search committee is culturally diverse and composed of six members with interprofessional representation.
- The goals for the faculty search committee for 2013-14 include bringing in candidates by advertising in a variety of locations (publications such as *The American Black Nurses Association Journal* and *Minority Nurse*) and a commitment to and experience with culture and diversity in the candidate ranking and evaluation criteria.
- The college is focused on increasing faculty who are doctorally-prepared nurse practitioners in family and psychiatric mental health, or experts in community health.
- The faculty search committee communicates with the college's diversity committee on a regular basis to ensure that the approaches taken by the faculty selection committee are congruent with the college's mission and vision. For instance, in consultation with the diversity committee, the faculty search committee is revising evaluation forms for the 2014-15 year.

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 curricula of the programs in the college have been developed and implemented to present clear statements of expected student and program outcomes and are congruent with the mission, goals, and future roles of the graduates. The undergraduate and graduate curricula are developed, implemented and revised by the Undergraduate Curriculum Committee (UCC) [Draft UCC procedure for curriculum/course revision](#) or Graduate Curriculum and Progression Committee (GCPC) [GCPC Procedures for Changes in Curriculum](#) to reflect the corresponding programs student outcomes.

As demonstrated in the curriculum mapping for each program, the student learning outcomes are clearly evident within the corresponding curriculum (Appendix III-A.1-4 – Program Outcomes Mapped to Corresponding Courses). The standards and guidelines adopted by the college (listed in Standard I-A) inform the ongoing development of its programs. The college's strategic plan, goals and values also inform program development. Reflecting the evolution of the programs over time, some programs also contain language derived from legacy documents addressing previous statements that reflect the strategic plan, philosophies, and conceptual frameworks.

The college's syllabi templates for the undergraduate and graduate programs provide clear statements of expected student learning outcomes (Appendix III-A.5). Course level learning outcomes and program outcomes for the graduates are congruent with the roles for which the students are preparing. Each course includes a set of specific student learning outcomes, which are mapped to the course's assignments, the corresponding program outcomes, the appropriate level of AACN Essentials, and 2012 NONPF Core Competencies. Teaching activities and evaluation of student learning are congruent with course level outcomes. (Syllabi for Pre-licensure BSN, RN-BSN, MN and DNP are available in the Resource Room. See also Exhibit III-B.4 – Graduate Syllabi Course Maps.)

The pre-licensure and RN-BSN programs at the college are designed to prepare highly qualified professional nurses for general nursing practice across all settings and populations. The college's [strategic plan](#) (Appendix I-A.1) informs the development or revision of courses and curricula of these programs. In response to the needs of the communities of interest and in congruence with the University's land-grant mission, the pre-licensure BSN program is offered in Spokane, Yakima, and Tri-Cities, via live interactive videoconferencing from the initiating site to the other two sites. Similarly, the RN-BSN is offered through three modalities: (1) in the classroom in Spokane, Vancouver, Yakima, Tri-Cities, and Walla Walla; (2) through synchronous live videostreaming; and (3) via a web-based asynchronous option. The BSN program outcomes provide specific expectations of the curricula related to four major categories: 1)

Competence in provision of care; 2) Professional values; 3) Role development; and 4) Designer, manager, and coordinator of care. Expectations for role performance are delineated in the BSN program outcomes, which incorporate [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (AACN) (Appendix I-A.4 – Curriculum Mapping).

In the graduate programs, the strategic plan, in addition to the relevant AACN Essentials and Guidelines, 2012 NONPF Core Competencies, and 2013 NONPF Population-Focus NP Competencies, informs the development or revision of program outcomes, courses and curricula of the DNP, MN, and post-MN certificate programs. These program outcomes are then used to guide the development of appropriate course level program outcomes (Appendix I-A.4 – MN, and I-A.5 – DNP). The post-MN certificates in FNP and PMHNP link to the appropriate MN program outcomes. Upon the 2012 revision of the college's strategic plan, student learning outcomes for all programs were evaluated for congruence with the college's mission and goals (Exhibit III-A – Faculty Course Minutes, Strategic Plan Discussions Flagged).

In summary, the undergraduate and graduate program curricula, are developed, implemented, and revised to reflect the corresponding program student learning outcomes and the college's mission and goals. The curricula are designed to produce graduates who achieve expected student outcomes and who are able to enact the professional nursing role for which they are prepared.

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).

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**
- **MN program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **All MN degree programs incorporate *The Essentials of MN Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
 - b. **All MN degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**
- **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).**
- **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:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*

- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

MN 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 undergraduate and graduate curricula are developed, implemented, and revised by the program faculty, program directors/assistant dean and Undergraduate Curriculum Committee (UCC) or Graduate Curriculum and Progression Committee (GCPC) to reflect the relevant AACN Essentials, professional nursing standards and guidelines. As demonstrated in the curricular mapping for each program, relevant professional nursing standards and guidelines are clearly evident within the curriculum (Appendix I-A.3-5).

Pre-licensure BSN Program

Faculty members regularly evaluate and review the curriculum of the pre-licensure BSN program, which began in 1969. The current pre-licensure nursing curriculum was introduced at the upper division in fall 2000, and the first class of students graduated in spring 2002. Since that time, the following changes have been made: (1) a lifespan development course is a prerequisite; (2) Nursing in the Genomic Era (NURS 323) is required; and (3) the Family Community Seminar (NURS 412) is required.

Each course syllabus clearly identifies the content and learning outcomes for the course and outlines the knowledge and skills that students are expected to gain by the conclusion of the course. The syllabi template may be found in Appendix III-A.5. All syllabi include a specific mapping of Course Objectives/Outcomes for Student Learning, AACN Essentials, CON Program Outcome, [WSU's Seven Goals of the Baccalaureate](#) (Big 7), and Assessment (including items such as exams, papers, and other means of assessing achievement of student learning outcomes). Faculty members use the pre-licensure BSN curricular maps (Appendix III-B.1) to develop course content based on the [AACN Baccalaureate Essentials](#) (available in Resource Room), the BSN program outcomes, and the WSU Big 7 (Appendix III-A.1).

RN-BSN Program

The RN-BSN program, established in 1990, underwent extensive revision in 1998 and in the academic year of 2011-12. In order to identify content for the RN-BSN curricular map (Appendix III-B.2 - RN-BSN Courses Mapped to Baccalaureate Essentials), faculty used the [AACN Baccalaureate Essentials](#) and national professional standards and guidelines such as the [Quad Council Competencies for Public Health Nurses](#) (available in Resource Room). In addition, input from community partners and employers (Exhibit I-F.1 – Advisory Board Minutes), and student and alumni feedback also provide guidance for program development. Faculty worked from these data to update course content and materials to achieve the characteristics required for graduates of the BSN program (RN-BSN syllabi available in Resource Room). A new curriculum has been planned and approved for implementation in spring 2014 (Exhibit III-B.1). Each RN-BSN course syllabus identifies the content and learning outcomes for the course and outlines the knowledge and skills that students are expected to gain by the conclusion of the course. In addition, syllabi include a specific mapping of student learning outcomes to the AACN Essentials, to [WSU's seven learning goals and outcomes](#) for the undergraduate (Appendix III-A.2 - RN-BSN courses mapped to the Big 7), and

to the learning assignments and activities. RN-BSN syllabi are available in the Resource Room. Also see Exhibit III-B.2 – Undergraduate Syllabi Course Maps).

Overview of MN, Post-MN Certificate, and DNP Programs

The MN program was established in 1980 and the DNP program in fall 2012. Faculty members use the curricular maps to develop course content for each degree, including the FNP, PMHNP, and APH tracks within the MN and DNP programs (Appendix III-A.3-4). The post-MN NP (FNP and PMHNP) certificate program incorporates the AACN Essentials and Guidelines (e.g. 2012 NLN Core Competencies and 2013 NONPF Population-Focused NP Competencies) relevant to that program, area, role, population focus, or specialty (Professional Nursing Standards and Guidelines are available in the Resource Room). These are evident within the curriculum and within the expected program-level and course-level student outcomes. Graduate program student learning outcomes can be found in Appendix III-A.3-4, or the 2013-2014 [Graduate Student Handbook](#).

The process used to ensure that courses and course-level outcomes are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, can be found in meeting minutes from the Graduate Curriculum and Progression Committee, Graduate Faculty, and Faculty Organization as appropriate. For example, the FNP curricula were discussed in the May 1, 2013, FNP faculty retreat (Exhibit III-B.3 – Retreat Minutes). Each course syllabus clearly identifies the content and course-level outcomes and outlines the knowledge and skills that students are expected to gain by the conclusion of the course (Exhibit III-B.4 – Graduate Syllabi Course Maps. Also see syllabi available in the Resource Room).

All MN and DNP students enrolled in the FNP, PMHNP, and APH tracks are required to take the same three core courses.

- Advanced Health Assessment and Differential Diagnosis (NURS 562): Covers the assessment of all human systems, advanced assessment techniques, concepts, and approaches.
- Advanced Pharmacological Concepts and Practice (NURS 563): Includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad drug categories.
- Advanced Pathophysiology (NURS 581): Includes general principles that apply across the lifespan.

The post-MN FNP and PMHNP certificate students were required to take these core courses if they did not have equivalent courses and credits on their previous MN transcripts (Appendix III-B.5 - Programs of Study). These core courses are not required for students enrolled in the [post-MN DNP program](#) (general plan, non-specialty seeking) and hold current national certification as nurse practitioners. After fall 2013, the college will no longer admit new students into the post-MN FNP and post-MN PMHNP certificate programs.

As listed on the graduate program admission and closure dates document (Appendix III-B.3), the college will continue admitting students beyond fall 2013 into the MN-APH program and DNP program (three post-BSN and three post-MN specialty seeking options, and one non-specialty-seeking general plan). In addition, two post-MN certificate programs (nursing education and nursing leadership), will continue enrolling students. These two certificate programs are not seeking CCNE accreditation. Admissions to the MN-FNP program ceased as of fall 2011 and for the MN-PMHNP program, admissions ceased as of spring 2012. More details can be found in the NTF Report (page 2).

MN-APH Program

The MN-APH program prepares administrators, educators, and clinicians within a community-based/population-focused nursing specialty (Appendix III-B.4 - Programs of Study). APH syllabi are available in the Resource Room. MN-APH students may choose an emphasis on nursing education, nursing leadership, population health, or individualized program of study. (See Exhibit III-B.5 for Selected Examples of Individualized Study.)

The college has an RN-MN option in APH for registered nurses without a BSN, who have a baccalaureate in another field and clinical experience in nursing. These students have transcripts initially reviewed to ensure that they meet prerequisite requirements for the RN to BSN with a GPA of 3.0 or above. The students must complete all BSN prerequisites with the same GPA as all RN-BSN students, must be licensed as a registered nurse, and must meet all other RN to BSN admission criteria. Once this initial analysis is completed (Exhibit III-B.6 – RN-MN Admissions Analysis Tool), the students take two BSN level courses, (NURS 360 Professional Nursing Concepts & Issues and NURS 440 Community Health Nursing Concepts) as non-matriculated students. NURS 360 and NURS 440 were chosen by faculty because when successfully completed, these two courses address knowledge from all BSN program outcomes (Appendix III-A.1-2) and all nine BSN Essentials (Appendix III-B.1-2). The students are then re-reviewed for admission by the APH faculty. They must meet all APH MN admission requirements except the BSN. If accepted the students matriculate into the APH MN program in their preferred track emphasis (e.g. APH Nursing Leadership). This option allows experienced nurses to enter the MN program with a prior baccalaureate degree that was not in nursing. This program was reviewed by CCNE in 2004. Admissions through this pathway were placed on moratorium in 2011 during a period of fiscal constraint. In 2013, the APH faculty requested that the college consider reinstating this program. The RN to BSN faculty and APH faculty reexamined curricular implications and screening processes and plan to admit RN to MN students again in fall of 2014 (Appendix III-C.3 – RN to MN in APH, Faculty Advisor Checklist).

Faculty members use the curricular map to guide efforts to develop, implement, and revise MN-APH course content. The APH curriculum is founded on and mapped to the AACN MN Essentials (Appendix III-A.3), and informed by the [Quad Council Competencies for Public Health Nursing](#) (2011), and the Scope and Standards of Public Health Nursing Practice. APH faculty have begun a systematic review of the curriculum against the latest edition of the ANA Scope and Standards of Public Health Nursing Practice to identify course congruency with these standards. The nursing education track reflects the [National League for Nursing Nurse Educator Competencies](#) (2005) (Appendix III-C.5 – Nurse Educator Certification Course Matrix). The APH nursing leadership track reflects the [American Organization of Nurse Executives' Competencies](#) (2005). Faculty involved with the development of the revamped leadership courses are in the process of mapping these to the AONE Competencies, with an anticipated completion date of February 2014 (Exhibit III-B.7). (All Professional Nursing Standards and Guidelines are available in the Resource Room.)

Epidemiology (NURS 554) is an example of a specific course that prepares APH students for advanced practice. This course provides a foundation of knowledge about disease at the population level and prepares the graduate to apply knowledge of this area of science to his or her future practice in the community. Health Promotion (NURS 564) is another example. This course prepares the graduate to assume a role that provides preventative education and care to selected populations. These courses are congruent with the [Quad Council's](#) recommended competencies in analytic and assessment skills and communication skills. They also reflect the [AACN MN Essentials](#) in the areas of clinical prevention and population health for improving health (VIII) and MN level nursing practice (IX) (Appendix III-A.3). (Syllabi available in the Resource Room.)

DNP Program

The DNP program prepares nurses to be leaders in clinical practice and allows graduates to practice at the most advanced level of nursing (Appendix III-B.5 - Programs of study). Graduates, who can select from 7 options, are prepared to translate research and evidence into practice, lead interdisciplinary care teams, measure health-related outcomes, and improve the health of individual patients, groups, populations, and communities. The options are outlined in Table III-C.2, found on page 54.

Faculty members use the curricular map to guide efforts to develop, implement, and revise DNP course content (Appendix III-A.3-4 - MN and DNP curricular maps). The DNP program incorporates [The Essentials of Doctoral Education for Advanced Nursing Practice](#) (AACN, 2006) and guidelines (e.g. 2012

NONPF Core Competencies and 2013 NONPF Population-Focused NP Competencies) as appropriate for specific tracks. (Professional Nursing Standards and Guidelines are available in the Resource Room.)

DNP students may enter as post-BSN or post-MN students. For ARNP preparation, they may choose from either FNP or PMHNP specialties. Those enrolled in the APH program take a set of didactic and clinical courses specific to that role and population (Appendix III-B.9). All DNP students must complete a minimum of 1,000 hours of post-BSN clinical/practicum experience. Students to elect to earn a MN degree while in the DNP program follow the guidelines found in Exhibit III-B.8 – Earning an MN Degree While in the DNP Program.

In order to build the necessary skills to complete the practice transformation project, DNP students take a three-course sequence beginning with NURS 557 (Concepts of Practice Transformation) which will be offered for the first time spring 2014. To prepare DNP students to engage actively in translational research, students will take NURS 558 (Practice Transformation Project I: Data Collection and Program Design). During this introductory course, students advance their skills and abilities in reviewing the literature and applying evidence to a practice question of interest. This course is a prerequisite for NURS 559 (Practice Transformation Project II: Implementation, Evaluation, Dissemination), where students learn to apply research findings in practice to enhance human wellbeing and improve health outcomes. In addition, NURS 565 (Information Management for Clinical Practice) prepares students to use information systems and technology to support and improve patient care and system-level outcomes. A full description of this project can be found in Appendix III-B.6.

Completion of these courses provides students with the knowledge and skills to utilize research and leadership in practice, and to participate in research relevant to their area of focus. This is directly congruent with [The Essentials of Doctoral Education for Advanced Nursing Practice](#) (AACN, 2006): Organizational and Systems Leadership for Quality Improvement and Systems Thinking (Essential III).

In summary, the college grounds its curricula on the relevant professional nursing standards and guidelines. Course syllabi at the undergraduate and graduate levels contain a crosswalk section that clearly identifies how the relevant professional nursing standards and guidelines are appropriate to the program links to program level and course level student outcomes, and course assignments.

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

- **Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **MN curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or MN foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.**

Elaboration: Baccalaureate 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-MN, 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:

Each of the college's programs (pre-licensure BSN, RN-BSN, MN, post-MN, FNP and PMHNP certificate options, and DNP) and their respective curricula are designed to integrate the social sciences, arts, humanities, and medical science to prepare the graduate to participate productively and holistically in provision of health care to individuals, family units, and aggregate populations. Note: in Washington State, nurse practitioners are licensed as Advanced Registered Nurse Practitioners (ARNP's) instead of Advanced Practice Registered Nurses (APRNs) and will be the abbreviation used in this document to denote nurse practitioners.

The level of preparation is commensurate with the roles and responsibilities of the degree. Students assume responsibility for learning and personal growth. Faculty and staff help to create an environment where learning may take place, using innovative, individualized approaches to teaching that empower both students and faculty through a relevant curricula and opportunities for learning. Scientific rationality is enhanced by development of intuitive and aesthetic thought. Faculty members serve as facilitators, role models, mentors, and co-learners who encourage articulation across various levels of nursing education.

In the quest for excellence, the climate of the educational program fosters intellectual stimulation, creativity, and systematic inquiry, freedom to challenge ideas, curiosity, scholarly dialogue, collaboration, interdependent learning, and a sense of personal integrity. The college promotes individualized, self-directed learning within the framework of degree requirements.

Overview of BSN Programs

The pre-licensure BSN and RN-BSN curricula build upon a foundation of the arts, sciences, and humanities. As stated in the admission criteria for the pre-licensure BSN and RN-BSN programs (Appendix III-C.1-2), all prospective students applying must complete prerequisite coursework in anatomy and physiology, chemistry, growth and development, human nutrition, sociology, psychology, microbiology, and statistics, as well as the [University Common Requirements \(UCORE\)](#). BSN students may transfer into the college from a community or senior college, or one of the three partner schools (WSU, Eastern Washington University, and Whitworth University; for the pre-licensure BSN students only) (Exhibit II-B.9 - Partner Agreement). The college adheres to the WSU policy on accepting [transfer credits](#).

College faculty members regularly review these prerequisite transfer courses to ensure content is essential to the nursing major, and that they continue to provide a foundation for student success in the nursing program. The Undergraduate Curriculum Committee completed its most recent review of these prerequisites during the 2012-13 academic year (Exhibit III-C.1 - UCC Minutes, Transfer Discussions Flagged).

Pre-licensure BSN Program

During the first two years of the curriculum, prerequisites and general university requirements are completed at Eastern Washington University, Whitworth University, WSU, or any institution offering equivalent courses. The last two years of the [academic program](#) are completed at the college in Spokane, Tri-Cities, or Yakima, with pre-licensure students entering the college's curriculum the first semester of the junior year. (Appendix III-C.1 – Pre-licensure BSN Program of Study). The program was designed to be completed in four semesters of full-time study with an option to complete in five semesters. Each semester includes theory/concept, clinical practice, and professional development courses (Appendix III-E.1-2).

The first semester of the junior year includes a basic introduction to nursing theory (NURS 316), pathophysiology and pharmacology (NURS 311), gerontology (NURS 328), health assessment (NURS 317), and research/evidence-based practice (NURS 308). These courses build on the prerequisite foundation courses such as basic human anatomy and physiology, chemistry, microbiology, human development, sociology, and psychology. They also begin building basic nursing skills and learn to provide care in a long-term care facility, where students complete a well-elder project that integrates physical, emotional, and psychosocial concepts in planning and provision of care for an older adult (NURS 315). In the second semester of the junior year, students explore more complex health problems in the adult population a theory course (NURS 324), and clinical practice in an acute care medical-surgical setting (NURS 325), while integrating concepts of ethics (NURS 309), genomics (NURS 323) and cultural dynamics in health care (NURS 322). Students prepare for clinical in the adult care setting by completing the complex and/or abbreviated clinical preparation guides (Exhibit III-C.2). Through weekly journals, students assess their progress in achieving their goals for continued growth. These journals also reflect their growing skills in planning and providing care for the more complex client. Examples of student work are on file in the Resource Room.

In the first semester of the senior year, students take Child and Family Health (NURS 414) and Childbearing Health of the Family (NURS 416), and Family Seminar (NURS 412), where they study reproductive health, newborn care issues, pediatrics, and ecological concepts of human development, resiliency, and family-centered care. Students learn to provide care in the context of family and the ecological systems that impact health and well-being. In their clinical courses, (NURS 415 – Child Health Clinical) and (NURS 417 – Childbearing Health Clinical), students apply developmental concepts, practice strength-based assessments, focus on therapeutic communication, explore community as a source of care, and generally broaden their scope of nursing practice to include reproductive health, and care of newborns, children, and families. As an example, the development of a child health intervention plan, a comprehensive assessment and holistic nursing care plan of a child and family, is one of the culminating projects in this semester. A leadership and management course (NURS 408), along with an upper division elective, if needed, are also incorporated into this semester.

In the final semester, students study the global application of nursing concepts and theory in Community Health Nursing Theory (NURS 426) with associated clinical course (NURS 427), and Psych/Mental Health Nursing Concepts (NURS 424) with associated clinical course (NURS 425). In addition, NURS 426 students complete an evidence-based population project that explores the needs of a specific population of their choice. The project examines the health needs of the population, consideration of policies that affect that population, and a formal presentation with recommendations to meet the needs of the population. Students complete the final semester of the program with an intensive clinical immersion experience, in which they work alongside a nurse mentor in a clinical setting for three and a half weeks. This Senior Practicum Course (NURS 430) is currently under revision and is the proposed integrative [capstone course](#) for the undergraduate pre-licensure program, as required by the 2012 revisions to the WSU undergraduate general education requirements.

RN-BSN Program

The RN-BSN program provides an entry option into the BSN program for individuals who are registered nurses with either an associate degree, or in rare instances, a diploma (Appendix III-C.2, RN-BSN Admissions Criteria and Program of Study). RN licensure is required to progress to the second semester of the curriculum or prior to beginning of clinical experiences. The program was designed to be completed in two semesters of full-time study, although the majority of students progress through the program in a part-time status. The curriculum is structured to progress from the simple to the complex, from familiar issues to less familiar issues, and from knowledge acquisition to synthesis and application across practice settings.

RN-BSN students begin the 30-credit program of study with a bridge course, Professional Concepts and Issues (NURS 360), which introduces them to professional nursing practice. RN-BSN students also

take a two-semester course sequence that includes Nursing Concepts: Assessment and Application of Physiological Concepts to Nursing Practice I (NURS 365) and Nursing Concepts: Assessment and Application of Physiological Concepts to Nursing Practice II (NURS 366). The sequence integrates knowledge and skills from normal physiology, pathophysiology, pharmacology, and holistic assessment across the lifespan. Students achieve analysis skills and synthesis-level outcomes through complex case studies that explore clients' health care needs in a variety of settings with multiple co-morbidities. In addition, the RN-BSN program for the current academic year has chosen to thread the concept of genetics throughout the RN-BSN curriculum. (Exhibit III-C.3 - RN-BSN Program Conceptual Threads Crosswalk, May 2013).

Students then complete Nursing Research and Informatics (NURS 400) to learn how to locate, analyze, and utilize evidence in their practice and problem solving. They build leadership and teamwork skills in leadership and management courses and learn how to apply these skills and concepts in a variety of clinical settings under faculty guidance. In Health Care Ethics (NURS 477), students are challenged to develop meditative thinking as a way to combine evidence-based practice and illness narratives into ethical reasoning and client advocacy, which is an expansion of the philosophical thought coursework introduced in the prerequisite foundation of liberal arts and humanities courses. Later in their program of study, students complete Nursing Concepts: Community Health (NURS 440), Nursing Concepts: Psychiatric/Mental Health (NURS 462), and Nursing Concepts: Community and Psychiatric Mental Health Practice (NURS 465, including 100 clinical practice hours). All of these courses provide important characteristics of baccalaureate nursing education, contribute to the achievement of essential program outcomes, and help students broaden their view of the world and health care.

Students complete the program with an advanced clinical practicum, in which they must demonstrate the [BSN program outcomes](#), which are the same ones for the pre-licensure program. The Advanced Practice Practicum (NURS 495, including 80 practice hours) was revised in 2013 to serve as the integrative [capstone course](#) for the RN-BSN program, as required by the 2012 revisions to the WSU undergraduate general education requirements. Starting with students admitted summer 2013, all RN-BSN students must take the NURS 495 in their graduating semester. Syllabi for the original NURS 495 and the new NURS 495 are available as Exhibit III-C.4.

Overview of MN and Post-MN Certificate Programs

The MN curricula are based on a foundation comparable to the skills, knowledge, theories, and concepts that a student would gain in a baccalaureate degree in nursing. The MN curricula incorporate The Essentials of MN Education in Nursing (AACN, 2011) and the National Task Force Guidelines (2012). The post-MN curricula build on the MN level nursing competencies and knowledge base. The MN and post-MN FNP and PMHNP certificate curricula incorporate The Essentials of MN Education in Nursing (AACN, 2011) and the 2012 NONPF Core Competencies as appropriate to the specialty area. With the closure of enrollment beyond fall 2013 in the MN-FNP and MN-PMHNP programs and in the post-MN FNP and PMHNP certificate programs (Appendix III-B.3 – Graduate Programs Admission and Closure Dates), these nurse practitioner students will continue to progress in their respective programs; all are advised and expected to graduate by summer 2015. The admission criteria and programs of study for the APH MN program can be found in Appendix III-B.4; for the APH post-MN Certificate programs, see Appendix III-C.4. Syllabi are available in the Resource Room. The majority of students progress through the programs on a part-time status.

The MN students review and expand their baccalaureate-level knowledge of research in Scientific Inquiry into Nursing (NURS 503) and Evidence-Based Practice (NURS 504). All MN students complete the Research Project (NURS 702) or Thesis (NURS 700), although the majority elect to complete the project. One credit of this project has been designated a research component, in which students complete a research experience by working on research projects with a faculty member or nurse in the community. These projects may involve data entry, literature reviews, development of scholarly posters and presentations, and selected elements of grant preparation. The remaining two credits culminate in the writing of a publishable paper. The student's committee is comprised of three graduate faculty

members who supervise the student's progression and completion of the NURS 504 course. The focus of scientific inquiry involves writing a [PICOT question](#) (P: Population/patient; I: Intervention/indicator; C: Comparator/control; O: Outcome; T: Time), conducting a systematic literature review with a critical appraisal of the literature, and developing recommendations to advance evidence-based nursing practice. The process culminates with a formal defense/presentation of the work before the student's committee. College faculty, staff, and students are invited to attend the public presentation. Students are also encouraged to submit their work for publication in professional journals (Exhibit III-C.5 - Clinical Project Guidelines and Sample; Course syllabi are available in the Resource Room).

In Health Care Policy Analysis (NURS 507), MN students review and expand on previous concepts introduced in the pre-licensure BSN or RN-BSN programs regarding the impact of health policies on clients and the health care delivery systems. Students bring their foundational knowledge acquired in their baccalaureate study, along with their experiences as registered nurses, to the examination of the effect of legal and regulatory processes on nursing practice and outcomes. Through course assignments, students may examine Medicare and Medicaid funding, participate in a health care redesign group project, or investigate issues surrounding access to health care. Advocacy for the vulnerable and accountability for quality health care are themes that carry forward in APH track specific courses. (Exhibit III- C.6 – N507 Course Map).

All MN students are required to take the three Advanced Registered Nursing Practice core courses: Advanced Pathophysiology (NURS 581), Advanced Health Assessment and Differential Diagnoses (NURS 562), and Advanced Pharmacology (NURS 563). These courses build on knowledge from the BSN degree and on the BSN degree science [prerequisites](#), which include coursework in chemistry (inorganic, organic, and biochemistry), growth and development across the lifespan, microbiology, statistics, introduction to sociology, anatomy and physiology, and human nutrition. This foundational knowledge in anatomy and physiology is critical as the graduate student further develops his or her critical-thinking skills and the ability to meld advanced education in pharmacology and pathophysiology in the diagnosis and treatment of patients. This knowledge is also pertinent in Advanced Physical Assessment (NURS 562) in which students conduct a comprehensive head-to-toe patient examination. For example, a full neurological assessment, including tests for each cranial nerve, requires knowledge of neurological function based on anatomy and physiology. The college is also working to systematically integrate genetic-genomic competencies into the MN programs.

MN-APH and Post-MN APH Certificate Programs

In 2009, after extensive faculty review, the MN-APH track in community-based/population-focused nursing was renamed the Advanced Population Health (APH) program to better represent its focus. The curriculum was revised to build on previous learning. The MN-APH curricular plans for advanced population health, nursing leadership, nursing education, and individualized study may be found in Appendix I-A.4 and III-B.3.

The MN-APH programs of study (Appendix III-B.4) includes the eight core courses and six specialty core courses. Courses within the APH specialty for all of the options are flexibility sequenced. Students are advised to begin with Scientific Inquiry (NURS 503), Epidemiology and Biostatistics for Advanced Practice (NURS 554), and Evidence Based Practice (NURS 504). Students take the core courses and APH specialty courses, like Health Promotion (NURS 564), early in their programs of study. They finish with the Advanced Population Health Practice (NURS 556), and their research project (NURS 702) or thesis (NURS 700). Numbers of clinical hours vary depending on the student's professional plan and declared APH option (e.g. Nursing Leadership or Nursing Education). (These syllabi are available in the Resource Room.)

Students interested in the Individualized Study option must take the MN program core course work plus 3-4 courses specific to their area of interest (Exhibit III-C.7 – Individualized Study Option Program of Study). Faculty advisors can assist with identifying appropriate courses, which must be approved by the APH faculty. Student examples of individualized study option course listings can be seen in Exhibit

III-B.5. The college offers post-MN APH certificates in Nursing Leadership and Nursing Education. (The admission criteria and course listings may be found in Appendix III-C.4.) Students who complete one of the MN-APH programs of study are also eligible to take additional course work and apply for a Post-MN certificate in Nursing Leadership (3 courses) or Nursing Education (5 courses). The nurse education certificate outcomes are based upon the eight National League for Nursing (NLN) Educator Core Competencies (2005). The relationship between the college nurse educator courses and the NLN Nurse Educator Core Competencies can be found in Appendix III-C.5 - Nurse Educator Certification Course Matrix. Students must apply for each certificate separately through the Graduate School.

Two examples of expected program outcomes for APH students, and the courses that address that content, are shown on the following table.

APH Program Outcomes	Course(s)	Assignments/activities
Intervene at the systems level through policy development, and employ advocacy strategies to influence health and health care.	NURS 507: Health Care Policy Analysis	Group activity: Health Care System Redesign Readings, journaling and quizzes: management principles, budgeting and reimbursement, health care reform
Apply and integrate broad organizational, client-centered culturally appropriate concepts when planning, delivering, managing, and evaluating evidence clinical prevention and population care, including services to individuals, families, and aggregates/identified populations.	NURS 566: Community Analysis and Grant Development NURS 531: Culture, Populations, and Family Health Care	Written grant proposal developed to address identified community need Family-cultural case study paper Cultural Assessment activity Child/family health intervention plan (CHIP) Resiliency project

APH students are very involved in collaborative efforts with community agency personnel in order to perform community analyses and plan/carry out community health promotion activities. (Exhibit III-C.8 – Examples: NURS 566 Community Analysis and Grant Development, and NURS 564 Health Promotion in Nursing Practice Course Maps.)

MN-FNP and post-MN FNP Certificate Options

The MN-FNP program of study which is closed to admissions includes the aforementioned MN core courses and three ARNP core courses (Appendix III-C.7 - MN-FNP Old Program of Study). Students first complete the three core courses and Rational Prescribing (NURS 573), then progress to complete the seven FNP specialty courses of Diagnostic Testing and Interpretation (NURS 575), Primary Care of Families: Adults and Elders (NURS 567), Primary Care of Families: Infants, Children and Adolescents (NURS 568), Primary Care of Family: Family (NURS 569), and Internship (NURS 595). The course of Clinical Decision Making (NURS 570) is completed concurrently with the course of Primary Care of Families: Adults and Elders (NURS 567). These FNP specialty courses build on the foundational knowledge gained in the core courses and are intended to be taken in numerical order (NURS 567 first, followed by NURS 568 and NURS 569), and are designed to integrate theory content with the clinical practice component of the FNP curriculum. Internship credits and clinical/practicum experiences may be completed concurrently with NURS 568 or later in the student's program of study. All syllabi are available in the Resource Room for review.

The three combined theory-clinical FNP courses (NURS 567, 568, and 569) include one credit for theory and three for clinical. Primary Care of Families: Adults and Elders (NURS 567) focuses on the aging population and chronic complex disease management. Primary Care of Families: Infants, Children and Adolescents (NURS 568) focuses on the pediatric patient and health care needs unique to patients from infancy to adulthood. Primary Care: Family (NURS 569) focuses on health issues unique to women and includes special content related to men's health and the care of individuals with psychiatric mental health disorders. The clinical experiences for each course focus on the special population addressed that semester. For example, in NURS 568, students must complete a minimum of 90 hours of clinical in a general pediatric practice and a minimum of 45 hours in a family practice or other primary care setting. Students are expected to complete a minimum of 135 hours per course. In addition to these FNP specialty courses, students are expected to successfully complete five credits of Internship (NURS 595). The hours may be completed in specialty areas; however, three credits must be in a family-practice setting. This Internship course does not include a theory component.

The total number of required clinical hours for the currently implemented MN-FNP curriculum is 630. Post-MN FNP Certificate Program students also complete the seven FNP specialty courses. (See Appendix III-C.6 – Sample Programs of Study; Syllabi for these courses can be found in the Resource Room and contain list of courses, course descriptions, and clinical practice requirements.)

MN-PMHNP and post-MN PMHNP Certificate Options

The MN-PMHNP program, which is closed to admissions, requires students to complete seven specialty specific courses, two of which include both theory and clinical components, plus two clinical focused courses (Appendix III-C.8, MN-PMHNP Old Program of Study). All PMHNP courses include seminar activities and student supervision. Students first complete the three ARNP core courses and then progress into the specialty courses. The seven core PMHNP courses are: Addictions Perspectives (NURS 549), Psychopharmacology (NURS 525), Psychiatric Mental Health: Individual Therapy (NURS 541, including clinical hours), Psychiatric Mental Health: Groups and Family Therapy (NURS 543, including clinical hours), and Advanced Health Assessment and Diagnosis for Psychiatric Nurse Practitioners (NURS 561). The two practicum courses are Practicum in Psychiatric Mental Health Nursing (NURS 546) and Psychiatric Mental Health Nurse Practitioner Internship (NURS 548); each is offered at 4-5 credits depending on the number of clinical hours the student needs to complete to achieve the minimum number required (525 hours).

The PMHNP program of study begins with Individual Therapy (NURS 541), where students develop knowledge and skill in initiating and maintaining the individual therapeutic relationship. This work continues in Group Therapy (NURS 543). Coinciding with this work, students take Psychopharmacology (NURS 525) and Advanced Health Assessment and Diagnosis for Psychiatric Nurse Practitioners (NURS 561). These four courses bring together all the content necessary for students to be successful in the clinical-focused courses (NURS 546 and NURS 548) where they hone their skills in assessment, diagnosis, maintaining the therapeutic relationship, mock prescribing and patient education. The course, Addictions Perspective (NURS 549), may be taken at any point in the curriculum.

The post-MN PMHNP certificate students also complete the coursework of the above seven PMHNP specialty courses. The PMHNP specialty course syllabi, containing course descriptions and clinical practice requirements, are available for review in the Resource Room.

DNP Program

The DNP curriculum builds upon knowledge gained by students in their baccalaureate or MN degree programs as described in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and in *The Essentials of MN Education in Nursing* (AACN, 2011). The DNP curriculum was developed over several years, with final approval granted in 2010 by the college's graduate faculty, WSU

committees, and the Washington State Higher Education Coordinating Board. The Commission on Collegiate Nursing Education (CCNE) approved the inauguration of the post-BSN DNP program starting in fall 2012. In October 2013, the college received notification of CCNE’s approval of the substantive change notification describing the implementation of the post-BSN DNP program. A substantive change notification describing the implementation of the post-MN DNP program in fall 2013 was submitted to CCNE in November 2013. A binder of all substantive reports submitted to CCNE and approval letters subsequently received since 2004 are available in the Resource Room.

Table III-C DNP summarizes the seven options for graduation from the DNP program; more details can be found in Appendix III-B.5 - DNP Programs of Study.

TABLE III-C.2 SUMMARY OF THE SEVEN DNP PROGRAM OPTIONS	
DNP Degree	Required Courses
Post-BSN DNP – Advanced Population Health (72 credits)	Post-BSN Core Courses (48 credits) Advanced Population Core Courses (24 credits)
Post-BSN DNP – Family Nurse Practitioner (72 credits)	Post-BSN Core Courses (48 credits) Family Nurse Practitioner Core Courses (24 credits)
Post-BSN DNP – Psychiatric Mental Health Nurse Practitioner (72 credits)	Post-BSN Core Courses (48 credits) Psychiatric Mental Health Nurse Practitioner Core Courses (24 credits)
Post-MN DNP – General Plan (32 credits)	Post-MN Core Courses (32 credits)
Post-MN DNP – Advanced Population Health (56 credits)	Post-MN Core Courses (32 credits) Advanced Population Core Courses (24 credits)
Post-MN DNP – Family Nurse Practitioner (56 – 65 credits)	Post-MN Core Courses (32 credits) Family Nurse Practitioner Core Courses (24 credits) NURS 562, NURS 563, and NURS 581 if equivalent not completed as part of MN degree (9 credits)
Post-MN DNP – Psychiatric Mental Health Nurse Practitioner (56 – 65 credits)	Post-MN Core Courses (32 credits) Psychiatric Mental Health Nurse Practitioner Core Courses (24 credits) NURS 562, NURS 563, and NURS 581 if equivalent not completed as part of MN degree (9 credits)

The development of the DNP program, curriculum, and courses was guided by the following goals:

1. Prepare graduate students for compassionate, competent advanced nursing practice and leadership in a complex and evolving health care environment.
2. Provide a high quality, innovative program incorporating contemporary and traditional technologies that emphasize conceptual and critical thinking.
3. Educate students in multiple locations throughout the region.
4. Engage students in practice inquiry, which enables them to integrate, translate and apply research into practice in the areas of patient care, leadership, education and policy.
5. Meet the needs of diverse, underserved, rural and global communities by improving nursing education, health policy and professional nursing practice.
6. Prepare doctorally-prepared graduates to serve as faculty in both undergraduate and graduate programs.
7. Meet the need for doctoral-level advance practice nursing education to fulfill the AACN mandate that all advance practice nurses be educated at the DNP level by 2015.

To meet these goals, the DNP curriculum was developed around three essential elements of DNP practice: leadership, research utilization, and advanced nursing practice. Between 2010 and 2012, faculty

reviewed and revised every course in the MN curriculum that would become part of the foundation of the DNP curriculum. Small groups of two to five faculty members met to review each course. The groups revised objectives, described student learning outcomes, and modified assignments to reflect content required for the DNP curriculum. Course changes were approved by the DNP Implementation Task Force (now disbanded), the Graduate Curriculum and Progression Committee, the college's graduate faculty, and various WSU committees, as required by the college's policy (Exhibit III-C.9 – Committee Minutes, Course Change Actions Flagged).

Faculty members developed syllabi for new courses as part of the original DNP proposal. Each course syllabus was reviewed during the two years before the program was launched, and most courses underwent significant modification and improvement (Exhibit III-C.10 – GCPC Minutes, DNP Discussions Flagged). A table listing the pre-requisite and co-requisite course requirements for selected DNP courses is found in Appendix III-C.9. Throughout this process the three areas of DNP emphasis guided course development and plans for course sequencing for post-BSN and post-MN DNP courses. A process of curriculum review in the FNP and PMHNP programs was undertaken in fall 2013 using the 2013 NONPF Population-Focused Competencies. The FNP faculty have completed their reviews (Exhibit III-C.11 - FNP Meetings, Curriculum Discussions Flagged); the PMHNP faculty review is still ongoing. These processes are expected to result in curricular revisions for both tracks that will be implemented in fall 2014 after faculty and committee approval.

In 2013, curricular maps were developed to illustrate the relationships between program outcomes, the Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006), and the 2012 NONPF Core Competencies (for NP programs only). These maps will guide future DNP curricular development and revision (Appendix III-A.4 – Curriculum Maps). Post-baccalaureate students who complete the DNP core courses meet the MN program outcomes and MN essentials (Appendix III-C.11).

Students completing the post-BSN DNP program in the specialty areas of FNP, PMHNP and APH complete a minimum of 72 semester credits and 1,000 hours of practicum experience. Students enrolled in the post-MN DNP program must complete a minimum of 32 semester credits and a sufficient number of clinical clock hours to bring the total post-BSN hours earned after completion of the bachelor's degree to 1,000. Post-MN DNP students will take DNP core courses with the same prerequisite requirements as described above.

Post-BSN DNP and post-MN DNP students seeking a practice specialty take the same set of specialty courses as MN-FNP, MN-PMHNP, and MN-APH students. A listing of the post-BSN ARNP specialty track courses can be found in Appendix III-B.5 – DNP Programs of Study. Students completing the post-MN DNP program in a specialty area (FNP, PMHNP, or APH) will typically complete between 32 and 56 credits depending on coursework already completed in their MN program. Advisors work closely with these students to develop individualized plans of study that integrate DNP requirements and reflect courses already completed in the MN program. For the DNP student who is already a nurse practitioner and is not seeking to add an additional specialty, he/she would be advised according to the DNP general plan of study. All DNP students must complete a minimum of 1,000 post-BSN practicum hours, including the required number of specialty-track hours (Appendix III-C.10 – Full-Time and Part-Time Plans of Study).

In summary, the college's curricula are logically designed to achieve the expected student outcomes of each program. The college's baccalaureate curriculum is built on a foundation of the arts, sciences, and humanities. Applicants for the MN and DNP programs must have the foundation of baccalaureate nursing education, while applicants for the doctoral level must either have a similar baccalaureate nursing education foundation (for the post-BSN entry), or the addition of MN level content already completed (for the post-MN entry). Rationale for the sequence of the curriculum was provided for each of the undergraduate and graduate programs.

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 environment of the college support achievement of program outcomes for a diverse population of students who reside primarily throughout the state of Washington, northern Idaho, and northern Oregon. In addition, the programs admit a diverse student population (e.g., international students, students who have immigrated to the United States, and Native Americans). Faculty members are committed to teaching excellence and the advancement of the scholarship of learning and teaching. Faculty members share best teaching-learning practices both informally and via course group meetings (Exhibit III-D.1 –APH and RN-BSN, Examples of Teaching-Learning Discussions Flagged). In addition, the college supports development of faculty teaching-learning practices through provision of workshops and supports conference attendance to maintain faculty member's currency in his or her area of nursing specialty.

Classroom Environment

Within the statewide college, the teaching-learning practices and environments for both undergraduate and graduate programs are comparable across all campuses and sites. Theory courses emphasize student engagement in discussion, analysis, and problem-based learning. Didactic lectures are delivered by faculty and community-based experts as appropriate to support course level student outcomes. Traditional course lectures are combined with live videoconferencing as well as with synchronous and asynchronous video-streaming technologies to accommodate a variety of learning styles and to achieve program level and course level student outcomes. The college throughout its various locations provides excellent learning environments, enhanced by state-of-the-art video-streaming capabilities (with live videoconferencing as well as synchronous and asynchronous videostreaming functionalities), an advanced learning management system (ANGEL) that provides students a means to connect online to peers and faculty, and learning enhancements, such as the use of [Tegrity](#), a program for class and presentation recording.

Distance Education

The college offers flexibility in class participation with a blended or hybrid delivery of theory courses in all programs. The hybrid model combines online and face-to-face class sessions. Over the last five years, the college has moved increasingly to this hybrid-delivery model in response to student demand for less on-campus time, especially in the RN-BSN and graduate programs. For example, instead of 15 weekly meetings of a theory course, there is less emphasis on face-to-face class sessions and greater emphasis with online discussion forums. Web-based learning management programs, such as ANGEL, provide an organizing infrastructure for the program's theory and clinical courses. Some faculty members use Facetime or Skype, and others use phone conferencing or in-person appointments to meet student learning and advising needs. As the college has transitioned from weekly face-to-face courses to a hybrid course delivery model, faculty members have closely monitored the achievement of student learning outcomes at the course and program levels via student end-of-course evaluations, and AACN/EBI Exit and Alumni surveys.

Clinical Education Environment

For both statewide undergraduate programs, the lead course faculty members work closely with the clinical coordinators and clinical placement consortia for quality student placements. For both

undergraduate and graduate programs, clinical coordinators and lead faculty members (e.g., specialty track coordinators) work closely with the clinical section faculty and students to best match students' career goals and educational and clinical strengths to the appropriate clinical experience. Clinical coordinators and lead faculty members recruit additional academically and experientially qualified clinical mentors (for undergraduate programs, identified or assigned by clinical site managers) or preceptors (for graduate programs) as needed and appropriate to support student achievement of expected outcomes.

All students in the MN, post-MN certificate, and DNP programs participate in experiential learning outside the college, with qualified preceptors serving in place of faculty to instruct students in areas of advanced nursing practice. For example, students in the FNP and PMHNP tracks work with preceptors to complete hands-on learning experiences in clinical settings. To ensure the quality of these students' learning experiences, clinical faculty members make site visits to evaluate students, preceptors, and clinical facilities.

The college uses E*Value, adopted in January 2012, to track graduate student information for all graduate students (e.g., student demographics, enrollment status, progression, advisors, the number of completed clinical hours, the type of procedures and diagnosis that the student is involved with in each clinical setting and clinical evaluations on students, preceptors, and sites). Starting in fall 2013, all FNP students are using E*Value for clinical experience documentation. Starting spring 2014, all PMHNP and APH students will use E*Value for clinical experience documentation.

The Simulation and Clinical Practice Laboratory Facilities

The WSU College of Nursing [Program of Excellence in Clinical Performance & Simulation](#) (PECPS), staffed by six faculty and staff, prepares students for professional nursing practice. Students gain experience through active learning using manikins, standardized patients, and realistic health care scenarios under the guidance of experienced faculty and staff. In delivering educationally sound, realistic simulation learning experiences to students, PECPS is advancing the clinical competence of the health care workforce. The simulation program director of PECPS (a MN prepared nurse faculty member), based on the Riverpoint Spokane campus, provides statewide leadership and coordinates professional training for faculty. The director is a member of the International Nursing Association for Clinical Simulation and Learning, advisor to the student Simulation Club, and an active member of the Simulation Professional Network. From 2011 to 2013, the college participated in a national simulation study conducted by the National Council of State Boards of Nursing. A synopsis of this participation may be found in Appendix III-D.

Pre-licensure BSN students at their affiliated campus or site have access to a clinical skills practice lab, in which students practice independently and in groups under the supervision of faculty or trained staff. Each clinical course sets expectations for independent student preparation and practice, using both online resources from Assessment Technology Institute (ATI) and learning resource packets prepared jointly by the PECPS director, staff, and clinical instructors (Exhibit III-D.2 – Pre-licensure Simulation Learning Resource Packet for clinical courses).

The statewide PECPS also provides opportunities for role playing, case studies linking theory and practice, reviews of physician orders, and other interactive learning activities. In addition, each pre-licensure BSN clinical course across college sites in Spokane, Tri-Cities, and Yakima includes a standardized simulation experience each semester (Exhibit III-D.3).

For the graduate programs, practice-centered courses, such as Advanced Health Assessment (NURS 562) and Diagnostic Testing and Interpretation (NURS 575), are supported by PECPS. It provides a safe, well-equipped environment for practice, with staff supplying assistance, necessary supplies, equipment, and instruction to supplement faculty expertise. For example, during a simulation focused on managing acute musculoskeletal injuries, FNP students worked closely with faculty and PECPS staff in the lab to practice joint assessment skills, place splints, and engage in case-based discussions.

Student Support

The faculty and staff are committed to facilitating students' success in a supportive teaching-learning environment. Staff members in the undergraduate and graduate offices are available to all students with concerns and questions related to admissions and progression throughout their programs of study. All undergraduate and graduate students are assigned faculty advisors. Student services at each campus include technical support, library services, financial aid advising, disability accommodations, writing assistance, learning specialist consultation and support, second language student support, individual and group tutoring, and counseling services (Exhibit II-B.4 – Learning Assistance Resources). Faculty members stay informed about available support services and are encouraged to refer students to these services as needed.

Student Organizations

Pre-licensure BSN student organizations include the Student Nurse Leaders club (Spokane campus), the Crimson Scrubs club (Tri-Cities campus), and the Association of Intercollegiate Nursing Students (Yakima campus). These clubs meet regularly to support the social and professional needs of the undergraduate students. Each club has student officers and a faculty advisor. In addition, the Associated Students of WSU Vancouver, the Associated Students of WSU Tri-Cities, and the Associated Students of WSU Spokane are student organizations for all WSU students. The Graduate and Professional Student Association is the representative body for graduate and professional students at WSU. These organizations initiate and coordinate student activities, represent student interests and needs, and serve as liaisons between students, faculty, staff, and administration.

In summary, across all of the college's programs, technology-enhanced teaching and learning activities in classrooms, laboratories, and clinical practice settings help students to prepare for a wide range of future nursing roles. The college faculty offer innovative, creative, and effective instruction. Students enrolled in all programs benefit from faculty commitment to providing evidence-based didactic and experiential education. Student learning is enhanced not only by technology, but also by innovative peer-to-peer learning supports, faculty availability for individualized assistance, and specific resources that enhance the learning environment (e.g., writing assistance programs and provision of test taking strategies).

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

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **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:

The college integrates theory and clinical practice into an educationally meaningful experience for students in all programs. All clinical courses enable students to apply new knowledge and demonstrate attainment of learning outcomes in a progressive complexity. These experiences occur in safe, well-supervised environments, with all student clinical evaluation completed by clinical course faculty. The college is affiliated with more than 1,000 health care facilities and agencies in the Northwest that provide students opportunities to care for a wide variety of clients and populations.

Overview for the Undergraduate Programs

[StudentMAX Clinical Placement System](#) (a program of the Oregon Center for Nursing) and the [Inland Northwest Clinical Placement Consortium](#) (INCPC - a collaboration between three consortia in Washington and northern Idaho) are the main consortia that facilitate clinical experiences for the undergraduate programs. Both are cooperative efforts among local nursing schools and clinical agencies in their respective areas. The groups collaborate to oversee clinical placements for the various schools of nursing. Each school is able to schedule clinical placements for individuals and clinical groups without the concern that schools will be competing with each other for clinical spots.

The INCPC has enhanced cooperation among the region's baccalaureate and associate degree nursing programs and has supported the development of a common website that can be used by nursing students, faculty, and clinical agencies to complete required modules, identify special requirements of some clinical agencies, and host the clinical agency grids. The group also developed a clinical passport for students and faculty that has standardized many of the agency requirements for individuals receiving clinical education in the area (Exhibit III-E.1 – INCPC Clinical Passport Template).

Pre-licensure BSN Program

The four-semester [program of study](#) (Appendix III-E.1, Pre-licensure program of study for 4 semesters) requires every student to participate in clinical experiences each semester, with the exception of students who are on a five-semester plan (Appendix III-E.2, pre-licensure program of study for 5 semesters). Students prepare for clinical experiences through Assessment Technologies Institute (ATI) nursing education learning modules and simulation experiences and activities (e.g., simulation scenarios) delivered via the Program of Excellence in Clinical Performance & Simulation (PECPS).

In each course, simulation scenarios are implemented throughout the semester to enhance students' clinical experiences in the practice setting. These clinical simulations are integrated into the curriculum to link theory to practice and to provide hands-on patient care skills and practice in various clinical settings. Starting for new students in the fall 2013, each student will experience 19 hours of simulation over his or her program of study. Simulation performance counts as clinical conference hours, which are part of course clinical hours. Clinical instructors play an active role in the students' simulation experiences, providing oversight to their performance while the PECPS staff facilitates the actual simulation activity.

The clinical courses are led by academic program directors/assistant dean and coordinated by clinical lead faculty members representing each clinical group. Each clinical faculty group discusses decisions regarding clinical placements, course content, integration with other subjects, and course policies. The clinical groups are responsible for assuring that student learning outcomes, learning activities, clinical performance, and evaluation meet the BSN program outcomes and baccalaureate essentials. Faculty members are also responsible for assuring that the clinical placements for the students provide a professional and appropriate learning experience to assure students to attain the expected outcomes. Clinical learning activities are well integrated with theory and classroom experiences. Each syllabus contains a course map that links student assignments to course and program outcomes (Exhibit III-B.2).

Groups of eight to 10 students are supervised at the clinical agencies for direct patient care. An 8:1 student-to-instructor ratio is a target for the junior year and a maximum of 10:1 for the senior year. The faculty of each clinical section provides written evaluations of the clinical students at midterm and at the end of term (Exhibit III-E.2 – Pre-licensure Clinical Evaluation Tool and Examples of Student Performance Evaluations).

During the last semester of the program, senior students prepare for Senior Practicum (NURS 430) through experiences with a series of lab reviews, case studies, clinical skills, and simulation experience (Exhibit III-E.3 - Samples of Case Studies and Simulation Scenarios). Practicum students are carefully assigned to quality placement sites with experienced mentors in various clinical agencies. Mentors are registered nurses who help students prepare for the transition from new graduate to registered nurse

through 120 hours of concentrated clinical experiences. Students are evaluated both by their clinical faculty and by their mentor at the clinical site during the NURS 430 experience; however, the faculty member assigns the final course grades (Exhibit III-E.4 – NURS 430 Mentor Packet).

All students complete a clinical site evaluation at the end of each semester. Lead clinical faculty members review these evaluations and share the feedback with the agencies. This process is in transition to a more structured electronic system that will allow the Office of Information Management (OIM) to track the evaluations more efficiently. Clinical coordinators also provide site feedback during course group meetings (Exhibit III-E.5 – Clinical Coordinator Minutes, Clinical Site Discussions Flagged).

RN-BSN Program

The two RN-BSN clinical courses, Nursing Practice: Community and Psychiatric/Mental Health (NURS 465) and Advance Clinical Practicum (NURS 495), have course assignments that may vary by campus and are based largely on student demand and faculty experience. Students are assigned on-site mentors in the clinical settings and are supervised by faculty at a 15:1 student-to-faculty ratio. This is an appropriate and safe ratio as all students are licensed as registered nurses. The theory courses, Nursing Concepts: Community Health (NURS 440) and Selected Nursing Concepts: Psychiatric/Mental Health Concepts (NURS 462) are theory courses that must be taken prior to or concurrent with Nursing Practice: Community and Psychiatric/Mental Health (NURS 465). Course syllabi are available in the Resource Room.

Students participate in regular clinical conferences either in person or through web-based discussions. During these conferences, students must relate concepts from the RN-BSN curriculum to their clinical experience and provide a scholarly article on a clinical topic from that experience. References to scholarly articles are also required with each clinical journal entry. This approach is congruent with the recommended use of research evidence, scientific inquiry, and depth and breadth of learning as outlined in the AACN Baccalaureate Essentials, BSN program outcomes, and WSU's undergraduate seven learning goals and outcomes.

Site managers designate the on-site clinical mentors and provide verification of the mentor's credentials (e.g. BSN or nationally certified). Faculty members work with mentors, managers, and students to establish expectations at the beginning of the clinical experience, monitor student learning during the experience, and evaluate the student performance at the end of the experience. All grading and evaluation of the achievement of student learning outcomes is the responsibility of faculty. Also, each student evaluates the clinical site and mentor (Exhibit III-E.6 – Clinical Evaluation Tools of RN-BSN Students, Clinical Sites and Mentors). Faculty members use the feedback to track the sites that provide the most positive learning environment. The RN-BSN program has recently initiated a more systematic annual analysis of clinical site evaluations (Exhibit III-E.7 – RN-BSN Minutes, July 2013).

Graduate Programs: MN, Post-MN FNP and PMHNP Certificates and DNP Programs

Practicum and clinical experiences are an important aspect of the educational process for students in the MN, post-MN FNP and PMHNP certificate, and DNP programs. The college's FNP and PMHNP Student Handbooks describe guidelines for practicum and clinical experiences, performance evaluation and program progression requirements, and the use of the E*Value electronic documentation system for clinical experience documentation and evaluation. The APH program utilizes a Resource Guide for Preceptors. These documents are available in the Resource Room. Faculty and clinical evaluators are assigned responsibility for no more than six students per clinical group or section. Faculty members may be assigned to supervise more than one clinical group or section of students per semester; each clinical section represents a distinct percentage of the faculty member's calculated workload for the semester. A copy of the faculty workload formula, reflecting clinical supervision assignments, is included as Exhibit II-D.1. Guidelines have been developed for the clinical evaluator role and the roles and responsibilities of community-based clinical preceptors (Exhibit III-E.8 - Clinical Evaluator Job Description and Preceptor Information Packet for FNP and PMHNP Clinical Courses, APH Resource Guide for Preceptors). Similar

guidelines are distributed to students that explain student pre-clinical preparation, clinical rotation guidelines, and the patient-student-preceptor experience (Exhibit III-E.9 – FNP and PMHNP Student Clinical Guidelines).

The college maintains contracts with an [extensive list of clinical agencies](#). Clinical contracts are available for review in the Contracts Office. Students are encouraged to identify their own clinical sites under the guidance of course faculty and track coordinators, as appropriate. Clinical coordinators are available to consult with students at the Spokane and Vancouver campuses. A part-time faculty member assists with clinical placements at the Tri-Cities campus. Clinical placements are challenging due to the large number of schools preparing primary care providers. Nurse practitioner students, and students from medical, osteopathy, and physician assistant programs vie for the same clinical sites. Distance-learning programs from across the U.S. are also accessing rural clinical sites in the region for their students.

Clinical faculty members make site visits throughout the semester for each clinical course to evaluate students. They also monitor students' progress through the review of clinical documentation, journals, and other assignments. Preceptor input is included in the student evaluation. Clinical faculty members assign the final clinical grade.

In summary, the college's undergraduate and graduate programs provide clinical learning opportunities across a wide spectrum of health care settings statewide. Clinical faculty work closely with theory course instructors to coordinate the connections between theory and practice for students, while maintaining alignment with students' goals and attainment of program outcomes. Distance learning students in the RN-BSN program and graduate programs work closely with faculty and clinical coordinators to ensure attainment of quality clinical learning experience as well as course level and program level outcomes.

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 communities of interest identified by the college are described in Standard I-B, page 5. Because of the college's statewide presence, there are numerous communities of interest to consider when planning and carrying out the curricula and teaching-learning practices. All campuses seek input regularly through formal methods (e.g., AACN/EBI graduate exit surveys and alumni surveys, and course evaluations by students at the end of each semester) and informal methods (e.g., feedback during the Clinical Practice Advisory Board meetings held in each campus or site). Below are several examples that demonstrate how the college considers and responds to the needs and expectations of the community of interest in the areas of: 1) increasing access to programs; 2) curricular changes; and 3) particular teaching-learning practices molded by student needs and expectations. The communities of interest are italicized below.

Increasing Access to Programs

- Graduate and RN-BSN students requested courses that minimized their trips to campus. In response, the programs have transitioned to a blended or hybrid delivery model. To support this flexibility of delivery modes, the college has enhanced the distance learning technology and IT support to support increased flexibility in course delivery for didactic activities through hybrid delivery of all graduate programs and the RN-BSN program (e.g., the live videostreaming and

totally asynchronous offerings) (*current and prospective undergraduate and graduate students as the communities of interest*).

- The college participates in clinical consortia across the state of Washington, which facilitates students' ability to complete clinical courses close to home without sacrificing quality of instruction (*community partners/clinical agencies, current undergraduate students, and faculty as the communities of interest*).
- The pre-licensure BSN program was opened to students at the WSU Tri-Cities campus in 2004 (*Tri-Cities community leaders, prospective students, and Washington State University as the communities of interest*).
- RN-BSN students requested that the program deliver all theory and clinical courses online during the summer term. Often the demand is so high that more than one online section has to be taught during the summer term (*current RN-BSN students as the community of interest*).

Curricular Changes

- Advanced registered nurse practitioner education was moved to the doctoral level in response to the increasing complexity of health care and the call of numerous professional organizations (*professional nursing organizations as the community of interest*).
- The adult psychiatric mental health nurse practitioner specialty track curriculum has been expanded to encompass across the lifespan content to meet the national standards for certification and practice (*professional nursing organizations as the community of interest*).
- The RN-MN option (described in the MN-APH section of Standard III-B, page 46) was placed on moratorium due to the university-wide budget cut following the Academic Affairs Program Prioritization (A2P2) discussions a few years ago. There have been no new admissions since 2009; one RN-MN student in APH is still completing her degree at the college. The RN-MN program was first opened in response to increased inquiries from experienced registered nurses with a baccalaureate degree in another field seeking an accelerated pathway into the APH MN program. In early 2013, the APH faculty made a request to the college to re-institute this option. This request has been well supported by the college leaders and this option will be re-instituted for new admissions to start in fall 2014. The college has increased resources in marketing to promote the RN-MN program option in APH. (*Faculty and prospective students as the communities of interest*).
- In the RN-BSN program, the Advanced Practice Practicum (NURS 495) was modified (and approved by the college and all WSU committees) to be congruent with the new WSU core requirements for a capstone course in each university baccalaureate major. In the pre-licensure BSN program, Senior Practicum (NURS 430), which was previously developed as an immersion experience to prepare BSN students for practice after graduation, is under revision to serve as the capstone course for the BSN program (*Washington State University as the community of interest*).
- Interprofessional team-based care is facilitated at the Spokane campus by the WSU Spokane Director of Interprofessional Education & Research who provides connections to such programs/communities of interest as medical education, pharmacy, and speech and hearing. These communities contribute input in developing interprofessional education for the entire campus. Interprofessional team-based care has been highlighted as a competency for nursing education by the AACN, et al. report, entitled "[Core Competencies for Interprofessional Collaborative Practice](#)", May 2011. The Undergraduate Curriculum Committee and Faculty Organization passed the recommendation to include 16 hours of interprofessional education per pre-licensure BSN student. The implementation plan is currently being developed. (*Medical education, pharmacy, and speech and hearing as the communities of interest*.)

Particular Teaching-Learning Practices Molded by Student Needs and Expectations

- The college Program of Excellence in Clinical Performance & Simulation (PECPS) was established in early 2013 with additional highly trained staff to support teaching and student

learning. For example, in the pre-licensure BSN program, high-fidelity simulation is used to augment application of theoretical knowledge at all locations (*faculty and current students as the communities of interest*).

- Progressively complex case studies, laboratory reviews, requirements for practice lab experience and simulations were added to Senior Practicum (NURS 430) (the seminar component of this course) to enhance clinical performance and NCLEX success (*faculty and current students as the communities of interest*).

In summary, the college monitors the needs and expectations of its communities of interest on a regular basis, and considers their needs as an important element when engaging in curricular and strategic plan revisions. The college's mission and goals, as a part of the strategic plan, clearly demonstrate a commitment to modify paths of access, curricula, and teaching-learning practices as the profession changes.

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:

The expected student learning outcomes are clearly presented in the syllabi for all courses in the graduate and undergraduate programs. These syllabi are posted on ANGEL (the learning management system), and are available to students the week prior to the start of classes each term. The syllabi follow a standard format to ensure consistency from course to course (Appendix III-A.5). The WSU grading scale is used for all courses and is contained in each syllabus.

Within each syllabus, evaluation methods are clearly linked to expected course student learning outcomes and program outcomes, and the appropriate AACN Essentials. This is accomplished through the use of a grid that maps course level student learning outcomes to the assignments for the course, which are designed to demonstrate student achievement of the linked learning outcome. The grid also links to relevant AACN Essentials and guidelines (e.g. 2012 NONPF Core Competencies and program level student outcomes). As part of revising and/or updating courses, these evaluation methods are reviewed and modified as needed. Undergraduate and graduate faculty members in both theory and clinical courses evaluate the achievement of student learning outcomes. During the course, online grade books in ANGEL provide students with real-time feedback on their progress in the course. ANGEL also enables faculty to securely share files and provide and receive feedback.

Theory instructors utilize various evaluation methods such as examinations, writing assignments, in-class participation, and case studies. For clinical courses, different sections of the same course utilize standardized clinical evaluation instruments, which faculty review and revise annually as needed.

Clinical faculty members use multiple methods to provide formative and summative feedback to students, including on-site visits, group clinical conferences, student self-evaluation, phone conferences, and email. In the pre-licensure BSN and RN-BSN programs, clinical faculty and mentors for the precepted clinical courses give both formal and informal input at mid-term and at the conclusion of the

clinical experience. Clinical faculty members complete all grading and final evaluation of clinical performance. In the graduate clinical courses, preceptors provide formal written evaluation for individual students; however, clinical course faculty are responsible for the final evaluation and grading of the students' clinical performance (Exhibit III-G.1 – Clinical Evaluation Tools and Examples of Completed Clinical Evaluations for Students, Mentors/Preceptors, and Clinical Sites for all Programs).

Progression Oversight

When unsatisfactory performance is noticed in any undergraduate or graduate clinical student at any time during the semester, clinical faculty initially counsel and coach the student. This may be followed by a written Notice of Unsatisfactory Performance (NUP), which outlines unmet learning outcomes and includes a remediation plan with referrals to the student's faculty advisor and appropriate resources (Exhibit III-G.2 – Notice of Unsatisfactory Performance Forms; Undergraduate and Graduate Students). A performance improvement plan may be developed for graduate students who are enrolled in clinical/practicum courses. If the unsatisfactory performance persists, the student will receive a failing grade in the course. The procedures related to unsatisfactory student performance can be found in the Undergraduate Student Handbook (Section on [Clinical Performance Evaluations](#)) and Graduate Student Handbook (Section of [Academic Standing](#)).

Progression Oversight for Undergraduate Programs

For both theory and clinical courses, undergraduate students who fail a course must request permission from the [Undergraduate Admission and Progression Committee](#) (UAP) to repeat the course and continue in the program. This elected committee, which includes student representation, determines whether to allow the student to progress or be dismissed from the program (Exhibit III-G.3 – Sample Communication to Faculty Advisors).

Progression Oversight for Graduate Programs

The [Graduate Curriculum and Progression Committee](#) (GCPC) evaluates graduate student progression issues, failures, and dismissals. The GCPC also reviews progress of students who have a cumulative GPA below 3.0, have failed any course, have withdrawn from a course with a failing grade, have withdrawn from more than one course after the ninth week of the semester, or have had an unsatisfactory annual review. When a student is under review by GCPC, the coordinator (staff) for the graduate programs requests, collects, and assembles supportive documents from the student, the student's academic advisor (faculty), course faculty, and other individuals who may be involved. GCPC members review these documents in a confidential meeting and make a recommendation to the appropriate program director about the student's progression. GCPC members have [three options](#) as found in the Graduate Student Handbook: 1) The student will be permitted to repeat the course; 2) Some alteration in the student's plan (as stated in the letter from GCPC to the student) may be required, such as limiting the number of courses in which the student may enroll; or 3) Student dismissal from the nursing program. A student who fails or withdraws from the program, fails a required course twice or fails/withdraws from two clinical courses may be dismissed from the program. The respective program director makes the final recommendation about each student progression issue to the WSU Graduate School and informs the student, student's advisor, relevant course faculty, and other involved personnel.

In summary, expectations of individual student performance at the course level are clearly identified in the syllabi and form the basis for evaluation by course faculty. Likewise, program outcomes specify the expected skills and abilities required by graduates of the college as they enter the profession, or reflect a new level of advanced nursing practice upon the attainment of a graduate degree. Policies and procedures related to the evaluation of individual student performance, as specified within individual theory and clinical courses, are discussed and defined at the course faculty group level. Evaluation policies and procedures for both undergraduate and graduate programs are clearly defined and are consistently applied across all campuses and sites.

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:

As indicated in the college's [Faculty and Staff Manual](#), "Students, faculty, staff, and community members, as stakeholders in educational outcomes, are involved in the development and implementation of the evaluative process". This statement conveys the college's commitment to evaluation as a key component of the teaching-learning process. Evaluations are used to improve teaching-learning practices and guide faculty in making modifications to improve courses, lectures, and assignments. Students evaluate theory and clinical instruction at the end of each semester. Student evaluations of the clinical sites and preceptors/mentors and preceptor/mentor evaluations of the students are also completed at the end of each semester. Other types of evaluations of curriculum and teaching-learning practices are collected regularly through formal methods (e.g., AACN/EBI graduate exit surveys and alumni surveys) and informal methods (e.g., the dean's monthly open forums and the Clinical Practice Advisory Board meetings held in each campus or site). Data from the evaluations are discussed in various venues as appropriate for the issues and concerns (e.g., faculty group meetings, Dean's Council meetings) and used for program monitoring and quality improvement.

Every course offered by the college is evaluated by students through Skylight, an anonymous web-based instrument. Two separate course evaluation tools are used for didactic and clinical instruction (Exhibit III-H.1 – Skylight Course Evaluation Tools). Aggregate results of the course evaluations are returned to faculty and their supervisors after the conclusion of the semester. Some faculty members also choose to conduct formative course evaluations early in the semester or throughout the semester to identify and assist students who might be struggling or to modify or augment course content to enhance the learning process.

The college also has a robust faculty peer teaching evaluation system for clinical-track, tenure-track, and tenured faculty. Each faculty is assigned a peer teaching evaluator; each faculty is expected to secure at least one peer teaching evaluation for each calendar year (Exhibit III-H.2 – Faculty Peer Teaching Evaluation Tools). As appropriate to the course delivery mode, peer teaching evaluations may include a class sit-in and a thorough review of all course materials, including the course's ANGEL site and syllabus. The completed peer teaching evaluation is shared with the individual faculty member for professional development purposes and is considered as part of the progress toward tenure reviews conducted annually for faculty on the tenure track.

Faculty members use student and peer teaching evaluation feedback to improve courses and to inform his/her annual self-evaluation. As part of the faculty annual performance review process, faculty members are required to address any issues that emerged from these evaluations with a plan for improvement. A summary of this plan is entered into WORQS, a comprehensive online tool (Exhibit II-F.1 – Sample of Reports), and used by the faculty member's immediate supervisor during annual performance reviews as described in [Section VIII](#) of the Faculty-Staff Manual.

Curricular Oversight

Responsibility for curricular matters rests with the faculty under the direction of the Undergraduate Curriculum Committee (UCC) and the Graduate Curriculum and Progression Committee (GCPC), in collaboration with program directors/assistant dean. The college conducts regular program reviews and actively maps curricula to relevant AACN essentials and guidelines and program student outcomes (Exhibit III-H.3 –UCC

and GCPC Meeting Minutes, 2013, Curriculum Mapping Flagged). For example, in 2013, the college submitted program updates on the BSN programs and graduate programs as part of WSU's continuous quality improvement initiative. The college also carefully reviews the feedback from the WSU Graduate School to foster program improvement. Appendix IV-A.7 contains the undergraduate report sent to the ATL office and the feedback subsequently received. Similarly, Appendix IV.A.6 contains the graduate program reviews sent to the Graduate School and the feedback subsequently received.

The college's Systematic Evaluation of Program Components (Appendix I-B.1) provides guidance for all evaluative efforts and delineates the responsible party for all activities aimed at program quality improvement. The Office of Information Management (OIM) has assisted program directors/assistant dean and faculty in developing a systematic approach for curricular development and program assessment (Exhibit III-H.4 – OIM Meeting Minutes with UCC and GCPC Regarding Assessment Plans and Evaluation Reports). Information generated from these efforts is available for use by program directors/assistant dean and respective curriculum committees. For example, evaluation data of each academic program (e.g., NCLEX and certification passing rates) is reviewed at least once a year and as often as needed to foster ongoing and timely improvement. The program-specific evaluation report, which is based on the evaluation data reviewed in the previously academic year, is generated on an annual basis by the OIM and provided to that program's director or assistant dean.

Curricular Oversight for Undergraduate Programs

The Undergraduate Curriculum Committee (UCC) provides curricular oversight for the college's two baccalaureate programs. UCC meets monthly to review and develop curriculum, collaborate on curricular evaluation, and make curricular recommendations to the Faculty Organization (Exhibit III-H.5 – UCC 2013 Minutes with Curricular Decisions Flagged). The Faculty Organization Bylaws include details on membership, functions, and role of [UCC](#).

Curricular Oversight for Graduate Programs

The Graduate Curriculum and Progression Committee (GCPC) provides curricular oversight for the MN, post-MN certificate programs, DNP, and PhD programs. GCPC oversees the process of approving major course changes in the catalog, course description, student learning outcomes, and the relationship of individual courses to the overall curriculum. The specialty faculty groups (APH, FNP and PMHNP) must propose and/or endorse course changes. Next, the MN/DNP Advisory Committee, GCPC, and the college's graduate faculty (in that sequence) grant approvals. The WSU Faculty Senate provides final approval (Exhibit III-H.6 – GCPC 2013 Minutes with Curricular Decisions Flagged).

With assistance from the Office of Information Management, the graduate faculty groups are currently engaged in a comprehensive review of the graduate curriculum, including each specialty's program offerings. Faculty reviewers are expected to complete this process by May 2014 (Exhibit III-H.7 – GCPC and Graduate Faculty Program Minutes, Curricular Reviews Flagged). As part of this program improvement initiative, each graduate-level course syllabus has been revised to include course level student learning outcomes and a grid that describes the relationships of course level student outcomes to evaluation methods used in the course. This initiative is also meant to ensure that course content is congruent with the course level student outcomes and with the college's mission and goals, program outcomes, relevant professional standards and guidelines, and the needs of the college's identified communities of interest (including, but not limited to, faculty) as appropriate (Exhibit III-H.8 – Graduate Faculty Program Minutes, Curricular Mapping Flagged).

Examples of Improvement in Teaching Learning Practices Resulting from Evaluative Processes

Pre-licensure Program

In 2010, student and faculty informal evaluations reflected that the students had received the majority of their adult acute care clinical practice in J2 (Junior 2nd semester), and they were needing an acute care refresher before entering their senior practicum. In addition, the NCLEX pass rates for the graduates were 88-90%, which reflected a drop in pass rates for the college. NURS 430 was re-designed to better prepare students to enter clinical settings and to get a strong content review prior to taking the NCLEX exam upon graduation. Strategies included completion of three compulsory case study activities that involved the same virtual patient with evolving complex health conditions, completion of four hours of practice time in the Learning Resource Center, participation in two lab review seminars, concluding with satisfactory participation in a required high-fidelity simulation. Student and faculty response was very positive. Currently, the plan is to continue to offer the review to the students with the addition of supporting videos for the students to review and inclusion of more pharmacology.

RN-BSN Program

In 2012-2013, the RN-BSN faculty worked together on a limited curriculum revision, which has been approved through the UCC, the college Faculty Organization and the WSU Faculty Senate and is now slated for implementation in 2014. Evaluative data utilized by the faculty to review and ultimately revise the curriculum was solicited from graduating students via an anonymous web-based survey (Exhibit III-H.9 – RN-BSN Curriculum Survey). Additional data included comparisons with other RN-BSN school curricula, feedback regarding employer expectations at program/campus advisory board meetings and faculty interpretation of statewide and national standards and trends including the IOM Report (2011) (Exhibit III-H.10 – RN-BSN Meeting Minutes). The May 2011 curriculum retreat discussions (Exhibit III-H.11 - Retreat Minutes, May 2013) resulted in an action plan to move the following changes forward. Because of the increasing emphasis of nursing's role and responsibility within the community and importance of such content to a BSN prepared nurse, the NURS 440 course was increased to three semester credits, and the name was changed to Population Health. NURS 495 was also increased to three credits, so that it could function as a university capstone course. Being mindful of the communities of interest, overall credits in the program were not increased. Since increasing numbers of students admitted to the program are brand new associate degree graduates, they have had pathophysiology, pharmacology, and assessment within the last 2 years. Therefore, both NURS 365 and NURS 366 were decreased from 3 to 2 semester credits.

Graduate/MN Program

The Advanced Population Health faculty conducted a curricular quality improvement project in 2012-2013 involving graduates from the Nurse Educator option. Faculty conducted four group interviews with graduates in Portland, Longview, Spokane, and Vancouver and individual interviews with some of their deans/supervisors. The purpose of this evaluation was to inform curricular decisions and is currently in the data analysis phase. The NLN Core Competencies for Nurse Educators, IOM report, and the Master's and DNP Essentials will inform recommendations for changes to the Nurse Educator courses. Curricular revision to the leadership track resulted from a 2006 study involved focus group interviews with twenty-three nursing leaders from a variety of health care settings in the Pacific Northwest. A published 2009 article on this research is available as Exhibit III-H.12.

Graduate/DNP Program

In 2010, the PMHNP faculty met and reviewed the curriculum for this specialty. It was decided to transition from Adult Psychiatric Mental Health to Family Psychiatric Mental Health in keeping with the expected retirement of the ANCC Adult focused certification exam and the need for practitioners who could treat mental illness across the lifespan. The faculty reviewed course syllabi and updated the curriculum to encompass mental health and illness of all ages. Course numbers were retained but

course descriptions, student learning content, and evaluations were changed to reflect the NONPF Lifespan competencies. The PMHNP Faculty Committee has planned a retreat for late Fall 2013 to again review the curriculum, this time with the intention of critically evaluating the curriculum that was developed in 2010. The curriculum retreat will involve invited members of the Family Nurse Practitioner Faculty Committee, as both groups have expressed an interest in collaborating to improve NP preparation in the care of individuals with mental health conditions.

A select group of faculty teaching in the FNP program has been reviewing the curriculum in relation to the DNP (2006) and MN Essentials (2011), to the NONPF Lifespan competencies (2013), and to the NTF Criteria (2012). Feedback from students on the current curriculum was solicited. Faculty then created a matrix grid to display the composite relationship between all required courses in the program and all content concepts recommended by AACN and NONPF to determine overlaps and gaps. Based on student requests, DNP courses are grouped together and delivered on a single day of the week. Curricular maps can be found in Appendix III-A.4.

As a result of this process, faculty have proposed a change in the curriculum and a small group of experienced FNP-prepared faculty have met regularly to develop new courses that will reflect the Lifespan competencies and address all NTF criteria. The plan is that FNP courses will assist students in developing expertise in the care of individuals and families from infancy to advanced age. The planned courses will focus on health promotion in the beginning of the curriculum and progress to the care of patients with complex chronic disease (Appendix III-B.5 – DNP Programs of Study). Documents related to clinical experiences will also be modified, with new evaluation tools developed or adapted to reflect planned curricular changes. This process is expected to be complete in late fall semester 2013, anticipating that students could begin work in the new curriculum in fall 2014.

In summary, faculty members regularly review courses in their program's curricula, discussing areas for improvement (e.g., revision to prevent unintended overlap of content). As part of fostering continuous course and program improvement, academic programs and specialty track faculty groups have initiated annual faculty retreats to regularly engage in these activities. The college and faculty are committed to ongoing improvements in the teaching-learning enterprise, with the goal of providing quality nursing education across a wide spectrum of programs and campuses/sites. An example of this commitment is the RN-BSN program adopting a hybrid format/blended learning delivery mode that contains fewer face-to-face meetings and increased use of asynchronous lessons in courses. This was based directly on student feedback expressing preferences for flexible course delivery options, including live videostreaming, archived course videos, and on-campus face-to-face opportunities. In the DNP program, faculty and student input guides the development of each semester's schedule, in an attempt to meet student and faculty requests that courses be grouped on a single day of the week.

STANDARD III SUMMARY ANALYSIS AND REFLECTION

STRENGTHS

- The provision of high-quality programs at both the undergraduate and graduate levels across the state with expected student learning outcomes consistent with the roles for which the programs are preparing graduates. The college's curricula are logically designed to achieve the expected student outcomes of each program.
- The college's statewide programs are supported by a robust infrastructure. Across all of the college's programs, technology-enhanced teaching and learning activities in classrooms, laboratories, and

clinical practice settings help students to prepare for a wide range of future nursing roles. Student learning is enhanced not only by technology, but also by innovative peer-to-peer learning supports, faculty availability for individualized assistance, and specific resources that enhance the learning environment.

- The college's mission and goals, as a part of the strategic plan, clearly demonstrate a commitment to modify paths of access, curricula, and teaching-learning practices, as the profession changes. The college monitors the needs and expectations of these communities of interest on a regular basis, reflecting these needs as an important element when engaging in curricular and strategic plan revisions.
- The college and faculty are highly committed to ongoing program improvements in the curriculum and teaching-learning practices, with the goal of providing statewide quality nursing education across a wide spectrum of programs.

CONCERNS

- The college faces challenges of diminishing numbers of quality clinical placements, especially for graduate students due to competition from other disciplines and programs.
- The development and implementation of the DNP program, including the Practice Transformation Project courses, has been a learning experience for the WSU Graduate School, as DNP is the first professional doctoral degree choosing to follow WSU Graduate School's policies.

STRATEGIES FOR CONTINUOUS IMPROVEMENT

- To address the increasingly complex and rapid change surrounding clinical sites, the college has committed additional personnel to clinical placement coordination across all campuses in an effort to recruit more sites and better utilize those actively participating in clinical activities. For example, in 2013, the college hired a full-time Spokane-based clinical coordinator to work with graduate students residing on the east side of the state on clinical placement related matters. In addition, clinical faculty across all sites work closely together with their respective clinical lead faculty at regular and ad hoc meetings to assure consistency in teaching-learning practices for all statewide programs.
- In collaboration with the college's leaders, WSU Graduate School has developed and added a new chapter to their policy and procedure manual to detail the DNP program and to accommodate the uniqueness of the DNP Practice Transformation Project. The WSU Graduate School has been actively involved in every aspect of the development of the Practice Transformation Project courses and will assist the college and GCPC with evaluation of the implementation of the DNP program and the Practice Transformation Project courses.

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:

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

Program Response:

Systematic Program Evaluation

The college is committed to achieving its mission and goals through program effectiveness. The college uses an ongoing systematic process to obtain and analyze relevant data to determine program effectiveness. The Systematic Evaluation of Program Components (SEPC) is the written plan that guides this process (SEPC, Appendix I-B.1). Evaluation findings guide evidence-based decision making around the achievement of program outcomes, resulting in the fulfillment of the college's mission, goals, and expected program outcomes. The college reviews and revises this process every two years. Program directors/assistant dean and curriculum committees work together to determine program effectiveness based on thorough analysis of the data. If there are targeted areas for quality improvement, a sub-task force may be formed to develop interventions and analyze results.

In January 2013, the college established the Office of Information Management (OIM) to lead the college's data collection and analysis efforts. The addition of the OIM reflects the college's commitment to continuous quality improvement. Under the leadership of the OIM team, program assessment and evaluation plans have been revised significantly to reflect the need for ongoing data collection, to facilitate the development of more effective dissemination of evaluation data, and to ensure faculty engagement in responding to progress reports.

The OIM was instrumental in the development of evaluation plans for each program (Appendix IV-A.1-4 - Program Evaluation Plans). These plans include measures related to program completion, licensure, certification, employment rates, and student satisfaction as reported in both exit and alumni surveys. The evaluation plans also include summaries of data that reflect program effectiveness in helping students successfully meet program outcomes. The evaluation plans clearly describe accountability for data collection, summarization, and dissemination to appropriate committees and faculty groups. They are dynamic documents that will change to reflect the evolving needs of program directors/assistant dean, faculty, students, and outside stakeholders.

The evaluation plans and reports are the basis for annual evaluation reports that summarize program performance using CCNE criteria as well as internal targets set by the program directors/assistant dean

(Appendix IV-A.1-4 – Program Evaluation Plans and Reports). Any measures that fall below CCNE and internal targets require a response from the program director and may result in the implementation of a quality-improvement project to address the substandard performance. The evaluation reports outline both the program response and quality-improvement initiatives.

The college reviews and tracks findings about program effectiveness and the progress of quality-improvement initiatives on an ongoing basis (Appendix IV-A.5 - Program Evaluation Report Generation, Review, Dissemination). The data and process updates are shared throughout the academic year with program directors/assistant dean, the appropriate standing committee, and faculty. The college reports program performance data annually to the WSU Graduate School (Exhibit IV-A.1-2) and subsequently receives a report (Appendix IV.A.6). Similarly, for the undergraduate program, the college submits a report and receives feedback from the Office of Assessment of Teaching and Learning (ATL) (Appendix IV-A.7).

Outcomes as Required by [USDOE](#) and Selected by Program

Program Completion Rates

For each program, program directors/assistant dean and faculty determine a maximum expected time required for student completion that is consistent with university policies. Completion rates are included in the annual evaluation reports and are regularly reviewed and addressed as needed.

NCLEX-RN

NCLEX-RN first-time pass rates for the pre-licensure BSN program are reported quarterly to the college by the Washington State Nursing Quality Assurance Commission (NCQAC). The reports include first-time pass rates for any WSU graduates who have taken the exam during the report year. These reports are reviewed by the pre-licensure BSN program leaders, the associate dean for academic programs, the Undergraduate Curriculum Committee, and the Undergraduate Admissions and Progression Committee. The OIM merges student-level data obtained from NCQAC with the college system data in order to analyze first-time pass rates by graduating cohorts and by campus. Data are shared with faculty annually, at minimum, and more often as needed to address changes in trends.

Certification Pass Rates

The college receives annual national credentialing exam pass rates for graduates from the family nurse practitioner (FNP) program and psychiatric mental health nurse practitioner (PMHNP) program. This information is provided by examination agencies, including the American Nurse Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Program (AANPCP). These results are regularly reviewed by the MN and post-MN certificate program director, the DNP program director, the track coordinators, and track-specific faculty groups. The track-specific faculty groups and program directors/assistant dean collaborate to develop plans to address changes in trends. Data and reports beginning in spring 2014 will be shared with the Graduate Curriculum and Progression Committee, the MN/DNP Advisory Committee, and the Graduate Faculty as information becomes available.

Tracking certification rates for graduate students is difficult, as there is not a consistent reporting method for the individual specialties. Examination agencies, including the American Nurse Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Program (AANPCP), provide aggregate certification data annually for students graduating from the MN or post-MN family nurse practitioner (FNP) or psychiatric mental health nurse practitioner (PMHNP) certificate programs. As a result, breakdowns of these certification data by campus and site, or MN versus post-MN certificate programs, are currently not available. In spring 2013, the DNP program director contacted ANCC and AANPCP for campus-level data. Both organizations have agreed to add an additional data field to capture the campus of WSU certification exam applicants.

Employment Rates

The AACN/EBI undergraduate and MN nursing education alumni surveys are the primary data source for employment rates (Appendix IV-A.1). For EBI reporting through August 2013, both the undergraduate and graduate alumni surveys were distributed at one and five years post-graduation. Employment rates were calculated as the percentage of respondents reporting employment in the nursing field within one year of graduation. To address 2013 changes to CCNE standards, the process was revised to: 1) send the AACN/EBI undergraduate and graduate alumni surveys to alumni 10 months and three years post-graduation; and 2) launch the survey twice a year so that results from fall graduates and spring/summer graduate are collected separately.

Student Exit and Alumni Satisfaction

Data about student satisfaction prior to graduation and alumni satisfaction are collected through annual surveys using the AACN/EBI undergraduate and MN nursing education exit surveys and alumni surveys (Table IV-A.1). The exit survey is administered prior to a student's graduation. An in-house exit survey is administered to students graduating from the RN-BSN program (Exhibit I-B.14) because the AACN/EBI undergraduate exit survey (Exhibit I-B.13) applies only to the pre-licensure program. The DNP program will use the AACN/EBI DNP exit and alumni instruments beginning with the first graduating class in 2014.

Measure	Program	Survey Tool	Year Implemented
Student Satisfaction	Pre-licensure	Undergraduate EBI Exit Survey	2002
	RN-BSN	Internal RN-BSN Exit Program Survey	2006
	MN and Post-MN Certificate Programs	MN EBI Exit Survey	2004
	DNP	DNP Exit Survey	2014
Alumni Satisfaction	Pre-licensure	Undergraduate EBI Alumni Survey	2002
	RN-BSN	Undergraduate EBI Alumni Survey	2006
	MN and Post-MN Certificate Programs	MN EBI Alumni Survey	2004
	DNP	DNP Alumni Survey	2014

Prior to graduation, pre-licensure students complete a student satisfaction survey at the end of the final semester during a final debriefing required for the capstone course (NURS 430). This approach has contributed to the program's high survey response rates. RN-BSN students complete the program's in-house exit survey after completion of their last course. MN students complete the AACN/EBI exit surveys at the time of their final thesis or clinical project oral examination. In addition, students from all programs are encouraged to provide feedback through standardized final course evaluations, clinical site evaluations, preceptor evaluations (for graduate clinical courses) and mentor evaluations for the pre-licensure BSN Senior Practicum course and RN-BSN clinical courses.

Through August 2013, alumni satisfaction data for the pre-licensure, RN-BSN, and MN programs were collected at one and five years post-graduation. As mentioned previously, the alumni survey will now be administered at ten months and at three years post-graduation. Student and alumni satisfaction data are included in the annual evaluation reports for review and discussion by program directors/assistant dean and faculty. When warranted, quality-improvement initiatives are implemented.

Over the past several years, low survey response rates (8–18% for undergraduate alumni; 17–23% for MN alumni), irregularities in survey schedules, and the inclusion of multiple programs and alumni from multiple graduation years in a single survey have made the monitoring of employment and alumni

satisfaction a challenge. During the summer of 2013, as part of a quality-improvement initiative, the college conducted an in-house-generated survey of alumni from both undergraduate and graduate programs about program effectiveness. (See section IV-H for additional details.) Data collected from these surveys are being used to guide program improvement.

In summary, the college has met this key element by fully implementing a complex and thorough process used to systematically determine program effectiveness. This comprehensive plan is guided by the written Systematic Evaluation of Program Components (SEPC), which includes timelines for the collection of data, review of expected and actual outcomes, and phase of analysis. This plan is periodically reviewed and revised as program needs evolve (Appendix I-B.1 – SEPC).

IV-B. Program completion rates demonstrate program effectiveness.

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

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *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:

Program completion data are collected for each program. The entry point is the date students actually begin their coursework. Completion rates are determined for each semester by calculating the percentage of admitted students who successfully finished the required coursework and graduated within the maximum expected time. The expected time for completion for each program is included in the respective evaluation plan and detailed in Table IV-B.1. Completion rates for the college conform to the WSU guidelines on program completion.

Table IV-B.1 Expected Time to Program Completion	
Program	College of Nursing Timeframe for Completion
Pre-licensure BSN	Within 2.5 years
RN-BSN	Within 5 years
MN and Post-MN Certificate programs	Within 6 years
DNP	Within 10 years

Pre-licensure BSN Program

For the past three calendar years, the completion rate for the program exceeds the 70% CCNE target (Table IV-B.2). While this meets CCNE standards, the college aims for a completion rate of 90% or higher. Recent changes to admissions criteria will help to ensure that admitted students have the

academic aptitude to be successful. Completion rate data will continue to be monitored closely by the program director and the outcomes committee.

Academic Semester of Admission	Academic Semester of Graduation	Number of Students Entering	Students Graduating Within 2.5 Years N (%)	CCNE Benchmark (70%)
Fall 2008	Fall 2010	125	111 (89)	Met
Spring 2009	Spring 2011	126	115 (91)	Met
Fall 2009	Fall 2011	124	118 (95)	Met
Spring 2010	Spring 2012	148	123 (83)	Met
Fall 2010	Fall 2012	146	122 (84)	Met
Spring 2011	Spring 2013	120	110 (92)	Met

RN-BSN Program

The college aims for RN-BSN students to be able to complete the program at their own pace within five years. Looking back five calendar years from summer 2013 graduation, the RN-BSN completion rates have consistently exceeded the 70% CCNE benchmark and college target (Table IV-B.3). Because of the program's flexible admission model and very popular part-time study options, the entry point (for estimating completion rates) is considered to be the time the student has completed the first semester of coursework and is enrolled in classes for the second semester. Since fall 2011, when the program admission criteria changed so that all general education courses and pre-requisites had to be completed before admission to the nursing major, increasing numbers of students are completing the program full-time and admission has become more competitive. The college is closely monitoring what impact this change has on program graduation rates.

Academic Semester of Admission	Academic Semester of Expected Graduation	Number of Students Entering	Students Graduating Within 5 Years N (%)	CCNE Benchmark (70%)
Spring 2006	Fall 2010	30	22 (73)	Met
Summer 2006	Spring 2011	27	19 (70)	Met
Fall 2006	Summer 2011	48	41 (85)	Met
Spring 2007	Fall 2011	35	26 (74)	Met
Summer 2007	Spring 2012	27	26 (96)	Met
Fall 2007	Summer 2012	49	42 (86)	Met
Spring 2008	Fall 2012	38	31 (82)	Met
Summer 2008	Spring 2013	26	21 (81)	Met
Fall 2008	Summer 2013	59	45 (76)	Met

MN and Post-MN Certificate Programs

For the past three calendar years, the completion rates for the MN and post-MN certificate programs have met the 70% CCNE benchmark (Table IV-B.4). In August 2013, considering the college's program target completion rate of 90%, the program director and the OIM assessment coordinator carefully reviewed and analyzed the MN and post-MN certificate programs completion data along with other student survey data. This process led to an in-depth review of MN student advising guidelines by the program director, and has highlighted the importance of quality-improvement initiatives addressing graduate progression and retention rates.

Academic Semester of Admission	Academic Semester of Graduation	Number of Students Entering	Students Graduating Within 6 Years N (%)	CCNE Benchmark (70%)
Spring 2006	Fall 2010	17	15 (88)	Met
Fall 2006	Spring 2011	56	42 (75)	Met
Spring 2007	Fall 2011	30	21 (70)	Met
Fall 2006	Spring 2012	56	42 (75)	Met
Spring 2007	Fall 2012	30	20 (67)	Not Met ^a
Fall 2007	Spring 2013	47	39 (83)	Met

^a Completion rate for the calendar year 2012 is met (rate=72.1%) and for the 2012-2013 academic year is met (rate=72.1%).

DNP Program

The DNP program admitted and enrolled 31 post-BSN students in fall 2012 and 47 students in fall 2013 (including 40 post-BSN students and 7 post-MN students). Four DNP students admitted in fall 2012 did not enroll the first semester due to financial (N = 3) or family reasons (N = 1). These students will not be counted in the calculation of program completion rates until they enroll in classes and progress into their second semester of coursework (immediately following the first registered semester). According to WSU Graduate School Policy, Doctoral students have 10 years to complete a degree. The expectation for the CON is that 90% of students will complete the program within 10 years. This projection will be used until sufficient data have been collected to provide an estimate based on experience. The DNP Program Director and track coordinators monitor the enrollment and progression data and report regularly to GRAC, the MN/DNP Advisory Committee and/or track-specific faculty meetings as needed and appropriate.

In summary, the data support the college’s contention that students have more than met the 70% requirement by CCNE for program completion within the expected timeframe as evidenced in Tables IV-B.1-4. In the few instances where a target completion rate has not been met, the college has developed initiatives to improve these rates.

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

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

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *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.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.
- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.
- 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:

Pre-licensure - NCLEX-RN®

The college meets the 80% first-time pass rate mandated by the CCNE (Table IV-C.1). A detailed summary of pass rates is provided in Appendix IV-C.1. There are instances of individual sites dropping below 80%, however, the pre-licensure students are treated as a single cohort regardless of location. Therefore, the program total is used to assess overall success. The trends across campuses are monitored to ensure necessary interventions are in place to prevent sustained decreases. Pass rates for calendar years 2012 and 2013 were 89% (average of 86% and 92%) and 81% (average of 85% and 77%) respectively.

Of note, the 2013 annual pass rate includes students graduating from the fall 2012 and spring 2013 cohorts. While the college continues to meet the annual CCNE 80% benchmark, quality improvement efforts have continued to address this ongoing opportunity for improvement, given the spring 2013 cohort year-to-date pass rate of 77%. While it is anticipated that these interventions will improve the pass rates, the college remains vigilant on this outcome. A comprehensive plan has been developed and implemented focusing on increasing pass rates within and across campuses. This plan, discussed in detail in Appendix IV-H, was approved by faculty on December 20, 2012.

NCLEX-RN® First-Time Pass Rates of Pre-Licensure Graduates

Graduating Cohort by Semester	Total	Spokane	Tri-Cities	Yakima
Fall 2009	89%	92%	78%	86%
Spring 2010	93%	93%	100%	85%
Fall 2010	86%	88%	88%	76%
Spring 2011	91%	89%	95%	94%
Fall 2011	86%	88%	76%	86%
Spring 2012	92%	94%	90%	88%
Fall 2012	85%	82%	100%	81%
Spring 2013	77%	78%	68%	82%

Certification Rates for Graduate Students

Both nurse practitioner programs meet the CCNE criteria for pass rates of 80% or higher for the first-time takers (Table IV-C.2). The FNP program has maintained a consistent pass rate that meets or exceeds the internal 90% target. Because there are fewer graduates of the PMHNP program, pass rate percentages are easily affected by a minimum number of candidates. The FNP and PMHNP track coordinators and track faculty have been monitoring the certificate passing rates closely.

Graduating Cohort: Academic Year	FNP Track First Time Pass Rates	PMHNP Track First Time Pass Rates	CCNE Benchmark (80%)
2010	97.3%	90%	Met
2011	90.2%	81.8%	Met
2012	92.7%	100%	Met

^aRates are based on combined ANCC and AANPCP data. Certification rates by campus and site are not available

A more detailed table may be found in Appendix IV-C.2 - MN and Post-MN Certificate Program Certification Rates, 2010-2012. The number of graduates from the MN and post-MN certificate programs in the past three years by campus and site can be found in Appendix IV-C.3. Calendar years (January-December) are used to report the data.

In summary, the college has presented the pass rates for NCLEX and certification as achieved by the college's graduates for the past three years, and has met the CCNE minimum standards.

IV-D. Employment rates demonstrate program effectiveness.

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

- *The employment rate is collected separately for each degree program (baccalaureate, MN, and DNP) and post-graduate APRN certificate program.*
- *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.*
- *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

Data related to employment rates within one year of graduation are historically collected using AACN/EBI alumni surveys. The data suggests that, despite the economic downturn over the past five years, the majority of the college's graduates are finding employment within one year of program completion. The AACN/EBI survey results indicate that employment rates are 70% or higher, exceeding the CCNE benchmark.

A survey conducted in 2013 by the WSU Social and Economic Sciences Research Center (SESRC) collected employment-rate data separately for each degree program (pre-licensure BSN, RN-BSN, MN, post-MN certificate, and DNP). Survey findings on employment within one year of program completion support the results from the AACN/EBI alumni survey, which found that more than 90% of BSN graduates and 80% of MN and post-MN certificate programs graduates are employed within one year of graduation.

Starting with fall of 2012 graduates, the AACN/EBI alumni surveys were sent to BSN and MN graduates ten months and three years post-graduation. The data collected in fall 2013 on the fall 2012 graduates showed that more than 95.7% of respondents (N=23) of BSN graduates and 100% of respondents (N=7) of MN graduates reported employment 10 months post-graduation. The college recognized the low response rates and addressed this issue by choosing to work with the SESRC. This strategy is expected to improve the response rates.

Pre-licensure BSN and RN-BSN Programs

For students graduating during the academic year 2011-12 from the pre-licensure BSN and RN-BSN programs, employment rates within one year of graduation exceeded the CCNE benchmark of 80%. A summary of employment data is provided in table below. An expanded table showing survey response rates can be found in Appendix IV-D.1.

Graduating Cohort: Academic Year	EBI Alumni Survey	SESRC Pre- licensure	SESRC RN-BSN	CCNE Benchmark (70%)
2007-2008	14 (88%)	74 (96%)	32 (100%)	Met
2009-2010	18 (95%)	130 (98%)	50 (94%)	Met
2011-2012	84 (95%)	104 (98%)	46 (92%)	Met

MN and Post-MN Certificate Programs

For students graduating during the academic year 2011-12 from the MN and post-MN certificate programs, employment rates within one year of graduation exceeded the CCNE benchmark of 70%. A summary of employment data is provided in following table. An expanded table showing survey response rates can be found in Appendix IV-D.2.

Graduating Cohort: Academic Year	EBI Alumni Survey	SESRC NP	SESRC APH	CCNE Benchmark (70%)
2007-2008	7 (100%)	14 (89%)	7 (88%)	Met
2008-2009	16 (94%)	No Data	No Data	Met
2009-2010	29 (97%)	23 (92%)	17 (81%)	Met
2011-2012	2 (100%)	20 (100%)	11 (92%)	Met

Five graduates from the post-MN nursing education certificate program completed the SESRC survey (one from the 2011-12 graduation cohort); all were employed in their specialty within one year of graduation. One graduate from the nursing leadership certificate program completed the SESRC survey (2011-12 graduation cohorts) and reported employment in the specialty within one year of graduation.

In summary, the college has met the CCNE benchmarks for employment of its graduates, which is a demonstration of program effectiveness.

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:

Among the program outcomes deemed important by the college are student and alumni satisfaction. Historically, this information was brought forward to the respective undergraduate and graduate curriculum committees by the academic associate dean and respective program directors/assistant dean. Currently, the process is handled by the OIM. Several sources of data exist for measuring program effectiveness (Appendix IV-E – Data Sources for Measuring Program Effectiveness). Findings and analyses are prepared and facilitated by the OIM and shared with appropriate committees and faculty as data become available (Appendix IV-A.1-4 – Evaluation Reports). Discussion of trends and needed quality improvement initiatives as well as preparation of annual Program Evaluation Reports are carried out by the curriculum committees (UCC and GCPC) and Outcomes Committee (Exhibit IV-E.1 – Committee Meeting Minutes, Trends and Quality Improvement Discussions Flagged). The most recent reports were finalized in October 2013 and provided to these committees who will analyze the content in spring 2014 and devise strategies to address any issues that may arise from that analysis.

Student Satisfaction at Exit by Program

Pre-licensure BSN Program

Pre-licensure students voluntarily complete the AACN/EBI exit survey just prior to program completion (using Data Source 1 in Appendix IV-E). The average response rate for the exit survey has been consistently above 90%. Based on the data collected between 2008-2012, students rated all three

measures related to their perceptions of program effectiveness above “5”, demonstrating the program met the benchmark (Appendix IV-A.1 – Pre-licensure BSN Evaluation Report).

RN-BSN Program

During the final month prior to program completion of the program, RN-BSN students are given a link to the in-house RN-BSN exit program survey, which is administered via Survey Monkey (Data Source 2, Appendix IV-E). The response rate is traditionally low (less than 20%), although the rate improved to nearly 50% in the fall of 2012.

The results reveal that overall program satisfaction, as well as students’ views regarding the achievement of program outcomes, met the benchmark set by the RN-BSN faculty, except for the data collected during the 2012 calendar year. Students’ views about the program fulfilling expectations and their rating of their investment in the program decreased to 59% for the data collected for 2012, but improved to 82% for the 2013 calendar year. Data analysis provided insights about these findings. For example, in 2011, budget cuts forced the merging of videoconferencing and web course sections. The majority of students are attending asynchronously and some continue to prefer web-only course sections over the combined hybrid courses; therefore, the temporary downward trend is not surprising (Appendix IV-A.2 – RN-BSN Evaluation Report).

The observed improvement in scores to 82% in 2013 may be due in large part to faculty members expanding their teaching-learning practices when delivering courses simultaneously to synchronous and asynchronous students. Additionally, the faculty revised and expanded the program evaluation survey tool in early 2013, linking the first 12 questions directly to accomplishing the college’s RN-BSN program outcomes and the AACN Essentials. The faculty benchmarked the first 12 items in the tool to a goal of 80% of responses being either a 4 (quite a bit) or a 5 (extremely) on the 1-5 Likert scale for each item. Overall program effectiveness and overall value are included on the tool and use a 5-point Likert scale, with program effectiveness questions mapped to the Essentials and student program learning outcomes (Exhibit IV-E.2 - RN-BSN Old and New Exit Survey Tools; Exhibit IV-E.3 – RN-BSN Grid Mapping Questions to Essentials and Program Outcomes).

Finally, students responded to the open-ended questions with very positive comments that indicate an appreciation for the support of faculty and staff:

“This means so much to me. It has taken me 15 years to earn my BSN. I plan to work for about two years and then eventually go to grad school, earn my MSN and hopefully my DNP as well. I had not thought of furthering my education until I saw these opportunities available at WSU.”

“At first, I was hesitant to go back to school; now I am looking forward to continuing my education beyond the BSN. My nursing skills have improved as well as how I take care of patients and communicate with my co-workers. I have grown as a professional nurse and feel more competent in what I do.”

MN and Post-MN Certificate Programs

Graduate students are given the AACN/EBI exit survey upon completion of the presentation of their culminating research projects (Data Source 1 in Appendix IV-E). The response rate for the MN and post-MN certificate programs graduates is traditionally low (17-23%). Results for the past four years reveal that the four effectiveness measures have a pattern of falling below the program benchmark (average score > 5) every other year (Appendix IV-A.3 – MN-NP and MN-APH Evaluation Report). The OIM explored the data but did not find obvious correlations between responses to these four measures and other questions on the exit survey.

The OIM also found that several of the measures on the AACN/EBI MN exit surveys have fallen below the target score of 5.0. Continuing MN-FNP and MN-PMHNP students revealed perceptions of

feeling forgotten after the college planned and launched the DNP program in the fall of 2012. There are plans to address these concerns with current students in the MN, post-MN certificate, and DNP programs through [newsletter communications](#) and through the quality-improvement developmental advising initiative (to start in spring 2014; See Exhibit IV-E.4 – Quality Improvement Developmental Advising Initiative).

Alumni Satisfaction One Year Post-Graduation

Pre-licensure BSN Program

Alumni of the undergraduate programs have been sent the AACN/EBI survey at approximately one and five years post-graduation (Data Source 1, Appendix IV-E). The response rate for these surveys is historically below 10%. The same three measures used to assess student satisfaction at the time of program completion are used to assess alumni satisfaction related to the perception of program effectiveness at one year post-graduation. An additional question asks “How well did the program prepare the graduate for their current position?” The 5.0 benchmark (average response score) for these effectiveness measures was met for the pre-licensure BSN and RN-BSN programs combined (Appendix IV-A.1).

RN-BSN Program

Thirty-two percent (N=462) of the BSN alumni who received the SESRC survey (academic cohorts one, three, and five years after graduation) completed the survey (Data Source 4, Appendix IV-E). Alumni from both the pre-licensure BSN (N=316) and RN-BSN (N=135) programs responded favorably (> 80% scored as somewhat helpful or above) to the program’s effectiveness in helping them to expand career options, increase earning potential, and enhance upward mobility (Appendix IV-A.2 – RN-BSN Evaluation Report). The one exception was that only 73% of RN-BSN students felt the program was helpful in increasing their earning potential. With the OIM’s assistance, the RN-BSN faculty discussed these data (especially the response falling below the benchmark) and concluded that the RN-BSN students often return to school while working to expand career options as opposed to increasing earning potential (Exhibit IV-E.5 - RN-BSN Minutes Flagged for Discussions Regarding Alumni Satisfaction).

MN and Post-MN Certificate Programs

Alumni of the MN and post-MN certificate programs reported positive perceptions of the programs (Appendix IV-A.3 – MN and post-MN Evaluation Report). Alumni scores are consistently at or above 5 on the 7-point EBI scale (program benchmark).

Forty-one percent (N=104) of the MN program and post-MN certificate program alumni who received the SESRC survey (academic cohorts 1, 3 and 5 years out from graduation) completed the survey (Data Source 4 in Appendix IV-E). Alumni from both the MN and post-MN certificate NP (N=63) and the MN APH (N=41) programs responded favorably (> 80% scored as somewhat helpful or above, the program benchmark) to the program’s effectiveness in helping them to expand career options and enhance upward mobility (Appendix IV-A.3 – MN Program Evaluation Plans and Reports). However, graduates from the MN and post-MN certificate program indicated they felt their education did not increase earning potential; only 69.7% of MN NP and 66.7% of MN APH reported the program was helpful relative to that factor. Faculty postulated that high nursing salaries in the Northwest decrease the difference between bedside and advanced practice nurse earnings, therefore, decreasing the perception of increased earnings.

AACN/EBI Benchmark Comparisons to Similar Programs

AACN/EBI results are summarized in the Program Evaluation Reports by the OIM and forwarded to program leaders for review with faculty annually. Each summary includes the inter-institutional comparisons with benchmarking institutions, including a snapshot of trends related to items on which the program performed well and those where the program can improve (Exhibit IV-E.6 – Program Evaluation

Process). Scores for program effectiveness equal to or higher than the selected similar institutions and scores > 5.0 (internal program benchmark) provide evidence for achievement of program goals.

Student Satisfaction at Exit from Programs as Compared to Benchmarking Institutions

The data reported here were collected during the 2012 calendar year; the data collected during the 2013 calendar year and relevant quality-improvement initiatives are available in the Resource Room. The full EBI reports for the past three calendar years are also available in the Resource Room (Exhibit IV-E.7 – Summary of Quality Improvement Initiatives in Response to AACN/EBI Data).

Based on responses from AACN/EBI exit and alumni surveys (Appendix IV-E – Data Sources for Measuring Program Effectiveness), the pre-licensure BSN and RN-BSN programs exceed all comparison schools on student satisfaction at exit and were above the 5.0 score selected as the program benchmark. The 2011/12 AACN/EBI exit survey for the pre-licensure BSN program indicated that WSU scored significantly higher (5.70) than the select six schools (5.08), the Carnegie Class (4.86), and all AACN/EBI institutions (4.95) for program effectiveness.

For MN and post-MN certificate programs, the 2011/12 exit survey indicated a program effectiveness score of 4.82, which exceeded the score for the select six comparison institutions (4.70). The WSU score fell just below that of the Carnegie Class and all AACN/EBI participating institutions.

Alumni Satisfaction One Year Post-Graduation as Compared to Benchmarking Institutions

In the 2011/12 AACN/EBI alumni survey for both the pre-licensure BSN and RN-BSN programs, the college's overall program effectiveness score (5.37) exceeded the scores for other schools within the Carnegie Class (5.07) and those of all AACN/EBI participating institutions (5.26).

In the alumni survey for the MN and post-MN certificate programs, the overall program effectiveness score (4.80) fell below the comparison scores for the select six schools (5.70), the other schools within the Carnegie Class (5.16), and all participating AACN/EBI institutions (5.30). The overall program effectiveness score also fell below the target score determined by faculty.

Quality-improvement initiatives and factors likely to impact this include recent changes to the program leadership, the addition of the DNP program, current curriculum mapping, and subsequent proposed course revisions. The program director and faculty will monitor the scores over the next two AACN/EBI cycles to evaluate whether changes and ongoing quality-improvement initiatives will raise scores (Exhibit IV-E.8 – Analysis of EBI Alumni Satisfaction Data).

In summary, program outcomes at the college demonstrate program effectiveness. The college surveys students and graduates on their degree of satisfaction with the program and perceived program effectiveness at intervals prescribed by the SEPC. Inter-institutional comparisons on EBI scores allows the college to compare outcomes with those achieved by peer institutions who have a similar Carnegie level of research intensity.

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

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

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

As a group, the faculty have expected outcomes that are congruent with WSU and college expectations, and which enable the achievement of the college's mission and goals. Promotion and tenure criteria are located in both the WSU Faculty Manual ([pages 58-61](#)) and the college's Faculty and Staff Manual ([Section IX](#)).

The criteria for annual review are well established and published in the WSU and college faculty handbooks. However, the aggregate faculty outcomes for the college have only recently been established and approved in fall 2013 (Appendix IV-F.1 - Faculty Benchmarks). Faculty outcomes for annual review in the areas of teaching, scholarship, service (and practice for NP and clinical-track faculty) are clearly delineated in the current faculty/staff manual. The annual review provides full-time and part-time faculty a valuable opportunity to discuss and seek feedback from their supervisors. During these reviews, supervisors are expected to provide guidance related to teaching, scholarship, and service goals for the next calendar year (Faculty and Staff Manual, [Annual Performance Review](#), pages 76-81).

The Academic Promotion and Tenure Committee (APT) monitors the progress of ranked faculty. In addition, faculty members who teach FNP and PMHNP advanced practice nursing specialty courses are expected to maintain their clinical practice and to meet the qualification criteria established by the National Association of Nurse Practitioner Faculty and the National Task Force.

Aggregate Faculty Outcomes

Appendix IV-F.1 (Faculty Benchmarks) summarizes faculty aggregate outcomes for the years 2012 in the areas of teaching, scholarship, and service. In 2012, the college demonstrated achievement of expected faculty outcomes.

Teaching

At the end of each course, students complete course evaluations and provide feedback related to faculty outcomes through several evaluation tools. Samples of student evaluations can be found in the Skylight binder in the Resource Room. In the overall area of teaching, the college expects 90% of course evaluation scores to be 4 or higher (measured on a 5-point scale: 1 = never, 2 = rarely, 3 = infrequently, 4 = frequently, 5 = consistently). It is expected that, relative to clinical courses, 95% of students rate faculty at 4 or higher on a 5-point scale on each of 15 survey items (e.g., "the instructor organized the content of the course to facilitate my learning"). Similarly, classroom evaluations of faculty are expected to indicate 95% of scores at 4 or higher on a 5-point scale on each of 15 survey items (e.g., "the instructor organized the content of the course to facilitate my learning"). Student evaluations of the program's overall teaching effectiveness is captured by the AACN/EBI exit survey scores. Teaching effectiveness is also reflected in the numerous honors awarded to faculty for excellence in teaching.

Using the AACN/EBI exit survey data for the pre-licensure BSN program, program expectations are that average scores for curriculum and didactic outcomes will be rated > 5.0. Based on results from the 2011/12 AACN/EBI undergraduate exit survey, the factor of "quality of nursing instruction" was the first high-impact predictor of overall program effectiveness (mean [SD]: 5.70 [1.16]) which outperformed other schools; the factor of "quality nursing instruction" contributed to 28.8% of the variance of the overall program effectiveness. The undergraduate mean scores for the factors of "quality nursing instruction" (5.50 (0.86)) and for "course lecture and interaction" (5.75 [0.85]) exceeded the means for all other AACN/EBI schools (EBI binders are available in the Resource Room). These scores demonstrate achievement of expected faculty teaching outcomes for the pre-licensure BSN program.

Using the 2011/12 AACN/EBI exit survey data for the MN and post-MN certificate program, program expectations are that average scores for curriculum and didactic outcomes will be > 5.0. The factor of “learning outcomes from core MN: role development effectiveness” (mean [SD]: 5.86 [0.99]) was the first high-impact predictor of overall program effectiveness (4.82 [1.56]). Respondents rated the factor of “quality of faculty and instruction” as high performance (5.67 [1.23]), which exceeded the mean for all other AACN/EBI schools. Overall, graduates of the MN and post-MN certificate programs scored the factor of “quality of faculty and instruction” at or above the 60th percentile in comparison with benchmark institutions. These scores demonstrate achievement of expected faculty teaching outcomes for the MN and post-MN certificate programs.

Many of the college’s faculty members are recognized as expert educators and receive honors for their work within the University and beyond. In 2012, faculty earned a total of 38 academic awards and honors. Recently, Debbie Brinker, clinical assistant professor, was recognized by the Washington State Nurses Association as the 2013 Nurse Educator of the Year.

Scholarship

The WSU Faculty Manual ([Section 3, pp. 59-60](#)) describes the University’s expectations for faculty research, scholarship, and creative activity. The expectation of the college is that clinical-track, tenure-track and tenured faculty will all engage in scholarship commensurate with their rank. In 2012, faculty authored 172 publications in referred journals, 5 non-refereed publications and 24 books/chapters, and presented a total of 266 papers and posters at regional, national, and international conferences (Appendix IV-F.3 – Publications and Presentation, 2012). Overall, the college met the aggregated faculty benchmark in scholarship, with 96% of faculty documenting evidence of scholarship.

Nursing faculty scholarship is supported by prestigious grants from organizations such as the National Institutes of Health (NIH), the Patient Centered Outcomes Research Institute (PCORI), the Health Resources and Services Administration (HRSA), the Department of Justice, the Washington State Attorney General’s Office, the Life Sciences & Discovery Fund, the Health Sciences and Services Authority of Spokane, and Sigma Theta Tau International. Since July 2013, more than \$3 million in research grants were awarded to the college by the National Institutes of Health (i.e., K-award, R01 and R24 grant programs) and the International Society for Nurses in Genetics. The college also received several program grants from HRSA (i.e., Advanced Nursing Education, Nursing Workforce Diversity, and Nurse Faculty Loan Repayment Program).

Between July 1, 2012 and June 30, 2013, faculty submitted 48 new grant proposals, 19 (40%) of which were funded. In 2013, nineteen external grants were funded with annual revenue totaling \$3,897,166. Currently, 50 members of the nursing faculty are either leading or involved in a total of 62 active grants. The total grant dollars captured through research activity amounts to \$4.8 million dollars. In addition, 47% of the tenured or tenured-track faculty members were funded as principal investigators in 2012-13 (Appendix IV-F.4 – Grants, 2005-2013).

Tracey Klein, assistant professor, was inducted into the American Academy of Nursing as a fellow ([FAAN](#)) in October 2013. The college’s faculty currently includes a total of five fellows of the American Academy of Nursing (Appendix IV-F.2 - Faculty Honors and Awards).

Faculty members also disseminate their expertise and new discoveries to professional and public audiences. Some examples include:

- Drs. Cynthia Corbett and Kenn Daratha published an article in *Medical Care* (impact factor equals 3.227), in January 2013.
- Dr. Catherine Van Son served as a trainer for the Facilitated Learning to Advance Geriatrics (FLAG) team and provided presentations to nursing faculty around the country regarding the incorporation of gerontology content into their curricula.

- Dr. Michele Shaw's [work](#) to understand how asthma can be better managed in children was featured in the *Wall Street Journal*.
- Dr. Martin Schiavenato was included in a Robert Wood Johnson Foundation [documentary](#) on nursing. He will be featured for his unique research related to pediatric pain as well as his role as a nurse scholar in residence at Providence Health Care to promote research and evidence-based practice.

In summary, faculty members' publications and grant funding demonstrate faculty achievement of expected outcomes for scholarship (Appendix II-F.1 – Faculty Qualification Table: Scholarship and Service; Exhibit IV-F – Faculty Scholarship Examples).

Service

The college expects 100% of the faculty to provide service to the profession or the community at large. The expectation has been met with 100% of faculty engaged in service commitments (Appendix IV-F.5 - Faculty Service 2012, and Appendix IV-F.6 - Faculty Outreach Clinics and Workshops 2012).

Faculty members are engaged as members of national boards, as reviewers of national and international grants and articles, and as part of international health collaborations, in addition to the department and university commitments as delineated in faculty review criteria (Appendix II-F.1 – Faculty Qualification Table: Scholarships and Service). For example, in August 2013, Dean Butterfield served as a temporary technical advisor for the World Health Organization to provide input and health science education perspectives during meetings in Bonn, Germany, and Geneva, Switzerland. These meetings were aimed at: 1) reducing the carbon footprint of hospitals and clinics worldwide; and 2) developing policies and possible contract language for use in procurement of health products (e.g., pharmaceuticals) for United Nations member nations. Dr. Lorna Schumann's activities provide another example of faculty service and engagement. She currently serves as the chair of the American Academy of Nurse Practitioner's Certification Program and as co-chair of the Research Committee of the International Council of Nurses Advanced Practice Network, which works to map advanced practice nurse competencies internationally and to revise international competency guidelines.

Practice

The college expects 100% of nurse practitioner (NP) faculty members who teach advanced practice nursing specialty courses to maintain their clinical practice. In 2012, all NP faculty members spent time in clinical practice to support the specialty areas to which they were assigned (Exhibit II-D.8 – Nurse Practitioner Faculty).

In summary, faculty workload documents clearly delineate expected faculty outcomes, with expected levels of achievement commensurate with the individual's rank and appointment. The college faculty members demonstrate individual and aggregate achievement in all areas of expected academic endeavor. Numerous faculty members have won awards or recognitions in teaching and research, and others have served with distinction on community boards, organizations, or service clubs. These outcomes are an integral aspect of annual reviews, merit scoring, and progression toward tenure, and are fully congruent with WSU 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 college defines a formal complaint as “a grievance involving unfair treatment, an unfair final grade in a course, or an injustice of substantial proportions involving academic affairs.” This definition and the procedures for filing and administering grievances/complaints can be found in both the [Undergraduate Student Handbook](#) and [Graduate Student Handbook](#). These handbooks are available online and are regularly updated to ensure accuracy of procedures. The college has instituted student grievance policies congruent with those of [WSU](#).

Records of formal complaints are maintained by the program office coordinators in the graduate and undergraduate offices. Records are also maintained in the files of the dean or associate dean for academic programs. (Exhibit IV.G.1 – Summary of Formal Complaints for Past Three Years).

In summary, the college utilizes a grievance process congruent with the parent institution. The process is clearly detailed in student handbooks. Records of formal complaints are maintained at the appropriate graduate or undergraduate office by the respective program staff.

IV-H. Data analysis is used, as appropriate, 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.

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

Program Response:

In fall 2012, the college formalized a data-driven, evidenced-based approach to program improvement through the establishment of the Office of Information Management (OIM). The mission of the OIM is to support program directors/assistant dean and faculty in analyzing data to foster program improvement.

The OIM addresses the collection, management, analysis, and summary of a common set of outcomes/metrics related to the assessment and evaluation of each program. The OIM's goal is to facilitate evidence-based decision-making related to program quality and program effectiveness. The OIM team, program directors/assistant dean, and faculty collaborate to centralize and formalize a deliberative and ongoing program evaluation process. Tracking of program improvement processes and quality-improvement initiatives facilitates program changes that are subsequently analyzed for effectiveness.

Evidence for the data-driven approach on quality-improvement initiatives can be found in the annual program evaluation reports (Appendix IV-A.1-4). The OIM engages in assessment processes that lead to the development of evaluation reports which are subsequently disseminated to faculty. Examples of faculty involvement in the subsequent quality-improvement initiatives are found in Exhibit IV-H.1 – Minutes: Example of Faculty Discussing Quality Improvement Initiatives Flagged).

Examples of Quality-Improvement Initiatives

Quality Improvement: RN-BSN Completion Rates

For the past 3 calendar years, the completion rate for the RN-BSN program has exceeded the 70% CCNE target. The college aims for 90% of RN-BSN students to complete the program within 5 years;

however, this goal has not been met. The RN-BSN program director and faculty worked with the OIM to launch a quality-improvement initiative to review and analyze student advising data.

The purpose of this initiative is to:

- Develop necessary systems for tracking RN-BSN students' progression; and
- Understand whether changes to program admission criteria and expected time to completion are warranted.

For the first phase of this initiative, in September 2013 faculty members reviewed and analyzed student advising data (Exhibit IV.H.2 - RN-BSN Advisors Meeting Minutes). Reviewers found that historically many students who did not complete the program within five years did not enroll continuously. Personal and professional obligations required them to take time off throughout the program, which led to a longer than expected time to completion.

In addition, 60% of those who did not complete the program entered through the program's 100% online option. Prior to 2010, an expected maximum time for completion of coursework was not emphasized to students enrolled in the fully online program. In fact, the "go-at-your-own-pace" model was a feature. These students are currently included in the college's completion rates and are likely causing the rates for the most recent academic year to be low.

In the second phase, RN-BSN faculty members are reviewing the completion timeframe and looking at how admission and progression are documented and tracked in the college database. Advisors will be contacting students who are not progressing to ascertain their plans for continuation in the program. With this information, the expected time required to complete the program will be re-evaluated and finalized in fall 2014.

Quality Improvement: Pre-licensure NCLEX Pass Rates

Internally, the pre-licensure faculty targets a 90% pass rate for the college. To achieve this pass rate, and in response to a declining trend in pass rates since 2009, a task force was instituted in 2010 to investigate possible causes and to recommend an appropriate response to the faculty. A statistical analysis was conducted to identify admission and progression data correlated with a high probability of failing the NCLEX (Appendix IV-C.1). Based on this task force's findings, the following recommendations for admission (to start in spring 2014) and progression (implemented in fall 2013) have been adopted by the faculty.

Changes to Admission Requirements/Process

- 1) Test of Essential Academic Skills (TEAS) testing for all applicants. Those with a score above 58.7% (proficient) will remain eligible for admission;
- 2) Weighted scores will be used to determine applicants selected for interviews. Scores will be based upon Cumulative GPA (25%), Prerequisite GPA (45%), and TEAS Score (30%);
- 3) Fifty hours of volunteer service in health care settings completed prior to application (to start in spring 2015); and
- 4) A proctored, scored writing sample (to start in fall 2014).

Changes to Progression Guidelines

- 1) Students in the J2 (2nd) semester will be required to complete the Medical/Surgical ATI exam for course credit;
- 2) Students in the S2 (4th) semester will be required to complete the ATI RN predictor exam for course credit; and
- 3) Early identification and remediation for those with prerequisite GPA <3.5 and midterm grades below C+ in Pathophysiology/Pharmacology for Nursing (NURS 311), Health Assessment (NURS 317), or Acute and Chronic Illness/Adults (NURS 324).

These evidence-based changes will benefit students in numerous ways. Adequate performance on the TEAS tests will ensure students have the academic capacity for success. In addition, the research indicates that science grades are predictive of nursing program success. These requirements ensure that the most capable students are admitted. ATI interventions enable students to better prepare for the rigor of the NCLEX. Finally, the identification of at risk students allows for early response and remediation to prevent students from falling behind.

In addition, to foster the enhancement of faculty pedagogic expertise, the college collaborated with the WSU College of Education to provide consultation to pre-licensure faculty on teaching effectiveness throughout 2013-14. One focus of this initiative is to increase faculty's NCLEX-style test item writing skills. In September 2013, the college sponsored two faculty members to attend the 2013 NCLEX conference held in Chicago; the lessons learned there have been shared in the October 2013 pre-licensure faculty meeting.

A second, pro-active quality-improvement initiative aimed at improving NCLEX pass rates was launched in summer 2013. This initiative was driven by findings from analyses of aggregate ATI testing data. ATI RN Comprehensive Predictor exam scores (administered at the last semester of the pre-licensure BSN program) revealed sub-standard scores for students graduating in spring 2013. Mapping of the ATI RN Comprehensive Predictor exam scores from prior semesters to first time NCLEX-RN passing rates by campus/site, lead to the projected NCLEX pass rates for the spring 2013 graduates that suggested a continued decline.

Based on these analyses, a substantial remediation package was developed jointly by the pre-licensure BSN program leadership and the OIM assessment coordinator for the students graduating December 2013 and May 2014. The package includes an increased number of both proctored and practice ATI examinations, with accompanying remediation tools, for the senior students during their final semester, the addition of practice medical/surgical examinations for junior-level students in their second semester, and accompanying remediation tools.

In addition, the graduates from the spring 2013 semester were offered financial support for NCLEX preparation programs to be completed by the end of July 2013 (e.g., ATI's comprehensive live review course). No graduates took advantage of this initiative; non-response to this initiative was most likely due to the notice of the offer occurring after graduation. College leadership communicated this initiative via email and phone calls in June/July 2013 to the May 2013 graduates who had not yet taken the NCLEX exam or who failed at the first attempt. With the encouragement from the pre-licensure BSN faculty and leadership (including campus leadership), an increase has been observed in the number of students in the December 2013 graduating cohort opting to take a NCLEX preparation course prior to or shortly after graduation (at the student's own cost).

In summary, the expectation is that the aforementioned initiatives and measures will provide assistance and support needed for the graduates' NCLEX success.

Quality Improvement: Alumni Feedback on Program Effectiveness

In the summer of 2013, a quality-improvement initiative focused on conducting an in-house development survey of alumni from both undergraduate and graduate programs about program effectiveness outcomes. A second purpose of the survey was to gain alumni input on ways to build stronger alumni relations. The OIM and program directors/assistant dean developed the surveys, which were administered using a mixed-mode method (mail, web, and telephone) by the WSU Social and Economic Sciences Research Center (SESRC).

The SESRC survey included alumni from three graduating cohorts (2007-08, 2009-10, and 2011-12) (Data Source 4, Appendix IV-E). These years were intentionally chosen to overlap with cohorts receiving

the EBI surveys in order to validate the reliability of the AACN/EBI alumni survey results, which historically have served as the basis for assessing program effectiveness.

All alumni who were invited to participate in the SESRC survey received a WSU lapel pin for completing the survey. In-depth discussions of the analysis of these data between the OIM, program directors/assistant dean, and faculty will begin in spring 2014 (Exhibit IV-H.3 – BSN and MN Alumni Surveys and Reports).

Program Learning Outcomes Survey

In spring 2013, the OIM administered a survey to explore the extent to which students were familiar with the AACN Essentials for their degree program. The impetus for this initiative arose from a college-wide focus on curriculum mapping around the AACN Essentials. The purpose of the OIM survey was twofold: 1) to gather baseline data about students' awareness of these nursing essentials; and 2) to test technology for generating a survey, which could be completed using an array of devices (i.e., computer, tablet, and smart phone).

As a pilot, program benchmarks were not set for this initiative/survey. All students enrolled in the BSN, MN, and post-MN certificate programs during spring 2013 were sent an email containing a link to a survey generated using the Qualtrics Research Survey Suite. For each set of the AACN Essentials, the following questions on a 1-100 scale (1 not favorable; 100 favorable) were asked: 1) How often was this concept covered in your coursework? and 2) How confident are you that you have achieved the essential learning outcome? In addition to these questions, an open-ended qualitative question, "What else do you want us to know?" was included at the end of the survey.

Respondents to the undergraduate survey included 113 students in the pre-licensure BSN program and 31 in the RN-BSN program. Interestingly, although only a moderate percentage of the students expressed familiarity with the Baccalaureate Essentials of Nursing Education (mean [SD]: Pre-licensure: 35.4 [30.0] and RN-BSN: 52.4 [34.8]), respondents consistently indicated familiarity with the essentials outcomes and felt they were achieving these learning essentials. Analysis showed that the mean values for most of the questions exceeded 80% on a 1-100 scale, suggesting that from the students' perspectives, they are achieving these essential learning outcomes. Open-ended comments were also positive and favorable (Exhibit IV-H.4 – Program Learning Outcomes, Open-Ended Comments).

For the MN and post-MN certificate programs, students (N=37) were also aware of the MN Essentials and felt comfortable with their progress toward meeting them. The mean values for most of the questions were above 70% on a 1-100 scale. However, when graduate faculty reviewed the open-ended findings, they found four areas of concern that needed to be address: 1) finding and securing clinical placements, 2) faculty guidance/advising, 3) faculty/student interaction, and 4) student use of the ANGEL learning management system. One student expressed that finding clinical placements on his/her own was cumbersome and frustrating: "*Procuring placements has been a very frustrating process and causes a great deal of anxiety for me. The enormous amount of time finding placements diverts my time away from my learning, which is where my focus needs to be.*" In response to the four areas of concern that emerged from the graduate student feedback, the following three actions have been taken.

First – Clinical Placement. The college hired a clinical coordinator for the Spokane campus in August 2013 to provide leadership on clinical site procurement and facilitating clinical placement for students in the MN, post-MN certificate, and DNP programs. This Spokane-based clinical coordinator also works with graduate students based at the Tri-Cities campus and Yakima site. Clinical coordinators and support staff across campuses work with the E*Value coordinator to build a student clinical management system that works for students and faculty.

Second – Faculty Advising with Student and Faculty-Student Interaction. In response to student feedback about faculty advising, an initiative is being planned with the MN and post-MN certificate programs leadership to improve advising practices (to begin spring 2014) and to increase communication

among graduate faculty. The plan under discussion would utilize developmental advising, which is an approach that is grounded in adult-learning theory. Respectful interactions and communications provide the foundation for the advising plan and for enhancing the quality of communication between faculty and students. This quality-improvement initiative is expected to boost completion rates for the MN and post-MN certificate programs students to 90% and increase student satisfaction. The OIM and the program directors plan to use a pre- and post-implementation design to assess short-term changes in student satisfaction and to measure long-term changes in overall student retention and progression rates.

Third – ANGEL. To address some students' frustration with the ANGEL learning management system, the college is working with the WSU IT team to improve student learning support with the system. Course instructors and program leaders at new student orientation inform students about Web links to ANGEL tutorials as needed, and provide ongoing assistance to help students troubleshoot issues with ANGEL.

Other key quality-improvement initiatives:

- Collaboration between the OIM, the pre-licensure program leaders and faculty to expand predictive modeling of NCLEX pass rates to include ATI scores, TEAS scores, course grades from Pathophysiology/Pharmacology for Nursing (NURS 311), Health Assessment (NURS 317), and Acute and Chronic Illness/Adults (NURS 324);
- Analysis of aggregate ATI and NCLEX data by content area;
- The OIM to build the assessment dashboard on the college's website with the intention to make key program effectiveness data available to all constituents;
- The OIM to develop a master assessment calendar for the college; and
- The OIM to refine the process for review and use of assessment data for CQI.

In summary, the college has made a clear commitment to the use of data collection and analysis to foster ongoing program improvement. With the establishment of the OIM in fall 2012, these efforts were systematized under one office, and extensive connections were forged with programs and faculty to ensure clarity of purpose and connection to program improvement. Numerous quality-improvement initiatives and programmatic changes have resulted from the OIM working collaboratively with faculty, with the goal of consistently engaging in ongoing program review and improvement.

**STANDARD IV
SUMMARY
ANALYSIS AND REFLECTION**

STRENGTHS

- Active engagement by faculty and administrators in the evaluation of aggregate student and faculty outcomes.
- Survey data collected from undergraduate students and alumni since 2002 and from graduate students and alumni since 2004. Routine collection of student course evaluations yielding data used to inform decisions related to course content and for faculty annual reviews.
- WSU support for ongoing evaluation through the Office of Assessment of Teaching and Learning (ATL) (for the pre-licensure BSN and the RN-BSN programs) and WSU Graduate School (for the MN,

post-MN certificate, and DNP programs); both require the college to provide annual updates regarding program outcomes.

- The recent creation of the Office of Information Management (OIM) within the college providing much needed resources dedicated to facilitating quality-improvement efforts across campuses and sites.
- Comprehensive program evaluation plans in place for each academic program. These plans were developed under the leadership of the Office of Information Management.
- Multiple surveys and evaluation tools used to elicit information regarding the achievement of program outcomes, which is then shared with program leaders and faculty as part of ongoing CQI processes.
- Expected aggregate student and faculty outcomes that are consistent with the college's mission and goals.
- Responsiveness of faculty members and administrators to individual student problems and issues while at the same time being strongly committed to program excellence.
- Excellent program completion and employment rates for all academic programs.
- Strong MN-FNP and MN-PMHNP certification passing rates.
- Outstanding faculty scholarly productivity and national/international service activities.
- A very robust, effective college faculty mentoring program for the tenured, tenure-track, and clinical-track faculty.

CONCERNS

- The lack of campus-specific and site-level data limited opportunities for discussions related to the challenges of a single program presented across multiple campuses and sites. In addition, low response rates from most alumni surveys have resulted in limited data and limited meaningful use of the data for program improvement initiatives.
- Challenges in finding adequate and appropriate clinical placements for graduate students.
- Recent trends for NCLEX pass rates at the minimum or below the college's benchmark.

STRATEGIES FOR CONTINUOUS IMPROVEMENT

- The Office of Information Management was established in early 2013, with the time and commitment required to provide a comprehensive collection and analysis of data that is needed to sustain ongoing quality improvement. The Office of Information Management and the academic program leadership have been working closely with AACN/EBI to create strategies to increase the response rates. For example, the graduating class is informed about the importance of alumni feedback and urged to stay in contact with the college by forwarding their WSU email addresses to their personal email accounts. Additionally, efforts are underway to build a stronger relationship with alumni by first surveying their time commitment and areas of interest in the college's activities.
- As a major initiative of the dean, additional staffing resources have been added in Spokane to support clinical placement and learning for graduate students.

- The college has launched innovative collaborative initiatives designed to improve pedagogical methods for pre-licensure BSN faculty (a collaborative project between the college and the WSU College of Education) and to support NCLEX success for pre-licensure graduates.

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