

SHEPHERD UNIVERSITY

DEPARTMENT OF NURSING EDUCATION



*Bachelor of Science in Nursing Program
Celebrating 25 Years of Excellence*

Accreditation Self-Study Report

Submitted to:

**Commission on Collegiate Nursing Education
and
West Virginia Board of Examiners for
Registered Professional Nurses**

2016

Shepherd University
Department of Nursing Education
Accreditation Self-Study Report - 2016

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Shepherd University

Department of Nursing Education

Program Introduction

Description of the Governing Organization

Shepherd University, a state-supported institution within the West Virginia system of higher education, is located in the Eastern Panhandle in the historic small town of Shepherdstown. From its beginnings more than 140 years ago, the university has evolved into a comprehensive center of higher learning, serving a number of related, yet distinct roles: Shepherd University offers baccalaureate degrees in a wide range of fields, encompassing the liberal arts, business administration, teacher education, the social and natural sciences, and other career-oriented areas. In addition, Shepherd offers five masters degrees and the Doctor of Nursing Practice (DNP). For the northern Shenandoah Valley region as a whole, Shepherd University is a center for non-credit continuing education, public service, and convenient citizen access to extensive programs in art, music, theater, athletics, and other areas of public interest.

The oldest town in the state, Shepherdstown is situated on a bluff overlooking the Potomac River in the Northern Shenandoah Valley. The quaint college community offers a rich, unique learning-living environment; with strong connections to the community it serves. Shepherdstown is located within a few miles of neighboring Maryland and Virginia, and a short drive from Pennsylvania. The large metropolitan areas of Washington, D.C. and Baltimore, Maryland, are within 70 miles of the university, providing many cultural and career opportunities for students and faculty.

In 1871, Shepherd College began as a normal school to instruct students “in languages, arts, and sciences.” By action of the West Virginia legislature in 1872, Shepherd College was established as a branch of the State Normal School. The college remained a Normal School until 1930, when the legislature authorized the offering of the Bachelor of Arts degree in teacher education. The mission of the college expanded in 1943 when the legislature authorized the offering of the non-teaching Bachelor of Arts degree. Two significant developments occurred in 1950: the legislature authorized the awarding of the Bachelor of Science degree and the North Central Association of Colleges and Schools (NCA-HLC) extended full accreditation to the college. The next NCA-HLC visit is planned for March 7-8, 2016. Through legislative action and a decree from the governor’s office, Shepherd College became Shepherd University in 2004 and began developing graduate programs. Shepherd’s Community and Technical College became an independent higher education institution in 2004. In 2009, Shepherd University was accepted as a member of the Council of Public Liberal Arts Colleges (COPLAC). Lastly, as part of its continuing commitment to its mission and core values, Shepherd University opened an additional location in Martinsburg, WV, approximately 10 miles from the main campus in summer 2013. Structured to serve the adult-learner population, the center is the location for the Regents Bachelor of Arts (R.B.A.), Master of Business Administration (M.B.A.), specialized courses in the Special Education Endorsement, and for the RN-BSN and Doctor of Nursing Practice (DNP) programs.

The university confers the Bachelor of Art (B.A.) degree upon majors in elementary education, English, history, psychology, secondary education, and Spanish. The music department offers a Bachelor of Music Education (B.M.E.) degree as well as a comprehensive Bachelor of Arts (B.A.) and a professional degree in performance, the Bachelor of Music (B.M.). The Bachelor of Fine Arts (B.F.A.) is conferred upon majors in art. The Bachelor of Science (B.S.) degree is conferred upon majors in accounting, biology, business administration, chemistry, computer and information sciences, economics and finance, environmental studies, exercise science, family and consumer sciences, mass communication, mathematics, political science, recreation and leisure studies, and sociology. The Bachelor of Science in Nursing (BSN) is conferred on majors in nursing, and the Bachelor of Science in Social Work (B.S.W.) is conferred on majors in social work.

The core of the baccalaureate curriculum is a core curriculum with strong connections to the major through a first-year experience course, writing-intensive course in the major, and finally a capstone within the major as a culminating experience. The three tiers of the core curriculum allow students to obtain and utilize skills and outcomes practiced at consistently higher levels as they progress towards degree completion. With outcomes based on the American Association of Colleges & Universities’ LEAP (Liberal Education and America’s Promise) student learning outcomes, Shepherd University’s multi-tiered core curriculum prepares students to take their places as educated citizens in a rapidly changing global society.

The university offers six graduate programs, including: the Master of Arts in Curriculum and Instruction, the Master of Arts in Teaching, the Master of Arts in College Student Development and Administration, the Master of Business

Administration, and the Master of Music in Music Education, and beginning in fall 2015, the DNP. The Division of Graduate Studies also offers a 15-credit certificate in Appalachian Studies.

The 20 academic departments of Shepherd University are organized into four schools, each led by an academic Dean: the School of Education and Professional Studies, the School of Arts and Humanities, the School of Business and Social Sciences, and the School of Natural Sciences and Mathematics. The Division of Graduate Studies and Continuing Education (GSCE), is led by the Dean, who is also the Associate Vice President for Academic Affairs. There is also a Dean of the Libraries and Information Sciences and Dean of Teaching, Learning and Instructional Resources. All deans report to the Vice President for Academic Affairs and serve on the Deans' Council.

The School of Education and Professional Studies includes the Department of Nursing Education; the Department of Education; and the Department of Health, Physical Education, and Recreation. The Department of Nursing Education is led by the Director/Chair of the Department of Nursing Education. The Department of Nursing Education includes 11 full-time faculty members (including the Director/Chair), a simulation and clinical lab coordinator, 1.5 administrative assistants, and clinical nurse educators. In addition, a .5 administrative assistant was hired in fall 2015 to support the DNP and RN-to-BSN at the Martinsburg Center.

History of the Department of Nursing Education

The Department of Nursing Education was formed in 1972, offering an Associate of Science in Nursing (ASN) program. With the approval of the College Board of Regents and the West Virginia Board of Examiners for Registered Professional Nurses, a Bachelor of Science in Nursing (BSN) program was initiated in 1987, offering both a generic program and a track for RN students. Each program has been accredited by the National League for Nursing and then by the National League for Nursing Accrediting Commission, Inc., since its first graduating class.

Once the BSN program was initiated, the BSN and ASN programs operated separately, each with a unique philosophy, organizing framework, and curriculum. For several years, all decision making and communication regarding both program and its resources offered within were made by totally separate ASN and BSN program faculty meetings. At the same time, one department chair administered both programs; several full-time faculty members and many part-time faculty members taught in both programs, and both programs used many of the same learning resources, including classroom space and instructional media. In the interest of improving communication, streamlining decision making, and maximizing the use of resources, the nursing faculty reorganized the Department of Nursing Education in the fall semester 1998, operating as a single department. From 1995 to 2002, the Department of Nursing Education delivered the ASN program to six cohorts of students by means of distance learning, to the satellite campus, South Branch Community and Technical College, in Grant County, West Virginia. In 2004, the West Virginia legislature separated community and technical colleges from four-year institutions, thereby moving the ASN program to Martinsburg, West Virginia as part of the community and technical college.

While a Master of Science in Nursing Program was developed and submitted to the institutional board of governors and the West Virginia Higher Education Policy Commission (WV-HEPC), the degree was not implemented per restrictions by Shepherd University's institutional accrediting body, the Higher Learning Commission (HLC). Following several positive reports on the institution's development of graduate culture, there were also a number of changes taking place on the national level surrounding graduate nursing programs, particularly nurse practitioners. The Department of Nursing Education worked with Graduate Studies to develop planning documents for the DNP program, receiving approvals from the institutional board of governors, the WV-HEPC and finally the HLC. Shepherd admitted its first cohort of the DNP program in fall 2015.

The late West Virginia Senator Robert C. Byrd obtained \$10 million dollars in federal funding to build a state-of-the-art nursing building, named Erma Ora Byrd Hall in honor of Sen. Byrd's late wife. The 37,000 gross square foot building was dedicated on June 12, 2007 and houses a lecture hall, classrooms, computer lab, conference room, student study center, four simulation labs, and office space. With the hiring of an external chair in 2008, the department worked collaboratively and strategically to align its curriculum and student outcomes with those of the Commission on Collegiate Nursing Education (CCNE), obtaining initial accreditation for the BSN program in 2011 for the maximum period of 5 years.

The university houses the only state-supported baccalaureate and graduate nursing programs in the Eastern Panhandle of West Virginia and primarily serves residents of rural Berkeley, Jefferson, and Morgan counties. Approximately 500 students are enrolled at Shepherd University as nursing or pre-nursing majors. A large percentage of the Shepherd University nursing student body is from predominately underrepresented groups. Within the nursing student population, 90% are from rural areas, 45% are first-generation college students, 11 percent are men, and 13% self-identify as being a member of a racial/ethnic minority. Additionally, 74% of the nursing students are classified as educationally disadvantaged and 50% are considered economically disadvantaged. Our graduates have gone on to distinguished careers not only in the Eastern Panhandle of West Virginia, but also across the entire state and country; however, most return to their hometowns to practice in rural or underserved areas of the state.

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.

Key Elements

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 Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 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:

By dedicating ourselves to the Shepherd University core values of learning, engagement, integrity, accessibility and community, the mission of the Department of Nursing Education (DNE) is to *enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment*. This mission is aligned and congruent with that of Shepherd University as provided in the 2014-2017 University Strategic Plan; *Currents: Navigating with Purpose* (located in evidence room) and available at <http://www.shepherd.edu/wordpress-1/wp-content/uploads/2015/05/currents.pdf>. These statements are compared in the Table 1.1 and 1.2.

Table 1.1 Comparison of Vision Statements

Shepherd University	Department of Nursing Education
We will be a nationally respected community of learners where passion, purpose and experience unite to inspire individuals to shape the world.	We will be a nationally respected community of nurse leaders where passion, purpose, and experience unite to inspire health in individuals, families, communities and populations.

Table 1.2 Comparison of Mission Statements

Shepherd University	Department of Nursing Education
Shepherd University, a West Virginia public liberal arts university, is a diverse community of learners and a gateway to the world of opportunities and ideas. We are the regional center for academic, cultural, and economic opportunity. Our mission of service succeeds because we are dedicated to our core values: learning, engagement, integrity, accessibility and community.	Shepherd University's DNE's mission is to enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment. We are dedicated to the university core values of learning, engagement, integrity, accessibility and community.

The faculty, in consultation with the communities of interest, have developed the program goals and expected student outcomes. The program uses the following professional nursing standards and guidelines in developing these goals:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice*, (AACN, 2008)
- *Nursing Scope and Standards of Practice* (ANA, 2015)
- *Guide to the Code of Ethics for Nurses with Interpretive Statements*, (ANA, 2015)
- West Virginia Board of Examiners for Registered Professional Nurses (WVBOERN) *Standards for Professional Practice* (Title 19, Series 10; <http://www.wvrnboard.wv.gov/lawandscope/Pages/default.aspx>)
- National Council of State Boards of Nursing NCLEX-RN Test Blueprint (2016); (<https://www.ncsbn.org/8354.htm>)
- Quality and Safety Education for Nurses (QSEN) pre-licensure quality and safety competencies (<http://qsen.org>).

Program Goals: The goals of the Shepherd BSN program are to prepare a graduate who is able to:

1. Integrate a background of liberal arts with the knowledge, skills, and values of professional nursing in order to affect the health of the patient.
2. Practice professional nursing utilizing skills in communication, clinical judgment, patient-centered care and professionalism.
3. Engage in teamwork with members of the intra- and inter-professional health care team promoting safe, quality, and cost-effective, patient-centered care.
4. Engage in self-care, service, lifelong learning, and continued scholarship.

Expected Student Outcomes: The DNE is based on four expected student outcomes: communication, clinical judgment, patient-centered care, and professionalism with the QSEN categories integrated into these concepts.

Communication – the integration of effective culturally sensitive, interprofessional and intraprofessional communication among the healthcare team and the use of informatics in the practice of professional nursing.

- Teamwork and Collaboration – Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.
- Informatics – Use of information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Clinical Judgment – the use of critical thinking skills in the practice of professional nursing.

- Evidence-based practice – Integrates best evidence with clinical expertise and patient preferences and values for delivery of optimal health care.
- Quality Improvement – Use data to monitor the patient status and recognize deviations from the normal patient assessment.
- Safety – Minimize risks of harm to patients and providers through both system effectiveness and individual performance.

Patient-centered Care – Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

Professionalism – Based on the ANA Standards of Practice, ANA Code of Ethics, WVBOERN regulations, and the Shepherd University DNE Handbook.

Program goals are found in the BSN Nursing Student Handbook and can be found on the DNE webpage (<http://www.shepherd.edu/nursing/nursing-information>). Program goals can be found in the university catalog at: http://catalog.shepherd.edu/preview_entity.php?catoid=9&ent_oid=199&returnto=1157. In the syllabi for each course, specific course outcomes are identified for applicable program outcomes. As an example, course outcomes for NURS 344 Human Genetics with Ethical Applications associated with the Communication Program Outcome are found in Table 1.3.

Table 1.3 Relationship between Program and Course Outcomes

Program Outcome – Communication	Course Outcome – NURS 344
<i>Teamwork and Collaboration</i> – Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision making to achieve quality patient care.	1. Identify how one’s own attitudes and values related to genetic and genomic science may affect care provided to patients. 2. Discuss the importance of providing culturally sensitive genetic and genomic information and services to patients based on their culture, religion, health literacy, knowledge, and perceived language.
<i>Informatics</i> – Use of information and technology to communicate, manage knowledge, mitigate error, and support decision making	Describe the discipline of bioinformatics as it relates to genomic science.

Core Values:

In order to foster a student-centered academic community, Shepherd University adheres to the following *core values* (<http://www.shepherd.edu/about-shepherd>). A comparison of the mission, vision and core values of the DNE, the School of Education and Professional Studies and Shepherd University can be found in Appendix I.A.1

Learning - Shepherd University creates a community of learners who integrate teaching, scholarship, and learning into their lives. In order to create challenging, relevant experiences, inside and outside of the classroom, the university continually evaluates and assesses student learning. We recognize and accommodate diverse learning styles and perspectives necessary for global understanding.

Engagement - Shepherd University fosters environments in which students, faculty, staff, and members of the community engage with each other to form mutually beneficial relationships. We believe that meaningful engagement, with ideas and with people, promotes deep learning and nurtures critical thought.

Integrity - Shepherd University strives for an environment of honesty and fairness in its actions. University officials seek input from students, faculty, and staff and make informed and objective decisions. We expect all members of the community to act in accordance with this value.

Accessibility- Shepherd University provides services to all qualified students. Our staff and faculty are available to students and are committed to respecting and meeting individual needs. University governance and budgeting structures reflect our commitment to transparent processes and public access to information.

Community - Shepherd University comprises a community that includes students, faculty, staff, alumni, and involved citizens. We meet the needs of this community through assessment, development, and implementation of innovative programs and initiatives. We strive to create a safe environment based on mutual respect and acceptance of differences.

The DNE vision, mission, goals, and expected program outcomes govern the traditional BSN and RN-to-BSN tracks of the BSN program and are well aligned with the institutional mission and core values.

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:

The DNE Systematic Evaluation Plan (found in Appendix IV.A.1) identifies timeframes for, and assigns accountability for, review and revision of the mission, goals, and expected student outcomes. The mission, goals, and expected student outcomes are reviewed every four years. Revisions needed in the interim between scheduled reviews are facilitated through the Curriculum Committee and the Evaluation Committee, and discussed and approved by the DNE faculty. Expected student outcomes are review based on the *Essentials of Baccalaureate Education for Professional Nursing Practice* and other standards and guideline documents listed earlier. The last formal review was conducted in 2014 in accordance with the four-year cycle. The review is used to drive the DNE strategic plan, which was last reviewed in October 2015.

The community of interest has been defined by the DNE as including: students, faculty and staff, alumni, Advisory Council, clinical agencies, professional and community groups, university, and regulatory and accrediting agencies. Information about the needs and expectations of our community of interest are gathered in a variety of ways as shown in Table 1.4.

Table 1.4 - Input Mechanisms for Communities of Interest and Examples of Program Improvement

Community of Interest	Communication Mechanism(s)	Exemplars
Students	Course/faculty evaluations. Student representatives to Governance committees, Student Nurses' Association	Development of new Informatics course (NURS 335 Nursing Informatics) and relocation of the course from level 4 to level 1
Nursing faculty and staff	Department meetings, school meetings, professional development activities and workshop attendance, community and professional service	Revision of grading scheme for proctored ATI testing to more accurately reflect ATI's new scoring recommendations
Alumni	Post-graduation alumni surveys, formal and informal contact with alumni	Alumni who have graduated the previous semester are invited to return to NURS 445 NCLEX Preparation course to share information regarding their first job and taking NCLEX. This sharing is a mentoring opportunity, and guidance and counseling for soon to be graduates.
Nursing Advisory Council	Feedback on student and alumni	The Nursing Advisory Council met with the Higher Learning Commission (HLC) to discuss the impact the DNP would have on the current BSN program and the community.
Professional and Community Groups	Faculty serve on a variety of community and professional boards	American Organization of Nurse Executives (AONE), Foundation Research Committee, Berkeley County Health and Human Services Collaborative, Eastern Panhandle Medical Reserve Corps Steering Committee,
University	Service on university and school committees Participates in the state-mandated program review process	See Table 1.5
Regulatory/Accrediting Bodies	Formal Reports – Annual Report to the WVBOERN, CCNE CIPR	Reviewed new NCSBN NCLEX-RN test blueprint comparison to curriculum with revisions made as appropriate.

The DNE responds to the needs and expectations of the community of interest by involving them in policy development and implementation, curriculum and program development, and systematic evaluation of the program. The DNE acknowledges that potential RN-to-BSN students are a special population in our community of interest. As a result, we reach out to local and regional community college nursing programs to obtain feedback on how to better align our program with the needs of the students, colleges, and employers. The DNE Advisory Council (consisting of nurse administrators/educators from our clinical agencies, alumni, students, and community representatives) meets twice per year and makes recommendations to ensure that the vision, mission, program goals,

and curriculum are responsive to emerging community needs. Student representation from each level of the generic BSN program is encouraged at all faculty and standing committee meetings. Since the RN-to-BSN track is online or in an evening cohort format, we have not had any students express an interest in attending meetings, although this opportunity is certainly available to them. Formative feedback is obtained from RN-to-BSN students from communication with faculty; summative feedback is obtained from course evaluations.

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:

The DNE follows university policies and procedures related to promotion and tenure. Faculty outcomes are communicated through the Shepherd University Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>), which is revised and updated as needed prior to the beginning of each fall semester by Academic Affairs under the leadership of the Vice President for Academic Affairs. Faculty outcomes are defined in the areas of 1) effective teaching, 2) professional growth and, 3) service to the university and the community (p. 33). Faculty are expected to work toward promotion and tenure in accordance with university policies located in the Faculty Handbook beginning on page 49. Clear criteria for both promotion in rank and the granting of tenure are communicated through the handbook. The DNE also defines specific faculty outcomes related to teaching, scholarship, and service. These outcomes are defined in the DNE systematic evaluation plan and are discussed in Standard IV-F.

The DNE follows or exceeds the university policy related to the annual evaluation of faculty as described in the faculty handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, beginning on page 57). The evaluation process for non-tenured full-time teaching faculty includes the submission of a self-evaluation and an evaluation by the DNE director/chair. Classroom visitations are conducted on a rotating annual schedule of a peer, the department chair and the school dean. Non-tenured faculty evaluations also include student course evaluations of a minimum of two courses in the Fall and Spring semesters. All of these evaluative elements are then incorporated into the final evaluation completed by the dean of the School of Education and Professional Studies (SOEPS). The evaluation is communicated to the faculty by the dean and the process provides faculty members with the opportunity to ask questions and provide feedback.

Tenured faculty evaluations are conducted on a four-year cycle:

- Year one (first year after receiving tenure) evaluation includes student course evaluations of a minimum of two courses in the Fall semester and submission of a self-evaluation.
- Year two evaluation consists of two Fall student course evaluations, an annual report, and a written evaluation by the DNE director/chair.
- Year three evaluation consists of two Fall student course evaluations and an annual report
- Year four evaluation consists of two Fall student course evaluations, an annual report; a classroom visitation by the dean, DNE director/chair or a Peer; and a written evaluation by the dean of the SOEPS.

New faculty members participate in the New Faculty Learning Community (<http://www.shepherd.edu/ctl2/new-faculty-learning-communities/>), which is a two-year orientation and mentoring process. In year one of this process, the new faculty cohort meets monthly with various university faculty and staff. Year two allows the faculty to begin the preparation of the pre-tenure portfolio.

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:***Faculty Participation in Governance***

The DNE is structured to foster and facilitate participation by both faculty and students in the governance of the program, and as well as university governance (<http://www.shepherd.edu/wordpress-1/wp-content/uploads/2015/05/Org-Chart-revised-5-4-2015.pdf>). The department's organizational structure is detailed in Appendix I.A.2. Faculty have input into decisions regarding curriculum, program development, implementation and evaluation, student and faculty policies, and faculty/staff hiring. Clinical Nurse Educators (CNEs) are encouraged to attend the departmental faculty meeting, but are often unable to do so due to external work commitments. CNEs are oriented to their responsibilities by the course coordinator, who is normally the full-time faculty member teaching the didactic portion of clinical courses. All full-time faculty members attend monthly departmental meetings and serve on at least one of three governance committees: curriculum, evaluation, and student affairs. The chairs of the governance committees, along with the department director/chair, constitute the Executive Committee of the DNE. The DNE director/chair of the nursing program participates in university governance through the chairs meeting of the School of Education and Professional Studies (SOEPS). Additionally, all full-time faculty members are expected to participate in university and/or school committees. Representatives to Faculty Senate committees are elected at the school level and so not all of these committees necessarily have a faculty representative from the DNE. Currently, nursing faculty members represent the DNE and the SOEPS is shown in Table 1.5.

Table 1.5 Nursing Faculty Participation in University Governance

Committee	2013-2014	2014-2015	2015-2016
University Committees			
Faculty Senate*	Prof. Donohue	Prof. Hancock	Dr. Hancock
Core Curriculum*	Dr. Clayton	Dr. Clayton	Dr. Clayton
Admissions and Credits*		Dr. Groves	Dr. Groves
Scholarship and Awards*	Dr. Groves	Dr. Groves	Dr. Groves
Extended Learning Integrity Committee*	Dr. Groves (ex-officio)	Dr. Groves (ex-officio)	Dr. Groves (ex-officio) Prof. Schaeffer
Gateway Committee*	Prof. Hancock	Prof. Hancock	Dr. Coyle
Scholarship and Financial Aid*			Dr. Mott
Strategic Planning*	Prof. Kemerer	Prof. Kemerer	
Merit*	Prof. Dilley	Prof. Dilley	Dr. Mailey
Curriculum and Instruction*	Prof. Parker		
Technology Oversight*	Dr. Groves	Dr. Groves	
Program Review*	Dr. Clayton	Dr. Clayton	Dr. Clayton
Professional Status*	Dr. Clayton Prof. Kemerer	Dr. Clayton Prof. Kemerer	Dr. Clayton
Academic Grade Appeal*	Dr. Clayton Prof. Dilley	Dr. Clayton Prof. Dilley	Dr. Clayton
Professional Development*	Prof. Bowers	Prof. Bowers	
Student Success	Prof. Dilley	Prof. Dilley	Committee Disbanded
Graduate Council*	Dr. Groves Dr. Mailey*	Dr. Groves Dr. Mailey* Dr. Clayton	Dr. Groves Dr. Mailey* Dr. Clayton Dr. Burkey

Library Committee*	Prof. Parker		
HLC Criterion Review Committee			Dr. Mailey
School Committees			
Promotion and Tenure	Dr. Clayton Prof. Kemerer	Dr. Clayton Prof. Kemerer	Dr. Clayton Dr. Mailey
Newsletter Committee (Ad Hoc)	Prof. Donohue	Prof. Bowers	Prof. Schaffer
Strategic Planning (Ad Hoc)	Prof. Kemerer	Prof. Kemerer	Prof. Kemerer
School Wellness (Ad Hoc)	Prof. Dilley	Prof. Dilley	Dr. Spencer
Department Committees			
Curriculum	Dr. Clayton Dr. Groves Prof. Kemerer <i>Ms. Blanda</i> <i>Ms. Watts</i>	Dr. Clayton Dr. Groves Prof. Kemerer <i>Ms. Aubee</i> <i>Ms. Mitchell</i>	Dr. Clayton Dr. Groves Prof. Kemerer Prof. Hill <i>Mr. Hauser</i> <i>Ms. Dove</i> <i>Ms. Stovall</i>
Student Affairs	Prof. Schaeffer Prof. Bowers <i>Ms. Stoval</i> <i>Ms. Orndorff</i> <i>Ms. Pearson</i> <i>Ms. Lanier</i>	Dr. Groves Prof. Schaeffer Prof. Bowers <i>Ms. Miranda</i> <i>Ms. Santella</i>	Dr. Groves Dr. Burkey Prof. Schaeffer Dr. Mott <i>Mr. Hatcher</i> <i>Ms. Monaghan</i> <i>Ms. Rodriguez</i> <i>Ms. Stoian</i> <i>Ms. Jones Alecea</i>
Evaluation	Dr. Groves <i>Ms. Parsons</i>	Dr. Hancock <i>Mr. Hatcher</i> <i>Mr. Winchester</i>	Dr. Hancock Dr. Coyle Dr. Spencer <i>Ms. Adams</i> <i>Ms. Raines</i> <i>Ms. Puckett</i> <i>Ms. Santella</i> <i>Ms. Corbel</i>
Faculty Committee	All faculty <i>Mr. Richards</i> <i>Mr. Fogle</i> <i>Ms. Johnstone</i>	All faculty <i>Mr. Winchester</i> <i>Ms. Santella</i> <i>Ms. Johnstone</i>	All faculty <i>Ms. O'Connor</i> <i>Ms. Rogers</i> <i>Ms. Spencer</i> <i>Ms. Smith</i> <i>Ms. Corbel</i> <i>Ms. Santella</i> <i>Ms. Turkson</i>
Committee chairs indicated in Bold . Student representatives indicated in <i>italics</i> . *Representatives elected by the School of Education and Professional Studies.			

DNE Standing Committees: (The role of each committee as well as membership is defined in the DNE Bylaws, which can be found in the DNE Faculty Reference Manual, which will be available in the evidence room for review.)

Executive Committee - The executive committee serves as the admission, recruitment, and progression committee and advisor to DNE director/chair regarding current and upcoming issues. The committee is comprised of the chairs of the three governance committees (Evaluation, Curriculum and Student Affairs) and is chaired by the DNE director/chair. The committee meets after the student application deadlines (October 1 and March 1) to review applications to the nursing program, and additionally as called by the DNE director/chair.

Curriculum Committee - This committee facilitates the faculty role in development and evaluation of the nursing curriculum, assures the curriculum meets national accreditation standards, maintains the continuity of the nursing

curriculum, and provides oversight of all curricular activities. The committee includes at least two faculty members, one student representative from each level, and the DNE director/chair. The RN-to-BSN track Coordinator and the Clinical Skills Lab/Simulation Coordinator are *ex-officio* members of this committee. The committee meets to consider all major course changes proposed by the course faculty. Proposed changes are then presented to the full faculty for action. Approved changes are presented by the DNE director/chair or designee to the university Curriculum & Instruction Committee and the Core Curriculum Committee as appropriate.

Student Affairs Committee - The student affairs committee promotes personal, social, and academic growth for students. The committee maintains and updates the student handbook, reviews applicants and makes recommendations for nursing scholarships, and determines content of the new student assembly. This committee also oversees the ceremonial life of the DNE through management of the White Coat Ceremonies and the Nursing Convocations. Committee members include at least two faculty members, one of whom is the advisor to the Student Nurses' Association, one student representative from each level, and the president of the Student Nurses' Association.

Evaluation Committee - The purpose of the evaluation committee is to formulate, review, and recommend revision of all evaluation material used in the DNE and to initiate and monitor specific assessment processes. The evaluation committee collaborates with the curriculum committee and faculty to ensure assessment data are appropriately incorporated into program modifications. The committee membership includes at least two faculty members and one student representative from each level.

Student Participation in Governance

Students in each level select representatives to the governance committees and to the departmental faculty meeting. Student representatives are expected to confer with classmates prior to each meeting to identify issues and solutions and to bring those forward to the respective committees. Students are then expected to provide their classmates with feedback after meetings. Students serve in an *ex-officio* role.

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 certifications 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.

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

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

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

Program Response:

Materials designed to promote or advertise the offerings of the DNE are developed in conjunction with University Communications and, for the RN-to-BSN track, the staff at the Martinsburg Center. All materials are reviewed and approved by the DNE director/chair. University Communications reviews all published material for accuracy. Specific information is generally available online as indicated below.

Information about the offerings of the program is located on the DNE webpage at <http://www.shepherd.edu/nursing>. Accreditation status is disclosed in several locations including the website (<http://www.shepherd.edu/nursing/nursing-accreditations>), and BSN Student Handbook (p. 7). The Student Handbook is also available online at <http://www.shepherd.edu/wordpress-1/wp-content/uploads/2015/05/currents.pdf>.

Information about the University and accreditation is located on the university webpage (<http://www.shepherd.edu/accreditations/>) and the consumer information page (<http://www.shepherd.edu/consumer-information/>). Information on these pages are maintained by the Associate Vice President for Academic Affairs.

Most information is available in the university catalog, which is maintained by the Office of the Registrar. Table 1.6 provides location of specific information regarding program offerings, admission policies, degree completion requirements, tuition and fees, and academic calendars.

Table 1.6 Location of Information from Registrar’s Office

Information	Web Site
Program Offerings	http://catalog.shepherd.edu/preview_entity.php?catoid=8&ent_oid=170&print
Admission Policies	http://catalog.shepherd.edu/preview_entity.php?catoid=8&ent_oid=170&print
Degree Completion Requirements	http://catalog.shepherd.edu/preview_program.php?catoid=8&poid=604&returnto=948
Tuition and Fees	http://catalog.shepherd.edu/content.php?catoid=9&navoid=1124
Academic Calendars	http://www.shepherd.edu/academic-calendar

One of the DNE administrative assistants is assigned responsibility for making changes to information on the DNE webpage. Information for the webpage is provided to the DNE director/chair for review prior to being placed on the webpage. Information about licensure is included in class discussions in several courses notably NURS 310 (Health Promotion across the Lifespan) and NURS 445 (NCLEX Preparation). Course instructors for those courses are accountable for ensuring the accuracy of the information provided in those courses.

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 academic policies of the DNE are congruent with those of the university. Academic policies are found in the university catalog (<http://catalog.shepherd.edu/content.php?catoid=9&navoid=1130>), and the Student Handbook (<http://www.shepherd.edu/students/studenthandbook.pdf>). To the greatest extent possible, the DNE utilizes the academic policies of the university, thereby ensuring congruence. Instances where the DNE policy differs from the university policy occur where those differences further the goals, mission, and expected outcomes of the BSN program. Examples of policy differences between the university and the DNE include the requirements for nursing students related to admission, progression, immunizations, professional liability insurance, CPR certification, drug screening, and background checks. Policies are communicated to students through a variety of mechanisms. Policies related to admission to the nursing program are discussed with students in advising sessions with their academic advisor each semester during the student’s tenure as a pre-nursing student, with increased emphasis during an admission application advising session. All pre-nursing students are assigned an academic advisor from the nursing faculty. All incoming nursing students attend a mandatory orientation assembly during the first week of classes of their first semester. Policy changes are discussed in the relevant DNE committee and student representatives of these committees communicate those changes to their constituency. Policy changes are reflected

in the annual revision of the BSN Student Handbook. The revised handbook is electronically available to all students through the Certified Background Tracker and students electronically acknowledge receipt and understanding of the revised handbook.

Policies are consistent between the traditional BSN and RN-to-BSN tracks within the BSN program. Policy differences between these two tracks may be necessitated by the substantial variation in the entry point of RN-to-BSN students. For example, one policy difference between these tracks concerns the progression policy for traditional students compared to RN-to-BSN students. The progression policy related to course failures for RN-to-BSN students considers the lesser frequency with which the RN-to-BSN sections of nursing courses are offered. The policy allows RN-to-BSN students to progress past a failed course while waiting for that course to occur again in the sequence.

Academic policies of the university and DNE are available to constituents in the University Student Handbook, the DNE BSN Student Handbook and the Faculty Handbook. These references are available in the evidence room resource room for review. Academic policies of the DNE are reviewed every four years and as needed by the DNE (Appendix IV.A.1)

STANDARD II

Program Quality: Institutional Commitment and Resources

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

Key Elements

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 student and faculty 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 student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. A defined process is used for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Program Response:

Fiscal and physical resources are adequate to enable the nursing program to achieve its mission, goals, and expected aggregate student and faculty outcomes.

Fiscal Resources

The vice president for academic affairs (VPAA) meets with the school deans, who in turn meet with their respective departments to solicit budget requests. The director/chair of the DNE provides budget requests to the dean of SOEPS, who forwards the request to the VPAA. The VPAA forwards the academic affairs budget request to the university budget committee for evaluation. This process is used with all of the vice presidents at Shepherd University. The budget committee evaluates key initiatives for the fiscal year in light of the strategic plan, executive administration goals, enrollment projections, tuition proposals, technology oversight committee recommendations, and the existing budget. Based on the budget process, the DNE receives fiscal support from multiple sources: state allocation, tuition, student fees, Shepherd Foundation, the VPAA, and the school budget (SOEPS).

The state of West Virginia has cut funding for higher education over the past three years and limited tuition increases in an effort to keep college education accessible in unfavorable times. During this time, the DNE budget has changed as shown in Table 2.1.

Table 2.1 Department of Nursing Education Budget

	Academic Year			
	2012-2013	2013-2014	2014-2015	2015-2016
PERSONNEL (without benefits)				
Faculty	\$594,718	\$691,113	\$712,174	\$722,511
Non-academic (clerical)	\$190,289	\$174,724	\$ 158,722	\$178,695
CURRENT EXPENSES				
Office expenses	\$19,081	\$17,077	\$18,605	\$18,405
Travel	\$7,294	\$4,574	\$5,000	\$4,100
Memberships	\$8,016	\$6,053	\$5,336	\$5,336
Faculty Development	\$19,247	\$14,340	\$13,466	\$ 6,709
EQUIPMENT				
Office	\$11,146	\$8,684	\$6,416	\$5,900
Educational	\$37,217	\$30,618	\$44,585	\$48,000
Library* (funding for library is not part of the nursing budget)	\$26,968*	\$27,517*	\$27,500*	\$20,071*
Lab equipment and supplies	\$82,558	\$39,396	\$25,000	\$90,000
Other	\$2,420	0	0	0
TOTAL	\$998,954	\$1,014,186	\$1,016,804	\$1,099,727
Budget taken from Shepherd University DNE Annual Reports submitted to the WVBOERN				

Despite minimal changes in budget allocations, the DNE efforts to increase budget revenues have been realized through careful stewardship of existing resources, increasing cost effectiveness, increasing student fees associated with clinical courses, increasing enrollment in the nursing program, and controlled spending.

Shepherd University holds a certificate of liability insurance which provides professional liability coverage for faculty and students. The limit of liability is \$1 million dollars for each occurrence. A copy of the certificate of liability insurance will be available in the evidence room.

The director/chair of the DNE is responsible for administration of fiscal resources. Resources are sufficient to enable the program to fulfill its vision, mission, goals, and expected aggregate student and faculty outcomes, and these resources are reviewed yearly, revised, and improved as needed.

Faculty Salaries

Shepherd University is committed to “ensuring competitive salaries for faculty and staff” as identified in the university strategic plan (<http://www.shepherd.edu/university/strategic-plan/implementation.pdf>). The DNE faculty salaries are comparable to other faculty members and similar to the AACN 25th percentile salary range for full-time instructional nurse faculty as shown in Table 2.2. On December 4, 2015 Interim President Manning announced by email that “yesterday the Board of Governors approved a 2% salary increase for all full-time faculty and staff and an increase for adjunct faculty of \$100 per three-credit course, effective January 1.”

Table 2.2 Comparison of Mean DNE 9 month Full-time Faculty Salaries with the Shepherd Mean Faculty Salaries and the AACN Salary Survey for Full-time Instructional Nurse Faculty in the Southern Region

Rank	Education	*Shepherd Salary (mean)	**Shepherd Nursing Faculty Salary (mean)	***AACN Salary (mean)	AACN 25 th Percentile
Instructor			\$48,212.50		
	Nondoctoral			\$58,054	\$52,352
	Doctoral			\$64,915	\$57,273
Assistant Professor		\$54,189	\$58,219.76		
	Nondoctoral			\$61,622	\$55,000
	Doctoral			\$72,560	\$65,500
Associate Professor		\$61,281	\$66,373.41		
	Nondoctoral			\$67,002	\$60,809
	Doctoral			\$79,439	\$71,649
Professor		\$71,361	\$78,655.50		
	Nondoctoral			\$60,940	\$59,675
	Doctoral			\$99,659	\$83,806

Source:

*Human Resources Annual Report to the Shepherd University Board of Governors, April 9, 2015. The data presented was for 2013.

**Shepherd University DNE Annual Report to the WVBOERN (July, 2015).

***2014-15 Academic Year: Salaries for Instructional Nurse Faculty in the Southern Region by Rank, Type of Institution, and Degree Level, Table 63.

Under exceptional circumstances, such as increased enrollments and/or faculty vacancies nursing faculty members may accept overload pay, in addition to their base salaries, for teaching more than 12 credits or 12 contact hours per semester in order to supplement their base salary

(<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>). Additional salary may be available for faculty who choose to teach during the summer sessions; however, there are limited undergraduate nursing courses offered, with courses predominately reserved for students in the RN-to-BSN track. Faculty members can apply annually for merit pay allocations, providing funds are available, in the areas of instructional service, professional/institutional service, and professional development. Faculty members submit requests for merit pay consideration to the Merit Pay Committee, which makes recommendations for merit to the VPAA. The university has not had funding to award merit pay salary increases for the past four years

(<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>). During the 2015-16 academic year, three faculty members with nurse practitioner or clinical specialist certification were hired as full-time faculty members and are given one day per week for scholarship associated with practice so that they can maintain their certification. Working as a nurse practitioner/clinical specialist, they are able to supplement their salary with the retained funds.

According to the Faculty Handbook guidelines for promotion and tenure, the University has consistently funded the 10% salary increase associated with promotion in rank

(<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>). Faculty may also apply to the Professional Development Committee for mini-grants, professional development grants, professional development release time, and sabbatical leave (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>). DNE faculty who do not hold a doctoral degree may seek financial support for doctoral study from the VPAA on an annual basis. If they are accepted into the Shepherd University DNP program, faculty members are eligible for six credits of tuition waiver per semester, including the summer session after six months of employment.

The fiscal resources are sufficient for the operation of the program and allow the program to meet the faculty and student expected aggregate outcomes.

Physical Resources

BSN Program

The traditional BSN program is housed in the Erma Ora Byrd Hall, which is a two-story 37,000 gross square foot building that opened in 2007. The first floor contains a 32-station computer lab, a 120-seat lecture hall, six classrooms, and two seminar rooms. Each classroom/seminar room is wireless and contains a computer with internet capability, DVD player, ICD projector, document reader, projection screens, microphone, and whiteboards. Utilization of tables and chairs facilitates group work and class activities. The lobby of the building is designed to provide students places with areas to study, congregate, or just relax.

The second floor contains an administrative office suite, faculty offices, faculty/staff collaboration room, faculty library, workroom, three seminar/group study rooms, and five simulation labs (acute care, critical care, mother-child, pediatric, and independent living lab). Faculty offices include wireless internet capability, computer, printer, telephone, desk, bookshelf, and locked file cabinet. An office is available for CNEs or adjuncts and is equipped with access to a desk, locked filing cabinet, computer with wireless internet capability, and printer access. The ParScore machine is available for faculty use in this office. A room designated for grant personnel is available and includes three cubicles, each with a computer and printer access, locked filing cabinets, and meeting spaces. A phone is shared among grant personnel.

The five simulation labs are equipped as follows:

- All of the simulation labs are wireless, and three of the five (excludes independent living lab and pediatric lab) contain a computer with internet capability, DVD player, ICD projector, video cameras, document reader, projection screen, and whiteboards. The pediatric simulation lab contains a whiteboard.
- The acute care simulation lab contains an electronic patient lift system, six acute care beds, two exam tables, six moderate fidelity manikins, medication cart, isolation cart, automated medication dispensing system, and seven Wows (workstation on wheels).
- The critical care lab contains two critical care beds, a Sim Man (Laerdal), Simulaid's STAT simulator, crash cart, and two computers for electronic documentation.
- The mother-child simulation lab contains two delivery beds, two Noelle's (Laerdal), two Gaumard neonates, two newborn non-simulation infants, four computers for electronic documentation, isolette, warmer, and open crib.
- The pediatric lab contains a pediatric exam table, Sim Newb (Laerdal), Vital Sim Child (Laederal), Vital Sim Toddler (Laerdal), six non-simulation newborn manikins, three open air infant cribs, and one toddler crib.
- The independent living lab is organized to represent a home and contains a living room, fully furnished kitchen/dining room, bedroom, and bathroom.
- A variety of equipment is available that can be used in any lab including, but not limited to, IV pumps, tube feeding pumps, Chester Chest manikins, IV arms, Doppler, SAM II (Simulation Auscultation Manikin), and Otosim/OpthaSim.

The simulation labs are adequate for the size of the student body and provide students with real-life simulated practice throughout the lifespan. Students are afforded the opportunity to develop their communication and clinical judgment skills while providing patient centered-care in safe environments. Incorporation of simulation learning allows students to receive both formative and summative assessment of their performance.

Scheduling of classrooms and seminar rooms for academic needs are given priority over all other scheduling requests by departments or administrative units outside the DNE. Faculty, students, and organizations schedule classroom space, computer lab, and the lobby area by contacting the administrative assistant in the DNE for university-sponsored events. Appendix II.A.I provides a floor plan of the Erma Ora Byrd Hall. Classroom and office space are sufficient to meet the needs of the DNE.

RN-to-BSN Track

Students in the RN-to-BSN track may elect to take classes with the traditional students, while other students may take the nursing courses online. In the Summer of 2015, the first RN-to-BSN cohort of students was admitted and attends class in a compressed format with weekly in-seat sessions supplemented with online content. Equipment needed for teaching classes such as NURS 333, Health Assessment, is transported by faculty between the Shepherd University campus and the Martinsburg Center.

The Martinsburg Center is conveniently located near Interstate 81 and close to support services needed by Shepherd University students. The first two floors of the building are leased by Shepherd University and include: eight classrooms equipped with tables and chairs and smartboard technology, six study/conference rooms, faculty/staff lounges, reception area, and faculty and administrative offices. The DNE has two dedicated offices, one for the administrative assistant and a large office with four cubicles shared by nursing faculty and coordinators of the DNP program. Martinsburg Center operations include enrollment, student, academic, and other support services are structured to facilitate a supportive and convenient learning environment for adult learners in Martinsburg. As part of this convenient support system, students can access all enrollment processes through a streamlined one-stop service model that includes online communication with an admissions counselor, submitting an admission application, filing the Free Application for Federal Student Aid (FAFSA) forms, registering for classes, and paying tuition bills. Students that prefer a face-to-face interaction are able to come to the center and receive assistance in the enrollment process from trained staff. Course materials are purchased using the Shepherd University Bookstore's online website. Student ID service is provided to students at the center. Career counseling is administered in Martinsburg through the academic program coordinators. Around the clock IT technical support to assist students with computer software and hardware problems is also provided. Student's academic studies are also supported by online tutorial assistance.

The physical resources are sufficient for the operation of the program and assist faculty and students to meet the expected aggregate student outcomes..

Administrative Support

The director/chair serves as the administrator of the DNE and is employed on a 10-month contract. When absent, the director/chair is accessible for contact via the telephone or email. The DNE is overseen by the Dean of SOEPS. The dean is employed on a 12-month contract and is available to assist as needed. Administrative support for the DNE is sufficient for the operation of the program. The DNE director/chair also serves as the program director.

Support Staff

Administrative Assistants

The DNE has three classified staff positions including one FTE administrative assistant and two 0.5 FTE administrative assistants (one housed in EOB and the other at the Martinsburg Center). The senior administrative assistant is a full-time, 12-month position and the part-time administrative assistants work 20 hours per week for 10 months. The administrative assistants support the administrative functions in the DNE. In addition, the SOEPS has a full-time budget-management support person and a part-time administrative assistant who works closely with the dean.

Clinical Nurse Educators

The DNE has CNEs who are employed as casual employees. CNEs are hired to teach clinical courses on a semester basis, which are appropriate to their clinical experience and background. CNEs must have a Master of Science in Nursing with at least two years of clinical experience. CNEs that have a BSN degree must be enrolled in a master's or doctoral program, and have at least two years of clinical experience. All CNEs must hold an unencumbered RN license in WV and in the state in which they provide clinical education. Appendix II.A.2 (Clinical Nurse Educator Educational Background and Clinical Expertise) provides a list of current CNEs, including their educational background and clinical expertise.

Clinical Agencies

Because of our unique location, the DNE utilizes a wide range of clinical experiences in a four-state region (PA, MD, VA, and WV). Primary sites for acute care experiences in the undergraduate program occur at Winchester Medical Center (VA), Meritus Medical Center (MD), Frederick Memorial Hospital (MD), Martinsburg Veterans Affairs Medical Center (WV) and Berkeley Medical Center (WV).

Community-based clinical experiences in Shepherd's DNE encompass a variety of organizations, such as: county health departments, federally qualified community health center, schools, day cares, home health agencies, hospice, outpatient surgical centers, physician offices, long-term care facilities, critical access hospital, free clinics, behavioral health outpatient agencies, and other outreach services. These sites provide a rich array of options for clinical experiences; however, most are small and unable to accept full undergraduate clinical groups of students

(typically 8-10 students). This limitation challenges faculty to utilize clinical agencies effectively. Faculty members work diligently to expand and develop appropriate sites for student experiences.

As of the fall 2015, the DNE has active contracts with 34 facilities that serve as clinical sites. Written agreements with agencies are developed, maintained, and reviewed on a three-year cycle unless otherwise specified in the contract. A complete list of affiliating clinical facilities is found in Appendix II.A.3.

Resources are currently adequate to meet the needs of the program. Quality clinical placements are becoming increasingly difficult to obtain, especially for obstetric, pediatric, and community experiences.

Grant Funding

The DNE has sought grant funding to support program development and growth. In July 2015, the DNE was awarded a \$1.41 million Health, Resource, Service Administration grant for enhancement of interprofessional professional student learning opportunities.

Regular Review

The review of fiscal and physical resources is initiated and conducted by the DNE director/chair on an annual or semiannual basis. Informal requests and reports can be made by any faculty member to the director/chair for consideration. Funding for new and replacement equipment is sought through a variety of fund sources including: the DNE's allocation of university resources, student lab fees, and requests made to the dean or VPAA.

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 programs academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

The DNE has adequate academic support services to ensure program quality, and meet program and student needs and aggregate expected outcomes.

Library

The Scarborough Library, originally opened in 1965, strives to be a leading resource for information, innovation, and intellectual aspiration at Shepherd University and in the region. An 80,000 square foot library addition opened in August 2002. The library shares the addition with the Robert C. Byrd Center for Congressional History and Education, a private, nonpartisan, nonprofit educational organization whose mission is to promote a better understanding of the U.S Congress. The renovation of the original 1965 building was completed in October 2003. This expanded facility offers technological resources including data ports throughout the building as well as much needed room for collections and areas for students to study. The library holdings currently number 511,518 items including books, periodicals, microfilm/fiche, government documents, videos, CD-ROMs, DVDs, videocassettes, records, and other media. The University has also purchased large electronic collections from publishers such as Elsevier, Wiley's Science Direct, and Ovid that provide electronic access to journal titles not owned in print format. Faculty and students in nursing education have access to a large collection of nursing-related databases, such as CINAHL Complete with full text, Alt Health Watch, Health Source: Nursing/Academic Edition, Medline, Academic Search Complete, Cochran Database of Systematic Reviews, ERIC, Medline, PsychArticles, and PsychInfo. These databases can be accessed from offices, labs, clinical agencies, or homes. Many journal articles are available in full text, while others are ordered through interlibrary loan with most arriving by email within two to three days. The library provides a research guide for nursing students which can be accessed at <http://libguides.shepherd.edu/nursing>. The library also has several online learning opportunities for off-campus students, including web-based tutorials and guides.

Librarians provide:

- Information Literacy Instruction to support students' professional and academic competency in researching literature, information management, and evidence-based practice.
- Research consultation services with emphasis on expert searching in evidence-based practice.

The library has designated one librarian as the liaison with the DNE. The librarian seeks feedback on the DNE's library needs, updates the nursing research guide, and advocates for the unique needs of the nursing students and faculty.

The library is open 90 hours per week during the fall and spring semesters, with reduced hours during the summer and semester breaks. Six full-time professional librarians, seven full-time technical/clerical personnel, several part-time personnel and many students staff the library. Faculty librarians teach classes to students to facilitate understanding of the resources and services that the library offers. As departmental liaisons, the faculty librarians speak at department meetings to ensure that faculty members have access to media, electronic journals and anything else they may need to enhance instruction. The Scarborough Society provides funds to support library collection expansion. The purpose of the Society is to endow and strengthen the Shepherd University library system by generating annual membership dues to enhance collections and technological services to the university and the communities it serves. The Society is dedicated to enhancing the library's collections, programs, and technologies.

Student Support Services

The Center for Teaching and Learning, part of The Howard N. Carper, Jr. Learning Commons located on the first floor of the Scarborough Library, provides peer tutoring and writing services, instructional technology assistance, learning skills instruction, exam proctoring and general academic advising (<http://www.shepherd.edu/academic-support>). The center also oversees the Common Reading program and non-department first-year experience (FYEX) courses. Each semester the Center for Teaching and Learning conducts faculty seminars, one-on-one instruction for faculty members on the use of Sakai, our classroom management system, and other innovative tools. The center also provides new faculty orientation and frequent programs specifically for new faculty to Shepherd University. Shepherd University has been awarded grant funds to support academic success of students coming from low-income backgrounds, or designated as first-generation, or have a disability through its TRIO/SSS program (<http://www.shepherd.edu/trio>).

The Office of Career Development, also on the first floor of the library, provides student's guidance of developing resumes, job search strategies and interviewing techniques, CLEP testing, networking strategies, conducts major/minor fairs, and provides a database for job/internships and job fairs (<http://www.shepherd.edu/jobweb/>).

The Office of Multicultural Student Affairs provides support and guidance to all students, but specifically students of color, gay, lesbian, bisexual, transgendered and questioning students, international students and students with disabilities (<http://www.shepherd.edu/multicultural-student-affairs>). The Office of Multicultural Student Affairs also oversees the Multicultural Leadership Scholarship Program, in which several nursing majors have been active and received scholarships. The campus offers support to veterans through its Veteran Support Services program (<http://www.shepherd.edu/veterans-support>).

The Office of Disability Support Services provides accommodations that allow students with diverse needs to achieve their academic and social potential (<http://www.shepherd.edu/disability>). During the 2014-15 academic year, approximately half of testing accommodations involved students enrolled in the nursing program.

Additionally, the university offers a variety of health and wellness services for students in the form of a student health center (<http://www.shepherd.edu/healthcenter/>), counseling services (<http://www.shepherd.edu/counseling>), wellness center (<http://www.shepherdwellness.com/>), and a variety of outdoor recreation facilities.

To provide additional support, the DNE received two HRSA grants in 2012: Scholarships for Disadvantaged Students (SDS) for \$58,000 and the Nursing Workforce Diversity (NWD) grant for \$1.3M (over three years). Both of these grants provided significant opportunities for students in the nursing department: scholarships, stipends, tutors, mentors, social support specialists, NCLEX-RN prep, membership in the National Student Nurses Association (NSNA), and travel to the national convention.

Technology

User support for Information Technology Services are available on the first floor of the library (<http://www.shepherd.edu/itservices/>). Information Technology Services oversees the campus email system, connects personal devices to the Shepherd University network, provides troubleshooting assistance, and discounted software to the students, faculty, and staff. Students can visit IT Services in-person, by phone or through use the self-help guides found on the website. All residence halls and classroom buildings have wireless internet. Several buildings on campus have computer labs for classes and student use, including one in Erma Ora Byrd Hall. An IT technician is also available at the Martinsburg Center, to assist RN to BSN and BSN to DNP students attending class there.

Admissions

The Office of Admissions (<http://www.shepherd.edu/admissions>) recruits pre-nursing and nursing students by attending high school and community college recruitment fairs, coordinates student visits on campus, and plans and implements open houses. Faculty and nursing students participate in open houses. The director/chair or faculty members frequently meet with potential nursing students to discuss the program and provide tours of the nursing facilities. Several nursing students serve as ambassadors or members of the A-Team, meaning that they provide campus tours and participate in new student orientation programs, open houses and summer registration. The DNE works with the Admission Office to develop brochures and to assist faculty to understand the needs of our student population. Staff members at the Martinsburg Center also serve as recruiters, along with the RN-to-BSN coordinator. They visit health care agencies and local associate degree programs to recruit students for the RN-to-BSN program. In response to regional hospitals, including the magnet hospital, requiring all associate degree nurses to have their BSN by 2018, the nursing program admitted an initial cohort of RN-to-BSN students in the summer of 2015. These students attend class one night per week at the Martinsburg Center and complete other course activities online. Recruitment is currently underway for the second cohort of students.

Financial Aid

The Office of Financial Aid works with students to apply for scholarships, grants, loans, and complete the FAFSA (<http://www.shepherd.edu/financialaid>). For the 2015-16 academic year, there were 26 nursing scholarships that range from \$50 to \$8,500. The larger scholarships are usually split among several different students, but for the purpose of this report they were counted as one scholarship. In addition, many nursing and pre-nursing students receive the PROMISE scholarship, which is awarded through the state of West Virginia. Additional scholarships and tuition assistance are available through local clinical agencies and the Norman W. Smith Scholarship, which is for West Virginia residents pursuing a BS degree in ministry or medicine (including nursing, pharmacy, and dentistry).

Academic Advising

All pre-nursing and nursing majors are assigned a nursing faculty member as their primary academic advisor by the DNE director/chair. Each semester students are required to meet with their advisor to discuss educational progress and plans for program completion. The advisor has access to their grades and transcripts on RAIL as a means by which the student and advisor can collectively work together to assist the student to achieve academic and professional success. Advisees are encouraged to meet with their academic advisor as needed throughout the semester regarding academic or personal challenges. Advisees are referred to the appropriate resources at the university by their advisor (<http://www.shepherd.edu/acc-students>).

Advisors also meet with advisees as part of the formal application process for the nursing program. During this time, advisors review the students' transcripts, course progression plans, and provide information regarding entrance requirements and costs associated with admission into the nursing program. On average, the DNE faculty members advise between 60 -80 students.

Faculty members are not assigned advising responsibilities during their first year of employment at Shepherd University, and are encouraged to work with their peer mentor to learn the role during their first year. Occasionally a new faculty member coming to Shepherd University with previous advising experience will be granted permission from the VPAA to advise a small number of advisees. Prior to assuming the advisor role, the new faculty member receives training from the Center for Teaching and Learning regarding the advising process. The university also provides ongoing faculty development sessions on advising throughout the academic year for all faculty members. Academic advisors are evaluated on a yearly basis through an online survey overseen by the assistant dean for teaching and learning. Results are shared with faculty members.

The Advising Assistance Center, located on the first floor of the Library, works in collaboration with faculty advisors to assist students to (1) navigate the catalog and understanding degree requirements; (2) understand academic rules, regulations, and procedures; (3) determine the correct forms needed and assisting in form completion; and (4) find and utilize resources across campus, including the Registrar's Office, Financial Aid, Student Success, Disability Support, Academic Support, and more (<http://www.shepherd.edu/aacweb/index.html>). Students and faculty can access the Advising Assistance Center by phone, email, appointment or on a walk-in basis.

In order to enhance student success, Shepherd University introduced use of a new software from CampusLabs entitled Beacon (<http://www.shepherd.edu/studentssuccess/beacon-quick-notification-tool>) during the Fall 2015 semester. Beacon allows faculty and staff to create alerts about student performance, class attendance, roommate difficulties, etc. When an alert is created faculty, the student's advisor, student affairs staff, and the student are notified of the alert, which allows for follow-up with the student as appropriate.

Distance Learning

Shepherd University offers a few online courses through use of Sakai, its learning management system (<http://www.shepherd.edu/instructional-technology>). Sakai allows for communication between faculty and students through use of email, announcements, chat rooms, and discussion forums. Faculty can post course syllabi, resources, and use various resources, wikis, blogs, or podcasts to deliver course content. Students are able to post assignments, take exams, and communicate with their classmates or the professor through Sakai. The Faculty Handbook states "faculty teaching a fully online course for the first time at Shepherd University, or faculty who have not taught a fully online course in the past two calendar years, will need to become certified to do so. In order to do this, they may take a six-week "Online Certification Course" (OCC) at Shepherd University, or they may take another certification course of their choosing outside of Shepherd" as long as it meets required course content (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, page 41). Online nursing courses have been offered to RN-to-BSN students; however, the enrollment in these courses remains low; typically 2 to 4 students. Many RN-to-BSN and BSN-to-DNP courses are hybrid, meaning the course is offered partially online.

Online courses are evaluated during the initial offering and re-evaluated every two years (or more often if issues are brought forth) by the director of instructional technology and school-elected faculty members of the Online Review Committee to make sure the courses are meeting the required standards outlined in the SOCAR (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf> , pages 41-45).

Research Support

Faculty

Support for faculty in the area of research and evidence-based practice are multifaceted. The Shepherd University Research Corporation (SURC) was established in November 2005 to help foster and support research at Shepherd University. In that regard, SURC works closely with members of the Shepherd University faculty and administration to identify potential funding sources and develop proposals to secure external support for university, school, department, and faculty initiatives. As a non-profit corporation, SURC is able to assist in interfacing academic disciplines with businesses and industries. SURC is staffed by a director of grant support who assists faculty in identifying grant opportunities and in grant writing (<http://www.shepherd.edu/surc>).

Faculty can showcase their research to the Shepherd University campus and community through the Faculty Research Forum. The Faculty Research Forum is a monthly lecture series implemented by the faculty and designed to highlight the current scholarship of Shepherd University faculty members (<http://www.shepherd.edu/frf>). Faculty can apply for mini-grants to assess student learning or for curriculum/program development (<http://www.shepherd.edu/ctl2/ctl-mini-grants>).

Institutional Review Board

In accordance with federal guidelines, the Shepherd University Institutional Review Board (IRB) assists faculty and students in preparation of successful IRB application reviews (<http://www.shepherd.edu/irb>).

Students

Research support is available to students in the academic support center (<http://www.shepherd.edu/academic-support/>) for writing assistance. Research assistance is also available through the library staff and the specific school liaisons. As part of Honors program requirements, students are required to conduct research and share their results in a podium presentation (<http://www.shepherd.edu/honors>). The Honors program provides some monetary assistance and faculty guidance to assist students with their research studies.

RN to BSN Students Resources

RN to BSN students taking classes at the Martinsburg Center have access to information technology support, online writing tutors, and a variety of academic support services, including Disability Support Services, on the main campus (<http://www.shepherd.edu/martinsburg-center/asc-martinsburg>). Scheduling of appointments for these services, as well as access to the numerous electronic resources in the library may be accomplished online. Students may choose to join the Wellness Center at the student rate, since they are not assessed a fee for the Wellness Center each semester.

The DNE has designated a faculty member as the RN-to-BSN coordinator. The faculty member has two offices, one on the main campus and one at the Martinsburg Center. The RN-to-BSN coordinator and admissions staff visit regional associate degree programs and clinical agencies, attend health and recruitment fairs, conduct open houses, and communicate with prospective student's in-person, by phone, or responds to email inquiries. Consistent with the AACN/IOM goal of a well prepared nursing workforce and increasing the number of nurses with a baccalaureate degree, the DNE has developed an articulation agreement with Blue Ridge Community and Technical College to provide a "seamless academic progression" for nurses. To further the goal of providing a seamless transition for practice, the DNE admitted its first cohort of DNP students in the fall of 2015. Additionally, the DNE began offering an in-seat RN-to-BSN cohort program in the summer of 2015.

The academic support services offered at Shepherd University are adequate to ensure program quality and meet the needs of faculty and students. Academic support services are routinely evaluated.

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 program 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 if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

Sharon K. Mailey, Ph.D., R.N. was appointed director/chair of the DNE at Shepherd University in 2008 and continues to be well qualified to lead the DNE in its pursuit of its vision, mission, and goals. Dr. Mailey holds the rank of tenured professor and is licensed as a registered professional nurse in the state of West Virginia, Virginia, Florida, and Washington, D.C. She has a Doctor of Philosophy from the University of North Carolina at Chapel Hill, School of Education, with a major in curriculum and instruction. Dr. Mailey has a Master of Science degree from the University of North Carolina at Chapel Hill School of Public Health, a Bachelor of Science in Nursing degree from Berea College in Kentucky, and a Primary Care Nurse Practitioner Certificate from the University of Rochester in New York.

Dr. Mailey served in various clinical and administrative roles, including retiring from the Air Force as a Brigadier General. She has had previous experiences as an associate director for academic affairs and was the founding program director at Trinity (Washington) University in Washington, D.C. In addition, she was a Helen Fuld Fellow with AACN's Leadership for Academic Nursing Program. Dr. Mailey has served on a task force creating *The*

Essentials of Baccalaureate Education for Professional Nursing Practice (AACN), and serves as on-site accreditation visitor for WVBOERN, CCNE, and Magnet Recognition Program (ANCC). She consulted on the establishment of criteria and standards for the Magnet Long Term Care Facilities. Her curriculum vitae documents over more than 35 years of teaching and educational administration experiences.

Dr. Mailey currently serves on the Boards of Directors of the CARE Clinic and Meritus Medical Center and serves on the Ethics Board at Berkeley Medical Center. She is a member of Sigma Theta Tau and participates in annual American Association of Colleges of Nursing (AACN) meetings and West Virginia Association of Deans and Directors in Nursing Education (ADDNE) meetings. Dr. Mailey served as principal investigator for a \$410,000 HRSA Bioterrorism Curriculum Grant, \$58,000 grant HRSA grant for Scholarships for Disadvantaged Students, and a \$1.3 million HRSA Nursing Workforce Development Grant. She is currently serving as a Sr. Project Advisor to a \$1.41 million dollar HRSA Nursing Education, Practice, Quality and Retention Grant. Dr. Mailey has presented numerous podium presentations at the local, regional, national, and international level. She has authored or co-authored numerous publications in peer-reviewed journals. A copy of her curriculum vitae will be available in the evidence room.

Dr. Mailey has the authority and administrative responsibilities inherent in the role of department chair at SU, and ensures that the program meets all regulatory, governmental, and accreditation standards (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, p. 22). She assists with curriculum development, student and program outcomes, faculty recruitment, and clinical agency partnerships. She provides leadership for the program through faculty development consultation and service on university committees. Dr. Mailey has a 10-month contract, with the majority of her time is designated for administrative and regulatory functions. She teaches a maximum of 3 credits per semester in accordance with WVBOERN regulations (<http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=7248>).

Dr. Mailey recognizes the many challenges facing higher education leaders today and she has enthusiastically provided leadership on many fronts. She regularly consults with faculty and other communities of interest to make decisions relating to vision, mission, goals, and expected student and faculty outcomes. Communication with the faculty occurs through informal channels as well as formal channels such as DNE meetings. The director/chair consults with communities of interest through regular meetings with the DNE Advisory Board, which includes alumni, students, and clinical agency representatives. Much has been accomplished under Dr. Mailey's leadership during the past seven years. Among the changes include improved NCLEX-RN first time pass rates, revision and implementation of a cutting-edge 120-hour BSN curriculum, the authorization by WVBOERN to increase enrollment capacity, increased the number of doctorally prepared faculty, development an in-seat RN to BSN cohort, attainment of successful HRSA grants, and implementation of a DNP program.

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. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks

are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

The DNE faculty members and CNEs are academically and experientially qualified, and are sufficient in number to accomplish the program goals and expected student outcomes and meet the WVBOERN nursing regulations (<http://www.wvrnboard.wv.gov/forms/Documents/2015%20Onsite%20Accreditation%20Visitor%20Guide.pdf>).

Full-time Nursing Faculty

The DNE faculty members are academically and experientially qualified and sufficient in number to accomplish the program goals and expected student outcomes. In the Fall 2015, the DNE has 14 full-time faculty members. Sixty-four percent (64%) of faculty members hold a doctoral degree, 29% hold a master’s degree, and 7% hold a bachelor’s degree (HRSA NEPQR Clinical Faculty member) in nursing. Fourteen percent (14%) of the faculty are tenured, 21% hold the rank of tenured professor or associate professor emeriti, 51% are on tenure track, and 14% are non-tenure track (Clinical Lab and Simulation Coordinator and HRSA NEPQR Clinical faculty member).

The faculty members have academic degrees from respected institutions of higher learning across the country, demonstrating a rich diversity in philosophies and clinical expertise. All faculty members are qualified to teach in their content/clinical area by virtue of their educational background and/or clinical expertise. Copies of the curriculum vitae (CVs) will be available in the evidence room, and CVs provides evidence that faculty members are well-prepared and well-qualified for the courses they teach. Appendix II.D.1 provides an overview of nursing faculty academic degrees, clinical expertise, and courses taught.

All nursing faculty and clinical faculty hold an unencumbered license as a registered professional nurse in WV and in other states as appropriate for their clinical teaching responsibilities. Faculty members 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.

For purposes of calculating full-time equivalency, Shepherd University faculty members teach 12 credits per semester (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, pg. 29-36). In determining teaching loads for nursing faculty, consideration is given to laboratory assignments, such as clinical teaching and evaluation of nursing students. Because most DNE full-time faculty members teach both theory and clinical, the average teaching load per semester for faculty is eight to nine credits, or 12 contact hours per week. DNE faculty workload is calculated on student contact hours per week instead of credit hours. The Table 2.3 provides a comparison of credit hours to contact hours.

Table 2.3 Comparison of Credit Hour to Contact Hour Credit Hour Hours

Type of Course	Number of Credits	Number of Contact Hours
Theory Component	1 credit	15 contact hours
Clinical Component	1 credit	30 contact hours

Using Table 2.3, a DNE faculty member teaching NURS 310, Lifespan Health Promotion in Nursing, a 3 credit theory course, would receive 3 contact hours per week. A faculty member teaching a 6-credit combination theory (3 credit) and clinical course (3 credit) such as NURS 342, Patient-centered Care: Adult Health I, would receive 3 contact hours for the theory component and 6 contact hours for the clinical component per week, for a total of 9 contact hours.

Faculty members have input into the courses they teach by consulting with the director/chair of the DNE. If a faculty member receives grant funding, they meet with the DNE director/chair to discuss percentage of time dedicated to the grant and to teaching. Additionally, faculty members are expected to schedule a minimum of six (6) office hours per week for student consultation, except during advisement week and before and after exams when there is an expectation for greater availability. Three faculty members currently serve in coordinator roles for the DNP program and are assigned 3 credits of release time per semester for coordinator responsibilities. One faculty

member serves as the RN to BSN Program coordinator and receives 3 credits of release time for coordinator responsibilities.

Service to the university and community is an expected part of each faculty member's workload. Service may consist of advising a student organization, committee service, or volunteering in the community. All DNE faculty members are involved in service to the university and/or the community. Faculty members provide university service by serving on committees such as Faculty Senate, Core Curriculum, Graduate Committee, Admissions and Credits, Scholarships and Awards, Professional Development, Scholarship and Financial Aid, Program Review, Academic Grade Appeals, and Extended Learning Integrity (see Standard I-D and Appendix II-D.1). Faculty members are active participants at campus-sponsored events, such as Relay for Life, freshman orientation, and open houses. In addition, faculty members provide service to the community. Faculty serve on boards of directors at local healthcare agencies and the WVBOERN, boards for local nursing associations, or as a member of the ethics committee or evidence-based practice committee at local hospitals. Standard workload expectations include teaching, professional development, and service which are reported annually as part of the faculty evaluation process (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, p. 57). Annual reports are submitted to the director/chair of the DNE and the dean of the SOEPS.

The university supports faculty development by allocating \$625 to attend conferences annually. Faculty members presenting at a conference can apply for additional funding through the school dean and the VPAA. The university provides a variety of ongoing faculty development sessions through the Center for Teaching and Learning (<http://www.shepherd.edu/ctl2>). New faculty members participate in a new faculty orientation program that lasts for two years. New nursing faculty members are also assigned a mentor in the nursing program. Many healthcare agencies offer local continuing education programs and invite the nursing faculty to attend at minimal cost. The DNE is recognized as a provider of continuing education through WVBOERN and offers occasional continuing education (CE) programs.

Clinical Nurse Educators

Clinical nurse educators (CNEs) are utilized to teach the clinical component of courses and an occasional theory course in the RN to BSN program (specifically NURS 333, Health Assessment). Clinical nurse educators are required to have two years of relevant clinical experience, hold unencumbered RN license in WV and in other states as appropriate for their clinical teaching responsibilities, and a minimum of an MSN. Occasionally, a baccalaureate-prepared nurse with exceptional attributes will be hired to teach clinical, in which case the DNE director/chair requests permission from the WVBOERN (<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=19044&Format=PDF>, section 19-1-11). Shepherd University requires that these individuals be enrolled in a MSN or nursing doctorate program and are assigned a full-time faculty mentor. Curriculum vitae of CNEs will be available for review in the evidence room. During the fall 2015 semester, 14 CNEs were employed with 86% holding a MSN or higher degree. All CNEs with a BSN degree are enrolled in a MSN or DNP program and are assigned a faculty mentor.

Table 2.4 Overview of Clinical Nurse Educator Numbers and Degrees

Academic Year	Semester	Number of CNEs	% BSN Prepared	% MSN or Higher Prepared
2012-13	Fall	18	11%	89%
	Spring	18	11%	89%
2013-14	Fall	17	22%	78%
	Spring	17	22%	78%
2014-15	Fall	13	15%	85%
	Spring	13	15%	85%
2015-16	Fall	14	14%	86%
Data taken from Shepherd University DNE Annual Reports submitted to the WVBOERN				

Appendix II.A.2 provides an overview of CNE's academic degrees, clinical expertise, and courses taught.

Clinical Ratio of Faculty to Students

The DNE maintains a faculty to student ratio of 1:10, which is in compliance with the WVBOERN rules and regulations (<http://apps.sos.wv.gov/adlaw/csr/readfile.aspx?DocId=19044&Format=PDF>), or less depending on agency limitations. Considered an extension of the clinical learning environment, the simulation labs also maintain no more than a 1:10 faculty to student ratio in order to maximize these learning opportunities for students' development of competency in communication, clinical judgment, and patient-centered care. Appendix II.D.2 outlines the faculty-to-student clinical ratio for the past three academic years.

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 are used in the BSN program only in the capstone course, NURS 444 (Capstone Immersion Experience), taken during the student's last semester in the nursing program. The course professor assigns the student to a preceptor and is responsible for communicating the student's name, contact information, dates, and clinical faculty assignment to the agency and preceptor, along with a course syllabus and any other course-specific information. The DNE retains responsibility for selecting and supervising learning experiences of the students. Faculty are available to students and preceptors while students are involved in preceptorship experiences and make a minimum of three site visits. Clinical preceptors must have a minimum of a baccalaureate degree and two years of clinical experience.

Students work directly with clinical preceptors under the direction of faculty members to refine skills in patient care delivery, priority setting, clinical competence, and decision making. The practicum allows students to explore the nurse's role in the formal organization, to experience the profession's leadership roles and responsibilities, and to begin the transition to independent professional practice. Students work their assigned preceptors schedule and document 120 hours of clinical practice. In addition, students work with their preceptor to identify and present an evidence-based project. Many of the student's evidence-based projects have led to policy changes within the acute care agencies, such as bedside shift reports and patient turning schedules. Students are frequently offered positions on the unit in which they completed their capstone experiences.

Students are not allowed to select their own preceptors. Faculty members select a preceptor for each student and work with the clinical skills lab coordinator and clinical agency to select preceptors. A preceptor may not further delegate the duties of the preceptorship. The course faculty ensures that the preceptor is oriented to the course outcomes, their role as a preceptor, their role in providing experiences that are consistent with intended student outcomes, and their participatory role in evaluating student performance. Faculty members evaluate a preceptor's performance through site visits and receive written evaluations from students. In addition, faculty members make a minimum of three site visits per semester to observe and talk with the student and preceptor. Preceptor evaluations are used to identify strengths and weaknesses, determine if additional support is needed, or not appropriate for future placements. Appendix II.E.1 outlines information presented by nursing faculty to clinical preceptors regarding their roles and responsibility when working with nursing 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:

The environment at Shepherd University supports and encourages faculty in the areas of teaching, scholarship, and service (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>), thus allowing faculty to meet the expected faculty outcomes.

Teaching

The Center for Teaching and Learning (<http://www.shepherd.edu/ctl2/ctl-faculty-support>) provides ongoing faculty development programs, new faculty orientation and mentoring programs, teaching tools, audio-visual assistance, instructional technology assistance, mini-grants, and academic advising assistance.

All nursing courses are evaluated using the university course evaluation process overseen by the Office of Institutional Research. Results of the evaluations are shared with individual faculty members, the department director/chair, and school dean. The department chair or school dean may refer faculty to The Center for Teaching and Learning when teaching development opportunities are identified or may send a faculty member to a faculty development program/conference. Teaching and course evaluations are reported by the faculty as part of their annual report and share with the department chair and school dean.

Professional Development

The university supports faculty development by allocating \$625 to attend conferences annually. Faculty presenting at a conference can apply for additional funding through the dean, SOEPS. The university provides a variety of ongoing faculty development sessions through the Center for Teaching and Learning (<http://www.shepherd.edu/ctl2>). New faculty members participate in a new faculty orientation program which lasts for two years. New nursing faculty members are also assigned a mentor in the nursing program. Many healthcare agencies offer local continuing education programs and invite the nursing faculty to attend at minimal cost. The DNE is recognized as a provider of continuing education through the WVBOERN and offers occasional CE programs. Professional development activities are reported as part of each full-time faculty member's annual report and shared with the department director/chair and dean of the SOEPS.

Service

Service is an expectation of all full-time faculty members and is reported as part of each faculty member's annual report to the department director/chair and dean SOEPS. Service activities include involvement in department, school, and university committees; professional organizations; community service; and clinical practice. Each faculty member interprets service in a way that is congruent with their background, expertise, and interests. Faculty members are expected to maintain their clinical competence and certification, and ensure that they stay abreast of evolving trends and evidence-based practice.

Practice

Beginning with the fall 2015 semester, faculty contracts may require nursing faculty to maintain an active clinical practice of at least one day per week. This is important for DNE faculty teaching in the DNP family nurse practitioner program, as they must maintain their certification.

Research

In order to become tenured and advanced in rank to full professor, faculty members must maintain a consistent and active research agenda. In November 2005, Shepherd University established the Shepherd University Research Corporation (SURC) to work closely with members of the Shepherd University faculty and administration to identify potential funding sources and develop proposals to secure external support for university, school, department, and faculty initiatives (<http://www.shepherd.edu/surc>). SURC provides assistance in identifying funding opportunities, in proposal development and submission, and in regulatory compliance. SURC has been instrumental in assisting the DNE to receive three federal grants. The DNE received two HRSA grants in 2012: Scholarships for Disadvantaged Students (SDS) for \$58,000 and the Nursing Workforce Diversity (NWD) grant for \$1.3M (over three years). In July 2015, the DNE was awarded a \$1.4M HRSA Nursing Education, Practice, Quality and Retention Grant.

University Faculty Awards

Shepherd University celebrates outstanding teacher, scholarship and service through three annual faculty awards (<http://www.shepherd.edu/ctl2/ctl-faculty-awards/>). Additionally, graduate faculty is eligible for the Douglas C. Smith Distinguished Graduate Faculty Award (<http://www.shepherd.edu/wordpress-1/wp-content/uploads/2015/02/Graduate-Faculty-Award.pdf>). In 2008, the Faculty Senate established the McMurrin Convocation “Last Lecture” honor in recognition of an esteemed retiring or retired professor who has served the university and its students through the quality of his or her teaching, scholarship, and service to the campus and community (<http://www.shepherd.edu/mcmurran/mcmurran-convocation-last-lecture>). Dr. Charlotte Anderson was recognized with this honor upon her retirement in 2012. The university also participates in the West Virginia Professor of the Year Award which recognizes outstanding teaching, scholarship, and service. In 2011, Dr. Laura Clayton represented Shepherd and was named one of five finalists for the West Virginia Humanities Council’s 2011 Faculty Merit Foundation Professor of the Year (<http://www.shepherd.edu/wordpress-1/wp-content/uploads/Profiles-spring-12.pdf>).

STANDARD III

Program Quality: Curriculum and Teaching-Learning Practices

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

Key Elements

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 DNE’s mission is “to enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment.” The DNE accomplishes this mission through an outstanding BSN program, both a traditional and a RN-to-BSN track, and continuing education program. In order to further “enhance the health status” and “prepare nurses for practice in a rapidly changing health care environment” a Doctorate of Nursing Practice (DNP) program started in the fall of 2015. The DNP program has two entry points, BSN-to-DNP and post-masters to DNP. The program offers two concentrations, family nurse practitioner and nursing leadership (administration or nursing education) (<http://www.shepherd.edu/dnp>).

The BSN curriculum is developed, implemented and revised to reflect clear statements of expected aggregate student’s outcomes, which contribute to the achievement of the DNE’s vision, mission, goals, and expected student outcomes. A comparison of the university, SOEPS, and DNE vision, mission, goals, and core values can be found in Standard I-A.

Since Shepherd’s initial CCNE accreditation visit in 2011, the DNE has fully implemented a new 120-credit curriculum, which was just being introduced at the pre-nursing level during the on-site accreditation visit. Subsequently, the DNE has expanded its organizing framework of communication, clinical judgment, patient-centered care, and professionalism to incorporate the Quality and Safety in Nursing Education (QSEN) competencies for undergraduate students (2013). The QSEN competencies are assimilated into our framework as follows:

- Communication integrates informatics and teamwork and collaboration;
- Clinical judgment incorporates evidence-based practice, quality improvement and safety; and
- Patient-centered care focuses on the provision of patient-centered care.

A review of our vision, mission, and goals resulted in minor revisions during a faculty retreat in May 2014.

Expected learning outcomes for communication, clinical judgment, patient-centered care and professionalism have been identified for each course and are located in the course syllabus and on the clinical evaluation tool, for those courses with a clinical component. For example, in NURS 333 (Health Assessment) a learning outcome under communication - informatics states that the student will “use technology to accurately document patient assessments.” As part of the course requirements and competency evaluation, students document patient assessments and health history using a bedside electronic medical record, SimChart. In NURS 437 (Nursing Research and Evidence-based Practice) a learning outcome under clinical judgment/evidence-based practice states that the student will “Integrate evidence-based nursing interventions and standards of care to address a clinical practice question.” As part of the course requirements, students identify a clinical practice question and develop an evidence-based practice paper. In NURS 442 (Patient-centered Care: Population Health) an intended student

outcome for teamwork and collaboration states “Develop partnerships as appropriate to address the priority population health need.” As part of the course requirements, students conduct a community assessment, identify a priority health problem, and collaborate with partners to develop, implement, and evaluate the effectiveness of the intervention. An example of project was the development of an oral hygiene education program for migrant and seasonal farmworkers seen at a federally qualified community health center. Partnerships for the program included working with outreach staff (RNs, translators, educators, drivers, healthcare providers – physicians or family nurse practitioners), local dentists, and the Student Nurses Association. The students collected more than 350 oral hygiene products (dental floss, toothbrushes, and toothpaste), which were distributed to the farm workers following an educational session on oral hygiene. All didactic and clinical education experiences are derived from the mission, goals, and expected student outcomes and are relevant to the role of a registered professional nurse.

BSN Program

The BSN program consists of two tracks, the traditional track and a RN-to-BSN track. The traditional BSN track requires students to complete 120 credits for graduation, of which 61 credits are nursing and 59 credits are non-nursing. The traditional BSN program of study is designed for full-time students without a bachelor’s degree in nursing, typically completing high school at the time of application to the university or transferring from another college or university. A copy of the BSN pre-licensure curriculum is found in Appendix III.A.1.

As a result of evaluation data, the BSN curriculum was revised and implemented beginning in the spring of 2011; key curricular changes included:

- Combining theory and clinical components of the course into one course to enhance student learning by aligning students clinical assignments with expected student outcomes of the course; thus integrating didactic content with clinical experiences.
- Implementation of a course, Lifespan Health Promotion in Nursing (NURS 310), which prepares students with a foundation in health promotion activities across the lifespan, which can be integrated into all subsequent courses.
- Implementation of performance outcomes (NURS 331, 341, and 431) courses to assist students in competently performing clinical skills and practice communication, clinical judgment, patient-centered care and professionalism through simulation experiences
- A new course, Information Management, NURS 441, was added to the curriculum and provides students with a foundation in the use informatics to support nursing practice.
- Another new course, Human Genetics with Ethical Applications, NURS 344, was implemented to introduce students to the importance of genetics in providing patient-centered care and integration of ethical principles into clinical decision making.
- A new course, Capstone Immersion Experience, NURS 444, was incorporated into the student’s last semester, which is designed to foster the student’s transition into clinical practice as a registered nurse through working 120 hours with a clinical RN preceptor.

Since implementation of the new curriculum in 2011, the following curricular revisions were made to better prepare students for their professional roles. Curricular revisions include:

- Movement of NURS 441 (Information Management) from the students last semester to their first semester in the nursing program and renamed Nursing Informatics, NURS 335. The course content was expanded to provide students with a foundation in professional writing, through use of the APA format.
- Revision of course content in NURS 438 (Patient-centered Care: Childbearing Family) to better reflect changes in the standards of care for childbearing families and NCLEX-RN content.
- Integration of QSEN competencies for undergraduate students throughout the curriculum.
- Movement of the standardized pharmacology test from the students first semester in the nursing program to their second semester (beginning spring 2016) to facilitate student knowledge of medications with patient conditions. The exam will be administered in NURS 342 (Patient-centered Care: Adult Health I).
- Standardization of grading for standardized proctored ATI exams beginning with students admitted in Fall 2015.

RN-to-BSN Track

Students in the RN-to-BSN track services RNs seeking a BSN degree and accommodates students for part-time study. Many of their courses are offered online. Students are awarded credit for their associate degree nursing courses, and are required to complete 23 credits at the BSN level; which includes 60 hours of clinical, plus any necessary prerequisite or core curriculum coursework. A copy of the RN-to-BSN track is found in Appendix III.A.2. There is continued demand for nurses being prepared at the BSN level in the tristate Eastern Panhandle region of WV. Two local hospitals, in bordering states, are requiring their associate degree nurses to obtain their BSN or risk losing their position within three years. As a result, in the Summer 2015, a cohort of 11 RN to BSN students were admitted to Shepherd University and attend classes at the Martinsburg Campus. Most of the coursework is offered in a hybrid format.

Student Outcomes

Expectations for student outcomes for each course are clearly articulated in the course syllabi. Program outcomes are delineated in the student handbook and are consistent with the mission of the DNE, which states *“to enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment.”* Table 3.1 demonstrates congruency between the DNE mission, goals, framework and course objectives.

Table 3.1 BSN Program Congruency with Department Mission, Goals, Framework and Course Objectives

Mission: <i>“To enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment.”</i>		
Goals	Framework	Example of Course Objectives
Integrate a background of liberal arts with the knowledge, skills, and values of professional nursing in order to affect the health of the patient.	Professionalism - Based on the ANA Standards of Practice, ANA Code of Ethics, WVBOERN regulations, and the Shepherd University DNE Handbook.	NURS 442, Patient-centered Care: Population Health <ul style="list-style-type: none"> • Accept responsibility for one’s own actions and attitudes. • Demonstrate the ability to develop and maintain therapeutic (respectful, sensitive, non-judgmental) and appropriate boundaries. • Demonstrate personal and professional ethics, honesty, and integrity.
Practice professional nursing utilizing skills in communication, clinical judgment, patient-centered care, and professionalism	Communication integrates informatics and teamwork and collaboration. Clinical judgment incorporates evidence-based practice, quality improvement and safety; and	NURS 330, Patient-centered Care: Fundamentals of Nursing <ul style="list-style-type: none"> • Use SBAR or agency specific guidelines for shift handoffs and communication. NURS 340, Patient-centered Care: Behavioral Health <ul style="list-style-type: none"> • Use the nursing process to select effective nursing interventions grounded in evidence-based practice when caring for populations with behavioral health needs. NURS 430: Patient-centered Care: Children and Families

	Patient-centered care focuses on the provision of patient-centered care.	<ul style="list-style-type: none"> Integrate and evaluate patient specific, age and developmentally appropriate, education on health promotion and disease prevention education into the provision of care.
Engage in teamwork with members of the intra-and inter-professional health care team promoting safe, quality, cost-effective, patient-centered care.	<p>Communication integrates informatics and teamwork and collaboration.</p> <p>Clinical judgment incorporates evidence-based practice, quality improvement and safety</p>	<p>NURS 430, Patient-centered Care: Children and Families</p> <ul style="list-style-type: none"> Analyze effective teamwork and collaboration strategies to address the priority health needs of children and families, including identifying system barriers and facilitators. <p>NURS 438, Patient-centered Care: Childbearing Families</p> <ul style="list-style-type: none"> Respond to adverse patient outcomes, report to appropriate healthcare personnel and analyze data to improve patient outcomes. Identify opportunities for quality improvement projects within a variety of clinical agencies.
Engage in self-care, service, life-long learning, and continued scholarship.	Professionalism	Communicate effectively with children and families.

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).**
- **Master’s program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **All master’s degree programs incorporate *The Essentials of Master’s Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
 - b. **All master’s degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).**
- **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-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

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

Program Response:

BSN Program

The BSN program incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), *Nursing: Scope and Standards of Practice* (ANA, 2015), *Guide to the Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015), and the WVBOERN regulations. The *Nursing: Scope and Standards of Practice* and *Code of Ethics for Nursing*, the WVBOERN *Standards for Professional Practice* (Title 19, Series 10), National Council of State Boards of Nursing NCLEX-RN Test Blueprint (2016) and the QSEN for Nurses pre-licensure quality and safety competencies were adopted as standards that explicate expectations of nursing practice and embody the values and knowledge that are central to nursing at Shepherd University.

The mission, goals, and expected student outcomes are reviewed every four years and revised as needed to reflect current practice standards (as noted in the Systematic Plan for Evaluation found in Appendix IV.A.1). The curriculum committee ensures integration of the curricular framework (communication, clinical judgment, patient-centered care, and professionalism) throughout the curriculum by reviewing course summaries and evaluating proposed changes to the course or curriculum. Once the proposed changes have been reviewed and approved by the committee, its recommendations are forwarded to the faculty for approval.

The Essentials in Baccalaureate Education for Professional Nursing Practice is reflected in the BSN curriculum is seen in the following example. Essential I indicates that baccalaureate nursing education program includes liberal education courses and is reflected in one of the DNE's program goals, which states that a graduate of the program is able to "integrate a background in the liberal arts with the knowledge, skills, and values of professional nursing in order to affect the health of the patient." Each nursing course builds on the student's liberal arts foundation. Another example of how *The Essentials in Baccalaureate Education for Professional Nursing Practice* is reflected in the nursing curriculum can be found with Essential V, which focuses on healthcare policy, finance and regulatory environments. A highlight of the BSN curriculum is the student's visit and discussion with nursing leaders at the American Nurses Association followed by a visit to the U.S. Capitol. At the U.S. Capitol, students meet with their senators, representatives, or their office staff to discuss a healthcare issue facing nursing. Content mapping of the

The Essentials in Baccalaureate Education for Professional Nursing Practice to course objectives and evaluation measurements will be available in the evidence room for the BSN program.

The program introduces the *Nursing: Scope and Standards of Practice* (ANA, 2015), *Guide to the Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015), and the WVBOERN *Standards for Professional Nursing Practice* (Title 19, Series 10) during NURS 310, with each subsequent course holding students accountable for maintaining these professional standards. These nursing standards are inherent in the overall BSN program goals and expected student outcomes for each nursing course. For example, one of the BSN program goals states that the program prepares graduates who are able to utilize effective interpersonal, intraprofessional, and collaborative communication skills with members of the healthcare team in the delivery of patient-centered care. This goal references Standard 11 of the Nursing Scope and Standards of Practice, Provision 8 of the *Guide to the Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015), Standard 3.5 of the *Standards for Nursing*, and Standard 3.5 of the WVBOERN *Standards for Professional Practice*. The QSEN pre-licensure quality and safety competencies are incorporated into course objectives for each course. For example under teamwork and collaboration, one of the NURS 442 (Patient-centered Care: Population Health) objectives states to “engage in peer critique.” This course requires peers to collaborate and work as a team to conduct a community assessment and identification of a priority health issue which is followed by the development, implementation, and evaluation of a plan to address the priority issue. A review of the NCLEX-RN 2016 test blueprint resulted in no significant changes in curriculum content.

As a strategy to improve BSN student learning outcomes and assess student readiness for the NCLEX-RN licensing exam, the DNE has contracted with Assessment Technologies, Inc. (ATI) for web-based standardized materials. The ATI program is embedded within core nursing courses and includes learning modules, practice tests, and specialty course tests. In the final semester, students complete a comprehensive NCLEX-style predictor examination and participate in a three-day live NCLEX preparation course that is hosted on site. Results of specialty test scores and the comprehensive predictor will be available in the evidence room for review.

RN-to-BSN Track

The RN-to-BSN track incorporates the same standards as the traditional BSN program. An example of how *The Essentials in Baccalaureate Education for Professional Nursing Practice* is reflected in the RN-to-BSN track curriculum can be found with Essential V, which focuses on healthcare policy, finance and regulatory environments. Students in the RN-to-BSN program are required to take NURS 510, Health Care Delivery Systems: Political, Social, and Economic Influences. As part of the course students complete case scenarios and discussion forums aimed at helping them to understand systems in regards to resource management, processes, outcomes, and outlook. This course is listed on the student’s transcript as a graduate course and is the first course in the BSN-to-DNP curriculum. Another example of how *The Essentials in Baccalaureate Education for Professional Nursing Practice* is reflected in the nursing curriculum can be found with Essential V, which focuses on healthcare policy, finance and regulatory environments. RN-to-BSN students are required to write and submit a letter regarding a healthcare legislative topic. Another example of how *The Essentials in Baccalaureate Education for Professional Nursing Practice* is reflected in the nursing curriculum can be found with Essential IV, which focuses on interprofessional communication and collaboration for improving patient health outcomes. Students in the RN-to-BSN track work with a clinical agency to conduct a community assessment, followed by development, implementation, and evaluation of project to address the priority community health need. As a result of this assignment, student projects have included nutritional needs of migrant farmworkers and improving follow-up with home health patients calling the agency for immediate needs. Content mapping of *The Essentials in Baccalaureate Education for Professional Nursing Practice* to course objectives and evaluation measurements will be available in the evidence room for the BSN program.

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

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

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

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

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

Program Response:

The BSN curriculum builds on a liberal arts foundation (core curriculum) and pre- and co-requisite support courses. The curriculum is structured to facilitate the student's achievement of the course and program expected student outcomes moving from simple to complex; and wellness to illness and individual to population.

Students can achieve the BSN program goals in four years as published in the Shepherd University 2015-16 catalog (<http://catalog.shepherd.edu/>). The first two years comprise the core curriculum and pre-nursing requirements.

Core Curriculum

The Shepherd University Core Curriculum is required for all bachelor's degrees except the Regents B.A. degree, which has a separate set of requirements found under that section of the Catalog (http://catalog.shepherd.edu/preview_program.php?catoid=8&poid=583). The core Curriculum (http://catalog.shepherd.edu/preview_program.php?catoid=8&poid=583&hl=%22core+curriculum%22&returnto=search) has been designed to:

1. Facilitate the acquisition of knowledge of human cultures and the physical and natural world,
2. Foster the development of intellectual and practical skills and a sense of personal and social responsibility, and
3. Provide opportunities for integrative learning.

Shepherd University requires all bachelor's degrees, except the Regents Bachelor of Arts, to complete 42 credits of required core curriculum coursework. The core curriculum is generally completed within the first two years of university work and is designed to give the student a foundation in the humanities, life or physical sciences, mathematics, social sciences, and physical education (University Catalog 2015-2016, Liberal Arts Experience: LEAP; <http://catalog.shepherd.edu/content.php?catoid=9&navoid=1176>). In conjunction with a major field, and in consultation with their academic advisors, students design programs of study that satisfy the core curriculum. There are direct links from the core curriculum to the major with the writing intensive course (NURS 437: Nursing Research and Evidence-based Practice) and the capstone course (NURS 444: Capstone Immersion Experience) that show evidence of skills and competencies practiced at a higher level.

Courses required in the core curriculum may be cross-counted, if also required in the student's major. BSN students are required to take two semesters of Chemistry in order to meet the science core curriculum requirements (CHEM 120, 120L, 122, and 122L). BSN students are required to take two social science core curriculum courses (SOCL 203: General Sociology and PSYC 101: Introduction to Psychology) as prerequisite courses for the major. Beginning in the fall of 2014 students were also required to take NURS 310 (Lifespan Health Promotion in Nursing) as the required wellness core curriculum course, which is required prerequisite course for nursing majors. The Core Curriculum requires each major to have a writing intensive course (NURS 437: Nursing Research and Evidence-

based Practice) and a capstone course (NURS 444: Capstone Immersion Experience). The Table 3.2 outlines the core curriculum for nursing majors. The DNE has proposed to the university the deletion of NUPR 100 from the catalog effective Fall 2016 since many students, such as athletes or students changing their major to nursing or transfer into Shepherd are provided course substitutions or waivers. Instead students will be required to complete any of the first-year experience (FYEX) courses offered. The deletion of NUPR 100 is currently going through the university approval process.

Table 3.2: Core Curriculum for Pre-licensure Nursing Majors

Semester	Semester
Freshman, First Semester NUPR 100: First-Year Experience Nursing (1 credit) Math 101, 105 or 154: Math (3 credit) CHEM 120: College Chemistry I (3 credit) CHEM 120L: College Chemistry Lab I (1 credit) ENGL 101: English and Rhetoric I (3 credit) SOC 203: General Sociology (Social Sciences Core Curriculum) (3 credit)	Freshman, Second Semester ENGL 102: Writing and Rhetoric II (3 credit) CHEM 122: College Chemistry II (3 credit) CHEM 122L: College Chemistry II Lab (1 credit) Core Curriculum: Arts (3 credit) Core Curriculum: Humanities (GL) (3 credit)
Sophomore, First Semester Core Curriculum: Humanities (3 credit) PSYC 101: Introduction to Psychology (Social Sciences Core Curriculum) (3 credit) Core Curriculum: Social Sciences (3 credit) Core Curriculum: History (3 credit)	Sophomore, Second Semester NURS 310: Lifespan Health Promotion in Nursing (Wellness Core Curriculum, effective Fall 2014) (3 credit)
Senior, First Semester NURS 437: Nursing Research and Evidence-based Practice (3 credit)	Senior, Second Semester NURS 444: Capstone Immersion Experience (4 credit)

Additionally, as part of the second tier courses, students must meet core curriculum requirements of civic knowledge and engagement, global awareness, and multiculturalism and diversity. Specific courses within the second tier have been designated to satisfy these requirements. For example, as part of the Social Science requirement, nursing students are required to take SOCI 203 (General Sociology) and PSYC 101 (Introduction to Psychology), both of which meet the core curriculum requirement of multiculturalism and diversity. The Core Curriculum provides the nursing student with a liberal arts education.

The DNE faculty members believe that in addition to nursing content, a liberal studies education is also essential for all baccalaureate programs. A liberal studies background promotes the acquisition of critical thinking skills which are the basis for developing clinical judgment and ethical decision making skills. For example, courses in English refine the student's capacity for effective written and oral communication, whereas courses in history and humanities challenge the student to reflect on a broad range of human experiences.

BSN Program Prerequisite or Co-requisite Courses

A foundation of knowledge in science, humanities, and related professional disciplines assists the BSN program to prepare professionals as generalists. Table 3.3 provides an example of how prerequisite nursing courses provide a foundation for the BSN program.

Table 3.3: Pre-licensure Nursing Pre-Requisite Courses Provide Foundation for Nursing

BSN Prerequisite	Foundation provided	Recommended Course Placement
Anatomy and Physiology (BIOL 225/227 and BIOL 226/228)	Prepares students to think critically about variations in human functioning related to health and illness and provides guidance for students in the performance of health assessments.	Sophomore, first semester and Sophomore, second semester
Microbiology (BIOL 302)	Prepares students to think critically about variation in human functioning related to health and illness and provides students with a foundation for understanding infectious diseases and standard precautions.	Sophomore, second semester
Chemistry (CHEM 120/120L and 122/122L)	Prepares students to think critically about variation in human functioning related to health and illness, homeostasis, and management of clients receiving pharmacological therapy.	Freshman, first semester and Freshman, second semester
Nutrition (FACS 328)	Prepares students to think critically about variation in human functioning related to health and illness, especially in the prevention of complications and maintaining or regaining maximal levels of wellness.	Sophomore, second semester
PSYC 101 (Introduction to Psychology)	Prepares students to apply scientific inquiry into societal forces that have shaped and continue to shape our world.	Sophomore, first semester
NURS 310 (Lifespan Health Promotion in Nursing)	Provides students with the foundation for health screenings and health assessment. Prepares students for application of core beliefs and outcomes throughout the nursing program.	Sophomore, second semester
MATH 101, 105, or 154	Provides students with cognitive skills in qualitative analysis and critical inquiry necessary for critical thinking, problem solving, performing drug calculations and evaluating research findings.	Freshman, first semester
PSYC 250, MATH 314, or BADM 224 (Statistics)	Provides students with cognitive skills in qualitative analysis and critical inquiry necessary for critical thinking, problem solving, performing drug calculations and evaluating research findings and determining the effectiveness of nursing intervention and patient outcomes.	Freshman year, second semester
SOCI 203 General Sociology	Provides students with the concepts and theories that pertain to social relationships and social organizations.	Freshman year, first semester

Students apply for admission to the nursing program during the last semester of their sophomore year. To be eligible for admission into the nursing program, the student must have a minimum cumulative GPA of 2.7, and must achieve grade C or above in the following courses: BIOL 225/BIOL 227; BIOL 226/BIOL 228; BIOL 302; CHEM 120/CHEM120L; CHEM 122/CHEM 122L; NURS 310, statistics; and all math courses

BSN Curriculum

The nursing curriculum builds upon the general studies and prerequisite nursing courses. The BSN curriculum is logically structured and sequenced in a manner to facilitate student learning and attainment of expected student outcomes and program goals; the curriculum moves students from simple to complex concepts and wellness to illness. Each nursing course builds upon another, developing the student's skills and expertise. A beginning nursing course, NURS 310, Lifespan Health Promotion in Nursing, provides an overview of individual's health and wellness; health promotion activities across the lifespan; and introduces the outcomes of communication, clinical judgment, and patient-centered care. The Lifespan Health Promotion in Nursing (NURS 310) course lays the foundation for health screenings, understanding of personal values and health beliefs, and cultural variations which are fundamental to health assessment (NURS 333) and all didactic and clinical courses. NURS 342 (Patient-

centered Care: Adult Health I) focuses on the care of patients with chronic health problems and is followed by NURS 432 (Adult Health II) , which emphasizes the care of patients with acute, life-threatening health problems.

During Shepherd’s 2011 CCNE accreditation visit, we were in the process of implementing a new curriculum, which began with the nursing class admitted in January of 2011. The curriculum incorporates theory and corresponding clinical learning activities into the same course. Student performance in the clinical component of the course is on a pass/fail basis. The student must satisfactorily meet the course expected student outcomes, both in didactic and clinical, in order to successfully pass the course. The change in how courses are offered occurred in response to faculty and WVBOERN concerns (Accreditation Self-Evaluation Visitors Comments, Spring 2008) that students could fail the didactic course, or clinical course, while passing the other co-requisite course. Students failing one part of the course co-requisites were not required to complete the corresponding co-requisite course that they had successfully completed.

The nursing curriculum has seen two major changes since its implementation, based on student and faculty evaluation. NURS 441 (Information Management) was originally offered during the second semester of the student’s senior year. The course was moved to the student’s first semester of their junior year (NURS 335: Nursing Informatics). This change introduces students to informatics earlier, thereby fostering its use throughout their nursing courses. The second change was expansion of our framework of communication, clinical judgment, patient-centered care and professionalism to incorporate the QSEN competencies for undergraduate students. Communication incorporates the QSEN competencies of teamwork and collaboration and informatics, while clinical judgment integrates the concepts of evidence-based practice, quality improvement, and safety.

Table 3.4 Pre-licensure Nursing BSN Curriculum Plan

Semester/Course (Total credits – theory/clinical)	Semester/Course (Total credits – theory/clinical)
<p align="center">Junior, First Semester</p> <p>NURS 330: Patient-centered Care: Foundations of Nursing (4 credit – 3credit/1credit) NURS 331 Performance Outcomes I (1 credit – 0 credit/1 credit) NURS 332 Patient-centered Care: Older Adult (2 credit – 2 credit/0 credit) NURS 333 Health Assessment (3 credit – 2 credit/1 credit) NURS 334 Pharmacotherapeutics (3 credit – 3 credit/0 credit) NURS 335 Nursing Informatics (3 credit – 3 credit/0 credit)</p>	<p align="center">Junior, Second Semester</p> <p>NURS 340 Patient-centered care: Behavioral Health (5 credit – 3 credit/2 credit) NURS 341 Performance Outcomes II (1 credit – 0 credit/1 credit) NURS 342 Patient-centered Care: Adult Health 6 credit (3 credit/3 credit) NURS 344: Ethics and Human Genetics (3 credit – 3 credit/0 credit)</p>
<p align="center">Senior, First Semester</p> <p>NURS 430: Patient-centered Care: Children and Families (4 credit - 3 credit/1 credit) NURS 431 Performance Outcomes III (1 credit – 0 credit/1 credit) NURS 432 Patient-centered Care: Adult Health II (6 credit – 3 credit/3 credit) NURS 437: Nursing research and Evidence-based Practice (3 credit – 3 credit/0 credit) NURS 438: Patient-centered Care: Childbearing Family (3 credit – 2 credit/1 credit)</p>	<p align="center">Senior, Second Semester</p> <p>NURS 442 Patient-centered Care: Population Health (5 credit – 3 credit/2 credit) NURS 443 Leadership (3 credit – 3 credit/0 credit) NURS 444 Capstone Immersion Experience (4 credit – 0 credit/4 credit) NURS 445 NCLEX-RN Preparation (1 credit – 1 credit/0 credit)</p>

RN-to-BSN Track

Students in the RN-to -BSN track complete the same core curriculum requirements as the generic student. RNs who have graduated from an approved associate degree nursing program receive 47 nursing credits. Table 3.5 lists the nursing courses RN-to-BSN students are required to take in the nursing curriculum.

Table 3.5: RN to BSN Curriculum

RN-to-BSN Required Nursing Courses
NURS 333 Health Assessment (3 credit – 2 credit/1 credit)
NURS 335 Nursing Informatics (3credit – 3 credit/0 credit)
NURS 344 Human Genetics with Ethical Applications (3 credit – 3 credit/0 credit)
NURS 437 Nursing Research and Evidence-based Practice (3 credit – 3 credit/0 credit)
NURS 442 Patient-centered care: Population Health (5 credit – 3 credit/2 credit)
NURS 443 Leadership (3 credit – 3 credit/0 credit)
NURS 510 Health Care Delivery Systems: Political, Social, and Economic Influences (3 credit)

In summary, the core curriculum and pre- and co-requisite courses provides a strong foundation for the BSN curriculum. These courses may be taken at Shepherd University or course equivalencies transferred from other accredited institutions of higher learning. The BSN curriculum aims to prepare nurse generalists for entry into the profession of nursing and provides an opportunity or RNs to continue their education. The BSN curriculum prepares graduates to communicate effectively and use clinical judgment skills in the provision of patient-centered care. In addition, students are prepared to practice in a variety of settings, assume leadership roles, and have a foundation for graduate study.

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:

Faculty members use a variety of teaching-learning practices and environments to assist students achieve course and program expected student outcomes.

Environment

The choice of didactic and clinical teaching-learning practices and learning environments is an important consideration for faculty and is evaluated at the conclusion of each course by both students and faculty. The DNE is housed in the Erma Ora Byrd Hall is a two-story brick 37,000 gross square foot building as described in Standard II-A (Physical Resources BSN Program and RN-to-BSN Track).

Students and faculty have rated the classroom and clinical simulation labs as excellent. Students have requested additional open lab practice hours, specifically designated for students not in their first semester of the nursing program. The clinical lab coordinator began offering level specific (for students in their first semester of the nursing program, second semester, and third semester) open lab practice hours in the spring 2015, which has been positively received by students.

Students in the RN-to-BSN track may come to the main campus to practice skills as needed during open lab hours. Assessment equipment needed for the RN to BSN NURS 333 (Health Assessment) course was transported from the main campus to the Martinsburg Center for use during the summer 2015 session.

Classroom

While class size varies in didactic courses, ranging from 20-65 students, faculty members employ an array of active teaching-learning strategies to facilitate learning. Didactic courses meet one time per week, for one to three hours depending on the number of credit hours for each course. Breaks are scheduled during the class and provide time for students to obtain healthy drinks from vending machines or food and drinks from the Ram’s Den. During this time, students can relax in the building foyer or walk outside for fresh air.

The active teaching-learning strategies utilized during didactic courses include: lecture, seminars, small group work and discussions, case studies, seminars, concept mapping, computer-aided instruction, online standardized testing,

evidence-based projects, PowerPoint presentations, poster presentations, guest speakers, online discussion forums and use of audio-visual materials. Case studies and concept maps are used extensively in many didactic courses to promote critical thinking, clinical judgment, communication, and patient-centered care. Sakai, a classroom management system, supports each course and is easily accessed by students. Faculty can use Sakai to post course syllabi, class outlines and learning activities, discussion forums, course announcements, and class grades (which can only be accessed by each student using passwords). Communication also occurs through use of discussion board, chat rooms, and email.

Students in the RN-to-BSN cohort have class at the Martinsburg Center. Classes are typically 4-7 weeks in length (summer vs. fall or spring semesters) and meet once per week with the remainder of the class time in a hybrid format using SAKAI. Classrooms contain SMART board technology, white boards, tables, and chairs to encourage use of active teaching-learning strategies similar to those used in the traditional BSN program. Other RN-to-BSN students complete their courses online through use of SAKAI, utilizing both asynchronous and synchronous learning.

Clinical Learning Activities

Clinical placements occur in interdisciplinary settings or in the simulation lab with nursing faculty or clinical nurse educators. Each setting provides the students with extensive clinical practice experiences and allows students the opportunity to implement emerging science and practice innovations to improve the healthcare system. Students complete 610 hours of clinical practice, with a minimum of 520 hours in direct patient care. Faculty maintains a maximum clinical ratio of 10:1, in accordance with WVBOERN regulations.

Planned clinical learning activities occur in a variety of clinical facilities within the tristate area (WV, Virginia, and Maryland). Clinical learning activities are designed to promote attainment of the expected student outcomes. For example, in NURS 342 (Patient-centered Care Adult Health I), students have clinical learning activities on medical-surgical units, acute care and outpatient operative suites, and out-patient dialysis centers. Following faculty review of the curriculum, NURS 342 incorporated clinical rotation of students in home health and hospice in the fall 2014. In the pediatric course, NURS 430 (Patient-centered Care: Children and Families), students have experiences in acute care pediatric units, pediatric emergency departments, neonatal intensive care units, day care facilities, and schools. Clinical agencies selected for use by the program include acute care facilities with general and specialty units, outpatient clinics, community health centers, public health departments, schools, home healthcare agencies, nursing homes, and other community based settings. Active teaching-learning strategies used in clinical learning environments include pre- and post-conferences, self-reflection, self-evaluation, discussions, concept mapping, role modeling, and clinical assignments.

Use of simulation labs facilitate student acquisition of basic through advanced psychomotor skills prior to application in the clinical environment. Learning using simulation scenarios in a safe, "risk-free" environment allows students to try, fail, explore, and grow in their mastery of specific therapeutic nursing interventions. Skills ranging from blood pressure assessment (NURS 333, Health Assessment) to code management (NURS 431: Performance Outcomes III) are taught using low- to high-fidelity manikins. Specific scenarios are developed to assist students in mastering critical tasks, team work, communication, patient and staff safety, and delegation skills and are consistent for specific course outcomes, building from basic to advanced skills. For example, students in NURS 331 (Performance Outcomes I) are taught patient transfers, basic hygiene, and a 5-minute post-op assessment. Students in NURS 341 (Performance Outcomes II) respond to a scenario involving a patient experiencing a blood transfusion reaction. Whereas, NURS 431 (Performance Outcomes III) students respond to simulation scenarios involving complications during delivery, such as shoulder dystocia, umbilical cord prolapse, post-partum hemorrhage, pediatric cast care, tracheostomy care, or suctioning a ventilator patient. Simulation technology provides the perfect opportunity for nursing students to gain experience providing care and responding to emergency situations while developing self-confidence in their clinical judgment and provision of patient-centered care in a safe and controlled environment without adversely affecting live patients. Active teaching-learning strategies used in simulation labs include lab practice, role modeling, group discussions, simulation scenarios, reflection, and competency evaluation. Open lab hours are held each week by the simulation lab coordinator to facilitate psychomotor skill practice, critical thinking and decision making skills, and remediation activities.

Community engagement experiences are available to nursing students including health fairs, research conference poster presentations, disaster drill participation, and immunization clinics. For example, in the fall of 2014 students in NURS 442, Patient-centered Care: Population Health, conducted a comprehensive community assessment of migrant farmworkers in the Shenandoah Valley. As a result of the community assessment, the students conducted

an oral hygiene kit drive and provided oral health education to more than 500 migrant farmworkers. Additionally, students in NURS 442 participated in community disaster preparedness drills and conducted health fair for a local middle school and high school. In the fall of 2015 and 2016, students partnered with the Berkeley County Health Department and participated in a drive-thru flu clinic administering an average of 275 influenza vaccines.

All courses are designed as competency-based courses, with students provided ongoing formative and summative feedback throughout the semester. Students are encouraged to meet with faculty to discuss their didactic and clinical performance. Students not attaining a 78% didactic course average at midterm are expected to make an appointment with the course professor to discuss a plan for academic success. Students are provided written formative midterm and summative final clinical evaluations, and plans are developed to address any areas of concern.

In the Spring of 2014, RN-to-BSN students in NURS 442 (Patient-centered Care: Population Health) completed a variety of community assessments and as a result implemented programs such as a health fair at a senior center, heart health awareness program for a local hospital's community outreach, fitness program for staff at a middle school, and diabetes education packet for use by a home health agency. Another student's community intervention resulted in the development of a bridge program to increase communication, and facilitate patient care between local home health and hospice organizations. This program resulted in vastly improved patient care and has served as a model for other regional hospice and home health programs.

Each course is evaluated by students using the university faculty/course evaluation survey that is administered every semester. The evaluation process enhances honest accounts of the students' experiences by use of anonymous surveys that are aggregated by the university Office of Institutional Research. The faculty receives reports about the course after student grades are posted. All courses are taught every fall and spring semester for the traditional students. RN-to-BSN sections of courses are taught online as needed, or as outlined in the RN-to-BSN cohort course progression plan (Appendix III.D.1).

Faculty use aggregate reports to produce a written course summary every academic year (due in November for the spring/fall course sequence). The faculty evaluation of the course includes information on the title of the course, student achievement of expected student outcomes (communication, clinical judgment, patient-centered care, and professionalism), and results of Assessment Technology Inc. (ATI) Proctored Exam testing results, clinical agency(s) evaluation, opportunities for improvement, and recommended changes. Course reports are due annually in November to the Curriculum Committee for review and report at the first faculty meeting in January. Changes, additions, and deletions are discussed in the curriculum meeting with substantive recommendations brought to the DNE meeting for faculty approval. This process ensures a cohesive and coherent curriculum. Program outcomes are also evaluated through use of end of program surveys, online alumni program satisfaction surveys, and community of interest focus groups as described in Standard IV.

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:

BSN Program

The BSN curriculum includes planned clinical practice experiences that enable students to integrate knowledge and attain program outcomes. Students complete 610 hours of clinical experience, of which 520 hours involve the provision of direct patient care. For example, during the first semester junior year, students spend 30 hours in the simulation lab learning basic care during the first seven weeks of the semester (NURS 331: Performance Outcomes I). Following successful completion of the NURS 331 competency, students are assigned to clinical groups and provide care to nursing home residents for the clinical component of NURS 330 (Patient-centered Care: Fundamentals of Nursing). Students spend clinical time in a variety of clinical settings including, but not limited to: acute care and critical access hospitals, health departments, community health centers, nursing homes, surgical centers, ambulatory care centers/physician offices, hospice, home health, dialysis centers, schools, and day cares. The culminating clinical experience occurs in acute care hospitals, where students work with a RN preceptor and complete a 120-hour clinical experience.

As part of the course evaluation, faculty members evaluate their respective clinical sites at the end of each semester and are reported annually as part of the course summary. An example of a clinical change based on faculty concerns occurred in NURS 442 (Patient-centered Care: Population Health) at the end of the fall 2013 semester. For several semesters a clinical group was scheduled at a local high school with a school RN. The RN was replaced with a LPN in December of 2013, which resulted in us no longer using the school as a clinical learning site.

RN-to-BSN Track

Students in the RN-to-BSN program complete 90 hours of clinical learning activities, of which 30 hours are associated with NURS 333 (Health Assessment) and 60 hours in NURS 442 (Patient-centered Care: Population Health). The clinical learning activities are designed to assist student integrate new knowledge and demonstrate attainment of course and program 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:

Our community of interest includes students, faculty and staff, alumni, Advisory Council, clinical agencies, members of professional and community groups, university, and accrediting and regulatory boards as described in Standard I. All curricular changes are made on formal (e.g. student course evaluations) and informal feedback from the community of interest. The curriculum is designed to address the primary, secondary, and tertiary health care needs of a diverse population with emphasis placed on the rural populations and vulnerable groups within WV.

Students

The DNE is committed to receiving and incorporating feedback from students about the curriculum and their teaching and learning experiences. Students provide input into curricular change through course evaluations and student class representatives (junior first semester, junior second semester, senior first semester, senior second semester, and RN-to-BSN) and Student Nurses Association president are invited to all faculty meetings (department, curriculum, evaluation, and student affairs), except for faculty executive sessions. Student representative input at the meetings is open, honest, direct, and welcome and provides ongoing feedback regarding any possible issues and opportunities for improvement. Participation in the meetings also offers them opportunities to develop leadership skills and provides faculty opportunities to model professionalism.

For example, in response to student and faculty concerns regarding the placement of the informatics course, (NURS 450: Information Management) the course was moved from the senior year second semester to the junior year first semester (NURS 335: Nursing Informatics). Student feedback regarding the move in the course sequence has been

positive and allowed for an increased focus on electronic documentation, introduction of the American Psychological Association (APA) format, and accessing reliable electronic health information and practice guidelines.

To support all types of learners, regardless of background, Academic Support Services offers a writing center, tutoring services and other support resources to our students. Students are encouraged to form study groups and take a proactive approach to learning. They are encouraged to meet with faculty to discuss course material or schedule additional practice time in the simulation labs. Students with documented learning disabilities may request assistance from the Office of Disability Support Services (<http://www.shepherd.edu/disability>).

Faculty

Faculty members are not only members of the community of interest; they are decision makers and implementers of the curricular change, as well as being responsible for maintaining the integrity of the curriculum. Faculty members use their expertise to assure that teaching-learning strategies are appropriate to the student population and build on prior learning. Recognizing that most of our nursing students are from the millennial generation, faculty has participated in workshops that discuss differing needs of these students. Faculty members hold positions on numerous community/professional advisory boards, such as Boards of Directors of Shenandoah Valley Medical System, Panhandle Home Health, Meritus Medical Center and the Eastern Panhandle CARE Clinic; Board member for the Maryland Nurses Association; steering committee for the Eastern Panhandle Medical Reserve Corp; Healthier Berkeley County Health Workgroup Committee, and serve on the Ethics Committee at Berkeley Medical Center and the Research and Evidence Based Practice Council at the Martinsburg Veterans Affairs Medical Center. One faculty member was recently appointed by the Governor of West Virginia to the WVBOERN to represent advanced practice nurses (<http://www.wvrnboard.wv.gov/Pages/New-Board-Members-2015.aspx>). Serving as members of community/professional advisory boards provides faculty with insight into the challenges faced by healthcare organizations in providing safe, reliable, quality healthcare to patients (See Appendix II.D.1).

Staff

Staff members within the DNE have open communication with faculty and the director/chair of the DNE. One staff member attends all faculty meetings and provides feedback and suggestions to the faculty.

Alumni

The needs of the alumni are collected via formal and informal program evaluation and utilized to evaluate program effectiveness and make improvements in the program where necessary as described in Standard IV. Alumni also serve as members of the DNE Nursing Advisory Council. Post-graduate surveys are also sent electronically (through use of EBI) to alumni at six months post-graduation; however the return rates have been extremely low.

Nursing Advisory Council

The DNE Nursing Advisory Council includes local leaders in healthcare, business, nursing education programs, alumni, and members of the surrounding community. The Council meets twice per year to discuss current issues and trends in healthcare and the role of the nursing program in addressing the healthcare needs of our community of interest. Input from the Advisory Council is considered in curriculum planning and teaching-learning strategies. For example, in the spring of 2013 members of the Advisory Council recommended that we increase emphasis on the care of patients with decubitus ulcers and long-term peripheral lines since they were being seen with greater frequency. As a result, increased emphasis was placed in these areas during NURS 341, Performance Outcomes I. In addition, equipment, such as Chester Chests, was ordered to provide practice opportunities for students.

Clinical Agencies

Frequent interactions between the university and healthcare communities have led to the donation of equipment, such as an IV pump and sterile supplies to enhance our simulation labs. Other hospitals offer externships; with students are notified of externships through class announcements, postings on Sakai and bulletin boards. Feedback from students indicates that externships provide excellent learning opportunities and enhance their communication, clinical judgment, and patient-centered skills. Many students elect to continue working part-time at the hospital where they were employed for their externship. The hospital has benefitted from recruiting summer externs whom they deem ready for employment as RNs. During the past three years, eight Shepherd University nursing students have been selected to participate in the prestigious Veterans Affairs Learning Opportunities Program (VALOR) at the Martinsburg Veterans Affairs Medical Center in Martinsburg, WV. Other nursing students have obtained competitive prestigious externships at large teaching hospitals in the Washington, D.C.-Baltimore metropolitan area.

The clinical lab coordinator works closely with the clinical and community agencies to maintain and identify potential clinical sites that will assist students to obtain the clinical competencies. Typically, we have 2 - 3 students obtain competitive summer internships at Winchester Medical Center and 2-3 students selected for the VALOR program at the Martinsburg Veterans Affairs Medical Center each summer.

Members of Professional and Community Groups

The DNE receives input informally from a variety of professional and community groups on the local, state, national, and international level. Locally, the DNE works closely with the Martinsburg Veterans Affairs Medical Center to co-sponsor a nursing research conference. Students in NURS 437 (Nursing Research and Evidence-based Practice) and NURS 442 (Patient-centered Care: Population Health), present evidence-based posters and podium presentations at the conference and faculty have given podium presentations. A nursing student scholarship is also presented at this conference. Students in NURS 443 (Leadership) tour the American Nurses Association in Silver Spring, MD and have the opportunity to meet with nursing leaders to discuss current and future healthcare and nursing issues and political activism.

University

The DNE participates in the ongoing university assessment process, which is described in Standard IV. When revising the curriculum, the DNE incorporated the university's strategic plan goal of reducing the total credit hours required for graduation into its curriculum.

Regulatory and Accrediting Bodies

The DNE submits annual reports to the WVBOERN and reports as requested to CCNE. The DNE discusses communication from regulatory and accrediting bodies with revisions made to the curriculum as needed.

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:

Evaluation of course objectives and student outcomes is completed in a fair and equitable manner. Faculty uses a variety of assessment strategies to evaluate student performance at the course level and at program completion for achievement of course intended student outcomes in both the BSN and RN-to-BSN curricula. Each course syllabi identifies specific intended student outcomes to be mastered for successful completion of the course and the criteria used to evaluate course performance. Course syllabi are accessible to students on Sakai and are reviewed the first week of class with students. Examples of methods used to evaluate student learning include exams, quizzes, group work, presentations, concept maps, papers, and competency skills evaluation. For example, NURS 333, Health Assessment, requires students to conduct a focused physical assessment based on patient scenario for their final competency assessment; NURS 437, Nursing Research and Evidence-based Practice requires students to identify a clinical practice question, retrieve and synthesize research findings, and develop a plan for implementation of a practice change into practice; NURS 444, Patient-centered Care: Population Health requires students to conduct a community assessment followed by the development, implementation and evaluation of a plan to address the priority community health need; and NURS 443, Leadership requires students to develop a legislative healthcare issue fact sheet and discuss it with members of congress on Capitol Hill.

To ensure consistency among all courses, BSN and RN-to-BSN utilize a format for syllabi that includes: course description, course objectives, faculty contact information, intended students outcome, methods of instruction,

methods of evaluation and contribution of each component to the course grade, grading scale, attendance policy, progression policy, academic dishonesty, cancellation of class, student handbook, evaluations by student, required and recommended textbooks, topical outline, and course schedule. The DNE grading policy is listed in each course syllabi and in the DNE Student Handbook.

Didactic Courses

The course grading scale is consistent in all nursing courses, BSN and RN-BSN, and is included in the course syllabi and the DNE Student Handbook. Each course requires that the student achieve a 78% average in order to receive a passing grade. Faculty members have established office hours and maintain an open door policy. They meet with any student who wishes to discuss course grades or review exams throughout the semester. Often faculty conducts optional study sessions or meets one-on-one with students requiring additional assistance. If students do not have a passing grade on any exam or at midterm, they are expected to make an appointment with the course professor to discuss a plan for academic success, which includes determining any contributing factors and to provide recourses, guidance, and mentoring to assist the student in achieving the intended student outcomes of the course.

Students' grades are entered into a computer database maintained by the Registrar's Office and are accessible online via Remote Access Information Line (RAIL) to that student and his or her instructors and academic advisor. The RAIL system is protected by secure network systems and further protected by use of individual student and faculty passwords. Faculty members can access limited information about their academic advisees and students in their classes via RAIL. Academic advisors receive copies of midterm and final grade transcripts for their advisees each semester, which are kept in locked files. Midterm grades are reviewed with advisees during academic advisement and guidance is provided to each student.

Standardized Testing

An online standardized testing service, Assessment Technologies Institute (ATI), is integrated throughout the curriculum. Content mastery tests are used to assess student progress through the curriculum and to assist students preparing for NCLEX-RN computer-based testing. In addition, analysis of ATI results has been used to evaluate components of the curriculum.

In order for students to take the ATI practice and proctored exams seriously, students earn points based on their completion and success on the exams. In the spring 2015 students verbalized concern that courses used ATI differently in the calculation of grades. As a result, faculty implemented a new policy on how to use ATI exams in the calculation of course grades. Effective for students admitted to the nursing program as of fall 2015, ATI in the following courses will be equivalent of one exam grade – NURS 330, NURS 340, NURS 342, NURS 430, NURS 432, NURS 438, NURS 442, and NURS 443. For these ATI exams the following grading will be used: students obtaining a Level 3 will earn 100% for the exam grade, Level 2 - 80%, Level 1 - 60%, and Below Level 1 – 30%. In order for students to take the proctored ATI exam, they are required to complete and submit Practice Test A and B, when available, with a score of 90% or higher. Following the exam, students are encouraged to complete remediation as needed based on their individual results. As a result of faculty and student concerns regarding the changes to the ATI policy, the policy was revised effective spring 2016. For ATI exams, a Level 3 will be equivalent to an exam score of 100%, Level 2 at 86%, Level 1 at 78%, and Below Level 1 at 60%. Students would continue to complete the non-proctored practice exams prior to the proctored exam.

Faculty also discussed results of the ATI proctored Pharmacology exam at the end of the spring 2015 semester. The ATI proctored Pharmacology exam has traditionally been administered at the end of NURS 334, Pharmacotherapeutics, during the students first semester in the nursing program. Students have voiced frustration with the exam and noted that they have had very limited clinical experience and spent little time discussing disease process which cause them to do poorly on the exam. Beginning in the fall 2015 semester, students will not take the ATI proctored Pharmacology exam during their first semester; instead the exam will be administered at the end of NURS 342, Patient-centered Care: Adult Health I.

The ATI RN Comprehensive Predictor is used during the student's final semester in NURS 445, NCEX-RN Preparation, to assess general readiness for NCLEX-RN. Students are required to achieve a score indicating a 94% predictability of passing NCLEX on the first attempt in order to complete the course successfully. Students are given two opportunities to obtain the required predictability, with the second attempt occurring after an intensive three day on-campus review course.

Faculty continually encourage students to utilize their ATI books and learning modules throughout each class, with many courses integrating reading assignments from these books into course assignments Table 3.6 outlines how ATI proctored exams are incorporated into the curriculum

Table 3.6 Proctored ATI Exam Schedule

Level of Student	Course	ATI Exam
Junior, First Semester	NURS 330 (Patience-centered Care: Foundations of Nursing)	RN Fundamentals
	*NURS 334 (Pharmacotherapeutics)	RN Pharmacology
Junior, Second Semester	NURS 340 (Patient-centered Care: Behavioral Health)	RN Mental Health
	*NURS 342 (Patient-centered Care: Adult Health I)	RN Pharmacology
Senior, First Semester	NURS 430 (Patient-centered Care: Children and Families)	RN Nursing Care of Children
	NURS 432 (Patient-centered Care: Adult Health II)	RN Medical Surgical
	NURS 438 (Patient-centered Care: Maternal/Newborn)	RN Maternal-Newborn
Senior, Second Semester	NURS 442 (Patient-centered Care: Population Health)	RN Community Health
	NURS 443 (Leadership)	RN Leadership
*The RN Pharmacology Exam has been administered in NURS 334 (Pharmacotherapeutics). In the Fall 2015 the placement of the exam was moved to NURS 342 (Patient-centered Care: Adult Health I) beginning with students admitted to the nursing program in the Fall 2015 semester.		

ATI exams are not integrated into the RN-to-BSN curriculum, since they are designed to prepare students for the NCLEX-RN licensure exam.

Clinical Courses

The curriculum incorporates both didactic and clinical components, with the clinical graded on pass/fail basis. Formative evaluations are conducted at the mid-point of each student’s clinical rotation and on a weekly basis as needed; summative evaluations occur at the end of the clinical rotation. The clinical evaluation forms are consistent throughout the program and are based on course intended student outcomes. Evaluation data may include concept maps, nursing process reports, student presentations, faculty observations, feedback from staff, and participation in pre/post conferences, competency skill evaluation, and completion of computer-aided instructions (e.g. Potter and Perry Online Skill Modules). Students and faculty meet at midterm to review the formative evaluation and at the end of the semester for a summative evaluation. Students are asked to sign that they have read the clinical evaluation. Any student who attains a rating of “U” (Unacceptable level of performance) on any intended student outcome, either during the formative or summative evaluation, is required to develop a plan of remediation with his/her professor and implement the plan. A student who attains a rating of unacceptable performance on any intended student outcome at the end of the semester is given a grade of F for the course and must meet with the course professor to develop and implement a plan of action to address the concerns prior to retaking the course. Clinical evaluations are placed in the student’s official file kept in the DNE office.

The RN-to-BSN clinical evaluation forms are consistent with those in the traditional program and are based on course intended student outcomes. Students in NURS 442 complete a self-evaluation, prior to receiving the evaluation from faculty. Review of the evaluation occurs by email and phone.

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:

Curriculum, clinical experiences, and teaching-learning practices are evaluated by faculty and students for each course to foster ongoing improvement in courses and support achievement of student learning outcome.

Prior to the 2014-15 academic year, course evaluations occurred on an informal basis, with course coordinators sharing results at the faculty meeting at the end of each semester. This process was revised for the 2014-15 academic year, at which time the Curriculum Committee began conducting more formal reviews through yearly written course evaluations.

Student feedback is sought through participation in faculty meetings (curriculum, department, evaluation, and student affairs) and on standardized university course/faculty evaluations (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>, p. 57). Individual faculty also seek feedback from students during courses, modifying and adapting them as they are being taught to better support student learning.

Faculty complete course evaluations, which include input from students' evaluations and aggregate data on program expected student outcomes of communication, clinical judgment, patient-centered care, and professionalism annually. Instructor analysis of the course will also focus on evaluation of the teaching-learning practices aimed at student attainment of expected student outcomes and results of Assessment Technologies, Inc. (ATI) test results as appropriate. The instructor will identify opportunities and plans for improvement for the next course offering. The curriculum committee reviews each course evaluation and makes recommendations for changes to the DNE. The DNE also participates in the university assessment process and program review as described in Standard IV.

Several changes have been made to the curriculum based on evaluation of teaching-learning practices. For example, students in their second, third, and fourth semesters in the nursing program described how anxiety and stress producing it was for them to take a drug calculation exam each semester. Students were required to obtain a 100% on the exam in order to attend clinical learning activities. As a result of their concerns, faculty deleted the required drug calculation exams, instead increasing to the number of drug calculation questions on course exams to equal approximately 10%. Faculty have also revised the format of nursing exams to more closely match that of the NCLEX-RN exam by focusing on application and analysis questions using the following formats: multiple choices, multiple answer, fill in the blank, hot spot, and sound interpretation. As a result of decreased access to acute care pediatric clinical experiences, the DNE has established a dedicated pediatric simulation room equipped with pediatric exam table, crib, and Vital Sim Child (Laerdal), Vital Sim Toddler (Laerdal), and Sim Newb (Laerdal). The mother-child simulation lab contains two Gaumard neonates. As a result of decreased access to documentation in electronic health records in acute care agencies, students now utilize Sim Chart (Elsevier) for electronic documentation. The DNE has also expanded the use of technology to incorporate use of Potter and Perry's online skills modules (Elsevier), smart phone technology with health care product downloads, electronic personal health record, intravenous infusion pumps, kangaroo feeding pumps, electronic Doppler, EKG machine, defibrillator/cardioverter, and an electronic medication dispensing cart into clinical learning and/or simulation experiences. In addition, students admitted to the nursing program beginning in the Spring 2015 utilize e-books for the majority of their textbooks.

The curriculum, teaching-learning practices, and environments are evaluated according to the DNE systematic evaluation plan (Appendix IV.A.1) with results used to foster BSN program improvement. In the Fall 2015, nursing faculty continued to receive student complaints regarding the use of e-books. Student verbalized numerous concerns including difficulty accessing e-books while on campus (including dorms and within the nursing building) and at home, difficulty loading pages with numerous pictures, difficulty accessing pages identified by the faculty for use in class and their preference for hardback textbooks. Many faculty members also verbalized the same concerns. As a result, beginning in the Spring 2016 semester faculty will have the bookstore order hardback textbooks and require them for their courses for all students. Students currently having an e-book edition were not required to purchase a new textbook.

STANDARD IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty 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.

Key Elements

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:

The DNE regularly collects data from students, graduates, and alumni to evaluate student learning outcomes and program effectiveness. Through the use of various approaches for evaluating student and program outcomes, all assessments results are systematically addressed and monitored for program development, maintenance, and revision. The DNE director/chair and/or DNE Evaluation Committee is responsible for overseeing review of data and comparing aggregate data to the prior year and trend data, established benchmarks, and when available state and national standards or norms. The Evaluation Committee reports data to the Curriculum Committee, faculty meetings, and the DNE director/chair. All DNE assessment approaches are guided by the Systematic Evaluation Plan (Appendix IV.A.1), which was developed with input from faculty. Sources of evidence include ATI Proctored Exams, Completion Rates, First-time NCLEX-RN Pass Rates, Student Satisfaction (course/faculty evaluation and graduate survey), and employment rates and employer satisfaction. Table 4.1 describes the Data Sources for BSN and RN-to-BSN students.

Table 4.1 Data Sources for BSN and RN-to-BSN Students

BSN	RN-to-BSN
<ul style="list-style-type: none"> • ATI Examinations • Completion Rates • First-time NCLEX-RN Pass Rates • Student Satisfaction <ul style="list-style-type: none"> • Course/Faculty Evaluation • Graduate Survey • Employment Rates • Alumni Satisfaction • Employer Satisfaction 	<ul style="list-style-type: none"> • Student Satisfaction survey • Alumni Satisfaction survey • Employer Satisfaction survey • Completion Rates • Employment Rates

ATI Examinations

BSN students take nine standardized proctored examinations throughout their two years in the nursing program. Exams are taken at the end of the semester, generally during the last two to three weeks of the semester. A table of the exams and corresponding courses is found in Standard III -G (Table 3.6).

Additionally, BSN students are required to take the ATI Comprehensive RN Predictor in their final semester of the nursing program as part of NURS 445 (NCLEX-RN Preparation). Effective 2013-2014, students not achieving the 94% or above predictability score of passing NCLEX, may repeat the Comprehensive ATI Predictor Exam after completing the three-day live review (only one repeat is provided) (<http://www.shepherd.edu/nursing/nursing-information>, page 26).

Completion Rates

The BSN and RN-to-BSN program completion rate is calculated annually by the DNE director/chair. The BSN completion rate is calculated by dividing the number of students who earn a BSN degree within six semesters, three years, of admission to the nursing program (<http://www.shepherd.edu/nursing/nursing-information>, page 29). Completion rates are defined as the number of students completing the BSN program in three years. The RN-to-BSN completion rate is also defined as completion of all nursing courses within the three years from enrollment in their first nursing course (<http://www.shepherd.edu/nursing/nursing-information>).

First-time NCLEX-RN Pass Rates

First-time NCLEX-RN pass rates are obtained from quarterly and end of year reports from the WVBOERN. The reports are submitted to the DNE director/chair, which are reviewed and shared with faculty. The NCLEX-RN first time pass rates are compared with state and national data.

Student Satisfaction

The DNE employs two formal methods to evaluate student satisfaction: course/faculty evaluations, and graduate survey. The surveys are provided to both BSN and RN-to-BSN students.

First, the Shepherd University Office of Institutional Research guides the BSN and RN-to-BSN end-of-course/faculty evaluations. The evaluations are comprised of 23 questions measured on a five-point Likert scale from 1 being rated as poor to 5 being rated as excellent. Students also have the opportunity to provide written comments. The surveys are sent to the Office of Institutional Research for statistical analysis. Faculty members receive aggregate results and student comments three to four weeks after the end of the semester. Feedback is used by faculty to revise courses and teaching pedagogies as appropriate. The evaluations are reviewed by the school dean and the DNE director/chair with results incorporated into the annual faculty evaluation. The DNE faculty members have chosen to have all nursing courses evaluated each semester, which is different from that which is required by the university, to assist in evaluation of student outcomes. Information regarding course evaluations procedures and timelines can be found at <http://www.shepherd.edu/ir/evaluations.htm>

Second, the DNE has tried various assessment strategies to obtain program satisfaction rates from the nursing students with minimal results obtained. In response to the poor return rate, the DNE implemented the American Association of Colleges of Nursing (AACN) Education Benchmarking Incorporated (EBI) web-based assessment for the BSN and RN-to-BSN programs beginning in the 2013-14 academic year. The assessment is administered at the last two weeks of the semester in NURS 445 (NCEX-RN Preparation) and in NURS 510 (Health Care Delivery System: Political, Social, and Economic Influences) or the last nursing course for RN-to-BSN students.

Employment Rates

Employment rates are measured six months following graduation for those graduates who have passed the NCLEX-RN exam and actively sought employment. Results are self-reported as students communicate with faculty regarding employment status which is shared by faculty at faculty meetings. Beginning with BSN graduates in the fall 2014, employment rates were obtained through use of questions on the EBI alumni survey. Employment rates for RN-to-BSN students are assessed at the time of graduation.

Alumni Satisfaction

Informal feedback is obtained during a focus group survey of recent graduates during NURS 445 (NCLEX-RN Preparation). An online survey using EBI was implemented in Fall 2014.

Employer Satisfaction

Employer satisfaction is collected through an annual focus group of potential employers within the region. This focus group is accomplished as part of Nursing Advisory Council meetings whose members are representative of our community of interest. Use of the focus group has provided us with open and direct communication regarding aggregate student outcomes. Employers are asked to rate communication, clinical judgment, patient-centered care,

and professionalism skills of Shepherd University graduates in their agencies and compare our graduates to those of other programs. Employers are also asked to share with us new policies and procedures, and changes in practice so that we can prepare our graduates for the rapidly changing healthcare environment.

University Assessment Plan

The DNE participates in the university assessment process which reports measurement of intended student outcomes each academic year.

In summary, evaluating DNE aggregate data occurs at multiple levels during the academic year depending on the nature of the evaluation. All data are compiled by the DNE director/chair and/or the DNE Evaluation Committee and reported to the appropriate DNE faculty committee, faculty, and published in the Academic Affairs Data Report at <http://www.shepherd.edu/academic-affairs/profile-data>.

IV-B. Program completion rates demonstrate program effectiveness.

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

APRN certificate program:

- *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:

BSN Program

Students enter the BSN program as a traditional four-year student or as a transfer student. Regardless of the university admission pathway, students must apply for and be offered admission to the nursing program. Admission to the nursing program occurs in both the fall and spring semesters. Once admitted to the nursing program, students must complete the program within six semesters, or three academic years. The benchmark is for 80% of students to graduate in three years. As shown in Table 4.3, 80% or more of each BSN or RN-to-BSN cohort graduated within six semesters of admission to the nursing program.

Table 4.2 BSN Completion Rates

Graduating Semester	Benchmark	BSN
Fall 2012	80%	89%
Spring 2013	80%	72%
Fall 2013	80%	97%
Spring 2014	80%	92%
Fall 2014	80%	100%
Spring 2015	80%	100%

RN-to-BSN Track

Students enter the RN-to-BSN program with a wide variety of educational and professional backgrounds. Criteria for admission to the program include (a) same prerequisite courses as the pre-licensure program, (b) 2.5 GPA, (c) conferred associate's degree in nursing, and (d) active, unencumbered West Virginia RN license. The RN-to-BSN program has a fall, spring, and summer semester to meet the needs of the working professional student. Students may enter the program as part-time students. Information regarding the RN-to-BSN program can be found on the Shepherd University DNE website at <http://www.shepherd.edu/nursing/rn-to-bsn>. Completion rates are provided in the Table 4.3

Table 4.3 RN to BSN Completion Rates

Graduating Semester	Benchmark	RN to BSN
Fall 2012	80%	100%
Spring 2013	80%	100%
Fall 2013	80%	100%
Spring 2014	80%	100%
Fall 2014	80%	100%
Spring 2015	80%	100%

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 (2) 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:

First-Time NCLEX-RN Pass Rate

The NCLEX-RN pass rate represents first-time test takers who took the examination in a given year, regardless of their graduation date as reported by the National Council of State Boards of Nursing (NCSBN). The data are compared to state and national trends. The WVBOERN requires nursing programs to have a first-time NCLEX-RN pass rate of 80%. If the pass rate is not achieved, the WVBOERN requires submission of a program improvement plan. Success of Shepherd's nursing students with the NCLEX has remained relatively stable in the low to mid 80s. To view the current WVBORN NCLEX-RN pass rates, please go to <http://www.wvrnboard.wv.gov/forms/Documents/WV%20NCLEX-RN%20PASS%20RATES%202000-2014.pdf>

As shown in Table 4.4, the NCLEX-RN first-time Pass Rate for DNE was consistently above the 80% benchmark for the most recent calendar years. These percentages were above the DNE and WVBOERN benchmark (>80%).

Table 4.4 NCLEX-RN First Time Pass Rates

Year	Expected Outcome	SU Pass Rate	WV Pass Rate	National Rate
2012	80%	82.00%	88.87%	90.34%
2013	80%	86.89%	81.64%	83.04%
2014	80%	83.56%	80.00%	81.79%
2015	80%	84.50%	Not available	Not available

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, master's, 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:

Employment rates are measured six-months following graduation for those graduates who have passed the NCLEX-RN exam and actively sought employment as a registered nurse. Results were self-reported as students communicate with faculty regarding their employment status and shared by faculty at the faculty meetings. This self-report resulted in the collection of data that may not be fully representative of employment rates. The DNE exceeded the benchmark of 90% as shown in Table 4.5.

Table 4.5 Employment Rates BSN Graduates

Graduation Date	Expected Outcome	Employment Rate
May 2012	90%	100%
December 2012	90%	100%
May 2013	90%	100%
December 2013	90%	100%
May 2014	90%	100%
*December 2014	90%	100%
*May 2015	90%	100%
*Results from EBI 6-month alumni survey. All other results are self-reported.		

Employment rates are measured at the time of graduation for RN-to-BSN graduates who have actively sought employment as a registered nurse. Results were self-reported as students communicate with faculty regarding their employment status and shared by faculty at the faculty meetings. This self-report resulted in the collection of data that may not be fully representative of employment rates. The DNE exceeded the 90% benchmark as shown in Table 4.6.

Table 4.6 Employment Rates RN to BSN

Year	Expected Outcome	Employment Rate
2012	90%	100%
2013	90%	100%
2014	90%	100%
2015	90%	100%

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:

Aggregate student outcome data are analyzed and compared to expected student outcomes based on the university and the DNE's process for direct and indirect assessments for institutional effectiveness. Outcome data sources include ATI exams, student satisfaction (course/faculty surveys and graduation surveys), alumni satisfaction, and employer satisfaction.

ATI Exams

Each course assigned an ATI examination administers the proctored examination during the last 2-3 weeks of the fall and spring semesters (see Standard III-G, Table 3.6). Faculty members calculate each ATI examination as a test grade. Students achieving a Level 3, Level 2, Level 1 or Below Level 1 are assigned a grade which is incorporated into the student's overall course grade. Results from the ATI exams can be found in Appendix IV.E.1. Table 4.7 summarized the Percentage of ATI Exams above Group National Mean Scores based on results of the 2013 ATI Exams.

Table 4.7 Percentage of ATI Exams above Group National Mean

Semester (2013 ATI Examinations)	Benchmark	Percentage of Exams with Adjusted Group Score Above Individual Mean National
Spring 2014	70%	77.8%
Fall 2014	70%	88.9%
Spring 2015	70%	88.9%
Fall 2015	70%	71.4%

ATI Comprehensive Predictor

The DNE requires students in their last semester of the nursing program to take NUR 445 NCLEX-RN Preparation. Beginning with the fall 2013 graduating class, students must meet the 72% benchmark in order to complete successfully NURS 445 (NCLEX-RN Preparation). Students are provided two opportunities to take the exam, the first approximately ten weeks into the semester and the second following a live 3-day on-site review course by ATI. BSN students in their last semester have consistently scored at or above the national and program group mean as shown in Table 4.8.

Table 4.8 First Time ATI Comprehensive RN Predictor Scores

Year	Number of Students	Adjusted Group Score	Group Mean National	Group Mean Program	% of Group Above Individual Mean-National	% of Group Above Individual Mean-Program	Group National Percentile Rank
Fall 2012	30	73.1%	69.7%	68.9%	66.7%	73.3%	78
Spring 2013	19	75.7%	69.7%	68.9%	89.5%	89.5%	91
Fall 2013	34	74.7%	69.7%	68.9%	76.5%	82.4%	88
Spring 2014	38	75.6%	Not available	Not available	84.2%	86.8%	Not available
Fall 2014	29	75.7%	68.3%	67.8%	79.3%	79.3%	93
Spring 2015	45	78.1%	68.3%	67.8%	93.3%	93.3%	98
Fall 2015	28	71.8%	68.3%	67.8%	78.6%	78.6%	76

Note: Spring 2014 was first semester using ATI 2013 Comprehensive Predictor. Group data were not available.

Student Satisfaction***Faculty/Course Evaluations***

The Shepherd University Office of Institutional Research guides the pre-licensure and RN-to-BSN end-of-course student evaluations. The evaluations are comprised of 23 questions measured on a five-point Likert scale from 1 being rated as poor to 5 being rated as excellent. Students also have the opportunity to provide written feedback. The surveys are sent to the Office of Institutional Research for statistical analysis. Faculty members are provided the end of course survey results generally 3-4 weeks after the semester ends. Faculty members review the feedback and revise courses as appropriate. Student evaluations are reviewed by the dean and the DNE director/chair for input and reflected in the annual faculty evaluations. Information regarding course evaluations procedures and timelines can be found at <http://www.shepherd.edu/ir/evaluations.htm>. Individual faculty course evaluations will be available for review in the director/chair, DNE office. The DNE benchmark is 4.0 out of 5.0, which indicates “very good.” Table 4.9 summarizes student’s course satisfaction.

Table 4.9 Student Satisfaction Faculty/Course Evaluations

Select Questions from the Student Evaluations	DNE Expected Outcome (Mean)	Dept. Nursing Education Mean 2012-2013	Dept. Nursing Education Mean 2013-2014	Dept. Nursing Education Mean 2014-2015
*11. State your overall evaluation of this course.	4.0	4.0	4.2	4.1
*12. Rate the instructor's ability to present the material clearly.	4.0	4.2	4.3	4.2
*13. Rate the instructor's organization of the material.	4.0	4.2	4.3	4.2
*14. Rate the instructor's apparent knowledge of the subject matter.	4.0	4.5	4.6	4.5
*15. Rate the instructor's availability outside of class.	4.0	4.3	4.4	4.1
*16. Rate the instructor's concern for the student's progress in learning	4.0	4.3	4.4	4.3
*17. Rate the instructor's willingness to solicit and accept questions from the class.	4.0	4.4	4.5	4.4
*18. Rate the instructor's ability to clearly answer questions.	4.0	4.4	4.4	4.3
*21. Rate the overall teaching ability of the instructor.	4.0	4.2	4.3	4.3
Information obtained from Dr. Virginia Hicks, Dean SOEPS.				

Graduation Survey

While student satisfaction scores remain above the expected outcome of 80%, there has been a downward trend. The DNE faculty members have reviewed and analyzed this trend and have identified a number of potentially contributing factors, such as the implementation by the university of a shorter semester (16 weeks to 14), which resulted in compression of classwork and clinical experiences into a tighter timeframe. Because of the downward trend of NCLEX-RN scores, stricter policies were put into place regarding progression, ATI course scoring, and ATI Comprehensive Predictor scoring and progression.

Table 4.10 Graduation Survey

Semester of Graduation	Expected Outcome	Percent Satisfied
Fall 2012	80%	90%
Spring 2013	80%	94%
Fall 2013	80%	82%
Spring 2014	80%	89%
Fall 2014	80%	NR*^
Spring 2015	80%	NR*^
Fall 2015	80%	85.7%*
*Converted to Skyfactor/EBI Benchworks Assessments for the Exit survey and used question #101 as an example of Overall Evaluation – Regarding your experience at this nursing program, to what degree: Did this nursing program provide a positive academic experience? Score represents responses from fair to exceptional. ^ Skyfactor/EBI Benchworks Assessments reported NR for these two cohorts.		

In order to improve student satisfaction scores, the DNE has implemented the following examples to address student concerns:

1. Pinning Ceremony. This ceremony was discontinued with the December 2013 graduating class. After two cycles of end-of-program student evaluations citing dissatisfaction with the newly implemented Senior Recognition Banquet, the ceremony was reestablished with the December 2014 class. Re-implementing the pinning ceremony has increased student satisfaction.

2. Pharmacology ATI. This ATI examination was held at the end of the Level 1 course NURS 334 (Pharmacotherapeutics). Despite change in faculty and teaching pedagogies, students continued to perform poorly on the ATI examination and stated that they had limited exposure to administering medications in their first semester nursing classes. Beginning with students admitted in the fall 2015, the Pharmacology ATI will be administered in NURS 342 (Patient-Centered Care: Adult Health I).
3. White Coat Ceremony. The DNE began implementing the white coat ceremony with the student admitted to the nursing program in the Fall 2014. This ceremony welcomes students into the profession of nursing and is the highlight of the student's first semester. The ceremony has received positive student feedback.

Employer Satisfaction

Aggregate employer satisfaction data reveals that employers are satisfied with graduates' communication and clinical judgments skills and in their ability to provide patient-centered care. Employer satisfaction is collected through a biannual focus group of potential employers within the region. This face-to-face meeting is accomplished as part of the Nursing Advisory Council whose members are representative of our community of interest. Potential employers are asked to rate communication, clinical judgment, and patient-centered skills of Shepherd University graduates as compared to graduates from other programs. New policies, procedures, and practice changes are also discussed so changes in curriculum can reflect the rapidly changing healthcare environment. Employers report a preference for Shepherd University nursing graduates over graduates from other nursing programs in the tristate area.

University Assessment Plan

DNE participates in the university assessment plan process. Copies of recent assessment plan results will be available in the resource room.

RN-to-BSN Program Outcomes

Historically, the number of graduates from the RN-to-BSN program at Shepherd University has been small, frequently with several semesters intervening between students completing the program. The principal measure of program outcomes for RN-to-BSN students has been employer satisfaction. These data are gathered through discussions in meetings of the Nursing Advisory Council. The members of the advisory council indicate that they are satisfied with the quality of their nurse employees who complete their BSN program at Shepherd University. Beginning with the next scheduled graduation from the RN-to-BSN program (May 2015) the students in this program will be included in the new program completion survey started in December 2014 with the students in the traditional BSN program. The program has initiated service with EB1 to perform both program exit surveys and alumni surveys. RN-to-BSN students will be included in these surveys as they graduate from the program (exit survey) and at six months post-graduation (alumni survey).

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:

Aggregate faculty outcomes are evaluated in the areas of effective teaching, scholarship, and service. Faculty outcomes are consistent with the university and program mission, goals, and expected outcomes. The DNE faculty outcomes for effective teaching, scholarship, and service include use of annual faculty evaluations, promotion and tenure, and merit as described in the SU Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>).

Annual Evaluations

The DNE follows a comprehensive and structured plan for the annual evaluation and merit consideration of faculty relating to the program's mission, goals, and expected student outcomes. Annual evaluation includes assessment of teaching effectiveness, scholarly productivity, clinical practice when appropriate, and service to the university, school, department, community, and profession. DNE faculty members submit annual faculty reports to the DNE director/chair and the SOEPS Dean. Input from the DNE director/chair is provided. The faculty member and the SOEPS Dean review the annual report, documentation of service, teaching effectiveness, and DNE director/chair feedback. A plan for continued success for promotion, tenure, or maintenance of current rank is discussed. Goals for continued success are developed. Faculty needing assistance in the area of teaching is referred to the Shepherd University Center for Teaching and Learning. Expectations of faculty can be reviewed in the Shepherd University Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf> ; p. 57) and in the DNE Faculty Reference Manual available in the evidence room.

Promotion and Tenure

The SU Promotion and Tenure guidelines clearly delineate the expectations in each area for tenure-track faculty of all ranks. Information regarding promotion and tenure can be found in the SU Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>; p. 48-57).

Promotion and tenure documents are uploaded into Sakai, the SU learning management system, by the individual faculty member. The DNE director/chair and one faculty member are tenured. The remaining faculty is on tenure-track.

Merit

Faculty members may submit a merit award application to the Merit Committee in one of three areas: instructional/professional performance, service, or professional development. In order to be considered meritorious, faculty members must exceed expectations in their designated area for merit award and meet expectations in the two remaining merit categories. Following review of merit applications, the Merit Committee will make a recommendation to the VPAA. In the past three years, all tenure-track DNE faculty have applied for and been awarded meritorious status (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf> ; p. 60-61).

Effective Teaching

The DNE faculty outcomes for effective teaching include the use of annual faculty evaluations and merit as described in the Shepherd University Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>). Copies of faculty evaluations will be available for review in the office of the dean, SOEPS, during the CCNE site visit.

Scholarship

The DNE faculty outcomes for scholarship include: doctoral faculty preparation, publications, presentations, national certification, and continuing education. The DNE faculty outcomes are consistent with the Shepherd University guidelines for promotion and tenure, annual faculty evaluations, and merit as previously discussed. Copies of faculty curriculum vitae will be available for review.

Service

The DNE faculty outcomes for service are exemplary and highly valued by the department. Faculty members are viewed as leaders at the university and at local and state levels. The DNE faculty outcomes are consistent with the Shepherd University guidelines for promotion and tenure, annual faculty evaluations, and merit.

At the university level, nursing faculty members have been represented on major university committees as described in Standard I-D. Faculty members are also involved in SOEPS Promotion and Tenure, Strategic Planning, Wellness, and the Newsletter committees.

DNE faculty members serve on one of three standing committees as outlined in the DNE bylaws: curriculum, evaluation, and student affairs. Additionally, the chairs of these committees serve on the DNE Executive Committee. Faculty also serve on ad hoc committees as needed.

The DNE faculty is highly respected in the community. Currently DNE faculty members serve in a wide variety of leadership roles within our community of interest, including: chair of the board of directors at Shenandoah Valley Medical System; board member at Panhandle Home Health, Meritus Medical Center, and CARE clinic; ethics

committee member at Berkeley Medical Center, Eastern Panhandle Medical Reserve Corp Steering Committee,; Berkeley County Health Workgroup board member; and Maryland Nurses Association State Nurses Association District officer. A faculty member, Dr. Burkey, was recently appointed by the Governor of West Virginia to serve on the WVBOERN. Dr. Groves currently serves on the Congress Planning Committee for the International Society for Nurses in Genetics.

Faculty members are also actively engaged in volunteer activities including National Day of Caring, Girl Scout Jamboree, free clinics, disaster preparedness exercises, the Alzheimer Memory Walk and March of Dimes Walk. Faculty members serve as faith-based nurses and are certified as American Heart Association Basic Life Support Instructors. Several faculty members maintain an active clinical practice in their area of specialty.

Faculty members are also engaged in participation in professional organizations, such as the National League for Nurses, American Nurses Association, Sigma Theta Tau International Nursing Honor Society, Phi Kappa Phi Honor Society, West Virginia Nurses Association, and the Maryland Nurses Association.

DNE faculty members’ role model community service and involve students in service projects. The DNE expected faculty outcomes for service is 100%, which was met for the past three years as shown in Table 4.11

Table 4.11 Percentage of Faculty Who Participate in Professional Service

Year	Expected Outcome	Percentage of DNE Faculty Participated in Service
2012-13	100%	100%
2013-14	100%	100%
2014-15	100%	100%
2015-16	100%	100%

Percentage of Doctorally Prepared Faculty

The DNE has gradually increased the number of doctorally prepared faculty. The university supports the DNE in our attempt to hire doctoral prepared faculty and supports education for our existing faculty by providing financial support. Applicants for tenure-track positions are required to have a doctoral degree, be enrolled in a doctoral program, or be accepted into a doctoral program before the tenure-track position can be offered to them. Two current faculty members are enrolled in doctoral programs, one in the PhD program at West Virginia University and one in Shepherd University’s DNP program. Four faculty members were hired and began employment at Shepherd University in the fall of 2015. Table 4.12 shows the percentage of doctoral prepared faculty within the DNE.

Table 4.12 Percentage of Doctoral Prepared Faculty

Year	Expected Outcome	Percentage of DNE Faculty Doctorally Prepared
2012-13	50%	38%
2013-14	50%	38%
2014-15	50%	40%
2015-16	75%	64%*
*Currently we have two full-time tenure track faculty lines unfilled. Currently these lines are covered by MSN-prepared faculty. Three additional faculty members hold non-tenure track positions, two of which are MSN prepared.		

Percentage of Faculty Who Publish

The DNE encourages faculty to publish in peer-reviewed journals, books, or authored grant submissions. DNE faculty have submitted two Health Resources and Services Administration (HRSA) grants, one National Institute of Health (NIH) grant, and two university mini-grants for faculty retreat on assessment and a guest speaker. Faculty have published in *Journal of Community Health Nursing*, *Journal of Christian Nursing*, *Open Journal of Nursing*, *News and Views*. A faculty member has also had a book chapter published. The expected faculty outcome for the DNE is 25% of faculty publish on an annual basis.

Table 4.13 Percentage of Faculty Who Publish Annually

Year	Expected Outcome	Percentage of DNE Faculty Who Published
2012-13	25%	38%
2013-14	25%	50%
2014-15	25%	25%

Percentage of Faculty Who Present Papers

DNE faculty have presented at local, regional, and national conferences over the past three years on a variety of topics including evidence-based practice, teaching innovations, civility in healthcare, men in nursing, and vulnerable populations. For the past three years, the DNE has partnered with the Veterans Affairs Medical Center in Martinsburg, WV to co-sponsor a nursing research conference. Faculty have presented at the international, national, and regional level. Table 4.14 show the percentage of DNE faculty who presented papers each year.

Table 4.14 Percentage of Faculty Who Presented Papers

Year	Expected Outcome	Percentage of DNE Faculty Who Presented Papers
2012-13	50%	75%
2013-14	50%	70%
2014-15	50%	56%

Percentage of Faculty Who Participate in Continuing Education

The DNE faculty is required to complete a minimum of 12 contact hours per year in order to renew their RN license as required by the WVBOERN (<http://www.wvrnboard.wv.gov/Pages/RN-Renewal-CE.aspx>). The DNE faculty members have met the expected outcome of 100% for the past three years. Many DNE faculty members complete more than the required number of continuing education credits yearly. Table 4.15 shows the percentage of faculty who participate in continuing education.

Table 4.15 Percentage of Faculty Who Participate in Continuing Education

Year	Expected Outcome	Percentage of DNE Faculty Who Completed Continuing Education
2012-13	100%	100%
2013-14	100%	100%
2014-15	100%	100%
2015-16	100%	100%

Percentage of Faculty Who Are Nationally Certified

The DNE encourages faculty to obtain national certification to show evidence of expertise in their specialty. DNE faculty have obtained the following certifications: certified nurse educator, clinical specialist in adult psychiatric and mental health nursing, advanced nurse practitioner, RNC-OB, and CNE. Refer to Appendix II.D.1 for current faculty certifications.

Table 4.16 Percentage of Faculty Who Are Nationally Certified

Year	Expected Outcome	Percentage of DNE Faculty Who Are Nationally Certified
2012-13	50%	75%
2013-14	50%	75%
2014-15	50%	75%
2015-16	50%	64%

Percentage of Faculty Who Maintain an Active Practice

Effective with the 2015-16 academic year, some faculty are required to maintain an active clinical practice in order to maintain their certification as an advanced practice nurse. These faculty contracts specify this condition of employment. Our expected outcome is 25% and that goal was met.

IV-G. The program defines and review 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 process for what constitutes a formal complaint the policy and procedure for handling formal complaints is outlined in the Shepherd University Student Handbook found at <http://www.shepherd.edu/students/studenthandbook.pdf> . Academic appeals and grade appeal information can be found in the Shepherd University Student Handbook and the Shepherd University Faculty Handbook at <http://www.shepherd.edu/employees/senate/documents/handbook.pdf>.

Formal complaints, including such items as grade appeals, sexual harassment, or plagiarism, are handled according to the Shepherd University policy which can be found in the Student Handbook. Attempts to resolve any problems or issues begin with discussions between the student and instructor, and if the problem cannot be resolved at this level, a procedure is clearly identified for the student to follow.

Faculty rights, responsibilities, and an appeals/grievances/hearings process can be found in the University Faculty Handbook (<http://www.shepherd.edu/employees/senate/documents/handbook.pdf>).

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

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

- *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

Two formal complaints have occurred in the last three academic years: one involving a student grade appeal and the other an admission decision. The process for complaints was followed using the outlined procedures. Once the complaint procedure was followed the DNE reviewed its process to foster program improvement. No changes were deemed necessary.

The faculty utilizes data to make improvements to the BSN program. In response to student feedback in course evaluations, the following improvements were made:

- Moved NURS 335: Nursing Informatics from Level 4 to Level 1. Emphasis on professional, scholarly writing and APA format were added to the course content providing students with a framework for writing assignments throughout the program.
- Moved the proctored ATI: Pharmacology from Level 1 course NURS 334: Pharmacotherapeutics to Level 2 NURS 432: Adult Health I.

In response to employer satisfaction, the following improvements were made:

- Responded to Valley Health System's request to establish a seated RN-to-BSN cohort with classes offered in a compressed and hybrid format at the Martinsburg Center, which is easily accessed from I-81.
- Established an articulation agreement with Blue Ridge Community and Technical College to develop a seamless transition from ASN to BSN
- Our community of interest expressed a need for a graduate program in nursing, and as a result a DNP program was implemented in the Fall 2015.

In response to NCLEX-RN pass rates, the following improvements were made:

- Inclusion of ATI proctored examinations as a grading element in all applicable courses.
- Increasing the required score on the ATI RN Comprehensive Predictor to one consistent with a 94% probability of pass NCLEX-RN on the first attempt.
- Changed the number of ATI RN Comprehensive Predictor attempts from three to two.
- Revised ATI course grade policy.

Appendix I.A.1

Comparison of Mission, Vision and Core Values for the DNE, School of Education and Professional Studies and Shepherd University

Appendix I.A.1

**Comparison of Mission, Vision and Core Values for the
DNE, School of Education and Professional Studies and Shepherd University**

	Shepherd University	School of Education and Professional Studies	Department of Nursing Education
Vision	We will be a <i>nationally respected community of learners</i> where <i>passion, purpose, and experience unite to inspire individuals to shape the world.</i>	To be recognized as a School of nationally accredited programs that <i>inspires exemplary leaders.</i>	We will be a <i>nationally respected community of nurse leaders</i> where <i>passion, purpose, and experience unite to inspire health in individuals, families, communities, and populations.</i>
Mission	Shepherd University, a West Virginia public university, is a <i>diverse community of learners and a gateway to the world of opportunities and ideas.</i> We are the regional center for academic, cultural, and economic opportunity. Our mission of service succeeds because we are dedicated to our <i>core values: learning, engagement, integrity, accessibility, and community.</i>	The School of Education and Professional Studies embraces a strong liberal arts foundation while preparing students to be <i>leaders in their respective professions.</i>	Shepherd University's Department of Nursing Education's mission is to <i>enhance the health status of the world by educating professional nurses for practice in a rapidly changing health care environment.</i> We are dedicated to the university <i>core values of learning, engagement, integrity, accessibility, and community.</i>
Core Values	Our mission of service succeeds because we are dedicated to our <i>core values: learning, engagement, integrity, accessibility, and community.</i>	Integrity, Teaching/Learning, Inclusiveness, Professionalism, and Community	We are dedicated to the university <i>core values of learning, engagement, integrity, accessibility, and community.</i>
	Learning: Shepherd University creates a community of learners who integrate teaching, scholarship, and learning into their lives. In order to create challenging, relevant experiences, inside and outside the classroom, the University continually evaluates and assesses student learning. We recognize and accommodate diverse learning styles and perspectives necessary for	Teaching/Learning: The School of Education and Professional Studies is a community committed to life-long learning.	Learning: The Department of Nursing Education creates a community of learners who integrate teaching, scholarship, and learning into their lives. In order to create challenging, relevant experiences, inside and outside the classroom, the Department continually evaluates and assesses student learning. We

	global understanding.		recognize and accommodate diverse learning styles and perspectives necessary for global understanding.
	Engagement: Shepherd University fosters environments in which students, faculty, staff, and members of the community engage with each other to form mutually beneficial relationships. We believe that meaningful engagement, with ideas and with people, promotes deep learning and nurtures critical thought.	Professionalism: The School of Education and Professional Studies faculty members engage in education, scholarship and service and mentor students in their professional development.	Engagement: The Department of Nursing Education fosters environments in which students, faculty, staff, and members of the healthcare team, including nursing professionals, engage with each other to form mutually beneficial relationships. We believe that meaningful engagement, with ideas and with people, promotes deep learning and nurtures critical thought.
	Integrity: Shepherd University strives for an environment of honesty and fairness in its actions. University officials seek input from students, faculty, and staff and make informed and objective decisions. We expect all members of the community to act in accordance with this value.	Integrity: The School of Education and Professional Studies is committed to a value system based on honesty, fairness, and actions that encourage trust and promotes a safe environment of respect.	Integrity: The Department of Nursing Education strives for an environment of honesty and fairness in its actions. Department leadership seeks input from students, faculty, and staff and makes informed and objective decisions. We expect all nursing students to act in accordance with this value.
	Accessibility: Shepherd University provides services to all qualified students. Our staff and faculty area available to students and committed to respecting and meeting individual needs. University governance and budgeting structures reflect our commitment to transparent processes and public access to information.	Inclusiveness: The School of Education and Professional Studies embraces the uniqueness of each individual and creates a welcoming environment.	Accessibility: The Department of Nursing Education provides services to all pre-nursing and nursing students. Our staff and faculty area available to students and committed to respecting and meeting individual needs. Department governance reflects our commitment to shared governance and public access to information.

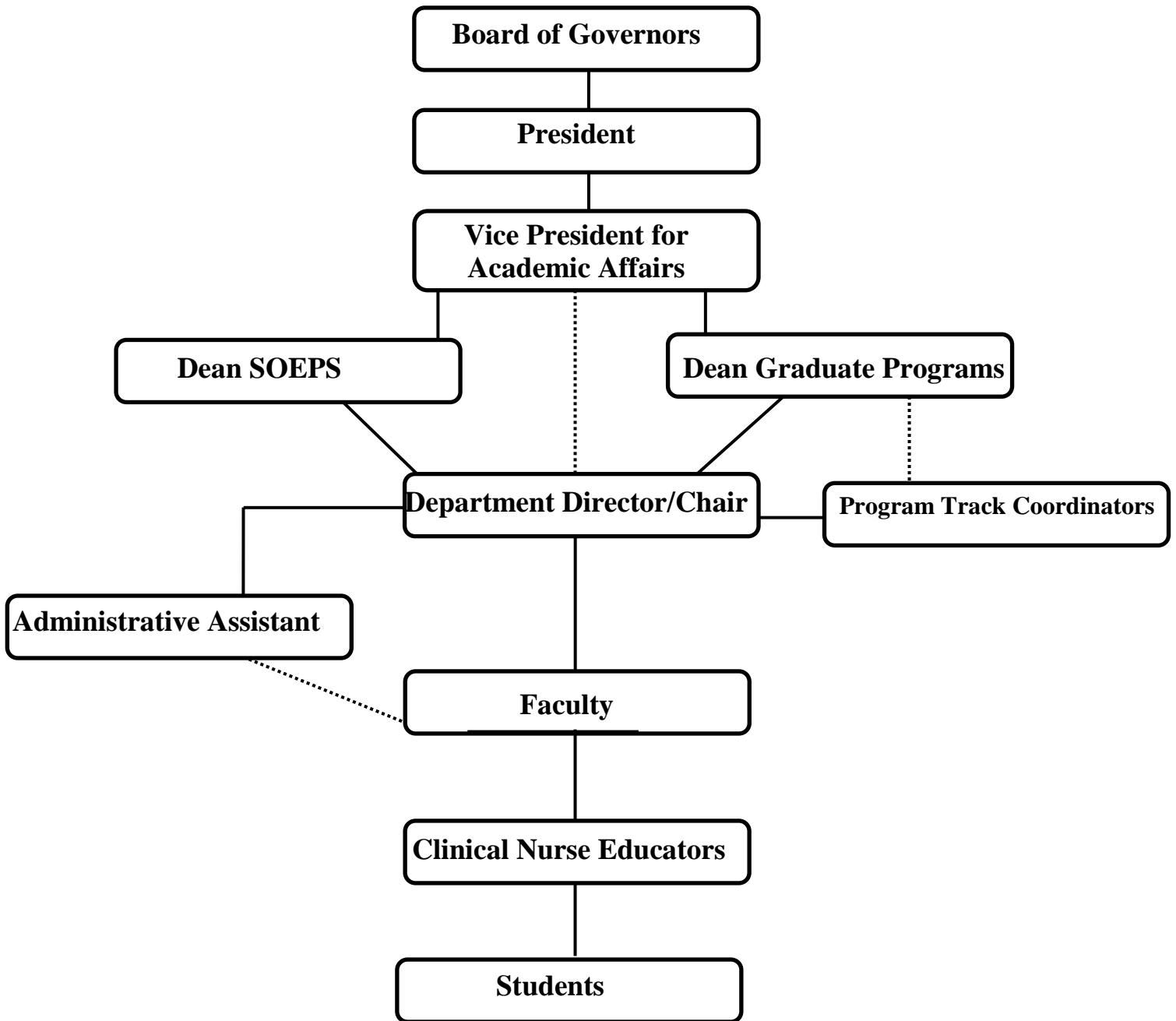
	<p>Community: Shepherd University comprises a community that includes students, faculty, staff, alumni, and involved citizens. We meet the needs of this community through assessment, development, and initiatives. We strive to create a safe environment based on mutual respect and acceptance of differences.</p>	<p>Community: The School of Education and Professional Studies faculty and staff develop collaborative partnerships that serve the needs of the School of Education and Professional Studies, our students, and the community.</p>	<p>Community: The Department of Nursing Education comprises a community that includes students, faculty, staff, alumni, and communities of interest. We meet the needs of this community through assessment, development, and initiatives. We strive to create a safe environment based on mutual respect and acceptance of differences.</p>
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Appendix I.A.2

DNE Organizational Structure

Appendix I.A.2

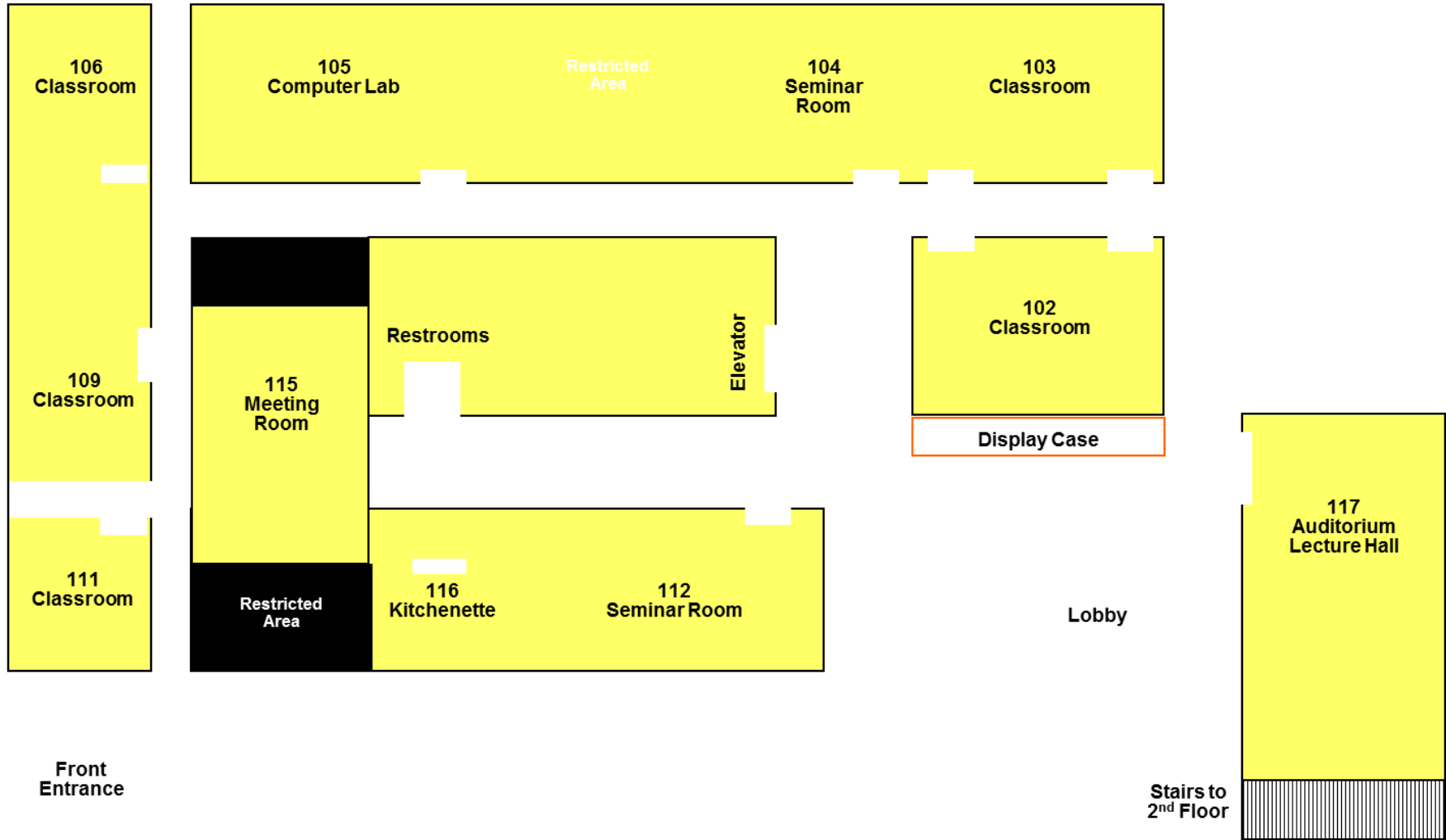
Shepherd University
Department of Nursing Education
Organizational Chart



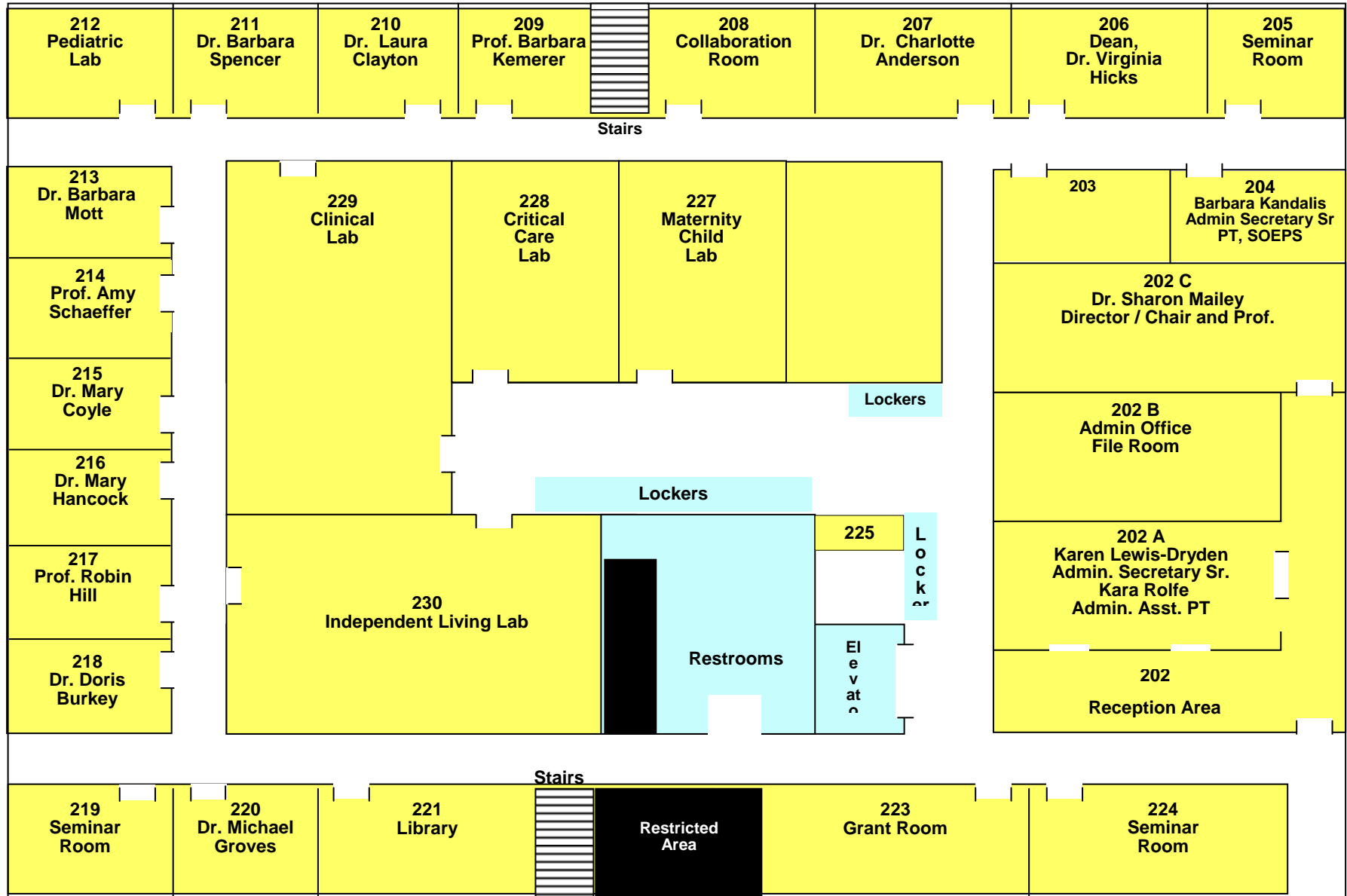
Appendix II.A.1

Erma Ora Byrd Hall Floor Plan

Erma Ora Byrd Hall – 1st (Ground) Floor



Erma Ora Byrd Hall – 2nd Floor



Appendix II.A.2

Clinical Nurse Educator Educational Background and Clinical Expertise

Appendix II.A.2

Table 2.1 Clinical Nurse Educator Educational Background, Clinical Expertise, and Teaching Responsibility

Academic Year 2015-2016

Clinical Nurse Educator	Educational Background	Clinical Expertise	Semester Taught		Area of Teaching Responsibility
			Fall	Spring	
Janine Baker	BSN	Medical surgical	X	X	NURS 432 - Patient-centered Care: Adult Health II
Mary Beachley	MSN	Community health Medical surgical	X	X	NURS 442 - Patient-centered Care: Population Health
Kelly Dowe	MS	Women's Health	X		NURS 438 - Patient-centered Care: Childbearing Family
Tammy Duffey	MSN	Medical surgical	X	X	NURS 444 - Capstone Immersion Experience
Julianne Harp	MSN	Medical surgical PACU	X	X	NURS 330 - Patient-centered Care: Fundamentals of Nursing NURS 331 - Performance Outcomes I
Josette Hayes	MSN	Fundamentals Medical surgical		X	NURS 341 - Performance Outcomes II NURS 342 - Patient-centered Care: Adult Health I
Amanda Higgs	MSN	Pediatrics	X		NURS 430 - Patient-centered Care: Child and Families
Eugenia Johnson	DA, MSN, FNP	Pulmonary care Critical care Bioethics	X	X	NURS 340 - Patient-centered Care: Behavioral health
Rosemary Kidwiler	MSN	Wound care Ostomy Continence	X	X	NURS 341 - Performance Outcomes II NURS 342 - Patient-centered Care: Adult Health I
Amy Kirsch	MSN	Medical surgical	X	X	NURS 444 - Capstone Immersion Experience
Dena Lewis	DNP	Medical surgical	X	X	NURS 330 - Patient-centered Care: Fundamentals of Nursing NURS 331 - Performance Outcomes I
Catherine Makanjuola	MSN	Fundamentals Medical surgical		X	NURS 330 - Patient-centered Care: Fundamentals of Nursing NURS 331 - Performance Outcomes I
Alicia Perez	MSN	Medical surgical	X	X	NURS 432 - Patient-centered Care: Adult Health II
Jacquelyn Sine	BSN, enrolled in DNP	Trauma Pediatrics	X	X	NURS 430 - Patient-centered Care: Child and Families NURS 432 - Patient-centered Care: Adult Health II
Michelle Towne	MSN	Health assessment OB	X		NURS 333 – Health Assessment NURS 438 - Patient-centered Care: Childbearing Family
Keith Vogan	MSN	Medical surgical		X	NURS 341 - Performance Outcomes II NURS 342 - Patient-centered Care: Adult Health I

Appendix II.A.3

Clinical Agency Affiliations

Appendix II.A.3

Table 2.2 Clinical Agency Affiliations Fall 2013 – Spring 2016

Agency/Location	Effective Date of Contract	Status	Signature on File/School Liaison	Courses Using Agency
*Berkeley County Health Department Martinsburg, WV	12/2015	Ongoing	Ms. Angie Gray, BSN, RN	NURS 442
*Berkeley County Schools Martinsburg, WV	12/2015	Ongoing	George Michael	NURS 442
Berkeley Senior Services Martinsburg, WV	12/2015	Ongoing	Linda Holtzapple	NURS 442
*Brook Lane Health Services Hagerstown, MD	12/2015	Ongoing	Floyd Klauka ,CFO Sue Groff, RN	NURS 340
*Care Haven Martinsburg, WV	12/2015	Ongoing	Madeline Lozr, RN, ADON	NURS 330 NURS 331
Charles Town Health Right, Inc. Charles Town, WV	12/2015	Ongoing	Michelle Goldman	NURS 442
Clary Grove Martinsburg, WV	12/2015	Ongoing	Nancy Mason Carrie Tharpe	NURS 331
Community Action Southwest Carmichaels, PA	12/2015	Ongoing	Bridgett Dennison	NURS 442
*Fahrney Keedy Home and Village Boonsboro, MD	12/2015	Ongoing	William Boyl, LNHA	NURS 331
*Fredrick County Department of Aging, Frederick, MD	12/2015	Ongoing	Carolyn B. Tru	NURS 442
*Frederick County Health Department Frederick, MD	12/2015	Ongoing	Patty McArdle, RN, BSN	NURS 442
*Frederick Memorial Hospital Frederick, MD	12/2015	Ongoing	Craig Rosendakle Sally Proulx, BSN, RN	NURS 342 NURS 444
*Fresenius Medical Care North America Charles Town, WV	12/2015	Ongoing	Shannon Platner	NURS 342 NURS 432
Fresenius Medical Care North America Martinsburg, WV	12/2015	Ongoing	Diana Evans	NURS 342 NURS 432
*Genesis Healthcare – Canterbury of Shepherdstown Shepherdstown, WV	12/2015	Ongoing	Monica Lockett, RN	NURS 330 NURS 540
Harpers Ferry Family Medicine Harpers Ferry, WV	12/2015	Ongoing	Jennifer Gamino	NURS 430
Harpers Ferry Middle School Harpers Ferry, WV	12/2015	Ongoing	Eric Vandell	NURS 442
*Homewood of Crumland Farms Frederick, MD	12/2015	Ongoing	E.T. Juliet Michelle Wivel	NURS 330 NURS 331
*Homewood of Williamsport Williamsport, MD	12/2015	Ongoing	Julie Cunningham	NURS 330 NURS 331
Hagerstown Surgery Center Hagerstown, MD	12/2015	Ongoing	Jennifer Barley	NURS 432
Hospice of the Panhandle	12/2015	Ongoing	Nikki Schildt	NURS 342

Kearneysville, WV				NURS 432 NURS 442
*Jefferson County Schools Charles Town, WV	12/2015	Ongoing	Cindy Fitzwater	NURS 442
*Jefferson County Health Department Kearneysville, WV	12/2015	Ongoing	Amy Jones, MSN	NURS 442
Martinsburg Dialysis Center Martinsburg, WV	12/2015	Ongoing	Diana Evans, RN	NURS 342 NURS 432
*Meritus Medical Center Hagerstown, MD	12/2015	EXPIRES 1/21/19	James Cannon Sarah Leiter, RN	NURS 330 NURS 342 NURS 432 NURS 438 NURS 444
Meritus Medical Center/Washington County Public Schools Hagerstown, MD	12/2015	Ongoing	Amy Jones Janice Hovells	NURS 442
*Panhandle Home Health Martinsburg, WV	12/2015	Ongoing	Linda Eccard, RN	NURS 340 NURS 342 NURS 432
Reeders Memorial Home Boonsboro, MD	12/2015	Ongoing	Carla Brown	NURS 330
*Shenandoah Community Health Center Martinsburg, WV	12/2015	Ongoing	David Fant	NURS 442
Shenandoah Valley Medical System Martinsburg, WV	12/15	Ongoing	Terrence Reidy, MD	NURS 442
*Shepherd Day Care Shepherdstown, WV	12/2015	Ongoing	Melissa Holman	NURS 430 NURS 540
*Shepherdstown University Early Learning Center Shepherdstown, WV	1/2016	Ongoing	Paulette Lashley	NURS 340
Shepherd University Student Health Services Shepherdstown, WV	12/2015	Ongoing	Rebecca Boehler	NURS 342 NURS 442
Summit Health Chambersburg, PA	12/2015	Ongoing	Barb Runyon, RN	NURS 444
Tri State Surgical Center Martinsburg, WV	12/2015	Ongoing	Stacey Ferguson	NURS 342 NURS 432
*University Healthcare Berkley Medical Center Martinsburg, WV	12/2015	Expires 2/27/2017	Kim Fritz Dottie Oakes	NURS 342 NURS 430 NURS 432 NURS 438 NURS 444
*University Healthcare Jefferson Medical Center Ranson, WV	12/2015	Expires 8/28/18	Neil McLaughlin Christine De Rosa, MD	NURS 432 NURS 444
*Valley Health Systems Winchester, VA	12/2015	EXPIRES 8/16/17	Kathy Tagnesi Lisa Zerull, RN	NURS 340 NURS 342 NURS 430 NURS 432 NURS 438 NURS 444

*Veterans Affairs Medical Center Martinsburg, WV	12/2015	Ongoing	Dr. Geraldine Coyle Elijah Drawbaugh	NURS 340 NURS 342 NURS 432 NURS 444
War Memorial Hospital Berkeley Springs, WV	12/2015	Ongoing	Neil McLaughlin	NURS 342
*Indicates agencies used during the 2015-2016 Academic Year.				

Appendix II.D.1

Department of Nursing Education Faculty

Appendix II.D.1

Table 2.3 Current Nursing Faculty

Name Position/Rank	Education Credentials/Degrees	Professional Certifications & Memberships	Practice Background & Experience	Teaching Responsibilities	Interests/Research	University/School/ Professional/Community Service
Charlotte Anderson Professor Emerita	PhD - George Mason University (1993) MSN - George Mason University (1982) Certificate Nursing - Administration/ M.Ed. James Madison Univ. (1976) Certificate Counselor Education BSN Eastern Mennonite University (1975) AA Nursing Shenandoah University (1972)	Certifications Professional Memberships	<ul style="list-style-type: none"> • Behavioral Health 	<ul style="list-style-type: none"> • Patient-centered Care: Behavioral health (NURS 340) • Capstone Immersion Experience (NURS 444) 	<ul style="list-style-type: none"> • Alzheimer's Disease • Home health 	University School Community Service <ul style="list-style-type: none"> • Panhandle Home Health, Board of Directors
Doris Burkey Assistant Professor DNP FNP Program Coordinator Tenure-track Graduate Faculty	DNP – West Virginia University (2014) MSN/FNP – University of Maryland (2003) BSN – University of Maryland at Baltimore (1997) ASN – Shepherd University (1988)	Certifications FNP-C, APRN Professional Memberships	<ul style="list-style-type: none"> • Women's health • Family practice 	<ul style="list-style-type: none"> • Health Assessment (NURS 333) • Advanced Health Assessment Throughout the Lifespan (NURS 540) • Diagnostic Reasoning (NURS 543) 	<ul style="list-style-type: none"> • Health literacy 	University <ul style="list-style-type: none"> • Graduate Council • Professional Development School Community Service <ul style="list-style-type: none"> • WVBOERN Board of Directors
Laura H. Clayton Professor DNP Nursing Leadership/Education Coordinator Tenured	PhD- West Virginia University (2007) Certificate in Healthcare Administration – West Virginia University (1998) MSN /FNP – West Virginia University (1993)	Certifications Certified Nurse Educator (CNE) since 2010 Professional Memberships <ul style="list-style-type: none"> • NLN • ANA 	<ul style="list-style-type: none"> • Critical care • Community health • Nursing research • Interprofessional education • Grant writing 	<ul style="list-style-type: none"> • PCC: Population health (NURS 442) • Nursing Research and Evidence-based Practice (NURS 437) • Health Assessment (NURS 333) • Health Care Delivery System : Political, 	<ul style="list-style-type: none"> • Interprofessional education • Vulnerable populations • Population health • Nursing education • Currently serving as a PI/PD of a 1.4 million HRSA 	University <ul style="list-style-type: none"> • Program Review • Professional Status • Graduate Council • Grade Appeals • Core Curriculum • Common Reading

Full Graduate Faculty	BSN – Alderson Broaddus University (1983)	<ul style="list-style-type: none"> • WVNA • Phi Kappa Phi • Sigma Theta Tau • WVU Alpha Rho Chapter Sigma Theta Tau 		<p>Social, and Economic Influences (NURS 510)</p> <ul style="list-style-type: none"> • Grant Writing (NURS 518) 	<p>NEPQR grant for interprofessional education</p> <ul style="list-style-type: none"> • Diabetes 	<p>School</p> <ul style="list-style-type: none"> • SOEPS Promotion and Tenure Committee, Chair <p>Community Service</p> <ul style="list-style-type: none"> • Shenandoah Valley Medical System - Chair, Board of Director, Executive Committee, Personnel Committee • Health & Human Services Workgroup – Berkeley County Health Collaborative • Steering Committee for Eastern Panhandle Medical Reserves Corp • Evidence-based Practice Committee Martinsburg VA Medical Center • Co-Chair Annual Nursing Research Conference sponsored by Martinsburg VA Medical Center and Shepherd University Department of Nursing Education • Peer Reviewer, <i>Nursing Education Perspectives</i>
Mary K Coyle Assistant Professor Tenure Track	<p>PhD- Catholic University (2009)</p> <p>MS Rutgers University 1978</p> <p>BS –Boston College(1975)</p>	<p>Certifications</p> <p>PMHCNS-BC Clinical Specialist in Adult Psychiatric and Mental Health Nursing September 1, 2007- August 31, 2017</p> <p>Professional Memberships</p> <ul style="list-style-type: none"> • NLN 	<ul style="list-style-type: none"> • Traumatic brain injury, military, homeless population • Community health • Nursing research • Nursing education, Geriatric, medical surgical 	<ul style="list-style-type: none"> • Nursing Research and Evidence-based Practice (NURS 437) • Patient-centered Care: Behavioral Health (NURS 340) 	<ul style="list-style-type: none"> • Vulnerable populations • Population health • Nursing education • Veterans • Substance use • Telephonic nursing, • Geriatric mental health • Self-care 	<p>University</p> <ul style="list-style-type: none"> • Gateway <p>School</p> <p>Community Service</p> <ul style="list-style-type: none"> • N Street Village Wellness Center • DC Safe- Court Advocate

		<ul style="list-style-type: none"> APNA Sigma Theta Tau 				
<p>Kathy Dilley</p> <p>Associate Professor Emerita</p> <p>RN Recruiter</p>	<p>MSN - Marymount University (1989)</p> <p>BSN – West Virginia University (1984)</p> <p>ASN – Shepherd College (1976)</p>	<p>Certifications</p> <p>Nursing Administration, BC</p> <p>Professional Memberships</p>	<ul style="list-style-type: none"> Medical-surgical nursing Emergency Department Nursing administration 	<ul style="list-style-type: none"> NURS 442 Patient-centered Care: Population Health NURS 443: Leadership NURS 510: Health Care Delivery System 	<ul style="list-style-type: none"> Smoking cessation 	<p>University</p> <p>School</p> <p>Community Service</p>
<p>Michael Groves</p> <p>Assistant Professor</p> <p>Assistant Graduate Faculty</p> <p>Tenure-track</p>	<p>PhD – Texas Woman’s University (2011)</p> <p>MGA (Master of General Administration)/Healthcare Administration – University of Maryland University College (1993)</p> <p>BSN – Seton Hall University (1978)</p>	<p>Certifications</p> <p>Certified Nurse Educator</p> <p>Professional Memberships</p> <ul style="list-style-type: none"> ACHE AONE ISONG ASHG AUPHA 	<ul style="list-style-type: none"> Trauma Emergency nursing Leadership and administration 	<ul style="list-style-type: none"> Nursing Informatics (NURS 335) Human Genetics with Ethical Applications (NURS 344) Nursing Research and Evidence-based Practice (NURS 437) Theoretical Foundations of Nursing (NURS 512) Research Methods for Health Professionals I (NURS 514) 	<ul style="list-style-type: none"> Workplace violence Verbal Abuse in Nursing 	<p>University</p> <ul style="list-style-type: none"> Admissions and Credits Scholarship and Awards <p>School</p> <p>Community Service</p> <ul style="list-style-type: none"> Regional Advisory Council Catholic Charities of WV Parish Council, St. Leo Catholic Church – President Eastern Panhandle Medical Reserve Corp. Health & Human Services Workgroup – Berkeley County Health Collaborative
<p>Mary Hancock</p> <p>Assistant Professor</p> <p>Tenure-track</p>	<p>PhD – University of Phoenix (2015)</p> <p>MS – University of Phoenix (2007)</p> <p>BS – Virginia Commonwealth University/Medical College of Virginia (1987)</p>	<p>Certifications</p> <p>RNC-OB</p> <p>Professional Memberships</p>	<ul style="list-style-type: none"> Obstetrical nursing Evidence-based practice Nursing research 	<ul style="list-style-type: none"> Lifespan Health Promotion in Nursing (NURS 310) Pharmacotherapeutics (NURS 334) PCC: Childbearing Family (NURS 838) Performance Outcomes III (NURS 431) 	<ul style="list-style-type: none"> Men in nursing Qualitative research 	<p>University</p> <ul style="list-style-type: none"> Faculty Senate <p>School</p> <p>Community Service</p>
<p>Robin Hill</p> <p>Clinical Coordinator</p> <p>Non-tenure Track</p>	<p>MSN – Western Governors University (2014)</p> <p>BSN – Western Governors University (2013)</p> <p>ASN – Shepherd</p>	<p>Certifications</p> <ul style="list-style-type: none"> CEN <p>Professional Memberships</p> <ul style="list-style-type: none"> ENA 	<ul style="list-style-type: none"> Critical care Emergency nursing 	<ul style="list-style-type: none"> Health assessment clinical component (NURS 333) Performance Outcomes II (NURS 341) 	<ul style="list-style-type: none"> Care coordination and medical home 	<p>University</p> <p>School</p> <p>Community Service</p>

	University (1997)			<ul style="list-style-type: none"> PCC: Adult Health I Clinical Component (NURS 342) 		
Barbara Kemerer Associate Professor Emerita	<p>MBA - Frostburg State University (1997)</p> <p>MSN - Catholic University(1984)</p> <p>BSN - Ball State University (1973)</p>	<p>Certifications</p> <p>Professional Memberships</p>	<ul style="list-style-type: none"> Medical Surgical Critical Care Management 	<ul style="list-style-type: none"> Foundations (NURS 330) Performance Outcomes I (NURS 331) Leadership (NURS 443) 	<ul style="list-style-type: none"> Quality improvement Integration of QSEN into nursing curriculum Health policy 	<p>University</p> <ul style="list-style-type: none"> Strategic Plan <p>School</p> <p>Community Service</p> <ul style="list-style-type: none"> Maryland Nurses Assn District 8 Secretary, Program Committee
Sharon Mailey Professor Undergraduate Director DNP Director/chair Undergraduate Full Graduate Faculty Tenured	<p>PhD - School of Education, University of North Carolina at Chapel Hill (1993)</p> <p>MS - School of Public Health, University of North Carolina (1976)</p> <p>BSN; Berea College (1969)</p>	<p>Certifications: Primary Care Nurse Practitioner Program (1979), University of Rochester.</p> <p>Professional Memberships</p> <ul style="list-style-type: none"> AONE ADDNE AANP ANA WVNA NLN NGNA ROA Sigma Theta Tau 	<ul style="list-style-type: none"> Administration and Leadership Curriculum and Instruction Community Health Medical Readiness Nursing Research Acute Care Grantsmanship Accreditation Evaluation Quality 	<ul style="list-style-type: none"> NCLEX – RN Preparation (NURS 445) 	<ul style="list-style-type: none"> Competency Economics and staffing Diversity Interprofessional education Nursing Workforce Advanced Practice 	<p>University</p> <ul style="list-style-type: none"> HLC Criterion Review Committee Merit Committee Graduate Council VPAA/Chairs Committee <p>School</p> <ul style="list-style-type: none"> Dean/Chairs Committee SOEPS Promotion and Tenure <p>Community Service</p> <ul style="list-style-type: none"> Meritus Medical Center, Board member Meritus Medical Center, Quality of Care and Safety Committee Berkeley Medical Center, Ethics Committee Eastern Panhandle Care Clinic, Board of Directors Medical Policy Committee Eastern Panhandle Care Clinic ANCC Magnet Hospital Appraiser

						<ul style="list-style-type: none"> • CCNE Accreditation Evaluator • WVBOERN Accreditation Evaluator • Future of Nursing WV Action Coalition • ACN State Grassroots Liaison • Andrew Chapel UMC, Board of Trustees
Crystal K. Minnick Clinical Faculty Non-tenure Track (HRSA Grant funded position)	<p>DNP – Shepherd University with FNP emphasis (entered program Fall 2015, anticipated graduation August 2018)</p> <p>BSN – Kaplan University (2015)</p> <p>ASN – Blue Ridge Community and Technical College (2011)</p> <p>BS – Frostburg State University (2008)</p> <p>AA – Hagerstown Community College (2008)</p> <p>LPN – James Rumsey Technical Institute (2003)</p>	<p>Certifications</p> <p>Professional Memberships</p>	<ul style="list-style-type: none"> • Developed clinical simulation labs • Taught clinical nursing student experiences • Developed patient quality and safety programs for medical school • Developed medical assistant and phlebotomy programs • Emergency department nursing • LPN experience in pediatrics, behavioral health, mother/baby, correctional nursing, geriatrics, community health 	<ul style="list-style-type: none"> • HRSA NEPQR Grant related activities with NURS 442 (Patient-centered Care: Population Health) 	<ul style="list-style-type: none"> • Childhood obesity • Diabetes • Interprofessional education 	<p>University</p> <p>School</p> <p>Community Service</p>
Barbara Mott Assistant Professor Tenure-track	<p>PhD – New Mexico State University (2014)</p> <p>MSN – Towson University (2010)</p> <p>BSN – Towson University (1989)</p>	<p>Certifications</p> <p>Professional Memberships</p> <ul style="list-style-type: none"> • WIN • TCNS • CANS • AWHONN • ISONG • Alpha Chi 	<ul style="list-style-type: none"> • Pediatrics • Maternity • Community Health 	<ul style="list-style-type: none"> • Nursing Informatics (NURS 335) • Patient-centered Care: Children and Families (NURS 430) • Performance Outcomes (NURS 431) 	<ul style="list-style-type: none"> • Empowerment of vulnerable populations • Maternal confidence • Maternal depression • Maternal stress • Nurse caring behaviors • Factor analyses of survey instruments • Genetics 	<p>University</p> <ul style="list-style-type: none"> • Scholarship and Financial Aid Committee <p>School</p> <ul style="list-style-type: none"> • Search Committee, Chair • Student Affairs Committee, Member <p>Community Service</p> <ul style="list-style-type: none"> • Hanover Hospital –

					<ul style="list-style-type: none"> • Teen dating violence 	<ul style="list-style-type: none"> • Member, Ethics Committee • Western Institute of Nursing – Abstract Reviewer • Council for the Advancement of Nursing Science – Abstract Reviewer • Trinity High School – Supervisor, Junior Service Retreats • Diocese of Harrisburg – Eucharistic Minister
<p>Amy F. Schaeffer</p> <p>Asst. Professor</p> <p>Tenure track</p>	<p>MSN – Nursing Education and Administration Mountain State University, 2011</p> <p>BSN – Shepherd University (1999)</p>	<p>Certifications Professional</p> <p>Memberships</p> <ul style="list-style-type: none"> • NLN • SNA Sustaining Member 	<ul style="list-style-type: none"> • Critical Care • Emergency Care • Cardiac Care • Prehospital Care Pediatrics 	<ul style="list-style-type: none"> • NURS 432 – Adult Health II • NURS 342 – Adult Health I • NURS 341 – Performance Outcomes III 	<ul style="list-style-type: none"> • Incivility in Nursing • Fostering Serenity in Near Death Patients • Appalachian Health Studies 	<p>University</p> <ul style="list-style-type: none"> • Civility Outreach Advisors Committee <p>School</p> <ul style="list-style-type: none"> • Newsletter <p>Community Service</p> <ul style="list-style-type: none"> • United Methodist Unity Committee • Bible School teacher and Mission Volunteer • Emergency Foster Care for BCAC Member of Baker Heights Volunteer Fire and Rescue, having earned Lifetime Member Status
<p>Barbara A. Spencer</p> <p>Assistant Professor</p> <p>Tenure-track</p>	<p>DNP – Rocky Mountain University of Health Professions (2015)</p> <p>MS/ANP – University of Maryland (2003)</p> <p>BSN – University of Maryland (1999)</p> <p>Associate Degree in</p>	<p>Certifications</p> <p>Certified Registered Nurse Practitioner (ANP-BC) since 2003</p> <p>Certified Hospice and Palliative Nurse since 2011</p> <p>Professional Memberships</p>	<ul style="list-style-type: none"> • Hospice and Palliative Care • Adult Primary Care • Wellness/Weight Management • Long Term Care/Gerontology • School Health • Medical Surgical 	<ul style="list-style-type: none"> • PCC: Population health (NURS 442) • PCC: Older Adult (NURS 332) • Advanced Health Assessment (NURS 540) – Clinical Instructor 	<ul style="list-style-type: none"> • Hospice and palliative care • Pain management • Nursing education 	<p>University</p> <p>School</p> <ul style="list-style-type: none"> • SOEPS Wellness Committee <p>Community Service</p>

	<p>Nursing (1992) – Frederick Community College</p> <p>MA in Educational Research, University of Pittsburgh (1884)</p> <p>BA in Psychology – Washington and Jefferson College (1979)</p>	<ul style="list-style-type: none"> • ANA • MNA • American Association of Nurse Practitioners • Nurse Practitioner Association of Maryland • Gerontological Advanced Practice Nurses Association • Sigma Theta Tau 	<p>Nursing</p> <ul style="list-style-type: none"> • Oncology Nursing 			
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Appendix II.D.2

Faculty to Student Clinical Ratio

Appendix II.D.2

Table: 2.3 Faculty to Student Clinical Ratio for the Past Three and Current Academic Year

	Academic Year 2012-2013		Academic Year 2013-2014		Academic Year 2014-2015		Academic Year 2015-2016	
	Fall 2012	Spring 2013	Fall 2013	Spring 2014	Fall 2014	Spring 2015	Fall 2015	Spring 2016
NURS 330: Patient-centered Care: Foundations of Nursing	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:6 to 1:10	1:6 to 1:10
NURS 331: Performance Outcomes I	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:6 to 1:10	1:6 to 1:10
NURS 332: Patient-centered Care: Older Adult	-	-	-	-	-	-	-	-
NURS 333: Health Assessment	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:6 to 1:10	1:9 to 1:10
NURS 334: Pharmacotherapeutics	-	-	-	-	-	-	-	-
NURS 335: Nursing Informatics	-	-	-	-	-	-	-	-
NURS 340: Patient-centered Care: Behavioral Health	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:9 to 1:10
NURS 341: Performance Outcomes II	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:9 to 1:10
NURS 342: Patient-centered Care: Adult Health I	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:7 to 1:10	1:9 to 1:10
NURS 344 Human Genetics	-	-	-	-	-	-	-	-
NURS 430: Patient-centered Care: Child and Families	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:5 to 1:10
NURS 431: Performance Outcomes III	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:5 to 1:10
NURS 432: Patient-centered Care: Adult Health II	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:5 to 1:10
NURS 437 Nursing Research and Evidenced Based Practice	-	-	-	-	-	-	-	-
NURS 438: Patient-centered Care: Childbearing Family	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:5 to 1:10	1:5 to 1:10
NURS 442: Patient-centered Care: Population Health	1:9 to 1:10	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:9 to 1:10
NURS 443: Leadership	-	-	-	-	-	-	-	-
NURS 444: Capstone Immersion Experience	1:9 to 1:10	1:8 to 1:10	1:6 to 1:10	1:7 to 1:10	1:6 to 1:10	1:7 to 1:10	1:9 to 1:10	1:6 to 1:10
NURS 445: NCLEX-RN Preparation	-	-	-	-	-	-	-	-

Appendix II.E.1
Preceptor Information

Appendix II.E.1

SHEPHERD UNIVERSITY

Department of Nursing Education

Guidelines for Preceptorship

Preceptor Qualifications:

- Hold a BSN degree.
- Current licensure as a Registered Nurse in the state where preceptorship occurs.
- Minimum of 2 years clinical experience and expertise in the clinical area where the student is assigned.
- Be willing to be a teacher, role model, and professional mentor for the student.
- May be a preceptor for up to two students a semester during different days and times.
- Have recommendation of his/her supervisor and approval of nursing faculty.
- Demonstrate effective teaching and communication skills.

Faculty Responsibilities:

- Approve student competencies for the course, NURS 444 (Capstone).
- Develop and update course syllabus for the course, NURS 444.
- Recruit and approve preceptors.
- Orient preceptors to course, NURS 444.
- Coordinate, monitor and supervise preceptorship experience ensuring students meet all course requirements.
- Serve as consultant, supporter, and mentor to preceptor.
- Faculty may be responsible for supervising the preceptor experiences for up to ten students per section. Faculty must be available to the student and reachable by telephone while students are in the clinical site.
- Make a minimum of two visits to clinical site while the student is completing the clinical experience.
- Evaluate student, preceptor, and preceptor experience.

Preceptor Responsibilities:

- Facilitate the student's orientation to the clinical setting.
- Collaborate with the student to develop a schedule which meets the clinical hours for the course.
- Meet with faculty for preceptor orientation (review the syllabus and discuss strategies to meet ISOs and course competencies).
- Serve as a teacher, role model, and professional mentor.
- Select learning experiences to help the student meet course competencies.
- Provide ongoing feedback to student and to faculty.
- Participate in evaluation of student and preceptorship experience.
- Preceptor will be physically present on the unit and available to the student at all times that the student is performing direct patient care.

Student Responsibilities:

- Complete all orientation requirements of the clinical agency prior to attending clinical experience.
- Provide the preceptor with the course syllabus which includes written intended student outcomes (ISOs) and competencies prior to the experience.

- Meet all Shepherd University Department of Nursing Education's requirements for clinical coursework prior to the beginning of the course.
- Collaborate with preceptor to develop a schedule which meets the clinical hours for the course.
- Email agreed upon schedule to the assigned faculty member prior to beginning the clinical experience.
- Notify preceptor and faculty of any changes to the agreed upon schedule.
- Collaborate with preceptor to develop daily intended student outcomes (ISOs).
- Be alert to learning opportunities in the clinical area.
- Be respectful of the preceptor's decision to allow, or not allow the student to perform skills.
- Be prepared for each clinical experience.
- Meet all course requirements including, 120 hours of direct patient care, develop and present an EBP specific to the agency assigned.
- Know limitations of the student role.
- Adhere to policies of Shepherd University, Department of Nursing Education and the assigned agency.
- Student may practice at multiple sites if approved by the preceptor and the facilities, but may not practice unless the single designated preceptor is available.
- Student must be enrolled in the course of the program in which the preceptor experience is a part and may not be reimbursed for nursing services from the agency in which the experience is received.
- Provide ongoing feedback to the assigned preceptor and faculty member.
- Participate in final self-evaluation.
- Complete agency, preceptor, and faculty evaluation.

Appendix III.A.1

BSN Curriculum Plan of Study

Academic Advisement Form—Generic Students

Effective June 2014

Name _____ Email _____ Phone _____
 Advisement Date _____ Anticipated Admission _____ Anticipated Graduation _____ Advisor _____

SEMESTER*	COURSE / TIER	COURSE NAME	CREDITS	NOTES
		First Year (Pre-accept.), Fall Semester (14 cr.)		
_____	Tier One	NUPR 100 First Year Experience Nursing	1	
_____	MATH #	MATH 101, 105 or 154	3	
_____	Core Curr / Tier One	CHEM 120 College Chemistry I	3	
_____	Core Curr / Tier One	CHEM 120L College Chemistry I Lab (LS) Required	1	
_____	Core Curr / Tier One	ENGL 101 Writing and Rhetoric I	3	
_____	Core Curr / Tier Two	SOCI 203 General Sociology (SO-MD) Required	3	
		First Year (Pre-accept.), Spring Semester (16-17 cr.)		
_____	Core Curr / Tier One	ENGL 102 Writing and Rhetoric II	3	
_____	Core Curr / Tier One	CHEM 122 College Chemistry II	3	
_____	Core Curr / Tier One	CHEM 122L College Chemistry II Lab (LS) Required	1	
_____	Core Curr / Tier Two	Choose AR w/Advisor	3	
_____	Core Curr / Tier Two	PSYCH 250, MATH 314 or BADM 224	3-4	
_____	Core Curr / Tier Two	Choose HM-GL w/Advisor	3	
		Second Year (Pre-accept.), Fall Semester (16 cr.)		
_____	BIOL 225	Human Anatomy & Physiology I	3	
_____	BIOL 227	Human Anatomy & Physiology I Lab	1	
_____	Core Curr / Tier Two	Choose HM w/Advisor	3	
_____	Core Curr / Tier Two	PSYC 101 Intro to Psychology (SO-MD) Required	3	
_____	Core Curr / Tier Two	Choose SO-CK w/Advisor	3	
_____	Core Curr / Tier One	History	3	
		Second Year (Pre-accept), Spring Semester (13 cr.)		
_____	BIOL 226	Human Anatomy & Physiology II	3	
_____	BIOL 228	Human Anatomy & Physiology II Lab	1	
_____	BIOL 302	Microbiology with Lab	4	
_____	FACS 328	Nutrition & Diet Therapy	2	
_____	NURS 310	Lifespan Health Promotion in Nursing	3	
		Third Year, 1st Semester (16 cr.)		
_____	NURS 330	Patient-Centered Care: Foundations of Nursing	4	
_____	NURS 331	Performance Outcomes I	1	
_____	NURS 332	Patient-Centered Care: Older Adult	2	
_____	NURS 333	Health Assessment	3	
_____	NURS 334	Pharmacotherapeutics	3	
_____	NURS 335	Nursing Informatics	3	
		Third Year, 2nd Semester (15 cr.)		
_____	NURS 340	Patient-Centered Care: Behavioral Health	5	
_____	NURS 341	Performance Outcomes II	1	
_____	NURS 342	Patient-Centered Care: Adult Health I	6	
_____	NURS 344	Human Genetics with Ethical Applications	3	
		Fourth Year, 1st Semester (17 cr.)		
_____	NURS 430	Patient-Centered Care: Children and Families	4	
_____	NURS 431	Performance Outcomes III	1	
_____	NURS 432	Patient-Centered Care: Adult Health II	6	
_____	NURS 437	Nursing Research & Evidence-Based Practice (WM)	3	
_____	NURS 438	Patient-Centered Care: Maternal/Newborn	3	
		Fourth Year, 2nd Semester (13 cr.)		
_____	NURS 442	Patient-Centered Care: Population Health	5	
_____	NURS 443	Leadership	3	
_____	NURS 444	Capstone Immersion Experience	4	
_____	NURS 445	NCLEX-RN Preparation	1	

* Enter *either* semester in which the course was taken or is scheduled to be taken at Shepherd (e.g., FA11) *or* T for a transferred course.

Depending on your math placement scores, additional math may be required to ensure success.

Date: 6/24/14

Academic Advisement Form - Generic Students

Effective Spring 2016

Name _____ E-mail _____ Phone _____
 Advisement Date _____ Anticipated Admission _____ Anticipated Graduation _____ Advisor _____

SEMESTER*	COURSE / TIER	COURSE NAME	CREDITS	NOTES
		First Year (Pre-accept.), Fall Semester (14 cr.)		
_____	Tier One	FYEX First Year Experience	1	
_____	MATH #	MATH 101, 105 or 154	3	
_____	Core Curr / Tier One	CHEM 120 College Chemistry I	3	
_____	Core Curr / Tier One	CHEM 120L College Chemistry I Lab (LS) Required	1	
_____	Core Curr / Tier One	ENGL 101 Writing and Rhetoric I	3	
_____	Core Curr / Tier Two	SOCI 203 General Sociology (SO-MD) Required	3	
		First Year (Pre-accept.), Spring Semester (16-17 cr.)		
_____	Core Curr / Tier One	ENGL 102 Writing and Rhetoric II	3	
_____	Core Curr / Tier One	CHEM 122 College Chemistry II	3	
_____	Core Curr / Tier One	CHEM 122L College Chemistry II Lab (LS) Required	1	
_____	Core Curr / Tier Two	Choose AR w/Advisor	3	
_____	Core Curr / Tier Two	PSYCH 250, MATH 314 or BADM 224	3-4	
_____	Core Curr / Tier Two	Choose HM-GL w/Advisor	3	
		Second Year (Pre-accept.), Fall Semester (16 cr.)		
_____	BIOL 225	Human Anatomy & Physiology I	3	
_____	BIOL 227	Human Anatomy & Physiology I Lab	1	
_____	Core Curr / Tier Two	Choose HM w/Advisor	3	
_____	Core Curr / Tier Two	PSYC 101 Intro to Psychology (SO-MD) Required	3	
_____	Core Curr / Tier Two	Choose SO-CK w/Advisor	3	
_____	Core Curr / Tier One	History	3	
		Second Year (Pre-accept), Spring Semester (13 cr.)		
_____	BIOL 226	Human Anatomy & Physiology II	3	
_____	BIOL 228	Human Anatomy & Physiology II Lab	1	
_____	BIOL 302	Microbiology with Lab	4	
_____	FACS 328	Nutrition & Diet Therapy	2	
_____	NURS 310	Lifespan Health Promotion in Nursing	3	
		Third Year, 1st Semester (16 cr.)		
_____	NURS 330	Patient-Centered Care: Foundations of Nursing	4	
_____	NURS 331	Performance Outcomes I	1	
_____	NURS 332	Patient-Centered Care: Older Adult	2	
_____	NURS 333	Health Assessment	3	
_____	NURS 334	Pharmacotherapeutics	3	
_____	NURS 335	Nursing Informatics	3	
		Third Year, 2nd Semester (15 cr.)		
_____	NURS 340	Patient-Centered Care: Behavioral Health	5	
_____	NURS 341	Performance Outcomes II	1	
_____	NURS 342	Patient-Centered Care: Adult Health I	6	
_____	NURS 344	Human Genetics with Ethical Applications	3	
		Fourth Year, 1st Semester (17 cr.)		
_____	NURS 430	Patient-Centered Care: Children and Families	4	
_____	NURS 431	Performance Outcomes III	1	
_____	NURS 432	Patient-Centered Care: Adult Health II	6	
_____	NURS 437	Nursing Research & Evidence-Based Practice (WM)	3	
_____	NURS 438	Patient-Centered Care: Maternal/Newborn	3	
		Fourth Year, 2nd Semester (13 cr.)		
_____	NURS 442	Patient-Centered Care: Population Health	5	
_____	NURS 443	Leadership	3	
_____	NURS 444	Capstone Immersion Experience	4	
_____	NURS 445	NCLEX-RN Preparation	1	

* Enter *either* semester in which the course was taken or is scheduled to be taken at Shepherd (e.g., FA11) *or* T for a transferred course.# Depending on your math placement scores, additional math may be required to ensure success.

Appendix III.A.2

RN-to-BSN Curriculum Plan of Study

Department of Nursing Education
RN to BSN Advising Form

Advisor _____

		Core Curriculum	Grade	Comments
Subject	Semester	Title	Credits	
FYEX	_____	First Year Experience *	1	Normally waived, needs course waiver
MATH	_____	Mathematics Core	3	MATH 314 meets both Math and Stats
Statistics	_____	Statistics course	3 or 4	MATH 314, BADM 224 or PSYC 250
ENGL 101	_____	Writing and Rhetoric I	3	
ENGL 102	_____	Writing and Rhetoric II	3	
CHEM 120	_____	College Chemistry	3	
CHEM 120L	_____	College Chemistry Lab	1	
CHEM 122	_____	College Chemistry II	3	
CHEM 122L	_____	College Chemistry II Lab	1	
BIOL 225	_____	Human A & P I	3	
BIOL 227	_____	Human A & P I Lab	1	
BIOL 226	_____	Human A & P II	3	
BIOL 228	_____	Human A & P II Lab	1	
BIOL 302	_____	Microbiology	4	
	_____	Art	3	
	_____	Wellness	3	
	_____	Humanities	3	
	_____	Humanities	3	
PSYC 101	_____	Introduction to Psychology	3	
SOCI 203	_____	General Sociology	3	
	_____	Social Science	3	
	_____	History	3	
FACS 328	_____	Nutrition & Diet Therapy *	2	*or alternate course/requires a course waiver
NURS 310	_____	Health Promotion #	(3)	NURS 510 waives NURS 310 – waiver needed
Total			56	

Admission Date _____

Nursing Courses

Subject	Semester	Title	Credits
NURS 333	_____	Health Assessment	3
NURS 335	_____	Nursing Informatics	3
NURS 344	_____	Human Genetics & Ethics	3
NURS 437	_____	Nursing Research and EBP	3
NURS 442	_____	PCC: Population Health	5
NURS 443	_____	Leadership	3
NURS 510	_____	Health Care Delivery Systems	3
Core Curriculum Credits *			56
Nursing Credits Taken *			23
Nursing Credits Awarded *			41
Total Program Credits			120

*Credit numbers in each category may vary, but will equal at least 120

Appendix III.D.1

RN-to-BSN Cohort Nursing Course Progression Plan

Appendix III.D.1

RN-to-BSN Cohort Nursing Course Progression Plan

Semester	Course
Summer I	NURS 333: Health Assessment
Summer II	NURS 335: Nursing Informatics
Fall	NURS 344: Human Genetics and Ethical Applications (1 st 7 weeks) NURS 443: Leadership (2 nd 7 weeks)
Spring	NURS 437: Nursing Research and Evidence-based Practice (1 st 7 weeks) NURS 442: Patient-centered Care: Population Health (2 nd 7 weeks)
Summer	NURS 510: Health Care Delivery System: Political, Social, and Economic Influences

*Students will also need to complete all required pre-requisite courses in order to graduate.

Appendix IV.A.1

Systematic Evaluation Plan

**Appendix IV.A.1
Shepherd University
Department of Nursing Education
Systematic Evaluation Plan**

Standard I – Program Quality: Mission and Governance					
Key Element	Data Source	Expected Outcome	Process	Timeframe	Accountability
<p>I-A: The mission, goals and expected program outcomes are:</p> <ul style="list-style-type: none"> • congruent with those of the parent organization and • consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. 	<p>University Vision, Mission, and Core Values SOEPS Vision, Mission, and Core Values DNE Vision, Mission, Goals and Expected Student Outcomes.</p> <p><i>The Essentials of Baccalaureate Education for Professional Nursing Practice (American Association of Colleges of Nursing [AACN], 2008).</i></p> <p><i>Nursing: Scope and Standards of Practice (American Nurses Association [ANA], 2015)</i></p> <p><i>Guide to Code of Ethics for Nurses</i></p>	<p>Mission, goals and expected outcomes are congruent with the institution and accrediting/regulatory bodies</p>	<p>Reviewed every 4 years</p> <p>Reviewed every 4 years</p>	<p>Reviewed: May 2014 Next review May 2018</p> <p>Reviewed: May 2014 Next review May 2018</p>	<p>Department of Nursing Education (DNE) Director/chair DNE Curriculum Committee DNE Faculty</p> <p>DNE director/chair DNE Curriculum Committee DNE Faculty</p>

	<p><i>with Interpretative Statements</i> (ANA, 2015)</p> <p>West Virginia Board of Examiners for Registered Professional Nurses (WVBOERN) Standards for Professional Practice (Title 19, Series 10)</p> <p>NCLEX-RN Test Blueprint (2016)</p> <p>Quality and Safety Education for Nurses (QSEN) Pre-Licensure KSAS (qsen.org)</p>		Reviewed when published and compared with curriculum.	Reviewed Fall 2015.	DNE director/chair BSN Curriculum Committee DNE Faculty
<p>I-B: The mission, goals, and expected outcomes are reviewed periodically and revised as appropriate to reflect:</p> <ul style="list-style-type: none"> Professional nursing standards and guidelines The needs and expectations of the community of interest. 	<p>Students</p> <p>Nursing faculty and staff</p> <p>Alumni</p> <p>Nursing Advisory Council</p> <p>Professional and Community Groups</p> <p>University</p> <p>Regulatory/Accrediting Bodies</p>	Reviewed as scheduled or as needed based on changes to relevant standards.	Reviewed every 4 years	Reviewed: May 2014 Next review: May 2018	DNE director/chair DNE Curriculum Committee DNE Faculty
<p>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.</p>	<p>University Faculty Handbook</p> <p>DNE Faculty Annual Reports</p> <p>DNE Faculty CVs</p> <p>New Faculty Learning Community</p>	<p>100% of Faculty participate in professional service</p> <p>75% of Faculty are doctoral prepared</p> <p>25% of Faculty publish</p> <p>50% of Faculty present</p> <p>100% of Faculty participate in continuing education</p> <p>50% of Faculty hold</p>	<p>Faculty report outcomes in annual report due to university in March of each year.</p> <p>Reports are reviewed by both the SOEPS Dean and DNE Chair.</p> <p>Outcomes are referenced in the</p>	Annually: March	<p>Dean, SOEPS</p> <p>DNE director/chair outcomes review</p> <p>DNE Faculty: achieving and reporting outcomes by annual due date.</p>

		national certification 25% Faculty maintain active practice	faculty members' annual evaluations.		
I-D: Faculty and students participate in program governance.	DNE Bylaws DNE Faculty Reference Manual DNE Department Minutes University Organizational Chart SOEPS Committee Election Results	Student representatives are identified for all governance committees and invited to participate	Student representatives from each level are identified and invited to the DNE Committee and Faculty Meetings.	Student Representatives are identified at the beginning of each Fall and Spring semester	DNE Faculty
I-E: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	DNE webpage University webpage BSN Student Handbook University Catalog	All documents and publications are accurate.	DNE Department meeting	Annually, end of Spring semester	University Communications DNE director/chair RN to BSN Coordinator Student Affairs Committee
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: <ul style="list-style-type: none"> • Fair and equitable. • Published and accessible. • Reviewed and revised as necessary to foster program improvement. 	University Catalog University Student handbook BSN Student handbook DNE webpage	University and DNE policies are congruent and the exceptions are noted in the BSN Student Handbook.	Reviewed annually in the Spring semester.	Reviewed for 2015, next review Spring 2016	Office for Academic Affairs DNE director/chair RN-to-BSN Coordinator Student Affairs Committee

Standard II – Program Quality: Institutional Commitment and Resources

Key Element	Data Source	Expected Outcome	Process	Timeframe	Accountability
II-A: Fiscal and physical resources are sufficient to enable the program of fulfill its mission, goals, and expected student outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	DNE Department Meeting Minutes Fiscal resources <ul style="list-style-type: none"> • Budget • Liability Insurance • Faculty Salaries • AACN Salary Survey University Faculty Handbook Physical Resources <ul style="list-style-type: none"> • Erma Ora Byrd Hall • Classrooms • Computer lab • Simulation labs • Faculty offices • Martinsburg Center Administrative Support <ul style="list-style-type: none"> • Administrative Assistants • Clinical Nurse Educators Clinical Agencies Grant funding Physical resources: SU Campus <ul style="list-style-type: none"> • Classrooms • Simulation labs • Clinical agencies • Technology Physical resources: Martinsburg Center <ul style="list-style-type: none"> • Classrooms • Clinical agencies • Technology 	Resources are sufficient.	Review DNE fiscal and physical resources	Reviewed Annually or Semi-Annually	DNE director/chair Dean, SOEPS Vice President for Academic Affairs University budget committee DNE Clinical Skills Lab Coordinator DNE Faculty
II-B: Academic support services are sufficient to	University library Student Support Services	Resources are sufficient.	Faculty and students are made	Annually	DNE director/chair DNE Student

<p>ensure quality and are evaluated on a regular basis to meet program and student needs.</p>	<ul style="list-style-type: none"> • Center for Teaching and Learning • Academic support • TRIO/SSS program • Office of Career Development • Office of Multicultural Student Affairs • Veterans Support Services • Office of Disability Services • Health Center • Wellness Center <p>Information Technology Services Admissions Financial Aid Academic Advising Research Support</p> <ul style="list-style-type: none"> • Institutional Review Board <p>Martinsburg Center Resources University webpages</p>		<p>aware of services through University website, University Student Handbook, University student orientation, BSN student orientation, and BSN Student Handbook. Faculty is made aware of these resources through New Faculty Learning Community.</p> <p>Reviewed with newly admitted nursing students each Semester and through the BSN Student Handbook</p>		<p>Affairs Committee DNE Faculty</p>
<p>II-C: The chief nurse administrator is:</p> <ul style="list-style-type: none"> • a registered nurse • 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 • is vested with administrative authority • provides effective leadership 	<p>Resume/CV of Chief Nurse Administrator. Director/Chair position description</p>	<p>The Chief Nurse Administrator is:</p> <ul style="list-style-type: none"> • An RN • Holds a graduate degree in nursing • Holds a doctoral degree if the program offers a graduate program in nursing • Is academically and experientially qualified • Is vested with administrative authority • Provides effective leadership 	<p>Qualifications of incumbent are reviewed by the School Dean and the Vice President for Academic Affairs.</p> <p>DNE faculty complete chair annual evaluation.</p>	<p>Annually, March</p>	<p>VPAA Dean, SOEPS WVBOERN</p>

<p>II-D: Faculty are: a. sufficient in number to accomplish the mission, goals, and expected outcomes; b. academically prepared for the areas in which they teach; c. experientially prepared for the areas in which they teach.</p>	<p>WVBOERN Regulations and Annual Report University Faculty Handbook Faculty Annual Reports DNE Faculty Reference Manual Faculty CVs DNE CNE Handbook CNE CVs Licensure Verification: WV and State of Clinical Site WVBOERN Regulations and Annual Report Faculty/CNE to student clinical ratios maximum for BSN program of 1:10</p>	<p>Faculty are: Sufficient in number Academically prepared Experientially prepared</p>	<p>Reviewed annually by DNE director/chair and reported to WVBOERN</p>	<p>Reviewed every Fall and Spring semester.</p>	<p>Vice President for Academic Affairs Dean, SOEPS DNE director/chair WVBOERN</p>
<p>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.</p>	<p>Guidelines for Preceptorship</p>	<p>Preceptors have a minimum of a BSN and 2 years clinical experience.</p>	<p>Reviewed at time of engagement with preceptor.</p>	<p>Reviewed each time preceptor is assigned to a student.</p>	<p>Capstone Coordinator</p>
<p>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.</p>	<p>University Faculty Handbook Center for Teaching and Learning University course evaluation process Professional Development Service Practice Research University Faculty Awards DNE Faculty Reference Manual Faculty Annual Reports Faculty Contracts Student Evaluations Course Evaluations</p>	<p>Teaching, scholarship, service, and practice are supported.</p>	<p>Reviewed by: DNE director/chair Dean, SOEPS Vice President for Academic Affairs</p>	<p>Annually – March</p>	<p>DNE director/chair Dean, SOEPS Vice President for Academic Affairs</p>

	Professional Development SU Faculty Awards				
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Standard III – Program Quality: Curriculum and Teaching-Learning Practices

Key Element	Data Source	Expected Outcome	Process	Timeframe	Accountability
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.	University Vision, Mission, and Core Values SOEPS Vision, Mission, and Core Values DNE Vision, Mission, Core Values, Program Goals, and Expected Outcomes University Core Curriculum BSN Curriculum RN to BSN Curriculum	Clear statements of expected student outcomes.	Reviewed every 4 years	Reviewed: May 2014 Next review May 2017	Vice President for Academic Affairs Dean, SOEPS DNE director/chair BSN Curriculum Committee RN to BSN Coordinator DNE Faculty
III-B: Curricula are developed, implemented and revised to reflect relevant professional standards and guidelines which are clearly evident within the curricula and within the expected student outcomes (individual and aggregate).	BSN Curriculum RN to BSN Curriculum <i>Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) <i>Nursing: Scope and Standards of Practice</i> (ANA, 2015) <i>Guide to the Code of Ethics for Nurses with Interpretative Statements</i> (ANA, 2015) West Virginia Board of Examiners for Registered Professional Nurses (WVBOERN) Standards for Professional Practice (Title 19, Series 10) NCLEX-RN Detailed Test Plan-Educator (2016) Quality and Safety Education for Nurses Pre-Licensure KSAS (qsen.org.)	Curriculum reflects current, relevant professional standards and guidelines. Review new blueprint in comparison to current curriculum.	Reviewed every 4 years Reviewed every 3 years.	Reviewed: May 2014 Next review May 2017 Reviewed Fall 2015 Next Review 2018	Vice President for Academic Affairs Dean, SOEPS DNE director/chair BSN Curriculum Committee RN to BSN Coordinator DNE Faculty DNE director/chair BSN Curriculum DNE Faculty
III-C: The curriculum is logically structured to achieve expected student	University Core Curriculum BSN pre- and co-requisites BSN Curriculum RN to BSN Curriculum	Curriculum progresses from simple to complex and wellness to illness concepts.	Reviewed every 4 years	Reviewed: May 2014 Next review May 2017	Vice President for Academic Affairs Dean, SOEPS DNE director/chair

<p>outcomes.</p> <ul style="list-style-type: none"> Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. 	<p>DNE mission, goals and expected student outcomes.</p>				<p>BSN Curriculum Committee RN to BSN Coordinator DNE Faculty University Core Curriculum Committee</p>
<p>III-D: Teaching-Learning practices and environments support the achievement of expected student outcomes.</p>	<p>BSN Course Syllabi RN to BSN Course Syllabi Student Course Evaluations DNE Annual Course Summary Classrooms Simulation labs Clinical Learning Activities WVBOERN Virginia Board of Nursing Regulations</p>	<p>Expected student outcomes are achieved.</p>	<p>Course evaluations are reviewed each semester by the Dean, SOEPS; DNE director/chair; course coordinators; and faculty.</p>	<p>Reviewed the end of each semester and reported annually (Nov. 2015)</p>	<p>University Office of Institutional Research Vice President for Academic Affairs Dean, SOEPS DNE director/chair RN to BSN Coordinator BSN Curriculum Committee DNE Faculty</p>
<p>III-E: The curriculum includes planned clinical practices experiences that:</p> <ul style="list-style-type: none"> enable student to integrate new knowledge are evaluated by faculty. 	<p>BSN course syllabi RN to BSN course syllabi Clinical Schedules – number of clinical hours Student clinical evaluations Student clinical paperwork DNE Annual Course Summary Clinical affiliation agreements</p>	<p>Curriculum includes planned clinical practices experiences that enable students to integrate knowledge and attain program outcomes.</p> <p>Clinical practice experiences are evaluated by faculty.</p>	<p>Faculty members evaluate clinical sites at the end of each semester.</p>	<p>Reviewed at the end of each semester, reported annually on the DNE Annual Course Summary</p>	<p>DNE director/chair RN to BSN Coordinator BSN Curriculum Committee DNE Faculty WVBOERN</p>
<p>III-F: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.</p>	<p>Students:</p> <ul style="list-style-type: none"> Course evaluations Class representatives input at DNE committee meetings <p>Faculty:</p> <ul style="list-style-type: none"> Community/professional advisory boards Attendance at workshops/conferences <p>Staff</p>	<p>Curricular changes stem from formal and informal feedback from communities of interest.</p>	<p>Reviewed Annually: DNE Nursing Advisory Council</p>	<p>Reviewed: Dec. 2015 Next review Fall, 2016</p>	<p>Dean, SOEPS DNE director/chair BSN Curriculum Committee BSN Evaluation Committee DNE Faculty</p>

	<p>Alumni:</p> <ul style="list-style-type: none"> • Formal and informal feedback • EBI survey <p>DNE Nursing Advisory Council Clinical agencies Professional and Community Groups University assessment process Regulatory and Accreditation bodies</p>				
<p>III-G: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures are defined and consistently applied.</p>	<p>BSN course syllabi RN to BSN course syllabi DNE Annual Course Summary Course Evaluations Course Assignments and Grades BSN Student Handbook DNE Nursing Advisory Council</p>	<p>Expected student outcomes are achieved at the individual level.</p> <p>Students receive information about expected outcomes.</p>	<p>Reviewed at the end of each semester.</p> <p>BSN Handbook reviewed and updated annually (Fall)</p>	<p>Each semester</p> <p>Reviewed: Aug. 2015 Next review: Aug. 2016</p>	<p>DNE director/chair BSN Curriculum Committee RN to BSN Coordinator DNE Faculty DNE CNEs</p>
<p>III-H: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	<p>DNE Department Minutes DNE Annual Course Summary BSN course syllabi RN to BSN course syllabi ATI Testing University Assessment Process Student feedback Faculty meetings University course/faculty Evaluation</p>	<p>Curriculum and teaching-learning practices promote student learning.</p>	<p>Reviewed biannually and reported annually</p>	<p>Reviewed biannually and reported annually</p>	<p>DNE director/chair BSN Curriculum Committee RN to BSN Coordinator DNE Faculty</p>

Standard IV – Program Effectiveness: Assessment and Achievement of Program Outcomes

Key Element	Data Source	Expected Outcome	Process	Timeframe	Accountability
IV-A: A systematic process is used to determine program effectiveness.	BSN <ul style="list-style-type: none"> • ATI examinations • Completion rates • First-time NCLEX-RN pass rates • Student Satisfaction <ul style="list-style-type: none"> • Course/Faculty Evaluation • Graduate Survey • Employment rates • Alumni Satisfaction • Employer Satisfaction RN-to-BSN <ul style="list-style-type: none"> • Student Satisfaction Survey • Alumni Satisfaction Survey • Employer Satisfaction Survey • Completion Rates • Employment Rates University Assessment Plan	Evaluation of program effectiveness follows approved plan.	Reviewed yearly	Reviewed yearly Last Review: May 2015 Next Review: May 2016	Dean, SOEPS DNE director/chair RN to BSN Coordinator BSN Evaluation Committee BSN Curriculum Committee DNE Faculty
IV-B: Program completion rates demonstrate program effectiveness.	BSN Completion Rates RN to BSN Completion Rates WVBOERN Self-Study Student Files AACN Annual Report University Assessment Process	The completion rate benchmark is that 80% of students admitted to the nursing program graduate in three years.	BSN: Each student beginning the first semester of the program (level 1 students) is tracked through completion or exit from the program RN to BSN: Each student	BSN: Reviewed Fall and Spring semesters. Reported annually. RN to BSN: Fall, Spring, and Summer semesters based on	Vice President for Academic Affairs Dean, SOEPS DNE director/chair BSN Evaluation Committee DNE Faculty

			beginning the first semester of the program is tracked through completion or exit from the program.	admission to the program. Reported annually.	
IV-C: Licensure and certification pass rates demonstrate program effectiveness.	National Council of State Boards of Nursing (NCSBN) University Assessment Plan	A minimum of 80% of test-takers will pass the NCLEX-RN on the first attempt.	The DNE Chair tracks progress of graduates through application to the various state boards of nursing to passing the NCLEX-RN.	Annually: Tracked and reported.	DNE director/chair WVBOERN
IV-D: Employment rates demonstrate program effectiveness.	Self-report of employment from recent graduates. EBI Alumni Survey implemented with the Fall 2014 and Spring 2015 graduates.	BSN: 90% of graduates will be employed as registered nurses. RN-to-BSN: 90% of graduates will be employed as registered nurses.	Measured 6 months following graduation for those nurses who have passed the NCLEX-RN exam and actively sought employment as a Registered Nurse. Tracked by self-report or through EBI Alumni Survey.	Information tracked 6 months following graduation and reviewed annually.	DNE director/chair BSN Evaluation Committee DNE Faculty
IV-E: Program outcomes demonstrate program effectiveness.	ATI Exams ATI Comprehensive Predictor	ATI Exams ATI Comprehensive Predictor Scores	70% of ATI Proctored exams will have an Adjusted Group Score Above Individual Mean Score Nationally.	Fall and Spring semesters End of Fall and Spring Semester	DNE director/chair Evaluation Committee DNE Faculty DNE director/chair Evaluation Committee DNE Faculty

	<p>Student Satisfaction Faculty/Course Evaluation</p> <p>Graduation Survey</p> <p>Employer Satisfaction</p> <p>University Assessment Plan</p> <p>RN-to-BSN Program Outcomes</p> <ul style="list-style-type: none"> • DNE Nursing Advisory Council • EBI exit and alumni survey (implemented May 2015) 	<p>Student Satisfaction Faculty/Course Evaluations – DNE Expected Mean will be 4.0 or higher on a scale of 1 (low) to 5 (high)</p> <p>Graduation Survey</p> <p>Employer Satisfaction</p> <p>University Assessment Plan</p>	<p>Questions selected for review are 11, 12, 13,14, 15,15,17,18, and 21</p> <p>80% of students will report satisfaction with the nursing program.</p> <p>Annual focus group of DNE Advisory Council</p> <p>Completed yearly.</p>	<p>Every semester</p> <p>Fall 2014 implemented EBI survey</p> <p>Focus group biannual</p> <p>Completed yearly</p>	<p>DNE director/chair Evaluation Committee DNE Faculty</p> <p>Dean, SOEPS DNE director/chair DNE faculty RN to BSN Coordinator</p> <p>DNE director/chair Evaluation Committee DNE Faculty RN to BSN Coordinator</p> <p>DNE director/chair Evaluation Committee DNE Faculty</p> <p>DNE director/chair Evaluation Committee DNE Faculty Office of Teaching and Learning</p>
IV-F: Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.	<p>University Faculty Handbook</p> <p>Annual Evaluations</p> <p>Promotion and Tenure Merit</p> <p>Effective Teaching Service</p> <p>Percentage of Doctorally Prepared Faculty</p> <p>Percentage of Faculty Who Publish</p>	<p>All faculty will follow the promotion and tenure guidelines as established by the University.</p> <p>100% of faculty will participate in professional service.</p>	<p>The SOEPS Dean and DNE director/chair review faculty annual reports and/or data collected by evaluation committee.</p>	<p>Annually in Spring semester.</p>	<p>Dean, SOEPS DNE director/chair DNE Evaluation Committee DNE Faculty SOEPS Promotion and Tenure Committee University</p>

	<p>Annually</p> <p>Percentage of Faculty Who Presented Papers</p> <p>Percentage of Faculty Who Participate in Continuing Education</p> <p>Percentage of Faculty Who Are Nationally Certified</p> <p>Percentage of Faculty Who Maintain an Active Practice (Academic Year 2015016)</p>	<p>75% of faculty will be doctorally prepared (was 50%, increased to 75% beginning if Fall 2015)</p> <p>25% of faculty will publish annually</p> <p>50% of faculty will present papers</p> <p>100% of faculty will participate in continuing education</p> <p>50% of faculty will be nationally certified</p> <p>25% of faculty will maintain an active practice (implemented Fall 2015)</p>			<p>Professional Status Committee</p> <p>Vice President for Academic Affairs</p> <p>President</p>
<p>IV-G: The program defines and reviews formal complaints according to established policies.</p>	<p>University Student Handbook</p> <p>University Faculty Handbook</p>	<p>All student complaints are reviewed in accordance with institutional policy.</p>	<p>All complaints reviewed by DNE director/chair</p>	<p>Annually</p>	<p>DNE director/chair</p>
<p>IV-H: Data analysis is used to foster ongoing program improvement.</p>	<p>Formal Complaints</p> <p>University Assessment Plan</p> <p>DNE Department Meeting Minutes</p> <p>NCLEX-RN First-Time Pass Rates</p> <p>Completion Rates</p> <p>Employment Rates</p> <p>ATI Examinations</p> <p>ATI Comprehensive Predictor Results</p> <p>Alumni Survey</p> <p>EBI Exit Survey</p> <p>DNE Nursing Advisory Council</p>	<p>Data are collected, presented, analyzed, and used in making program changes.</p>	<p>The DNE director/chair and Evaluation Committee lead the collection and presentation of data.</p> <p>Faculty considers data and recommend/approve program improvements.</p>	<p>Annually</p>	<p>DNE director/chair</p> <p>DNE Evaluation Committee</p> <p>DNE Faculty</p>

	EBI Alumni Survey DNE Annual Faculty Reports DNE Faculty and CNE CVs Student Course/Faculty Evaluations				
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Appendix IV.A.2
ATI Exam Results

Appendix IV.A.2 Table 1

Fall 2013: 2010 ATI Examinations

Level of Student	Course/Exam	Adjusted Group Score	Group Mean National	Group Mean Program	Group National % Rank	Group Program % Rank	Group Proficiency Level			
							3	2	1	Below 1
Level 1	NURS 330 RN Fundamentals	71.0%	69.2%	68.8%	66	68	7	37	13	3
	NURS 334 RN Pharmacology	52%	60.7%	59.2%	13	15	0	8	27	22
Level 2	NURS 340 RN Mental Health	68.6%	66.4%	66.9%	68	64	7	18	10	2
Level 3	NURS 430 RN Nursing Care of Children	66.3%	64.1%	63.4%	66	70	11	13	14	1
	NURS 432 RN Adult Medical Surgical	64.5%	64.9%	63.9%	44	50	2	20	15	2
	NURS 438 RN Maternal-Newborn	74.2%	68.2%	67.7%	88	89	17	21	2	0
Level 4	NURS 442 RN Community Health Nursing	75.6%	65.5%	94.1%	Data not reported by ATI	Data not reported by ATI	13	19	1	1
	NUS 443 RN Leadership	78.1%	72.5%	72.3%	91	92	6	21	7	0
	NURS 445 RN Comprehensive Predictor	74.7%	69.7%	68.9%	88	88				

Appendix IV.A.2 Table 2

Spring 2014: 2013 ATI Examinations

****Group Data not available for 2013 ATI Exams****

Level of Student	Course/Exam	Adjusted Group Score	Individual Mean National	Individual Mean Program	% Above Individual Mean National	% Above Individual Mean Program	Group Proficiency Level			
							3	2	1	Below 1
Level 1	NURS 330 RN Fundamentals	64.8%	62.8%	63.1%	65.9%	65.9%	3	24	11	3
	NURS 334 RN Pharmacology	56.6%	67.3%	66.2%	18.9%	21.6%	1	3	17	16
Level 2	NURS 340 RN Mental Health	70.0%	66%	67.1%	66.7%	64.7%	1	33	16	1
Level 3	NURS 430 RN Nursing Care of Children	66.6%	61.2%	61%	69%	69%	3	17	8	2
	NURS 432 RN Adult Medical Surgical	68%	67.8%	66.6%	48.3%	58.6%	3	12	12	3
	NURS 438 RN Maternal-Newborn	72.8%	64.8%	64.5%	90%	90%	3	22	5	0
Level 4	NURS 442 RN Community Health Nursing	75.6%	65.5%	Not available	89.2%	Not available	13	20	4	0
	NUS 443 RN Leadership	80.6%	74%	69.8%	91.9%	97.3%	5	29	3	0
	NURS 445 RN Comprehensive Predictor	75.6%	68.1%	66.9%	84.2%	86.8%				

Appendix IV.A.2 Table 3

Fall 2014: 2013 ATI Exams

Level of Student	Course/Exam	Adjusted Group Score	Individual Mean National	Individual Mean Program	% Above Individual Mean National	% Above Individual Mean Program	Group Proficiency Level			
							3	2	1	Below 1
Level 1	NURS 330 RN Fundamentals	63.3%	62.8%	63.1%	60.0%	60.0%	2	31	17	5
	NURS 334 RN Pharmacology	49.7%	67.3%	66.2%	7.0%	10.5%	0	3	16	38
Level 2	NURS 340 RN Mental Health	69.5%	66%	67.1%	64.9%	62.2%	3	21	10	3
Level 3	NURS 430 RN Nursing Care of Children	69.2%	61.2%	61%	73.9%	73.9%	10	23	11	2
	NURS 432 RN Adult Medical Surgical	70.1%	67.8%	66.6%	56.3%	68.8%	7	20	20	1
	NURS 438 RN Maternal-Newborn	77.5%	64.8%	64.5%	91.3%	91.3%	18	24	2	2
Level 4	NURS 442 RN Community Health Nursing	76.4%	65.5%	Not available	86.2%	79.3%	6	15	8	0
	NUS 443 RN Leadership	79.8%	74%	69.8%	89.7%	100%	1	22	6	0
	NURS 445 RN Comprehensive Predictor	75.7%	68.1%	66.9%	79.3%	79.3%				

Appendix IV.A.2 Table 4

Spring 2015: 2013 ATI Examinations

Level of Student	Course/Exam	Adjusted Group Score	Individual Mean National	Individual Mean Program	% Above Individual Mean National	% Above Individual Mean Program	Group Proficiency Level			
							3	2	1	Below 1
Level 1	NURS 330 RN Fundamentals	63.6%	63.1%	63.5%	60.5%	52.6%	3	20	10	5
	NURS 334 RN Pharmacology	53.3%	63.2%	62.1%	20.0%	20.0%	0	2	10	28
Level 2	NURS 340 RN Mental Health	68.3%	67.9%	69.1%	55.6%	48.9%	0	27	16	2
Level 3	NURS 430 RN Nursing Care of Children	65.8%	62.5%	62.9%	67.7%	67.7%	2	19	9	1
	NURS 432 RN Adult Medical Surgical	68.9%	68.3%	67.6%	48.4%	54.8%	3	12	2	4
	NURS 438 RN Maternal-Newborn	73.5%	66%	66%	87.9%	87.9%	7	22	3	1
Level 4	NURS 442 RN Community Health Nursing	80.3%	71.1%	72.4%	91.1%	86.7%	18	21	6	0
	NUS 443 RN Leadership	79.6%	71.7%	72%	93.3%	84.4%	5	25	15	0
	NURS 445 RN Comprehensive Predictor	78.1%	67.9%	67.2%	93.3%	93.3%				

Appendix 4.A.2 Table 5

Fall 2015: 2013 ATI Examinations

Level of Student	Course/Exam	Adjusted Group Score	Individual Mean National	Individual Mean Program	% Above Individual Mean National	% Above Individual Mean Program	Group Proficiency Level			
							3	2	1	Below 1
Level 1	NURS 330 RN Fundamentals	66.5%	63.1%	63.5%	67.7%	62.7%	7	27	15	2
	NURS 334 *RN Pharmacology									
Level 2	NURS 340 RN Mental Health	65.5%	67.9%	69.1%	33.3%	33.3%	0	18	18	3
Level 3	NURS 430 RN Nursing Care of Children	67.6%	62.5%	62.9%	71.1%	71.1%	8	24	11	2
	NURS 432 RN Adult Medical Surgical	61.5%	68.3%	67.6%	41.9%	45.2%	0	13	15	3
	NURS 438 RN Maternal-Newborn	71.0%	66.0%	66.0%	81.6%	81.6%	7	33	7	2
Level 4	NURS 442 RN Community Health Nursing	83.3%	71.1%	72.4%	89.3%	85.7%	1	20	7	0
	NUS 443 RN Leadership	798.%	71.4%	72.0%	89.3%	85.7%	1	20	7	0
	NURS 445 RN Comprehensive Predictor	71.8%	67.9%	67.2%	78.6%	78.6%				

*RN Pharmacology moved to Level 2 (NURS 432: Adult Health I) beginning with this cohort of students.

Appendix V

WVBOERN Accreditation Self-Evaluation

ACCREDITATION SELF-EVALUATION

SHEPHERD UNIVERSITY
DEPARTMENT OF NURSING EDUCATION

2016

STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 DEE DRIVE
CHARLESTON, WV 25311-1620

ACCREDITATION SELF-EVALUATION

19-1-9 Mission and Goals/Outcomes of the Nursing Education Unit

Program Comments: CCNE Self-Study	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 9.1: CCNE Self-Study Cross Walk CCNE Standard I-A and I-B Pages 6-11 Table 1.1 Comparison of Vision Statements Table 1.2 Comparison of Mission Statements Table 1.3 Relationship Between Program and Course Outcomes Appendix I.A.1: Comparison of Mission, Vision and Core Values for the DNE, School of Education and Professional Studies and Shepherd University Table 1.4 Input Mechanisms for Communities of Interest and Examples of Program Improvement Link to University Faculty Handbook Link to New Faculty Learning Community webpage</p>		<p>X X X</p>		<p>9.1 Mission/Philosophy and goals/outcomes shall be: a. Clearly stated b. Periodically reviewed by nursing faculty c. Consistent with those of the governing organization</p>				
<p>Evidence 9.2: CCNE Self-Study Cross Walk CCNE Standard III-A Pages 33-36 Appendix III.A.1: BSN Pre-Licensure Curriculum</p>		<p>X</p>		<p>9.2 Stated nursing goals/outcomes are accomplished by the program.</p>				

ACCREDITATION SELF-EVALUATION								
19-1-10 Organization and Administrative Control of the Nursing Education Unit								
Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
Evidence 10.1: CCNE Self-Study Cross Walk CCNE Standard I-F Pages 15-16 Link to University catalog Link to University Student Handbook BSN Student Handbook DNE Faculty Handbook Appendix I.A.2		X		10.1. The nursing education unit in the governing organization: a. Organizational pattern of nursing program is comparable to like education units in the governing organization. (Include an organizational chart showing the structure of the nursing education unit and its relationship to administration and with other education units)				
Evidence 10.1.b to 10.1.b.2 CCNE Self-Study Cross Walk CCNE Standard II-A Pages 17-22 Table 2.1 - Department of Nursing Education Budget Table 2.2 - Comparison of Mean DNE 9 month Full-time Faculty Salaries with the Shepherd Mean Faculty Salaries and the AACN Salary Survey for Full-time Instructional Nurse Faculty in the Southern Region University Faculty Handbook		X		10.1.b. Budget of the nursing education unit is part of the governing organization's budget; the nursing administrator has input into the preparation, presentation and administration of the program(s) budget; and the budget shall be adequate to achieve the outcomes of the nursing program(s):				
		X		10.1.b.1. - faculty - equipment - supplies - services				
		X		10.1.b.2. - secretarial support - other support services				

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 10.1.c CCNE Self-Study Cross Walk CCNE Standard II-C Pages 26-27 DNE director/chair CV</p>		<p>X X X X X X X X X X X X</p>		<p>10.1.c. Unit is administered by a nurse with:</p> <ul style="list-style-type: none"> a. a graduate degree with a major in nursing b. 5 years of professional nursing experience including c. 2 years teaching in professional nursing programs d. an RN license in West Virginia e. qualifications comparable to other faculty in the governing organization <p>The nursing administrator is responsible for:</p> <ul style="list-style-type: none"> 10.1.c.1. leadership for faculty & staff; 10.1.c.2. developing and maintaining relationships with local, state, regional and national agencies involved in professional nursing or nursing education; 10.1.c.3. establishes and maintains liaison with central administration and other departments of the organization; 10.1.c.4. preparing and administering the budget; 10.1.c.5. facilitates faculty development & conducts performance reviews; 10.1.c.6. recommends faculty for appointment, promotion, tenure, and retention; and 10.1.c.7. notifies the Board of major changes in nursing program or its administration; 				

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 10.1.d CCNE Self-Study Cross Walk CCNE Standard II-A Pages 21-22 Appendix II.A.3 Clinical Agency Affiliations</p>		X		<p>10.1.d. Agreements with an agency or agencies for clinical practice experiences</p>				

**ACCREDITATION SELF-EVALUATION
19-1-11 Faculty of the Nursing Education Unit**

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 11.1 CCNE Self-Study Cross Walk CCNE Standard II-D, II-E, II-F, IV-G, IV-H Pages 27-32 and 64-65</p> <p>Table 2.4 - Overview of Clinical Nurse Educator Numbers and Degrees Table 4.12: Percentage of Doctoral Prepared Faculty: Table 4.16: Percentage of Faculty Who Are Certified: Table 4.17: Percentage of Faculty Who Maintain an Active Practice Appendix I.A.2: Shepherd University Department of Nursing Education Organizational Chart Appendix IV.A.1: Systematic Evaluation Plan Faculty CVs</p>		<p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p> <p align="center">X</p>		<p>11.1 Nursing faculty members, both full and part-time shall be academically and professionally qualified and shall:</p> <p>11.1.a. Have a graduate degree with a major in nursing;</p> <p>11.1.a.1. The Board may grant an exception to the requirements in 11.1.a for faculty who:</p> <p>11.1.a.1.A. Have a bachelor degree with a major in nursing & are admitted and enrolled in a graduate degree program with a major in nursing within 1 year of employment in the faculty position;</p> <p>11.1.a.1.B. Have qualifications other than those set forth in this subsection, which are acceptable to the Board.</p> <p>11.1.b. Have evidence of current experience in nursing practice and education sufficient to demonstrate professional competence.</p> <p>For faculty with less than 2 years experience in education, the nursing program administrator will submit to the Board mentoring and orientation plans as defined by Board guidelines and function under the guidance of a faculty member fully qualified in the specific teaching area and professional competence; and</p> <p>11.1.c. Have credentials, which verify status as a registered professional nurse in West Virginia.</p>				

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 11.5 CCNE Self-Study Cross Walk CCNE Standard i-D Pages 12-14</p> <p>DNE Faculty Reference Manual (Includes Bylaws) Table 1.5 Nursing Faculty Participation in University Governance Appendix I.A.2: Shepherd University Department of Nursing Education Organizational Structure</p> <p>Evidence 11.6 CCNE Self-Study Cross Walk CCNE Standard II-A Pages 18 Copy of Certificate of Liability Insurance</p>		X		<p>11.5 The nursing faculty shall organize under its own governing rules and meet regularly. Students shall have opportunities to participate in meetings of the faculty organization. The nursing education program(s) shall maintain minutes of meetings recorded and shall maintain minutes on file. The nursing education program shall provide evidence of part time faculty participation in governance and communication within the nursing education program(s).</p> <p>11.6 The faculty shall have liability insurance for clinical practice in nursing education courses.</p>				

ACCREDITATION SELF-EVALUATION
19-1-12 Students in the Nursing Education Unit

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 12.1 to 12.1.b CCNE Self-Study Cross Walk CCNE Standard II-E Pages Links to DNE webpages: DNE Homepage, Accreditations, Apply to Nursing Education, Student Handbook, and Consumer Information Table 1.6 Location of Information from Registrar's Office DNE Evaluation Plan: Appendix IVA.1: Systematic Evaluation Plan</p>		<p align="center">X</p>		<p>12.1 The nursing education program shall base the selection and admission of students on established criteria;</p> <p>be consistent in the recruitment and admission of students;</p> <p>shall determine enrollment by the clinical and teaching facilities available; and</p> <p>by the numbers of nursing faculty.</p> <p>An increase in enrollment of greater than 10% must have prior approval by the Board.</p> <p>12.1.a. A high school diploma or general education development certificate is required for admission to any nursing education program. Requirements for admission shall be consistently applied throughout the program. Changes in requirements shall be communicated to the students in a reasonable timeframe.</p> <p>12.1.b. The nursing faculty shall establish policies for students requesting readmission or admission by transfer from another university, college, or hospital's nursing education program.</p> <p>Requirements for transfer and readmission shall be consistently applied throughout the program. Changes in the requirements shall be communicated to the students in a reasonable timeframe.</p>				

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 12.2 CCNE Self-Study Cross Walk CCNE Standard II-E Pages 30 BSN Student Handbook</p>		X		<p>12.2 Policies concerning students shall be: clearly stated in the student handbook and/or catalog of the governing organization</p> <p>There is evidence of communication of policies of the governing institution and nursing education program to the students. Changes in requirements shall be communicated to the students in a reasonable timeframe.</p>				
<p>Evidence 12.3 CCNE Self-Study Cross Walk CCNE Standard II-A and I-F Pages 15-16 and 18 Copy of Certificate of Liability Insurance</p>		X		<p>12.3 Students shall be covered by liability insurance for clinical practice.</p>				
<p>Evidence 12.4 CCNE Self-Study Cross Walk CCNE Standard II-A and I-F Pages 15-16 and 18 BSN Student Handbook BSN Course Syllabi WVBOERN Letter Distributed to all application during their admission advising session</p>		X		<p>12.4 Students shall adhere to standards for professional conduct as stated in 19CSR10 and are subject to disciplinary action by the Board as defined in 19CSR3.</p>				

ACCREDITATION SELF-EVALUATION								
19-1-13 Curriculum								
Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 13.1 to 13.1b CCNE Self-Study Cross Walk CCNE Standard I-A, III-A, III-B, III-C Pages 6-9, 33-43 Table 3.1: BSN Program Congruency with Department Mission, Goals, Framework and Course Objectives Appendix III.A.1: BSN Pre- Licensure Curriculum Standard IA: Table 1.1: Comparison of Vision Statements Standard IA: Table 1.2: Comparison of Mission Statements Standard IA: Table 1.3: Relationship between Program and Course Outcomes Appendix IV.A.1: Systematic Evaluation Plan Link to QSEN <i>The Essentials in Baccalaureate Education for Professional Nursing Practice: Content Mapping</i></p>		X		<p>13.1 The curriculum of each nursing education program within the nursing education unit shall be based on the philosophy or mission and goals of the nursing program(s).</p> <p>13.1.a. The curriculum incorporates concepts of the nursing process and standards for nursing practice as defined in 19CSR10. Clinical assignments shall be designed to meet the objectives of each nursing course.</p> <p>Faculty shall provide evidence of ongoing review and updating of instructional materials, lecture notes, handouts and resources provided to students to ensure students receive current information and standards of practice.</p> <p>13.1.b. Curricula for programs offering the diploma, associate degree, baccalaureate degree, generic masters, accelerated programs, cohorts, sites, or distance education in nursing shall include theory and practice in nursing, encompassing the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life process.</p>				

**ACCREDITATION SELF-EVALUATION
19-1-14 Resources, Facilities, and Services**

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 14.1 CCNE Self-Study Cross Walk CCNE Standard II-A , II-B, II-C, and II-D Pages 17- 30</p>		X		<p>14.1 The nursing education program(s) shall provide adequate teaching facilities to accomplish goals/outcomes of the nursing education program and include well equipped classrooms, conference rooms and offices for faculty members.</p>				
<p>Evidence 14.2 CCNE Self-Study Cross Walk CCNE Standard II-B Pages 22-23</p>		X		<p>14.2 Comprehensive and current library resources, computer facilities, laboratory and other learning resources shall be available and accessible. The nursing faculty shall have input into the development and provision of learning resources.</p>				
<p>Evidence 14.3 CCNE Self-Study Cross Walk CCNE Standard II-A, II-B Pages 17-26</p>		X		<p>14.3 The resources, facilities and services of the governing organization shall be available to and used by the nursing education unit.</p>				
<p>Evidence 14.4 CCNE Self-Study Cross Walk CCNE Standard II-E Pages 30 Appendix II.A.3 Clinical Agency Affiliations Appendix II.E.1 Preceptor Information</p>		X		<p>14.4 The hospitals or other health care facilities and services utilized for clinical learning experiences shall be adequate in number to meet goals/ outcomes of the nursing program(s).</p> <p>A preceptor serves as a role model and resource to students in the clinical setting in conjunction with a faculty member.</p>				

**ACCREDITATION SELF-EVALUATION
19-1-15 Evaluation of the Nursing Education Unit**

Program Comments	NM	M	IP	Standards	NM	M	IP	Evaluator's Comments
<p>Evidence 15.1 CCNE Self-Study Cross Walk CCNE Standard IV-A to IV-G Pages 52-65 Appendix IV.A.1 Systematic Evaluation Plan</p>		X		<p>15.1 The nursing education unit shall have an ongoing systematic evaluation plan of all program components, which is used for development, maintenance and revision of the program(s). The evaluation shall include but not be limited to curriculum content review and test review.</p>				
<p>Evidence 15.2: CCNE Self-Study Cross Walk CCNE Standard IV-A to IV-E Page 52-60 Appendix IV.A.1: Systematic Evaluation Plan Appendix IV.A.2 ATI Exams</p>		X		<p>15.2 The Evaluation plan shall include measurable outcomes that include but are not limited to:</p>				
		X		<p>a. licensure examination passage rate</p>				
		X		<p>b. employment patterns</p>				
<p>WV Board of Nursing: Attrition: The DNE has set the attrition benchmark at 20%. Below is the annual attrition data: 2011: 6% 2012: 7% 2013: 9% 2014: 6% 2015: 12%</p>		X		<p>c. graduate rates</p>				
		X		<p>d. attrition</p>				